



Guidelines

**for Speech & Language Evaluation,
Eligibility and Service Delivery in Schools**

MSA
MICHIGAN SPEECH LANGUAGE HEARING
ASSOCIATION



Michigan Speech Language Hearing Association

Guidelines for
Speech & Language Evaluation,
Eligibility and Service Delivery in Schools

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EXECUTIVE SUMMARY

The Michigan Speech Language Hearing Association Guidelines for Speech & Language Evaluation, Eligibility and Service Delivery in Schools (2025) outlines procedures for school speech-language pathologists (SLPs) in Michigan.

The Guidelines aim to ensure clarity and consistency in service provision and compliance with the Individuals with Disabilities Education Act (IDEA) and Michigan Administrative Rules for Special Education (MARSE). Additionally, they promote practicing at the top of the state SLP license by utilizing evidence-based practice that aligns with the American Speech Language Hearing Association's (ASHA) Code of Ethics.

Key Principles:

- **Workload Approach for Caseloads:** In Michigan, a workload approach to determining an SLP's IEP caseload size is required by the state special education rules (MARSE 340.1745). SLPs and administrators must consider student disability severity, time required for various tasks, and other relevant factors when managing IEP caseload numbers. This approach ensures that SLPs have adequate time to meet each student's needs and comply with legal requirements of the local education agency.
- **Evidence-Based Practice:** SLPs must adhere to evidence-based practices, integrating clinical expertise, scientific research, and data from individual students and families.
- **Strengths-Based, Neurodiversity-Affirming Approaches to Services:** SLPs value inclusive service delivery, honor individual differences in communication and learning, and promote self-advocacy and supportive environments for neurodivergent individuals.
- **Culturally and Linguistically Responsive Practices:** Evaluations and services must be sensitive to students' cultural and linguistic backgrounds, ensuring assessments are non-discriminatory and conducted in the child's native language(s).

Determining Eligibility for Special Education Services:

The Guidelines employ a three-questions test derived from IDEA to determine a student's eligibility for an Individualized Education Program (IEP). Affirmative answers to all three questions generally indicate IEP eligibility.

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Does the disability require specially designed instruction (SDI) to access and progress in the general curriculum?



Specific Guidelines for Speech and Language Impairments (SLI):

The Guidelines provide detailed guidance for evaluating and providing services for four SLI categories:

- **Articulation:** This section addresses speech sound disorders. It emphasizes considering cultural and linguistic diversity during evaluations; utilizing multiple data sources such as observations; standardized assessments; and speech samples. Additionally, dynamic assessment, which measures learning potential, is encouraged.
- **Language:** This section addresses spoken language disorders, stressing the importance of evaluating all languages spoken by the child. It recommends using various assessment tools, including language samples, standardized tests, and dynamic assessment. It highlights the importance of professional judgment based on evidence to determine the need for services.
- **Fluency:** This section addresses fluency disorders, primarily stuttering. It promotes a comprehensive assessment approach that considers students' personal experiences and environmental factors, advocating for disability-affirming practices that focus on the student's overall communication needs and strengths. Collaboration with families and support organizations is also emphasized.
- **Voice:** This section addresses voice disorders and stresses the need for collaboration with medical professionals when a medically-related communication or swallowing disorder is present. Assessment procedures include reviewing medical records, conducting interviews, and observing the student's vocal characteristics in multiple settings.

Additional Guidelines Emphases:

- **Multiple Data Sources and Informed Clinical Opinion:** Norm-referenced standardized tests alone are not sufficient for determining IEP eligibility. SLPs must use multiple sources of data, consider individual circumstances, and apply informed clinical judgment to make eligibility decisions.
- **Exit Criteria:** Specific exit criteria are outlined for each SLI category, emphasizing dismissal from special education services when a disability no longer hinders educational progress.
- **Specially Designed Instruction (SDI):** SDI must be delivered in the least restrictive environment, tailored to the student's unique needs, and aligned with the general education curriculum.



Who should use the Guidelines?

The Guidelines are not just for SLPs! Intermediate and local school district administrators, superintendents, principals, teachers, and school-based support staff are encouraged to read and use the Guidelines to aid in providing the most effective and holistic services to their students.

The Guidelines provide comprehensive guidance to Michigan school SLPs, emphasizing evidence-based, culturally responsive practices that prioritize student strengths and needs, ensure compliance with legal mandates, and elevate the professional practice of speech-language pathology in schools. In addition, they include numerous resources, forms, and references to facilitate professional learning and implementation of best practices and research.



AUTHORS & REVIEWERS

The Michigan Speech Language Hearing Association would like to thank the Public Schools Committee members for their hard work, dedication and commitment to creating the 2025 update to these guidelines. We would also like to thank all reviewers who shared their professional expertise and input throughout the process of drafting and revising.

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Foundation & Big Ideas

PURPOSE of Guidelines:

The Public Schools Committee (PSC) of the Michigan Speech Language Hearing Association (MSHA) represents and supports the public school personnel affiliated with MSHA. The work of school speech-language pathologists (SLPs) and educational audiologists is invaluable to the academic success and social emotional wellness of all students, especially students with Individualized Education Programs (IEPs) who have communication, speech and language needs.

The MSHA Speech-Language Guidelines were originally developed by the Public Schools Committee in 1992 to serve as a resource that ensures clarity and consistency in the provision of school SLP roles and responsibilities. The document has been updated across time as research, legislation and professional practice guidance has evolved. Since the last revision in 2006, the Michigan Administrative Rules for Special Education (MARSE) has been updated, the scientifically-based, peer-reviewed research has evolved, the American Speech Language Hearing Association (ASHA) Code of Ethics has been revised, and the Michigan Public Health Code instituted a Speech-Language Pathology Professional License for all practicing SLPs in the state. These changes provide the most current information and insight to guide efficacious, ethical, compliant decision-making and service delivery in schools, and they are the basis for updates to this document.

The MSHA Speech-Language Guidelines will outline the required standards of practice for SLPs employed in schools to ensure:

- 1) compliance with federal and state regulations
 - a) Every Student Succeeds Act (ESSA)
 - b) Individuals with Disabilities Education Act (IDEA)
 - c) Michigan Administrative Rules for Special Education (MARSE)
 - d) Department of Licensing and Regulatory Affairs (LARA)
- 2) the use of ASHA-endorsed evidence-based professional practices, and
- 3) application of ASHA's Code of Ethics for school SLP roles and responsibilities.

The redundancy of foundational content embedded in each of the SLI sections of these guidelines is intentional. This redundancy allows readers to access all relevant guidance whether they are accessing an individual SLI section only or reading the entire document.

Each section is written to stand alone.



While Michigan school SLPs support a variety of students with unique educational needs across all of the eligibility determinations defined in MARSE, the primary focus of these guidelines is around R340.1710 Speech and Language Impairment (SLI) determination and R340.1745 Services for students with speech and language impairment. The format of these guidelines includes redundancy of foundational content embedded in each of the SLI sections so that users can access all of the relevant guidance whether they are reading an individual SLI section only or reading the entire document. It is the hope of the MSHA Public Schools Committee that this formatting allows SLPs to find the information they need easily and quickly.

Intermediate School Districts and Local Education Agencies (e.g., Districts, Public School Academies) may adopt all or parts of the guidelines for use in their own schools in an effort to systematize procedures and tools across SLPs, buildings, levels and populations served. Collective use of the guidelines will help to ensure consistency in implementation of school SLP roles and responsibilities (i.e., prevention, assessment, intervention, program design, data collection & analysis and compliance activities) and consistency across the state of Michigan.

Local Education Agencies (LEA) are encouraged to supplement the MSHA Speech-Language Guidelines with their own local policies, procedures and forms. SLPs must ensure compliance with federal and state regulations and should always follow the policies and procedures set by their local agency, district or public school academy administration. These guidelines may be used to inform or innovate local policies and practices in systems looking to update their written procedures.

VALUES:

Organizational values are the beliefs and principles that guide the work of an organization; they help define what an organization is, does and aspires to be. Shared values guide decision-making and actions so that individuals within an organization can make decisions that are in line with the organization's goals and missions. As stated in Michigan's Essential School-Wide and Center-Wide Practices (General Education Leadership Network, 2022), "our values fundamentally shape our design of, and practice within, educational systems." Implementation of the MSHA Speech-Language Guidelines by school professionals are shaped by the following values:

- We value equity and inclusion for all individuals, families, and educators, with the recognition that schools must resist and dismantle institutional practices that have historically marginalized some individuals and communities.
- We value children's and educators' personal identities like age, race, ethnicity, gender, language, socioeconomic status, and geographic context (e.g., urban, rural, suburban).
- We value caring learning environments where children, families, and professionals have trusting relationships with one another and feel supported to learn and take risks.



- We value teamwork and interprofessional practice that uses responsive, respectful communication and promotes adapting one's own role in a variety of team settings to accomplish the mission of our schools.
- We value ethical, strategic, systemic, evidence-based practice of school speech-language pathology.



Professional Practices of School Speech-Language Pathologists

The practice of speech-language pathology within schools is shaped by numerous factors, including the needs of the children served, requirements of the employer or job description, federal and state legislation and requirements, and research and practice guidelines relevant to the profession. In addition to local education agency policies and procedures, specific practices for school SLPs in Michigan are framed by all of the following:

American Speech Language Hearing Association	Federal Legislation	State Legislation & Rules
Code of Ethics	Every Student Succeeds Act (ESSA)	Michigan Public Health Code & the Department of Licensing and Regulatory Affairs
Scope of Practice	Individuals with Disabilities Education Act (IDEA)	Michigan Rules for the Administration of Special Education (MARSE)
Roles & Responsibilities of SLPs in Schools	Section 504 of the Rehabilitation Act	Medicaid Provider Manual
Practice Portals & Evidence Maps		

SLPs play a unique and integral role in facilitating communication development and overall success in the school community. SLPs, in collaboration with other educators, help inform curriculum, instruction and assessment decisions, facilitate quality prevention supports, and provide culturally-competent assessment and treatment of communication disorders for individuals in all educational settings, from birth through age 26. In order to fulfill these roles successfully, SLPs must be committed to both professionalism and evidence-based practice.



Professionalism

As discussed in the 2006 version of the MSHA Speech-Language Guidelines, professionalism refers to the professional behaviors, mindsets and values of the SLP and includes all of the following expectations:

<ol style="list-style-type: none"> 1. You show up. 2. You show up on time. 3. You show up prepared. 4. You show up in a frame of mind appropriate to the professional task. 5. You show up properly attired. 6. You accept the idea that “on time,” “prepared,” “appropriate,” and “properly” are defined by the situations, by the nature of the task or by another person. 7. You accept that your first duty is to the ultimate welfare of the persons served by your professions, and that “ultimate welfare” is a complex mix of desires, needs, and abilities. 8. You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term; you behave as a professional, not as the student, the customer, the star, or the victim. 9. You place the importance of professional duties, tasks and problem solving above your own convenience. 10. You strive to work effectively with others for the benefit of the persons served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work. 11. You properly credit others for their work. 12. You sign your work. 13. You take responsibility for your actions, your reactions, and your inactions. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional display, or by helplessness. 14. You do not accept professional duties or tasks for which you are personally or professionally unprepared. 	<ol style="list-style-type: none"> 15. You do what you say you will do, by the time you said you would do it, to the extent you said you would do it, and to the degree you said you would do it. 16. You take active responsibility for expanding the limits of your knowledge, understanding, and skill. 17. You vigorously seek and tell the truth, including those truths that may be less than flattering to you. 18. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced. 19. You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others. 20. You accord respect to the values, interests and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served. 21. You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served. 22. When you attempt a task for the second time, you do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices. 23. You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence. 24. You base your opinions, actions and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above. 25. You expect all of the above from other professionals.
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Source: Chial, M. (1998). Conveying Expectations about Professional Behavior. *Audiology Today*, Vol. 10 (4).

Evidence-Based Practice

According to ASHA (American Speech Language Hearing Association, 2017), evidence-based practice (EBP) is the integration of three things:

- Clinical expertise/expert opinion
 - The knowledge, judgment, and critical reasoning acquired through your training and professional experiences
- Evidence (external and internal)
 - The best available information gathered from the scientific literature (external evidence) and from data and observations collected on your individual client (internal evidence)
- Client/patient/caregiver perspectives
 - The unique set of personal and cultural circumstances, values, priorities, and expectations identified by your client and their caregivers



When all three components of EBP are considered together, SLPs can make informed, evidence-based decisions and provide high-quality services reflecting the interests, values, needs, and choices of individuals with communication disorders.

Evidence-based practice is more important than ever to school speech-language pathologists given the current educational and social milieu of schools that honors:

- a belief that every person has the potential to develop their thinking, learning, and understanding (presumed competence),
- neurodiversity-affirming frameworks (i.e., frameworks that view neurodivergence not as a flaw or illness that needs to be “fixed” or corrected, but rather as a unique set of strengths, interests, and support needs),
- the lived experiences of individuals who have lived during and/or after the COVID-19 global pandemic and have experienced interrupted and intermittent educational experiences and possible trauma, grief/loss, stress, and other emotional difficulties as a result,
- a recognition of the technologies and digital tools available to individuals and families that impact the social, emotional and communication patterns of users, and
- the economic, cultural and linguistic diversity of students and families we serve.

School SLPs can no longer assume that individuals and their families have had common, shared experiences and expect them to consistently demonstrate the same preferences and patterns in the same order across short timespans. Instead, SLPs must use their relationship with and knowledge of the student along with their own personal clinical experiences and an understanding of the research to guide their thinking and decision-making. School SLPs must feel competent in their ability to apply EBP, safe that their decisions are



compliant with federal and state school requirements, and empowered to use their informed clinical opinion when practicing in their local system.

Speech-language pathologists are encouraged to use ASHA's [Evidence-Based Practice](#) and [Information for School-Based SLPs](#) webpages to access the most up-to-date guidance and policy.

Federal Requirements

Key pieces of federal legislation address public schools' obligations to meet the communication needs of individuals served by local education systems. These legislative requirements form the basis for understanding the similarities and differences between the practice of school speech-language pathology and clinical speech-language pathology:

- The Individuals with Disabilities Education Act of 2004 (IDEA)
 - Requires schools to provide every student with a disability a Free Appropriate Public Education (FAPE) designed to provide meaningful educational benefit through an Individualized Education Program (IEP).
 - Ensures that school districts locate, identify, and evaluate children who are suspected of having disabilities and who need special education and related services.
 - Requires that each eligible child have a written IEP developed by an IEP Team that, among other things, includes a statement of the special education and related services that the school district will provide to the child.
 - Requires that school districts ensure that FAPE is provided in the Least Restrictive Environment to all eligible children with disabilities.
 - Protections also apply to children with disabilities who attend public charter or magnet schools.
 - Provides nonpublic services to eligible private school students.
- Title II of the Americans with Disabilities Act of 1990 (ADA)
 - Requires schools to provide, without charge, auxiliary aids and services to ensure that students with disabilities can communicate as effectively as all other students, with primary consideration of students' and parents' preferences.
- Section 504 of the Rehabilitation Act of 1973 (Section 504)
 - Prohibits discrimination based on disability.
- The Every Student Succeeds Act (ESSA)
 - Outlines the national education law and longstanding commitment to equal opportunity for all students.
 - Requires consultation with specialized instructional support personnel (SISP), which SLPs are considered to be, in the development of state and local ESSA plans.

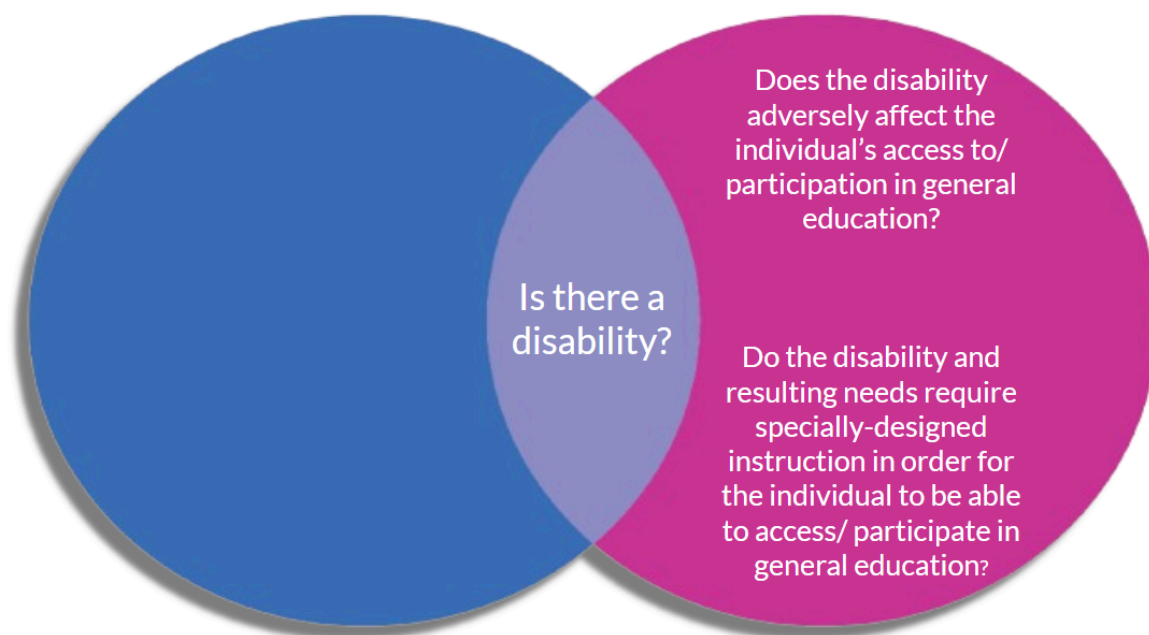
Although all SLPs are trained clinically to evaluate and treat communication, language and speech disorders, school SLPs additionally work as part of interdisciplinary teams to determine how a disorder impacts a

student’s access to and progress in general education, and whether a need for specially designed instruction exists. It is this specialized knowledge of the general education curriculum and the communication underpinnings that facilitate success within it that differentiate the training and experiences of school SLPs from clinical SLPs.

This venn diagram illustrates the similarities and differences in obligations that SLPs have when evaluating individuals based on the federal requirements for schools outlined above:

Questions explored in a CLINICAL speech & language evaluation:

Questions explored in a SCHOOL speech & language evaluation:



School SLPs are uniquely qualified to work in educational teams that support social-emotional learning and content area curriculum learning because of their:

- expertise in communication, language and speech development,
- understanding of general education curriculum, instruction and assessment systems, and
- experience with the educational impact of various disorders on learning variables and outcomes.



State Requirements

Whereas IDEA is the federal civil rights law that ensures eligible children with disabilities receive a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE), each state may also create additional laws and rules. In Michigan, those rules are the Michigan Administrative Rules for Special Education (MARSE) and they articulate how special education is to be implemented in Michigan.

Of particular importance for SLPs practicing in the schools is an in-depth understanding of the MARSE rules that define the eligibility criteria for speech-language impairment and services for students with speech and language impairment:

- MARSE R 340.1710 “Speech and language impairment” defined
- MARSE R 340.1745 Services for students with speech and language impairment

Additionally, an individual who has a communication disorder, but whose primary disability is other than speech and language impairment, may be eligible for speech and language services under R 340.1745(a) if the IEP team determines that speech and language services (also referred to as “specially designed instruction”) are required to meet the unique needs of that student with a disability and facilitate achievement of an IEP goal or goals.

Specifics of evaluation and eligibility entrance and exit criteria according to IDEA and MARSE will be discussed in the [Evaluation Requirements and Evidence-Based Practices](#) section below.

Workload Approach Requirement for IEP Caseload Size

In Michigan, a workload approach to determining an SLP’s IEP caseload size is required by the state special education rules:

- MARSE R 340.1745 (c) “Individual caseloads of authorized providers of speech and language services shall not exceed 60 different persons and **shall be adjusted** based on factors identified in subdivision (b) of this rule:”
 - The severity and multiplicity of the disabilities of students (340.1745 (b))
 - The extent of the services defined in the collective IEPs of the students to be served (340.1745 (b))
 - Time for diagnostics, report writing, consultation, IEP meetings, and travel (340.1745 (b))
 - Students being evaluated shall be counted as part of the caseload (340.1745 (c))

In contrast to a caseload approach (e.g., counting the number of IEPs an SLP is involved in) that does not take into account the severity and multiplicity of student disabilities, the extent of services defined collectively in IEPs, and the time required to ensure FAPE in the LRE, a workload approach ensures that the unique needs of students are met within the number of hours available in a work week. A workload approach:



- Aligns individual student needs with SLP staffing based on the the intensity and frequency of services needed to accelerate learning and achieve IEP goals
- Values the reality that students with different learning needs require different levels of support and time
- Ensures that the hours of support required to meet the unique needs of students with IEPs matches the hours available in a given week

MARSE requires that educational systems take into account more than just the number of students receiving speech & language services when staffing for SLPs; the system must take into account the amount of time required to meet the needs of the students that make up the IEP caseload of the SLP. The number of students on IEP caseload is adjusted based on factors specified in R 340.1745 (c). This means that IEP caseload size in Michigan schools is inclusive of time for direct services to students on IEP **and** students being evaluated **plus** time spent performing other activities necessary to support students' IEP implementation, ensure FAPE in the LRE, and ensure compliance with IDEA, MARSE and all local education agency procedures.

In addition to the MARSE rule requiring a workload approach for SLP IEP caseload size, a number of other compelling reasons exist for educational systems to prioritize workload:

- **Workload has been validated in the published research**→
 - The [School Finance Research Collaborative's](#) 2021 adequacy study estimates the resources needed in Michigan to allow students, teachers, schools, and districts to meet state standards. Adequacy studies determine the true cost of providing a quality education to all students, including students with IEPs.
 - ASHA recommends taking a [workload analysis approach](#) to setting caseloads to ensure that students receive the services they need to support their educational programs (ASHA, 2022 and 2002) and make adequate progress (Endrew v. Douglas County School District RE-1, 2017).
- **Workload is required for ethical service delivery**→
 - SLPs who hold the ASHA Certificate of Clinical Competence (CCC) or who held the CCC as an avenue for obtaining a Michigan SLP license (the minimum SLP credential in our state) must abide by ASHA's Code of Ethics. The Code of Ethics is a framework that guides SLPs in day-to-day decision making and professional conduct. One of the principles of the code (Principle I, Rule K) mandates that SLPs shall provide services only when benefit can reasonably be expected. Misrepresenting information or providing treatment with little expectation of communication benefit are unethical actions. Workload facilitates realistic work assignments that allow an SLP to successfully support students in meeting their IEP goals.
- **Workload is cost-effective**→
 - Local education agencies who prioritize a workload approach for staffing often report practical, and cost-effective outcomes, such as attracting and retaining SLPs at higher rates as well as staff reports of improved feelings of professional efficacy, mental health and wellness and job satisfaction (Marante & Farquharson, 2021).



Currently, Michigan is experiencing an unprecedented shortage of SLPs in all settings. Administrators may wish to use any of the following strategies to maintain compliance with IDEA and MARSE while meeting SLP and student needs during shortages:

- ★ Engaging SLPs and administrators in professional learning around how school-based SLP professional practices are different from clinical SLP practice
- ★ Raising awareness of the comprehensive set of SLP Roles and Responsibilities within the ASHA's 4 workload clusters (Direct Services, Indirect Services, Indirect Activities Supporting LRE and Compliance Activities)
- ★ Removing duties and responsibilities that do not require an SLP credential from the workloads of SLPs
- ★ Working within a systems approach to proactively anticipate and manage prevention, screening and referrals for evaluations
- ★ Creating system-wide written procedures and decision-making heuristics to ensure staff consistency with IDEA eligibility and exit criteria
- ★ Eliminating over-identification of IEPs for students who don't meet IDEA eligibility
- ★ Supporting SLPs to match intervention intensity and service delivery to student needs
- ★ Grouping students in intervention to maximize engagement, interaction and generalization of learning
- ★ Using the classroom as a regular context for intervention for students with IEPs
- ★ Scheduling time weekly or monthly with general education colleagues for collaboration activities, prevention activities and MTSS infrastructure that results in more effective core instruction and eliminates inappropriate referrals
- ★ Promoting school SLP positions by emphasizing daily rate of pay, overall compensation package and paid time off with positions in other settings:
 - School SLP positions are typically based on the following→
 - 185 days of work annually
 - Salary + benefits (medical, dental) + life insurance
 - Defined contribution pension
 - 60 days (12 weeks) of vacation/ non duty time annually

Speech-language pathologists are encouraged to use ASHA's [Practice Portal for Caseload and Workload](#) to access the most up-to-date guidance and tools.

Reimbursement

The Medicaid program is jointly funded by the federal and state governments to assist states in providing medical care to low-income individuals and those who are categorized as medically needy (American Speech Language Hearing Association, n.d.). Audiology and speech-language pathology services are recognized as covered services under the Medicaid program. The federal government establishes broad guidelines. Each state then administers its own program and establishes its own income eligibility standards. Although Medicaid is a "medical" assistance program, it recognizes the importance of school-based speech-language pathology



and audiology services. The federal Medicaid program encourages states to use funds from their Medicaid program to help pay for certain healthcare services that are delivered in the schools, providing that federal regulations are followed.

Many school-based Medicaid services are provided by audiologists and speech-language pathologists as well as other ancillary staff. It is important that school SLPs understand the following Medicaid program requirements and implications:

- “Speech, language and hearing therapy must be a diagnostic or corrective service to teach compensatory skills for deficits that directly result from a medical condition” and provided by or under the direction of a speech-language pathologist or audiologist for which a patient is referred by a physician (Michigan Medicaid Provider Manual, 2.4.A., October 1, 2024; Code of Federal Regulations, Title 42, section 440.110[c]).
- For many children, schools are the primary point of entry to receiving needed health and social services.
- Medicaid funds may not be used to pay for services that are available without charge to everyone in the community. For example, if all children in a school receive free hearing evaluations, Medicaid can not be billed for those hearing evaluations provided to Medicaid recipients.
- The provision of speech-language, swallowing, or hearing services should be based on clinical need rather than the availability of Medicaid reimbursement. It is unethical to base decisions about service delivery solely on the potential for Medicaid reimbursement.
- Michigan’s [Medicaid Provider Manual](#) states that SLPs providing services under the School Services Program are required to hold full SLP licensure from LARA; the ASHA CCC is not required for school services at this point in time. SLPs who hold the limited SLP license must have a fully-licensed SLP sign off on service provision in order to bill Medicaid for services.

Pursuant to the discussion of Workload above, time must be allocated in the SLP’s workload to complete the required documentation in order for the local education agency to receive the benefits of Medicaid.

Performance Assessment and Educator Evaluation

Local Education Agency leaders and administrators seeking evaluation measures that accurately reflect the unique and valuable role SLPs play in facilitating children’s communication, academic performance and success in the school community are encouraged to use a value-added tool such as the [Performance Assessment of Contributions and Effectiveness \(PACE\)](#) instead of tools that were created for classroom teachers or educators and based on student state testing results. The Performance Assessment of Contributions and Effectiveness (PACE) for SLPs was developed by the American Speech-Language-Hearing Association (ASHA) to be used as an accountability measure of the instructional contributions of school-based



SLPs. It is allowable under the regulations guiding Michigan’s educator evaluations (Michigan Department of Education, n.d.) and comprised of:

- The [PACE Self-Reflection Tool](#) [PDF]
- The [PACE Observation Form](#) [PDF]
- The [PACE Matrix](#) [PDF]

School administrators who are committed to assessing a school SLP’s effectiveness in implementing culturally and educationally appropriate services that are effective, ethical and engaging for students should consider using this evaluation tool as part of the professional development cycle. The tool epitomizes evidence-based practices, federal and state compliance and collaboration with classroom teachers, families and other professionals. In educational systems where the choice of evaluation tool is out of the administrator’s hands (i.e., it is a union issue that has to be negotiated), the administrator may wish to review the PACE Matrix alongside the district-required evaluation tool so that school SLP professional practices are top of mind.

Evaluation Requirements and Evidence-Based Practices

IEP Eligibility

Understanding the requirements of an educational evaluation and entrance/exit criteria for an IEP is of critical importance for school SLPs. Communicating these requirements to colleagues, administrators and parents is a key way that SLPs advocate for their school roles and professional practices and ensure successful student outcomes. Special education evaluation and IEP eligibility requirements are grounded in IDEA and MARSE and revolve around data collection that answers three key questions:

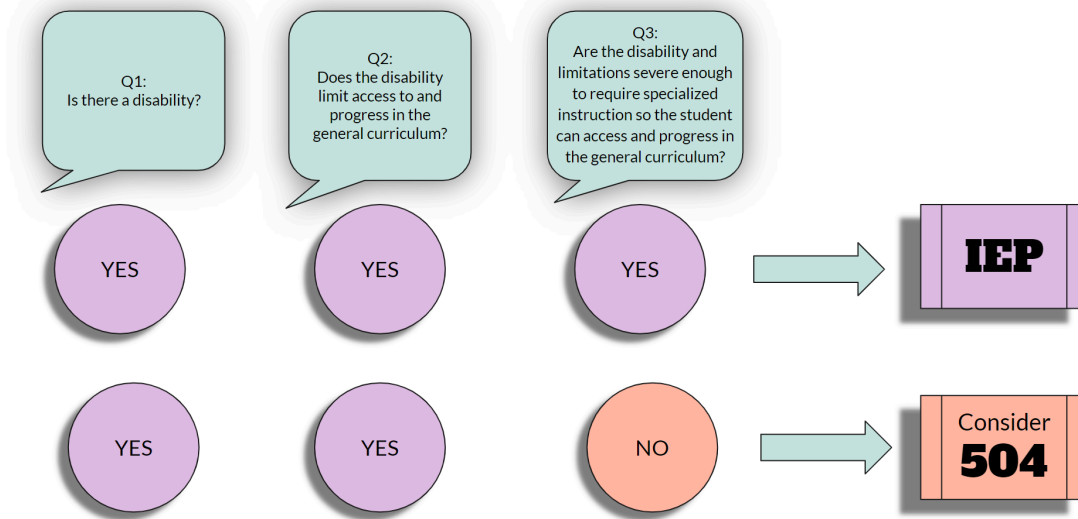
1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

For educational evaluations conducted by school teams, the law requires that data collection from multiple sources inform **all three** of these questions, regardless of eligibility area. In order to meet eligibility criteria for special education, teams must document that there is a disability **and** that there is an adverse effect on educational performance **and** there is a resulting need for specially designed instruction.

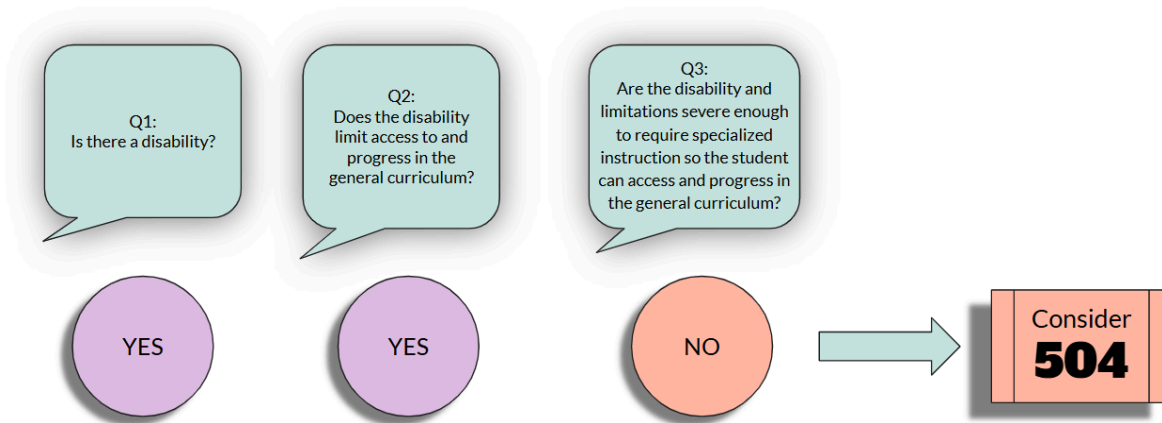
An answer of “**Yes**” to **all three questions** indicates that special education eligibility is appropriate and an IEP is warranted. If the team documents an answer of ‘No’ to any of the questions, then special education eligibility is not appropriate. Additionally, if a student’s progress shows that any of the answers to the three questions has changed from a “Yes” to a “No,” then dismissal from special education is appropriate.

This three-question litmus test for IDEA eligibility is more stringent and comprehensive than the requirements typically used to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an educational evaluation is to determine a student’s eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

To help multidisciplinary education teams calibrate their thinking about when an individual is entitled to an IEP under IDEA and MARSE, the following heuristic is offered:



For some individuals, the negative impact of a disability is mitigated when accommodations are applied, allowing them to access or progress in the general curriculum without the need for specially designed instruction. These individuals are not entitled to an IEP, however consideration of a 504 plan may be appropriate:





SLPs should consult with their schools 504 coordinator in these situations because a student may have a disability recognized under Section 504 of the ADA, but may not require a 504 Accommodation Plan.

The key difference between an IEP and a 504 plan is that while both provide for accommodations, only an IEP provides for specially designed instruction. This means that individuals with an IEP must always have a need for some type of specially designed instruction, service or program. If an individual no longer needs specially designed instruction, and only requires supplementary aids and services, that student is likely no longer eligible for an IEP; a 504 plan may or may not be appropriate in these situations.

Refer to the Michigan Department of Education's [Evaluations and Eligibility](#) website for the most up-to-date information about special education evaluations and eligibility determination.

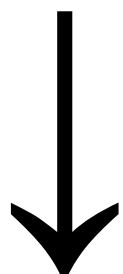
Evaluation Plan (Review, Interview, Observe, Test)

When creating an evaluation plan to determine an individual's eligibility for an IEP, school SLPs must be guided by the principle, "Tests don't determine eligibility, SLPs do." The importance of using informed clinical opinion and expertise within an evidence-based practice approach to interpret the convergence of evidence from multiple data sources cannot be overstated.

An essential component of using multiple sources of data is to make an evaluation plan that goes beyond testing the learner, and focuses on how the learner interacts with instructional, curriculum, and environmental factors. For educational evaluations, assessment tools and procedures that focus on alterable variables (i.e., those that can be observed, measured and manipulated within the instructional environment) can be most useful for both determining IEP eligibility and planning for specially designed instruction.

The RIOT x ICEL Matrix is a framework for organizing data collection during an evaluation. The framework uses multiple strategies (i.e., **R**eview, **I**nterview, **O**bserve, and **T**est) to collect data across several domains (i.e., **I**nstruction, **C**urriculum, **E**nvironment, and **L**earner). Its use has been shown to increase school teams' confidence both in the quality of the data that they collect and the findings that emerge from the data (Hosp, 2008). School teams and SLPs should attempt to collect information from a range of sources to control for potential bias from any one source.

The order of data collection and evaluation strategies in the RIOT x ICEL framework is intentionally designed to move from least to most obtrusive, and layered in as continued data collection needs exist. By the time an SLP moves to the "test" strategy, he or she only needs to test for questions that remain to be answered.



<p>Review historical records and existing products</p>	<p>Instruction- How the curriculum is taught, including level, rate and presentation of material</p>
<p>Interview key stakeholders</p>	<p>Curriculum- What is taught, including scope, sequence, pacing, materials, rigor, format and relevance</p>
<p>Observe performance in real time and everyday settings</p>	<p>Environment- Where instruction takes place, including classroom expectations, attitudes, peers, school culture, engagement, class size, attendance and classroom management</p>
<p>Test through careful use of appropriately matched tools and strategies</p>	<p>Learner- Who is being taught, including motivation, prerequisite skills, organization and study habits, ability, impairment, educational history, lived experience</p>

SLI Entrance Criteria

Federal Regulation pertaining to Speech & Language Impairment: IDEA 2004

- [§ 300.8\(a\)\(1\)](#):- Child with a disability means a child evaluated ... as having ... a speech or language impairment... and who, by reason thereof, needs special education and related services.
- [§ 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.
- [§ 300.39\(b\)\(3\)](#) . - Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—
 - (i) To address the unique needs of the child that result from the child's disability; and
 - (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Michigan Administrative Rules for Special Education pertaining to Speech & Language Impairment: MARSE

R 340.1710

1. A “speech and language impairment” means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.
2. A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:
 - a. A language impairment which interferes with the student’s ability to understand and use language effectively and which includes 1 or more of the following:
 - i. Phonology.
 - ii. Morphology.
 - iii. Syntax.
 - iv. Semantics.
 - v. Pragmatics.
 - b. Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
 - c. Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
 - d. Voice impairment, including inappropriate pitch, loudness, or voice quality.
3. Any impairment under subrule (2)(a) of this rule shall be evidenced by both of the following:
 - a. A spontaneous language sample demonstrating inadequate language functioning.
 - b. Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student’s age.
4. A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745(a).
5. A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

Eligibility for SLI - Summary Table Based on [MARSE Requirements \(R 340.1710\)](#):

<p>SLI as a result of ARTICULATION→</p> <ul style="list-style-type: none"> • Data documentation of omissions, substitutions or distortions of sound confirms that: <ol style="list-style-type: none"> 1. Disability is present 2. Disability limits access/ progress in general curriculum 3. Disability requires specially designed instruction so the student can access/ progress in general curriculum 	<p>SLI as a result of LANGUAGE→</p> <ul style="list-style-type: none"> • Data documentation via a language sample and 2 standardized assessment instruments or subtests confirm that: <ol style="list-style-type: none"> 1. Disability is present across any of the following components: phonology, morphology, syntax, semantics, pragmatics 2. Disability limits access/ progress in general curriculum 3. Disability requires specially designed instruction so the student can access/ progress in general curriculum
<p>SLI as a result of FLUENCY→</p> <ul style="list-style-type: none"> • Data documentation of abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases or sentences confirms that: <ol style="list-style-type: none"> 1. Disability is present 2. Disability limits access/ progress in general curriculum 3. Disability requires specially designed instruction so the student can access/ progress in general curriculum 	<p>SLI as a result of VOICE→</p> <ul style="list-style-type: none"> • Data documentation of inappropriate pitch, loudness, or voice quality confirms that: <ol style="list-style-type: none"> 1. Disability is present 2. Disability limits access/ progress in general curriculum 3. Disability requires specially designed instruction so the student can access/ progress in general curriculum

Note that MARSE only requires the use of standardized assessment instruments and language sampling when SLI-Language (R 340.1710 2(a)) is being evaluated. Additionally, MARSE does not specify that standardized assessments be norm-referenced; MARSE allows the use of criterion-referenced standardized assessments and developmentally benchmarked standardized tools to meet this requirement. MARSE also does not define a cut score or standard score range that indicates inappropriate language functioning for a student’s age; MARSE allows for the application of evidence-based practice and informed clinical opinion to determine performance levels and patterns that indicate language functioning is inappropriate or inadequate.

When multidisciplinary teams are evaluating for SLI-Articulation (R 340.1710 2(b)), SLI-Fluency (R 340.1710 2(c)) or SLI-Voice (R 340.1710 2(d)), data documentation often involves administration of standardized assessments and analysis of connected speaking samples, however MARSE does not require documented standardized scores nor a speech sample in the evaluation report for these areas of eligibility.

Using Multi-Tiered Systems and Response to Instruction to Drive Prevention, Screening & Referral for Evaluation

A Multi-Tiered System of Supports (MTSS) is a comprehensive framework comprised of a collection of research-based strategies designed to meet the individual needs and assets of the whole child. MTSS is framed around a response to instruction (RTI) approach, whereby schools work to ensure that instructional programs are effective in meeting all students' learning and behavioral needs. Michigan has embedded MTSS within the state's strategic education plan and MTSS is assigned funding in various sections of the State School Aid Act of 1979. MTSS in Michigan schools is a general education initiative built around MDE's MTSS Practice Profile and involves:

- Universal screening
- High-quality instruction
- Interventions matched to student need
- Frequent progress monitoring, and
- The use of grade-level, classroom and individual child response data to make educational decisions

When implemented effectively, MTSS supports work to reduce the need for speech and language screenings and reduce the number of referrals for an evaluation because speech and language learning is accelerated for all when the instruction is delivered with fidelity.

Regardless of the content or behavioral area of instruction, schools often organize MTSS around three tiers of support:

- Tier 1, which includes all students and uses universal screening and regular progress monitoring necessary to determine which students are progressing adequately toward curriculum benchmarks and which students are off track, as well as to inform staff about how well the curriculum is meeting students' needs.
 - ◆ In effective systems, Tier 1 core instruction facilitates 80-85% of students reaching curriculum benchmarks on time.
- Tier 2, which includes students who are identified as not progressing adequately and receive supplemental instruction in addition to Tier 1 instruction.
 - ◆ In effective systems, Tier 2 supplemental instruction is required for approximately 10-15% of students.
- Tier 3, which includes students who are not progressing adequately and receive the most intensive supplemental instruction in addition to Tier 1 instruction. Tier 3 instruction typically involves smaller



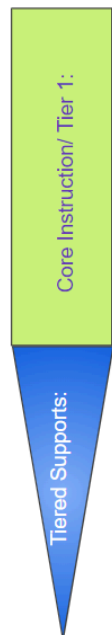
group sizes, more frequent instruction, closer instructional steps, and more frequent progress monitoring.

- ◆ In effective systems, Tier 3 supplemental instruction is required for approximately 5-10% of students.

School SLPs can use MTSS and an RTI approach to effectively manage the prevention, screening and referral activities within their workloads. Oftentimes, prevention activities occur at the Tier 1 or universal level, such as when an SLP partners with a classroom teacher to promote effective communication learning strategies for all learners. SLPs may also work at the Tier 2 or 3 levels to support students who have been flagged as needing supplemental instruction for a short period of time. These activities are considered indirect activities that support students in the LRE within a workload model, and they must be accounted for by school administrators in the workload time requirement of an SLP's assignment. Additionally, when students who don't respond to supplemental instruction are referred for an evaluation, the referrals are much more appropriate and the team already has data to illustrate a need for instruction beyond what general education provides.

Given the context of IEP eligibility discussed above, students are referred for a special education evaluation when a school team suspects the answers to IDEA's three questions may be "yes." Using the three-question litmus test frame, successful MTSS helps tease out whether a child can learn, access or progress in the general curriculum without specially designed instruction prior to the suspicion of three "yeses." The role of an SLP engaged in MTSS at any level (Tier 1, 2 or 3) centers around collecting data to help understand whether a child can learn **without** specially designed instruction (SDI). Possible indirect activities performed by the SLP may include:

Possible SLP Roles in MTSS

	Role	Possible INDIRECT Activities	Efficiencies Gained
	<p>TO support the speech and language learning of all students at a grade-level or classroom</p> <p>INDICATED when data indicates any of the following:</p> <ul style="list-style-type: none"> → Speech or language difference is shared by many students (ie:40% or more), → Student has not yet had any experience with the skill / strategy → Skill / strategy practice will eliminate the difference 	<ul style="list-style-type: none"> • MTSS team member • Consultation with teachers & parents re: instruction that facilitates speech & language development • Universal screening participation • Co-teaching speech, language & literacy lessons • Observations of instruction and/or students • Screenings for instructional strategies or to explore differences noted by teacher • Home programs for skills / strategies 	<ul style="list-style-type: none"> → Reduced referral rate because prevention is eliminating speech or language differences → Co-teaching can count as direct service time for kids on IEP; eliminate need for additional service time (LRE) → Co-teaching leads to generalization of skill / strategy in classroom faster than pull-out service → Time on IEP may be shortened
	<p>TO support the speech and language learning of a small group or individual student with a speech or language difference</p> <p>INDICATED when data indicates any of the following:</p> <ul style="list-style-type: none"> → Skill / strategy requires short-term instruction and practice → The need for SDI is not yet indicated 	<ul style="list-style-type: none"> ➢ Collaboration with teachers re: small group instruction needs for students ➢ Engage in data-based student problem solving ➢ Provide skill or strategy-specific short-term intervention delivery (with baseline data, goal, PM strategy and exit criteria), only if workload allocates time for indirect activities 	<ul style="list-style-type: none"> → Referrals are appropriate; the percent of students found eligible is at or close to 100%; no time wasted on kids who don't qualify → Greater confidence in eligibility decision-making → Evaluations take less time because data already exists prior to suspicion of a disability and referral

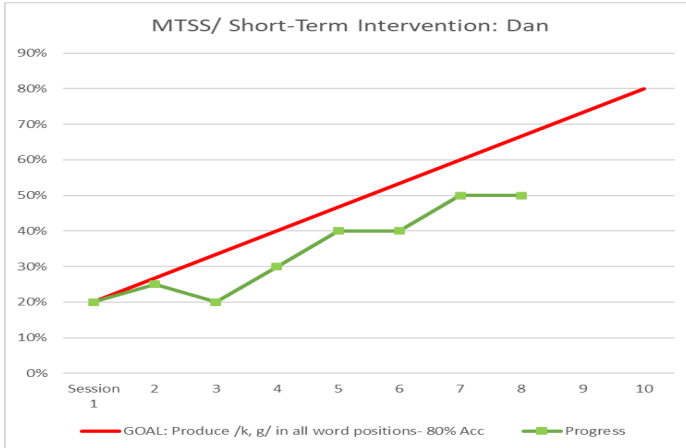
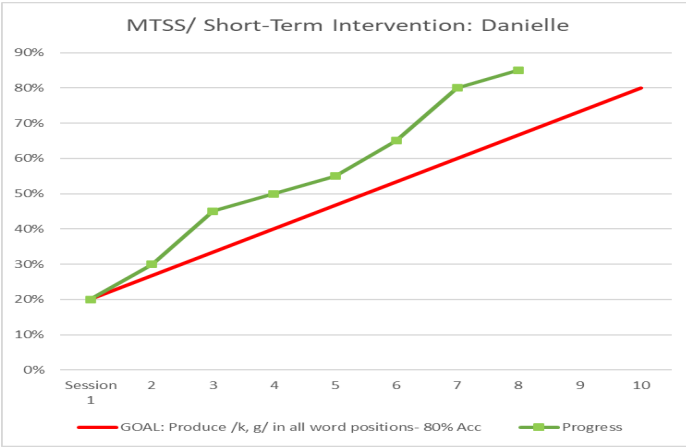
Source: *To Refer or Not To Refer? Using MTSS to Drive Prevention, Screening & Referral for SLI* [presentation], by Katakowski and Ryan, Oakland Schools, October 2023

It is important for school SLPs to be aware of common misperceptions about or misuse of MTSS. MTSS is NOT:

- ✗ Specially designed instruction without an IEP
- ✗ Continued indefinitely
- ✗ An extra duty that SLPs engage in off-workload
- ✗ Implemented at the Tier 2 or 3 levels without a student goal that includes a timeline, criteria of acceptable performance, and decision rule or exit criteria
- ✗ Used to delay or deny an evaluation when the team suspects that a disability is present
- ✗ A rigid, one-size-fits-all model

Visually displaying student data from short-term Tier 2 or 3 instruction is one strategy that can prevent misuse of MTSS. The following example is offered to illustrate how helpful visual displays can be for decision-making:

Dan and Danielle are Kindergarten students who both substitute /t/ for /k/ and /d/ for /g/ in all word positions. The teacher is concerned that these misarticulations will interfere with Dan and Danielle’s letter-sound learning and spelling. While these sounds are considered delayed based on the [McLeod and Crowe, 2020](#) norms, the SLP notices that both students have good auditory discrimination and large tonsils; she suspects that Dan and Danielle can learn these sounds with targeted short term intervention. The SLP will initiate short-term, small group instruction to determine their responsiveness.

<p>Baseline Data: Dan: 20% accurate with /k/ and /g/ in all word positions Danielle: 20% accurate with /k/ and /g/ in all word positions</p>	<p>Goal w/ Timeline: Will produce /k/ and /g/ in all word positions with 80% accuracy within 10 sessions</p>	<p>Progress Monitoring Tool & Frequency: Progress monitor with accuracy tally marks for all trials each session</p>	<p>Exit Criteria/ Decision Rule: 4 data points at or above Goal Line→ Exit Tx 4 data points below Goal Line→ Refer for Eval</p>																																																						
Dan		Danielle																																																							
 <p>MTSS/ Short-Term Intervention: Dan</p> <table border="1"> <caption>MTSS/ Short-Term Intervention: Dan - Progress Data</caption> <thead> <tr> <th>Session</th> <th>Progress (%)</th> <th>Goal (%)</th> </tr> </thead> <tbody> <tr><td>1</td><td>20</td><td>20</td></tr> <tr><td>2</td><td>25</td><td>30</td></tr> <tr><td>3</td><td>20</td><td>40</td></tr> <tr><td>4</td><td>30</td><td>50</td></tr> <tr><td>5</td><td>40</td><td>60</td></tr> <tr><td>6</td><td>40</td><td>70</td></tr> <tr><td>7</td><td>50</td><td>80</td></tr> <tr><td>8</td><td>50</td><td>90</td></tr> </tbody> </table>		Session	Progress (%)	Goal (%)	1	20	20	2	25	30	3	20	40	4	30	50	5	40	60	6	40	70	7	50	80	8	50	90	 <p>MTSS/ Short-Term Intervention: Danielle</p> <table border="1"> <caption>MTSS/ Short-Term Intervention: Danielle - Progress Data</caption> <thead> <tr> <th>Session</th> <th>Progress (%)</th> <th>Goal (%)</th> </tr> </thead> <tbody> <tr><td>1</td><td>20</td><td>20</td></tr> <tr><td>2</td><td>30</td><td>30</td></tr> <tr><td>3</td><td>45</td><td>40</td></tr> <tr><td>4</td><td>50</td><td>50</td></tr> <tr><td>5</td><td>55</td><td>60</td></tr> <tr><td>6</td><td>65</td><td>70</td></tr> <tr><td>7</td><td>80</td><td>80</td></tr> <tr><td>8</td><td>85</td><td>90</td></tr> </tbody> </table>		Session	Progress (%)	Goal (%)	1	20	20	2	30	30	3	45	40	4	50	50	5	55	60	6	65	70	7	80	80	8	85	90
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<p>Data-Based Decision: Refer for evaluation; While he is making good progress, it falls below the goal line for accelerated learning. It is suspected that Dan may be in need of specially designed instruction (SDI) in order to learn /k/ and /g/ in all word positions.</p>		<p>Data-Based Decision: Exit from short-term instruction; Danielle demonstrated acceleration of learning and a positive response to intervention; there is no suspicion of a need for SDI for learning /k/ and /g/ in all word positions.</p>																																																							



Finally, an MTSS or RTI process cannot be used to delay or deny an evaluation for eligibility under IDEA. If at any point in time a team member suspects an individual has a disability that negatively affects access to or progress in the general curriculum and may require specially designed instruction in order to access/progress in the general curriculum, a special education evaluation should be proposed and parental consent requested. Likewise, a parent may request an initial evaluation at any time and the use of MTSS or TRI cannot be used to delay or deny the evaluation.

Cognitive Referencing

Cognitive referencing is the practice of comparing Intelligence Quotient (IQ) scores and language scores as a factor for determining eligibility for speech-language impairment. It is based on the faulty assumptions that language functioning cannot surpass cognitive levels and individuals with lower cognitive profiles do not benefit from language intervention. Cognitive referencing has historically been utilized to limit eligibility for speech and language services for students with borderline to low cognitive test scores. However, according to research, human development is not always linear, and cognitive areas do not develop in isolation; some language abilities may in fact surpass cognitive levels. Furthermore, language tests and cognitive tests assess many of the same abilities, and research shows that children with lower cognitive profiles can benefit from language intervention. Neither IDEA nor MARSE require a significant discrepancy between intellectual ability and achievement for a student to be found eligible for services. In fact, according to IDEA, states must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability. (IDEA §300.8(c)(10)).” Additionally, the use of cognitive referencing within an organization to determine eligibility for speech-language services is inconsistent with IDEA's requirement to determine services based on individual needs. ASHA also does not support the use of cognitive referencing as a practice to find students ineligible for speech and language services in schools.

Birth to Three and MMSE

In Michigan, special education evaluations and services for eligible individuals are available from birth through age 25. Part C of the IDEA requires early intervention services for eligible infants and toddlers from birth to age 3; this is called Early On® in Michigan. Part B of the Individuals with Disabilities Education Act (IDEA) requires special education services for eligible students ages 3 through 21.

Infants and toddlers from birth to age 3 may be eligible for services under IDEA Part C only or under both the IDEA Part C and the Michigan Mandatory Special Education (MMSE) mandate, governed by the Michigan Administrative Rules for Special Education (MARSE).

Establishing eligibility for IDEA Part C or IDEA Part C and MMSE involves a family-directed evaluation in which no single procedure may be used as the sole criterion for determining a child's eligibility. In order to understand the full scope of a child's unique strengths and needs, identify the families resources, priorities and concerns,



and discuss the supports and services necessary to enhance the family's capacity to meet the developmental needs of an infant or toddler with a disability, evaluation procedures must include all of the following:

- Reviewing medical, educational, or other records
- Taking the child's history (including interviewing the parent)
- Gathering information from other sources, such as family members, other care-givers, medical providers, social workers, and educators, if necessary
- Personal observations of the child
- Identifying the child's level of functioning in developmental areas
- Administering an evaluation instrument

Note that all evaluations and assessments of the child and family must be conducted in a nondiscriminatory manner, in the native language of the child or family, by a multidisciplinary team, which includes the child's parents. Additionally, SLPs and multidisciplinary team members must use informed clinical opinion when conducting and interpreting an assessment of the child.

SLPs supporting IDEA Part C and MMSE should use the series of MMSE guidance documents on the Michigan Department of Education's [Evaluation and Eligibility](#) website to help clarify eligibility determination of infants and toddlers for MMSE. Guidance for use of specific categories of eligibility under MARSE is provided for practitioners, administrators, and compliance personnel.

Students in Parentally-Placed Nonpublic Schools

A nonpublic school is not operated by a public school district. Nonpublic schools may be religion-based, private, or home schools. Eligible students in a nonpublic school (including state registered and approved homeschool students) may still receive some special education services, however students do not have a right to a FAPE and are therefore not entitled to an IEP in a nonpublic school. Some services (such as speech and language therapy) may be provided through a nonpublic services plan (NPSP) but the services provided may be less than what the student would receive in a public school. The services are determined through a process between the public school district and the nonpublic schools, based on the required share of federal funding and the needs of the student. The services are provided by the public school district in which the nonpublic school is located.

For additional information about special education evaluations and services for students parentally-placed in nonpublic schools, see the Michigan Department of Education Office of Special Education's [Family Matters Fact Sheet for Nonpublic and Home Schools](#).

Considerations for Individuals who are Culturally and Linguistically Diverse

Both linguistic and cultural knowledge are critically important when working with families and individuals from different cultural backgrounds, linguistic backgrounds and/or dialectical varieties of Standard American English



(SAE). According to ASHA's Technical Report on American English Dialects, "no dialectal variety of American English is a disorder or a pathological form of speech or language. Each dialect is adequate as a functional and effective variety of American English" (*American Speech Language Hearing Association*, 2003). Individuals cannot be considered to have a speech or language disability based on characteristics that are consistent with their cultural or linguistic diversity and identity. Limited English proficiency must be ruled out as the primary determinant of an individual's learning difficulty in order to be found eligible for an IEP under IDEA.

When working with culturally and linguistically diverse (CLD) students and families, SLPs should always consider, acknowledge, and respect cultural perceptions of etiology and treatment. SLPs must view verbal and nonverbal behaviors through a lens respective of the family's culture (e.g., eye contact, speaking rate, adult-child cultural conversation styles, morphosyntax, narrative structure, etc.), taking care not to judge as symptoms of disorder cultural characteristics that are expected and integral to the lived experience of the individual. A lack of cultural sensitivity can result in over-identification or under-identification of disability. For example, when professionals identify dialectally and culturally accepted productions as inadequate relative to Standard American English (SAE), the result is over-identification of disability. Just as wrong, hesitance to identify students as having a disability simply because they come from a culturally and linguistically diverse group could represent under-identification.

School SLPs should be able to identify and distinguish contrastive features (features unique to the language or dialect) versus non-contrastive features (features shared with SAE) in order to differentiate a language disorder from a language difference. During an assessment, SLPs should carefully discern a difference in exposure and lived experience from a true disorder by considering:

- background knowledge,
- experience with narratives, and how the narrative structure of the individual's culture may differ from Western-culture monolingual English narratives,
- the order and amount of exposure to each language,
- the individual's understanding of abstract and decontextualized language, and
- perseverance and self-efficacy skills.

SLPs who are unfamiliar with the characteristics of the individual's culture, language or dialect should seek out information about what is expected for speakers. Independent, native, paid interpreters and translators are excellent resources for understanding the cultural and linguistic background of a student or family. ASHA's webpage for [Collaborating With Interpreters, Transliterators, and Translators](#) is an excellent resource to consult prior to working with an interpreter or translator. The [Global Cultures Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University contains specific information about global cultures. The [Global Language Webpage](#) also has specific information for understanding the linguistic characteristics of different languages. Additional resources include the [Bilingualism World Language Library](#) and the [American Speech Language Hearing Association's Phonemic Inventory](#) web page. SLPs should also consider questionnaires that allow the student who is suspected of having a communication disorder rate and describe their personal experiences during times when speaking and listening is difficult.



Finally, IDEA §300.304 and §300.306 seek to ensure that evaluation procedures include information provided by the parent, are culturally-responsive and valid for culturally and linguistically diverse populations, are not discriminatory, and are administered in the child’s native language(s). Specifically, the law requires all of the following:

- Assessment and other evaluation materials should not be racially or culturally discriminatory.
- Assessment and other evaluation materials are to be provided in the child's native language or other mode of communication unless it is clearly not feasible to do so.
- A child must not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading or math or limited English proficiency.
- Parents are entitled to an interpreter at the individualized education program (IEP) meeting if needed to ensure that the parents understand the proceedings.
- When developing an IEP, in the case of a child with limited English proficiency, the language needs of the child as they relate to their IEP must be considered.
- Assessment and other evaluation materials are administered in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally.
- Multidisciplinary teams must use multiple sources of data to gather relevant functional, developmental, and academic information about the student, including information provided by the parent/guardian that may assist in determining eligibility and the presence of a speech and language impairment.
- The determination of whether a child is a child with a disability is not based on any single measure or assessment.

While MARSE R340.1710(2)(a)(SLI-Language) requires “Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student’s age” in addition to “A spontaneous language sample demonstrating inadequate language functioning,” IDEA’s language allows for variance from standard testing procedures, when necessary, to appropriately evaluate a student and obtain valid assessment data. It is crucial that SLPs understand both of the following when evaluating culturally and linguistically diverse students:

- MARSE allows for administering standardized tests in non standardized ways to obtain information on what the child knows and can do academically, developmentally, and functionally when the child’s cultural and linguistic background differs from that of the assessment tool peer sample. The non standardized adaptations should be described in any evaluation report. When standardized assessments are administered in non standardized ways, standardized scores should not be reported; descriptions of the child’s performance during the interaction and interpretation based on the SLP’s professional opinion should be reported instead.
- MARSE does not designate that standardized assessment instruments or subtests be norm-referenced; criterion-referenced and/or developmentally-benchmarked standardized assessment results are acceptable. Standardized parent-input and teacher-input tools are acceptable assessment instruments as well.



Types of Assessment

Speech-language assessment is a complex process and the selection of tools, procedures and protocols requires that school SLPs understand not only evidence-based professional practices but legal requirements as well. Assessing, describing, and interpreting an individual's communication ability requires the integration of a variety of information gathered in the evaluation process and the application of informed clinical opinion. For school SLPs, data from multiple sources, including the child's parents, is needed in order to validly and reliably inform all three questions of IDEA's three-question litmus test:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

This table summarizes the types of assessment that are both recommended by ASHA and required by law:

ASHA Preferred Practice Patterns for the Professions of Speech-Language Pathology (2004)- Recommended Assessment Components	IDEA IDEA 300.304 and MARSE- Required Assessment Components
<ul style="list-style-type: none"> <input type="checkbox"/> Case history, including medical status, education, socioeconomic, cultural, and linguistic backgrounds, past assessments, and information from teachers and other related service providers <input type="checkbox"/> Patient, teacher, family, and student interview <input type="checkbox"/> Standardized and/or non-standardized measures of specific aspects of speech, spoken and non-spoken language, cognitive-communication, and swallowing function, including observations, skill inventories, classroom based assessments, RTI data, dynamic assessments, language sampling and analysis of work samples <input type="checkbox"/> Selection of standardized measures for speech, language, cognitive-communication, and/or swallowing assessment with consideration for documented ecological validity and cultural sensitivity <input type="checkbox"/> Identification of potential for effective intervention strategies and compensations 	<ul style="list-style-type: none"> <input type="checkbox"/> Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent <input type="checkbox"/> Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and <input type="checkbox"/> Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

SLPs select the most appropriate methods and measures to use for a particular individual, based on his or her age, cultural background, and values; language profile; severity of suspected communication disorder; and



factors related to language functioning in the school setting. For in-depth descriptions of the types of assessments listed in the table, please refer to ASHA's [Assessment Tools, Techniques, and Data Sources](#) webpage.

Cautions About Historical Assessment Practices

Norm-referenced standardized tests of speech-language specific skills have been a traditional form of a speech-language assessment for school SLPs. The purpose of these tests is to produce standard scores that allow a student's performance on that particular test to be compared to that of their typically developing peers who share the same cultural experiences and language-learning background. Before using any norm-referenced standardized test, SLPs should consult the test manual to evaluate its validity for the specific testing purpose at hand.

For schools SLPs, it's important to remember two key characteristics of norm-referenced standardized tests:

- 1) These tests typically inform only one of the three required IDEA questions; they can document the presence of a disability, however they are not able to document the specific educational impact of a disability, nor do they help teams understand if a student has a need for specially designed instruction (SDI).
- 2) Norm-referenced standardized assessments represent one source of data. IDEA, however, requires multiple data sources for eligibility decision-making. Therefore, a norm-referenced standard score is not a sufficient source of data for determining eligibility for special education. SLPs who rely primarily on norm-referenced standardized assessment results to engage in eligibility decision-making are not able to meet the full requirements set forth by IDEA and MARSE.

Additionally, changes in the landscape of educational evaluations and student populations require that school SLPs promote understanding of the following professional issues that limit the diagnostic accuracy and utility of relying primarily on norm-referenced standardized assessment results to make eligibility decisions:

- Standardized speech and language tests measure decontextualized communication skills using formalized procedures administered outside the normal contexts in which the child communicates. They cannot adequately capture the complexities or the subtle nuances of the communication process within the demands of the classroom or school context (Ireland & Conrad, 2016). Thus, contextualized measures and dynamic assessment practices (described below) should be used to complement norm-referenced formal testing.
- Norm-referenced standardized tests are typically not designed to distinguish between communication disorders and differences that result from instructional, cultural or dialectal experience. Thus, the SLP should seek evidence in a test's technical manual that its designers have used modern test theory item-level statistical techniques such as Differential Item Functioning (DIF) to eliminate items that discriminate based on unintended variables rather than the intended variable of language or speech



disorder. SLPs should also be aware that bias cannot be eliminated simply by including a certain percentage of people from the student's racial/ethnic, gender, or regional group in the test's norm-reference group, but via these item-level bias control techniques.

- Norm-referenced standardized tests are not aligned with specific school curricula and do not consider how prior knowledge and experience impact performance.
- Many commonly used norm-referenced standardized tests lack information in their manuals to support the use of cutoff points to describe the sensitivity and specificity or severity of student's speech language impairment (Spaulding et al., 2012).
- Individually administered tests generally were standardized and normed prior to the pandemic. Because today's students have lived through the COVID-19 pandemic and post-pandemic years, they may have experienced interrupted and intermittent educational experiences and may have resulting trauma, grief/loss, stress, and other emotional difficulties. This new educational and social milieu of schools can impact the reliability and validity of all assessment results (NASP, 2020) and should be considered as part of any student's lived educational experience and context for the interpretation of all results.

As noted in this list, if an SLP determines that a norm-referenced standardized assessment will be used as one source of data in an evaluation, he or she must carefully consider the statistical properties of that tool with regard to its ability to correctly identify students with speech-language impairments. Examination of the tool's validity, reliability, sensitivity and specificity are essential when determining the diagnostic accuracy of a tool for a particular student. Sensitivity is a statistical property of a test that refers to how accurate the test is in identifying students with speech-language impairments. A highly sensitive test means that there are few false negative results. For example, a test with 90% sensitivity means that 90% of people who have SLI will test positive. Specificity refers to how accurate the test is in identifying students with typical speech and language skills. A highly specific test means that there are few false positive results. As an example, a test with 90% specificity means that 90% of people who do not have SLI will test negative. Sensitivity and specificity are reciprocal properties. Adjusting cut scores and components that contribute to them can improve sensitivity at the expense of specificity, or vice versa. Test manuals should specify procedures and values associated with specification of composites and cut score for different age groups.

For more than a decade, researchers have suggested that norm-referenced measures should have at least 80% accuracy in discriminating language abilities (Spaulding, Plante, & Farinella, 2006).

Recommended Levels of Sensitivity and Specificity



Sensitivity and Specificity	Interpretation of Diagnostic Accuracy
≥ 90%	Good
80%-89%	Fair (acceptable)
< 80%	Unacceptable

Source: Plante & Vance, 2004

Even when tools selected meet criteria for diagnostic accuracy, careful review of test norms and peer group sample with consideration of the individual student’s cultural and linguistic background and lived experience is required.

Innovations in Assessment Practices

Dynamic assessment practices are interactive, process-oriented and supplemental approaches to data collection designed to measure speech, language or academic learning potential in addition to a student’s current level of performance. While static, norm-referenced standardized assessments provide information about a skill gap when compared with same-age peers, they do not allow SLPs to understand why a gap exists or what supports might decrease the gap. Dynamic assessment, however, allows SLPs to understand what learning supports are needed to decrease a skill gap that is currently interfering with progress in the general education curriculum. Dynamic assessment, also referred to as diagnostic teaching, is similar to an RTI approach to understanding a student’s learning patterns, but it takes place across a much shorter time frame, such as within individual sessions of 10-30 minutes. Dynamic assessment is based on Vygotsky’s “zone of proximal development” (ZPD) theory, which states that a child’s cognitive development is dependent on social interactions. Using a diagnostic teaching interaction allows the examiner to understand what a student can learn, and how easily he/she can learn it, when engaged in high-quality, tightly matching instruction for a short period of time. This type of assessment does not penalize a student for lived experiences that may be different from those of students included in the peer sample of a published assessment. Just like response-to-instruction data, dynamic assessment allows evaluators to gain insight into student learning and the variables that dampen or facilitate learning.

Static Assessment	Dynamic Assessment
classification	classification & link to intervention
not interactive	interactive
assesses product	assesses product + process
current performance based on lived experience	learning potential
WHAT a child has learned so far	HOW a child learns
floor effects	no floor effects
often culturally & linguistically biased	reduces cultural & linguistic bias

Source: Trina Spencer, Macomb Intermediate School District, 10/21/24

Incorporating dynamic assessment practices as part of an evaluation plan is an efficient data collection strategy because dynamic assessment:

- can help differentiate between speech-language impairments and differences caused by cultural and linguistic diversity or lack of exposure to a routine or task.
- measures an individual's potential to learn.
- identifies an individual's strengths, difficulties, and stimulability.
- can help SLPs determine factors such as the frequency and recommended length of intervention.
- reduces bias in assessment.
- helps inform instruction by providing data-based recommendations for use in classrooms.

Dynamic assessment can be framed around a “test-teach-retest” approach or a graduated prompting approach. Both formats allow the SLP to focus on a student’s learning processes and gather data on how the student engages in the learning experience. Dynamic assessment (just like response to instruction data) answers the questions:

- “How much effort is required on the part of an adult to produce learning in the student?” and
- “How responsive is the student to highly-matched instruction for a specific skill or goal?”

Students who require little adult effort and respond greatly to highly-matched instruction typically don’t have a true disability. Students who require great amounts of adult effort yet respond poorly to highly-matched instruction often have a true disability that requires specially designed instruction.



Incorporating response to high-quality instruction and dynamic assessment data into an evaluation plan allows SLPs to answer all three of IDEA's litmus test questions and provide instructional recommendations whether a student meets eligibility criteria for an IEP or not.

SLI Exit Criteria

As stated previously, in Michigan a student is eligible for an IEP when the answer to all three of the following questions is 'Yes':

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so that the student can access and progress in the general curriculum?

If any one of the questions is a 'No,' then special education eligibility is not appropriate. If a student's progress shows that any of the answers to the three questions has changed from a 'Yes' to a 'No,' then dismissal from special education is appropriate. IDEA's three-question litmus test affords more avenues for students to successfully exit an IEP beyond just disability remediation. Students who learn and use strategies to proactively minimize or eliminate the impact of their disability on their progress in the general curriculum may successfully exit an IEP. Likewise, students who learn to self-advocate and apply their own learning accommodations to the degree that they no longer require specially designed instruction may also successfully exit an IEP.

The factors below may be used when the IEP team considers discontinuing speech and language services for a student. Relevant data documentation of these factors could be shared at the IEP meeting. A discontinuation recommendation for speech and language services becomes stronger as a team documents evidence for more of the following considerations.

General Considerations for Discontinuation of Speech and Language Services

- A speech and/or language disorder/delay no longer exists.
- The student's speech and language goals and objectives have been met.
- The student's speech-language needs no longer interfere with their ability to access and progress in the general education curriculum.
- The student no longer requires SDI for speech and/or language to access and progress in the general education curriculum.
- An alternative instructional service or program is deemed more appropriate to meet the student's current communication needs at this time.

- After providing and documenting SDI tailored to the student’s specific area of identified need, varying the dosage (duration, frequency and group size), monitoring progress frequently, and adjusting the instruction based on the student’s response over at least two school years, the student demonstrates a plateau of skills and behaviors despite adequate attendance (at least 80% of school days and 95% of intervention sessions) ([ASHA Ethics source](#), Principle I, Rules K and L); an alternative instructional service or program is deemed more appropriate for addressing the communication need.
- The parent/guardian or age of majority student revokes their consent to implementation of speech language services.

Specific Considerations for Discontinuation of Speech and Language Services

Any one or more of the following characteristics:

ARTICULATION	LANGUAGE	FLUENCY	VOICE
<ul style="list-style-type: none"> ✓ The student maintains a minimum of 80% correct production of error phonemes in conversation. ✓ The student is intelligible in conversation. ✓ Any of the answers to the 3-Question Litmus Test have changed from a ‘Yes’ to a ‘No.’ 	<ul style="list-style-type: none"> ✓ The student’s scores are below average, however, the student has learned compensatory strategies to function successfully in the educational setting as evidenced by report card grades, teacher and parent input. ✓ Any of the answers to the 3-Question Litmus Test have changed from a ‘Yes’ to a ‘No.’ 	<ul style="list-style-type: none"> ✓ The student demonstrates fluency that is within normal limits for age or exhibits some transitory disfluencies that no longer interfere with educational performance. ✓ Any of the answers to the 3-Question Litmus Test have changed from a ‘Yes’ to a ‘No.’ 	<ul style="list-style-type: none"> ✓ Vocal quality, loudness and pitch no longer interfere with educational performance. ✓ Any of the answers to the 3-Question Litmus Test have changed from a ‘Yes’ to a ‘No.’



<p>STUDENTS WITH SIGNIFICANT COGNITIVE DISABILITIES IN CENTER PROGRAMS</p> <p><i>ALL of the following characteristics:</i></p> <ul style="list-style-type: none">✓ Student has a functioning communication system to express wants, needs, and ideas.✓ Student’s current programming allows for ample practice with and use of communication and communication systems (e.g., AAC, sign language, etc.).✓ Student’s current speech and language functioning does not indicate a need for a change to the communication system.✓ Any of the answers to the 3-Question Litmus Test have changed from a ‘Yes’ to a ‘No’.
<p>INDIVIDUALS IN POST-SECONDARY ADULT TRANSITION PROGRAMS</p> <p><i>ALL of the characteristics from the section above AND both below:</i></p> <ul style="list-style-type: none">✓ Disability no longer limits access to or progress in transition from school to post-school life in the areas of further education/training, employment, or independent living.✓ Disability and limitations are no longer severe enough to require specially designed instruction so the individual can access or progress in further education/training, employment or independent living.

Intervention Provision (SDI) and Service Delivery Models

School SLPs must meet the tenets of IDEA and MARSE by delivering a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) for students with IEPs as a result of speech and language impairment. These services are considered “special education,” which is defined by IDEA Sec. 300.30 as “specially designed instruction (SDI), at no cost to the parents, to meet the unique needs of a child with a disability.” An IEP is based on the unique needs of the student, which are described in the Present Level of Academic Achievement and Functional Performance (PLAAFP). Development starts with the PLAAFP; then, based on the description of need, supports are identified. The supports include special education programs and services necessary to meet the needs of the student, ensure progress in the general curriculum, and prepare them for further education, employment, and independent living. To help clarify how much progress an IEP must confer, the Supreme Court noted in 2017 that a school must “offer an IEP reasonably calculated to enable a student to make progress appropriate in light of the student’s circumstances” (Endrew F. v. Douglas County School District, 34 CFR §300.1(a)).



Speech-language therapy is considered a program service in MARSE R 340.1745; it is most commonly written into IEPs for students with a primary speech and language impairment (SLI). Speech-language therapy may also be a related service available to students with disabilities resulting from other disabilities when the IEP team determines that it is required for the student to benefit from special education. When speech-language services are added as a related service, the criteria for related services are used (IDEA § 300.34), not the federal and state regulations for SLI identification. Although some states may have specific criteria, Michigan uses the definition of related services from IDEA, “services as are required to assist a child with a disability to benefit from special education,” as the criterion to add related services. IEP teams that include an SLP should have data to document their decision that services are required, as well as a decision rule to indicate when services will no longer be required.

- For example, an autistic student with a primary eligibility of ASD may have a language disorder but not require speech and language services because current data shows their needs are being met through current special education programming or accommodations.
- Another example is a student with a Specific Learning Disability (SLD) who demonstrates sound discrimination errors that interfere with his ability to learn letter-sound correspondences. Speech and language related services may be written into the IEP until the student is able to discriminate sounds accurately.
 - ◆ These services may be provided around shared goals with the resource room teacher or separate goals reported on by only the SLP.

According to Part C of IDEA, services to children from birth to age 3 should be family centered and provided in natural environments, such as the child's home and community settings, to the greatest extent appropriate to meet the individual needs of the child.

Similar provisions are provided under Part B of IDEA for preschool and school-age students (ages 3–26 years in the state of Michigan). These provisions require that children with disabilities be provided with a FAPE and be educated in the LRE. LRE means being educated with children who do not have disabilities "to the maximum extent appropriate" to meet the specific educational needs of the student (Michigan Department of Education Office of Special Education, n.d.).

School SLPs must follow the policies and procedures of their local education agency, however the following practices ensure compliance with the requirements of IDEA and MARSE for IEP development:

- Every area of need prioritized in the student's Present Level of Academic Achievement and Functional Performance (PLAAFP) of the Individualized Education Program (IEP) must have either a goal, service or supplementary aid and service.
- Each IEP goal must be measurable and progress must be monitored on a regular basis. Measurable goals can be visually displayed and easily monitored when they have the following key components:
 - baseline level of performance of the skill to be taught
 - target level of performance



- method of measurement
- timeline
- Service provision is matched to the student's individual level of needs; each provider's caseload will vary, depending on the type and severity.
 - Writing in identical service delivery frequency and duration (i.e., 30 minutes, 2-4x/month) for all or most students on an SLP's IEP caseload would not be allowable by IDEA and MARSE.
- Goals and services are based on peer-reviewed research, curriculum-relevant, and enable the student to:
 - Advance appropriately towards attaining annual goals
 - Be involved in and make progress in the general curriculum and participate in extracurricular and other non-academic activities, and
 - Be educated and participate with other students with disabilities and nondisabled students

According to ASHA, SDI must be provided according to what is agreed upon and documented in the IEP, including the frequency, type, duration, and location of services. Service considerations must be individualized according to IDEA (American Speech Language Hearing Association, n.d.).

Selecting the most appropriate service delivery model is a fluid process. While no single model is appropriate for all students, one must understand the range of service delivery models as well as the advantages and limitations of each model (Nippold, 2012). Student outcomes may be improved if a flexible approach to scheduling and service delivery is adopted. The frequency, location, duration, and intensity of services should be reviewed and revised based on various factors, including:

- Student progress and changing needs throughout the school year
- The responsiveness of the current educational setting and classroom
- Access to the general curriculum and state standards
- Promotion of skills that allow the student to improve their academic, social, and emotional functioning
- Demands of the classroom, community, and family
- Cultural considerations
- Team-based decision making

As indicated in the ASHA Code of Ethics (ASHA, 2023), audiologists and speech-language pathologists (SLPs) are obligated to provide culturally and linguistically appropriate services, regardless of the clinician's personal culture (e.g., race, ethnicity, religion, sexual orientation, gender identity), practice setting, or caseload demographics. Multilingual clinicians who have the necessary clinical expertise to treat the individual may not always be available. When a language-matched clinician is not available, clinicians then collaborate with an interpreter to ensure that the individual receives clinically appropriate services.



Refer to ASHA's [School-Based Service Delivery in Speech-Language Pathology](#) webpage for the most up-to-date information about service delivery approaches, settings, formats, dosage and evidence-based decision-making.



Supporting Forms

- [Folder](#)

IDEA Three-Question Litmus Test Decision-Making Heuristic

- [SLI Entrance & Exit Heuristic](#)

Tiered Instructional Support Documentation Form

- [Tiered Instructional Support Documentation Form](#)

Developmental Milestones & Resources

- Communication and Feeding Skills (Birth to Five): [ASHA](#)
- Multilingual Learners and English Learners: [Variety of Sources](#)

References

American Speech Language Hearing Association. (n.d.). *Medicaid Coverage of Speech-Language*

Pathologists and Audiologists. <https://www.asha.org/practice/reimbursement/medicaid/>

American Speech Language Hearing Association. (n.d.). *Issues in Ethics Statements*.

https://www.asha.org/practice/ethics/ethics_issues_index/

American Speech Language Hearing Association. (n.d.). *Cognitive Referencing*.

<https://www.asha.org/slp/schools/prof-consult/cognitive-referencing/>

American Speech Language Hearing Association. (n.d.). *IDEA Part C: Evaluation and Assessment Definitions*.

<https://www.asha.org/advocacy/idea/idea-part-c-evaluation-and-assessment-definitions/>

American Speech Language Hearing Association. (n.d.). *Assessment Tools, Techniques, and Data Sources*.

<https://www.asha.org/practice-portal/resources/assessment-tools-techniques-and-data-sources/>

American Speech Language Hearing Association. (n.d.). *Collaborating With Interpreters, Transliterators, and*

Translators. <https://www.asha.org/practice-portal/professional-issues/collaborating-with-interpreters/>



American Speech Language Hearing Association. (n.d.). *Phonemic Inventories and Cultural and Linguistic Information Across Languages*. <https://www.asha.org/practice/multicultural/phonol/>

American Speech Language Hearing Association. (n.d.). *School-Based Service Delivery in Speech-Language Pathology*.

<https://www.asha.org/slp/schools/school-based-service-delivery-in-speech-language-pathology/>

American Speech-Language-Hearing Association. (2004). Preferred Practice Patterns for the Profession of Speech-Language Pathology [Preferred Practice Patterns]. <https://www.asha.org/policy/pp2004-00191/>

American Speech Language Hearing Association. (2010). *Roles and responsibilities of speech-language pathologists in schools* [Position Statement]. Available from www.asha.org/policy

American Speech Language Hearing Association. (n.d.). *Evidence-Based Practice (EBP)*.

<https://www.asha.org/research/ebp/>

American Speech Language Hearing Association. (n.d.). *Information for School-Based SLPs*.

<https://www.asha.org/slp/schools/>

American Speech Language Hearing Association. (n.d.). *Performance Assessment of Contributions and Effectiveness (PACE) for SLPs*. <https://www.asha.org/advocacy/state/pace-introduction/>

American Speech Language Hearing Association. (n.d.). *IDEA Part B: Culturally and Linguistically Diverse Students*.

<https://www.asha.org/advocacy/idea/idea-part-b-issue-brief-culturally-and-linguistically-diverse-students>

Bilingualistics.com. (2024). *Speech and Language Development Library for the Languages of the World*.

<https://bilingualistics.com/language/>

Chial, M. (1998). Conveying Expectations about Professional Behavior. *Audiology Today*, 10(4).

General Education Leadership Network. (2022, August 30). *Essential School-Wide and Center-Wide Practices in Literacy and Mathematics, Prekindergarten and Elementary Grades*.



<https://literacyessentials.org/literacy-essentials/the-essentials/essential-school-wide-and-center-wide-practices-in-literacy/>

Hosp, J. L. (2008). Best practices in aligning academic assessment with instruction. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 363-376). National Association of School Psychologists.

Individuals with Disabilities Education Act. (2004). Sec. 300.304 Evaluation procedures.

<https://sites.ed.gov/idea/regs/b/d/300.304>

Ireland, M., & Conrad, B. (2016). Evaluation and Eligibility for Speech-Language Services in Schools. *ASHA SIG 16 School-Based Issues*, 1(4), 78-90. <https://doi.org/10.1044/persp1.SIG16.78>

Katakowski, D., & Ryan, J. (2023, November 21). *To Refer or Not To Refer? Using MTSS to Drive Prevention, Screening & Referral for SLI* [Presentation]. Oakland Schools.

Kent County Intermediate School District. (2021, March). *Kent ISD Speech & Language Evaluation, Eligibility and Service Guidelines*. Special Education - Speech & Language Guidelines. Retrieved June 14, 2024, from

<https://sites.google.com/kentisd.org/copykisdssupport/compliance-guidance/speech-language-guidelines>

Marante, L., & Farquharson, K. (2021). Tackling Burnout in the School Setting: Practical Tips for School-Based Speech-Language Pathologists. *Perspectives ASHA Sig 16*, 6(3), 665-675.

https://doi.org/10.1044/2021_PERSP-20-00262

Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations. (2024, June). State of Michigan.

https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/MI-rules/MARSE_Supplemented_with_IDEA_Regs.pdf?rev=31a344bbefe64c8ca8aeb91d97891591



Michigan Department of Education. (n.d.). *Evaluations and Eligibility*. State of Michigan. Retrieved June 14, 2024, from

<https://www.michigan.gov/mde/services/special-education/evaluations-ieps/evaluations-eligibility>

Michigan Department of Education. (n.d.). *Family Matters Nonpublic and Home Schools Fact Sheet*. State of Michigan. Retrieved June 14, 2024, from

https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/familymatters/FM1/Nonpublic_HomeSchools_FactSheet.pdf

Michigan Department of Education. (n.d.). *Laws and Regulations*. State of Michigan. Retrieved June 12, 2024, from <https://www.michigan.gov/mde/services/special-education/laws-regs>

Michigan Department of Education. (n.d.). *State Approved Tools: Teacher Evaluation*. State of Michigan. Retrieved June 11, 2024, from

<https://www.michigan.gov/mde/services/ed-serv/educator-retention-supports/educator-eval/teacher-evaluations>

Michigan Department of Education Office of Special Education. (n.d.). *Guidance: Individualized Education Program (IEP) Development: Special Education Programs and Services*. Retrieved June 22, 2024, from

https://www.michigan.gov/mde/-/media/Project/Websites/mde/specialeducation/iep/IEP_Development_SpecialEducationProgramsServices.pdf

Michigan School Finance Collaborative. (2021). Update to Costing Out the Base Resources Needed to Meet Michigan's Standards and Requirements. *School Finance Research Collaborative*.

<https://www.fundmischools.org/studies>

Monolingual & Bilingual Speech Lab. (n.d.). *Monolingual & Bilingual Speech Lab Portland State University*. Global Cultures. Retrieved June 22, 2024, from

<https://sites.google.com/pdx.edu/multicsd/global-cultures>



Monolingual & Bilingual Speech Lab. (n.d.). *Monolingual & Bilingual Speech Lab Portland State University*.

Global Languages. Retrieved June 22, 2024, from

<https://sites.google.com/pdx.edu/multicsd/global-languages>

National Association of School Psychologists. (2020). *Ethical Documentation of Adjustments to Standardized Evaluation Administration Procedures* [handout]. Author.

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/return-to-school/ethical-documentation-of-adjustments-to-standardized-evaluation-administration-procedures>

Nippold, M. (2012, April). Different Service Delivery Models for Different Communication Disorders. *Language, Speech, and Hearing Services in Schools, 1*, 117-118.

<https://doi.org/10.1044/0161-1461%282012/ed-02%29>

Oakland Schools. (2011). *Oakland Schools Guidance: Eligibility Determination for a Specific Learning Disability*.

https://drive.google.com/drive/folders/1IY4EYCTKXbMD6_HUc6UTP45bPuqirMwz?usp=sharing

Oakland Schools. (2020). *Oakland Schools Guidance: Conducting School-Based Evaluations for Special Education Eligibility*. <https://drive.google.com/file/d/1Z4FQJjfijynjSKj1gbgcrH9NCI0EmnWv/view>

Spaulding, T., Plante, E., & Farinella, K. (2006, January). Eligibility Criteria for Language Impairment: Is the Low End of Normal Always Appropriate? *Language, Speech and Hearing Services in Schools, 37*, 61-72. [https://doi.org/10.1044/0161-1461\(2006/007\)](https://doi.org/10.1044/0161-1461(2006/007))

Spaulding, T., Szulga, M., & Figueroa, C. (2012, April). Using Norm-Referenced Tests to Determine Severity of Language Impairment in Children: Disconnect Between U.S. Policy Makers and Test Developers. *Language, Speech, and Hearing Services in Schools, 43*, 176-190.

[https://doi.org/10.1044/0161-1461\(2011/10-0103\)](https://doi.org/10.1044/0161-1461(2011/10-0103))



Speech-Language Pathology General Rules. (1978). Michigan Legislature. Retrieved April 17, 2024, from <https://www.legislature.mi.gov/Laws/MCL?objectName=MCL-368-1978-15-176>.

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SLI - Articulation

Federal and State Requirements

According to the federal law, “Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities” (IDEA, 2004). To realize the goals set forth by IDEA, school SLPs must utilize procedures, tools and decision-making heuristics that facilitate consistent and effective recommendations for Individualized Education Program (IEP) eligibility, service delivery and exit.

In order to determine eligibility and exit from special education services, federal law (IDEA § 300.8, § 300.39) and the Michigan Administrative Rules for Special Education (MARSE R340.1710) require that special education evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

For educational evaluations conducted by school teams, the law requires that data collection from multiple sources inform **all three** of these questions, regardless of eligibility area. In order to meet eligibility criteria for special education, teams must document that there is a disability **and** that there is an adverse effect on educational performance **and** there is a resulting need for specially designed instruction.

An answer of “**Yes**” to **all three questions** indicates that special education eligibility is appropriate and an IEP is warranted. If the team documents an answer of “**No**” to any of the questions, then special education eligibility is not appropriate. Additionally, if a student’s progress shows that any of the answers to the three questions has changed from a “**Yes**” to a “**No**,” then dismissal from special education is appropriate.

IDEA’s three-question litmus test is more stringent and comprehensive than the requirements typically used to identify a disability in a clinical, outpatient, or private practice setting because the purpose of an educational

The redundancy of foundational content embedded in each of the SLI sections of these guidelines is intentional. This redundancy allows readers to access all relevant guidance whether they are accessing an individual SLI section only or reading the entire document.

Each section is written to stand alone.

evaluation is to determine a student's eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

Federal Regulation relevant to Speech & Language Impairment: IDEA 2004

- [§ 300.8\(a\)\(1\)](#) - Child with a disability means a child evaluated ... as having ... a speech or language impairment... and who, by reason thereof, needs special education and related services.
- [§ 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.
- [§ 300.39\(b\)\(3\)](#) - Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—
 - (i) To address the unique needs of the child that result from the child's disability; and
 - (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Michigan Administrative Rules for Special Education relevant to Speech & Language Impairment: MARSE

[R 340.1710](#)

1. A "speech and language impairment" means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.
2. A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:
 - a. A language impairment which interferes with the student's ability to understand and use language effectively and which includes 1 or more of the following:
 - i. Phonology.
 - ii. Morphology.
 - iii. Syntax.
 - iv. Semantics.
 - v. Pragmatics.
 - b. Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.**
 - c. Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
 - d. Voice impairment, including inappropriate pitch, loudness, or voice quality.

3. Any impairment under subrule (2)(a) of this rule shall be evidenced by both of the following:
 - a. A spontaneous language sample demonstrating inadequate language functioning.
 - b. Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student's age.
4. A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745(a).
5. A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

Eligibility for SLI-Articulation Summary Table Based on [MARSE Requirements \(R 340.1710\)](#):

SLI as a result of ARTICULATION→

- Documentation of omissions, substitutions, or distortions of speech sounds confirms that:
 1. Disability is present (errors/patterns persist beyond the age at which maturation alone might be expected to correct the deviation)
 2. Disability limits access to/ progress in the general curriculum, inclusive of academic and social aspects of schooling; for Birth to Three and PreK not enrolled in a program, the disability limits daily routines and ability to get needs and wants met
 3. Disability requires specially designed instruction so the student can access/ progress in the general curriculum; For Birth to Three and PreK not enrolled in a program, specially designed instruction is required for participation in daily routines and getting needs and wants met

Note that for students suspected of **SLI as a result of articulation**, the SLP must document with data that the student demonstrates a **disability** (omissions, substitutions or distortions of sound persisting beyond the age at which maturation alone might be expected to correct the deviation), its **adverse impact**, and its **need for specially designed instruction** (Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations, 2022). This documentation often involves administration of standardized assessments and analysis of connected speech samples, however MARSE does not require documented standardized scores or a speech or language sample in the evaluation report for articulation (nor fluency or voice).



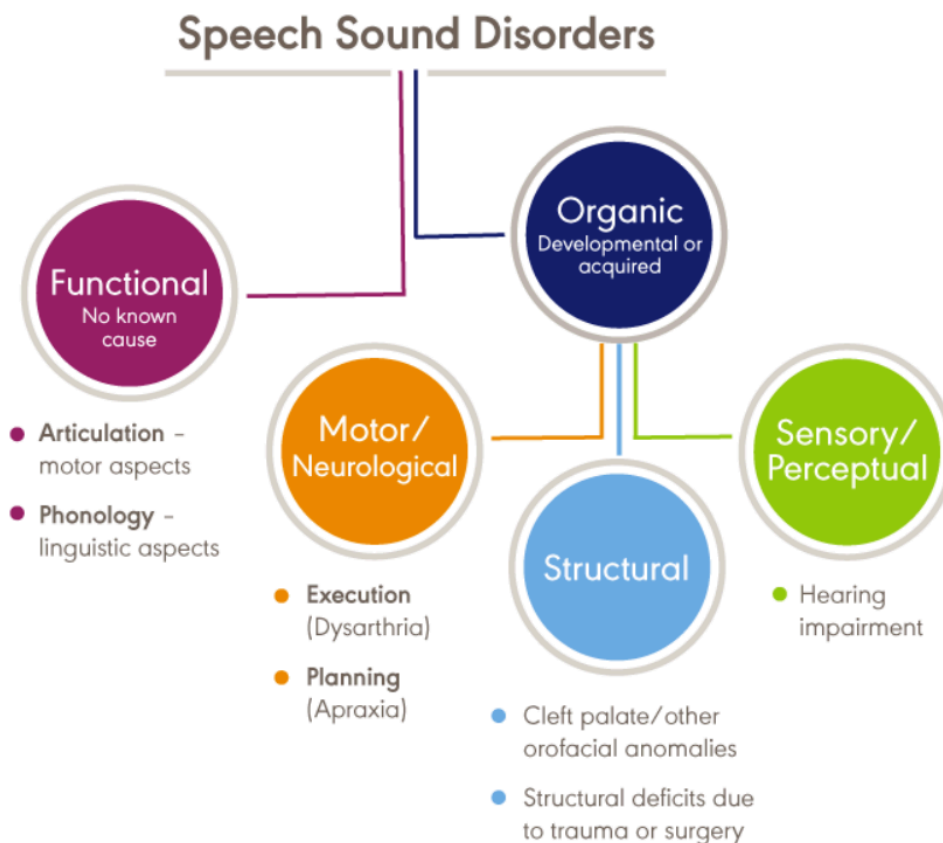
Department of Licensing and Regulatory Affairs Speech-Language Pathology General Rules relevant to SLI-Articulation

The Michigan Administrative Rules that govern Speech-Language Pathology Licensing state that an SLP may not assess or treat a patient for swallowing disorders or medically-related communication disorders unless the patient has been referred by an individual licensed in the practice of medicine or osteopathic medicine and surgery or by an advanced practice registered nurse (R 338.647). If a suspected speech disorder is related to a medical condition, a referral is required prior to any assessment or treatment by an SLP (Speech-Language Pathology General Rules, 2021).

Speech Sound Disorders - Articulation and Phonology

According to the [ASHA Practice Portal for Speech Sound Disorders - Articulation and Phonology](#), “speech sound disorders” is an umbrella term referring to any difficulty or combination of difficulties with perception, motor production, or phonological representation of speech sounds and speech segments—including phonotactic rules governing permissible speech sound sequences in a language (American Speech-Language-Hearing Association, 2023).”

Speech sound disorders can be organic (resulting from an underlying motor/neurological, structural, or sensory/perceptual cause) or functional (having no known cause). School SLPs are knowledgeable about both types.



Source: American Speech-Language-Hearing Association (n.d.) *Speech Sound Disorders: Articulation and Phonology*. (Practice Portal).

Functional speech sound disorders include those related to the motor production of speech sounds and those related to the linguistic aspects of speech production. Historically, these disorders are referred to as articulation disorders and phonological disorders, respectively. Articulation disorders focus on errors (e.g., distortions and substitutions) in production of individual speech sounds. Phonological disorders focus on predictable, rule-based errors (e.g., fronting, stopping, and final consonant deletion) that affect more than one sound. It is often difficult to clearly differentiate between articulation and phonological disorders; therefore, many researchers and clinicians prefer to use the broader term, "speech sound disorder," when referring to speech errors of unknown cause. In Michigan schools, students who are entitled to an IEP as a result of either articulation or phonological disorders would be eligible under SLI-Articulation; MARSE does not distinguish between the root cause of the disorder, however SLPs will need to differentially diagnose in order to set appropriate IEP goals and plan for specially designed instruction.

Refer to the [ASHA Practice Portal for Speech Sound Disorders](#) for the most up-to-date information about speech sound disorders including incidence and prevalence, assessment, and intervention approaches.

Entrance Criteria

A speech sound disorder is characterized by an inability to use speech sounds that are appropriate for an individual's age and linguistic dialect. Errors in sound production due to articulation or phonological delays may interfere with speech intelligibility, social communication, the acquisition of reading and writing skills, and/or academic and vocational achievement. Additionally, if specially designed instruction is required in order for the individual with the speech sound disorder to access or make progress in the general curriculum, the individual is entitled to special education services and an IEP. As noted above in the Big Ideas section, Multi-Tiered Systems of Support (MTSS) may be useful in cases where students may have sound production errors but the SLP does not suspect a disability that requires SDI. Depending on the presenting student data, the SLP may use classroom supports, a home program or short-term supplemental instruction to determine that the student can learn the sounds without SDI.

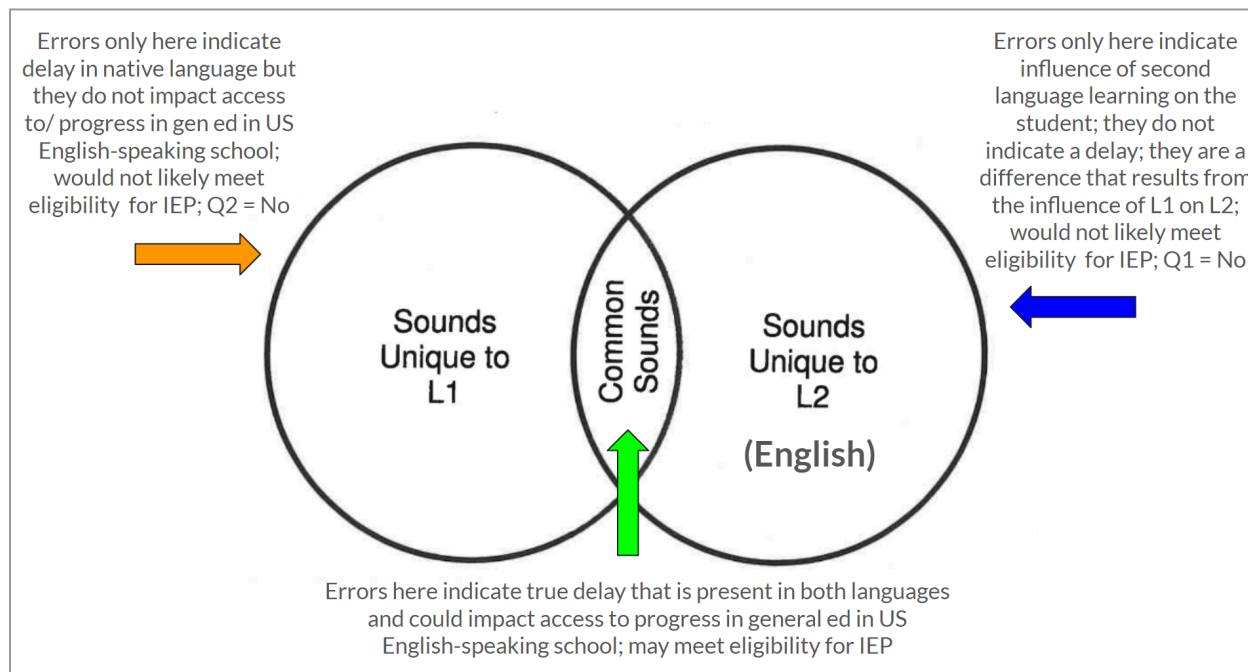
School SLPs must understand that the presence of a speech sound disorder, alone, does not entitle an individual to special education. MARSE criteria, including adverse educational impact caused by the disorder and the need for specially designed instruction, must be documented in order for a student to meet entrance criteria and be eligible for special education and related services. When considering adverse educational impact, all communication environments (academic participation, social relationships, and extracurricular activities) must be considered as part of an evaluation to determine eligibility and exit.

The presence of a speech sound disorder, alone, does not entitle an individual to special education. MARSE criteria, including adverse educational impact caused by the disorder and the need for specially designed instruction, must be documented in order for a student to meet entrance criteria and be eligible for special education and related services.

Considerations for Individuals who are Culturally and Linguistically Diverse

Both linguistic and cultural knowledge are critically important when working with families and individuals from different linguistic backgrounds and/or dialectal varieties of American English. According to ASHA's Technical Report on American English Dialects, "no dialectal variety of American English is a disorder or a pathological form of speech or language. Each dialect is adequate as a functional and effective variety of American English" (American Speech Language Hearing Association, 2003). Individuals cannot be considered to have a speech sound disorder based on characteristics that are consistent with their cultural or linguistic diversity and identity.

When considering the sound systems of two languages or dialects for an English Learner, or a speaker of a variety of American English, it is necessary to determine which sounds and patterns exist in both languages and which sounds are unique to one language or the other.



Adapted from www.bilingualistics.com (Kester, 2014)

As a general heuristic,

- If language structures or characteristics exist in all languages of the EL, then they should not be affected in the process of learning English. Development of the language structures or characteristics may take longer or be more protracted across time because the EL is learning multiple languages at once, but the development of all languages will unfold in essentially the same sequence as monolingual language learners.
 - **Errors on common structures or characteristics shared by L1 and L2 are UNEXPECTED and are more indicative of a true disability that is present across all languages.**

- If structures or characteristics do not exist in both languages, the influence of one language on learning the other language can be expected; these influences are often misinterpreted as learning errors but they actually indicate typical second language acquisition. For example, the unvoiced ‘th’ sound of English does not exist in most dialects of Spanish. Therefore, when a Spanish speaker learning English encounters this sound, he or she will often produce the closest sound that does exist in the Spanish sound repertoire. For Spanish-English bilinguals, it would be pronounced as /t/, and it would not be considered an error; the pronunciation is consistent with the linguistic background of Spanish-English bilinguals.
 - **Errors on structures or characteristics not shared by L1 and L2 are EXPECTED and more indicative of the influence of English language acquisition, not a true disability.**



If a teacher has concern about an English Learner’s speech production, SLPs must first understand the different sounds systems and patterns of the child’s other language(s) in order to identify which errors are of true concern. Errors on sounds or patterns that are present in both languages of the child, and are delayed given the child’s age, would be of concern and warrant further investigation to determine whether a negative impact and a need of specially designed instruction exist. Resources such as the [Bilingualistics World Language Library](#) and the [American Speech Language Hearing Association’s Phonemic Inventory](#) web page may be especially helpful.

Finally, IDEA §300.304 and §300.306 ensures that evaluation procedures are culturally-responsive and valid for culturally and linguistically diverse populations by requiring that assessments are selected to be not discriminatory and administered in the child’s native language(s).

Evaluation Plan

IDEA (§ 300.8, § 300.39) and MARSE (R340.1710) require that special educational evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

Any multidisciplinary evaluation must explore each of these questions because an answer of “Yes” to all three questions indicates that special education eligibility is appropriate and an Individualized Education Program (IEP) is warranted.

The following assessment tools and evaluation strategies may be useful to SLPs evaluating speech sound disorders in order to ensure multiple sources of data are utilized, inform all three questions of IDEA’s litmus test and determine eligibility for special education and related services:

- Review of records, input, and educationally-relevant medical information
- Interviews of parents, teachers, and student
- Observation of the student in general education (or everyday routines, for birth-3 and PreK)
- Testing via speech and language sampling and standardized and/or qualitative assessment procedures

The tools and procedures listed below are comprehensive in nature and offered as possible data sources. They are not intended to be an exhaustive list, nor are they all meant to be used in any one evaluation. Any procedure or form that is hyperlinked in the following table can be found in the Supporting Forms: SLI-Articulation section at the end of this document.

Review of records, input and educationally-relevant medical information

Data collection may include review of any of the following→

- Developmental/medical/sociocultural history
 - [Family Socio-Cultural Interview and Language Exposure Survey](#) form
 - Note any established medical conditions that may impact communication development and/or any history of dual language exposure or multi-lingual learning.
- Classwork, written assignments, and homework
 - Look for evidence of sound errors impacting letter-sound knowledge and spelling; note the letter-sound patterns impacted in written words and sentences and the frequency of the spelling errors.
- Report cards, gradebook, or universal screening results
 - Note the content area impacted and connection to the underlying articulation or phonology pattern.
- Office referral data (e.g., discipline referrals)
 - Note any patterns of behavior or social emotional impact that result from any speech errors.
- Tiered intervention history and response data
 - [Tiered Support Documentation](#)- Note the intensity frequency, duration, and goal of the short-term intervention, then note the student's actual response and whether the goal was met within the expected timeline.

Interviews of parent, teachers and student

Data collection may include interviews using any of the following→

- Student, parent, and teacher input forms
 - [Speech Participation and Activity Assessment of Children \(SPAA-C\)](#) (McLeod, 2004)
- Parent report of the child's intelligibility
 - [Intelligibility in Context Scale](#) (McLeod et al., 2012)
- Parent report of any cultural and linguistic diversity that may play a role the child's phonemic inventory
 - [Global Cultures Webpage](#) and [Global Languages Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University
 - [Bilingualism World Language Library](#)
 - [American Speech Language Hearing Association's Phonemic Inventory](#)

Observation of the student in general education (or everyday routines, for Birth to Three and PreK not enrolled in a program)

Data collection during observations in multiple contexts may include→

- Classroom engagement, school routines, peer interactions
- Parent-child interactions
- Communication quantity and quality compared to peers
 - For both the student and peers, track variables such as number of communication turns, requests for clarification or repetition of messages by conversation partners, and intelligibility during connected speech. A table can be used to describe the data:

	Student	Peers
# of Conversational Turns per Person		
Intelligibility (# of words understood by SLP observer)		
# of Requests for Clarification by Peers or Adults		

- Speech intelligibility during connected speaking tasks
 - Compare to current normative data such as [Hustad, et al. 2021](#) (Hustad et al., 2021)
- Speech sound accuracy during connected speaking tasks
 - Compare to current normative data such as [McLeod and Crowe, 2020 visual](#) or [McLeod and Crowe, 2020 table](#) (McLeod & Crowe, 2020)
- Impact/carryover of sound errors or patterns during phoneme segmentation, spelling, or writing tasks in class

Testing

Data collection should be obtained in all languages of the child via standardized probes, non-standardized probes, and/or speech sampling and include any of the following→

- Speech sound production assessment in all languages of the student
 - Note articulation accuracy at all linguistic levels (isolation, syllables, words & positions, sentences, conversation) and compare to current normative data such as [McLeod and Crowe, 2020 visual](#) or [McLeod and Crowe, 2020 table](#) (McLeod & Crowe, 2020)
 - Note phonological processes that may be present (assimilation, substitution and syllable structure processes) and compare to current normative data such as [ASHA](#) (Pena-Brooks & Hegde, 2015 and Shipley & McAfee, 2016)

- Calculate [Percentage of Consonants Correct \(PCC\)](#), if appropriate (Johnson et al., 2004)
- Intelligibility of connected speech
 - Compare to current normative data with unfamiliar listeners, such as [Hustad, et al., 2021](#) (Hustad et al., 2021)
- For children with limited intelligibility, note findings of a thorough phonological analysis, such as the ones available by [Taps-Richard, 2010](#) (Taps-Richard, 2010)
- For English Learners, learn the [phonemic inventory of the native language](#) and use it to determine which sounds and patterns are shared across both languages (ASHA, 2023)
 - Errors on sounds or patterns that are present in both languages of the child, and are delayed given the child's age, would be of concern
- Consideration of prognostic indicators
 - Auditory discrimination of sounds or patterns in error
 - Consistency of errors
 - Atypicality or unusualness of error
 - Stimulability
 - Children who are stimutable for sounds or patterns in error are considered to be acquiring the sounds and would not require specially designed instruction (Ireland, et al., 2020); these individuals may benefit from follow-up by the classroom teacher or a home program
 - For sounds in error, use a stimulability probe such as the [Miccio Stimulability Probe](#) to determine if the child can produce the sound in at least 30% of opportunities (Miccio, 2002)
- Oral motor examination
 - Note whether an underlying physical structure or motor issue is interfering with speech production using a protocol such as the one published by [Kent ISD](#). (*Kent County ISD Speech and Language Evaluation, Eligibility and Service Guidelines*, 2021)
 - Dental occlusion, specific tooth deviations, structure of hard and soft palates (clefts, fistulas, bifid uvula)
 - Groping, inconsistent productions with repetition, or vowel errors
 - Note the function (strength and range of motion) of the lips, jaw, tongue, and velum
- Dynamic assessment procedures:
 - Employ a test-teach-retest procedure to determine if auditory discrimination and/or stimulability can be learned in the moment by the child using a form such as the
 - Document the student's modifiability and the teacher's effort using [rating scales](#)
 - Document the need for any type of supports that the child requires for accurate sound or pattern production (i.e., small group, 1:1, massed practice, corrective and immediate feedback, visual cues or level of cueing needed, manipulatives, ...)

As stated above, for students suspected of **SLI as a result of articulation**, the SLP must document with data that the student demonstrates a **disability** (substitutions, distortions, or omissions persisting beyond the age at which maturation alone might be expected to correct the deviation), its **adverse impact**, and its **need for specially designed instruction**. This documentation often involves administration of standardized



assessments and analysis of connected speech samples, however MARSE does not require documented standardized scores or a speech or language sample in the evaluation report for articulation (nor voice and fluency).

Exit Criteria

As stated previously, in Michigan a student is eligible for an IEP when an answer to all three of the following questions is a “Yes”:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so that the student can access and progress in the general curriculum?

If any one of the questions is a “No,” then special education eligibility is not appropriate. If a student’s progress shows that any of the answers to the three questions has changed from a “Yes” to a “No,” then dismissal from special education is appropriate. This three-question litmus test required by IDEA is often more stringent than the requirements to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an education-based evaluation is to determine a student’s eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

The factors below may be used when the Individualized Education Program Team (IEPT) considers discontinuing speech and language services for a student. This form and accompanying data documentation should be shared at the IEP meeting. A discontinuation recommendation for speech and language services becomes stronger as a team documents evidence for more of the following considerations.

General Considerations for Discontinuation of Speech and Language Services

- A speech and/or language disorder/delay no longer exists.
- The student’s IEP speech and language goals and objectives have been met, and there are no further identified needs.
- The student’s speech-language problem no longer interferes with their ability to access and progress in the general education curriculum.
- The student no longer requires specially designed instruction for speech and/or language to access and progress in the general education curriculum.
- An alternative service or program is deemed more appropriate to meet the student’s communication needs at this time. ([ASHA Ethics source](#); Principle I, Rule K).



- The parent/guardian or age of majority student revokes their consent to implementation of speech language services.

Specific Considerations for Discontinuation of Speech and Language Services

<p>ARTICULATION - <i>Any one or more of the following characteristics:</i></p> <ul style="list-style-type: none">✓ The student maintains a minimum of 80% correct production of error phonemes in conversation.✓ The student is intelligible in conversation.✓ Any of the answers to the 3-Question Litmus Test have changed from a “Yes” to a “No.”

Intervention (SDI) Considerations

For students who meet the entrance criteria for SLI-Articulation, specially designed instruction (SDI) and related services are designed to meet the individualized needs of the student and enable the student to be involved and make progress in the general education curriculum. For Birth to three and preschool-age children not enrolled in a program, SDI and related services are designed to meet the individualized needs of the child and enable him/her to be involved and make progress in his/her daily routines and activities. The primary purpose of SDI and related services for speech sound disorders are to accelerate learning so that at least one of the following occurs:

- The student no longer demonstrates a disability
- The student’s disability no longer adversely impacts access to and progress in general education
- The student no longer requires SDI in order to access and progress in general education

Speech-language pathologists must meet not only the requirements of the IDEA and MARSE for the provision of services, but also hold paramount the evidence-based practices upon which the profession is based.

Key Requirements of the IDEA and MARSE for SDI and Related Services:

According to federal and state requirements, the IEP Team determines which programs, services and supports will be employed to meet the unique learning needs of the individual. The options can be combined and should be reviewed and changed over time, as the student’s needs change. In order to maximize learning acceleration in the shortest amount of time possible, the SLP should strive to design a speech intervention program that involves daily opportunities for the student to practice with materials that are relevant to the curriculum



(academic, nonacademic, extra-curricular) for the generalization of speech. The SLP can collaborate with the classroom teacher to utilize materials that provide the student speech practice that is relevant to his or her education and confer educational benefit. Frequency of service is to be determined by the IEP Team based on severity and individual student needs.

Professional Evidence Considerations:

According to ASHA's [School-Based Service Delivery in Speech-Language Pathology Webpage](#) (n.d.), "selecting the most appropriate service delivery model is a fluid process. While no single model is appropriate for all students, one must understand the range of service delivery models as well as the advantages and limitations of each model (Nippold, 2012). Student outcomes may be improved if a flexible approach to scheduling and service delivery is adopted.

The frequency, location, duration, and intensity of services should be reviewed and revised based on various factors, including:

- Student progress and changing needs throughout the school year
- Access to the general curriculum and state standards
- Promotion of skills that allow the student to improve their academic, social, and emotional functioning
- Demands of the classroom, community, and family
- Cultural considerations
- Team-based decision making"

ASHA's [Person-Centered Focus on Function: Speech Sound Disorder](#) resource may be especially useful when creating treatment goals that are aligned with the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) model.

Speech-language pathologists are encouraged to use the [ASHA Practice Portal for Speech Sound Disorders](#) and Evidence Maps to access the most up-to-date research and information about therapy approach, target selection, and service delivery (dosage, format, provider, setting, timing) for the wide variety of speech sound delays. This information should be used to inform evidence-based decision-making so that services are well-matched to a student's specific needs and level of adverse impact and accelerate learning.

AAC For Students That Are Significantly Unintelligible

Students who are significantly unintelligible as a result of speech sound delay may require Augmentative Alternative Communication (AAC). Rather than limit speech development, many individuals benefit from using AAC according to the current published research (Baker et al, 2013). Using AAC can increase a student's ability to get a message across to the individuals with whom they are interacting. According to a meta analysis, the majority of communicators studied demonstrated gains in speech production when participating in AAC



interventions (Miller, et.al, 2006). Students who use AAC make gains and progress in their speech because AAC provides a way to communicate more clearly. Using AAC can reduce frustration and help language development.

Supporting Forms

- [Folder](#)

IDEA Three-Question Litmus Test Decision-Making Heuristic

- [SLI- Articulation Entrance & Exit Heuristic](#)

Family Socio-Cultural Interview and Language Exposure Survey

- [Family Socio-Cultural Interview and Language Exposure Survey](#) form

Tiered Support Documentation

- [Tiered Support Documentation Form](#)

Developmental Milestones & Resources

- Communication and Feeding Skills (Birth to Five): [ASHA](#)
- Multilingual Learners and English Learners: [Variety of Sources](#)

Speech Participation and Activity Assessment of Children (SPAA-C)

- Open Access: [SPAA-C](#) (available in multiple languages)
- Specific Forms: [SPAA-C Instructions and Questions](#) (English)

Intelligibility in Context Scale (ICS)

- Open Access: [ICS](#) (available in multiple language)
- Specific Forms: [ICS](#) (English)

McLeod & Crowe Norms

Speech Acquisition Norms

- Open Access: [McLeod and Crowe, 2020](#)
- Visual: [McLeod and Crowe, 2020 visual](#)

Phonological Process Norms

- Open Access: [ASHA](#)
- Specific Form: [ASHA](#)

Phoneme	Age of Acquisition		Phoneme	Age of Acquisition
/b/	2;7		/v/	4;3
/n/	2;9		/dʒ/	4;3
/m/	2;9		/s/	4;3
/p/	2;9		/tʃ/	4;6
/h/	2;11		/l/	4;6
/w/	2;11		/ʃ/	4;7
/d/	3;0		/z/	4;9
/g/	3;1		/r/	4;9
/k/	3;2		/ð/	5;9
/t/	3;2		/ʒ/	5;11
/t/	3;3		/θ/	6;5
/ŋ/	3;4			
/j/	3;10			

McLeod & Crowe, 2020



Intelligibility Norms

- [Hustad, et al, 2021](#)

Percentage of Consonants Correct

- [Percentage of Consonants Correct](#)

Stimulability Probe

- [Miccio Probe](#)

Oral Motor Examination Protocol

- [Kent ISD Examination of Oral Peripheral Mechanism](#)

Dynamic Assessment Modifiability & Teacher Effort

- [Rating Scales](#)

Exit Criteria

- [Template](#)

IEP Goal Writing and Specially Designed Instruction

- ASHA [Person-Centered Focus on Function: Speech Sound Disorder](#)

References

- American Speech Language Hearing Association. (n.d.). *School-Based Service Delivery in Speech-Language Pathology*. [Practice Portal]. Retrieved May 21, 2024, from <https://www.asha.org/slp/schools/school-based-service-delivery-in-speech-language-pathology/>
- American Speech Language Hearing Association. (2003). *American English Dialects* [Technical Report]. <https://www.asha.org/policy/tr2003-00044/>
- American Speech Language Hearing Association. (2023). *Speech Sound Disorders: Articulation and Phonology*. [Practice Portal]. Retrieved May 21, 2024, from <https://www.asha.org/practice-portal/clinical-topics/articulation-and-phonology/>



- American Speech Language Hearing Association. (2023). *Phonemic Inventories and Cultural and Linguistic Information Across Languages*. <https://www.asha.org/practice/multicultural/phonol/>
- Barker, R., Akaba, S., Brady, N., & Thiemann-Bourque, K. (2013, Dec). Support for AAC use in preschool, and growth in language skills, for young children with developmental disabilities. *Augmentative Alternative Communication*, 29(4), 334-346. <https://doi.org/10.3109/07434618.2013.848933>
- Bilinguistics.com. (2024). *Speech and Language Development Throughout the World*. Bilinguistics. <https://bilinguistics.com/language/>
- Hustad, K., Mahr, T., Natzke, P., & Rathouz, P. (2021, October). Speech Development Between 30 and 119 Months in Typical Children I: Intelligibility Growth Curves for Single-Word and Multiword Productions. *Journal of Speech, Language, and Hearing Research*, 64(10), 3707-3719. https://doi.org/10.1044/2021_JSLHR-21-00142
- Individuals with Disabilities Education Act (IDEA). (2004). <https://sites.ed.gov/idea/>
- Ireland, M., McLeod, S., Farquharson, K., & Crowe, K. (2020, October/December). Evaluating Children in U.S. Public Schools With Speech Sound Disorders: Considering Federal and State Laws, Guidance, and Research. *Topics in Language Disorders*, 40(4), 326-340. <https://doi.org/10.1097/TLD.0000000000000226>
- Johnson, C. A., Weston, A. D., & Bain, B. A. (2004). An objective and time-efficient method for determining severity of childhood speech delay. *American Journal of Speech-Language Pathology*, 13, 55-65. [https://doi.org/10.1044/1058-0360\(2004/007\)](https://doi.org/10.1044/1058-0360(2004/007))
- Kent County ISD Speech and Language Evaluation, Eligibility and Service Guidelines*. (2021). <https://drive.google.com/file/d/1uNsexEO2hiHJUydNiCd77hXzBhE30JRr/view>
- Kester, E. (2014). *Difference or Disorder? Understanding Speech and Language Patterns in Culturally and Linguistically Diverse Students*. Bilinguistics.



<https://bilinguistics.com/catalog/products/difference-vs-disorder-understanding-speech-and-language-patterns/>

McLeod, S. (2004). Speech pathologists' application of the ICF to children with speech impairment. *Advances in Speech-Language Pathology*, 6(1), 75-81. <https://doi.org/10.1080/14417040410001669516>

McLeod, S., & Crowe, K. (2020). Children's English consonant acquisition in the United States: A review. *American Journal of Speech-Language Pathology*, 29(4), 2155-2169. https://doi.org/10.1044/2020_AJSLP-19-00168

McLeod, S., Harrison, L. J., & McCormack, J. (2012). *Intelligibility in Context Scale*. Charles Sturt University. <http://www.csu.edu.au/research/multilingual-speech/ics>

Miccio, A. (2002). Clinical Problem Solving: Assessment of Phonological Disorders. *American Journal of Speech-Language Pathology*, 11(3), 221-229. [https://doi.org/10.1044/1058-0360\(2002/023\)](https://doi.org/10.1044/1058-0360(2002/023))

Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations. (2024, June). State of Michigan. https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/MI-rules/MARSE_Supplemented_with_IDEA_Regs.pdf

Millar, D., Light, J., & Schlosser, R. (2006, April). The Impact of Augmentative and Alternative Communication Intervention on the Speech Production of Individuals With Developmental Disabilities: A Research Review. *Journal of Speech, Language, and Hearing Research*, 49, 248-264. [https://doi.org/10.1044/1092-4388\(2006/021\)](https://doi.org/10.1044/1092-4388(2006/021))

Nippold, M. (2012). Different service delivery models for different communication disorders. *Language, Speech, and Hearing Services in Schools*, 43, 117-120. [https://doi.org/10.1044/0161-1461\(2012/ed-02](https://doi.org/10.1044/0161-1461(2012/ed-02)

Pena-Brooks, A., & Hegde, M. N. (2015). *Assessment and Treatment of Speech Sound Disorders in Children: A Dual-Level Text*. Austin, Tx: PRO-ED.



- Schlosser, R., & Wendt, O. (2008, August). Effects of Augmentative and Alternative Communication Intervention on Speech Production in Children With Autism: A Systematic Review. *American Journal of Speech-Language Pathology*, 17, 212-230. [https://doi.org/10.1044/1058-0360\(2008/021\)](https://doi.org/10.1044/1058-0360(2008/021))
- Shermanski, R., & Glasgow, S. E. (2022, October 3). Everyday Ethics: Dismissing a Student No Longer Benefiting From Intervention. *ASHA Leader*.
<https://leader.pubs.asha.org/do/10.1044/2022-1003-schools-dismissal-slps/full/>
- ShIPLEY, K. G., & McAfee, J. G. (2016). *Assessment in speech-language pathology: A resource manual*. Boston, MA: Cengage Learning.
- Speech-Language Pathology General Rules*. (2021). State of Michigan Administrative Rules. Retrieved March 14, 2024, from <https://www.michigan.gov/lara/bureau-list/moahr/admin-rules>
- Taps-Richard, J. (2010). *Phonological Assessment Resources*. SLPath.com. Retrieved February 23, 2024, from <https://slpath.com/phonologicalassessmentresources.html>
- Tseng, J. D., & MacLeod, A. N. (2022). Moving beyond single word acquisition of speech sounds to connected speech development with dynamic assessment. *Journal of Speech, Language, and Hearing Research*, 65(2), 508-524. https://doi.org/10.1044/2021_JSLHR-21-00188
- Virginia Department of Education, Office of Special Education and Student Services, *Speech-Language Pathology Services in Schools: Guidelines for Best Practice, Rev.* (2018).



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SLI - Language

Federal and State Requirements

According to the federal law, “Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities” (IDEA, 2004). To realize the goals set forth by IDEA, school SLPs must utilize procedures, tools and decision-making heuristics that facilitate consistent and effective recommendations for Individualized Education Program (IEP) eligibility, service delivery and exit.

In order to determine eligibility and exit from special education services, federal law (IDEA § 300.8, § 300.39) and the Michigan Administrative Rules for Special Education (MARSE R340.1710) require that special education evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

For educational evaluations conducted by school teams, the law requires that data collection from multiple sources inform **all three** of these questions, regardless of eligibility area. In order to meet eligibility criteria for special education, teams must document that there is a disability **and** that there is an adverse effect on educational performance **and** there is a resulting need for specially designed instruction.

An answer of “**Yes**” to **all three questions** indicates that special education eligibility is appropriate and an IEP is warranted. If the team documents an answer of ‘No’ to any of the questions, then special education eligibility is not appropriate. Additionally, if a student’s progress shows that any of the answers to the three questions has changed from a “Yes” to a “No,” then dismissal from special education is appropriate.

IDEA’s three-question litmus test is more stringent and comprehensive than the requirements typically used to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an educational evaluation is to determine a student’s eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

The redundancy of foundational content embedded in each of the SLI sections of these guidelines is intentional. This redundancy allows readers to access all relevant guidance whether they are accessing an individual SLI section only or reading the entire document.

Each section is written to stand alone.

Federal Regulation relevant to Speech & Language Impairment: IDEA 2004

- [§ 300.8\(a\)\(1\)](#) - Child with a disability means a child evaluated ... as having ... a speech or language impairment... and who, by reason thereof, needs special education and related services.
- [§ 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.
- [§ 300.39\(b\)\(3\)](#) - Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—
 - (i) To address the unique needs of the child that result from the child's disability; and
 - (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Michigan Administrative Rules for Special Education relevant to Speech & Language Impairment: MARSE

[R 340.1710](#)

1. A "speech and language impairment" means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.
2. A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:
 - a. **A language impairment which interferes with the student's ability to understand and use language effectively and which includes 1 or more of the following:**
 - i. **Phonology.**
 - ii. **Morphology.**
 - iii. **Syntax.**
 - iv. **Semantics.**
 - v. **Pragmatics.**
 - b. Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
 - c. Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
 - d. Voice impairment, including inappropriate pitch, loudness, or voice quality.
3. Any impairment under subrule (2)(a) of this rule shall be evidenced by both of the following:
 - a. **A spontaneous language sample demonstrating inadequate language functioning.**
 - b. **Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student's age.**

4. A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745(a).
5. A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

Eligibility for SLI-Language Summary Table Based on [MARSE Requirements \(R 340.1710\)](#):

SLI as a result of LANGUAGE→

- Data documentation via a language sample and 2 standardized assessment instruments or subtests confirm that:
 1. Disability is present
 2. Disability limits access to/ progress in the general curriculum, inclusive of academic and social aspects of schooling; for Birth to Three and PreK not enrolled in a program, the disability limits daily routines and ability to get needs and wants met
 3. Disability requires specially designed instruction so the student can access/ progress in the general curriculum; For Birth to Three and PreK not enrolled in a program, specially designed instruction is required for participation in daily routines and getting needs and wants met

Spoken Language Disorders

According to the [ASHA Practice Portal for Spoken Language Disorders](#), a spoken language disorder, also known as an oral language disorder, represents a significant impairment in the acquisition and use of language across modalities due to deficits in comprehension and/or production across any of the five language domains (i.e., phonology, morphology, syntax, semantics, pragmatics). These disorders are heterogeneous in nature and the severity can vary. See ASHA's [Language in Brief Webpage](#) for definitions and descriptions of the language domains, components, and modalities that may be helpful when explaining all that language entails to colleagues, families and administrators in a local educational system.

Language disorders may persist across the lifespan, and symptoms may change over time. As the current research base has expanded, it's important to understand the specific terminology used to identify language disorders depending on the disorder's etiology:

- **Developmental language disorder (DLD)** is used when the spoken language disorder is a primary disability without a known medical cause and persisting at school age and beyond (Bishop et al., 2017). DLD is also used when the language disorder co-occurs with other diagnoses such as attention-deficit/hyperactivity disorder or developmental coordination disorder, but the causal relationship is not as obvious (Bishop et al., 2017).
- **Specific language impairment** also appears in the literature. Historically, this term was used when spoken language disorder was the primary disability and not accompanied by an intellectual disability, global developmental delay, hearing or other sensory impairment, motor dysfunction, or other mental disorder or medical condition. Some researchers may still use “specific language impairment” with distinctions from DLD (McGregor et al., 2020; Rice, 2020).
- **Language disorder associated with [condition]** is used to describe a spoken language disorder that is secondary to another condition or diagnosis, such as autism, Down syndrome, intellectual disability, traumatic brain injury, or sensory impairment. For example, “a language disorder associated with autism.”

The relationship between spoken and written language is well established (e.g., Hulme & Snowling, 2013). Children with spoken language problems frequently have difficulty learning to read and write. Additionally, children with reading and writing problems often have difficulty with spoken language, particularly as it relates to higher-order spoken language skills, such as expository discourse (Scott & Windsor, 2000). A disorder of written language involves a significant impairment in fluent word reading (i.e., reading decoding and sight word recognition, also known as dyslexia), reading comprehension, written spelling, and/or written expression (Ehri, 2000; Kamhi & Catts, 2012; Tunmer & Chapman, 2012). Problems can occur in the awareness, comprehension, and production of language at the phonemic, syllable, word, sentence, and discourse levels (Nelson et al., 2015). See ASHA’s [Written Language Disorders Practice Portal](#) and resources on [Disorders of Reading and Writing and Language In Brief](#) for further information.

Since oral and written language skills are highly related to overall school performance, social engagement and academic success, it is important that school SLPs understand the interdependence of these skills as well as how to recognize red flags for possible written language delays that result from an oral language delay.

Because the symptoms of spoken language disorder may present differently based on an individual’s age, lived experience, and demands of the content areas or grade-level expectations across time, multidisciplinary school teams sometimes struggle with how to best apply MARSE rules for primary eligibility determination. For example, a student may meet eligibility criteria for both MARSE R340.1710 (SLI) and R 340.1713 (SLD). A good rule of thumb for primary eligibility determination is to look for a convergence of evidence across multiple data sources about what is the *primary determinant cause of the learning difficulties*. For students in younger grades, difficulties accessing or progressing in the general curriculum are often attributed to spoken language learning problems because many of the academic and extracurricular activities across the school day require speaking and listening. When the primary determinant cause of the learning difficulty is attributed to spoken language, a primary eligibility of SLI is most appropriate. Conversely, for older students in upper grades,



difficulties are more often attributed to written language since so much of the school day involves reading and writing in the content areas. In cases where the primary determinant cause of the learning difficulty is attributed to written language, SLD is most appropriate.

For guidance on issues such as dual eligibility, secondary eligibility, and when or how to use SLD- Listening Comprehension or Oral Expression, follow your local educational agency's written policies and procedures. MARSE does not prevent or endorse any specific procedures for the above listed issues.

Refer to the [ASHA Practice Portal for Spoken Language Disorders](#) for the most up-to-date information about language disorders characteristics, incidence and prevalence, assessment, and research-based intervention approaches.

Entrance Criteria

A spoken language disorder is characterized by persistent difficulty learning and using language, and may involve the form of language (phonology, morphology, syntax), the content of language (semantics), and/or the function of language in communication (pragmatics). These disorders often interfere with social communication, forming and maintaining friendships, participation in classroom discussions, projects and extended discourse, vocabulary learning, inferencing, the acquisition of reading and writing skills, and/or academic and vocational achievement. Additionally, if specially designed instruction is required in order for the individual with the spoken language disorder to access or make progress in the general curriculum, the individual is entitled to special education services and an IEP.

NOTE: The presence of a language disorder, alone, does not entitle an individual to special education. MARSE criteria, including adverse educational impact caused by the disorder and need for specially designed instruction, must be documented in order for a student to meet entrance criteria and be eligible for special education and related services. When considering adverse educational impact, all communication environments (academic participation, social relationships, and extracurricular activities) must be considered as part of an evaluation to determine eligibility and exit.

Considerations for Individuals who are Culturally and Linguistically Diverse

Both linguistic and cultural knowledge are critically important when working with families and individuals from different cultural backgrounds, linguistic backgrounds and/or dialectal varieties of American English. According to ASHA's Technical Report on American English Dialects, "no dialectal variety of American English is a disorder or a pathological form of speech or language. Each dialect is adequate as a functional and effective variety of American English" (American Speech Language Hearing Association, 2003). Individuals cannot be considered to have a language disability based on characteristics that are consistent with their cultural or linguistic diversity and identity.



When working with culturally and linguistically diverse (CLD) students who have or are suspected to have a language disability, SLPs should always consider, acknowledge, and respect the student's cultural perceptions of the etiology and treatment. SLPs must view verbal and nonverbal behaviors through a cultural lens (e.g., eye contact, speaking rate, adult-child cultural conversation styles, morphosyntax, etc.), taking care not to judge cultural characteristics as disordered when those behaviors and dialects are expected given the lived experience of the individual.

SLPs who are unfamiliar with the characteristics of the individual's culture, language or dialect should seek out information about what is expected for speakers. The [Global Cultures Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University contains specific information about global cultures. The [Global Language Webpage](#) also has specific information for understanding the linguistic characteristics of different languages. Additional resources include the [Bilingualistics World Language Library](#) and the [American Speech Language Hearing Association's Phonemic Inventory](#) web page. SLPs should also consider questionnaires that allow the student who is suspected of having a language disorder rate and describe their personal experiences during times when speaking and listening is difficult.

Finally, IDEA §300.304 and §300.306 ensures that evaluation procedures are culturally- responsive and valid for culturally and linguistically diverse populations by requiring that assessments are selected to be not discriminatory and administered in the child's native language(s).

While MARSE 340.1710 (2)(a)(SLI-Language) requires "Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student's age" in addition to "A spontaneous language sample demonstrating inadequate language functioning," IDEA's language allows for variance from standard testing procedures, when necessary, to appropriately evaluate a student and obtain valid assessment data. It is crucial that SLPs understand both of the following when evaluating students:

- MARSE allows for administering standardized tests in non standardized ways to obtain accurate information on what the child knows and can do academically, developmentally, and functionally when the child's cultural and linguistic background differs from that of the assessment tool peer sample. Modifications of standardized test procedures invalidate the use of test norms, but often provide qualitative information about the student's language abilities that can be reported by the SLP.
- MARSE does not designate that standardized assessment instruments or subtests be norm-referenced; criterion-referenced and/or developmentally-benchmarked standardized assessment results are acceptable as well.



Evaluation Plan

IDEA (§ 300.8, § 300.39) and MARSE (R340.1710) require that special educational evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

Any multidisciplinary evaluation must explore each of these questions because an answer of 'Yes' to all three questions indicates that special education eligibility is appropriate and a plan for specially designed instruction (IEP) is warranted.

The following assessment tools and evaluation strategies may be useful to SLPs evaluating spoken language disorders in order to inform each question of IDEA's litmus test and determine eligibility for special education and related services:

- Review of records, input and educationally-relevant medical information
- Interviews of parents, teachers and student
- Observation of the student in general education (or everyday routines, for birth-3 and PreK)
- Testing via speech and language sampling and assessment procedures

The options listed below are comprehensive in nature and offered as possible data sources. They are not intended to be an exhaustive list, nor are they all meant to be used in any one evaluation. Any procedure or form that is hyperlinked in the following table can be found in the Supporting Forms: SLI- Language section at the end of this document.

Review of records, input and educationally-relevant medical information

Data collection may include review of any of the following→

- Developmental/medical/sociocultural history
 - [Family Socio-Cultural Interview and Language Exposure Survey](#) form
 - Note any established medical conditions that may impact communication development and/or any history of dual language exposure or multi-lingual learning.
- Classwork, written assignments, and homework
 - Look for evidence of errors in phonology, morphology, syntax, semantics and pragmatics and how those errors impact access to and progress in the curriculum or daily routines.
- Report cards, gradebook, or universal screening results

- Note the content area impacted and connection to the underlying language learning patterns
- Describe how the student's performance on universal screening measures compares to the average range of performance for the local school grade-level or classroom. Note how different or similar the student's skill gap and learning slope is to his same-age peers in the grade-level.
- Office referral data (e.g., discipline referrals)
 - Note any patterns of behavior or social emotional impact that result from any language errors.
- Tiered intervention history and response data
 - [Tiered Support Documentation](#) - Note the intensity frequency, duration, and goal of the short-term intervention, then note the student's actual response and whether the goal was met within the expected timeline.

Interviews of parents, teachers and student

Data collection may include interviews using any of the following→

- Student, parent, and teacher input forms
 - [Teacher Input- Language](#) form
 - [Teacher Input- Language and Autism](#) form
 - [Parent Input- Language](#) form
 - [Parent Input- Language and Autism](#) form
 - [Student Input PreK- Language](#) form
 - [Student Input School Age- Language](#) form
- Parent report of any cultural and linguistic diversity that may play a role the child's present level of language performance
 - [Global Cultures Webpage](#) and [Global Languages Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University
 - [Bilingualism World Language Library](#)
 - [American Speech Language Hearing Association's Phonemic Inventory](#)
- [Communication Means and Functions](#) inventory

Observation of the student in general education (or everyday routines, for Birth to Three and PreK not enrolled in a program)

Data collection during observations in multiple contexts should document language areas that are strengths and needs (i.e., phonology, morphology, syntax, semantics, pragmatics, literacy) and may include→

- Classroom engagement, school routines, peer interactions

- Parent/child interactions
- Communication quantity and quality compared to peers
 - For both the student and peers, track variables such as number of communication turns, requests for clarification or repetition of messages by conversation partners, and intelligibility during connected speech. A table can be used to describe the data:

	Student	Peers
# of Conversational Turns per Person		
Types of Conversational Turns Used (i.e., request, share, refuse, ...)		
# of Requests for Clarification by Peers or Adults		
# of Refusals to Speak or Read Aloud/Avoidance Behaviors		

- Amount and quality of language used in classroom discussions and peer conversation, such as:
 - % of utterances that were grammatically-correct,
 - % of classroom directions followed correctly,
 - % of academic vocabulary that was understood or used
- Amount and quality of language use for comprehension or expression of ideas in discussions, narrative texts or informational texts, such as:
 - ratio of simple:complex sentences,
 - % clear pronoun referents expressed,
 - # of within-utterance pauses or restarts,
 - % of utterances with mazes, # of mazes
- Variations in language comprehension & production that occur at different linguistic levels (i.e., word-level, sentence-level, discourse-level)
- Note any scaffolds that facilitate learning (i.e., visuals, kinesthetic cues, semantic cueing, ...); describe any language supports that are available currently in the classroom and how they facilitate the student's learning (i.e., paraphrasing, repetition, slow rate of speaking, visual supports, ...)
- Note the student's level of concern for language areas that are needs
- Note the impact/carryover of phonemic, morphosyntactic, semantic and/or pragmatic patterns in spoken language on reading and writing tasks
- For infants and toddlers, note the presence or absence of common [early childhood developmental milestones](#) and how dynamic [parental interactions](#) facilitate communication

Testing

Data collection should be obtained in all languages of the child via standardized probes, non-standardized probes and language sampling and include any of the following→

- Language sampling in all languages of the child
 - Use a [standardized protocol or template](#) to collect and analyze spoken language components
 - Writing samples may be useful for adolescents to understand the overlap and gaps between spoken and written language patterns; use samples that are already available from classroom assignments whenever possible
- Standardized assessment (two standardized assessments or two stand-alone subtests designed to determine language function for the student's age); Norm-referenced and criterion-referenced measures are acceptable by MARSE 340.1710.
 - Ensure the tool has adequate diagnostic adequacy for the individual being assessed; sensitivity and specificity should be $\geq 80\%$ (Spaulding et al., 2006).
 - Do not engage in cognitive referencing or chronological age referencing as it is inconsistent with IDEA's requirement to determine services based on individual needs and not supported by research nor ASHA (American Speech Language Hearing Association, 2022).
 - Do not use rigid application of a norm-referenced standard score cut off to quantify the presence of a disability; research has shown no cutoff-point criteria aligns with the severity cutoff points described within these test manuals (Spaulding et al., 2012).
- Nonstandardized assessment to validate observations of language variables documented during observations, language sampling and standardized assessment, such as: rubrics, checklists, rating scales, and/or time sampling
- Engage in dynamic interactions to understand the possible need for specially designed instruction to learn language patterns and/or minimize the impact of the language disorder on child's access to or progress in the general curriculum→
 - Document the student's modifiability and the teacher's effort using rating scales, such as [Rating Scales for Student Modifiability and Teacher Effort During Dynamic Assessment](#)
 - Document the need for any type of supports that the child requires to be able to access or progress in the curriculum (i.e., 1:1 or small group instruction required for learning, explicit instruction, awareness of strategies required for learning, massed practice with corrective feedback required for learning, speaking strategies that decrease avoidance and increase ease of communication required for accessing general education curriculum)

NOTE: For students suspected of **SLI as a result of language**, the SLP must document with data that the student demonstrates a **disability** (delays in the ability to understand and use language effectively across one or more of the following components: Phonology, Morphology, Syntax, Semantics, Pragmatics), its **adverse impact**, and its **need for specially designed instruction**. MARSE requires that for SLI-Language this



documentation includes administration of two standardized assessments (norm-referenced and/or criterion-referenced are acceptable) and analysis of a language sample.

While norm-referenced standardized assessment results have historically been used as the predominant indicator of disability in schools, changes in the landscape of educational evaluations and student populations require that school SLPs acknowledge and promote understanding of three current realities:

- Standardized speech and language tests measure decontextualized communication skills using formalized procedures administered outside the normal contexts in which the child communicates. They cannot adequately capture the complexities or the subtle nuances of the communication process within the demands of the classroom or school context (Ireland & Conrad, 2016). Thus, contextualized measures and dynamic assessment practices should be used to complement norm-referenced formal testing.
- Individually administered tests generally were standardized and normed prior to the pandemic. Because today's students have lived through the COVID-19 pandemic and post-pandemic years, they may have experienced interrupted and intermittent educational experiences and may have resulting trauma, grief/loss, stress, and other emotional difficulties. This new educational and social milieu of schools can impact the reliability and validity of all assessment results (NASP, 2020) and should be considered as part of any student's lived educational experience and context for the interpretation of all results.
- The importance of using informed clinical opinion (within an evidence-based practice frame) to interpret the convergence of evidence from multiple data sources cannot be overstated. Now, more than ever before, SLPs are empowered to use what they know from the research, their understanding of a student's lived experiences and their own professional experience to engage in the highest quality eligibility decision-making.

Exit Criteria

As stated previously, in Michigan a student is eligible for an IEP when an answer to all three of the following questions is a 'Yes':

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so that the student can access and progress in the general curriculum?

If any one of the questions is a 'No,' then special education eligibility is not appropriate. If a student's progress shows that any of the answers to the three questions has changed from a 'Yes' to a 'No,' then dismissal from special education is appropriate. This three-question litmus test required by IDEA is often more stringent than



the requirements to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an education-based evaluation is to determine a student's eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

The factors below may be used when the Individualized Education Program Team (IEPT) considers discontinuing speech and language services for a student. This form and accompanying data documentation should be shared at the IEP meeting. A discontinuation recommendation for speech and language services becomes stronger as a team documents evidence for more of the following considerations.

General Considerations for Discontinuation of Speech and Language Services

- A speech and/or language disorder/delay no longer exists.
- The student's IEP speech and language goals and objectives have been met, and there are no further identified needs.
- The student's speech-language problem no longer interferes with their ability to access and progress in the general education curriculum.
- The student no longer requires specially designed instruction for speech and/or language to access and progress in the general education curriculum.
- An alternative service or program is deemed more appropriate to meet the student's communication needs at this time. ([ASHA Ethics source](#); Principle I, Rule K).
- The parent/guardian or age of majority student revokes their consent to implementation of speech language services.

Specific Considerations for Discontinuation of Speech and Language Services

LANGUAGE - *Any one or more of the following characteristics:*

- ✓ The student's scores are below average, however, the student has learned compensatory strategies to function successfully in the educational setting as evidenced by report card grades, teacher and parent input.
- ✓ Any of the answers to the 3-Question Litmus Test have changed from a 'Yes' to a 'No.'



STUDENTS with SIGNIFICANT COGNITIVE DISABILITIES IN CENTER PROGRAMS

ALL of the following characteristics:

- ✓ Student has a functioning communication system to express wants, needs, and ideas.
- ✓ Student's current programming allows for ample practice with and use of communication and communication systems (e.g., AAC, sign language, etc.).
- ✓ Student's current speech and language functioning does not indicate a need for a change to the communication system.
- ✓ Any of the answers to the 3-Question Litmus Test have changed from a 'Yes' to a 'No'.

INDIVIDUALS in POST-SECONDARY ADULT TRANSITION PROGRAMS

ALL of the characteristics from the section above AND both below:

- ✓ Disability no longer limits access to or progress in transition from school to post-school life in the areas of further education/training, employment, or independent living.
- ✓ Disability and limitations are no longer severe enough to require specially designed instruction so the individual can access or progress in further education/training, employment or independent living.

Intervention (SDI) Considerations

For students who meet the entrance criteria for SLI-Language, specially designed instruction (SDI) and related services are designed to meet the individualized needs of the student and enable the student to be involved and make progress in the general education curriculum. For Birth to three and preschool-age children not enrolled in a program, SDI and related services are designed to meet the individualized needs of the child and enable him/her to be involved and make progress in his/her daily routines and activities. The primary purpose of SDI and related services for language disorders are to accelerate learning so that at least one of the following occurs:

- The student no longer demonstrates a disability
- The student's disability no longer adversely impacts access to and progress in general education
- The student no longer requires SDI in order to access and progress in general education

Speech-language pathologists must meet not only the requirements of the IDEA and MARSE for the provision of services, but also hold paramount the evidence-based practices upon which the profession is based.



Key Requirements of the IDEA and MARSE for SDI and Related Services:

According to federal and state requirements, the IEP Team determines which programs, services and supports will be employed to meet the unique learning needs of the individual. The options can be combined and should be reviewed and changed over time, as the student's needs change. In order to maximize learning acceleration in the shortest amount of time possible, the SLP should strive to design a language intervention program that involves daily opportunities for the student to practice with materials that are relevant to the curriculum (academic, nonacademic, extra-curricular) for the generalization of targeted skills and strategies. The SLP can collaborate with the classroom teacher to utilize materials that provide the student practice relevant to his or her education and confer educational benefit. Frequency of service is to be determined by the IEP Team based on severity and individual student needs.

Professional Evidence Considerations:

According to ASHA's [School-Based Service Delivery in Speech-Language Pathology Webpage](#), "selecting the most appropriate service delivery model is a fluid process. While no single model is appropriate for all students, one must understand the range of service delivery models as well as the advantages and limitations of each model (Nippold, 2012). Student outcomes may be improved if a flexible approach to scheduling and service delivery is adopted.

The frequency, location, duration, and intensity of services should be reviewed and revised based on various factors, including:

- Student progress and changing needs throughout the school year
- Access to the general curriculum and state standards
- Promotion of skills that allow the student to improve their academic, social, and emotional functioning
- Demands of the classroom, community, and family
- Cultural considerations
- Team-based decision making"

ASHA's [Person-Centered Focus on Function: Language Disorder](#) resource may be especially useful when creating treatment goals that are aligned with the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) model.

Speech-language pathologists are encouraged to use ASHA's [Practice Portal for Spoken Language Disorders](#) and Evidence Maps to access the most up-to-date research and information about therapy approach, target selection, and service delivery (dosage, format, provider, setting, timing). This information should be used to inform evidence-based decision-making so that services are well-matched to a student's specific needs and level of adverse impact and accelerate learning.



Supporting Forms

- [Folder](#)

IDEA Three-Question Litmus Test Decision-Making Heuristic

- [SLI- Language Entrance & Exit Heuristic](#)

Family Socio-Cultural Interview and Language Exposure Survey

- [Family Socio-Cultural Interview and Language Exposure Survey](#) form

Tiered Support Documentation

- [Tiered Support Documentation Form](#)

Developmental Milestones & Resources

- Communication and Feeding Skills (Birth to Five): [ASHA](#)
- Multilingual Learners and English Learners: [Variety of Sources](#)

Input Forms

- [Teacher Input- Language](#) form
 - [Teacher Input- Language and Autism](#) form
- [Parent Input- Language](#) form
 - [Parent Input- Language and Autism](#) form
- [Student Input PreK- Language](#) form
- [Student Input School Age- Language](#) form

Communication Means and Functions

- [Inventory](#)

Infant and Toddler Supplemental Data Collection

- [Early Childhood Developmental Milestones](#)
- [Parental Interactions](#)

Language Sampling Procedures & Tools

- [Language Sampling Procedures & Tools](#)

Dynamic Assessment Modifiability & Teacher Effort

- [Rating Scales](#)



Exit Criteria

- [Template](#)

IEP Goal Writing and Specially Designed Instruction

- ASHA [Person-Centered Focus on Function: Language Disorder](#)

References

American Speech Language Hearing Association. (n.d.). *Written Language Disorders* [Practice Portal].

Retrieved May 21, 2024, from

<https://www.asha.org/practice-portal/clinical-topics/written-language-disorders/>

American Speech Language Hearing Association. (2003). *American English Dialects* [Technical Report].

<https://www.asha.org/policy/tr2003-00044/>

American Speech Language Hearing Association. (n.d.). *School-Based Service Delivery in Speech-Language Pathology*. [Webpage].

<https://www.asha.org/slp/schools/school-based-service-delivery-in-speech-language-pathology/>

American Speech Language Hearing Association. (n.d.). *Cognitive Referencing* [Webpage].

<https://www.asha.org/slp/schools/prof-consult/cognitive-referencing/>

American Speech Language Hearing Association. (n.d.). *Phonemic Inventories and Cultural and Linguistic Information Across Languages*. <https://www.asha.org/practice/multicultural/phono/>

American Speech Language Hearing Association. (n.d.). *Spoken Language Disorders*. [Practice Portal].

Retrieved May 21, 2024, from

<https://www.asha.org/practice-portal/clinical-topics/spoken-language-disorders/>

Bilinguistics.com. (2024). *Speech and Language Development Throughout the World*. Bilinguistics.

<https://bilinguistics.com/language/>



- Bishop, D., Snowling, M., Greenhalgh, P., & the CATALISE-2 Consortium. (2017). Phase 2 of CATALISE: A multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *The Journal of Child Psychology and Psychiatry*, 58(10), 1068-1080.
<https://doi.org/10.1111/jcpp.12721>
- Ehri, L. (2000). Learning to read and learning to spell: Two sides of a coin. *Topics in Language Disorders*, 20(3), 19-36. Retrieved May 21, 2024, from <https://doi.org/10.1097/00011363-200020030-00005>
- Hulme, C., & Snowling, M. (2013). *Developmental disorders of language learning and cognition*. Wiley-Blackwell.
- Hulme, C., & Snowling, M. (2013, December). The interface between spoken and written language: developmental disorders. *Philos Trans R Soc Lond B Biol Sci.*, 369, 1634.
<https://doi.org/10.1098/rstb.2012.0395>
- Individuals with Disabilities Education Act (IDEA). (2004). <https://sites.ed.gov/idea/>
- Ireland, M., & Conrad, B. (2016). Evaluation and Eligibility for Speech-Language Services in Schools. *ASHA SIG 16 School-Based Issues*, 1(4), 78-90. <https://doi.org/10.1044/persp1.SIG16.78>
- Kamhi, A., & Catts, H. (2012). *Language and reading disabilities* (3rd ed.). Pearson.
- McGregor, K. (2020). How we fail children with developmental language disorder. *Language, Speech and Hearing Services in Schools*, 51(4), 981-992. https://doi.org/10.1044/2020_LSHSS-20-00003
- Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations. (2024, June). State of Michigan.
https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/MI-rules/MARSE_Supplemental_with_IDEA_Regs.pdf
- National Association of School Psychologists. (2020). *Ethical Documentation of Adjustments to Standardized Evaluation Administration Procedures [handout]*. Author.



- Nelson, N., & Crumpton, T. (2015). Reading, writing, and spoken language assessment profiles for students who are deaf and hard of hearing compared with students with language learning disabilities. *Topics in Language Disorders, 35*(2), 157-179. <https://doi.org/10.1097/TLD.0000000000000055>
- Rice, M. (2020). Clinical lessons from studies of children with specific language impairment. *Perspectives of the ASHA Special Interest Groups, 5*(1), 12-29. https://doi.org/10.1044/2019_PERSP-19-00011
- Scott, C., & Windsor, J. (2000). General language performance measures in spoken and written narrative and expository discourse of school-age children with language learning disabilities. *Journal of Speech, Language, and Hearing Research, 43*(2), 324-339. <https://doi.org/10.1044/jslhr.4302.324>
- Scott, C., & Windsor, J. (2000, April). General language performance measures in spoken and written narrative and expository discourse of school-age children with language learning disabilities. *Journal of Speech Language Hearing Research, 43*(2), 324-339. <https://doi.org/10.1044/jslhr.4302.324>
- Spaulding, T., Plante, E., & Farinella, K. (2006, January). Eligibility Criteria for Language Impairment: Is the Low End of Normal Always Appropriate? *Language, Speech and Hearing Services in Schools, 37*, 61-72. [https://doi.org/10.1044/0161-1461\(2006/007\)](https://doi.org/10.1044/0161-1461(2006/007))
- Spaulding, T., Szulga, M., & Figueroa, C. (2012, April). Using Norm-Referenced Tests to Determine Severity of Language Impairment in Children: Disconnect Between U.S. Policy Makers and Test Developers. *Language, Speech, and Hearing Services in Schools, 43*, 176-190. [https://doi.org/10.1044/0161-1461\(2011/10-0103\)](https://doi.org/10.1044/0161-1461(2011/10-0103))
- Tunmer, W., & Chapman, J. (2012). The simple view of reading redux: Vocabulary knowledge and the independent components hypothesis. *Journal of Learning Disabilities, 45*(5), 453-466. <https://doi.org/10.1177/0022219411432685>



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SLI - Fluency

Federal and State Requirements

According to the federal law, “Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities” (*Individuals With Disabilities Education Act (IDEA)*, 2004). To realize the goals set forth by IDEA, school SLPs must utilize procedures, tools and decision-making heuristics that facilitate consistent and effective recommendations for Individualized Education Program (IEP) eligibility, service delivery and exit.

In order to determine eligibility and exit from special education services, federal law (IDEA § 300.8, § 300.39) and the Michigan Administrative Rules for Special Education (MARSE R340.1710) require that special education evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

For educational evaluations conducted by school teams, the law requires that data collection from multiple sources inform **all three** of these questions, regardless of eligibility area. In order to meet eligibility criteria for special education, teams must document that there is a disability **and** that there is an adverse effect on educational performance **and** there is a resulting need for specially designed instruction.

An answer of “**Yes**” to **all three questions** indicates that special education eligibility is appropriate and an IEP is warranted. If the team documents an answer of ‘No’ to any of the questions, then special education eligibility is not appropriate. Additionally, if a student’s progress shows that any of the answers to the three questions has changed from a “Yes” to a “No,” then dismissal from special education is appropriate.

IDEA’s three-question litmus test is more stringent and comprehensive than the requirements typically used to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an educational evaluation is to determine a student’s eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

The redundancy of foundational content embedded in each of the SLI sections of these guidelines is intentional. This redundancy allows readers to access all relevant guidance whether they are accessing an individual SLI section only or reading the entire document.

Each section is written to stand alone.

Federal Regulation relevant to Speech & Language Impairment: IDEA 2004

- [§ 300.8\(a\)\(1\)](#) - Child with a disability means a child evaluated ... as having ... a speech or language impairment... and who, by reason thereof, needs special education and related services.
- [§ 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.
- [§ 300.39\(b\)\(3\)](#) - Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—
 - (i) To address the unique needs of the child that result from the child's disability; and
 - (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Michigan Administrative Rules for Special Education relevant to Speech & Language Impairment: MARSE

[R 340.1710](#)

1. A "speech and language impairment" means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.
2. A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:
 - a. A language impairment which interferes with the student's ability to understand and use language effectively and which includes 1 or more of the following:
 - i. Phonology.
 - ii. Morphology.
 - iii. Syntax.
 - iv. Semantics.
 - v. Pragmatics.
 - b. Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
 - c. Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.**
 - d. Voice impairment, including inappropriate pitch, loudness, or voice quality.

3. Any impairment under subrule (2)(a) of this rule shall be evidenced by both of the following:
 - a. A spontaneous language sample demonstrating inadequate language functioning.
 - b. Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student's age.
4. A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745(a).
5. A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

Eligibility for SLI-Fluency Summary Table Based on [MARSE Requirements \(R 340.1710\)](#):

SLI as a result of FLUENCY→

- Data documentation of abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases or sentences confirms that:
 1. Disability is present
 2. Disability limits access to/ progress in the general curriculum, inclusive of academic and social aspects of schooling; for Birth to Three and PreK not enrolled in a program, the disability limits daily routines and ability to get needs and wants met
 3. Disability requires specially designed instruction so the student can access/progress in the general curriculum; For Birth to Three and PreK not enrolled in a program, specially designed instruction is required for participation in daily routines and getting needs and wants met

Note that for students suspected of **SLI as a result of fluency**, the SLP must document with data that the student demonstrates a **disability** (abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases or sentences), its **adverse impact**, and its **need for specially designed instruction** (*Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations, 2022*). This documentation often involves administration of standardized assessments and analysis of connected speech samples, however MARSE does not require documented standardized scores or a speech or language sample in the evaluation report for fluency (nor articulation or voice).

Fluency Disorders

According to the [ASHA Practice Portal for Fluency Disorders](#), fluency refers to continuity, smoothness, rate, and effort in speech production. A fluency impairment is an interruption in the flow of speaking characterized by atypical rate, rhythm, and disfluencies (e.g., repetitions of sounds, syllables, words, and phrases; sound prolongations; and blocks), which may also be accompanied by excessive tension, speaking avoidance, struggle behaviors, and secondary mannerisms (American Speech-Language-Hearing Association [ASHA], 1993). People with fluency impairment also frequently experience psychological, emotional, social, and functional impacts as a result of their communication disorder and describe stuttering as a constellation of experiences beyond the observable speech disfluency behaviors perceived by listeners. (Tichenor & Yaruss, 2019). For example, stutterers have reported that the moment of stuttering often begins with a sensation of anticipation, feeling stuck, or losing control. This sense of loss of control is described as the fundamental feature of stuttering - it's what the speaker experiences. This sensation may lead speakers to react in various ways, including affective, behavioral, and cognitive reactions that can become deeply ingrained and associated with adverse impact on people's lives. This interrelated chain of events can be exacerbated by outside environmental factors, such as the reactions of listeners.

Stuttering is the most common type of fluency disorder, occurring in approximately 5% of preschool and school age children and less than 1% of adults (Zablotsky et al., 2019, Yairi and Ambrose, 2013). Many children demonstrate stuttering during their development; of those, approximately 75% stop stuttering and 25% are likely to continue stuttering throughout their lives. Stuttering is experienced by the speaker as a moment when they know what they want to say but are unable to say it. The moment of stuttering itself is often, but not always, characterized by behaviors that are observable to others. These may include:

- repetitions of sounds, syllables, and monosyllabic words (e.g., “Look at the b-b-baby,” “Let’s go out-out-out”);
- prolongations of consonants when it isn’t for emphasis (e.g., “Sssssssometimes we stay home”); and
- blocks (i.e., inaudible or silent fixation or inability to initiate sounds)
- “covert” or hidden stuttering in which a person does not exhibit disfluencies but still experiences adverse impact

In addition to the verbal characteristics of stuttering that affect rate and rhythm of speech, the following elements commonly occur:

- negative affective and cognitive reactions to speaking (e.g., embarrassment, fear, frustration);
- avoidance or escape behaviors (e.g., avoidance of sounds, words, people, or situations that involve speaking, or movements of the body or face that result from the speaker trying to get unstuck); and
- physical tension or struggle behaviors as the speaker tries to continue speaking



The impact of stuttering on the psychological, emotional, and social well being on an individual can be significant and lead to:

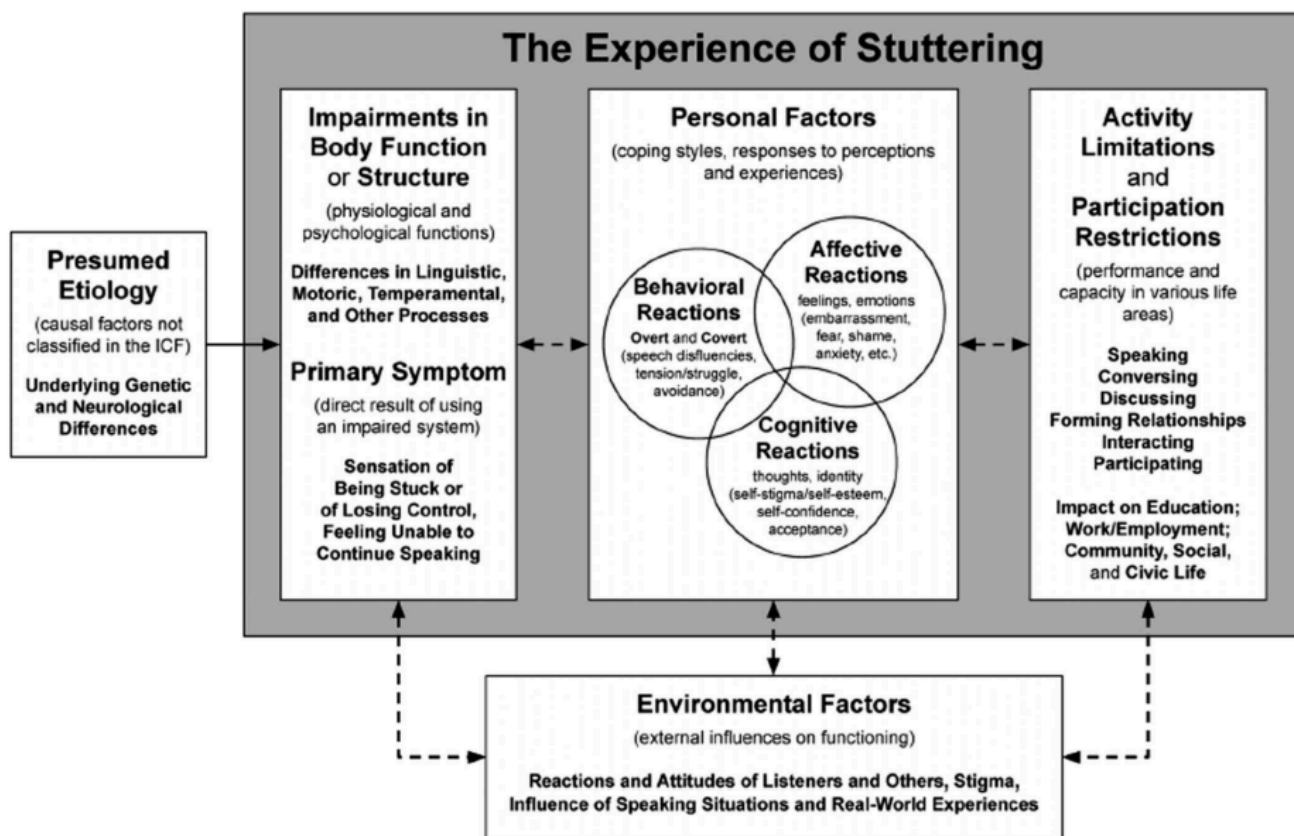
- Social anxiety
- A sense of loss of control
- Negative thoughts or feelings about communication

Consideration of and attention to these speaking characteristics, behaviors, experiences and impact are essential for school SLPs working with individuals who stutter.

Cluttering is another fluency impairment that can occur alone or alongside stuttering. Cluttering is characterized by perceived rapid and/or irregular speech rate, atypical pauses, maze behaviors (attempting to but never finishing an intended utterance), pragmatic issues, decreased awareness of fluency problems or moments of disfluency, collapsing or omitting syllables and language formulation issues (Van Zaalen-Opt Hof & Reichel, 2014).

Any evaluation and intervention plan for an individual with a fluency disorder should occur within a comprehensive framework, such as the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) model, which is embedded in ASHA's (2016) latest Scope of Practice. This model provides a framework for comprehensive assessment and intervention practices for all disabilities. For certain, the ICF model, as applied to stuttering (Tichenor & Yaruss, 2019), can provide an expanded view of the complex nature of stuttering and highlight intricacies of lived experiences of individuals who stutter. When SLPs familiarize themselves with the ICF model, they can document not just stuttering moments during an assessment, but the adverse impact of the experience and the personal and environmental context of the experience (Coleman & Yaruss, 2014, Reeves et al., 2023).

Figure 2. Adaptation of the World Health Organization's International Classification of Functioning (ICF) as it relates to stuttering. Reprinted from Tichenor and Yaruss (2019). Figure Copyright © 2019 by Seth E. Tichenor & J. Scott Yaruss. Reprinted with permission.



Source: Tichenor & Yaruss, 2019

Refer to the [ASHA Practice Portal for Fluency Disorders](#) for the most up-to-date information about fluency disorders incidence and prevalence, assessment, and intervention approaches.

Entrance Criteria

A fluency impairment is characterized by an abnormal rate of speaking, speech interruptions, and/or repetition of sounds, words, phrases, or sentences, that interferes with effective communication. Disfluent speech may interfere with social communication, participation in classroom discussions and projects, the acquisition of reading and writing skills, and/or academic and vocational achievement. Additionally, if specially designed instruction is required in order for the individual with the fluency disorder to access or make progress in the general curriculum, the individual is entitled to special education services and an IEP.



NOTE: The presence of a fluency impairment, alone, does not entitle an individual to special education. MARSE criteria, including adverse educational impact caused by the disorder and need for specially designed instruction, must be documented in order for a student to meet entrance criteria and be eligible for special education and related services. When considering adverse educational impact, all communication environments (academic participation, social relationships, and extracurricular activities) must be considered as part of an evaluation to determine eligibility and exit.

Considerations for Individuals who are Culturally and Linguistically Diverse

Cultural knowledge is critically important when working with students and families from different linguistic backgrounds. When working with CLD students who have or are suspected to have a fluency disorder, SLPs should always consider, acknowledge, and respect the student's cultural perceptions of the etiology and treatment of stuttering and cluttering. When considering the use of fluency assessment tools, it is best practice to understand if the student's racial/ethnic culture has been represented in the development of the tool. If not, the results and their interpretation should be considered with caution. Individuals cannot be considered to have a fluency disorder based on characteristics that are consistent with their cultural or linguistic diversity and identity (e.g., eye contact, cultural speaking rate, adult-child cultural conversation styles, etc.).

The [Global Cultures Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University contains specific information about global cultures. It can be helpful in understanding how values and belief systems may affect interactions with students from culturally and linguistically diverse backgrounds. The [Global Language Webpage](#) also has specific information for understanding the linguistic characteristics of different languages. Additional resources include the [Bilingualistics World Language Library](#) and the [American Speech Language Hearing Association's Phonemic Inventory](#) web page. SLPs should also consider questionnaires that allow the student who is suspected of having a fluency disorder rate and describe their perception and personal experiences in moments of disfluency.

Finally, IDEA §300.304 and §300.306 ensures that evaluation procedures are culturally-responsive and valid for culturally and linguistically diverse populations by requiring that assessments are selected to be not discriminatory and administered in the child's native language(s).

Evaluation Plan

IDEA (§ 300.8, § 300.39) and MARSE (R340.1710) require that special educational evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?



Any multidisciplinary evaluation must explore each of these questions because an answer of 'Yes' to all three questions indicates that special education eligibility is appropriate and a plan for specially designed instruction (IEP) is warranted.

The following assessment tools and evaluation strategies may be useful to SLPs evaluating speech sound disorders in order to inform each question of IDEA's litmus test and determine eligibility for special education and related services:

- Review of records, input and educationally-relevant medical information
- Interviews of parents, teachers and student
- Observation of the student in general education (or everyday routines, for birth-3 and PreK)
- Testing via speech and language sampling and assessment procedures

These options are comprehensive in nature and offered as possible data sources. They are not intended to be an exhaustive list, nor are they all meant to be used in any one evaluation. Any procedure or form that is hyperlinked in the following table can be found in the Supporting Forms: SLI- Fluency section at the end of this document.

Review of records, input and educationally-relevant medical information

Data collection may include review of any of the following→

- Developmental/medical/sociocultural history
 - [Family Socio-Cultural Interview and Language Exposure Survey](#) form
 - Note any established medical conditions that may impact communication development and/or any history of dual language exposure or multi-lingual learning.
- Report cards, gradebook or universal screening scores impacted by underlying disability
 - Note the content area(s) impacted and connection to underlying verbal fluency patterns (i.e., impact of stuttering on oral reading fluency, ...).
 - Just as with any SLI area, a lack of low grades does not mean that a person is not experiencing adverse impact; students with high grades may still be limited in communication and participation.
- Office referral data (e.g., discipline referrals)
 - Note any patterns of behavior or social emotional impact that result from any disfluencies or the reactions of others to those disfluencies.
- Tiered intervention history and response data
 - [Tiered Support Documentation](#) - Note the intensity frequency, duration, and goal of the short-term intervention, then note the student's actual response and whether the goal was met within the expected timeline.
 - Different from speech sound and language concerns, there aren't really many goals for

stuttering that are relevant to an RTI structure since the student is likely to continue to stutter. A goal might be about learning a strategy to facilitate communication or manage reactions to stuttering.

Interviews of parents, teachers and student

Data collection may include interviews using any of the following→

- Student, parent, and teacher concern for communication
 - General- [Speech Participation and Activity Assessment of Children \(SPAA-C\)](#) (McLeod, 2004)
 - Fluency-specific - [Northwest Suburban Special Education Organization Teacher Input](#)
- Student experience of stuttering - Overall Assessment of the Speaker's Experience of Stuttering ([OASES™](#))
- Parent report of any cultural and linguistic diversity that may play a role the child's present level of verbal fluency
 - [Global Cultures Webpage](#) and [Global Languages Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University
 - [Bilingualistics World Language Library](#)
 - [American Speech Language Hearing Association's Phonemic Inventory](#)

Observation of the student in general education (or everyday routines, for Birth to Three and PreK not enrolled in a program)

Data collection during observations in multiple contexts may include→

- Classroom engagement, school routines, peer interactions
- Parent/child interactions or teacher/child interactions
- Communication quantity and quality compared to peers
 - For both the student and peers, track variables such as number of communication turns, requests for clarification or repetition of messages by conversation partners, and intelligibility during connected speech. A table can be used to describe the data:

	Student	Peers
# of conversational turns per person		
# of conversation initiations		

Types of conversational turns used (i.e., request, share, refuse, ...)		
# of requests for clarification by peers or adults		
# of refusals to speak or read aloud		

Testing

Data collection may be obtained in all languages of the child via standardized probes, non-standardized probes and/or speech sampling and include any of the following→

- Engage child in speaking tasks at various linguistic levels (words, sentences, conversation) and document the frequency & type of disfluencies:
 - Note that MARSE only requires documentation of the presence or absence of abnormal rate of speaking, speech interruptions or repetitions; there is no requirement in the rules for a specific amount or severity of the behavior. Any of the following may be used to document speech characteristics:
 - Test of Childhood Stuttering or Bilingualistics.com [Fluency Calculator for Speech](#) [Sample](#) example tool
 - Non-Stuttered Disfluencies as a %age of the # of words spoken:
 - Phrase or Whole-word repetitions
 - Interjections
 - Revisions
 - Pauses/Hesitations
 - Stuttered Disfluencies as a %age of the # of words spoken:
 - Word repetitions
 - Syllable or Sound repetitions
 - Prolongations
 - Blocks
- Note presence or absence of:
 - Secondary characteristics
 - Avoidance/substitution behaviors
 - Long duration of disfluencies
 - Concern for speech fluency
- Note rate of speaking:
 - Speech rate guidelines summary [HERE](#)
- Note type of utterances/communication functions that student is more and less disfluent:
 - Requesting
 - Seeking Information
 - Refusing/Rejecting

- Commenting
- Characterize the prognosis/likelihood for continued stuttering by noting the following for children up to age 6 (after that, the child is highly likely to continue stuttering):
 - Family history of stuttering
 - Proportion of non-stuttered disfluencies to stuttered disfluencies
 - Time since onset of stuttering
 - Child is aware of and/or concerned about disfluencies
 - Child is reactive to mistakes or disfluencies
 - Parental reactions are negative or fearful
 - Language-motor mismatch
 - Concomitant speech-language disorders
- Engage in dynamic interactions to understand the possible need for specially designed instruction to enhance fluency and/or minimize impact of stuttering on child's social-emotional learning→
 - Document the student's modifiability and the teacher's effort using [rating scales](#)
 - Document the need for any type of supports that the child requires for fluent speech (i.e., 1:1 or small group instruction required for learning, oral mechanism awareness and/or fluency-enhancing strategies required for learning, massed practice with corrective feedback required for learning, speaking strategies that decrease avoidance and increase ease of communication required for accessing general education curriculum)

NOTE: For students suspected of **SLI as a result of fluency**, the SLP must document with data that the student demonstrates a **disability** (abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases or sentences), its **adverse impact**, and its **need for specially designed instruction**. This documentation often involves administration of standardized assessments and analysis of connected speech samples, however MARSE does not require documented standardized scores or a speech sample in the evaluation report for fluency (or voice or articulation).

Exit Criteria

As stated previously, in Michigan a student is eligible for an IEP when an answer to all three of the following questions is a 'Yes':

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so that the student can access and progress in the general curriculum?

If any one of the questions is a 'No,' then special education eligibility is not appropriate. If a student's progress shows that any of the answers to the three questions has changed from a 'Yes' to a 'No,' then dismissal from special education is appropriate. This three-question litmus test required by IDEA is often more stringent than



the requirements to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an education-based evaluation is to determine a student's eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

Grounding IEP eligibility and exit in IDEA's three-question litmus test is especially important for fluency impairment since many stutterers will continue to stutter. IEP exit often comes when either the stuttering no longer interferes with educational progress or the student no longer requires therapy because they are using strategies to manage the stuttering and reactions effectively.

The factors below may be used when the Individualized Education Program Team (IEPT) considers discontinuing speech and language services for a student. This form and accompanying data documentation should be shared at the IEP meeting. A discontinuation recommendation for speech and language services becomes stronger as a team documents evidence for more of the following considerations.

General Considerations for Discontinuation of Speech and Language Services

- A speech and/or language disorder/delay no longer exists.
- The student's IEP speech and language goals and objectives have been met, and there are no further identified needs. (Goals for SLI-Fluency should target more than the observed stuttering behaviors; goals should target strategies for managing feelings of loss of control and/or managing the reactions to stuttering.)
- The student's speech-language problem no longer interferes with their ability to access and progress in the general education curriculum.
- The student no longer requires specially designed instruction for speech and/or language to access and progress in the general education curriculum.
- An alternative service or program is deemed more appropriate to meet the student's communication needs at this time. ([ASHA Ethics source](#); Principle I, Rule K).
- The parent/guardian or age of majority student revokes their consent to implementation of speech language services.

Specific Considerations for Discontinuation of Speech and Language Services

FLUENCY - <i>Any one or more of the following characteristics:</i>
<input checked="" type="checkbox"/> The student demonstrates fluency that is within normal limits for age or exhibits disfluencies that no longer interfere with educational performance.
<input checked="" type="checkbox"/> Any of the answers to the 3-Question Litmus Test have changed from a 'Yes' to a 'No.'



Intervention (SDI) Considerations

For students who meet the entrance criteria for SLI-Fluency, specially designed instruction (SDI) and related services are designed to meet the individualized needs of the student and enable the student to be involved and make progress in the general education curriculum. For Birth to three and preschool-age children not enrolled in a program, SDI and related services are designed to meet the individualized needs of the child and enable him/her to be involved and make progress in his/her daily routines and activities. The primary purpose of SDI and related services for fluency are to accelerate learning so that at least one of the following occurs:

- The student no longer demonstrates a disability
- The student's disability no longer adversely impacts access to and progress in general education
- The student no longer requires SDI in order to access and progress in general education

Speech-language pathologists must meet not only the requirements of the IDEA and MARSE for the provision of services, but also hold paramount the evidence-based practices upon which the profession is based.

Key Requirements of the IDEA and MARSE for SDI and Related Services:

According to federal and state requirements, the IEP Team determines which programs, services and supports will be employed to meet the unique learning needs of the individual. The options can be combined and should be reviewed and changed over time, as the student's needs change. In order to maximize learning acceleration in the shortest amount of time possible, the SLP should strive to design an intervention program that involves daily opportunities for the student to practice with materials that are relevant to the curriculum (academic, nonacademic, extra-curricular). Intervention should be designed to facilitate engagement, participation and effective communication rather than focusing on fluency. The SLP can collaborate with the classroom teacher to utilize materials that provide meaningful practice in everyday contexts in order to confer educational benefit. Frequency of service is to be determined by the IEP Team based on degree of impact and individual student needs.

Professional Evidence Considerations:

Current discussions in the field about supporting students who stutter recognize stuttering as Verbal Diversity™ (e.g., Reeves & Yaruss, 2024), anti-ableist cultures and disability-affirming practices. To that end, researchers have proposed that current school SLPs have three essential roles when working with students who stutter:

1. To inspire fact-based frameworks of what stuttering is (and is not),
2. To help others understand what stuttering therapy can (and cannot) do, and

3. To create opportunities for widely based collaboration with stuttering support individuals and organizations outside of the public school arena. (Reeves et al., 2023)

Recognizing ableism and understanding neurodiversity changes the roles of all involved in the experiences of our students who stutter, and they will continue to change in the future. Our roles have shifted to focus on communication rather than fluency, to the benefit of all involved. For SLPs, this means gone are the days of writing percentages of fluent speech into IEPs and focusing therapy on speech strategies to help students “not stutter as much” (Reeves et al., 2023). The following table is adapted from Reeves et al., 2023 to present the important contrast between ableist and disability-affirming practices in school-based stuttering therapy while highlighting the critical perspectives of students who stutter:

Indicators of ableist approaches to stuttering therapy	Indicators of disability-affirming practices and perspectives in school-based stuttering therapy
<ul style="list-style-type: none"> ● Lack of understanding of stuttering ● Focus on listener perspective rather than student perspectives and experiences ● Lack of appropriate referrals ● Limited scope of assessments ● Outdated eligibility guidelines and decision-making focused only on presence of disfluencies ● Overfocus on fluency in goals and progress monitoring ● Lack of understanding of therapy outcomes ● Overfocus on eliminating negative impact, without going further to explore potential positive attributes of stuttering ● Lack of responsiveness to struggles with peer interactions and bullying ● Time constraints for verbal communication in academic settings 	<ul style="list-style-type: none"> ● Provide professional learning for staff related to appropriate referrals for fluency variations in communication ● Create multidimensional assessments that explore more than surface stuttering behaviors ● Gather interview and portfolio-based data that includes student perspectives and experiences ● Make eligibility decisions that are aligned with the IDEA and MARSE criteria ● Create goals and progress monitoring plans that focus on overall communication needs of the student ● Explore student communication strengths and potential social and personal benefits of stuttering when designing therapy activities ● Collaborate with administration & school staff to enhancing factual knowledge about stuttering, identifying and dealing effectively with bullying, providing effective accommodations and expectations for Verbally Diverse students, and define school team roles in realistic outcomes for stuttering therapy

Source: Reeves et al., 2023

When creating IEP goals with students who stutter, SLPs can make pivotal shifts to disability-affirming practices. The WHO ICF model referenced above may be helpful to expand an SLP’s perspective of what



goals may be appropriate for individual students. ASHA's resource on [treatment goals for fluency disorders in the context of the WHO ICF framework](#) may be helpful. See also ASHA's resources titled [Person-Centered Focus on Function: Preschool Stuttering](#) [PDF], [Person-Centered Focus on Function: School-Age Stuttering](#) [PDF], and [Person-Centered Focus on Function: Adult Stuttering](#) [PDF] for examples of treatment goals that are aligned with a neurodiversity or verbal diversity frame of reference.

Finally, it is imperative to make note of some of the things neurodiversity does not do as it relates to school-based stuttering therapy. What neurodiversity does not do is change the following facts: that students who stutter continue to be eligible for speech therapy in the public schools; that neurodivergent youth continue to benefit from the support of stuttering-affirming therapy goals and activities, including goals for easing communication struggles as individually appropriate; and that students who stutter continue to need relevant accommodations and support at various stages throughout their academic experiences. While neurodiversity helps SLPs and society recognize and interrupt ableism, it must not be used as a reason to withhold nor defer therapeutic support opportunities. (Reeves et al., 2023)

Speech-language pathologists are encouraged to use ASHA's [Practice Portal for Fluency Disorders](#) and Evidence Maps to access the most up-to-date research and information about therapy approach, target selection, and service delivery (dosage, format, provider, setting, timing). This information should be used to inform evidence-based decision-making so that services are well-matched to a student's specific needs and level of adverse impact and accelerate learning.

Supporting Forms

- [Folder](#)

IDEA Three-Question Litmus Test Decision-Making Heuristic

- [SLI- Fluency Entrance & Exit Heuristic](#)

Family Socio-Cultural Interview and Language Exposure Survey

- [Family Socio-Cultural Interview and Language Exposure Survey](#) form

Tiered Support Documentation

- [Tiered Support Documentation Form](#)

Speech Participation and Activity Assessment of Children (SPAA-C)

- [SPAA-C](#) and [Instructions](#) and [English Forms](#) (Student, Parent, Teacher)



Northwest Suburban Special Education Organization Teacher Input

- Fluency-specific - [Northwest Suburban Special Education Organization Teacher Input](#)

Overall Assessment of the Speaker's Perception of Stuttering (OASES)

- [OASES Webpage](#)

[Fluency Calculator for Speech Sample](#) example tool from Bilingualistics.com

Speech Rate Summary

- [Write-Out-Loud tool](#)

Dynamic Assessment Modifiability & Teacher Effort

- [Rating Scales](#)

Exit Criteria

- [Template](#)

IEP Goal Writing and Specially Designed Instruction

- ASHA Webpage: [Treatment Goals for Fluency Disorders in the Context of the WHO ICF Framework](#)
- ASHA [Person-Centered Focus on Function: Preschool Stuttering](#)
- ASHA [Person-Centered Focus on Function: School-Age Stuttering](#)
- ASHA [Person-Centered Focus on Function: Adult Stuttering](#)

References

American Speech-Language-Hearing Association. (1993). *Definitions of communication disorders and variations* [Relevant paper]. www.asha.org/policy/

American Speech Language Hearing Association. (n.d.). *Fluency Disorders*. [Practice Portal]. Retrieved May 21, 2024, from <https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/>

Coleman, C., & Yaruss, J. (2014). A comprehensive view of stuttering: Implications for assessment and treatment. *SIG 16 Perspectives on School-Based Issues*, 15(2), 75-80.
<https://doi.org/10.1044/sbi15.2.75>



- Individuals with Disabilities Education Act (IDEA). (2004). <https://sites.ed.gov/idea>
- McLeod, S. (2004). Speech pathologists' application of the ICF to children with speech impairment. *Advances in Speech-Language Pathology*, 6(1), 75-81. <https://doi.org/10.1080/14417040410001669516>
- Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations. (2024, June). State of Michigan. https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/MI-rules/MARSE_Supplemented_with_IDEA_Regs.pdf
- Reeves, N., Timothy Flynn, & Schuff, R. (2023, January). Ableism to Empowerment: Navigating School Structures When Working With Students Who Stutter. *Language, Speech, and Hearing Services in Schools*, 54(1), 8-26. https://doi.org/10.1044/2022_LSHSS-22-00026
- Reeves, N., & Yaruss, J.S. (2024). *Go-To Guide:™ GETTING STARTED with School-Age Stuttering Therapy*. Stuttering Therapy Resources. www.VerbalDiversity.com
- Tichenor, & Yaruss. (2019). Group experiences and individual differences in stuttering. *Journal of Speech, Language, and Hearing Research*, 62(12), 4335–4350. https://doi.org/10.1044/2019_JSLHR-19-00138
- Van Zaalen, Y., & Reichel, I. (2014). Cluttering treatment: Theoretical considerations and intervention planning. *Perspectives on Global Issues in Communication Sciences and Related Disorders*, 4(2), 57-62. <https://doi.org/10.1044/gics4.2.57>
- Yairi, E., & Ambrose, N. (2013). Epidemiology of stuttering: 21st century advances. *Journal of Fluency Disorders*, 38(2), 66-87. <https://doi.org/10.1016/j.jfludis.2012.11.002>
- Zoblotsky, Black, Maenner, Schieve, Danielson, Bitsko, Blumberg, Kogan, & Boyle. (2019). Prevalence and trends of developmental disabilities among children in the United States: 2009-2017. *Pediatrics*, 144(4), Article e20190811. <https://doi.org/10.1542/peds.2019-0811>



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SLI - Voice

Federal and State Requirements

According to the federal law, “Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities” (*Individuals With Disabilities Education Act (IDEA)*, 2004). To realize the goals set forth by IDEA, school SLPs must utilize procedures, tools and decision-making heuristics that facilitate consistent and effective recommendations for Individualized Education Program (IEP) eligibility, service delivery and exit.

In order to determine eligibility and exit from special education services, federal law (IDEA § 300.8, § 300.39) and the Michigan Administrative Rules for Special Education (MARSE R340.1710) require that special education evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

For educational evaluations conducted by school teams, the law requires that data collection from multiple sources inform **all three** of these questions, regardless of eligibility area. In order to meet eligibility criteria for special education, teams must document that there is a disability **and** that there is an adverse effect on educational performance **and** there is a resulting need for specially designed instruction.

An answer of “**Yes**” to **all three questions** indicates that special education eligibility is appropriate and an IEP is warranted. If the team documents an answer of ‘No’ to any of the questions, then special education eligibility is not appropriate. Additionally, if a student’s progress shows that any of the answers to the three questions has changed from a “Yes” to a “No,” then dismissal from special education is appropriate.

IDEA’s three-question litmus test is more stringent and comprehensive than the requirements typically used to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an educational evaluation is to determine a student’s eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

The redundancy of foundational content embedded in each of the SLI sections of these guidelines is intentional. This redundancy allows readers to access all relevant guidance whether they are accessing an individual SLI section only or reading the entire document.

Each section is written to stand alone.

Federal Regulation relevant to Speech & Language Impairment: IDEA 2004

- [§ 300.8\(a\)\(1\)](#) - Child with a disability means a child evaluated ... as having ... a speech or language impairment... and who, by reason thereof, needs special education and related services.
- [§ 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.
- [§ 300.39\(b\)\(3\)](#) - Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—
 - (i) To address the unique needs of the child that result from the child's disability; and
 - (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Michigan Administrative Rules for Special Education relevant to Speech & Language Impairment: MARSE

[R 340.1710](#)

1. A "speech and language impairment" means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.
2. A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:
 - a. A language impairment which interferes with the student's ability to understand and use language effectively and which includes 1 or more of the following:
 - i. Phonology.
 - ii. Morphology.
 - iii. Syntax.
 - iv. Semantics.
 - v. Pragmatics.
 - b. Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
 - c. Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
 - d. Voice impairment, including inappropriate pitch, loudness, or voice quality.**
3. Any impairment under subrule (2)(a) of this rule shall be evidenced by both of the following:
 - a. A spontaneous language sample demonstrating inadequate language functioning.
 - b. Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language

functioning for the student's age.

4. A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745(a).
5. A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

Eligibility for SLI-Voice Summary Table Based on [MARSE Requirements \(R 340.1710\)](#):

SLI as a result of VOICE→

- Data documentation of inappropriate pitch, loudness, or voice quality confirms that:
 1. Disability is present
 2. Disability limits access to/ progress in the general curriculum, inclusive of academic and social aspects of schooling; for Birth to Three and PreK not enrolled in a program, the disability limits daily routines and ability to get needs and wants met
 3. Disability requires specially designed instruction so the student can access/ progress in the general curriculum; For Birth to Three and PreK not enrolled in a program, specially designed instruction is required for participation in daily routines and getting needs and wants met

Note that for students suspected of **SLI as a result of voice**, the SLP must document with data that the student demonstrates a **disability** (inappropriate pitch, loudness, or voice quality), its **adverse impact**, and its **need for specially designed instruction**. This documentation often involves administration of standardized assessments and analysis of connected speech samples, however MARSE does not require documented standardized scores or a speech or language sample in the evaluation report for voice (nor articulation or fluency).



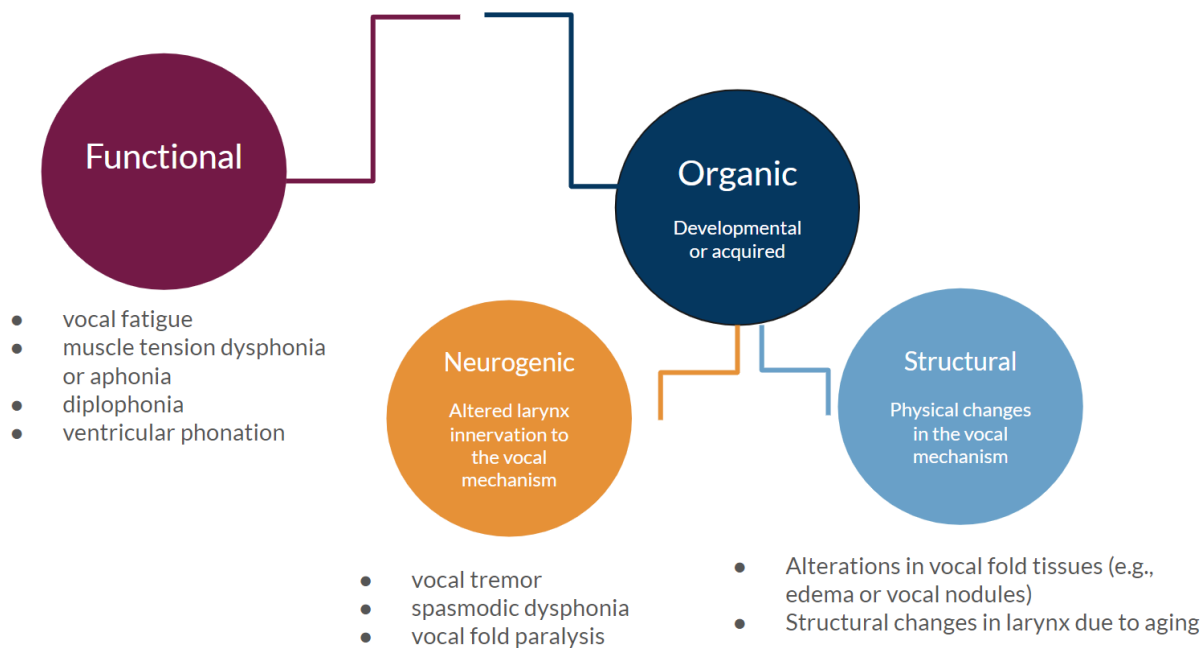
Department of Licensing and Regulatory Affairs Speech-Language Pathology General Rules relevant to SLI-Voice

The Michigan Administrative Rules that govern Speech-Language Pathology Licensing state that an SLP may not assess or treat a patient for swallowing disorders or medically-related communication disorders unless the patient has been referred by an individual licensed in the practice of medicine or osteopathic medicine and surgery or by an advanced practice registered nurse (R 338.647). If a suspected voice disorder is related to a medical condition, a referral is required prior to any assessment or treatment by an SLP (*Speech-Language Pathology General Rules*, 2021). A referral may take the form of a doctor's note or written request for SLP consultation or services.

Voice Disorders

According to the [ASHA Practice Portal for Voice Disorders](#) (n.d.), "A voice disorder occurs when voice quality, pitch, and loudness differ or are inappropriate for an individual's age, gender, cultural background, or geographic location" (Aronson & Bless, 2009; Boone et al., 2010; Lee et al., 2004). A voice disorder is present when an individual expresses concern about having an abnormal voice that does not meet daily needs—even if others do not perceive it as different or deviant (American Speech-Language-Hearing Association [ASHA], 1993; Colton & Casper, 2011; Stemple et al., 2010; Verdolini & Ramig, 2001)." Voice disorders may be organic (resulting from physiological differences in the respiratory, laryngeal, or vocal tract mechanisms) or functional (result from inefficient use of the vocal mechanism when the physical structure is normal).

Voice Disorders



Voice disorder prevalence in the pediatric population is lower than speech sound or language disorders, ranging from 1.4% to 6.0% (Black et al., 2015; Carding et al., 2006). The most common cause of voice disorder for school-age children is vocal nodules, although other causes may be seen. Voice difficulties that are the result of temporary physical factors (e.g., allergies, sinusitis, gastroesophageal reflux, colds, abnormal tonsils or adenoids) should not be considered a voice disorder.

According to the [ASHA Practice Portal for Resonance Disorders](#), resonance is determined by the size and shape of the vocal track, including the pharyngeal, oral and nasal cavities. Resonance disorders result from too much or too little nasal and/or oral sound energy in the speech signal. They often arise from structural or functional (e.g., neurogenic) causes. Structural causes commonly include cleft palate and velopharyngeal insufficiency (which results in [hypernasality](#)) or nasal polyps and enlarged adenoids (which results in hyponasality). Resonance disorders can also result in assimilative nasality, mixed nasality, and cul de sac resonance.

It is important to understand that resonance disorders are not voice disorders, although they are often mislabeled as such. Voice disorders result from conditions affecting phonation and the vocal folds; resonance disorders result from altered nasal and/or sound energy in the pharyngeal, oral and nasal cavities. While this distinction is important for differential diagnosis and intervention planning, MARSE R340.1710(2)(d) (SLI-Voice) is often used to describe a primary eligibility resulting from resonance as well as voice disorders.



MARSE R 340.1709a (Other Health Impairment) may be used in cases where cleft palate or structural differences better explain the primary eligibility and need for special education.

School SLPs are trained to evaluate voice use and function to determine the cause of reported symptoms and select treatment methods for improving voice production. As indicated in the ASHA Code of Ethics (ASHA, 2023), SLPs who serve this population should be specifically educated and appropriately trained to do so.

Refer to the [ASHA Practice Portal for Voice Disorders](#) for the most up-to-date information about voice disorders incidence and prevalence, assessment, and intervention approaches.

Entrance Criteria

A voice disorder is characterized by dysphonia, or the auditory-perceptual symptoms of voice disorders, such as altered vocal quality, pitch, loudness or vocal effort. These symptoms may interfere with social communication, participation in classroom discussions and projects, and/or academic and vocational achievement. Additionally, if specially designed instruction is required in order for the individual with the voice disorder to access or make progress in the general curriculum, the individual is entitled to special education services and an IEP.

NOTE: The presence of a voice disorder, alone, does not entitle an individual to special education. MARSE criteria, including adverse educational impact caused by the disorder and need for specially designed instruction, must be documented in order for a student to meet entrance criteria and be eligible for special education and related services. When considering adverse educational impact, all communication environments (academic participation, social relationships, and extracurricular activities) must be considered as part of an evaluation to determine eligibility and exit.

Considerations for Individuals who are Culturally and Linguistically Diverse

Cultural knowledge is critically important when working with students and families from different linguistic backgrounds. When working with CLD students who have or are suspected to have a voice disorder, SLPs should always consider, acknowledge, and respect the student's cultural perceptions of the etiology and treatment. Individuals cannot be considered to have a voice disorder based on characteristics that are consistent with their cultural or linguistic diversity and identity (e.g., eye contact, cultural speaking rate, adult-child cultural conversation styles, etc.).

Individuals who speak a dialect or whose speech is influenced by native languages other than English may speak with a different tone or nasality than native English speakers or speakers of Mainstream American English dialect. These differences (e.g., glottalized tones or nasalized vowels) may affect perceptual judgments of nasality. Consequently, clinicians who are unfamiliar with the linguistic characteristics of the individual's



dialect or accent need to seek out information about what is expected for that dialect or accent. The [Global Cultures Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University contains specific information about global cultures. The [Global Language Webpage](#) also has specific information for understanding the linguistic characteristics of different languages. Additional resources include the [Binguistics World Language Library](#) and the [American Speech Language Hearing Association's Phonemic Inventory](#) web page. SLPs should also consider questionnaires that allow the student who is suspected of having a voice disorder rate and describe their perception and personal experiences in times of dysphonia.

Finally, IDEA §300.304 and §300.306 ensures that evaluation procedures are culturally-responsive and valid for culturally and linguistically diverse populations by requiring that assessments are selected to be not discriminatory and administered in the child's native language(s).

Evaluation Plan

IDEA (§ 300.8, § 300.39) and MARSE (R340.1710) require that special educational evaluations conducted by school teams are grounded in three questions:

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?
3. Are the disability and limitations severe enough to require specially designed instruction so the student can access and progress in the general curriculum?

Any multidisciplinary evaluation must explore each of these questions because an answer of 'Yes' to all three questions indicates that special education eligibility is appropriate and an Individualized Education Program (IEP) is warranted.

According to [ASHA's Voice Disorders Practice Portal](#), all individuals suspected of having a voice disorder should be examined by a physician, preferably in a discipline appropriate to the presenting complaint. The physician's examination may occur before or after the voice evaluation by the SLP. Consultation with an otolaryngologist can be important, particularly in the case that an SLP does not have access to instrumentation for evaluation. This guidance is consistent with the Michigan Administrative Rules that govern Speech-Language Pathology Licensing (R 338.647) and require a licensed physician referral prior to any assessment or treatment of an individual with swallowing disorders or medically-related communication disorders.

The following assessment tools and evaluation strategies may be useful to SLPs evaluating voice disorders in order to inform each question of IDEA's litmus test and determine eligibility for special education and related services:



- Review of records, input and educationally-relevant medical information
- Interviews of parents, teachers and student
- Observation of the student in general education (or everyday routines, for birth-3 and PreK)
- Testing via speech and language sampling and assessment procedures

These options are comprehensive in nature and offered as possible data sources. They are not intended to be an exhaustive list, nor are they all meant to be used in any one evaluation. Any procedure or form that is hyperlinked in the following table can be found in the Supporting Forms: SLI- Voice section at the end of this document.

Review of records, input and educationally-relevant medical information

Data collection may include review of any of the following→

- Developmental/medical/sociocultural history
 - [Family Socio-Cultural Interview and Language Exposure Survey](#) form
 - Note any established medical conditions that may impact communication development and/or any history of dual language exposure or multi-lingual learning.
- Report from a licensed physician or medical professional (i.e., ENT, allergist, otolaryngologist, physician specialist, advanced practice registered nurse) documenting evaluation and results
- Report cards, gradebook or universal screening scores impacted by underlying disability
 - Note the content area(s) impacted and connection to underlying dysphonia (i.e., altered voice quality, pitch, and/or loudness).
- Office referral data (e.g., discipline referrals)
 - Note any patterns of behavior or social emotional impact that result from any voice characteristics.
- Tiered intervention history and response data
 - [Tiered Support Documentation](#) - Note the intensity frequency, duration, and goal of the short-term intervention, then note the student's actual response and whether the goal was met within the expected timeline.

Interviews of parents, teachers and student

Data collection may include interviews using any of the following→

- Student, parent, and teacher concern for and impact of voice or resonance
 - [Student Input- Voice](#) form
 - [Teacher Input- Voice](#) form
 - [Parent Input- Voice](#) form

- Parent report of any cultural and linguistic diversity that may play a role the child's vocal characteristics
 - [Global Cultures Webpage](#) and [Global Languages Webpage](#) from the Monolingual & Bilingual Speech Lab at Portland State University
 - [Binguistics World Language Library](#)
 - [American Speech Language Hearing Association's Phonemic Inventory](#)
- Student, parent, and teacher concern for and impact of speaking production patterns
 - [Speech Participation and Activity Assessment of Children \(SPAA-C\)](#) (McLeod, 2004)

Observation of the student in general education (or everyday routines, for Birth to Three and PreK not enrolled in a program)

Data collection noting vocal pitch, loudness and quality during observations in multiple contexts may include→

- Classroom engagement, school routines, peer interactions
- Parent/child interactions
- Communication quantity and quality compared to peers
 - For both the student and peers, track variables such as number of communication turns, requests for clarification or repetition of messages by conversation partners, and intelligibility during connected speech. A table can be used to describe the data:

	Student	Peers
# of Conversational Turns per Person		
Intelligibility (# of words understood by SLP observer)		
# of Requests for Clarification by Peers or Adults		
Types of Conversational Turns Used (i.e., request, share, refuse, ...)		
# of Refusals to Speak or Read Aloud/Avoidance Behaviors		

Testing

Data collection should be obtained in all languages of the child via standardized probes, non-standardized probes and/or speech sampling to assess breath rate, phonatory efficiency, pitch, loudness and quality and include any of the following→

- Consensus Auditory-Perceptual Evaluation of Voice ([CAPE-V tool](#)) and [ASHA user agreement](#)
 - Pitch
 - Loudness
 - Quality: Roughness, Breathiness, Strain
 - Resonance: hypernasality or hyponasality can be quantified using a scale of absent, mild, moderate, severe. A line for resonance can also be added to the CAPE-V.
- ASHA [Voice Evaluation Template](#)
 - Respiration and breath support
 - Phonatory efficiency - [s:z ratio norms](#) and [maximum phonation time norms](#)
- Engage in dynamic interactions to understand the possible need for specially designed instruction to enhance phonation and/or minimize impact of the voice disorder on child's social-emotional learning→
 - Document the student's modifiability and the teacher's effort using [rating scales](#)
 - Document the need for any type of supports that the child requires for adequate voice (i.e., 1:1 or small group instruction required for learning, vocal track awareness and/or phonation-enhancing strategies required for learning, massed practice with corrective feedback required for learning, speaking strategies that decrease avoidance and increase ease of communication required for accessing general education curriculum)

NOTE: For students suspected of **SLI as a result of voice**, the SLP must document with data that the student demonstrates a **disability** (inappropriate pitch, loudness, or voice quality), its **adverse impact**, and its **need for specially designed instruction**. This documentation often involves administration of standardized assessments and analysis of connected speech samples, however MARSE does not require documented standardized scores or a speech sample in the evaluation report for voice (or fluency or articulation).

Exit Criteria

As stated previously, in Michigan a student is eligible for an IEP when an answer to all three of the following questions is a 'Yes':

1. Is there a disability?
2. Does the disability limit access to and progress in the general curriculum?



3. Are the disability and limitations severe enough to require specially designed instruction so that the student can access and progress *in the general curriculum*?

If any one of the questions is a 'No,' then special education eligibility is not appropriate. If a student's progress shows that any of the answers to the three questions has changed from a 'Yes' to a 'No,' then dismissal from special education is appropriate. This three-question litmus test required by IDEA is often more stringent than the requirements to identify a disability in a clinical, outpatient, or private practice setting that offers speech and language intervention because the purpose of an education-based evaluation is to determine a student's eligibility for special education programs or services under the MARSE criteria, not to provide a clinical diagnosis.

The factors below may be used when the Individualized Education Program Team (IEPT) considers discontinuing speech and language services for a student. This form and accompanying data documentation should be shared at the IEP meeting. A discontinuation recommendation for speech and language services becomes stronger as a team documents evidence for more of the following considerations.

General Considerations for Discontinuation of Speech and Language Services

- A speech and/or language disorder/delay no longer exists.
- The student's IEP speech and language goals and objectives have been met, and there are no further identified needs.
- The student's speech-language problem no longer interferes with their ability to access and progress in the general education curriculum.
- The student no longer requires specially designed instruction for speech and/or language to access and progress in the general education curriculum.
- An alternative service or program is deemed more appropriate to meet the student's communication needs at this time. ([ASHA Ethics source](#); Principle I, Rule K).
- The parent/guardian or age of majority student revokes their consent to implementation of speech language services.

Specific Considerations for Discontinuation of Speech and Language Services

VOICE - Any one or more of the following characteristics:
✓ Vocal quality, loudness and pitch no longer interfere with educational performance.
✓ Any of the answers to the 3-Question Litmus Test have changed from a 'Yes' to a 'No.'



Intervention (SDI) Considerations

For students who meet the entrance criteria for SLI-Voice, specially designed instruction (SDI) and related services are designed to meet the individualized needs of the student and enable the student to be involved and make progress in the general education curriculum. For Birth to three and preschool-age children not enrolled in a program, SDI and related services are designed to meet the individualized needs of the child and enable him/her to be involved and make progress in his/her daily routines and activities. The primary purpose of SDI and related services for speech sound disorders are to accelerate learning so that at least one of the following occurs:

- The student no longer demonstrates a disability
- The student's disability no longer adversely impacts access to and progress in general education
- The student no longer requires SDI in order to access and progress in general education

Speech-language pathologists must meet not only the requirements of the IDEA and MARSE for the provision of services, but also hold paramount the evidence-based practices upon which the profession is based.

Key Requirements of the IDEA and MARSE for SDI and Related Services:

According to federal and state requirements, the IEP Team determines which programs, services and supports will be employed to meet the unique learning needs of the individual. The options can be combined and should be reviewed and changed over time, as the student's needs change. In order to maximize learning acceleration in the shortest amount of time possible, the SLP should strive to design an intervention program that involves daily opportunities for the student to practice with materials that are relevant to the curriculum (academic, nonacademic, extra-curricular) for the generalization of adequate voice. The SLP can collaborate with the classroom teacher to utilize materials that provide the student practice relevant to his or her education and confer educational benefit. Frequency of service is to be determined by the IEP Team based on severity and individual student needs.

Professional Evidence Considerations:

Intervention aimed at eliminating the voice disorder itself focuses on improving voice production and coordination of respiration and phonation. Intervention can also target skills and strategies that either mitigate the impact of the voice disorder on a student's access to or progress in general education and/or eliminate the need for SDI altogether, such as:

- establishing appropriate vocal hygiene routines/practices
- improving self-awareness of voice quality and kinesthetic factors (e.g., tension)
- acquiring new communication skills and strategies



- modifying contextual factors to reduce barriers and enhance facilitators of successful communication and participation

ASHA's [Person-Centered Focus on Function: Voice](#) resource may be especially useful when creating treatment goals that are aligned with the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) model.

Speech-language pathologists are encouraged to use ASHA's [Practice Portal for Voice Disorders](#) and Evidence Maps to access the most up-to-date research and information about therapy approach, target selection, and service delivery (dosage, format, provider, setting, timing). This information should be used to inform evidence-based decision-making so that services are well-matched to a student's specific needs and level of adverse impact and accelerate learning

Supporting Forms

- [Folder](#)

IDEA Three-Question Litmus Test Decision-Making Heuristic

- [SLI- Voice Entrance & Exit Heuristic](#)

Family Socio-Cultural Interview and Language Exposure Survey

- [Family Socio-Cultural Interview and Language Exposure Survey](#) form

Tiered Support Documentation

- [Tiered Support Documentation Form](#)

Input Forms

- [Student Input - Voice](#) form
- [Teacher Input - Voice](#) form
- [Parent Input - Voice](#) form

Speech Participation and Activity Assessment of Children (SPAA-C)

- Open Access: [SPAA-C](#) (available in multiple languages)
- Specific Forms: [SPAA-C Instructions and Questions](#) (English)

Consensus Auditory-Perceptual Evaluation of Voice

- Open Access: [CAPE-V tool](#) and [ASHA user agreement](#)



ASHA Voice Evaluation Template

- Open Access: [Template](#)
- [s:z Ratio Norms](#)
- [Maximum Phonation Time Norms](#)

Dynamic Assessment Modifiability & Teacher Effort

- [Rating Scales](#)

Exit Criteria

- [Template](#)

IEP Goal Writing and Specially Designed Instruction

- ASHA [Person-Centered Focus on Function: Voice](#)

References

American Speech-Language-Hearing Association. (1993). Definitions of communication disorders and variations [Relevant paper]. <https://www.asha.org/policy/RP1993-00208/>

American Speech Language Hearing Association. (n.d.). *Resonance Disorders*. [Practice Portal]. Retrieved May 21, 2024, from <https://www.asha.org/practice-portal/clinical-topics/resonance-disorders>

American Speech Language Hearing Association. (2024, March 5). *Voice Disorders*. [Practice Portal]. Retrieved May 21, 2024, from <https://www.asha.org/practice-portal/clinical-topics/voice-disorders/>

Aronson, A. E., & Bless, D. M. (2009). *Clinical voice disorders* (4th ed.). Thieme.

Boone, D. R., McFarlane, S. C., Von Berg, S. L., & Zraick, R. I. (2010). *The voice and voice therapy*. Allyn & Bacon.

Colton, R. H., Casper, J. K., & Leonard, R. (2011). *Understanding Voice Problems: A Physiological Perspective for Diagnosis and Treatment*. Wolters Kluwer Health/Lippincott Williams & Wilkins.

Individuals with Disabilities Education Act (IDEA). (2004). <https://sites.ed.gov/idea/>



Lee, L., Glaze, J. C., & Kelchner, L. N. (2004). Quick screen for voice and supplementary documents for identifying pediatric voice disorders. *Language, Speech, and Hearing Services in Schools, 35*(4), 308-319. [https://doi.org/10.1044/0161-1461\(2004/030\)](https://doi.org/10.1044/0161-1461(2004/030))

Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations. (2024, June). State of Michigan. https://www.michigan.gov/-/media/Project/Websites/mde/specialeducation/MI-rules/MARSE_Supplemented_with_IDEA_Regs.pdf

Speech-Language Pathology General Rules. (2021). State of Michigan Administrative Rules. Retrieved March 14, 2024, from <https://www.michigan.gov/lara/bureau-list/moahr/admin-rules>

Stemple, J. C., Glaze, L. E., & Klaben, B. (2010). *Clinical Voice Pathology: Theory and Management*. Plural Pub.

Verdolini, K., & Ramig, L. O. (n.d.). Review: Occupational risks for voice problems. *Logopedics Phoniatrics Vocology, 26*(1), 37-46. <https://doi.org/10.1080/14015430119969>

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