Report of the Panel of Experts in Language and Speech Services

Modified Consent Decree Outcome 13
Strategies 13-3, 13-4, 13-5, 13-6

June 8, 2007

Strategy 13-6.1 states:

Convene a panel of experts in consultation with the Independent Monitor, to review the District's speech-language program, including the questions posed by the Independent Monitor, and the District's recruitment and employment practices, and prepare a report with recommendations to the District.

Members of the Panel of Experts

Judy K. Montgomery, PhD. CCC-SLP Professor, Chapman University, Orange, CA   *Chair*

Barbara Moore, EdD, CCC-SLP Director, Special Youth Services,
   Anaheim Union High School District, Anaheim, CA

Frank M. Cirrin, PhD, CCC-SLP, District Program Facilitator for Speech-Language Services, Minneapolis Public School,
   Minneapolis, MN

Ilene Clingmon, MA, CCC-SLP, Program Coordinator, Secondary Special Education and Speech and Language Program,
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Jean Blosser, EdD, CCC-SLP, Vice President, Therapy Programs and Quality, Progressus Therapy, Baltimore, MD

Julie Urquidez, MA, CCC-SLP, Bilingual Speech-Language Pathologist, San Mateo-Foster City School District, San
   Mateo, CA

Robert H. Powell, JD, Director of Government Relations, California Speech-Language- Hearing Association (CSHA).
   Sacramento, CA

Carolyn Nunes, Senior Director, Special Education for the San Diego County Office of Education, San Diego, CA

Claudia Dunaway, MA, CCC-SLP, Lead Speech-Language Pathologist, San Diego Unified School District, San Diego, CA

Four questions posed by the Independent Monitor

1. Do all the students with IEPs that require speech (sic) services continue to need such services?
2. Can pre-referral interventions be used to meet student speech needs without requiring an IEP and the direct service of an SLP?
3. Are speech services delivered in a manner that meets goals in the shortest period of time?
4. Are the time and expertise of SLPs being used most efficiently and effectively?

Process used to arrive at the report of findings and recommendations
The Panel engaged in the following activities:

- Advance review of all LAUSD documents provided by mail (document menu in appendices) related to the Modified Consent Decree (MCD)
- Review of 18 sample IEPs from selected speech and language populations and age groups randomly selected by the district administrators at the panel's request.
- Review of policies and procedure manuals, LAUSD Employee Handbook, Speech and Language Training Manual, new employee support materials.
- On-site review of MCD Master plan 04-05, MCD Targeted Strategies 06-07, Letter sent to Non Public Agencies (NPA)'s to attract service providers, NPA Master Contract Application packet, NPA Per Diem Contract Application Packet, drafts of IEP certification pages, Quarterly Information bulletins to SLPs, LAUSD Salary Comparison, FAQ on new Service Salary Position, Letter to principals asking for space in Summer School 2007 Compensatory Clinics; SLP Staffing Allocation for 2007-2008, and other related documents and calculations provided during the week of the review
- Review of pertinent ASHA documents, state of the art service delivery models, current practice in large urban school districts; appropriate professional web-sites
- Analysis of CASE-MIS data
- Brief introduction of Welligent tracking system for Individual Education Plans (IEP) for students with eligible speech and language disabilities
- Orientation by Independent Monitor and Director of Related Services
- Interviews with essential district administrators.

- Interview requested by Protection and Advocacy attorney for the plaintiffs in original case that resulted in the Consent Decree.
- Lists of successful service delivery models known to the panel
- Evidence-based research from journal articles within the last eight years

The Panel convened for five days, June 4-8, at the Sheraton Hotel in Los Angeles. Materials were provided by Marcee Seegan, Director of Related Services, LAUSD.

An orientation session was provided on the first day by:
Fred Weintraub, Independent Monitor
Marcee Seegan, Director of Related Services

Interviews were conducted by the panel with the following program administrators:
Donnalyn Jaque-Anton, Executive Director, Associate Superintendent,
Special Education, LAUSD
Shellie Bader, Coordinator, Speech Language Program, LAUSD
Wit Haslip, Coordinator, Infant/Preschool Program Support, LAUSD
Cathy Blakemore, Attorney, Protection and Advocacy, LAUSD

Formulation of the Report

The Panel of Experts concluded that conducting a rigorous "review of the District's speech and language program, recruitment and employment practices" and a written report within five days by nine experts would, by necessity, be limited to the four questions in strategy 13-6.1 of the MCD, plus the following additional question that the panel felt was embedded in 13.5.1:

5. Are the current recruitment and retention practices for speech language pathologists effective to attract and retain the employees needed to serve identified students?

The Panel met for five days and evenings. The Panel discussed all sides of the five questions to the extent possible, asked focused questions during the interviews, requested additional district materials every day, proposed a wide range of

actions, matched them to evidence-based practice, and then selected the most appropriate actions, noting if they were short or long term solutions. Although formal voting was not conducted, the expert panel reached consensus before placing each recommendation into the report.

Each question was addressed from seven aspects: statement of the problem, list of best practices, data available to the panel, other indicators of the problem, data needed to be gathered, tried initiatives and recommendations (proposed, or discussed but not proposed). The report was arranged into five sections corresponding to those five questions.   Each aspect has two parts. The first was the statement of findings and/or Expert Panel recommendations. The second part was a corresponding narrative with examples, additional information or citations.

Executive Summary of Findings

The Panel of Experts concluded that LAUSD has a complex network of related services in special education, with significant need for additional speech language pathologists to serve identified students.   Although the district has not over-identified students for language and speech services, the sheer number of students in a district of this size and geographic area requires thoughtful management of numerous and ever changing service delivery models to be successful. It also requires highly innovative methods to recruit and retain qualified professionals to serve students with language and speech disabilities in timely manner. Finally, it necessitates the best collaborative efforts of administrators at many levels, and periodic review of current procedures and services to maintain best practice at all times.

The Panel endeavored to offer some "big ideas" for improvements, several adjustments in current policies and procedures that showed promise, and sincere affirmations on exemplary district initiatives when appropriate. Short answers to each of the five questions follow, with expanded information in the full document.

1. Do all the students with IEPs that require speech (sic) services continue to need such services?

    No, there is clear evidence that some students are on language and speech IEPs inappropriately, lack clear eligibility, or remain longer than necessary,

2. Can pre-referral interventions be used to meet student speech needs without requiring an IEP and the direct service of an SLP?

Yes, there is converging evidence that pre-referral interventions can be effectively applied to meet language and speech needs in LAUSD, which can be accelerated by the implementation of pending passage of AB 1636.

3. Are speech services delivered in a manner that meets goals in the shortest period of time?

No, short duration of language and speech services is not a focus of the system in LAUSD, therefore current practice and procedure does not support service completion in a timely manner.

4. Are the time and expertise of SLPs being used most efficiently and effectively?

While there is a district-wide acknowledgment that speech-language pathologists are a scarce commodity, the time and expertise of available employees are not used as efficiently and effectively as they could be.

5. Are the current recruitment and retention practices for speech language pathologists effective to attract and retain the employees needed to serve identified students?

Yes, in the face of a nationwide shortage of SLPs, the districts recruitment and retention initiatives hold great promise to improve the situation and could serve as a model for other large districts. They need to be monitored, continually adjusted and enthusiastically supported by management for maximum effectiveness.

Outcome 13 Area	Statement of Findings/ Recommendations	Narrative
Statement of the Problem	1. Do all students with IEPs that require speech services continue to need such services?	

Discussion of Best Practices	The panel concludes that best practices indicate:
	
	• For all students with LAS services, IEP teams and SLPs must consistently and accurately use state eligibility criteria for SLI, and district service completion criteria
	• For English Learner students:
	   ○ Assessment of speech-language must include evaluation in students' primary language, using valid and culturally appropriate tools and authentic assessments, etc.
	   ○ Teams must appropriately apply eligibility criteria, with consideration of students' educational history, primary language, etc...
	   ○ Teams should review and monitor existing IEPs for speech-language goals to ensure that goals do not include language features that do not exist in the student's primary language.
	• Student progress on IEP goals and objectives should monitored frequently and compared with service completion criteria to determine continued need of services or change of service
	• The expertise of SLP and all team members need to be valued
		To determine whether students receiving LAS services continue to need such services, teams must measure student progress towards valid and appropriate IEP goals on a frequent basis and then compare with service completion criteria. In addition, for some students, LAS services will change over a period of time. These changes may be in the form, frequency, duration, service delivery model or the service provider.

Data Available to Panel	• LAUSD has a total K-12 student population of 704,416 in 2006-2007. • CASE-MIS data from December 2006 lists 82,857 students receiving special education in the district, which represents approximately 10.9% of the student population (NOTE: the student population does not include preschool numbers, but the special education numbers include 5,846 infants and preschoolers). • In the LAUSD, 10,825 students are identified in the eligibility category of Speech Language Impaired (SLI). This represents 13% of the special education student population. Statewide (in California), 25.8% of the students in special education are identified under the category of SLI. LAUSD CASEMIS reports that 19,142 students receive speech and language services (23%), which compares to 28.2% statewide. • Consent Decree report on Service logs completed for the 2005-2006 • Random sample of assessment summary reports and IEPs from the Welligent system on students receiving LAS services (including English Learner students)	This question asks if all students with IEPs that require LAS services continue to need such services, but CASE-MIS data and LAUSD data do not reflect over identification of students with SLI, when compared to state data.
Other Indicators of the Problem	Anecdotal reports from district administrators, and confirmed by a review of a random sample of IEPs provided by the district, suggest that there may be instances of : • Potential misidentification of English Learner students as having a SLI disability, and for some students who have been given IEPs, goals that are not culturally valid or appropriate • Students enrolled in LAS service past the time it is needed (after they have met service completion criteria). • Preschool students receiving IEPs for LAS service	Review of a random sample of assessment summary reports and IEPs from English Learner students receiving LAS services suggested that some English Learners may have been misidentified as SLI. This occurred when aspects of initial assessments to determine if a true SLI disability in the student's primary language were invalid (e.g., assessment performed in English but not in the student's primary language). In addition, the review suggested that IEPs for some English Learners were not culturally appropriate by including goals for language features that were not present in the student's primary language (which reflect any English Learner's development of a second

	when effective intervention might have been provided in settings other than special education.	language).
	• LAS services either modified or added to IEPs beyond the recommendations of the SLP.	Students may continue to receive services that are no longer educationally necessary when IEP teams and/or parents are reluctant to remove special education services even though the student has met service completion criteria.
	• APEIS and other administrative designees not understanding and/or supporting the use of eligibility and service completion criteria, and the expertise/recommendations of the SLP.	
Data Needed	The district may wish to: • Interview a sample of SLPs to confirm the accuracy of reports that teams add or continue LAS services when SLPs have determined that the student has met service completion criteria. • Review a sample of IEP goals for ELL students to make sure that they are linguistically and culturally appropriate, and reflect a true disability in the student's primary language.	
Tried Initiatives	• Specially Designed Programs for Students on Alternative (Moderate-Severe) Curriculum • High School Support Teams to identify students with current IEPs that need to be updated or exited. • Professional Development activities to administrators, psychologists, and other groups on LAS collaborative models, prevention, role of classroom teachers, etc. • English-Language Arts Content Standards provided to SLPs to help guide the development of standards referenced IEPs.	The district has implemented a number of successful strategies that appear to be designed to look at the continued need for language and speech services for some students.
Recommendations *A. Proposed*	A. Proposed: Short term strategies	

| B. Discussed but not proposed | • Consistently and accurately use state eligibility criteria for SLI, and district service completion criteria for all students with LAS services.
• Evaluate the speech-language abilities of English Learner students, in students' primary language, using valid and culturally appropriate tools and authentic assessments as recommended in current best practices.
• Apply appropriate eligibility criteria when making special education decisions for English Learner students, with consideration of students' educational history, primary language, and other factors as recommended in current best practices.
• Review and monitor existing IEPs of English Learner students for speech-language goals to ensure that goals do not include language features that do not exist in the student's primary language.
• Continue professional development on state eligibility and district service completion criteria for LAS, culturally appropriate assessments for English Learner students, LAS collaborative models, prevention, role of classroom teachers, etc.

Long term strategies

Continue professional development on the "tried initiatives" in small groups, focusing on a review of actual IEPs for these services to gain understanding and improve services.

B.   Discussed but Not Proposed: None | |

Outcome 13 Question	Statement of Findings or Recommendations	Narrative
Statement of the Problem	2. Can pre-referral interventions be used to meet student speech needs without requiring an IEP and the direct service of an SLP?	
Discussion of Best Practices	The panel concludes that best practices indicate: • As used in this document, pre-referral intervention is synonymous with response-to-intervention (RTI), recognize and respond, problem-solving model, etc. • It is the understanding of the panel that pre-referral interventions in general education prior to a special education assessment are expected, but not required in state statute or rule at the present time. • Pre-referral intervention is an effective means of meeting the speech-language needs of some students in the general education classroom without special education assessment and services. • Pre-referral intervention is an effective means of preventing some speech-language disabilities. • Pre-referral intervention, specifically classroom and instructional modification, is an effective means to meet the needs of some students with communication differences who are learning English as a second language (e.g., English Learners). • Pre-referral intervention is a critical step in the decision-making process on whether a student requires special education assessment and services	In response to the question posed, the expert panel discussed current information on response-to-intervention (RTI) in general, and pre-referral interventions for speech-language impairments (SLI) in particular. The available literature on pre-referral intervention in speech-language (e.g., ASHA, 2006; Cirrin & Penner, 1996; Moore-Brown, Montgomery, Bielinski & Shubin, 2005) and special education (Fuchs, Fuchs, McMaster, Yen & Ste4venson, 2004) support the use of pre-referral intervention as an effective means of meeting the speech-language,academic, and behavior needs of some students in the general education classroom without special education assessment and services. However, effectiveness appears to be highly dependent on understanding and acceptance of the concept of pre-referral by general education classroom staff, high treatment fidelity, and the collaborative skills of both general education teachers (consultees) and special education staff (consultants). In addition, general education and special education staff must be well-trained in RTI, and districts must develop and implement a consistent and systematic RTI process, including documentation of interventions and student outcomes (e.g., Minneapolis Public Schools "Problem-Solving Model").

	for a possible speech-language disability. • Pre-referral intervention is consistent with Tiers 1, 2, and 3 as described in REF-3269.0 ("Related Services from Prevention to Service Delivery") and Speech-Language Pathology Program Position Paper • Effective pre-referral intervention requires that general education take a leadership role in the pre-referral process. • All students for whom there are concerns about their speech-language development should go though a systematic pre-referral process in general education with consultation from speech-language pathologists (SLP) when appropriate. • SLPs need to be allocated additional time in their workloads to effectively consult and participate on school-based pre-referral teams (e.g., Student Study Teams [SST]), since helping teachers design, implement, and take data on pre-referral interventions and student outcomes takes considerable time, effort and expertise. • There is evidence that some students with single-sound speech disorders can improve their articulation and intelligibility when pre-referral intervention is implemented in the general education environment (Kamhi, 2006 and 2006a; Taps, 2006). • The effectiveness of pre-referral intervention appears to be highly dependent on understanding and acceptance of the concept of pre-referral by general education classroom staff, high treatment fidelity by general education teachers, and the collaborative skills of both general education teachers (consultees) and special education staff (consultants).	
Data Available to Panel	• No objective data on the use of pre-referral interventions for students with speech-language problems were available.	

Other Indicators of the Problem	• The panel heard comments from several district administrators that RTI is not consistently implemented in school sites for students.	
Data Needed to Implement Recommendations	• Number of students with speech-language problems referred to Student Study Teams for pre-referral interventions. • Number of students with speech-language problems referred for speech-language assessment after completing documented pre-referral interventions. • Number of students with speech-language problems found eligible for speech-language services after assessment.	These data are necessary to help answer the question posed by the Independent Monitor.
Initiatives Tried by LAUSD	• Implemented three-tier approach to prevention and pre-referral as described in REF-3269.0 ("Related Services from Prevention to Service Delivery") and Speech-Language Pathology Position Paper (which includes developmental milestones for speech and language, and suggestions for classroom adaptations to enhance listening and speaking skills). • Draft "Speech-Language Impairment Eligibility Certification" form that will be added to due process documentation (i.e., Welligent) in the near future. • SPELA training for APEIS and Bridge Coordinators, which included a 2-hour session on RTI. • "Screening request" form from *SLP Training Manual*, which potentially can be used by classroom teacher as part of pre-referral process (i.e., focus teacher concerns so targeted intervention strategies may be designed).	There is evidence that the Division of Special Education and the Speech-Language Pathology Program has begun several initiatives to increase the awareness and understanding of RTI among site administrators (e.g., APEIS) and general education staff, and to document the use of pre-referral interventions prior to a speech-language assessment. While the panel strongly supports these initiatives, anecdotal comments from several administrators suggest that some site administrators and general education staff still have resistance to and misunderstanding of RIT in general, and pre-referral interventions for speech-language problems in particular.
Recommendations **A. Proposed** **B. Discussed but**	A. Proposed: Short-term strategies (ST)	

| not proposed | • Collect SLP program data on pre-referral, assessment and eligibility to help determine effects on referral rates, etc.
   o End of year summary survey initiated in 06-07 should include questions about pre-referral interventions/SST at each SLP site.
   o Collect data on the range of intervention options and their relative effectiveness (e.g., referral rates) currently implemented by SST for students with speech-language concerns
• Modify "Speech-Language Impairment Eligibility Certification" form to include documentation of pre-referral interventions by general education.
• Add time in SLPs workload/allocation specifically for pre-referral consultation. | • These data are necessary to help answer the question posed by the Independent Monitor

• Documentation of required pre-referral interventions by general education must be part of due process data.

• When SLPs are allocated additional time in their workloads, they are able to effectively consult and participate on school-based pre-referral teams (e.g., Student Support Teams), since helping teachers design, implement, and take data on pre-referral interventions and student outcomes takes considerable time. |
| | Long-term strategies (LT)

• Train SLPs on skills in consulting, designing and demonstrating effective classroom-based interventions for general education teachers to implement.
• Train SST teams and general education teachers on designing and implementing effective classroom-based interventions.
• Explore pilot project for systematic implementation of pre-referral (RTI) for student with speech-language concerns, perhaps emphasize kindergarten through third-grade.
• Explore pilot project for systematic implementation of pre-referral (RTI) for preschool students with speech or language concerns who might otherwise be identified | • Other districts (e.g., Minneapolis, MN; Hesperia, CA; Ocean View, CA) have found that extensive training for both general education and special education staff is necessary for the effective and consistent implementation of a systematic pre-referral process.
• SST teams are best conceptualized as the entry point to school-based and classroom-based interventions in the general education setting, and not as the entry point to special education assessment or services. |

as SLI, converting special education emphasis into general education RTI approach:
- For EC preschool students (eligible for service under the category of Developmental Delay), integrate assessment for SLI eligibility, when appropriate, towards end of 2 years preschool
  - Provide LAS in EC classroom to students without SLI eligibility and assessment
- For preschool students with speech-language concerns only, provide LAS intervention through a variety of service delivery models (e.g., phonological class, ILEAP, etc.) without qualifying students for SLI or writing IEPs
- LAS service by SLPs will include consultation to Early Childhood teachers and educational assistants on language facilitation techniques
- None of these students will have SLI eligibility or service when then transition to kindergarten (note: possible speech-language assessment towards end of preschool)
- Explore feasibility of alternative service delivery models that might be used to deliver pre-referral intervention/prevention services to students with speech-language problems.

B. Discussed but Not Proposed:

- District wide RTI implementation – A systematic process for implementation of pre-referral intervention for students with suspected speech-language problems should move forward immediately, while the LAUSD gears up for district-wide implementation of RTI.

- If a systematic pre-referral process in general education is not being consistently used for students with suspected speech-language problems, then a pilot project may be a necessary precursor to district-wide implementation.

- Alternative service delivery models being used by other districts that might be used for prevention services include:
  - Speech Improvement class (San Diego)
  - Story Talk (San Diego)
  - 5-Minute Kids (Fresno)

- While pilot projects for RTI are being implemented in many school districts, state-wide guidance is not yet available.

Areas to Cover	Statement of Findings and/or Recommendations	Narrative
Statement of the Problem	**#3. Are speech-language services delivered in a manner that meets the student's goals in the shortest period of time?**	
Discussion of Best Practices	THE PANEL CONCLUDES THAT BEST PRACTICES INDICATE: • The time period for service delivery should not be considered an indicator of effective service delivery in the absence of other critical service delivery factors. • No single scheduling pattern, service delivery model or intervention model is considered to be most appropriate way to meet every student's needs at all times (ASHA Issue Brief on Clarification of Service Delivery, May, 2007). These service delivery aspects should be selected based on the student's performance and adjusted on an ongoing basis depending on progress and outcomes. • Evidence based practices (including research, practitioner expertise and client's/family's values and preferences) should guide the determination of the goals, selection of instructional methods and procedures and anticipated service delivery models including duration, frequency, and intensity of services. • An outcomes measurement system is necessary to collect data in order to draw conclusions about the type, duration and frequency of services. The data would enable the district to determine average duration of service to meet specific goals.	There are not universally accepted guidelines that provide direction for making decisions about the appropriate type and amount of service delivery for specific communication disability populations (ASHA, 2003: Morrisette & Guiert, 2003). The IEP team, as a result of the diagnosis and recommendations of the SLP, should make decisions. Research is limited regarding the type, duration and frequency of services required to develop specific communication skills in specific population groups. A recent review of the literature revealed only one available study linking achievement of goals with frequency, intensity, and duration of services. The study using the ASHA National Outcomes Measures Systems (NOMS) revealed that there was a positive relationship between the number of therapy sessions and achievement of the targeted goals. (ASHA NOMS). We believe that time of service delivery should not be the only factor used as a measurement of effectiveness. The primary factor is the achievement of the expected outcome given the nature of the communication disability and considering other factors such as duration of services, frequency, and intensity.

	• Speech/language services should be provided to students who demonstrate communication impairments that adversely affect educational performance. Students who present learning problems that do not have a speech/language basis are more appropriately served by other types of educational programs. • Preparing the student to function within the classroom and access the curriculum should be a focus of the intervention. • Parent involvement and completion of homework assignments positively impact the intervention process (ASHA NOMS, 2002). • If sessions are missed, compensatory services should be delivered in a manner that is consistent with the original intent of the IEP.	The time SLPs have to provide speech-language services to students with communication impairments must be divided between all students on the caseload and must enable the SLP to complete all of the required tasks for appropriate service delivery. The amount of services the SLP can provide to students on the caseload is directly affected by factors such as: the numbers of students on the caseload, the service delivery models used, school locations, workload demands for providing appropriate services and students placed on the caseload who aren't eligible for services or who have reached goals or plateaus and can benefit from other educational services or dismissal. .
Data Available to Panel	• A blank IEP and several data summaries were provided, enabling the panel to understand the data points that are collected by Welligent from the IEP and service logs. • The Los Angeles Unified School District Position Paper: Speech-Language Pathology Program From Prevention to Service Delivery • 18 sample IEPs from selected speech and language populations and age groups were reviewed. The sample included IEPs for 3 English Learners students	The Panel reviewed a sampling of three IEPs for English Learners to determine if the assessment methods and goals were linguistically and culturally appropriate. .

	• Speech and Language Training Manual (including a document entitled "Clarification of Make-Up or Missed Service Time")	
	• Special Education Policies and Procedures manual (July 2005)	The panel understands that the manual is updated on a regular basis as new policies and procedures are developed.
Other Indicators of the Problem	• When the district offers to SLPs the option to work an eight hour day (to receive the special services salary), caseloads will increase to 68 for nine month SLPs and 85 for year round schools.	While the Panel understands the acute SLP shortage is the rationale for 'special services salary', we are concerned that the intended increase in caseload numbers may actually result in decreased service to children on the caseload and lengthen time until service completion criteria are met. Larger caseloads negatively impact on student progress (NOMS, Mullen, 2002). The panel cautions the district about increasing caseload numbers.
	• The panel received anecdotal stories that students may be enrolled for speech-language services or maintained in the program longer than necessary.	Three scenarios were described: (1) students may be ready to begin another type of service on the continuum of service delivery but there is resistance because it would necessitate convening the IEP team before the predetermined

		review date;
		(2) students have achieved the targeted speech/language goals and are ready for dismissal but still demonstrate other types of learning difficulties and service alternatives are not available so the team recommends continuation of speech/language services; and,
		(3) students who demonstrate learning problems that do not have speech or language basis are enrolled in therapy because there are no other services available.
	• The focus of the compensatory services currently appears to be on the completion of service hours owed to students. However, the panel believes that this program could afford the district a unique opportunity to determine if intensive services offered during school breaks can accomplish the achievement of speech/language goals.	Systematic, intensive intervention approaches have proven to be effective for developing specific communication skills. Since the summer compensatory services program is offered in a condensed time frame, several of these approaches would be appropriate for service delivery. (Refer to the list of intervention approaches in appendix.)
Data Needed	• Explanations of service delivery options and general recommendations for type of instructional model, projected length of service, and frequency of services depending on the disability and demonstrated performance. • Reliable data on the average time period for intervention for specific goals using specific intervention methods was not provided. • Confirmation of the accuracy of anecdotal information indicating that the SLP's recommendations are overruled by other team members, especially as it relates to the SLP's recommendation regarding non-eligibility and dismissal.	

Initiatives Tried by LAUSD	The district has created programs to increase the number of student intervention contacts. 1. Secondary Sweep Project to identify students who had completed their goals. 2. Clinic programs are being offered throughout the city. Compensatory services are being offered on a large scale during summer of '07. .	The district provided clarification of missed sessions and make-up sessions to promote understanding of when a student would need compensatory services and the therapist's responsibility (Speech and Language Training Manual, Clarification of Make-Up Missed Service Time. See ASHA Issue Brief on Missed Sessions (2007) in appendix.

Recommendations
   A. Proposed
 	
   B. **Discussed but not proposed**
	Proposed Short Term Strategies
	
	• Systematically collect and analyze data, including the following: disability category, communication disorder, type of services provided, frequency of therapy, amount of time and other factors.
	
	• Review summary reports for students who have completed services to determine the amount of time spent in therapy.
	
	• Review practices used for assigning SLPs to schools, caseloads, and programs to ensure that therapists have ample time to provide appropriate services based
		In order to determine if the goals are being accomplished in the shortest amount of time, it is necessary to create a methodology for reviewing goals in relation to service time and other factors. The ASHA National Outcomes Measurement System provides a framework that the district could consider in order to understand trends in service delivery time and goal achievement. While the NOMS itself might not be appropriate for wide use within the district, the framework does provide a framework for thinking about the issue. All of the key elements should currently be available in Welligent. If all key elements are not currently gathered, consider adding necessary fields.

		on the type and severity of the communication impairment.	
		• Monitor the impact of the increase in caseload as a result of the new special services salary to determine if caseload increases result in decreased time to for service provision. .	The Panel suggests comparing caseload outcomes of clinicians with caseloads under 55 with those over 55 to determine if outcomes are impacted by increases in caseload size.
		• Streamline the approach for convening the IEP team and reviewing the IEP in order make recommended changes such as the service delivery model, amount of service, intervention methods, or outcomes.	The APEIS and other staff must understand the value and benefit of convening a meeting in order to discuss recommended program changes as a result of student achievement through progress monitoring and recommendations for service completion.
		• Use Present Levels of Functioning to determine the effectiveness of the intensive summer compensatory program and intervention methods implemented. Use the data to take appropriate action when developing the student's plan in the fall '07.	The Office of Administrative Hearings (OAH) oversees due process actions for special education in the state of California. Since 2005, when OAH took over the due process actions, there has been a shift in the standard applied to the consideration for compensatory services owed to students for services determined to have not been provided. Under this new standard, the judges consider what the student currently needs as opposed to the needs at the time of the filing. The hearing officer encourages or orders the provision of services which will provide meaningful benefit to the student at the present time, instead of ordering a minute for minute compensation for services missed
		• Implement explicit, systematic, intensity-based instructional and intervention approaches that offer more opportunities for development and practice of communication skills such as articulation, language, and emerging literacy skills.	
		• Explore "Telepractice" (also referred to as Telespeech") as an option for providing services to specific student populations including students	Examples of explicit, systematic, intensity-based instructional approaches can be found in the literature on school-based service delivery. Refer to the list of intervention approaches discussed in Question #2.

	receiving compensatory services, articulation or language skills, or middle and high school students.	Telepractice is defined as "the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, clinician to clinician, for assessment, intervention, or consultation. Telepractice is emerging as a viable method for providing service delivery in the school setting to overcome barriers of access to services caused by distance, unavailability of service providers, and impaired mobility. It offers the potential to extend clinical services to remote, rural, and under-served populations and to culturally and linguistically diverse populations" (ASHA, 2007). The panel believes that telepractice may offer LAUSD the opportunity to bring intervention services to specific student populations such as: those who need compensatory services, articulation or language problems, middle/high school students.
	Proposed Long Term Strategies Incorporate the following topics into the Professional Development Plan: - Implement explicit, systematic, intensity-based instructional and intervention approaches - Use of alternative service delivery approaches - Adhere to Service completion criteria - Measure outcomes measurement B. Discussed but not Proposed None	

Areas to Cover	Statement of Findings and/or Recommendations	Narrative
Statement of the Problem	**4. Are the time and expertise of SLPs being used most efficiently and effectively?**	
Discussion of Best Practices	The Panel concludes that best practices indicate: • SLP workload includes sufficient time for the wide array of mandated services, such as direct services, indirect services, pre-referral consultation, due process paperwork and other mandates, third-party billing, Speech-Language Pathology Assistant (SLPA) supervision, and other district or school assigned duties • English Learner should be assessed using valid assessment methods in their primary language (including informal and authentic language tools) • The management of referrals for English Learners is more effective with the collaboration of the SLP with other school staff (e.g., bilingual coordinator, bilingual resource teacher, classroom teacher and parent) • SLPs can extend their effectiveness and efficiency through the appropriate use of SLPAs. • SLPs effectiveness and efficiency are dependent upon the availability of a quality environment, including the therapy room (e.g. location, lighting • and power), assessment and instructional	The panel is committed to the use of scarce resources in the most efficient and effective manner. Best practices in identifying and serving the English Learner population include using assessment tools standardized in the primary language in order to be considered valid. Using assessment materials not standardized on the English Learner population is inappropriate and may results in students being misidentified (Roseberry-McKibbon,2006). Inappropriate assessment, in turn, directly affects the productivity of the SLP by adding students to the caseload who are not students with disabilities. The goal of utilizing SLPAs is to relieve the SLPs from performing the more repetitive activities and enable them to tend to more complex issues. The law was not intended to have such support personnel replace highly qualified SLPs. (SLPAB Licensing, 2007; CFR 300.156; Moore-Brown, et al, 2005).

	materials (e.g., age appropriate, relevant to the curriculum), equipment (e.g., computers, telephone), furniture (e.g. file cabinet, table and chairs) • LAS services are most effective when embedded into core subject areas of the general education curriculum or the alternative curriculum designed for students with specific disabilities • SLPs effectiveness and efficiency are enhanced when they have ready access to data and utilize this data to make service delivery decisions • Teams utilize the expertise of SLPs when making service decisions as children transition from the infant/toddler program to preschool and preschool to kindergarten	
Data Available	• There are three professional development meetings per year with all SLPs. • SLPs meet monthly in their local districts. These meetings function as informal professional development and round table discussions • Translators are available to the SLPs on an as needed basis for assistance in assessment. The translators are trained individually by the SLP at the school site. • IEPs reviewed by the panel indicate that some English Learners are not being assessed in the primary language. Articulation and language assessment tools standardized on English only students continue to be administered to limited English proficient students with English Language Developmental levels of 1 & 2 • IEPs indicate goals and objectives are not culturally sensitive to English Learner and may not be warranted • Information provided by Executive Director, Donnalyn Jaque-Anton regarding a recent state disproportionality letter required by IDEA 2004: "We	A review of LAUSD current IEPs demonstrate the continued use of English language assessment tools on English Learners in order to determine initial eligibility and continued need for speech-language services. Goals and objectives written were unfortunately English Language development goals instead of targeting an actual articulation or language disorder or delay.

	have received a letter in error with no attached data. I have already met with the CDE on it and it is unlikely that we have an issue with disproportionality"	
Other Indicators of the Problem	• Administrators expressed concerns that too many students are coming from preschool enter kindergarten with required LAS services • SLPs are reporting large numbers of incoming preschoolers require intense LAS services for their duplicated students. • Average periods of time to conduct a "speech-only" IEP is 68 minutes and an IEP with other services in addition to LAS is 934 minutes. With caseloads of 55 students or more- this is a very significant amount of time each year spent in meetings.	
Data Needed	• Panel concluded that specific information which measures the efficiency and effectiveness of the SLPs service delivery is not being reviewed. However, it may be collected. Many of our specific questions were answered leading the panel to believe that the Welligent system can successfully address the data analysis needed to streamline services and measure the effects of changes put in place during the year of implementation.	Panel is aware of several methods that schools are utilizing to collect efficiency and effectiveness information (Taps, 2006).
Tried Initiatives	• Re-allocation of 13 of 26 preschool assessment team SLPs towards K-12 SLP shortage areas • Assigning the Speech-Language Coordinator to oversee LAS services at the preschool level • Proposal to use SLPAs in some preschool LAS programs	The panel applauded these difficult, but important decisions during a nation-wide shortage.
Recommendations A. Proposed	A.Proposed: Short-term strategies • Conduct workload time survey of current SLP activities	The workload approach has been highly successful to increase efficiency and effectiveness in many school districts (e.g., Portland, OR; San Diego Unified School District, CA; Terrbonne Parish, LA). See References for

	(e.g., workload analysis) to help determine if SLPs are using time effectively and efficiently • Provide a tool to conduct critical self review of the caseload focusing on factors such as special day classes, service delivery models used, time for allocated for collaboration • Hire SLPAs to assist SLPs in a pilot program for students who need more intensive services • Provide sample service schedules for flexible service delivery (Moore-Brown, et al, 2005; Soliday, 2005; Taps, 2006). • Consider alternative and/or innovative service delivery models as a way of effectively meeting the needs of a particular group of students (ASHA, 2001a, 2003a, 2007). • Design a comprehensive Professional Development Program that focusing on maximizing the efficiency and effectiveness of the SLP through a series of interrelated activities that include some didactic interactions and applications to the actual caseload; development of a portfolio; peer coaching and mentoring • Professional Development Program on the ethical use and supervision of SLPAs • Small group discussions about time spent in meetings. Share the data and determine if this time can be reduced with specific pre-meeting or during meeting strategies. • Offer a comprehensive Professional Development in 2007-08 that focuses on improving the efficiency and effectiveness of SLPs	ASHA Workload documents.

Sequence of Actions
   A. Short Term
   B. Long Term
	B. Long Term
	
	Continue professional development led by LAS Specialists to review IEPs, note changes to be made, and coach SLPs
		SLPs have been provided with ongoing professional development. As part of that plan, provide a structured approach that has a training format with a framework that incorporates review of the caseload, development of

	to implement the changes. Every effort should be made not to assign SLPs who reduce their caseloads by using these evidence-based practices to cover additional schools. Additional clerical and IT assistance to allow managers to conduct periodic reviews of the Welligent data by LAS disability groups to measure change.	portfolios, peer coaching, mentoring. It appears that Welligent can produce the data analysis needed to measure efficiency and effectiveness by disability type within LAS, however, IT personnel must be made available to the program managers as needed to monitor the length of time students are receiving intervention for various communication disabilities.
Discussed but not proposed	A district-wide survey of LAS IEPs. A change in the data collection process used by Welligent.	

Areas to Cover	*Statement of Findings and/or Recommendations*	*Narrative*
Statement of the Problem	**#5 Are the current recruitment and retention practices for speech-language pathologists effective to attract and retain the employees needed to serve identified students?**	There is a national and statewide critical shortage of speech-language pathologists (SLPs). Attracting and retaining employees to the district is the key to having providers of service. The supply of new speech-language pathologists is anticipated to be outpaced by the "graying" of the profession (retirements of up to 40% with 3-5 years) and competition from a wide variety of employing entities including hospitals, rehabilitation agencies, clinics, private practices, non-public agencies, regional centers, and other educational settings. Demographic projections for increased populations in all

		age groups including special education populations will consequently lead to the demand for speech-language and hearing services. Additionally, expansion of services for infants and toddlers, students with autism spectrum disorders, traumatic brain injuries, inclusion of medically fragile students will mean the need for SLPs and related services providers. The types of services provided will be impacted by advances in computer and technologies and alternative and augmentative communication devices and services, for students with significant disabilities. Additionally, non-educational setting speech-language and hearing services will continue to compete with a limited number of speech-language pathologists.
Discussion of Best Practices	The panel believes that the following components are essential to effective recruitment and retention efforts. • Attractive & competitive compensation package • Manageable workload • Professional development opportunities • Appropriate working conditions • Collegial support and teaming	Job satisfaction of current and future employees may be ensured through the provision of the components described. It is critical that the district actively seeks to promote professional, desirable working conditions for future and current employees. Due to the critical shortage of SLPs throughout the state and country, compensation will be a significant attraction when recruiting potential candidates to the district.
Data Available	▪ Salary Schedule ▪ Documents regarding the recruitment and retention efforts and programs tried to date (Critical Analysis Memo of 6/24/05 from Marcee Seegan with 2007 updates) ▪ CASEMIS ▪ CBEDS	
Other Indicators of the Problem	• Anecdotal reports regarding hiring difficulties • State and national data regarding shortages • Due process actions • Reports from administration	There are several efforts ongoing nationally and throughout California attempting to address the critical shortage of SLPs. Part of this effort in California includes legislative initiatives to assist in

		both increasing the supply of SLPs as well as make it easier to hire SLPs from out of state or from the medical setting. LAUSD legislative representatives are an important key to establishing legislative priorities and passing state initiatives. Coordination and interaction between LAUSD Dept. of Government Relations, LAUSD's Speech and Language Program, and CSHA should be improved in order that LAUSD can provide active, on-going support for state initiatives on solutions to SLP shortages in the Legislature. Similar improved relationships between LAUSD Personnel and Credentialing offices, LAUSD Speech and Language Program, and CSHA could provide active, on-going support for state initiatives as to SLP shortages with the CTC, as well as with SLP licensing. Information about potential solutions are also available through the ASHA web-site www.asha.org.
Data Needed	• None	
Tried Initiatives from LAUSD	• LAS Shortage Pay • Change SLPs to Special Service Salary • Offer Incentives and Stipends • Placing incoming SLPs on higher of the Special Services Salary • Recruitment Agencies • LAS Shortage Pay to other District Employees who posses speech credentials	The district has made many highly credible attempts to improve recruitment and retention efforts specifically designed to attract SLPs to LAUSD. Various pay options provide recognition of the extra work that SLPs are doing to address the needs of un-served and under-served students. Incentives and special pay recognize the special skills that SLPs have to provide such services.

Recommendations A.Proposed B. **Discussed but not proposed**	▪ Design the most attractive compensation package in the state, which includes not only monetary compensation and benefits that exceed other districts, but also pay stipend for ASHA certification and state license.	Money and compensation will not only draw but also retain staff. Due to the critical shortage this is an essential component of the recruitment and retention process. LAUSD is in a unique situation to position themselves far and above other districts in terms of compensation.
	▪ Monitor the development of new and expanding university training programs in Communication Disorders (CD).	Although there are only 15 training programs in California, there is some expansion of new programs underway, including: • California State University, Dominguez Hills (CSUDH) - a post baccalaureate program due to open Fall 2007 • California State University, San Marcos (CSUDH) – new program due to open Fall 2008 • Chapman University – new program due to open Fall 2009 • California State University, Long Beach – evening-summer cohort due to open Fall 2007
	• Offer financial support for internships and scholarships for employees who will attend CD programs and commit to working in the district for 3 – 5 years.	
	• Investigate newly developed internship credentials for existing personnel who are currently employed with a Variable Term Waiver (VTW).	• Monterey COE has provided scholarships for the CSU Distance Learning Program through CSU Northridge. • Stanislaus COE has provided scholarships as well as university stipends for school site supervisors for the UOP CD partnership training program. • Orange County Dept of Education is developing a memo of understanding (MOU) between districts

		and universities to provide scholarships to graduate students in communication disorders in exchange for 3-5 years of employment in the sponsoring school district as an SLP. Note: The California Commission on Teacher Credentialing (CTC) has utilized for several years approved local school district-university Internship Programs for classroom teachers, special education teachers, and school psychologists. Because of the availability of CTC Variable Term Waivers (VTW), Internship Programs have not been utilized for SLPs. IDEA '04 regulations on Related Services Personnel includes language that prohibits states from utilizing personnel standards based on waivers [CFR section 300.156]. Proposed California Urgency legislation, AB 1663 (Evans) as amended 5/23/07, includes similar conforming language for the California Ed Code *[page 13, line 5 "Qualifications for DIS, Related Services Personnel, and Paraprofessionals."]*
	• Hire speech-language pathology assistants (SLPAs) to assist with providing services to students. • Partner with community colleges to provide fieldwork experiences for SLPAs. • Assign increased SLPA time to SLPs who participate in new projects (San Diego USD).	The use of SLPAs can assist with ensuring that students receive the identified treatment that is on their IEP. Although SLPAs cannot be used to increase SLP's caseloads, they can assist with many activities for which the SLPs is responsible, including providing direct services to students. SLPAs can complete a number of other duties, as outlined in law. (See Speech-Language Pathology Licensing Board http://www.slpab.ca.gov/assistant.htm and ASHA SLPA FAQs http://www.asha.org/about/membership-certification/faq_slpasst.htm). SLPAs are not the same as instructional aides as they can work with limited supervision. SLPAs can decrease the amount of services owed but not provided. SLPAs also help with

		retention of SLPs who now have help completing their workload duties.
	• Intentionally expand involvement of SLPs as members of the school site team. • Transfer evaluation responsibilities of SLPs to the school site principal, with input and consultation from the district office. • District office should remain responsible for hiring SLPs. • SLPs should participate in professional development provided to general educators.	Increased involvement as a member of the school team will create a better working condition for SLPs. The Expert Panel agreed unanimously that SLPs should be evaluated by the site principal as this practice will make the instructional leader more aware of the issues and concerns surrounding the issues related to the work of the SLPs. Principals have ownership of the employees they evaluate.
	▪ Utilize LAUSD lobbyists to actively support all legislative initiatives related to SLPs. The LAUSD lobbyists should work in concert with the Advocate from the California Speech-Language-Hearing Association (CSHA) to remain aware of which initiatives are currently being developed and supported. One of these current issues include student loan forgiveness (i.e. APLE loans).	LAUSD Government Relations Dept.'s active support of AB 359 (Karnette) Assumption of Loans for Education (APLE) – inclusion of SLPs. APLE student loan forgiveness for SLPs in low performing schools will assist LAUSD to compete with hospitals and other settings for new SLPs.
	▪ Adopt a workload approach for caseload management and work toward identifying, adopting and putting into contract reasonable workload limits.	See ASHA and CSHA web-sites for Workload documents and information listed in the references section of this document.
	• Use retirees for specific quasi-administrative tasks such as CF/RPE supervision, first year support, assessments, etc.	Increased incentives are needed to draw retirees to the system. It is wise to use them in specific ways that will support the existing staff.

	• Eliminate internal LAUSD policy that SLP retirees can only be re-hired at their retirement pay and allow for them to be paid at the new SLP pay schedule. • Actively lobby to support SB 901, which is LAUSD's bill to extend the post-retirement exemptions. Suggest amending this measure as recommended in separate communication between the Internal Monitor and CSHA advocate. B. Discussed but Not Proposed: • Projecting how many SLPs the district should hire • Lower caseload caps	
Sequence of Actions **C. Short Term** D. **Long Term**	All recommendations for question # 5 are short term, with several noted above as time sensitive (within the next three weeks) to support pending state legislation.	

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Panel of Experts
Speech Language Pathology
For LAUSD MCD Question #13

APPENDICES

A. Responsiveness to Intervention: New Roles for Speech Language Pathologists- ASHA (2006)
B. Response from Alexa Posny PhD (March, 2007), Director of OSEP re: Guidance on "adversely affects educational performance" wording in IDEA .
C. Individualized Education Programs and Eligibility for Services-IDEA Issue Brief from ASHA (2007)
D. Continuum of Service Delivery Options, ASHA Issue Brief (2007)
E. Latest Developments in Telepractice for SLPs and Audiologists Retrieved June 7, 2007 from www.ASHA.org
F. Sample of a Statistical Report on annual speech and language program services completed by SLPs in an urban school district (cited in report for possible use in 30-40 school sampling procedure)
G. Legal Opinion on "Distinction Between Screening and Assessment" by Fagen, Friedman & Fulfrost, May 21, 2007
H. Retention and Recruitment of Speech Language Pathologists-What Works? Feature Article in INCASE Publication from Council of Administrators in Special Education, June, 2007.

Responsiveness to Intervention: New Roles for Speech-Language Pathologists

By Barbara J. Ehren, EdD, CCC-SLP, Judy Montgomery, PhD, CCC-SLP, Judy Rudebusch, EdD, CCC-SLP, and Kathleen Whitmire, PhD, CCC-SLP

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The responsiveness to intervention (RTI) process is a multitiered approach to providing services and interventions to struggling learners at increasing levels of intensity. It involves universal screening, high-quality instruction and interventions matched to student need, frequent progress monitoring, and the use of child response data to make educational decisions. RTI should be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data.

As a schoolwide prevention approach, RTI includes changing instruction for struggling students to help them improve performance and achieve academic progress. To meet the needs of all students, the educational system must use its collective resources to intervene early and provide appropriate interventions and supports to prevent learning and behavioral problems from becoming larger issues. To support these efforts, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA '04) allows up to 15% of special education funds to be used to provide early intervening services for students who are having academic or behavioral difficulties but who are not identified as having a disability.

RTI also provides an alternative to the use of a discrepancy model to assess underachievement. Students who are not achieving when given high-quality instruction may have a disability. This approach was authorized in IDEA '04 through the following provisions: (a) local education agencies (LEAs) may use a student's response to scientifically based instruction as part of the evaluation process, and (b) when identifying a disability, LEAs shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability.

Speech-language pathologists (SLPs) can play a number of important roles in using RTI to identify children with disabilities and provide needed instruction to struggling students in both general education and special education settings. But these roles will require some fundamental changes in the way SLPs engage in assessment and intervention activities.

Challenges and Opportunities of the New Model

RTI requires changes in terms of assessment approaches as well as models of intervention and instructional support. Regarding assessment, there are challenges to SLPs working in districts that undertake the shift from traditional standardized approaches to a more pragmatic, educationally relevant model focused on measuring changes in individual performance over time. Such challenges include the shift from a "within child" deficit

paradigm to a contextual perspective; a greater emphasis on instructional intervention and progress monitoring prior to special education referral; an expansion of the SLP's assessment "tool kit" to include more instructionally relevant, contextually based procedures; and most likely the need for additional professional development in all of the above. In addition, the use of formal evaluation procedures may still be an important component of RTI in many districts. Teams must still conduct relevant, comprehensive evaluations using qualified personnel. SLPs' expertise in language may be called upon to round out comprehensive profiles of students having academic or behavioral difficulties.

Regarding intervention and instructional support, SLPs must engage in new and expanded roles that incorporate prevention and identification of at-risk students as well as more traditional roles of intervention. Their contribution to the school community can be viewed as expertise that is used through both direct and indirect services to support struggling students, children with disabilities, the teachers and other educators who work with them, and their families. This involves a decrease in time spent on traditional models of intervention (e.g., pull-out therapy) and more time on consultation and classroom-based intervention. It also means allocation and assignment of staff based on time needed for indirect services and support activities, and not based solely on direct services to children with disabilities.

New and Expanded Roles

SLPs working in districts that choose to implement RTI procedures are uniquely qualified to contribute in a variety of ways to assessment and intervention at many levels, from systemwide *program design* and *collaboration* to work with *individual students*. SLPs offer expertise in the language basis of literacy and learning, experience with collaborative approaches to instruction/intervention, and an understanding of the use of student outcomes data when making instructional decisions.

Program Design

SLPs can be a valuable resource as schools design and implement a variety of RTI models. The following functions are some of the ways in which SLPs can make unique contributions:

- Explain the role that language plays in curriculum, assessment, and instruction, as a basis for appropriate program design
- Explain the interconnection between spoken and written language
- Identify and analyze existing literature on scientifically based literacy assessment and intervention approaches
- Assist in the selection of screening measures
- Help identify systemic patterns of student need with respect to language skills
- Assist in the selection of scientifically based literacy intervention
- Plan for and conduct professional development on the language basis of literacy and learning
- Interpret a school's progress in meeting the intervention needs of its students

Collaboration

SLPs have a long history of working collaboratively with families, teachers, administrators, and other special service providers. SLPs play critical roles in collaboration around RTI efforts, including the following:

* Assisting general education classroom teachers with universal screening
* Participating in the development and implementation of progress monitoring systems and the analysis of student outcomes
* Serving as members of intervention assistance teams, utilizing their expertise in language, its disorders, and treatment
* Consulting with teachers to meet the needs of students in initial RTI tiers with a specific focus on the relevant language underpinnings of learning and literacy
* Collaborating with school mental health providers (school psychologists, social workers, and counselors), reading specialists, occupational therapists, physical therapists, learning disabilities specialists, and other specialized instructional support personnel (related/pupil services personnel) in the implementation of RTI models
* Assisting administrators to make wise decisions about RTI design and implementation, considering the important language variables
* Working collaboratively with private and community-employed practitioners who may be serving an individual child
* Interpreting screening and progress assessment results to families
* Helping families understand the language basis of literacy and learning as well as specific language issues pertinent to an individual child

Serving Individual Students

SLPs continue to work with individual students, in addition to providing support through RTI activities. These roles and responsibilities include the following:

* Conducting expanded speech sound error screening for K-3 students to track students at risk and intervene with those who are highly stimulable and may respond to intense short-term interventions during a prolonged screening process rather than being placed in special education
* Assisting in determining "cut-points" to trigger referral to special education for speech and language disabilities
* Using norm-referenced, standardized, and informal assessments to determine whether students have speech and language disabilities
* Determining duration, intensity, and type of service that students with communication disabilities may need
* Serving students who qualify for special education services under categories of communication disabilities such as speech sound errors (articulation), voice or fluency disorders, hearing loss, traumatic brain injury, and speech and language disabilities concomitant with neurophysiological conditions
* Collaborating with classroom teachers to provide services and support for students with communication disabilities
* Identifying, using, and disseminating evidence-based practices for speech and language services or RTI interventions at any tier

Meeting the Challenge

The foundation for SLPs' involvement in RTI has been established through the profession's policies on literacy, workload, and expanded roles and responsibilities. The opportunities for SLPs working within an RTI framework are extensive. To some, these opportunities may seem overwhelming—where in the workday would there be time to *add* all of these activities to our current responsibilities? Certainly if the traditional roles continue, it would be difficult to expand into these new roles. The point of RTI, however, is not to add more tasks but to reallocate time to better address prevention and early intervention, and in the long run serve more students up front rather than at the point of special education evaluation and service. Where RTI has been faithfully implemented, this seems to be the outcome. Some districts report reductions in special education referral and placement; even where placement rates have remained stable, staff nevertheless report a change in the way they spend their time. The reallocation of effort will hopefully lead to more effective interventions, both for students who remain in general education and those who ultimately qualify for more intensive services.

Successful RTI programs rely on the leadership of a strong principal or designated leader who has budgetary power and the ability to bring all educators to the same table to share professional development, children, time, space, money, and curriculum resources. The sharing of resources is sometimes a stumbling block, yet strong leaders can overcome these barriers by keeping the focus on the children being helped. SLPs can begin the RTI process by sharing with principals the benefits of an RTI approach and the support offered through IDEA, including the incentive that 15% of a school's special education funds can be used to launch the RTI process.

To meet this challenge, SLPs will need to be:

* open to change—change in how students are identified for intervention; how interventions are selected, designed, and implemented; how student performance is measured and evaluated; how evaluations are conducted; and how decisions are made;
* open to professional development—training (as needed) in evidence-based intervention approaches, progress monitoring methods, evaluation of instructional and program outcomes, and contextually based assessment procedures, and the implications for both preservice and in-service training;
* willing to adapt a more systemic approach to serving schools, including a workload that reflects less traditional service delivery and more consultation and collaboration in general education classrooms;
* willing and able to communicate their worth to administrators and policymakers—to educate others on the unique contributions that SLPs can make consistent with the provisions of IDEA '04.

IDEA '04 does not mandate significant change or prohibit traditional practices. Rather, it encourages the adoption of new approaches that promise better student outcomes. Such innovations in education offer numerous opportunities to enhance speech-language services to the benefit of all students.

Key Resources

Butler K., & Nelson, N. (Eds.). (2005). Responsiveness to intervention and the speech-language pathologist [Special issue]. *Topics in Language Disorders, 25*(2). (See six articles on RTI and SLPs.)

Mellard, D. (2004). *Understanding responsiveness to intervention in learning disabilities determination.* Available from www.nrcld.org/publications/papers/mellard.pdf (PDF format)

National Association of State Directors of Special Education. (2005). *Response to intervention: Policy considerations and implementation.* Available from www.nasdse.org

National Joint Committee on Learning Disabilities. (2005). *Responsiveness to intervention and learning disabilities.* Available fromwww.ldonline.org

Strangman, N., Hitchcock, C., Hall, T., Meo, G., & Coyne, P. (2006). *Response-to-instruction and universal design for learning: How might they intersect in the general education classroom?* Available fromwww.k8accesscenter.org/ documents/ RTIandUDLFinal.2.pdf (PDF format)

American Speech-Language-Hearing Association (2006). Responsiveness-to-intervention online professional consultation packet.

Adapted with permission from *Problem Solving and RTI: New Roles for School Psychologists* by Andrea Canter, 2006, February, *Communique, 34*(5). Available from http://www.nasponline.org.

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American Speech-Language-Hearing Association
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*This page was updated on: **10/23/2006**.*

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March 8, 2007

Catherine D. Clarke, Director
Education and Regulatory Advocacy
American Speech and Hearing Association
44 North Capitol Street, NW
Suite 715
Washington, DC 20001

Dear Ms. Clarke:

This is in response to your letter of November 2, 2006 in which you request guidance and/or clarification of the final Part B regulations, implementing the Individuals with Disabilities Education Act (IDEA), as amended by the IDEA Improvement Act of 2004. I apologize for the delay in responding.

First, you request clarification that the policy on when a speech or language impairment "adversely affects educational performance" as described in a May 30, 1980 letter from the Department of Health, Education and Welfare to Dublinske remains the policy of the U.S. Department of Education, Office of Special Education Programs (OSEP). Under 34 CFR §300.8(c)(11), "speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance." It remains the Department's position that the term "educational performance" as used in the IDEA and its implementing regulations is not limited to academic performance. Whether a speech and language impairment adversely affects a child's educational performance must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas. Section 614(b)(2)(A) of IDEA and the final regulations at 34 CFR §300.304(b) state that is conducting an evaluation, the public agency must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information. Therefore, IDEA and the regulations clearly establish that the determination about whether a child is a child with a disability is not limited to information about the child's academic performance. Furthermore, 34 CFR §300.101(c) states that each State must ensure that a free appropriate public education (FAPE) is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade.

It is important to note that under 34 CFR §300.8, a child must meet a two-prong test to be considered a child with a disability: (1) have one of the specified impairments (disabilities); and (2) because of the impairment, need special education and related services. If a child has one of the impairments, but needs only related services and does not need special education, the child is not a child with a disability (see 34 CFR §300.8(a)(2)(i)). However, 34 CFR §300.8(a)(2)(ii) provides that if, consistent with 34 CFR §300.39(a)(2), the related services required by the child, are considered special education rather than a related service under State standards, the child would be considered to be a child with a disability.

Second, you requested written guidance on the need to use substitutes and to schedule make-up sessions when speech-language pathology sessions are missed due to a child's absence from school, cancellation for a class or school activity, or absence of the speech language pathologist. IDEA and the regulations do not address these issues. States and local educational agencies (LEAs) are required to ensure that all children with disabilities have available to them FAPE, consistent with the child's individualized education program (IEP) (see 34 CFR §300.101). We encourage public agencies to consider the impact of a provider's absence or a child's absence on the child's progress and performance and determine how to ensure the continued provision of FAPE in order for the child to continue to progress and meet the annual goals in his or her IEP. Whether an interruption in services constitutes a denial of FAPE is an individual determination that must be made on a case-by-case basis.

Finally, you request clarification regarding the continuum of service delivery options to be considered for a student. As you correctly point out, the final regulations do not address service delivery options but, instead, address the continuum of alternative placements. However, the Analysis of Comments and Changes section in the final regulations states, "it would be inconsistent with IDEA to dictate the amount and location of services for all children receiving speech-language pathology services. As with all related services, the child's IEP Team is responsible for determining the services that are needed for the child to receive FAPE. This includes determining the type of related service, as well as the amount and location of services." 71 Fed. Reg. 46575 (Aug. 14, 2006). The IEP Team is responsible for developing a child's IEP in accordance with 34 CFR §§300.320 through 300.324. This includes, among other things, determining the anticipated frequency, location, and duration of the services (see 34 CFR §300.320(a)(7)); an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class (34 CFR §300.320(a)(5)); a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child; and a statement of the program modifications or supports for school personnel that will be provided (see 34 CFR §300.320(a)(4)). The examples you provided in your letter (e.g., small-group instruction or direct services) are matters for consideration by the IEP Team, based on a child's individual and unique needs, and cannot be made as a matter of general policy by administrators, teachers or others apart from the IEP Team process.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

We hope you find this information responsive to your requests. Please do not hesitate to contact me if you have further questions or if I can be of any further assistance.

Sincerely,
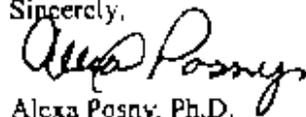
Alexa Posny, Ph.D.
Director
Office of Special Education
Programs

AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

November 2, 2006

Ms. Alexa Posny
Director, Office of Special Education Programs
U.S. Department of Education
Office of Office of Special Education and Rehabilitative Services
400 Maryland Avenue, S.W.
Washington, DC 20202

Dear Director Posny:

It was a pleasure to meet with you last month and begin our conversations regarding IDEA 2004 and speech-language services in the schools. As we indicated at the meeting, we would like to request clarification on three issues.

First, we are requesting a letter clarifying that, under the 2006 IDEA Part B final regulations, the Department of Education (ED) stands by the policy described in the attached Department of Health, Education, and Welfare's May 30, 1980, letter discussing when speech impairment "adversely affects educational performance." Among other things, the 1980 letter clarifies that "a speech/language impairment necessarily adversely effects educational performance when the communication disorder is judged sufficiently severe to require the provision of speech pathology services to the child....The extent of a child's mastery of the basic skill of effective oral communication is clearly includable within the standard of "educational performance" set by the regulations." This has been very helpful for us in light of calls from ASHA members who are reporting that some state and local education agencies continue to require educational assessments of all children with speech-language disorders in order to determine eligibility for special education and related services, and that children are being denied services because their disability is not reflected in failing courses or being retained in a grade.

It is our interpretation of the 2006 IDEA Part B final regulations that the current statute and regulations are consistent with the earlier guidance in 1980. In fact, while the 1999 regulations state that the IEP for each child with a disability must include a statement of the child's present level of educational performance, the 2006 regulations strengthen the broadness of this by stating that this IEP must include a statement of *academic achievement and functional performance*. Although "functional performance" is not defined, the discussion section states that the term is generally understood to refer to skills or activities that are not considered academic or related to a child's academic achievement and is often used in the context of routine activities of everyday living. The regulations are also clear that each state must ensure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade. Finally, the regulations state that the evaluation must include functional, developmental, and academic information about the child, implying that eligibility is based on other factors in addition to academic performance.

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Next, we would like some written guidance on the need to use substitutes and to schedule make-up sessions when speech-language pathology (SLP) sessions are missed. Some state and local education agencies are requiring the use of substitutes during the absence of speech-language pathologists, while others require the SLP to schedule a make-up session when a session is missed. Clarification is needed requiring sessions missed due to the child's absence from school, cancellation for a class or school activity such as a field trip or an assembly, or absence of the SLP due to illness or family emergencies.

Last, we are requesting clarification regarding the continuum of service delivery options to be considered for a student. ASHA members have reported that some local education agencies limit speech-language services to small-group pull-out intervention only, or allow only direct services. This prevents the IEP Team from developing an education plan that meets the individual needs of the child, as services must meet a predetermined format rather than reflect the needs of the child. We are concerned that this practice violates one of the fundamental premises of the statute. Furthermore, caseloads become inflated with children making limited or no progress due to inappropriate delivery of services.

The regulations address this issue within the context of the continuum of alternative placements. For example, the Discussion/Comments Section states that "placement decisions must be based on the individual needs of each child with a disability. Public agencies, therefore, must not make placement decisions based on a public agency's needs or available resources, including budgetary considerations and the ability of the public agency to hire and recruit qualified staff" (*Federal Register*, p. 46587); "placement decisions for all children with disabilities must be made on an individual basis" (*Federal Register*, p. 46587); "This requirement for the continuum [of alternative placements] reinforces the importance of the individualized inquiry, not a "one size fits all" approach" (*Federal Register*, p. 46587); "placement decisions must be determined on an individual case-by-case basis depending on each child's unique educational needs and circumstances and based on the child's IEP" (*Federal Register*, p. 46587); and "in all cases, placement decisions must be individually determined on the basis of each child's abilities and needs and each child's IEP, and not solely on factors such as category of disability, severity of disability, availability of special education and related services, configuration of the service delivery system, availability of space, or administrative convenience" (*Federal Register*, p. 46588). These statements reflect our concerns regarding service delivery options. Therefore, we are requesting clarification on whether these statements on the continuum of alternative placements can be considered to include the continuum of service delivery options. If not, can ED issue guidance on the continuum of service delivery options similar to the statements relative to the continuum of alternative placements?

Clarification from the Department of Education on these issues would assist ASHA in providing accurate information to our members who provide services in school settings. We look forward to your response to our inquiries. If you have any questions, please contact me, Catherine Clarke, ASHA's Director of Education and Regulatory Advocacy, by phone at 301-897-0159 or by e-mail at cclarke@asha.org.

Sincerely,

Catherine D. Clarke
Director, Education & Regulatory Advocacy

Individualized Education Programs and Eligibility for Services

There have been several changes related to the general components and development of the individualized education program (IEP). Four that are of particular importance to speech-language pathologists (SLPs) and audiologists are:

1) the change from "performance" to "academic achievement and functional performance;"

2) increased emphasis on "academic, nonacademic and extracurricular activities;"

3) elimination of the requirement of benchmarks or short-term objectives, except for children with disabilities who take alternate assessments aligned to alternate achievement standards; and

4) absence or excusal from IEP team meetings.

Academic Achievement and Functional Performance

What the 2006 IDEA Part B Final Regulations Say

As stated in §300.320(a)(1) of the regulations, the IEP must include a statement of the child's "present levels of academic achievement and functional performance," which is expanded from the 1999 regulations' wording of "present levels of performance." In addition, §300.320 (a)(2)(i)(A) states that measurable annual goals must include "academic and functional goals." The change from "performance" to "academic achievement and functional performance" clarifies that services may be provided for reasons other than academic failure, and is consistent with ED's long-standing position regarding this issue, see www.asha.org/members/slp/schools/prof-consult/ed_performance.htm. This is also consistent with §300.101(c)(1) that states that a child with a disability is eligible for services even if the child has not failed or been retained in a course or grade, and is advancing from grade to grade.

Furthermore, §300.304(b) requires that, when conducting the evaluation, the public agency use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, implying that eligibility for services is based on factors in addition to academic performance. Finally, §300.324(a)(1) adds "the academic, developmental, and functional needs of the child" to the list of considerations when developing the IEP.

Implications for ASHA Members

The practice of some state and local education agencies (LEAs) to deny services because a disability is not reflected in typical ways, such as failing courses or being retained in a grade, is clearly inconsistent with these sections of the regulations. This is most relevant for students who have problems with articulation, fluency, feeding/ swallowing, and minimal and/or unilateral hearing loss, and for children with cochlear implants. In addition, the requirement to use a predetermined battery of standardized tests to determine eligibility is inconsistent with the law.

What ASHA Members Can Do

SLPs and audiologists must individualize the evaluations they conduct in order to ensure that they are assessing the student's academic, developmental, and functional needs in academic, non-academic, end extracurricular settings. This requires multiple forms of assessment, including interviews, observations, review of classroom work, input from teachers and parents, and standardized assessments, as appropriate, for the child's presenting problems.

Academic, Nonacademic, and Extracurricular Settings

What the 2006 IDEA Part B Final Regulations Say

Several sections of the regulations refer to the requirement for the LEAs to provide "nonacademic and extracurricular services," or services in "nonacademic and extracurricular sottings" (see §§300.42 Supplementary aids end services, 300.43 Transition services, 300.101 FAPE, 300.107 Nonacademic services, 300.111 Child find, and 300.117 Nonacedemic settings). For example, §300.42 refers to "aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with non-disabled children to the maximum extent appropriate." Nonacademic and extracurricular services and activities may include athletics, recreational activities, special interest groups or clubs, meals, and recess (see §§300.107 and 300.117 for a complete listing).

Implications for ASHA Members

The references to "functional performance," further repudiate the restricted approach that many state and local education agencies have taken of requiring academic failure in classroom settings in order to receive special education and related services. This has obvious implications when evaluating, determining eligibility, and providing intervention for all students with disabilities, but particularly for those with disabilities that may impede their involvement in extracurricular and nonacademic settings but not be reflected in academic achievement.

What ASHA Members Can Do

First, SLPs and audiologists must individualize the evaluations they conduct in order to ensure that they are assessing the student's academic, developmental, and functional needs in academic, nonacademic, and extracurricular settings. This requires multiple forms of assessment, including interviews, observations, review of classroom work, input from teachers and parents, and standardized assessments, as appropriate, for the

child's presenting problems. Then, when determining eligibility for services, the SLP, audiologist, and other IEP team members must consider the child's ability to be involved in academic, nonacademic, and extracurricular activities. This would include classroom discussions, athletics, recreational activities, special interest groups or clubs, meals, and recess periods; (see §§300.107(b) and 300.117).

Benchmarks and Short-Term Objectives

What the 2006 IDEA Part B Final Regulations Say

As stated in §300.320(a)(2)(ii), benchmarks or short-term objectives are now required *only* for children with disabilities who take alternate assessments aligned to alternate achievement standards.

Implications for ASHA Members

It is good practice to identify short-term goals as part of all students' intervention plans in order to monitor progress toward long-term goals, even if those short-term goals are not included in the IEP. As we strive toward improved evidence-based practice in our schools, it is clear that we should maintain documentation of treatment effectiveness for all students receiving services.

What ASHA Members Can Do

SLPs and audiologists should continue to develop and monitor short-term goals as part of all students' intervention plans to determine effectiveness of the intervention and to document student progress.

Attendance at IEP Team Meetings

What the 2006 IDEA Part B Final Regulations Say

There is a new provision in §300.321 that a member of the IEP team is not required to attend an IEP team meeting if that member's area is not being modified or discussed, and the parent and LEA agree to this in writing. Also, a member of the IEP team may be excused from attending the IEP team meeting that includes a modification or discussion of the member's area if the parent and LEA consent to the excusal in writing and the member submits written input prior to the meeting.

Implications for ASHA Members

Although this was added to the law to ease the burden of scheduling IEP team meetings, there is a possibility of misuse related to excessive excusal of team members or problems related to written input.

What ASHA Members Can Do

It will be important to monitor this practice to ensure that team members are not excessively excused from meetings and that the requirement for written input does not become an unreasonable burden or impede communication about the student's progress and needs.

ISSUE BRIEF
CONTINUUM OF SERVICE DELIVERY OPTIONS

What the 2006 IDEA Part B Final Regulations Say

ASHA members have reported that some local education agencies place restrictions on service delivery choices, e.g., limit speech-language services to small-group pull-out intervention only, require classroom-based services only, or allow only direct services. This prevents the individualized education program (IEP) team from developing an education plan that meets the individual needs of the child, as services must meet a predetermined format rather than reflect the needs of the child. Furthermore, caseloads become inflated with children making limited or no progress due to inappropriate delivery of services. However, the 2006 IDEA Part B Final Regulations do not address service delivery options. Therefore, ASHA requested clarification on this issue from the Office of Special Education Programs (OSEP) of the U.S. Department of Education (ED). We noted in our request to OSEP that the regulations address this issue within the context of the continuum of alternative placements. For example, the Discussion/Comments Section of the final regulations states that "placement decisions must be based on the individual needs of each child with a disability. Public agencies, therefore, must not make placement decisions based on a public agency's needs or available resources, including budgetary considerations and the ability of the public agency to hire and recruit qualified staff;" "placement decisions for all children with disabilities must be made on an individual basis;" "this requirement for the continuum [of alternative placements] reinforces the importance of the individualized inquiry, not a "one size fits all" approach;" "placement decisions must be determined on an individual case-by-case basis depending on each child's unique educational needs and circumstances and based on the child's IEP;" and "in all cases, placement decisions must be individually determined on the basis of each child's abilities and needs and each child's IEP, and not solely on factors such as category of disability, severity of disability, availability of special education and related services, configuration of the service delivery system, availability of space, or administrative convenience" (see pp. 46587-46588 of the August 3, 2006 *Federal Register*).

In its response, OSEP reiterated the regulations stating that the IEP Team is responsible for developing a child's IEP, including determining the anticipated frequency, location, and duration of the services. They noted that our examples (e.g., requiring small-group instruction or allowing direct services only) "are matters for consideration by the IEP Team, based on a child's individual and unique needs, and cannot be made as a matter of general policy by administrators, teachers or others apart from the IEP Team process." In a meeting ASHA held with Alexa Posny, OSEP Director, regarding this letter of guidance, Posny further affirmed that the wording above related to continuum of alternative placements also applies to the continuum of service delivery options. Posny indicated that she has also copied the ASHA guidance letter to a variety of stakeholders, including state directors of special education, Part C coordinators, technical assistance and dissemination networks, and parent training institutes.

Implications for ASHA Members

This guidance supports the roles of speech-language pathologists and audiologists, as part of the IEP Team, in determining the type(s) of service delivery that will best meet the individual needs of the child and support progress toward meeting IEP goals. That determination can not be made as a matter of local or state policy, and can not be predetermined or based solely on factors such as disability category or severity, availability of space or staff, budgetary considerations, or administrative convenience.

What ASHA Members Can Do

If members find themselves limited in service delivery options by local or state policies, they should engage in advocacy efforts to change those policies or practices in light of OSEP's clear statements regarding this issue. Advocacy may involve working with administrators or building teams for local change, or through their state associations for change at the state level OSEP's letter is available at www.asha.org/about/legislation-advocacy/2007/OSEPIDEAIssuesSLP.htm . For more information please contact the school services unit at school@asha.org.

Our site's pages are optimized for Web browsing software that supports current Web standards, as established by the World Wide Web Consortium (http://www.w3c.org/) . Content is accessible from older or less standards-compliant technologies, but its presentation will not be identical to visitors with standards-compliant software. Read more on our site's changes and accessiblity.

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Latest Developments in Telepractice for SLPs and Audiologists

What Is Telepractice?

In ASHA's recent position statements, *telepractice* is defined as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation."

ASHA's position is that "telepractice is an appropriate model of service delivery for the professions of speech-language pathology [and audiology]. Telepractice may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility."

Telepractice offers "the potential to extend clinical services to remote, rural, and underserved populations, and to culturally and linguistically diverse populations."
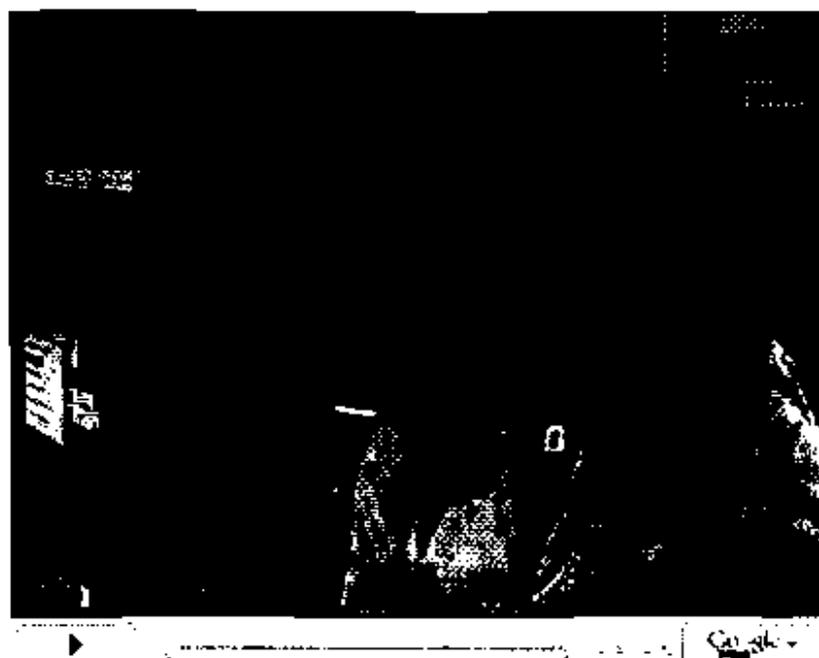
ASHA video on Telespeech Services (7:42)
Requires Adobe Flash Player 7.0+. If you don't have the Flash
Player plug-in, you can download it for free.

Ensuring Quality of Service via Telepractice

ASHA's position statements also emphasize that "the use of telepractice does not remove any existing
responsibilities in delivering services, including adherence to the Code of Ethics. Scope of Practice, state
and federal laws (e.g., licensure, HIPAA, etc.), and ASHA policy documents on professional practices."

Therefore, "*the quality of services delivered via telepractice must be consistent with the quality of
services delivered face-to-face.*"

How Telepractice Is Being Used...

...By Audiologists:

- Infant hearing screening
- Hearing screening
- Hearing aid programming and counseling
- Auditory brainstem response (ABR)
- Otoacoustic emissions (OAEs)
- Audiologic rehabilitation

...By Speech-Language Pathologists:

- To provide speech and language services to schools in remote or underserved areas
- To provide voice, aphasia, or cognitive-communication treatment to satellite clinics from hospitals
- In clients' homes as an adjunct to home health visits
- For specialized services such as laryngectomy rehabilitation and augmentative and alternative
  communication

Policy Documents

- Audiologists Providing Clinical Services via Telepractice: Position Statement
- Audiologists Providing Clinical Services via Telepractice: Technical Report
- Knowledge and Skills Needed by Audiologists Providing Clinical Services Via Telepractice
- Speech-Language Pathologists Providing Clinical Services via Telepractice: Position Statement
- Speech-Language Pathologists Providing Clinical Services via Telepractice: Technical Report
- Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Services Via Telepractice

ASHA Leader Articles on Telepractice

- "Bridging the Service Gap . . .Through Audiology Telepractice" by Mark Krumm, John Ribera, and Thomas Froelich.
- "Telepractice Brings New Challenges to Audiologists" by Gregg Givens
- "Audiology Telepractice Moves From Theory to Treatment" by Mark Krumm
- "Telepractice in the City: The Story of The Visiting Nurse Service of New York Home Care" by Daniel J. Carpenedo
- "Speech Telepractice Program Expands Options for Rural Oklahoma Schools" by Pamela G. Forducey
- "Telepractice Brings Voice Treatment From Hawaii to Japan" by Pauline A. Mashima and Michael R. Holtel
- "Telepractic Program for Dysphagia: Urban and Rural Perspectives from Kansas" by Jill Georges and Norbert Belz

Download the findings of the Survey of Telepractice Use Among Audiologists and Speech-Language Pathologists [PDF]

Find more information by exploring the following links or download the full report of the ASHA Telepractices Team [PDF]

Annotated resources on telepractices
Browse a list of annotated Web sites on telepractices for SLPs and Audiologists.

Articles about telepractice for speech-language pathology and audiology

Discuss telepractice issues with colleagues in ASHA's Member Forums

This page was updated on: **5/11/2007**.
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🖃 Send to a Friend

Related Resources:

- Annotated Resources on Telepractices
- Articles about Telepractice

Other Sections

- Audiology & Audiologists
- Speech-Language Pathology & SLPs
- Faculty, Researchers & PhDs

ASHA & NSSLHA Members Members & Professionals Students The Public

STATISTICAL REPORT

Language, Speech & Hearing Specialist:_____ _____ Date:_____

1. **Number of children served with:**

   Articulation Disorder: _____   Language Disorder: _____

   Voice Disorder: _____   Hearing Disorder: _____

   Fluency Disorder: _____   Combination: _____

2. **Number of children served by grade level:**

   District Schools

   Preschool_____ _____   Kindergarten_____

   1 _____   4 _____   7 _____   10 _____

   2 _____   5 _____   8 _____   11 _____

   3 _____   6 _____   9 _____   12 _____

   Special Day Class (not counted above):

   NSH _____   SH _____   Inclusion _____

   Resource Specialist Program (counted above): _____

   Private Schools

   Preschool_____   Kindergarten_____

   1 _____   4 _____   7 _____   10 _____

   2 _____   5 _____   8 _____   11 _____

   3 _____   6 _____   9 _____   12 _____

3. **School Site Information:**

	Site #1	Site #2	Site #3
1. TOTAL Number enrolled in therapy	_____	_____	_____
2. Number of pupils screened this year	_____	_____	_____
3. Number of pupils evaluated and enrolled (Initial)	_____	_____	_____

School Site Information:

	Site #1	Site #2	Site #3
4. Number of pupils evaluated and not enrolled			
5. Number of pupils dismissed this year			
6. Number of pupils evaluated for triennials			
7. Number of special day classes			
8. Number of Inclusion classes			
9. Approximate school enrolment			
10. Average monthly enrollment n LAS			
11. Number of pupils served under School Based Program			
12. Number of SSTs attended			

4. **Professional Growth:**

1. Number of conferences, workshops or seminars attended _____
2. Number of committees served
   School sites _____
   Communication Program _____
   Special Education Department _____
   District Level _____

3. Number of Inservices presented
   School sites _____
   Communication Program _____
   Special Education Department _____
   District Leve _____

4. Master Teacher
   College/University _____

   College/University _____

5. Number of Grants
   Submitted _____
   Approved _____

_____
Language, Speech and Hearing Specialist

5/21/01 lc/ms

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Via E-Mail and U.S. Mail

Camille Giometti-May
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Re: Consent for Observations of Students

Dear Camille:

You have asked us for a legal opinion explaining the circumstances under which parental consent is required in order to observe a student. We understand that, in light of the changes to the federal regulation regarding observations, questions have arisen regarding the need for parental consent before observing a student.

Informed parental consent generally is required prior to any assessment or evaluation. A school district or local education agency, however, may conduct a "screening" of a student, as that term is defined under federal law, without parental consent. Thus, a school district must determine whether the observation constitutes a "screening" or an "assessment." If and when the observation constitutes an assessment, the school district must obtain informed parental consent before conducting the observation.

Distinction Between Screening and Assessment

It is clear that parental consent is not required before "[a]dministering a test or other evaluation that is administered to all children unless, before administration of that test or evaluation, consent is required of parents of all children." (34 C.F.R. § 300.300(d)(1); Cal. Educ. Code § 56321, subd. (f).) Beyond this situation, a school district must determine whether an observation constitutes a "screening" or an "assessment." The distinction is significant because a screening may be conducted without parental consent, though federal and state law require parental consent before an assessment may be conducted. (20

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U.S.C. § 1414(a)(1)(D)(i); 34 C.F.R. § 300.300(a)(1); Cal. Educ. Code § 56321(c).)[1]

Staff should consider the following factors when determine whether an observation is a screening or an assessment: (1) The purpose of the testing; (2) whether the testing is used with an individual student or a group of students; and (3) the complexity of the testing measure.

The first distinction between screening and assessment lies in the purpose for which the student-related data is being gathered. Under Individuals with Disabilities Education Act of 2004 and its implementing regulations, "[t]he screening of a student by a teacher or specialist *to determine appropriate instructional strategies for curriculum implementation* shall not be considered to be an evaluation for eligibility for special education and related services." (20 U.S.C. § 1414(a)(1)(E); 34 C.F.R. § 300.302.) (Emphasis added.) In the comments to the Federal Regulations, the United States Department of Education emphasizes that screening "refers to a process that a teacher or specialist uses to determine appropriate instructional strategies." (Federal Digest, p. 46639.)[2] In other words, if an observation is used to gather data to help a teacher adjust his or her delivery of instruction in the classroom, that process may be a screening that does not require parental consent. However, if the observation is motivated by a suspicion that a student may have a disability or disability-related need— even if the observation is initiated solely to determine whether such suspicion warrants more formal assessments— that observation likely is an assessment.

In addition to the purpose for gathering the student data, other factors may help distinguish between a screening and an assessment. The Federal Regulations refer to an evaluation as an "*individual* assessment," but the comments to the Federal Regulations describe screening as "typically a relatively *simple and quick* process that can be used with *groups* of children." (Federal Digest, p. 46339.) (Emphases added.) Thus, an observation of an individual student is more likely to be an assessment than an observation of all students in a particular group (e.g. a school, grade or class). Similarly, the more time it takes to conduct the observation, and the more complex or intrusive the observation is, the more likely it is that the observation is an assessment rather than a screening.

This important distinction between a screening and an assessment applies equally to the new federal regulation clarifying the observation requirements relating to a determination of whether

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[1] California Education Code section 56302.5 provides that "the term 'assessment' shall have the same meaning as the term 'evaluation' in the Individuals with Disabilities Education Act, as provided in Section 1414 of Title 20 of the United States Code."

[2] IDEA 2004 requires the United States Department of Education to develop federal regulations to provide administrative interpretation. The federal regulations regarding IDEA 2004 are accompanied in the Federal Register by a section called "Analysis of Comments and Changes" which explains the rationales for recent changes in the regulations. While the comments to the regulations are not technically law, they are issued by the United States Department of Education to help detail how the regulations and IDEA 2004 should be applied.

a student has a specific learning disability.[3] (34 C.F.R. § 300.310.) Specifically, Section 300.310(a) provides that: "The public agency must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty." This provision does not authorize an assessment without parental consent; school district staff still must determine whether the required observation constitutes a screening or an assessment to decide whether parental consent is necessary.

In addition, the group determining whether a child has a specific learning disability must:

(1)   Use information from an *observation in routine classroom instruction and monitoring* of the child's performance that was done before the child was referred for an evaluation; or

(2)   Have at least one member of the group . . . conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with § 300.300(a), is obtained.

(34 C.F.R. § 300.310(b).) (Emphasis added.) This provision merely requires that, as part of an evaluation to determine whether a child has a specific learning disability, the group must use information from an observation of "routine classroom instruction and monitoring" that occurred prior to a referral for assessment or conduct an observation in the regular classroom after the assessment referral has been made and parental consent has been obtained. The observation of routine instruction could be part of a test or other evaluation that is administered to all children in a class or a "screening." In that case, parental consent would not be required. This provision, however, does not contemplate or authorize an individualized observation motivated by a suspicion that a student may have a disability or to determine disability-related needs.

Informed Parental Consent

As explained above, if an observation constitutes an assessment, a school district must obtain parental consent prior to conducting that observation. Parental consent is required prior to conducting both initial evaluations and reevaluations, however when reevaluation is at issue, such consent need not be obtained if the district can demonstrate it took reasonable measures[4] to obtain such consent and the child's parents failed to respond. (20 U.S.C. § 1414(c)(3).) A

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[3] Section 300.310 of Title 34 of the Code of Federal Regulations modified former Section 300.542.

[4] Reasonable measures include maintaining a record of the school district's attempts to obtain consent, such as: Detailed records of telephone calls made or attempted and the results of those calls; copies of correspondence sent to the parents and any responses received; and detailed records of those visits made to the parent's home or place of employment and the results of those visits.

Camille Giometti-May
May 1, 2007
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parent's refusal to consent to an assessment does not constitute a failure to respond; therefore, a district cannot proceed with a reevaluation when a parent has refused to consent.

The Federal Regulations state that parental consent must be informed. (34 C.F.R. § 300.300.) In order to obtain informed parental consent, the district must be able to demonstrate that:

a.	The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;

b.	The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and

c.	The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive.

(34 C.F.R. § 300.9.) If and when a school district obtains informed parental consent, it may proceed with its proposed assessments.

Conclusion

In summary, an observation constitutes an assessment if it is conducted for the purpose of determining eligibility for special education and/or needs relating to a disability, including appropriate accommodations, modifications or other special education support. Conversely, observations likely constitute screenings when they are relatively simple and quick, are administered to a group of students (e.g., an entire class), and are conducted for the purpose of refining instructional strategies for that group. If an observation constitutes an assessment the school district must obtain informed parental consent prior to conducting the observation.

If you have any further questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

FAGEN FRIEDMAN & FULFROST, LLP
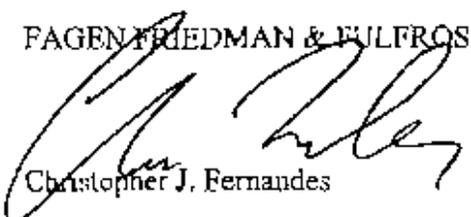
Christopher J. Fernandes

CJF

Enclosure

Feature Article

Retention & Recruitment Of Speech Language Pathologists – What Works?

JUDY K. MONTGOMERY, Ph.D., CCC-SLP, Chapman University, Orange, CA – Former President of ASHA

There is a nationwide shortage of qualified applicants for speech language pathology (SLP) positions. This is due to a convergence of factors including increasing demand for SLPs in both health care and schools, intense competition to be accepted into existing masters degree programs necessary for national certification and state licenses, large increase of children who need services for autism, cochlear implants, etc., and baby-boomer adults who need communication support for hearing loss and stroke, combined with relatively low pay and a wide range of employment choices and flexibility. And just to complicate it a bit more, approximately 1/3 of the current work force will be retiring in the next five years. Consequently, there is no relief in the foreseeable future. We need strategies to retain the professionals we have now, and recruit new ones. Since the profession educates professionals for all these expanding work settings, hiring SLPs away from health care, private practice, hospice, or academe is ineffective in the long run. No work setting has a surplus.

We need to focus on strategies that work. What can you do? It makes sense to begin with strategies to retain the SLPs we currently have in our school programs. After we are confident that SLPs are not exiting our school systems faster than we can replace them, focus on how to recruit new ones. Clearly, a profession which focuses on communication communicates with its members about "great positions" and "not so good positions". There are lessons to be learned here. In times of shortage, "great positions" are the ones that are filled.

Retention

SLPs leave positions in one school district and go to another because they feel undervalued or unsupported (Moore-Brown, et al, 2005). Although a few may leave for health care or private practice, the vast majority re-surface in another (not very far away) school district. These SLPs are committed to working in schools and were wooed away by greener pastures. It is important to recognize that when school professions experience a shortage, their members will exercise their options to go from district to district in their first 10 years of employment. Acknowledging this fact, Human Resources (HR) departments and Special Education Directors must strive to retain these professionals. An effort to retain SLPs must be centered on highly desirable working conditions. This includes, but is not limited to, salary enhancements related to highly qualified teacher pay ($ 1750- 6,000 per year); yearly stipend for earning the Certificate of Clinical Competence (CCC)- ($2000-5000); payment of ASHA dues ($200 annually) and state association dues (approximately $100 annually); one conference per year (approx. $200); state stipend pay ($2,000- 4,000), separate pay scale (2.5- 5% above teacher salary), bilingual stipends ($2,000-5,000 depending on need), extra duty or shortage pay ($50 - 100 per hour after school or in the summer for compensatory therapy) (Boswell, 2006).

Currently ten states have salary supplements- Arkansas, Delaware, Indiana, Louisiana, Mississippi, Missouri, Nevada, Oklahoma, Rhode Island, and West Virginia. A chart of salary supplements is available on the ASHA web site listed in references. Individual school districts also have established salary supplements- for example, Carlsbad, Natomas, Sunnyvale, and San Diego in California (Boswell, 2006). These states and individual districts have carved out a competitive edge in their search for SLPs. Currently, 74 school districts in 20 states have achieved salary supplements (Boswell, 2006).

Other retention strategies include laptop computers, contract-based caseload limits, adequate working space with phone, sink, technology for students, services of a speech language pathology assistant (SLPA), assignment of a lead position with additional pay, regularly scheduled meetings, and a mentoring support system for all new clinicians.

Caseload size matters. The 24th Annual Special Education Report to Congress (2002), 12% of administrators stated they had hired one or more SLPs they believed were not fully qualified. To avoid doing this, 20% increased the caseload of the other SLPs in the district, 18% hired Speech Language Pathology Assistants (two year AA degree), and 33% contracted for services. There is a hidden price when caseload is increased. When surveyed, some SLPs said they wanted to stay as long as possible in their current school setting. They had median caseloads of 46. SLPs who were undecided reported median caseloads of 49. The third group wanted to leave their school districts as soon as possible—and reported median caseloads of 59.

Many districts have discovered that SLPs need to be included in the problem-solving discussions that are needed when there is a personnel shortage. They can often identify which effects of unfilled positions need the greatest attention. This often takes the form of a triage process in which response to intervention (RtI) is used to serve students who have communication problems that are not disabilities. Some children can be more effectively served in general education settings, thus significantly reducing paperwork, and within two years bringing caseloads to a more manageable size.

Recruitment

Recruiting new SLPs requires the use of all the above strategies, plus more direct approaches. District representatives need to go to universities to recruit, the traditional approach used in law schools and business schools. SLPs do not need to seek a job when they finish their master's degree, they already have 2-3 offers in various work settings. Agencies and health care successfully recruit on campus; schools can do the same. A job in this nation's public schools has become as competitive as every other work setting

for SLPs. Districts need to present a package of excellent health benefits, colleague support, stipend pay, and exceptional materials and equipment to convince an SLP to accept their position. Health care and agency work often only appears to be more desirable because it is presented in a very attractive way. Schools can be equally desirable. We need to sell the position when there is a high demand. For example, hospitals and private practices can rarely match the benefits package in a school district. Give them the facts and make them feel wanted.

In addition, schools need to accept SLP student teachers from their local universities and treat them well. Many will choose to work in schools if the SLPs they work under are satisfied and productive. The SLPs in a district are often able to attract more fellow professionals than Human Resources personnel do. They know the job from the inside. If they are well treated and supported, they will attract others. New professionals are very interested in working on a team—not in isolation. Advertise the autism spectrum disorder team, if it is available, the dysphagia team, the AAC team, monthly journal groups, or whatever collaborative activities you have.

New recruitment efforts have been launched in the last few years in various parts of the country. Some districts are hiring speech language pathology assistants (SLPA) into appropriate assistant positions, and then paying their tuition at local universities to become professionals in 2-4 years. Meantime, they are critically important assistants in the district speech and language program, and committed to staying in the district once they complete their university programs. Intern models for SLPs are springing up in many areas. The district may hire an intern in his/her final year of school, provided all the clinical hours can he supervised by a university-employed supervisor who is assigned to the schools in an area. Districts combine funds to pay the supervisors' salaries. In other places, school districts are paying half or more of the cost of a current employee to go to graduate school in either a local university where possible, or a distance learning program in the same or another state. A memorandum of understanding is developed with the university to assure that this graduate student will do his student teaching/internship in the paying district and then become a full time employee of that district for at least five years. These MOU's are approximately $30,000 over a 2 year period.

Districts are also surveying their communities for recently retired SLPs who wish to return to work part time or even full time. Health care professionals or private practitioners often want to augment their retirement income doing what they know best. Some HR departments ask their district SLPs to conduct a workshop during High School Career Days to try to encourage local students to choose the profession. Scholarships to encourage students to choose the field may be effective—though of course this is a long 6 year process to get them back in the district as a professional. But, again, these are the ones most likely to stay.

Finally, many districts are working with SLP staffing agencies to place their fully qualified staff into schools. We need to make this work for us. It should not be an action of last resort. Although agency supplied SLPs may be costly, I contend that we can and should make this work for us. In other industries temporary or contract employees are an essential part of the work force (Hansen,

2007). Called contingent employees, they allow high performing companies like Nike Inc. partnering with Kelly Services to have an integrated supply chain of employees to cut costs and boost flexibility (Hansen, 2007). Contingent employees are not a last resort, but rather a smart tactic. A conservative estimate of the total US workforce consisting of contingent employees is 12% (Hansen, 2007). Half of the spending for contingent workers is now for professional skill sets – accounting, finance, health care, legal professionals, and IT. Contract labor allows companies – and I suggest school districts – to tap the best talent. SLPs are choosing to work for agencies for many reasons. We ought to take advantage of that and establish good working relationships with the staffing agencies in our local area and nationwide. One time only contracts with an agency may face a 50% markup, whereas repeated business with the same agency, because their employees LIKE to work in a district, can result in 35-42% markup. Staffing companies will charge less if they have a longer term commitment with a district and their employees want to return each year.

If special education directors and district SLPs welcome contract SLPs warmly, include them in professional development, colleague events, and school activities, they become true assets to the district. This is a far cry from the isolating, ignoring and disapproving glances that some agency employees have reported when they were hired by a district. HR personnel may need to be brought up to speed on how to work with SLP staffing companies. This can be less stressful if approached as a valid and appropriate source of highly qualified SLPs instead of a desperate attempt to fill vacancies. After all, the SLPs who are choosing agency work want to experience a wide range of professional settings, with many opportunities to use their craft. Before these agencies existed, luring the new, usually young, SLP, s/he might have selected a school site instead. We can also learn from other industries with agreements for contingent employees to become permanent employees when circumstances dictate this and all parties agree. An excellent match provided by a staffing agency should be celebrated because it strengthens a district. Thus as Hansen purports, agencies can provide SLPs when you need "to plug and play for the surge" (2007, p. 14).

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