

Appendix (j): SPEECH-LANGUAGE IMPAIRMENT (SI).

Definitions.

Speech or language impairment refers to a communication disorder, such as stuttering, impaired articulation, language or voice impairment that adversely affects a child's educational performance. A speech or language impairment may be congenital or acquired. It refers to impairments in the areas of articulation, fluency, voice or language. Individuals may demonstrate one or any combination of speech or language impairments. A speech or language impairment may be a primary disability or it may be secondary to other disabilities. [34 C.F.R. § 300.8(c)(11)]

(1) Speech Sound Production Impairment (e.g. articulation impairment)- atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that interferes with intelligibility in conversational speech and obstructs learning ,successful verbal communication in the educational setting. The term may include the atypical production of speech sounds resulting from phonology, motor or other issues. The term speech sound impairment does not include:

- A) Inconsistent or situational errors;
- B) Communication problems primarily from regional, dialectic, and/or cultural differences;
- C) Speech sound errors at or above age level according to established research-based developmental norms, speech that is intelligible and without documented evidence of adverse affect on educational performance;
- D) Physical structures (e.g., missing teeth, unrepaired cleft lip and/or palate) are the primary cause of the speech sound impairment; or
- E) Children who exhibit tongue thrust behavior without an associated speech sound impairment.

(2) Language Impairment - impaired comprehension and/or use of spoken language which may also impair written and/or other symbol systems and is negatively impacting the child's ability to participate in the classroom environment. The impairment may involve, in any combination, the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance. The term language impairment does not include:

- A) Children who are in the normal stages of second language acquisition/learning and whose communication problems result from English being a secondary language unless it is also determined that they have a speech language impairment in their native/primary language.
- B) Children who have regional, dialectic, and/or cultural differences
- C) Children who have auditory processing disorders not accompanied by language impairment.
- D) Children who have anxiety disorders (e.g. selective mutism) unless it is also determined that they have a speech language impairment. There must be a documented speech-language impairment that adversely affects the educational performance for these children to qualify for special education services.

(3) Fluency Impairment - interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker's ability to participate within the learning environment. Excessive tension, struggling behaviors and secondary characteristics may accompany fluency impairments. Secondary characteristics are defined as ritualistic behaviors or movements that accompany dysfluencies. Ritualistic behaviors may include avoidance of specific sounds in words. Fluency impairment includes disorders such as stuttering and cluttering. It does not include dysfluencies evident in only one setting or reported by one observer.

(4) Voice/Resonance Impairment – interruption in one or more processes of pitch, quality, intensity, or resonance resonance that significantly reduces the speaker's ability to communicate effectively.. Voice/Resonance impairment includes aphonia or the abnormal production of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or gender. The term voice/resonance impairment does not refer to:

- A) Anxiety disorders (e.g. selective mutism)
- B) Differences that are the direct result of regional, dialectic, and/or cultural differences
- C) Differences related to medical issues not directly related to the vocal mechanism (e.g. laryngitis, allergies, asthma, laryngopharyngeal reflux (eg. acid reflux of the throat, colds, abnormal tonsils or adenoids, short-term vocal abuse or misuse, neurological pathology)
- D) Vocal impairments that are found to be the direct result of or symptom of a medical condition unless the impairment impacts the child's performance in the educational environment and is amenable to improvement with therapeutic intervention.

Evaluation, Eligibility and Placement

All of the special education rules and regulations related to evaluation, eligibility and placement must be followed including:

1. Evaluation:

A) Documentation of the child's response to prior evidenced-based interventions prior to referral for a comprehensive evaluation.]

B) A comprehensive evaluation shall be performed by a certified or licensed Speech-Language Pathologist (SLP) for consideration of speech-language eligibility. Following receipt of a clear hearing and vision screening and medical clearance for voice (as appropriate) this evaluation consists of an initial screening of the child's speech sounds, language, fluency, voice, oral motor competency, academic, behavioral, and functional skills using either formal or informal assessment procedures to assist in determining if the child is a child with a disability [34 C.F.R. 300.304(b)(1)]. An in-depth evaluation of each area suspected of being impaired, using at least one formal test and/or procedure.

C) A full and individual initial evaluation for each area suspected of being a disability must be provided and considered prior to the child's eligibility for speech-language services. This may include assessments in the areas of health (e.g. ENT, otolaryngologist, ophthalmologist, and optometrist), vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.

D) The evaluation is sufficient to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been referred or classified [34 C.F.R. 300.304(b)(4)] 34 C.F.R. 300.304(b)(6).

E) Children with voice/resonance impairment must have a medical evaluation to rule out physical structure etiology by a medical specialist either prior to a comprehensive evaluation or as part of a comprehensive evaluation. The presence of a medical condition (e.g., vocal nodules, polyps) does not necessitate the provision of voice therapy as special education or related service nor does a prescription for voice therapy from a medical doctor. A written order from a medical practitioner is a medical opinion regarding the medical evaluation or treatment that a patient should receive. When directed to a school, these medical orders should be considered by the team as a part of the eligibility process. The team, not a medical practitioner, determines the need for an evaluation for special education services based on documented adverse effect of the voice impairment on the child's educational performance.

F) A variety of assessment tools and strategies must be used to gather relevant functional, developmental and academic information about the child, including information provided by the parent. Information from the evaluation is used to determine whether the child is a child with a disability and the content of the child's IEP including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities)m[34 C.F.R. 300.304(b)(i)].

2. Eligibility:

A) Determining eligibility for speech-language impaired special education services includes three components:

1) The Speech-Language Pathologist determines the presence or absence of speech-language impairment based on Georgia rules and regulations for special education, [34 C.F.R. § 300.8(c)(11)]

2) Documentation of an adverse affect of the impairment on the child's educational performance

3)The team determines that the child is a child with a disability [34 C.F.R. 300.304(b)(1)] and is eligible for special education and appropriate specialized instruction needed to access the student's curriculum. [34 C.F.R. 300.8(b)(2)]

B) Eligibility shall be determined based on the documented results of at least two or more measures or procedures, at least one of which must be formal, administered in the area of impairment and documentation of adverse affect.

A speech-language disorder does not exist if:

A) Environmental, cultural, or economic disadvantage cannot be ruled out as primary factors causing the impairment; or

B) A child exhibits inconsistent, situational, transitory or developmentally appropriate speech-language difficulties that children experience at various times and to various degrees.

C) Because children who have communication difficulties do not necessarily have speech or language impairments, the speech-language program may not be the appropriate service delivery model to adequately meet the child's educational needs. For this reason, all children who are suspected of having communication problems shall be the subject of a Student Support Team (SST) to problem solve and implement strategies to determine and limit the adverse affect on the child's educational performance.

(4) For nonverbal or verbally limited children and those with autism and/or significant intellectual, sensory, or physical disabilities, a multidisciplinary team of professionals shall provide a functional communication assessment of the child to determine eligibility for speech-language services. The multidisciplinary team shall consist of professionals appropriately related to the child's area of disability.

(5) A child is eligible for placement in a speech-language program if, following a comprehensive evaluation; the child demonstrates impairment in one or more of the following areas: speech sound, fluency, voice or language that negatively impacts the child's ability to participate in the classroom environment. The present adverse effect of the speech-language impairment on the child's progress in the curriculum, including social and/or emotional growth, must be documented in writing and used to assist in determining eligibility.

3. Placement:

Placement in the speech-language program shall be based on the results of the comprehensive assessment, and eligibility, along with all other pertinent information.

4. Children shall not be excluded from a speech-language program based solely on the severity of the disability. Cognitive referencing (i.e., comparing language scores to IQ scores) is not permissible as the only criteria for determining eligibility for speech-language impaired services.

Communication Paraprofessionals- A communication paraprofessional is an adjunct to the Speech Language Pathologist (SLP) and assists with certain duties and tasks within the speech-language program. The communication paraprofessional is under the supervision of a certified or licensed SLP. The communication paraprofessional can not carry their own caseload, nor do they increase the certified SLP's caseload outside of a self-contained classroom. The primary responsibility for the delivery of services, as indicated on the IEP, remains with the certified or licensed SLP. Children who receive services from the communication paraprofessional shall also receive services from the supervising SLP and/or licensed or certified SLP a percentage of the time designated in the IEP for speech-language services, but no less than one hour per month. Each LEA should develop and implement procedures for the training, use and supervision of communication paraprofessionals.