Speech Pre-K-8

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Speech-Language Philosophy, Rationale and Program Overview

The speech-language program of the Milltown School District provides consultative, screening, evaluation, and intervention services to students in accordance with state special education code (N.J.A.C. 6A:14) and district policy. It is the philosophy of the program that speech-language behaviors result from the interaction between **content** (semantics or meaning of communication), **form** (the articulation and sound patterns, voice quality, fluency, and sentence structure utilized to communicate) and **use** (structure of conversational exchange and flexibility of communication in relationship to context specific goals). Speech-language disorders often result from difficulties in content, form, and use and may have a negative impact upon a student's educational performance or social-emotional development. Recent professional literature cites the critical relationship between oral communication skills, academic success, and social competence. The development of speech-language skills is essential to educational and interpersonal growth. Intervention follows a thorough and functional assessment procedure and may include direct service delivery as well as parent and teacher consultation.

Direct speech-language services are provided to eligible students who need remediation of deficiencies in speech and/or language development and application. In addition, intervention may be provided to facilitate a student's understanding and use of oral language in relationship to the communication and social demands in the classroom. Materials, topics, and activities that parallel the classroom curriculum are chosen to accomplish goals and objectives of individual student educational plans. Parent and teacher involvement is viewed as an essential component of the intervention process. A variety of service delivery models are considered in providing quality intervention services.

Students may be scheduled for direct teaching in a combination of individual, small, or large group sessions according to need. Teaching may entail a traditional pull-out model or may take place directly in the classroom as indicated by student need and performance. Students may also be serviced through monitoring programs that may require completion of charts to tally carryover of specific communication skills into spontaneous conversation or periodic classroom observation and teacher consultation.

A. Criteria to Identify Students for Speech-Language Referral

1. The student's speech is extremely difficult to understand, reflects error patterns or speech sound errors beyond the age at which 90% of the population has achieved mastery according to current developmental norms, and results in academic or social-emotional difficulties.
2. The student has significant difficulty demonstrating understanding of auditory information resulting in an inability to follow directions and process auditory information, with a need for frequent repetition and re-explanation beyond developmental expectation.
3. The student demonstrates significant difficulty with understanding and use of words and word meanings, resulting in academic struggle.
4. The student evidences significant difficulty with understanding and use of sentence structure not attributed to dialectical variations, which results in academic difficulties and/or social-emotional concerns.

5. The student evidences a dysfluent speech pattern which significantly differentiates the student from his/her peers, presents academic impact, and results in social-emotional difficulties.
6. The student evidences a voice quality (e.g., inappropriately loud or soft, excessively hoarse or nasal) that is significantly different from his/her peers and interferes with communication.
7. The student evidences significant difficulty with the understanding and use of pragmatic communication skills (use of language in context) which interferes with the student's ability to participate in classroom exchange and develop socially-emotionally in relationship to grade expectations.

B. Referral

- Students who meet one or more of the above listed criteria may be referred to the speech-language specialist for possible evaluation. Pupils may be referred by a classroom teacher, special area teacher, administrator, parent or guardian, or by the pupil herself/himself. Referrals to the speech-language program must be made in writing. A referral form, a copy of which is included in Appendix D, will be provided by the speech-language specialist to the individual making the referral.

Articulation, Phonology, Voice, and Fluency Referrals

- When a student is referred due to difficulties with articulation, phonology, voice, or fluency, the parent or guardian is contacted by telephone by the individual making the referral. In accordance with N.J.A.C. 6A:14, a meeting is scheduled to review existing data regarding the student's difficulties with communication. This identification meeting includes the parent or guardian, the student (if appropriate), a regular classroom teacher knowledgeable of and familiar with the student, and the speech-language specialist. This meeting must be held within twenty calendar days of the initial referral. At parent or guardian request, the meeting can be conducted by teleconferencing. At the identification meeting, following a review of existing data, a decision is made by the meeting participants whether or not to proceed with a speech evaluation. If the members of the identification meeting favor evaluation, the nature and scope of the evaluation process is determined and the case manager is selected. Within fifteen days of the identification meeting, written notice of the decisions made at the identification meeting and request for consent to evaluate must be made. Once written parental consent for evaluation is obtained, the evaluation is initiated as described in section D (i.e., Evaluation Process).

Language Referrals

Students who evidence difficulty with the understanding and use of oral language as described in the above listed identification criteria 2, 3, 4, or 7, must be referred to the child study team for possible evaluation. An identification meeting to review existing data is held and includes the child study team, in addition to the parent or guardian, the student (if appropriate), a regular education teacher knowledgeable of the student, and the speech-language specialist. The rationale for child study team referral in a potential language disorder is to explore and determine the impact of the communication difficulties on the child's ability to progress

educationally within the classroom from classroom instruction. Further, it is to determine eligibility for special education services in addition to language intervention.

According to N.J.A.C. 6:A14-3.6 “Eligible for Speech-Language Services” means a speech and/or language disorder as follows:

1. A speech disorder in articulation, phonology, fluency, voice, or any combination, unrelated to dialect, cultural differences, or the influence of a foreign language, which adversely affects a student’s educational performance: and/or
2. A language disorder which meets the criteria of N.J.A.C. 6A:14-3.5 (c) 4 and the student requires speech-language services only.

According to N.J.A.C. 6A:14-3.5, in making the determination of “Eligibility for Special Education and Related Services”, a student shall not be determined eligible if the determinant factor is due to a lack of instruction in reading or math or due to limited English proficiency. A student shall be determined eligible and classified “Eligible for Special Education and Related Services” under this chapter when it is determined that the student has one or more of the disabilities listed below (as set forth in N.J.A.C. 6A:14-3.5), the disability adversely affects the student’s educational performance, and the student is in need of special education and related services.

(c) A student shall be determined eligible and classified "eligible for special education and related services" under this chapter when it is determined that the student has one or more of the disabilities defined in (c)1 through 14 below; the disability adversely affects the student's educational performance and the student is in need of special education and related services. Classification shall be based on all assessments conducted including assessment by child study team members and assessment by other specialists as specified below.

1. Auditory Impairment corresponds to "auditorily handicapped" and further corresponds to the Federal eligibility categories of deafness or hearing impairment. "Auditorily impaired" means an inability to hear within normal limits due to physical impairment or dysfunction of auditory mechanisms characterized by (c)1i or ii below. An audiological evaluation by a specialist qualified in the field of audiology and a speech and language evaluation by a certified speechlanguage specialist are required.

i. "Deafness"--The auditory impairment is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification and the student's educational performance is adversely affected.

ii. "Hearing impairment"--An impairment in hearing, whether permanent or fluctuating which adversely affects the student's educational performance.

1. Autism means a pervasive developmental disability which significantly impacts verbal and nonverbal communication and social interaction that adversely affects a student's educational performance. Onset is generally evident before age three. Other characteristics often associated with autism are

engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routine, unusual responses to sensory experiences and lack of responsiveness to others. The term does not apply if the student's adverse educational performance is due to emotional disturbance as defined in (c)5 below. A child who manifests the characteristics of autism after age three may be classified as autistic if the criteria in this paragraph are met. An assessment by a certified speech-language specialist and an assessment by a physician trained in neurodevelopmental assessment are required.

3. Intellectual Disability means a disability that is characterized by significantly below average general cognitive functioning existing concurrently with deficits in adaptive behavior; manifested during the developmental period that adversely affects a student's educational performance and is characterized by one of the following:

i. "Mild intellectual disability" means a level of cognitive development and adaptive behavior in home, school, and community settings that are mildly below age expectations with respect to all of the following:

(1) The quality and rate of learning;

(2) The use of symbols for the interpretation of information and the solution of problems; and

(3) Performance on an individually administered test of intelligence that falls within a range of two to three standard deviations below the mean.

ii. "Moderate intellectual disability" means a level of cognitive development and adaptive behavior that is moderately below age expectations with respect to the following:

(1) The ability to use symbols in the solution of problems of low complexity;

(2) The ability to function socially without direct and close supervision in home, school and community settings; and (3) Performance on an individually administered test of intelligence that falls three standard deviations or more below the mean.

iii. "Severe intellectual disability" means a level of functioning severely below age expectations whereby in a consistent basis the student is incapable of giving evidence of understanding and responding in a positive manner to simple directions expressed in the child's primary mode of communication and cannot in some manner express basic wants and needs.

1. Communication Impairment corresponds to "communication handicapped" and means a language disorder in the areas of morphology, syntax, semantics and/or pragmatics/discourse which adversely affects a student's educational performance and is not due primarily to an auditory impairment. The problem shall be demonstrated through functional assessment of language in other than a testing situation and performance below 1.5 standard deviations, or the 10th percentile on at least two standardized language tests, where such tests are appropriate, one of which shall be a comprehensive test of both receptive and expressive language. When the area of suspected disability is language, assessment by a certified speech-language specialist and assessment to establish the educational impact are required. The speech-language specialist shall be considered a child study team member.

i. When it is determined that the student meets the eligibility criteria according to the definition in (c)4 above, but requires instruction by a speech-language specialist only, the student shall be classified as eligible for speech-language services.

ii. When the area of suspected disability is a disorder of articulation, voice or fluency, the student shall be evaluated according to N.J.A.C. 6A:14-3.4(g) and, if eligible, classified as eligible for speech-language services according to N.J.A.C. 6A:14-3.6(a).

5. Emotional Regulation Impairment means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance due to:

i. An inability to learn that cannot be explained by intellectual, sensory or health factors;

ii. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

iii. Inappropriate types of behaviors or feelings under normal circumstances;

iv. A general pervasive mood of unhappiness or depression; or

v. A tendency to develop physical symptoms or fears associated with personal or school problems.

6. Multiple Disabilities corresponds to "multiply handicapped" and “multiple disabilities,” and means the presence of two or more disabling conditions, the combination of which causes such severe educational needs that they cannot be accommodated in a program designed solely to address one of the impairments. Multiple disabilities includes cognitively impaired-blindness, cognitively impaired-orthopedic impairment, etc. The existence of two disabling conditions alone shall not serve as a basis for a classification of multiply disabled. Eligibility for speech-language services as defined in this section shall not be one of the disabling conditions for classification based on the definition of "multiply disabled." Multiply disabled does not include deaf-blindness.

7. "Deaf/blindness" means concomitant hearing and visual impairments, combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.

8. Orthopedic Impairment corresponds to "orthopedically handicapped" and means a disability characterized by a severe orthopedic impairment that adversely affects a student's educational performance. The term includes malformation, malfunction or loss of bones, muscle or tissue. A medical assessment documenting the orthopedic condition is required.

9. "Other health impaired" corresponds to "chronically ill" and means a disability characterized by having limited strength, vitality or alertness, including a heightened alertness with respect to the educational environment, due to chronic or acute health problems, such as attention deficit disorder or attention deficit hyperactivity disorder, a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes or any other medical condition, such as Tourette Syndrome, that adversely affects a student's educational performance. A medical assessment documenting the health problem is required.

10. "Preschool child with a disability" corresponds to preschool handicapped and means a child between the ages of three and five who either:

i. Is experiencing developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the areas in (c)10i(1) through (5) below, and requires special education and related services. When utilizing a standardized assessment or criterion-referenced measure to determine eligibility, a developmental delay shall mean a 33 percent delay in one developmental area, or a 25 percent delay in two or more developmental areas.

(1) Physical, including gross motor, fine motor and sensory (vision and

hearing);

(2) Intellectual;

(3) Communication;

(4) Social and emotional; and

(5) Adaptive; or

ii. Has an identified disabling condition, including vision or hearing, that adversely affects learning or development and who requires special education and related services.

11. "Social maladjustment" means a consistent inability to conform to the standards for behavior established by the school. Such behavior is seriously disruptive to the education of the student or other students and is not due to emotional disturbance as defined in (c)5 above.

12. "Specific learning disability" corresponds to "perceptually impaired" and means a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

i. A specific learning disability can be determined when a severe discrepancy is found between the student's

current achievement and intellectual ability in one or more of the following areas:

(1) Basic reading skills;

(2) Reading comprehension;

(3) Oral expression;

(4) Listening comprehension;

(5) Mathematical calculation;

(6) Mathematical problem solving;

(7) Written expression; and

(8) Reading fluency.

ii. A specific learning disability may also be determined by utilizing a response to scientifically based interventions methodology as described in N.J.A.C. 6A:14-3.4(h)6.

iii. The term severe discrepancy does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities, general cognitive deficits, emotional disturbance or environmental, cultural or economic disadvantage.

iv. The district shall, if it utilizes the severe discrepancy methodology, adopt procedures that utilize a statistical formula and criteria for determining severe discrepancy. Evaluation shall include assessment of current academic achievement and intellectual ability.

13. "Traumatic brain injury" corresponds to "neurologically impaired" and means an acquired injury to the brain caused by an external physical force or insult to the brain, resulting in total or partial functional disability or psychosocial impairment, or both. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

14. Visual Impairment corresponds to "visually handicapped" and means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness. An assessment by a specialist qualified to determine visual disability is required. Students with visual impairments shall be reported to the Commission for the Blind and Visually Impaired.

Screening Procedures/Consultation

- Speech-language screenings are completed with all incoming kindergarten students in the spring as part of the district-wide kindergarten screening. Parents of these kindergarteners are notified at the time of registration. Speech-language screenings are typically informal in nature. Screenings of other students may be conducted during the school year, per request of the classroom teacher.

Developmental or Transient Communication Issues

- Students who evidence later-developing sound errors or voice or fluency patterns that appear developmental or transient in nature, may be screened by the speech- language specialist on an ongoing basis. Should expected change with maturation and an increase in chronological age not occur, the student can be referred for possible evaluation as described in section B (i.e., Referral for determination of Eligibility for Speech-Language Services or Special Education and Related Services).

Informal Observation

- A parent, guardian, teacher, or administrator who is concerned about a student's communication skills but unsure of the appropriateness of a formal referral may request that the speech-language specialist conduct an informal observation of the student in an appropriate context that does not remove the student from the mainstream (e.g. classroom, cafeteria, playground). If appropriate, this informal consultation may be followed by a formal referral for the speech-language evaluation.

4. Evaluation Process

Evaluation will proceed in a timely fashion following receipt of written parental permission. Evaluation for possible disorders of articulation, phonology, voice, and fluency will follow the rules and regulations outlined in N.J.A.C. 6A:14, to determine whether the child is Eligible for Speech-Language Services (ESLS). The evaluation procedure will include but will not be limited to the following:

- individual administration of norm referenced, standardized measures of oral communication selected by the speech-language specialist to parallel the areas of concern reviewed in the identification meeting
- an oral-motor evaluation to assess structure and function of the oral peripheral mechanism
- stimulability testing for correct sound production
- a hearing and vision screening by the school nurse
- review of school records
- parent interview
- structured observation outside of the individual testing environment
- teacher interview and consultation
- a review of interventions documented by the classroom teacher and others, who work with the student
- completion of checklists of functional rating scales of communication skills evidenced in the classroom setting
- completion of functional communication measures such as a spontaneous speech sample
- written information from the classroom teacher to document the educational impact

Evaluation for possible language disorders will also follow the rules and regulations outlined in N.J.A.C. 6A:14, to determine whether the child is Eligible for Special Education and Related Services, and in addition to a comprehensive assessment of receptive and expressive language by the speech-language specialist, will include one or more evaluations by the child study team. A thorough and accurate review of the referral information at the identification meeting will assist the team in determining which evaluation(s) (learning,

psychological, social history) should be completed. The speech- language specialist and the team member(s) work cooperatively to ensure a thorough and efficient evaluation process. This may include consultation time to share results and observations in order to determine eligibility for services.

Evaluation of speech and language disorders may also include an outside referral for a complete audiological evaluation if there is a history of hearing difficulty and the absence of intact hearing acuity serves as the basis of the student's communication difficulties.

Referral may also be made to an audiologist for a central auditory processing evaluation which measures specific auditory and listening skills such as discrimination, figure ground, memory, and binaural integration and separation. Results of these evaluations are integrated with the results of the speech and language evaluation and shared with the parents or guardians at the eligibility meeting.

At times the reports and assessments of child study team members or specialists from other public school districts, state approved clinics or agencies, educational services commissions or jointure commissions, or professionals in private practice may be submitted to the Individual Education Plan (IEP) team for consideration. The IEP team may accept or reject the entire report(s) or any part of the report(s). Acceptance of the report shall be noted in writing and shall become part of the district's documentation. If a report or part of a report is rejected, a written rationale shall be provided to the parent by the IEP team and become part of the report(s) of the district. A form for acceptance/rejection of an outside evaluation is included in Appendix D.

5. Determining Eligibility and Classification of Students for Speech-Language Services

Determining eligibility for speech-language services for disorders of articulation, phonology, voice, and fluency shall be based on the evaluation process completed by the speech-language specialist according to the following definitions in N.J.A.C. 6A:14:

Articulation/Phonology

- The speech disorder must be "unrelated to dialect, cultural differences, or the influence of a foreign language which adversely affects educational performance" (N.J.A.C. 6A:14-3.6 (a) 1); and
- "On a standardized articulation or phonology assessment the student exhibits one or more sound production error patterns beyond the age at which 90 percent of the population has achieved mastery according to current developmental norms and misarticulates sounds consistently in a speech sample" (N.J.A.C. 6A:14-3.6 (b) 1).

Voice

- The voice disorder must be "unrelated to dialect, cultural differences, or the influence of a foreign language, which adversely affects educational performance" (N.J.A.C. 6A:14-3.6 (a) 1); and
- "On a formal rating scale, the student performs below the normed level for voice quality, pitch, resonance, loudness, or duration and the condition is evident on two separate occasions, three to four weeks apart, at different times" (N.J.A.C. 6A:14-3.6 (b) 3).

Fluency

- The fluency disorder must be "unrelated to dialect, cultural differences, or the influence of a foreign language, which adversely affects educational performance" (N.J.A.C. 6A:14-3.6 (a) 1); and
- "The student demonstrates at least a mild rating, or its equivalent, on a formal fluency rating scale and

in a speech sample, the student exhibits disfluency in five percent or more of the words spoken" (N.J.A.C. 6A14-3.6 [(b) 2).

Integral to determining eligibility for speech services is the concept of educational impact. This means that in order for a student to be eligible for intervention services the articulation, phonology, voice, or fluency disorder must negatively impact the student's educational performance. "Documentation of the educational impact of the speech problem shall be provided by the student's teacher" (N.J.A.C. 6:A14-3.6 [b]). This would not only include the obvious ability to communicate ideas and information clearly, intelligibly, and effectively in the absence of unfavorable listener reaction when responding to teacher question or participating in group discussion, but would also include a student's choice to refrain from classroom exchange due to awareness of communication difficulties. Educational impact is not synonymous with failing grades in academic content areas. The ability to use speech as a tool to establish and develop peer relationships and experience sound emotional development should also be considered in identifying evidence of educational impact.

Functional observation of the student in a meaningful context, teacher interview, and completion of rating scales of communication behaviors across a variety of school contexts provide written documentation of educational impact. Educational impact is critical in determining eligibility in that it will serve as the impetus for change in intervention and will contribute to the determination of goals and objectives of the intervention program as well as the selection of a service delivery model.

Language

According to N.J.A.C. 6A:14, when the area of suspected disability is language, the referral must be forwarded to the child study team. If it is determined at the identification meeting that an evaluation is warranted, the student must be evaluated by a minimum of two child study team members and other specialists as deemed necessary, in accordance with N.J.A.C. 6A:14-3.4 (d). When the area of suspected disability is language, assessment by a certified speech-language specialist is required. Determining eligibility for services for a potential language disorder is made according to the following definition of "communication impaired":

This corresponds to "a language disorder in the areas of morphology, syntax, semantics, or pragmatics/discourse which adversely affects a student's educational performance and is not due primarily to an auditory impairment (peripheral hearing loss diagnosed by an otolaryngologist – not difficulty with auditory processing or receptive language). The problem shall be demonstrated through functional assessment of language in other than a testing situation and performance below 1.5 standard deviations or the 10th percentile on at least two standardized oral language tests, where such tests are appropriate" (N.J.A.C. 6A:14-3.5 [c] 4).

The concept of **educational impact,** an integral part of determining eligibility, applies to a student with a potential language disorder as well. An evaluation for a language problem must include documentation that the student's language adversely affects educational performance. Since the N.J. Core Curriculum Content Standards (CCCS) provide the curricular structure for students enrolled in all of New Jersey's schools, so should they provide standards against which to determine academic impact of a language learning disorder. Any language disability that negatively impacts a student's success in achieving the sequenced cumulative progress indicators, set forth in the CCCS, should be considered to demonstrate detrimental academic impact. If it is determined the student requires the services of a speech-language specialist only, the student receives the classification "Eligible for Speech-Language Services." If additional special education programming is needed, the student would be classified "Eligible for Special Education and Related Services" by the child study team.

6. Written Report

When an evaluation has been completed, a written report of the results of the assessment must be prepared

(N.J.A.C. 6A:14-3.4 [f]). A copy of the evaluation report and documentation and information that will be used for a determination of eligibility shall be given to the parent or guardian no less than ten (10) calendar days prior to the eligibility meeting. The report must be dated and signed by the individual(s) who conducted the assessment and must include, in addition to evaluation results:

- An appraisal of the student's current functioning and an analysis of instructional implication(s) appropriate to the professional discipline of the evaluator; and
- A statement regarding relevant behavior of the student, either reported or observed and the relationship of that behavior to the student's academic functioning (N.J.A.C. 6A:14-3.4 [f]).

For an articulation or phonological disorder, in accordance with these requirements, the report should include an appraisal of the student's speech in a variety of contexts by the speech-language specialist, teacher (as reported to the speech-language specialist), the parent, and any other educational personnel. In addition, any behavior relevant to the articulation or phonological disorder should be described as well as its relationship to the student's functioning in the classroom.

The speech-language specialist should discuss the written information from the teacher in the written report to demonstrate educational impact. The original documentation from the teacher must be signed and dated and should be maintained in the student's speech file.

7. Individual Educational Plan (IEP)

An IEP is developed for each student determined to be "Eligible for Speech-Language Services" (ESLS) or determined to be "Eligible for Special Education and Related Services". An IEP for children who are determined to be ESLS is included in Appendix D and is the responsibility of the speech-language specialist, as case manager, to complete. It includes a detailed description of the student's communication difficulties and present levels of performance as well as all of the components required by N.J.A.C. 6:14. For children determined to be Eligible for Special Education and Related Services, the district's computerized software program assists in generating goals, objectives, instructional strategies, evaluative criteria, and materials and equipment in accordance with individual student needs. The goals and objectives of the IEP are linked to the Core Curriculum Content Standards and the general education curriculum of the mainstream classroom. Another component of the IEP is a list of classroom modifications utilized by the classroom and special area teachers to ensure that the student's communication difficulties will not impede educational progress.

The speech/language specialist, who completed the initial evaluation shall conduct the meeting to determine eligibility and if necessary, the IEP meeting for children determined to be ESLS. The parent or guardian, student (if appropriate), classroom teacher, and speech-language specialist will be included in the eligibility and IEP meetings. A parent or guardian may waive the right to separate meetings to discuss eligibility and the components of the IEP and may combine these meetings into one. In either case, the parent or guardian will be given a draft of the IEP at the IEP meeting. Once the IEP has been reviewed and signed by the meeting participants, the speech-language specialist will forward the final copy of the IEP to the parents. A copy of any classroom modifications will be given to the classroom teacher and the IEP will be made accessible. The IEP will be implemented as soon as parental consent is obtained. Modifications to the IEP can be made at any time at the request of the parent or guardian, the classroom teacher, or the speech-language specialist. Changes to the IEP document require a reconvening of the IEP team.

Goals of the Speech and Language IEP

All students will speak for a variety of real purposes and audiences relating to the following goals:

- The student will improve speech intelligibility through acquisition of target sounds.
- The student will develop understanding and use of structural forms, morphology and syntax.
- The student will increase proficiency in oral language skills.
- The student will increase proficiency in understanding and using semantics.
- The student will increase proficiency in understanding and using pragmatic communication skills.
- The student will acquire and utilize appropriate voice quality.
- The student will acquire and utilize fluent speech patterns.
- The student will improve speech intelligibility and fluency through development of oral motor skills.
- The student will develop and maintain understanding and use of oral language in the classroom across a variety of curricular activities.

All students will listen actively in a variety of situations to information from a variety of sources relating to the following goals:

- The student will improve communicative competence through acquisition of effective listening skills.
- The student will maximize listening skills through appropriate use of an amplification system.
- The student will develop understanding of oral language.

8. Time Constraints for Evaluation and Program Implementation

A maximum of ninety (90) calendar days exists from receipt of parental consent for speech-language evaluation to implementation of the IEP (if the student is eligible for services). Within thirty (30) days of determining eligibility, the IEP meeting will be convened unless the participants agree to an earlier date. Parents or guardians have the right to a fifteen (15) day waiting period prior to implementation of the IEP. Parents or guardians also have the option to consent to "proceed immediately" rather than wait the fifteen (15) days, if they wish for intervention services to begin sooner.

9. Annual Review

Annually, or more often if necessary, the case manager/speech-language specialist, parent or guardian, the student (if appropriate), and the classroom teacher shall meet to review and revise the individualized educational program and determine if speech- language intervention services should be continued. Parents or guardians shall be notified of the date, time, location, and participants of the meeting. If the parent fails to respond to written notification of the annual review of the IEP, attempts will be made to contact the parent by telephone. Every effort shall be made to schedule the meeting at a mutually agreeable time. If the parent or

guardian is unable to attend the annual review meeting, but wishes to participate, communication shall be established by telephone and/or letter. Signatures of participants at annual review meetings shall be obtained.

Within fifteen (15) days following the annual review meeting, the new IEP shall be written and a copy of the IEP shall be given to the parent or guardian. The annual review will be implemented within fifteen (15) days' notice or on the date indicated. With appropriate parental consent, the student's previous IEP may remain in effect to assure that services are not disrupted.

10. Reporting Student Progress

Information concerning student progress is made available to parents or guardians in several ways. Progress is discussed with parents during school-wide parent-teacher conferences scheduled per district policy. Progress is also reported (in writing) quarterly during the school year with report cards. Written reports include a narrative describing student progress as well as a letter rating to indicate progress towards achieving the goals and objectives of the IEP. The annual review of the IEP (as described in section I) serves as another means of reviewing student progress with parents or guardians.

11. Reevaluation

Within three (3) years of the previous classification, or sooner if appropriate, students classified as Eligible for Speech-Language Services shall be reevaluated to determine the need for continued intervention. Reevaluation will be initiated with a meeting of the IEP team which includes the parent or guardian, student (if appropriate), classroom teacher, and speech-language specialist who also functions as the case manager. At this meeting, the need for reevaluation will be determined. If participants agree to proceed with testing, the nature and scope of the reevaluation process will be determined and if appropriate, consent to evaluate will be obtained. Reevaluation does not necessarily include re-administration of standardized tests of communication skills, but instead may consist of functional assessment tools and techniques such as classroom observation and completion of oral communication rating scales. If reevaluation indicates that the student remains eligible for speech-language intervention, procedures to develop the IEP specified in section G of this guide will be followed. If speech-language intervention services are no longer appropriate, the student is declassified, with written documentation of findings and/or functional performance in the declassification IEP.

12. Declassification and Exit Criteria

In determining whether a student is no longer eligible for speech-language services, consideration will be given to the following criteria:

a.) The student attains goals and objectives as indicated in the IEP.

b.) The student scores within normal limits on two (2) or more norm referenced, standardized measures of oral communication skills that assess the previously identified areas of difficulty.

c.) The student's communication disorder no longer presents negative educational impact upon academic performance or social-emotional development as revealed through functional assessment.

d.) The student's communication skills are commensurate with intellectual potential.

A temporary hiatus from intervention services may be considered when the student, parent or guardian, classroom teacher, and speech-language specialist agree that the student is not receptive, or motivated to apply himself/herself to remediation and practice at this time. Indirect services or other means of intervention will be considered during this time period. Temporary dismissal from services may also be appropriate when dealing with medical intervention or orthodontic issues that affect speech production. The reasons for temporary dismissal as well as the criteria utilized to determine reinitiation of direct intervention shall be specified in writing to the parent or guardian and communicated to the classroom teacher, pursuant to N.J.A.C. 6A:14 "procedures of notification of action taken", including specified time limitation (from to) not to exceed one school year.

Transfer Students

When students who are classified Eligible for Speech-Language Services by their previous school district transfer into the Milltown School District, the speech-language IEP will be reviewed within thirty (30) calendar days and eligibility for continuation of services will be determined. Eligibility and, if appropriate, IEP meetings will be scheduled as specified in previous sections of this guide. When pupil records or the IEP are not available, the speech-language specialist of the former school is contacted to obtain as much information as possible. The student is placed "in program" based on the information obtained, until records are available and a review of the IEP can be made. Once again, the appropriate eligibility and IEP meetings will be scheduled to assure that procedural requirements are met.

If appropriate, students who are new to the Milltown School District who have not received speech-language services in their previous district may be referred to the speech-language program as described in section B (i.e., Referral).

14. Preschool Students

The speech-language specialist functions as a mandated member of the child study team for children ages 3 to 5 years referred for developmental evaluation and completes evaluations as requested by the team. The speech-language specialist plays an integral role in the identification and intervention process for children who are eligible for Milltown's Preschool Disabled Program.

15. Consent, Notice and Notification

Parent's **written consent** is required prior to:

- Initial speech-language evaluation
- Implementation of the initial IEP
- Speech-language reevaluation

Notice is required early enough to ensure parental or guardian participation prior to implementing the following:

- Referral for possible speech-language evaluation (identification meeting)
- Initial speech-language evaluation
- Eligibility determination
- Development of the initial IEP
- Annual review of the IEP
- Speech-Language reevaluation

Notice is also given to request consent for changes in a student's program or to approve or deny the written request of a parent. Notice shall be given in writing from the case manager or district administrative staff, as appropriate.

Notice must contain:

- A description of the proposed action
- An explanation of why the district is taking the action
- A description of the options considered and reasons why they were rejected
- A description of the procedures, tests, records or reports, and factors used in making the determination
- A description of any other relevant factorsA statement that the parents of a student with a potential disability have protection under the procedural safeguards of the special education code
- The means by which the procedural safeguards statement can be obtained
- Sources for parents to contact to obtain assistance in understanding the provisions of the code

A copy of Parental Rights in Special Education (PRISE) is provided as follows:

- With the invitation to the identification meeting
- With the invitation to the initial IEP meeting
- With the invitation to the annual review of the IEP
- With the invitation to the meeting to determine speech-language reevaluation

- By the N.J. State Department of Education when a request for due process is submitted

A copy of the New Jersey Administrative Code (N.J.A.C. 6A:14) is provided at the identification meeting when participants review referral information and determine whether or not to conduct an initial speech-language evaluation. A copy of the code is provided regardless of the outcome of the decision made at the identification meeting.

Written notification to the parents or guardians is required prior to the eligibility meeting and the IEP and annual review meetings. The notification letter includes an explanation of the purpose of the meeting, the time and location of the meeting, and a list of participants. The letter is given early enough to assure that parents or guardians can attend. The letter will also ask the parents or guardians to call to confirm attendance at the meetings.

Roles and Responsibilities of the Speech-Language Specialist

A. Screenings

- Conduct speech-language screening with incoming and current students, as needed or as requested by classroom teachers .
- Obtain information from the school nurse regarding results of hearing screenings of students.

B. Speech-Language Consultations

- Complete consultative requests made by parents or guardians, teachers, and child study team members.

C. Implementation

- Provide direct intervention services to students as specified in IEPs.
- Monitor student progress on an ongoing basis.
- Monitor speech-language development of students identified as evidencing maturational or transient speech patterns.
- Fulfill responsibilities as case manager including scheduling meetings with parents as specified in the special education administrative code (a. Identification and referral for possible evaluation, b. eligibility for services, c. goals and objectives of the IEP, d. annual review of the IEP and e. reevaluation).
- Schedule and conduct annual reviews of the IEPs of students classified as Eligible for Speech-Language Services.
- Prepare for and participate in annual reviews of the IEPs of students classified by the child study team

and receiving speech-language intervention as a related service.
- Prepare for and participate in child study team identification meetings, staffings, and eligibility conferences for students referred for potential language disorders or comprehensive team evaluation.
- Participate in meetings as requested by the child study team for students classified by the team in out-of-district placements.

D. Evaluations

- Complete evaluations following referrals for potential disorders of articulation, phonology, voice, and fluency.
- Complete evaluations requested by the child study team including potential language disorders.
- Refer students for further evaluation, if appropriate.

E. Administrative/Paperwork

- Adhere to time lines specified in special education code for initiation and completion of referrals, evaluations, and implementation of the IEP, if appropriate.
- Complete appropriate forms concerning consent and notice. Provide a copy to parent or guardian and file the original in student folder.
- Write evaluation reports and provide a copy to the parent or guardian at least ten (10) calendar days prior to the eligibility meeting.
- Develop IEPs appropriate to student needs as determined by evaluation process.
- Complete appropriate computer forms to generate IEP and enter student into data base.
- Obtain required parental or guardian, staff, and administrative signatures on the IEP, Evaluation Plan, and Reevaluation Plan.
- Schedule students for intervention services in cooperation with teachers, child study team members, and administration.
- Provide child study team and administration with a copy of current schedule. Update schedule as needed.
- Write lesson plans for intervention services on a weekly basis.
- Maintain student records in accordance with special education code and district policy.
- Write and distribute progress reports for all students receiving direct intervention, quarterly during the school year (as per district policy). Provide child study team with copies of progress reports for students receiving speech-language intervention as a related service.
- Complete class lists indicating when intervention services were initiated and terminated for each student enrolled in the speech-language program.
- Revise forms as needed in accordance with changes in the special education code and district policy.
- Periodically review and revise IEP data base including goals and objectives, instructional strategies, and materials.
- Assist with maintenance and monitoring of audiological equipment including hearing aids and FM listening system
- Organize, maintain, and order materials appropriate for student needs.
- Work collaboratively and confer on an ongoing basis with district speech- language specialists.

F. Professional Development

- Keep abreast of developments in the field of communication acquisition, disorders, and intervention and apply this information to assure quality services to students.

Suggested Sources:

1. ASHA (American Speech/Language Hearing Assoc.)
2. NJSPHA (New Jersey Speech-Hearing Assoc.
3. ASHA Journal

G. Clinical Consultation

- Consult with child study team members regarding classified students receiving speech-language intervention as a related service.
- Cooperatively consult with classroom, special area, and special education teachers regarding students enrolled in the speech-language program.
- Consult with classroom teachers regarding communication concerns of students potentially in need of referral or monitoring of students previously identified as having developmental or transient communication patterns.
- Provide teachers with classroom modifications and strategies to facilitate student success across a variety of educational contexts when appropriate.
- Disseminate information and respond to inquiries concerning communication development and disorders from parents or guardians (informal parent/guardian training).
- Serve as a consultant to the staff regarding communication development and disorders.

Sources

- Speech and Language Procedural Guide, prepared by Dr. Anne Evangelista. Milltown School District, January 2000.
- New Jersey Department of Education. New Jersey Administrative Code Title 6A Chapter 14 Special Education. Trenton, NJ, October 6, 2003.
- New Jersey Department of Education. Technical Assistance Document: The Evaluation of Speech and Language". Trenton, NJ, Fall, 1999.