

SPEECH OR LANGUAGE IMPAIRMENT

I. DEFINITION

"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.

The operational definition under Arkansas regulations, which is designed to be compatible with the Federal definition, is as follows: "Speech or Language Impairment" means a communication disorder such as deviant articulation, fluency, voice, and/or comprehension and/or expression of language, spoken or written, which impedes the child's acquisition of basic cognitive and/or affective skills, as reflected in the Arkansas Department of Education curriculum standards.

II. POSSIBLE REFERRAL CHARACTERISTICS

A. Intellectual

1. Intellectual functioning is not as strong an indicator as are other referral characteristics

B. Academic

1. Overall achievement may be below expectancy in relation to chronological age, mental age, or both
2. Achievement in reading, spelling, written composition, grammatical usage or math processes may be below expected levels, often with delay or difficulty in acquisition of pre-reading or other readiness skills
3. Word knowledge may be below expectancy
4. Word substitutions may occur frequently in reading and in writing from copy or reproducing from recall

C. Behavioral

1. Hesitates or refuses to participate in verbal activities
2. Is inattentive, distractible; exhibits poor concentration; has difficulty "tuning in" to tasks or switching tasks
3. Displays refusal behavior and/or low frustration tolerance
4. Perseverates verbally and/or motorically

5. Has difficulty following directions; must be "shown" what to do
6. Has trouble analyzing/integrating information from what is seen, heard or felt
7. Is embarrassed or disturbed by his speech, regardless of age
8. Has difficulty interpreting emotions, attitudes and intentions others communicate through nonverbal aspects of communication (facial expressions and body language)
9. Responds inappropriately to subtle nonverbal social cues, often giving inappropriate social responses
10. May not establish or maintain eye contact
11. Repeats what is said to him or what he is reading, vocally or subvocally
12. Uses gestures extensively while talking or in place of speech
13. Is slow to respond during verbal interaction or following verbal cues
14. Is compulsive in actions or speech
15. Acts impulsively, without forethought; often responds before instructions are completed
16. Is echolalic
17. Has difficulty remembering and finding specific words to use during conversation or when answering a question

D. Communicative Abilities

(Refer to other sections within Possible Referral Characteristics for additional traits)

1. Asks questions and/or responds to questions inappropriately (especially "why" and "how" question forms)
2. Has difficulty discriminating likenesses and differences

3. Has difficulty analyzing and synthesizing sound sequences, forming stable phoneme/grapheme associations, and segmenting words into smaller grammatical units
4. Has difficulty learning and applying concepts of time, space, quantity, size, proportion and measurement
5. Has difficulty comprehending and using linguistically complex sentences
6. Has problems acquiring and using grammatical rules and patterns for word and sentence formation
7. Cannot identify pronouns and their antecedents
8. Cannot relate the events in a story or information in a report in sequential order
9. Cannot predict outcomes, make judgments, draw conclusions or generate alternatives after appropriate discussion
10. Does not recognize and understand figurative language such as alliteration, similes, metaphors, personification, and idioms
11. Does not recognize syllabication and accent in words
12. Cannot give clear and appropriate directions
13. Has difficulty interpreting or formulating (oral or written) compound or complex sentences, and/or sentences which compare and contrast ideas or show cause-effect relationships
14. Cannot summarize essential details from hearing or reading a passage, nor distinguish relevant from irrelevant information
15. Has difficulty analyzing and solving math reading problems of various complexity (one or multiple step), including those involving probability
16. Will not initiate conversations

17. Cannot identify or use expository, descriptive or narrative language in written work
18. Cannot write an organized paragraph using related sentences of varying length and grammatical complexity
19. Has problems interpreting and/or using vocal pitch, intensity, and timing for purposes of communicating subtle distinctions in emotion and intention
20. Has inappropriate vocal pitch for age and sex
21. Does not use appropriate vocal control, particularly in regulating speaking volume (unusually loud or soft)
22. Has breathy, harsh, husky or monotone voice
23. Continually sounds congested (denasal)
24. Sounds unusually nasal; voice has a "whining" quality
25. Has abnormal rhythm or rate of speech
26. Frequently prolongs or repeats sounds, words, phrases and/or sentences during speech
27. Has unintelligible (cannot be understood) or indistinct speech
28. Has difficulty articulating sounds within words

E. Physical

1. Conditions are indicated in the student's medical/developmental history, such as cleft lip and/or palate, deviant palatal-pharyngeal structure, cerebral palsy, muscular dystrophy, brain injury, aphasia, vocal nodules or other pathology of the vocal mechanism, hearing loss, myringotomy or other aural surgery, orofacial abnormalities, congenital disorders
2. Has continuous allergy problems or frequent colds
3. Has deviant dental structure
4. Has oral muscular coordination slower than normal

5. Displays clumsiness or general motor incoordination

III. SCREENING INFORMATION

A. Required

1. Hearing
2. Vision

B. Recommended

1. Formal
 - a. Information derived from school-wide, grade and/or class testing
2. Informal
 - a. Checklists
 - b. Inventories
 - c. Interviews
 - d. Observation(s) in classes and/or other settings
 - e. Access to and review of existing records and available information

IV. REQUIRED EVALUATION DATA

A. Social History

B. Individual Achievement (formal or informal)

C. Communicative Abilities (Required as described below)

The speech-language pathologist (SLP) is to conduct a thorough and balanced speech, language, or communication assessment. The foundation of a quality individualized assessment is to establish a complete student history. That information should guide the selection of subsequent assessment tools and activities, which should reflect multiple perspectives. No single assessment measure can provide sufficient data to create an accurate and comprehensive communication profile.

1. For Verbal Communicators (Students using spoken language to communicate)

Two or more tests and/or procedures which delineate the specific nature and extent of the disorder.

2. For Nonverbal Communicators (Students who are nonspeaking or exhibit severe difficulties using verbal communication to make themselves understood by others)

An assessment for augmentative/alternative communication (AAC) performed by a multidisciplinary team with experience, training, and competence in AAC. (Refer to Assistive Technology Section 5.08)

3. Oral-peripheral speech mechanism examination, which includes a description of the status and function of orofacial structures. This examination must be conducted in addition to the requirement for either verbal communicators (1) or nonverbal communicators (2). If, after examination, feeding, and/or swallowing are a concern, the SLP should make appropriate referral for further medical evaluation.

4. Other

- a. Combining standardized (norm-referenced) with nonstandardized (descriptive) assessment using multiple methods will assure the collection of student-centered, contextualized, performance-based, and functional information about the child's communicative abilities and needs. Standardized assessment may consist of any diagnostic tool that compares results to an appropriate normative sample. Nonstandardized assessment may consist of criterion-referenced assessment, curriculum-based assessment, dynamic assessment, language samples, and structured probes.

- b. When the SLP deems additional medical or other professional information is necessary, appropriate referral should be made with resulting information considered in the process of formulating diagnostic and/or programmatic impressions.

- c. Related functions which may contribute to or underlie a communication disorder must also be considered. For example, impaired articulation may be related to an auditory acuity and/or perceptual deficit, a motor-speech problem, overall maturational lag, or deviant oral structure. Such determinations cannot be made solely through administration of a standard test of articulatory ability.
- d. When evaluating speech and/or language for disability category other than SI, refer to required evaluation components for the disability category being considered (e.g., hearing impairment, intellectual disability).

V. OPTIONAL EVALUATION DATA

- A. Individual intelligence**
- B. Portfolios**
- C. Anecdotal records**
- D. Checklists and developmental scales**

VI. EVALUATION DATA ANALYSIS

A. Types of Communication Disorders

- 1. Language Disorder - Impaired comprehension and/or use of spoken, written, and/or other symbol systems. This disorder may involve the form of language (phonology, morphology, syntax), the content and meaning of language (semantics, prosody), and/or the function of language (pragmatics) in communication. Such disorders may involve one, all, or a combination of the following components of language.

Form of Language

- a. Phonology - is the sound system of language and the rules that govern the sound combinations.

- b. Morphology - Is the system that governs the structure of words and the construction of word forms.
- c. Syntax - Is the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence.

Content and Meaning of Language

- d. Semantics - is the system that governs the meanings of words in sentences.
- e. Prosody - Is the feature of communication involving stress and intonation patterns that convey the meaning of spoken utterances, determined primarily by variations in pitch, loudness and duration. Status may be reported from informal observation.

Function of Language

- f. Pragmatics - is the system that combines the above language components in functional and socially appropriate communication.

Perception and Processing of Language

- g. Perception and processing - is the manner by which language is internally received and responded to and involves attention, sequencing, memory, analysis, synthesis and/or discrimination abilities.

- 2. Speech Production Disorder - Impairment of the articulation of speech sounds, fluency and/or voice. Such disorders may involve one, all or a combination of the following components of the speech production system.

- a. Articulation - an articulation disorder is the production and combination of speech sounds. An articulation disorder may manifest as an individual sound deficiency (traditional articulation disorder), incomplete or deviant use of the phonological system (phonological disorder), or poor coordination of oral-motor mechanism for purposes of speech production (apraxia/dysarthria).

- b. Voice - is the feature of speech production that impacts tonal quality, pitch, loudness and resonance of speech. Adequate status may be reported from informal observation.
- c. Fluency - is the feature of speech production that impacts the rate and rhythm of conversational speech. Slight to severe physical behaviors may also accompany the disorder. Adequate status may be reported from informal observation.

In analyzing communicative abilities, the SLP should be aware of factors which represent communication differences rather than disorders. Communication differences refer to maturational, regional, social or cultural/ethnic speech and/or language variations that are not considered communication disorders.

After carefully analyzing the evaluation data pertaining to the student's communicative abilities, the speech-language pathologist will complete a written evaluation report which includes impressions indicating the presence or absence of a clinical disorder.

Through committee interaction this evaluation information will be integrated with all other data (e.g., teacher observations, including those of educational performance, and other formal and informal assessment data) gathered throughout the screening/ evaluation processes. This will be done so that the committee may determine if a disabling condition exists which impedes the student's acquisition of expected academic, behavioral, social, vocational, and functional performance goals.

The committee must judge what the consequences of the impairment are for the student in relation to expected learnings within the curriculum, as established at each grade and/or chronological age level of skill development. The relationship of the communication disorder to expected learnings should be recorded on the Evaluation/Programming Conference Decision form. Once the adverse affect

on educational performance is established, a determination must be made of the corresponding need for special education services.

When a student whose eligibility is based on a disability category other than "Speech or Language Impairment" exhibits a concomitant communication disorder, (as determined through formal evaluation), then circumstances exist for the provision of speech and/or language services.

VII. PROGRAMMING CONSIDERATIONS

Service delivery is a dynamic concept and changes as the needs of the students change; therefore, in designing a program to address the communication needs of students with disabilities, a variety of service delivery options should be considered. No one service delivery model listed should be used exclusively within a district's speech and language program. Service delivery options include direct and indirect services. Direct services may consist of therapy integrated into the classroom, pull-out therapy in an individual or group setting, community based instruction, and/or a combination. Indirect services may include collaboration or consultation with parents, general and special education teachers and other service delivery providers.

Decisions as to how instruction should be provided (e.g., in the context of a direct speech-language therapy program, a special education classroom and/or a general education classroom), must be based on the individual needs of the child. Services must be provided in the least restrictive environment.

Prior to recommending dismissal from speech or language therapy services, existing data must be reviewed and may include a comprehensive evaluation, if deemed appropriate or required. Refer to Special Education Eligibility Criteria and Program Guidelines for Children with Disabilities, Ages 3-21, Part III, Section 1, for a complete review of dismissal criteria.