

Speech-Language
Eligibility/Dismissal Criteria



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ARTICULATION/PHONOLOGY

A student with an articulation/phonological impairment struggles to produce speech sounds correctly in connected speech. This type of impairment is commonly characterized by: omission, distortion, substitution, addition, and/or inaccurate sequencing of speech sounds. Errors are not related to cultural or dialectal differences.

The IEP team may identify a student as having a speech and language impairment, in the area of articulation/phonology, if the student meets the criteria under 1 and meets any of the criteria under 2 below:

1. The student demonstrates speech sound errors outside of the developmental guidelines (see appendix A & B)
2. There is an adverse effect on:
 - Academics or classroom communication due to decreased speech intelligibility (**less than 80% intelligibility in connected speech**). The child's peers or teachers are not able to understand him/her, therefore hindering oral reading, participation, presentations, and the development of social relationships.
 - Sound/symbol development, as applicable to spelling or reading skills of the distorted phonemes.
 - Socio-emotional development.

A student is not eligible for special education and related services in the area of speech and language impairment, in the area of articulation/phonology, when:

- Sound errors are consistent with age or are within typical speech sound development (see appendices A & B).
- Articulation differences are due primarily to unfamiliarity with the English language, dialectal differences, structural differences*, or environmental, cultural or economic factors.
- The articulation errors do not interfere with the student's ability to benefit from, and participate in the educational program.

*Disabilities that require medical intervention and whose errors are associated with dental/orthodontic abnormalities (this includes students whose speech is affected by a prosthetic device)

FLUENCY

A fluency impairment is defined as the abnormal flow of verbal expression, at times combined with negative attitudes and feelings about speech. It is characterized by an increase in atypical and typical disfluencies that may also be accompanied by visible physical tension and/or secondary characteristics (i.e. body movements, eye blinks, tics or tremors).

The IEP team may identify a child as having a speech and language impairment, in the area of fluency, if they exhibit one of the following:

- ❖ The student demonstrates a below average standard score on a formal diagnostic test. A below average score translates to a standard score of 84 or below on formal instruments.

or

- ❖ The student demonstrates a minimum of 4% atypical disfluencies (sound syllable repetition, prolongation and blocks) within a speech sample of at least 200 syllables. Noticeable tension and/or secondary characteristics may or may not be present.
- ❖ The student demonstrates a minimum of 4% typical (word and phrase repetitions, interjections, revisions, unfinished words, hesitations) disfluencies within a sample of at least 200 syllables with one or more of the following:
 - Audible and/or visible secondary characteristics
 - Negative attitudes and feelings about their speech, as analyzed by the speech-language pathologist

A student is not eligible for special education and related services in the area of speech and language impairment, in the area of fluency, when:

- Disfluencies are part of normal speech development, or frequency of disfluencies is within normal limits
- Disfluencies do not interfere with the student's ability to benefit from, and participate in educational programming.
- Speech rate is the only effected area.

VOICE

A voice impairment is defined as any deviation in pitch, intensity, quality, or other attribute that consistently interferes with communication; draws unfavorable attention; adversely affects the speaker or the listener; or is inappropriate to the age, sex or culture of the individual. Voice quality may be affected by either organic or functional factors.

The IEP team may identify a child as having a speech and language impairment, in the area of a voice disorder, if all of the following exist:

- ❖ A doctor's order (ENT Exam) and diagnosis of a non-congenital anatomical abnormality that can be treated is necessary before intervention can begin. A school based SLP cannot diagnose a voice disorder.
- ❖ The student demonstrates deviant vocal behavior related to pitch, intensity, or quality inappropriate for the student's age or sex based on speech-language evaluation and ENT report.
- ❖ The student must have negative attitudes and feelings about their voice which negatively impact their ability to learn and participate in educational programming

A student is not eligible for special education and related services in the area of speech and language impairment, in the area of voice, when vocal characteristics:

- Are the result of temporary physical factors such as allergies, colds, abnormal tonsils/ adenoids, sinus problems, short-term vocal abuse or misuse, and maturation.
- Are the result of anatomic or physiologic deviations.
- Are the result of regional, dialectal or cultural differences.
- Do not interfere with the student's ability to benefit from, and participate in the educational program.
- Are the result of socio-emotional development.

LANGUAGE

A student with a language impairment demonstrates a deficit in receptive, expressive or pragmatic language. This includes: language form, language content, and language use.

The IEP team may identify a child as having a language impairment if:

- ❖ The student demonstrates a deficit in receptive, expressive and/or pragmatic language as measured by two or more diagnostic procedures/standardized tests. A child must score more than one standard deviation below the mean (this translates to a standard score of 84 or below).
 - ** Individual subtest scores may be used to indicate strengths and weaknesses, however, they may not be used to qualify students for speech and language services.*

- ❖ Clinical observations, informal assessment, and consultation with other school personnel are indicative of a language impairment that has an adverse effect on educational performance.

A student is not eligible for special education and related services in the area of language when:

- Language needs can be addressed:
 - Within the classroom setting (resource or general education setting).

 - Through modifications or accommodations made to the classroom environment.

 - Through adaptations in instructional style to successfully support the student's learning.

- Language performance does not interfere with the student's ability to benefit from, and participate in educational programming.

- Difficulties with auditory processing are independent of a documented speech or language impairment. Auditory processing disorder (APD or CAPD) in isolation does not qualify as a language disability.
 - *Auditory Processing diagnoses can only be completed by a certified audiologist.*

- Language performance is consistent with developmental norms as documented by formal and informal assessment data.

- Speech/language difficulties result from a second language, unless the child has a language impairment in his or her native language. This can only be assessed through a bilingual assessment

WORD-RETRIEVAL

Students with word finding difficulty struggle to retrieve words for concepts which he/she receptively have good comprehension. Students appear not to know answers, however are unable to express their knowledge. These students may exhibit problems retrieving specific words in single word retrieval contexts and in discourse.

The IEP team may identify a child as having a language disorder in the area of word-retrieval if:

- ❖ The student demonstrates a deficit in word retrieval as measured by one or more diagnostic procedures/standardized tests. A child must score more than one standard deviation below the mean.

and

- ❖ On the Word-Finding Referral Checklist, the student receives 8 or more positive demonstrations of word-finding behaviors as indicated by a teacher in more than one setting.

A student is not eligible for special education and related services in the area of word retrieval when:

- Word-retrieval needs can be addressed:
 - Within the classroom setting (resource or general education setting).
 - Through modifications or accommodations made to the classroom environment.
 - Through adaptations in instructional style to successfully support the student's learning.
- Word-retrieval deficits do not interfere with the student's ability to benefit from, and participate in educational programming.
- The student is capable of using self-advocacy and/or circumlocution strategies to compensate for word-retrieval difficulties in the classroom setting.
- The deficit is due to lack of word knowledge/limited vocabulary.

SPEECH-LANGUAGE DISMISSAL CRITERIA

A student will no longer receive direct speech and language services if one of the following is determined by the IEP team:

- The disability no longer adversely affects academics, as agreed upon by school personnel.
- The student's lack of motivation and participation prevents measurable progress toward meeting his/her goals.
- The student's progress has plateaued, demonstrated by a documented lack of measurable progress despite implementation of a variety of strategies and techniques.
- The student has health issues (i.e., medical, dental, emotional issues) requiring services to be suspended or discontinued.
- The student has met all of his/her goals and objectives.

APPENDIX A

DEVIANT PHONOLOGICAL PROCESSES ACCORDING TO AGE

(Kahn and Lewis, 2002)

3 years of age and above, a child should not be exhibiting the following with greater than 40% occurrence:

- Final Consonant Deletions
- Weak Syllable Deletion
- Consistent use of consonant harmony (i.e. “tote” for “coat”; not just “luh-lo” for “yellow”)

4 years of age and above, a child should not be exhibiting the following with greater than 40% occurrence:

- Cluster Reduction
- Epenthesis (addition of sounds to words i.e. “pulay” for “play”)
- Fronting

5 years of age and above, a child should not be exhibiting the following with greater than 40% occurrence:

- Backing (producing a front sound at the back of the mouth (i.e. “kime” for “time”)
- Initial Consonant Deletion
- Glottal Replacement (“ba-uhl” for “bottle”).

APPENDIX B

Sound Acquisition Milestones **(Articulation Development)**

By 3 years of age:

- All vowels, m, n, h, p, b, w

By 4 years of age:

- k, g, f, t, d, y

By 6 years of age:

- sh, ch, dz, zh, v, ng (as in “ing”), l

By 7 years of age:

- s, z, voiced and voiceless /th/

By 8 years of age:

- r, vocalic r

Please Note: Lateralization of “s, z, sh, zh, ch and dz” are never considered developmental and should always be treated as soon as they are diagnosed.

SOURCES

American Speech-Language Hearing Association (2003). IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 to 21.

Kahn and Lewis (2002). Phonological Analysis, Second Edition. Circle Pines, Maine: American Guidance Services

Grunwell, P. (1982). Clinical Phonology. Rockville, Maryland: Aspen Systems.

Illinois State Board of Education (2007). Speech-Language Technical Assistance Manual

Individuals with Disabilities Education Act Amendments (1997 and 2004). Washington, DC: U.S. Government Printing Office.

Sander, Eric K. "When are Speech Sounds Learned?" JSKD, 37 (February 1972).

Smit, et al. Speech and Articulation Development Chart. JSKD. (1990).

The Nebraska-Iowa Articulation Norms Project.