**Vermilion Association for Special Education**

**Speech or Language Impairment Entrance Criteria**



**State and Cooperative Definition**

Speech or Language Impairment means a communication disorder, such as stuttering/cluttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

**Cooperative Eligibility Criteria**

**STEP 1: Identification of Disability**

**Language**

Y N The student scores a minimum of 1 standard deviation below the mean on standardized measures or a 30% delay as identified on criterion referenced measures

**Articulation/Phonology**

Y N There is documentation of delayed articulation or phonology. (one of the following must be checked)

 \_\_\_\_\_\_ Intelligible 80% of the time or less in connected speech

 \_\_\_\_\_\_ Demonstrates 2 or more speech sound errors outside of developmental guidelines

 \_\_\_\_\_\_ Presence of one or more disordered phonological processes outside of developmental guidelines

**Voice**

Y N Voice difference including hoarseness, hyper-nasality, hypo-nasality, pitch or intensity are inappropriate for the student’s age and is of concern to parent, teacher, student, or physician.

**Fluency**

Y N There is documentation of delayed fluency. (one of the following must be checked)

\_\_\_\_\_\_The student demonstrates atypical dysfluencies of 2-4% or greater as measured by a representative language sample.

\_\_\_\_\_\_The student demonstrates a mild, moderate, or severe rating on a formal fluency rating scale.

**Exclusionary Factors**

Y N Although factors such as low income, differing cultural expectations, or limited experiential background may be present, such factors are not the PRIMARY reason for the child’s deficits.

Y N Speech or language delays that are transitory or developmentally appropriate.

Y N Speech or language skills that are a result of a dialectical difference or English as a second language.

**STEP 2: Determination of Adverse Effect on Educational Performance**

Y N Documentation of adverse effect on educational performance

**STEP 3: Determination of Need for Special Education Services**

Y N The student requires specialized instruction to address educational needs.

**STEP 4: Eligibility**

Y N The student is entitled to special education services.

**DEFINITIONS AND EXAMPLES**

1. Articulation/Phonology

* Mild – Intelligible over 80% of the time in connected speech. No more than 2 speech sound errors outside developmental guidelines. Students may be stimulable for sound errors.
* Moderate – Intelligible 50-80% of the time in connected speech. Substitutions and distortions and some omissions may be present. There is limited stimulability for error phonemes.
* Severe – Intelligible 20-49% of the time in connected speech. Deviations may range from extensive substitutions and many omissions to extensive omissions. A limited number of phoneme classes are evidenced in a speech/language sample. Consonant sequencing is generally lacking. Augmentative communication systems may be warranted.
* Profound – Speech is unintelligible without gestures and cues and/or knowledge of the context. Usually there are additional pathological or physiological problems, such as neuromotor deficits or structural deviations. Augmentative communication systems may be warranted.
* OR

2. Language

* Mild – The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by diagnostic procedures/standardized tests/play-based assessment. Performance falls from 1 to 1.5 standard deviations below the mean standard score. Generally standard scores between 85-78.
* Moderate – The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by diagnostic procedures/standardized tests/play-based assessment. Performance falls from 1.5 to 2.0 standard deviations below the mean standard score. Generally standard scores between 78-70.
* Severe - The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by diagnostic procedures/standardized tests/play-based assessment. (If standardized assessments can be administered). Performance is greater than 2.5 standard deviations below the mean standard score. Augmentative communication systems may be warranted.
* Profound – The student demonstrates a deficit in receptive, expressive or pragmatic language which prevents appropriate communication in school or social situations. Augmentative communication systems may be warranted.
* OR

3. Fluency

* Mild – 2-4% atypical disfluencies within a speech sample of at least 100 words. No tensions to minimal tension noticed. Rate and/or prosody rarely interfere with communication.
* Moderate – 5-8% atypical disfluencies within a speech sample of at least 100 words. Noticeable tension and/or secondary characteristics are present. Rate and/or prosody often interfere with communication.
* Severe – 9-12% atypical disfluencies within a speech sample of at least 100 words. Excessive tension and/or secondary characteristics are present. Rate and/or prosody usually interfere with communication.
* Profound – More than 12% atypical disfluencies within a speech sample of at least 100 words. Excessive tension and/or secondary characteristics are present. Rate and/or prosody prevent communication.
* OR

4. Voice

* Mild – Voice difference including hoarseness, nasality, denasality, pitch or intensity inappropriate for the student’s age is of minimal concern. Medical referral may be indicated.
* Moderate – Voice difference is of concern to parent, teacher, student or physician. Voice is not appropriate for age and gender of the student. Medical referral is indicated.
* Severe – Voice difference is of concern to parent, teacher, student or physician. Voice is distinctly abnormal for age and gender of the student. Medical referral is indicated.
* Profound – Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in the production of speech. Medical referral is indicated.

**Adverse Effect on Educational Performance**

The delay must have a direct and adverse effect on the child’s ability to make adequate educational progress without special education services. Delays under speech or language impairment may negatively impact the child’s ability to communicate and interact in an age appropriate manner with adults and peers in the school setting, or develop appropriate reading, writing, spelling, and phonemic awareness skills. The adverse effects should match the identified delays.

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| **DOMAIN** | **RELEVANT** | **EXISTING INFORMATION ABOUT THE CHILD** | **ADDITIONAL EVALUATION PROCEDURES TO CONSIDER** | **SOURCES FROM WHICH DATA WILL BE OBTAINED** |
| **Yes** | **No** |
| **Communication Status**Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance. |  |  |  | * Play Based Assessment
* Teacher interview
* Record Review
* Observations
* Receptive/expressive language assessment (CASL, Clinical Evaluation of Language Fundamentals, 5th Edition, EOWPVT/ROWPVT, OWLS, PPVT-4, PLS, TELD, TOLD, Test of Auditory Comprehension of Language, 4th Edition, Test of Semantic Skills, Primary, Rosetti)
* Articulation/phonology assessments (GFTA, SPAT-D, CAAP)
 | Speech/Language Pathologist |
| **Hearing**Auditory problems that would interfere with testing or education performance. Dates and results of last hearing test. |  |  |  | * Hearing screening
* Audiological evaluation if needed
* Medical review
 | School Nurse, Audiologist, Deaf/Hard of Hearing Instructor |