

## SPEECH OR LANGUAGE IMPAIRMENT EARLY CHILDHOOD SPECIAL EDUCATION

### I. DEFINITION

“Speech or language impairment” means a communication disorder, such as stuttering, impaired articulation, a language impairment (comprehension and/or expression), or a voice impairment, that adversely affects a child’s developmental/educational performance (e.g., impedes the child’s acquisition of basic cognitive and affective performance skills).

- A. Language** A language disorder is the impairment or deviant development of comprehension and/or expression of language. Such disorders may involve one, all or a combination of the following components of a language system.

  1. Phonology involves the sound system of a language, the particular sounds of the sound system and the ways in which the rules of a language permit them to be combined. Phonological disorders are most often articulatory and are addressed under Articulation.
  2. Morphology involves the structure of words and the ways in which the rules of a language permit the construction of new word forms, such as combining “root” words with prefixes and suffixes, or compounding words.
  3. Syntax involves the rules governing the order and combination of words in the formation of sentences, and the relationships among the elements within a sentence or between two or more sentences.
  4. Semantics is the psycholinguistic system that patterns individual word meanings and combining of word meanings to form the content of a sentence.
  5. Pragmatics is the sociolinguistic system that patterns the use of language in context.
  6. A perceptual and/or processing disorder is characterized by deviant attention, sequencing, memory, analysis, synthesis and/or discrimination abilities.
- B. Prosody** A feature of communication involving stress and intonation patterns that convey the meaning of spoken utterances determined primarily by variations in pitch, loudness and duration.

Systematic observation of these elements can be made during language assessment.

- C. Articulation** An articulation disorder is the abnormal production of speech sounds for a given age or condition.
- D. Voice** A voice disorder is the absence or abnormal production of voice characterized by deviant initiation/duration, tonal quality, pitch, loudness and/or resonance.
- E. Fluency** A fluency disorder is the abnormal flow of verbal expression characterized by impaired rate and rhythm which may be accompanied by struggle behavior.

## II. SCREENING INFORMATION

Screening can be waived if current data [within the past six (6) months] are available; otherwise, screening is required.

### **B. Required**

- 1. Hearing
- 2. Vision
- 3. Formal measures of -
  - a. Development (May include the areas of cognition, motor, social/emotional, self-help)
  - b. Speech/language
- 4. Informal measures of -
  - a. Voice
  - b. Fluency

### **C. Recommended**

- 1. Informal measures, such as -
  - a. Checklists;
  - b. Inventories;

- c. Rating scales;
- d. Interviews;
- e. Behavioral observation in home and/or other natural environments; and/or
- f. Access to and review of existing records and available information.

### III. REQUIRED EVALUATION DATA

**D. Social History** (Emphasis on developmental, family and health/medical history)

**E. Assessment**

Assessment instruments must be standardized and have a reliability coefficient of at least .80 to ensure that children are being identified accurately. Standardized instruments provide more precise information about how a child performs in relation to peers.

1. Cognitive/Intellectual Abilities (One required for children with language disorders)
2. Social/Emotional (One adaptive behavior assessment required)
3. Communicative Abilities

If a speech or language disability is suspected or indicated from screening, further assessment(s) and diagnosis of a specific communication disorder must be made by a licensed/certified speech language pathologist.

Such professionals evaluate children using procedures appropriate to assessment and diagnosis of specific communication disorders. When, in the opinion of the speech-language pathologist, it is deemed necessary to have additional evaluations, referral of children may be made for such assessment(s). This may include referral for medical and/or other professional evaluation. The speech-language pathologist will include such additional information in the process of formulating diagnostic and/or programmatic impressions and recommendations.

- a. Oral-peripheral speech mechanism evaluation (Required)
  - b. Language (Both receptive and expressive areas must be assessed. Assessment may include, but not be limited to, vocabulary tests. Cognitive/intellectual abilities assessment is required when language delay is identified.)
  - c. Articulation (Two measures required when articulation disorder is suspected.)
  - d. Voice (Required when voice disorder is suspected. Referral for medical evaluation is required.)
  - e. Fluency (Required when fluency disorder is suspected.)
  - f. Augmentative/Alternative Communication (Required when indicated)
- 4. Medical (Referral to otolaryngologist is required when voice disorder is suspected. Other physical conditions/anomalies may also warrant further referral.)
  - 5. Programming (One criterion or curriculum-based measure in the area of communicative abilities required for children with a language disorder)

#### **IV. EVALUATION DATA ANALYSIS**

Children ages 3 to 5 are considered to have a Speech or Language Impairment when they demonstrate a measurable, verifiable discrepancy between expected performance for the child's chronological age and the current level of performance. In analyzing communicative abilities, the speech-language pathologist should be aware of factors which represent communication differences rather than disorders. Communication differences refer to regional, social or cultural speech and/or language variations that are not considered communication disorders.

After analyzing the evaluation data pertaining to the child's communicative abilities, inclusive of screening information, the speech-language pathologist will submit the information to the committee in the form of a written report. A discrepancy between the expected performance and the current level of functioning is determined as follows -

**F. Articulation**

1. Standardized test
  - a. A moderate or severe rating on a standardized articulation test that yields a severity rating; and/or
  - b. A two (2.0) standard deviation delay in speech production as measured by a standardized articulation test or a percentile rank of 2.
2. Analysis of documented observation and informal assessment, (e.g., phonetically transcribed language samples), which demonstrate a discrepancy between expected performance and overall functioning level.

**G. Language**

1. Standardized test
  - a. Analysis and documentation of scores from comprehensive standardized receptive and expressive language tests (which may include, but not be limited to, vocabulary tests) shall be at least two (2.0) standard deviations below the mean for chronological age or a percentile rank of 2; and
  - b. Assessment in the areas of morphology, syntax, semantics and pragmatics through -
    - i. Analysis and documentation of a “standardized” language sample; or
    - ii. Observation and informal assessment in these areas when standardized instruments are not available.
2. For children with a delay of 1.5 standard deviations in language, either receptive or expressive, a cognitive/intellectual abilities assessment is required.

**H. Combination Articulation/Language**

1. A moderate or severe rating on a standardized articulation test that yields a severity rating of at least a one and one-

half (1.5) standard deviation delay in speech production;  
and

2. At least one and one-half (1.5) standard deviations below the mean on a comprehensive standardized language test (analysis and documentation of scores from receptive and/or expressive language tests).

**I. Fluency**

To be eligible for service in the area of fluency, the preschool child should exhibit interruptions or dysfluencies (such as repetitions, prolongations, blockage in flow of speech, struggle or avoidance behaviors) which interfere with communication or are inconsistent with age or development in more than one speaking situation.

**J. Voice**

The preschool child is eligible for service in the area of voice when referral and medical clearance are completed, and the child is found to have a deviation in voice quality, pitch or loudness which interferes with communication or is inconsistent with age or development.