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# Adams Wells Special Services Cooperative

## LANGUAGE OR SPEECH IMPAIRMENT (LSI)

This section has been developed for speech and language pathologists (SLP's) who work with students with one of the following impairments that **adversely affects the student's education performance** in the areas of:

- A. Speech Impairments – is a disorder that may include fluency, articulation and voice disorders and effect the speaking behavior of the student and are non-maturational in nature in more than one (1) speaking task, including impairments that are the result of a deficiency of structure or function of oral peripheral mechanisms.

Eligibility for special education as a student with a **speech impairment** shall be determined by the student's case conference based upon:

- a. assessment in articulation, fluency and voice
- b. social and developmental history
- c. observation completed by speech and language pathologist
- d. available medical information that is educational relevant including a statement from a physician describing student's medical needs.

- B. Language Impairments – is a disorder in the comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are non-maturational in nature. Language impairments affect the student's primary language system in one or more of the following components:

1. Word Retrieval
2. Phonology
3. Morphology
4. Syntax
5. Semantics
6. Pragmatics

Eligibility for special education as a student with a **language impairment** shall be determined by the student's case conference committee based on the multidisciplinary team's educational report which includes the following:

- a. assessment which addresses progress in the general curriculum
- b. current academic achievement
- c. social and developmental history which includes:
  1. communication skills
  2. social interaction skills
  3. responses to sensory experiences
  4. relevant family and environmental information
- d. observation of the student to document student's academic performance completed by someone other than the speech pathologist
- e. any available medical information
- f. other assessments

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## ELIGIBILITY CRITERIA LANGUAGE OR SPEECH IMPAIRMENT

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ C.A.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

A LANGUAGE OR SPEECH IMPAIRMENT IS characterized by one (1) or more of the following disorders that adversely affect educational performance. Please check which of the impairments the student displays:

**Language Impairment** in the comprehension or expression of spoken or written language resulting from organic or non-organic causes that are non-maturational in nature:

- ☐ Language disorders that are impairments in the comprehension or expression of spoken or written language including impairments in one (1) or more components of a language system such as:
- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Word retrieval | <input type="checkbox"/> Morphology | <input type="checkbox"/> Semantics  |
| <input type="checkbox"/> Phonology      | <input type="checkbox"/> Syntax     | <input type="checkbox"/> Pragmatics |

**Speech Impairment** includes one or more of the following impairments in the student's speaking behavior in more than one speaking task that are non-maturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism.

- ☐ Fluency disorders that are disruptions:
- ☐ in the rate or rhythm of speech
  - ☐ that occur frequently
  - ☐ that are markedly noticeable to the student or the listener
- ☐ Articulation disorders that are incorrect productions of speech sounds including:
- ☐ omissions
  - ☐ distortions
  - ☐ substitutions
  - ☐ additions
- ☐ Voice disorders that are abnormal productions of:
- ☐ pitch
  - ☐ intensity
  - ☐ resonance
  - ☐ quality

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- ☐ A severe Language or Speech Impairment may require the use of an augmentative communication system such as gestures, signed language, communication books or boards, electronic devices, or any other systems, as determined by the student's case conference committee.
- ☐ NOT APPLICABLE; The student does not display any of the above five (5) disorders.

A student shall not be determined to be a student with a Language or Speech Impairment solely because the student's native language is not English. The student who is multilingual or bilingual must exhibit the language or speech impairment in all languages spoken by the student.

The multidisciplinary evaluation team members who have signed below believe that the student:

- ☐ has a Language Impairment and is eligible for Language services  
☐ has a Speech Impairment and is eligible for Speech services  
☐ does not have a Language or Speech Impairment

	Agree	Disagree
Parent _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrator _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	<input type="checkbox"/>	<input type="checkbox"/>
SLP _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Student _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

A student is not eligible for speech-language therapy solely because the student's native language is not English. Bilingual or multilingual speakers include student whose speech or language patterns deviate from those of standard English, and are characteristic of dialectal differences. A bilingual or multilingual student may be enrolled in speech-language therapy only if the disorder is exhibited in all languages spoken by the student.

The speech-language pathologist and other members of the case conference committee should consider the efficacy of therapy services and, should consider whether or not enrolling a student for speech-language services will significantly change the student's ability to communicate.

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## LANGUAGE DISORDERS

Language impairments are found in the areas of comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are nonmaturational in nature. Language impairments affect the student's primary language systems, in one or more of the following components:

- a.) word retrieval
- b.) phonology
- c.) morphology
- d.) syntax
- e.) semantics
- f.) pragmatics

### Eligibility:

A student is eligible for language therapy based upon **adverse educational impact** as reflected by:

1. Current academic achievement and progress in general education
  2. Language skills/conversation sample are demonstrated to be below expected age/developmental level.
  3. And **two** of the following:
    - a. below average classroom performance in the areas of vocabulary, syntax, auditory skills, pragmatics and word retrieval.
    - b. below average grades and/or below benchmark levels in language arts/reading.
    - c. a minimum of 1 to 1 ½ standard deviations below the mean and/or a stanine of 3 on a standardized language measure
    - d. Failure to pass statewide or local assessments of academic achievement (ISTAR, ISTEP, DiBels, GQE, MAPS, Rigby Reading Level, IRDA, etc.)
  4. Social and Developmental History
  5. An observation of the student in the learning environment to document academic performance in the area(s) of difficulty. The multidisciplinary team:
    - a. May use information from the observation in routine classroom instruction and monitoring of the student's performance that was done before referral.
- OR**
- b. Have at least one member of the multidisciplinary team, other than the student's general education teacher, conduct an observation of the student's academic performance in the general education classroom after the child has been referred for an evaluation and parental consent was obtained.

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- (i) When the child is less than school age, a team member must observe the student in an environment appropriate for a student of that age.
- 6. Medical information that is educationally relevant.
- 7. Any other assessments/information collected prior to referral/during evaluation.

### **Dismissal:**

Exit from language therapy occurs when **one or more** of the following conditions are met:

- 1. the student has met all objectives in the area of language and no additional language problems warrant intervention as documented by a completed SLP re-evaluation for dismissal upon written parent approval.
- 2. the parent or guardian request exit from services.
- 3. intervention no longer results in measurable benefits, despite documented use of a variety of appropriate approaches and/or strategies.
- 4. the student's participation in therapy has been inconsistent or poor, and documented efforts to address the problem have not been successful.
- 5. extenuating circumstances such as medical and/or social factors warrant discontinuation of services temporarily or permanently.
- 6. the disorder no longer has an adverse affect on the student's educational performance (academic, social, and/or vocational).

### **Professional Judgment**

In some cases, the speech pathologist and the case conference committee should be allowed to use professional judgment to determine eligibility. There may be instances in which valid methods for identifying a communication disorder are lacking (multilingual students, students with severe communication deficits requiring the use of augmentative communication, etc.) or a student may not meet the established eligibility criteria, yet the case conference committee believes the student has a disability that requires services.

### **Factors in the Determination of Eligibility for Services**

The communication disorder must be non-maturational in nature and may be the result of organic or non-organic causes. If an organic cause is suspected, a statement shall be obtained from a physician with an unlimited license to practice medicine describing the student's medical needs and any consequent limitations to communication training.

Students with hearing impairments or learning disabilities who have language deficits or auditory processing difficulties are not eligible for services designed solely for students with communication disorders in lieu of a program or services designed for students with hearing impairments or learning disabilities.

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## ARTICULATION/PHONOLOGY DISORDERS

An articulation/phonology disorder is present when a student exhibits decreased intelligibility in connected speech as a result of sound substitutions, omissions, additions, and/or distortions or the inappropriate use of phonological processes. The articulation/phonology disorder should be determined to have a negative impact on academic, social, and/or vocational functioning.

**Dismissal:**

Exit from articulation/phonology therapy occurs when one or more of the following conditions are met:

1. The student has met all objectives in the area of articulation/phonology and no additional articulation/phonological problems warrant interventions as documented by a completed SLP re-evaluation for dismissal upon written parent approval.
2. The parents or guardian requests exit from services.
3. Intervention no longer results in measurable benefits, despite documented use of a variety of appropriate approaches and/or strategies.
4. The student is unwilling or unmotivated to participate in therapy, therapy attendance has been inconsistent or poor, and documented efforts to solve these problems have not been successful.
5. Extenuating circumstances such as medical, dental, and social, factors warrant discontinuation of services temporarily or permanently.
6. The disorder no longer has an adverse affect on the student's education performance (academic, social, and/or vocational).



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## FLUENCY DISORDERS

Fluency disorders are disruptions in the rate or rhythm of speech that occur on a regular basis and are significantly noticeable to the student and/or the listener. The fluency disorder should be determined to have a negative impact on academic, social, and/or vocational functioning.

### Eligibility:

1. A student is eligible for services when he/she exhibits **atypical** disfluencies (repetitions, prolongations, blocks) of **significant frequency** (a minimum of 3% per 100 word sample) and/or duration during connected speech. Secondary characteristics (eye blinks, facial grimaces, head jerks, body movements, etc.) may or may not be present.
2. Atypical disfluencies must also occur in a variety of speaking situations as supported by school staff in one or more settings in the school environment.
3. Other considerations may include family/case history, environmental factors, and/or students' attitude/self-perception of his/her speech.

### Dismissal:

Exit from fluency therapy occurs when one or more of the following conditions are met:

1. The student has met all objectives in the area of fluency and not additional fluency problems warrant intervention as documented by a completed SLP re-evaluation for dismissal upon written parent approval.
2. The parent or guardian requests exit from service.
3. Intervention no longer results in measureable benefits, despite documented use of a variety of appropriate approaches and/or strategies.
4. The student is unwilling or unmotivated to participate in therapy, therapy attendance has been inconsistent or poor, and documented efforts to address the problem have not been successful.
5. Extenuating circumstances such as medial and/or social factors warrant discontinuation of services temporarily or permanently.
6. The disorder no longer has an adverse affect on the student's educational performance (academic, social, and/or vocational).

## TEACHER CHECKLIST: PRESCHOOL SPEECH AND LANGUAGE

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

School/Teacher: \_\_\_\_\_

Class: ☐ M ☐ T ☐ W ☐ TH ☐ F - ☐ am ☐ pm

Please help me understand how this student uses language and speaks in the classroom. As you complete the checklist below, compare the student to his/her classmates. Thank you!

**LANGUAGE:**

This child:

- ☐ enjoys speaking in class and volunteers oral answers
- ☐ follows everyday routines (lining up, snack time)
- ☐ gives appropriate answers to questions
- ☐ seems to understand and follow directions
- ☐ uses complete sentences

**SPEECH:**

This child:

- ☐ is understood when the topic is known
- ☐ is understood when the topic is unknown
- ☐ speaks without tension or frustration
- ☐ is understood without needing to repeat or re-word for clarity

**BEHAVIOR:**

This child:

- ☐ is able to attend to activities/stories independently
- ☐ seems to enjoy interacting with other children
- ☐ plays appropriately with toys
- ☐ listens and waits his/her turn when talking with others
- ☐ uses words to resolve conflicts with peers
- ☐ switches activities and tasks easily

Based on your observations, rate the student's communication ability compared to his/her peers.

Age appropriate.....Average.....Significantly below peers  
5                4                3                2                1

**STRENGTHS:**

**CONCERNS:**

**ACADEMIC ACHIEVEMENT:** Please attach any formal or informal assessments you have completed on this student (Denver, LAP, ABCs, shapes, colors).

**Teacher Signature:** \_\_\_\_\_

Thank you so much for taking the time to fill this out for me. I will include it in the speech IEP. I know you are extremely busy, so I really appreciate it! Thank you!

Please return this form to \_\_\_\_\_ by \_\_\_\_\_.

# TEACHER CHECKLIST: LANGUAGE

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Speech Pathologist: \_\_\_\_\_

<b>Vocabulary:</b>	Never	Seldom	Occasionally	Frequently	Always
This student					
seems to understand age-appropriate vocabulary and concepts	1	2	3	4	5
uses age-appropriate vocabulary when communicating	1	2	3	4	5
uses sufficient detail when describing an event	1	2	3	4	5
<b>Syntax:</b>					
uses pronouns correctly	1	2	3	4	5
uses age-appropriate grammar	1	2	3	4	5
uses sentences that are age-appropriate in length	1	2	3	4	5
<b>Auditory Skills:</b>					
pays attention appropriately to what is said	1	2	3	4	5
follows verbal directions age-appropriately	1	2	3	4	5
asks me to clarify if they don't understand	1	2	3	4	5
answers questions appropriately about stories just read	1	2	3	4	5
answers questions appropriately about personal experiences	1	2	3	4	5
seems to understand yes/no questions	1	2	3	4	5
seems to understand Wh-questions	1	2	3	4	5
<b>Pragmatics:</b>					
listens and waits their turn when talking with others	1	2	3	4	5
switches activities and tasks easily	1	2	3	4	5
interacts appropriate with peers in and outside the classroom	1	2	3	4	5
can maintain a topic in conversation	1	2	3	4	5
seems to understand nonverbal communication such as facial expressions, gestures, etc.	1	2	3	4	5
<b>Word Retrieval:</b>					
has difficulty retrieving a specific word	1	2	3	4	5
speech is hesitant, filled with pauses or vocalizations ("um", "you know")	1	2	3	4	5
uses non-specific words e.g. "thingy", "stuff"	1	2	3	4	5
really struggles when trying to communicate	1	2	3	4	5

1. Is the student's academic performance satisfactory? ☐ Yes, the student meets grade level standards  
☐ No, the student does not meet grade level standards

Other Scores: MAPS/Acuity/Other ISTEP  
 LA: ☐ Pass ☐ Fail  
 Reading: ☐ Pass ☐ Fail  
 Math: ☐ Pass ☐ Fail

Current reading level: \_\_\_\_\_ ☐ below expectancy ☐ at expectancy ☐ above expectancy

Based on your observation of this child's communication in the classroom, please rate this student's language skills compared to his/her peers. (circle)

5 4 3 2 1  
 High ..... Low

Strengths:

Weaknesses:

\_\_\_\_\_  
 Teacher signature

# TEACHER CHECKLIST: SPEECH/STUTTERING/VOICE

(to be included in the speech IEP)

Student Name:

OB:

Teacher:

Date:

School:

Grade:

Speech Pathologist:

## 1. Articulation/Fluency/Voice:

This student:

	Never	Seldom	Occasionally	Frequently	Always
produces speech sounds correctly	1	2	3	4	5
enjoys speaking in class and volunteers oral answers	1	2	3	4	5
is understood when the topic is known	1	2	3	4	5
is understood when the topic is unknown	1	2	3	4	5
speaks without needing to repeat or re-word for clarity	1	2	3	4	5
speaks without tension or frustration when speaking	1	2	3	4	5
speaks with voice (volume, hoarseness, speed, etc.) that is appropriate to age/gender	1	2	3	4	5

2. Is the student's academic performance satisfactory?

☐ Yes, the student meets grade level standards

☐ No, the student does not meet grade level standards

Current reading level: \_\_\_\_\_ ☐ below expectancy ☐ at expectancy ☐ above expectancy

District Assessments (ISTEP): LA: ☐ pass ☐ fail, Math: ☐ pass ☐ fail, Science: ☐ pass ☐ fail

3. In your judgment, does this student have an articulation / fluency / or voice problem that adversely affect educational progress in a significant way? ☐ Yes ☐ No

Identify each area of impact and tell how the speaking problem affects academic performance:

Reading (phonics): \_\_\_\_\_

Writing (spelling): \_\_\_\_\_

Math: \_\_\_\_\_

Behavior impact: \_\_\_\_\_

Oral presentations impact: \_\_\_\_\_

5. Do classmates react negatively to student's talking? ☐ Yes ☐ No

6. Based on your observations, rate the student's speaking ability compared to his/her peers:

Age appropriate ..... Significantly below peers  
5 4 3 2 1

Strengths:

Weaknesses:

Teacher signature

# **CLASSROOM OBSERVATION REPORT FORM**

**Student Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Observer:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Setting:** \_\_\_\_\_ **Activity:** \_\_\_\_\_  
**Noise Level:** ☐ High ☐ Low **Day/Time:** \_\_\_\_\_  
**Pupil/Teacher Ratio:** \_\_\_\_\_

**Date of Observation:** \_\_\_\_\_  
**Length of Observation:** \_\_\_\_\_  
**School:** \_\_\_\_\_

## **Vocabulary:**

This student

seems to understand age-appropriate vocabulary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
seems to understand age-appropriate concepts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
uses age-appropriate vocabulary when communicating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
uses sufficient detail when describing an event	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

## **Syntax:**

uses pronouns correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
uses age-appropriate grammar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
uses sentences that are age-appropriate in length	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
speaks in complete sentences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
can form questions correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

## **Auditory Skills:**

pays attention appropriately to what is said	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
follows verbal directions age-appropriately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
asks me to clarify if they don't understand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
answers questions appropriately about stories just read	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
answers questions appropriately about personal experiences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
seems to understand yes/no questions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
seems to understand Wh-questions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

## **Pragmatics:**

listens and waits their turn when talking with others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
switches activities and tasks easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
interacts appropriate with peers in and outside the classroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
can maintain a topic in conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
seems to understand nonverbal communication such as facial expressions, gestures, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

## **Word Retrieval:**

has difficulty retrieving a specific word	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
speech is hesitant, filled with pauses or vocalizations ("um", "you know")	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
uses non-specific words e.g. "thingy", "stuff"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
really struggles when trying to communicate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

## **Articulation:**

uses developmentally-appropriate sounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
Errors noted: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

## **Fluency:**

uses smooth speech without noticeable hesitations or repetitions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
demonstrates speech without secondary characteristics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
speaks without frustration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed

## **Voice:**

has an acceptable voice quality	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
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## **Intelligibility**

was understood in class	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
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**Comments:** \_\_\_\_\_

# Indiana Academic Standards

## Pertaining to Speech & Language

Please mark the standards that affect your students' education. These are in hierarchical order, so make sure to look at previous grade levels.

### **Preschool:**

- Ask and answer simple questions
- Follow simple 1 step directions
- Categories
- Pointing to named pictures
- Attend to adult directed activity for 10 minutes

### **Kindergarten:**

- Follow 1-2 step verbal directions
- Share information and ideas in complete coherent sentences
- Describe
- Sequence
- Phonemic Awareness
- Phonological Awareness
  - ~ Rhyming, Segmenting
- Basic Categories
- WH questions (Who, What, Where)

### **1<sup>st</sup> Grade:**

- Compound Words
- Contractions
- Verbs
- Categories
- WH questions (Who, What, Where, When, Why, How)
- Predictions
- Use descriptive words
- Plurals
- Possessives
- Phonological Awareness
  - ~ Blending, Manipulating sounds
- Give, restate, follow 2-step directions

### **2<sup>nd</sup> Grade:**

- Antonyms
- Synonyms
- Multiple Meaning Words
- Correct word order
- Following Directions
  - ~2-step written and 3-4 step oral
- Prefixes and Suffixes
- Cause/Effect
- Problem Solving
- Verbs
- Nouns

### **3<sup>rd</sup> Grade:**

- Homophones
- Homographs
- Subject-Verb Agreement
- Pronouns
- Past, Present, Future Verb Tense
- Adjectives, Articles

### **4<sup>th</sup> Grade:**

- Idioms
- Figurative Language
- Prepositions
- Irregular Verbs
- Adverbs, Prepositions, Conjunctions

### **5<sup>th</sup> Grade:**

- Inferencing
- Metaphors

*COMPONENTS FOR INITIAL SPEECH AND LANGUAGE STUDENT*

Pathologist: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_

- Medicaid Permission
- Referral for Evaluation
- Screening
- Written Notice Educational Evaluation
- Parent Permission for Special Education Evaluation
- Eligibility Form
- Classroom Observation Report Form
  - a. If a language student, this would need to be done by someone other than the classroom teacher or SLP
- Social and Developmental History
- Teacher Checklist
- Private Evaluations/Medical Information if included
- Written Notice of Proposed Action Before an Initial Case Conference
- IEP
  - Medicaid Permission
  - Notice of Meeting
  - IEP
  - Case Conference Notes
  - Goals
  - Parental Response
  - Written Notice of Eligibility and Proposed/Refused Action

*COMPONENTS FOR REEVALUTION SPEECH AND LANGUAGE STUDENT*

Pathologist: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_

- Parent Permission
- Written Notice Educational Evaluation
- MDT Communication Report
- Eligibility Form
- Teacher Checklist
- Private Evaluations/Medical Information if included
- IEP
  - Notice of Meeting
  - IEP
  - Case Conference Notes
  - Goals
  - PROGRESS TOWARD GOALS**
  - Parental Response
  - Written Notice of Eligibility and Proposed/Refused Action



*COMPONENTS FOR ANNUAL SPEECH AND LANGUAGE STUDENT  
Aged 12 and under*

Pathologist: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_

- Notice of Meeting
- Demographics
- Current Evaluation Data
- Classroom Performance
- Strengths/Needs/Eligibility
- Services
- Curriculum/LRE/Standardized testing
- ESY/Other factors/Transportation
- Case Conference Notes
- Goal Pages
- PROGRESS TOWARD GOALS
- Written Notice of Eligibility and Proposed/Refused Action  
~~~~~
- Consent to Re-evaluation (if a decision is made for re-eval., whether it's 50 day timeline or annual case review)

*COMPONENTS FOR ANNUAL SPEECH AND LANGUAGE STUDENT  
Aged 13 and older/TRANSITION IEP*

Pathologist: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_

- Notice of Meeting- invitation of Vocational Rehabilitation if Student is 16
- IEP addressing the following:
  - a. Age appropriate Transition Assessment measuring:
    - 1. Independent Living
    - 2. Education
    - 3. Vocational
  - b. Measurable POST SECONDARY goals on Transition Pages
  - c. Transition IEP goals that address Independent Living, Education and Vocational needs on Goal Pages based on Transition Assessment
  - d. Do IEP goals relate to the students course of study in order for student to meet their transition/post secondary goals?
- Case Conference Notes
- Goal Pages addressing independent living if needed, Educational and Vocational needs
- PROGRESS TOWARD GOALS
- Written Notice of Eligibility and Proposed/Refused Action
- Transition Assessment
- Course of Study
- If student is graduating, a Summary of Performance

## *COMPONENTS FOR DISMISSAL/SPEECH AND LANGUAGE STUDENT*

Pathologist: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_

- Referral Form
- Withdrawal Form indicating dismissal
- Written Notice Educational Evaluation
- Parent Permission for Special Education Evaluation
- MDT Communication Report
- Eligibility Form
- Teacher Checklist
- Private Evaluations/Medical Information if included
- IEP
  - Notice of Meeting
  - IEP (pages 1-4)
  - Case Conference Notes
  - **Progress Toward Goals**
  - Parental Response
  - Written Notice of Eligibility and Proposed/Refused Action



Week of:

**Adams Wells Special Services Cooperative  
Special Education Department  
Language Impairment (LI) Checklist**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Gr:** \_\_\_\_\_ ☐ Initial ☐ Reevaluation  
**511 IAC 7-41-8 Language Impairment:** Language impairments in the comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are nonmaturational in nature. Language impairments affect the student's primary language systems, in one (1) or more of the following components: (A) Word retrieval (B) Phonology (C) Morphology (D) Syntax (E) Semantics (F) Pragmatics.

| SECTION 1                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                         |
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| Evidence:                                                                                                                                                                                                                                                                                                                                                                                                                         | Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                        | Data Sources                                                                                                                                                                                            |
| <p>The student's primary language systems are affected in one or more of the following:</p> <p><input type="checkbox"/> word retrieval</p> <p><input type="checkbox"/> phonology</p> <p><input type="checkbox"/> morphology</p> <p><input type="checkbox"/> syntax</p> <p><input type="checkbox"/> semantics/vocabulary</p> <p><input type="checkbox"/> pragmatics/social</p> <p><input type="checkbox"/> auditory processing</p> | <p><input type="checkbox"/> Low to minimal impact: Scores on standardized instruments are within: 85-115 or above the 9<sup>th</sup> percentile.</p> <p><input type="checkbox"/> Mild : Scores on standardized instruments are within: 79-84.</p> <p><input type="checkbox"/> Moderate: Scores on standardized instruments are within: 770-78.</p> <p><input type="checkbox"/> Severe: Scores on standardized instruments fall 69 or below.</p> | <p>Standardized/Norm Reference test(s) given (See MET report/Speech and Language Evaluation for complete testing information).</p> <p>*Must include one "comprehensive language" assessment: _____.</p> |
| <p><b>1. Supported by the information above, there is evidence of a language impairment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                         |

| SECTION 2                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Evidence:                                                                 | Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Data Sources                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><input type="checkbox"/> Adverse Effect on Educational Performance</p> | <p><input type="checkbox"/> No interference with performance in the educational setting: average or above average grades or average to above average progress report, passing state and district-wide assessment, passing classroom assessments.</p> <p><input type="checkbox"/> Minimally impacts performance in the educational setting: majority of grades fall in the average range or average ratings on progress report, state and district assessment are passing or near passing.</p> <p><input type="checkbox"/> Moderately interferes with performance in the educational setting: below average grades or below average progress report, not passing on state and district-wide assessments, not passing classroom assessments.</p> <p><input type="checkbox"/> Significantly interferes with the student's performance in the educational setting: failing grades or progress notes, consistently poor performance on state and district-wide testing.</p>                                                                                                                                                                                                                                                                                     | <p>Check data sources used:</p> <p><input type="checkbox"/> ISTEP+ (if applicable)</p> <p><input type="checkbox"/> Classroom Performance</p> <p><input type="checkbox"/> District Wide Assessments</p> <p><input type="checkbox"/> School Wide Assessments</p> <p><input type="checkbox"/> Grades/Progress Notes</p> <p><input type="checkbox"/> RTI Data</p> <p><input type="checkbox"/> Attendance</p> <p><input type="checkbox"/> Other: _____.</p> |
| <p><input type="checkbox"/> Adverse Effect on Functional Performance</p>  | <p><input type="checkbox"/> No interference with performance in the educational setting: adequate social/emotional skills, communication rating scales within normal range, communicates wants/needs, participates in the classroom appropriately.</p> <p><input type="checkbox"/> Minimally impacts performance in the educational setting: a few minor social/emotional concerns, rating scales show low average or inconsistent ratings, minimal assistance to communicate wants/needs, participates in the classroom with minimal cues and redirections.</p> <p><input type="checkbox"/> Moderately interferes with performance in the educational setting: moderately more social/emotional concerns compared to peers, communication rating scales show below average rating across raters, rarely communicates wants and needs without adult assistance, requires adult assistance more than peers to participate.</p> <p><input type="checkbox"/> Significantly interferes with the student's performance in the educational setting: significant social/emotional concerns, communication rating scales are significantly below average compared to peers, rarely or never communicates wants and needs without significant adult assistance,</p> | <p><input type="checkbox"/> Communication rating scale</p> <p><input type="checkbox"/> Teacher checklist</p> <p><input type="checkbox"/> Teacher Input</p> <p><input type="checkbox"/> Observation</p> <p><input type="checkbox"/> Other: _____.</p>                                                                                                                                                                                                   |

**Adams Wells Special Services Cooperative  
Special Education Department  
Language Impairment (LI) Checklist**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | consistently requires adult assistance as compared to peers to participate. |                          |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |
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| <b>2. Supported by the information above, evidence of an adverse affect on academic and/or functional performance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                          |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |
| <b>SECTION 3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                          |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |
| <b>Evidence</b><br><br><b>Exclusionary Factors</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Factor</th> <th style="width: 35%;">Criteria Met</th> <th style="width: 35%;">Criteria Not Met</th> </tr> <tr> <td>A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>*If any criteria are NOT MET, mark no below because the factor is impacting their eligibility.</p> | Factor                                                                      | Criteria Met             | Criteria Not Met | A | <input type="checkbox"/> | <input type="checkbox"/> | B | <input type="checkbox"/> | <input type="checkbox"/> | C | <input type="checkbox"/> | <input type="checkbox"/> | <b>Criteria</b><br><br>A. Students with specific learning disabilities, who have language deficits or auditory processing difficulties, cannot receive Language Impairment services INSTEAD of services designed for SLD. If this exclusionary factor is present, this criteria is Not Met<br><br>B. A student is not eligible solely because the student's native language is not English. Bilingual speakers include students whose speech or language patterns deviate from those of Standard English and/or are characteristic of dialectical differences. A student who is bilingual may qualify as a student with LI <u>only</u> if the impairment is exhibited in all languages spoken by the student. If this exclusionary factor is present, then this criteria is Not Met.<br><br>C. Students who are deaf or hard of hearing cannot receive LI services INSTEAD of services designed for DHH. If this exclusionary factor is present, then this criteria is Not Met. | <b>Data Sources</b><br><br><input type="checkbox"/> Assessment Data<br><input type="checkbox"/> Hearing Screening<br><input type="checkbox"/> Teacher Input<br><input type="checkbox"/> Available Medical History<br><input type="checkbox"/> Other: _____ |
| Factor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Criteria Met                                                                | Criteria Not Met         |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                    | <input type="checkbox"/> |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                    | <input type="checkbox"/> |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                    | <input type="checkbox"/> |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |
| <b>3. Exclusionary factors (Disabilities, English Proficiency, and Deaf-Hard Hearing) were considered and do not impact eligibility</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                          |                  |   |                          |                          |   |                          |                          |   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |

**The Case Conference Committee will review this information to make appropriate eligibility determination at the Case Conference.**

Comments:

Speech-Language Pathologist: \_\_\_\_\_

Date: \_\_\_\_\_

**Adams Wells Special Services Cooperative**  
**Special Education Department**  
**Speech Impairment (SI) Checklist**  
**Speech Sounds (Articulation and Phonological Processes)**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Gr:** \_\_\_\_\_ ☐ Initial ☐ Reevaluation

**511 IAC 7-41-8 Speech Impairment:** A speech impairment is characterized by one (1) of the following impairments that adversely affects the student's educational performance: Speech impairments that may include fluency, articulation, and voice disorders in the student's speaking behavior in more than one (1) speaking task that are nonmaturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism.

| SECTION 1                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Evidence:                                                                                                                                                                                                                                                                                                                                                                                             | Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                         |
| <p>The student's speech is affected in one or more of the following:</p> <p><input type="checkbox"/> A. Speech Sounds: Articulation</p> <p><input type="checkbox"/> B. Speech Sounds: Phonological Processes</p>                                                                                                                                                                                      | <p><input type="checkbox"/> A. Sounds: Check errors made at word level</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 25%; padding: 5px;">Age 3</th> <th style="width: 25%; padding: 5px;">Age 4</th> <th style="width: 25%; padding: 5px;">Age 5/ K</th> <th style="width: 25%; padding: 5px;">Age 6/ Gr 1 and above</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input type="checkbox"/> m<br/> <input type="checkbox"/> p<br/> <input type="checkbox"/> b<br/> <input type="checkbox"/> h<br/> <input type="checkbox"/> w<br/> <input type="checkbox"/> n<br/> <input type="checkbox"/> d<br/> <input type="checkbox"/> k<br/> <input type="checkbox"/> g<br/> <input type="checkbox"/> f<br/> <input type="checkbox"/> s/z if stopped or lateralized<br/> <input type="checkbox"/> vowels </td> <td style="padding: 5px;"> <input type="checkbox"/> t<br/> <input type="checkbox"/> y<br/> <input type="checkbox"/> ng </td> <td style="padding: 5px;"> <input type="checkbox"/> l<br/> <input type="checkbox"/> sh<br/> <input type="checkbox"/> ch<br/> <input type="checkbox"/> j </td> <td style="padding: 5px;"> <input type="checkbox"/> all blends<br/> <input type="checkbox"/> th<br/> <input type="checkbox"/> r<br/> <input type="checkbox"/> s/z </td> </tr> </tbody> </table> <p><small>*Blends should be produced with two sounds (w is an age appropriate substitution for r in blends).</small></p> <p><input type="checkbox"/> B. Phonological Processes: Check processes present</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 33%; padding: 5px;">Age 3</th> <th style="width: 33%; padding: 5px;">Age 4</th> <th style="width: 33%; padding: 5px;">Age 5</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Initial consonant deletion<br/> <input type="checkbox"/> Reduplication<br/> <input type="checkbox"/> Final consonant deletion<br/> <input type="checkbox"/> Stopping </td> <td style="padding: 5px;"> <input type="checkbox"/> Fronting<br/> <input type="checkbox"/> Backing </td> <td style="padding: 5px;"> <input type="checkbox"/> Consonant cluster reduction<br/> <input type="checkbox"/> Syllable deletion </td> </tr> </tbody> </table> <p>List any other observed phonological processes:</p> <p>Other considerations for eligibility include:</p> <ol style="list-style-type: none"> <li>1. Stimulability: List sounds student is stimulable for when given a model: _____</li> <li>2. Intelligibility: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</li> <li>3. Oral motor: <ul style="list-style-type: none"> <li><input type="checkbox"/> Oral structures: _____</li> <li><input type="checkbox"/> Timing, sequence, and/or coordination of speech sounds: _____</li> </ul> </li> </ol> | Age 3                                                                                                                  | Age 4                                                                                                                            | Age 5/ K | Age 6/ Gr 1 and above | <input type="checkbox"/> m<br><input type="checkbox"/> p<br><input type="checkbox"/> b<br><input type="checkbox"/> h<br><input type="checkbox"/> w<br><input type="checkbox"/> n<br><input type="checkbox"/> d<br><input type="checkbox"/> k<br><input type="checkbox"/> g<br><input type="checkbox"/> f<br><input type="checkbox"/> s/z if stopped or lateralized<br><input type="checkbox"/> vowels | <input type="checkbox"/> t<br><input type="checkbox"/> y<br><input type="checkbox"/> ng | <input type="checkbox"/> l<br><input type="checkbox"/> sh<br><input type="checkbox"/> ch<br><input type="checkbox"/> j | <input type="checkbox"/> all blends<br><input type="checkbox"/> th<br><input type="checkbox"/> r<br><input type="checkbox"/> s/z | Age 3 | Age 4 | Age 5 | <input type="checkbox"/> Initial consonant deletion<br><input type="checkbox"/> Reduplication<br><input type="checkbox"/> Final consonant deletion<br><input type="checkbox"/> Stopping | <input type="checkbox"/> Fronting<br><input type="checkbox"/> Backing | <input type="checkbox"/> Consonant cluster reduction<br><input type="checkbox"/> Syllable deletion | <p><input type="checkbox"/> Standardized/ Norm Reference test(s) given for specific area of suspected impairment (See MET/Speech and Language Evaluation report for complete testing information) _____.</p> <p><input type="checkbox"/> Statement from a physician if organic cause is suspected</p> <p><input type="checkbox"/> Observation of speech</p> <p><input type="checkbox"/> Available medical info</p> <p><input type="checkbox"/> Oral motor screening</p> |
| Age 3                                                                                                                                                                                                                                                                                                                                                                                                 | Age 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <input type="checkbox"/> m<br><input type="checkbox"/> p<br><input type="checkbox"/> b<br><input type="checkbox"/> h<br><input type="checkbox"/> w<br><input type="checkbox"/> n<br><input type="checkbox"/> d<br><input type="checkbox"/> k<br><input type="checkbox"/> g<br><input type="checkbox"/> f<br><input type="checkbox"/> s/z if stopped or lateralized<br><input type="checkbox"/> vowels | <input type="checkbox"/> t<br><input type="checkbox"/> y<br><input type="checkbox"/> ng                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Initial consonant deletion<br><input type="checkbox"/> Reduplication<br><input type="checkbox"/> Final consonant deletion<br><input type="checkbox"/> Stopping                                                                                                                                                                                                               | <input type="checkbox"/> Fronting<br><input type="checkbox"/> Backing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Consonant cluster reduction<br><input type="checkbox"/> Syllable deletion                     |                                                                                                                                  |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                       |            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**Adams Wells Special Services Cooperative  
Special Education Department  
Speech Impairment (SI) Checklist  
Speech Sounds (Articulation and Phonological Processes)**

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| <b>1. Supported by the information above, there is evidence of a speech impairment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SECTION 2                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Evidence:</b>                                                                                                                                                               | <b>Criteria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Data Sources</b>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Adverse Effect on Educational Performance                                                                                                             | <input type="checkbox"/> No interference with performance in the educational setting: average or above average grades or average to above average progress report, passing state and district-wide assessment, passing classroom assessments.<br><input type="checkbox"/> Minimally impacts performance in the educational setting: majority of grades fall in the average range or average ratings on progress report, state and district assessment are passing or near passing.<br><input type="checkbox"/> Moderately interferes with performance in the educational setting: below average grades or below average progress report, not passing on state and district-wide assessments, not passing classroom assessments.<br><input type="checkbox"/> Significantly interferes with the student's performance in the educational setting: failing grades or progress notes, consistently poor performance on state and district-wide testing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Check data sources used:<br><input type="checkbox"/> ISTEP+ (if applicable)<br><input type="checkbox"/> Classroom Performance<br><input type="checkbox"/> District Wide Assessments<br><input type="checkbox"/> School Wide Assessments<br><input type="checkbox"/> Grades/Progress Notes<br><input type="checkbox"/> RTI Data<br><input type="checkbox"/> Attendance<br><input type="checkbox"/> Other Please List: |
| <input type="checkbox"/> Adverse Effect on Functional Performance                                                                                                              | <input type="checkbox"/> No interference with performance in the educational setting: adequate social/emotional skills, communication rating scales within normal range, communicates wants/needs, participates in the classroom appropriately and has intelligible speech in the classroom.<br><input type="checkbox"/> Minimally impacts performance in the educational setting: a few minor social/emotional concerns, rating scales show low average or inconsistent ratings, minimal assistance to communicate wants/needs, participates in the classroom with minimal cues and redirections, and has speech sound errors that occasionally impact classroom intelligibility.<br><input type="checkbox"/> Moderately interferes with performance in the educational setting: moderately more social/emotional concerns compared to peers, communication rating scales show below average rating across raters, rarely communicates wants and needs without adult assistance, requires adult assistance more than peers to participate and has speech sound errors that often impact classroom intelligibility.<br><input type="checkbox"/> Significantly interferes with the student's performance in the educational setting: significant social/emotional concerns, communication rating scales are significantly below average compared to peers, rarely or never communicates wants and needs without significant adult assistance, consistently requires adult assistance as compared to peers to participate and has speech sound errors that consistently impact classroom intelligibility. | <input type="checkbox"/> Communication rating scale<br><input type="checkbox"/> Teacher checklist<br><input type="checkbox"/> Teacher Input<br><input type="checkbox"/> Observation<br><input type="checkbox"/> Other Please List:                                                                                                                                                                                   |
| <b>2. Supported by the information above, evidence of an adverse affect on academic and/or functional performance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |

**Adams Wells Special Services Cooperative  
Special Education Department  
Speech Impairment (SI) Checklist  
Speech Sounds (Articulation and Phonological Processes)**

| SECTION 3                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |
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| Evidence                                                                                                                                                                                              | Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Data Sources                                                                                                                |
| <input type="checkbox"/> B. Student's primary language is English <u>or</u> student is proficient in his/her primary language <u>or</u> student is not proficient in primary language and/or English. | A. A student is not eligible solely because the student's native language is not English. Bilingual speakers include students whose speech or language patterns deviate from those of Standard English and/or are characteristic of dialectical differences. A student who is bilingual may qualify as a student with SI <u>only</u> if the impairment is exhibited in all languages spoken by the student. If this exclusionary factor is present, then this criteria is Not Met. | <input type="checkbox"/> Assessment Data<br><input type="checkbox"/> Teacher Input<br><input type="checkbox"/> Other: _____ |
| Exclusionary factors (Disabilities, English Proficiency, and Deaf-Hard Hearing) were considered and do not impact eligibility<br><input type="checkbox"/> Yes <input type="checkbox"/> No             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |

The Case Conference Committee will review this information to make appropriate eligibility determination at the Case Conference.

Comments:

Speech-Language Pathologist Name:

Date:

SPEECH/LANGUAGE REFERRALS  
From Parent, Pediatrician or Community Preschool

1. Preschool Coordinator completes the Speech-Only Referral Form through personal or phone contact.
2. Preschool Coordinator indicates the concerns of the referring party in the Comments section of the form.
3. Preschool Coordinator faxes the referral form to the speech/language pathologist of the school district of legal settlement, and files the referral form under the school district in the Preschool evaluations drawer.
4. SLP contacts parent to arrange a date and time to conduct the screening, requesting that parent bring a birth certificate for the child.
5. After the screening has been conducted, the SLP notifies Preschool Coordinator of the disposition of the screening.
6. If a full speech/language evaluation is warranted, the SLP completes the following with the parent:
  - a. Parent Request for Initial Evaluation
  - b. Race/Ethnicity Survey
  - c. Home Language Survey
  - d. Social-Developmental History
  - e. Speech Pre-Enrollment Form (NWCS only)
7. SLP submits information to school personnel for assignment of an STN.
8. SLP generates the Notice of Initial evaluation in IIEP, provides parent with a copy and an explanation of Procedural Safeguards, and secures the parent signature on the Notice of Initial Evaluation. SLP forwards the original, signed Notice of Initial Evaluation to the AWSSC office.
9. SLP completes the evaluation, entering information in IIEP.
10. SLP schedules the initial case conference with the parent and the preschool coordinator.

11. After the initial case conference has been held, the SLP follows the paperwork procedures for dissemination of the documents.
12. The Preschool Coordinator adds the eligible student to the ISTAR-KR caseload of the SLP.