Colorado Speech or Language Impairment Guidelines

Assessment and Eligibility

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Acknowledgements

Contributors and Reviewers of the 2022 Updated SLI Guidelines

Jill A. Bailey, M.S., CCC-SLP	Speech-Language Pathologist Pikes Peak Region	Academy District 20, Colorado Springs
Donna Boudreau Ph.D., CCC-SLP	Department lead, Speech-Language Pathologist, North Central Region	Poudre School District
Tami Cassel, M.A., CCC-SLP	Supervisor, Speech-Language Pathology	Colorado Department of Education
Teale Darnell, M.A., CCC-SLP	Speech Language Pathologist Metro Southwest Region	Jeffco Public Schools
Sandy Frey, SLPD, CCC-SLP	Speech Language Pathologist Southeast Region	Pueblo School District 70
Laura Jordan, M.A., CCC-SLP	Speech/Language Specialist West Central Region	Mesa County Valley School District 51
Jodi LeGray ClinScD, CCC-SLP	Speech-Language Pathologist Team Lead, Metro Southeast Region	Aurora Public Schools
Alison Lemke, M.A. CCC-SLP	Associate Clinical Professor	University of Colorado
Kelly Meadows, M.S., CCC-SLP	Ph.D. intern in Special Education	University of Northern Colorado
Maureen Melonis, M.N.S., CCC-SLP	Associate Director	Center for Inclusive Design & Engineering, University of Colorado, Denver
Kim Murza, Ph.D., CCC-SLP	Associate Professor	University of Northern Colorado
Ilana Oliff, M.A., CCC-SLP	Director of Clinical Education	Metropolitan State University
Stephanie Pham, MS CCC-SLP	Speech-Language Pathologist Southwest Region	San Juan BOCES
Judy Pieken, M.A., CCC-SLP	Speech-Language Pathologist Metro Northwest Region	Boulder Valley School District
Eric Schliemann, M.A., CCC-SLP	Bilingual Speech-Language Pathologist	Westminster Public Schools
Jennifer S Seedorf, M.S., CCC-SLP	Speech-Language Pathologist Northeast Region	Northeast Colorado BOCES
Amy Simmons, MA, CCC-A/SLP	Audiologist and Speech-Language Pathologist	Cherry Creek School District
Angela DiMercurio Simpson M.S., CCC-SLP	Speech Language Pathologist, Team Lead/Coach, Northwest Region	Roaring Fork School District
Kimberly A. Walker, M.S. ED, CCC-SLP	Speech-Language Pathologist Northeast Region	Adams 12 Five Star School District

Past Contributors

Aleki Davis, Poudre R-1 School District	Katherine Odell, Pueblo City 60 School District
Angela Horne, Adams 12 Five Star Schools	Kathy Boada, Colorado Speech Language Hearing Association
Anne Whitney, University of Colorado - Boulder	Kathy Fahey, University of Northern Colorado
Carol Haworth, Speech-Language Pathologist, Windsor School District	Lee Connelly, Jefferson County School District
Carolyn Lehmann, Adams 12 Five Star Schools	Lisa Gessini, ASHA State Educational Advocacy Liaison
Catherine Curran, Metro State College of Denver	Liz Van Liere, Boulder Valley RE 2 School District
Cathy Eckert, Cheyenne Mountain School District 12	Madeline Eshnaur, Boulder Valley School District
Cathy Smith, Meeker RE1	Margie Martinez, Mesa County Valley 51
Cherri Davenport, Mesa County Valley School District 51	Nancy Lewis, Adams 12 Five Star Schools
Connie Egleston, Cherry Creek 5 School District	Sharon Brychka, Douglas County RE 1 School District
Cynthia C Millikin, Colorado Department of Education	Shirley A. Padilla-Martinez, Jefferson County School District
Debbie Moomey, San Juan BOCES	Stacey Baxter, San Juan BOCES
Edie Jansen, Garfield District 16 Schools	Sun Coates, Denver Public Schools
Georgia Magnera, Boulder Valley RE 2 School District	Susan M. Moore, University of Colorado Boulder
Janet Klein, Poudre R-1 School District	Valerie Knafelc, Fountain-Fort Carson School District 8

Introduction

In Colorado "a child with a Speech or Language Impairment shall have a communicative disorder which prevents the child from receiving reasonable educational benefit from general education" (ECEA 2.08(9)). **The Colorado Speech or Language Impairment Guidelines Assessment and Eligibility** (2022), hereafter referred to as **The SLI Guidelines**, support speech-language pathologists (SLPs), administrators, teachers, and families in understanding the roles and responsibilities for providing speech or language services in the educational setting. In addition, these guidelines are designed to promote consistency within Colorado administrative units (AU) in determining student eligibility of a Speech or Language Impairment, in determining whether speech or language services are educationally relevant, and when considering dismissal from speech-language services as special education or as a related service.

 The SLI Guidelines have been updated to align with current legislation, research, and evidence-based practices regarding speech or language disorders. This document reflects regulations in the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA, 2004) and updates of the Exceptional Children's Educational Act (ECEA, 2016). They provide guidance for pre-referral, evaluation, and eligibility decisions; assessing students who are culturally, linguistically diverse; and determining the educational impact a speech or language disorder has on educational performance which includes academic, social, health, emotional, communicative, physical, and vocational performance. They are not intended to provide a formula for determining the length or frequency of intervention sessions for students with communication disabilities, or for selecting the type(s) of service delivery method(s). These services are unique and specific to an individual and should be determined by the individualized education program (IEP) team. These guidelines are subject to change based on legislative updates and innovative evidenced-based practices.

The Colorado Department of Education technical assistance documents, as well as other state guidance documents, should be used in conjunction with these guidelines. Click on the links below to be directed to these resources:

[Technical Assistance Documents](#)

[IEP Resources](#)

[Early Intervention Colorado State Plan](#)

The Colorado Department of Education (CDE) Exceptional Student Services Unit (ESSU) employs staff to aid in understanding information provided in this and other department resources. Additional information may be found on the CDE website at: www.cde.state.co.us

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Section I: Roles and Responsibilities of the Speech-Language Pathologist

The Speech-Language Pathologist in Public Education

The school-based speech language pathologist (SLP) works in collaboration with other educators, families, and administrators to complement and augment curriculum, instructional programming, and vocational opportunities for students with communication disorders in the educational setting. They play an integral role in education to support students with disabilities in developing communication skills, including - listening skills, clear and concise expression of ideas, and assistive, augmentative, alternative communication. Communication is an essential skill for college and career readiness and is rated among the top ten skills employers evaluate when hiring (Doyle, 2018).

The role of the speech-language pathologist (SLP) who works in a public-school setting has been realigned to reflect educational reform, legal mandates, and professional practices. There is continued emphasis on providing a free and appropriate public education (FAPE) to students with disabilities in an inclusive environment that supports their access to general education. Every Student Succeeds Act (ESSA), which was signed into law in 2015, holds states accountable for improving educational outcomes for students with disabilities (US Department of Education, 2020). This accountability rests with all educators; therefore, "SLPs become key players in reform efforts in elementary and secondary schools by focusing on helping students with a wide range of speech–language-related problems to meet performance standards" (American Speech-Language-Hearing Association, 2010). When there are concerns with speech or language development and a disability is suspected, SLPs are essential members of the educational team. SLPs provide services that focus on prevention, assessment, intervention, and program design efforts to support the student within the educational setting. Speech-language pathologists provide services which include "(i) Identification of children with Speech or Language Impairments; (ii) Diagnosis and appraisal of specific Speech or Language Impairments; (iii) Referral for medical or other professional attention necessary for the habilitation of Speech or Language Impairments; (iv) Provision of speech and language services for the habilitation or prevention of communicative impairments; and (v) Counseling and guidance of parents, children and teachers" (34 C.F.R. 300.34(c)(15)). Speech-language pathologists provide services to students who have been identified as having a disability that requires specially designed instruction in speech or language development to provide reasonable benefit from general education. While all educators support the development of speech and language skills for children with disabilities, speech and language services as outlined in the IEP are to be provided only by licensed SLPs and authorized SLPAs under the supervision of the SLP. These services are directed and extended through collaboration between the SLP and other educators.

IDEA requires that personnel providing services to students with disabilities are qualified and have met the requirements by the state. To work in Colorado public schools an SLP must have earned a master's degree or higher from an accredited university. They are required to hold a valid specialized service provider (SSP) license by the Colorado Department of Education that allows them to provide services to children on an individualized family service plan (IFSP) or individualized education program (IEP) in any public school or state operated facility.

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Speech-Language Pathologists (SLPs) are professionally trained to prevent, screen, identify, assess, diagnose, refer, provide intervention for, and counsel persons with, or who are at risk for, articulation, fluency, voice, language, communication, swallowing, and related disabilities. (American Speech-Language-Hearing Association (2021) Roles and Responsibilities of Speech-Language Pathologists in Schools [Guidelines], available from www.asha.org/policy. Working within an educational system also requires an understanding of the Individuals with Disabilities Education Act (IDEA) and the Exceptional Children Education Act (ECEA) which includes eligibility determination, IEP/IFSP development, caseload management, intervention, counseling, re-evaluation, transition, and considerations for terminating special education services for students receiving special education.

Supervision by the Speech-Language Pathologist

Supervising Speech-Language Pathology Students or Clinical Fellows

In Colorado, supervision of clinical fellows and university students in speech-language pathology or speech language pathology assistant (SLPA) programs can ONLY be provided by an SLP who is certified by the American Speech-Language-Hearing Association (ASHA) and has met ASHA's requirements for supervision. Some AU/districts/BOCES employ speech language pathology assistants who must be authorized by the CDE to work in Colorado public schools or state operated facilities. Once authorized, the SLPA may perform tasks in accordance with the rules and regulations outlined in the Educator Licensing Act 1991.

Supervising the Speech-Language Pathology Assistant

The school SLPA serves as a member of an educational team and receives supervision when implementing services for children/students with speech, language, cognitive, voice, oral-muscular dysfunctions, augmentative/alternative communication disorders, and hearing impairments (1 CCR 301-37, 4.11).

The supervising speech-language pathologist is responsible for and directs services provided by SLPAs. It is recommended that CDE authorized SLPAs receive the following amount of supervision:

Length of Employment	Total Supervision	Direct Supervision	Indirect Supervision
First 90 days	30%	20%	10%
After 90 days	20%	10%	10%

Supervision can occur in-person or by tele-supervision. For it to be considered direct supervision it must occur at the time of the service whether the supervisor is participating virtually or in the same room. The recommended number of SLPAs being supervised by one SLP should not exceed three.

The documents *Speech-Language Pathology Assistants* and *Practice Guidelines for Supervisors of SLPAs* are resources on the scope of practice for SLPAs and guidelines for SLPs supervising special education services.

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Supporting Multi-Tiered System of Supports (MTSS)

A Multi-Tiered System of Supports (MTSS) as defined by Colorado Department of Education (CDE) is a prevention-based framework for improving learning outcomes for every student through a layered continuum of evidence-based practices, supported through general education. More information on MTSS in Colorado can be located on the [MTSS webpage](#).

Defined by the CDE, Response to Intervention (RtI) a preventive approach to improving individual outcomes through high-quality universal instruction within a multi-tiered system that connects supports matched to students' academic, social-emotional, and behavioral needs. The purpose of RtI is to match supports to student needs using a problem-solving process that focuses on the use of data, evidence-based practices, and monitoring student responses to instruction and intervention to ensure every student makes educational growth to succeed in postsecondary settings and to advance in career pathways.

Some AU/BOCES/districts use the terms interchangeably or use one term primarily to represent the process of supporting students who need extra academic support. Consult with your AU/BOCES/district regarding their policies and practices for MTSS/RtI.

According to the CDE Specific Learning Disability Guidelines (2019), "the RtI model utilizes instructional strategies such as universal screening and ongoing data analysis to inform instructional interventions, flexible use of building personnel to address student needs, as well as collaborative problem-solving among staff and parents to enhance all students' performance." Key to this process is a student-centered problem-solving team (PST) that strives for diverse representation and collegiality within its membership. The team is comprised of a variety of stakeholders that include educational staff with a diverse set of skills and expertise to address the behavioral and/or academic concerns and may include the student's parents. Problem-solving teams should use meeting protocols and agendas as well as a facilitator to guide the process. Other important roles on a problem-solving team include a recorder and timekeeper. Finally, designated consultants or case managers are essential to the follow-through of the recommendations made by the problem-solving team.

When effectively executed, the RtI/data-based problem-solving process has three important outcomes. First, students who need additional support are promptly supported. Second, unnecessary referrals to special education, which result in the inefficient use of personnel, time, and paperwork, are reduced. Third, when a student requires intensified educational support, a referral for a special education eligibility evaluation can be made using data gathered by the problem-solving team to support the body of evidence for a comprehensive assessment. Using these data facilitates completing the assessment process within or before mandated deadlines, providing strong evidence to support the eligibility decision, and increasing timely implementation of programs and services, if necessary.

The RtI/data-based problem-solving process needs to be followed when determining eligibility for Specific Learning Disability in any of the 8 identified areas. When a learning disability is being considered in the areas of Oral Expression or Listening Comprehension, the speech-language pathologist should participate on these building level teams to help in the development and implementation of interventions and progress monitoring tools. The support provided by the SLP is determined on a case-by-case basis depending on the needs of the student, input from the SLP and the policies and practices of the AU/district/BOCES.

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The SLP plays an important role in the data-based problem-solving process in cases where there are language or communication concerns. The SLP has considerable knowledge regarding the interconnectedness of language and the demands of classroom expectations. In fact, many problems related to language development or communication may be resolved or sufficiently mitigated without referral to special education when appropriate educational supports in curriculum and instruction, individual literacy plans, positive behavioral supports, or general education tiered interventions are implemented. The SLP and classroom teacher, along with other members of the team, analyze the factors that can enhance a student's communication performance which can lead to practical classroom solutions that improve outcomes for students without the need for special education referral.

By participating as a member in the data-based problem-solving process, the SLP is instrumental in helping teachers develop classroom and instructional supports that enhance communication skill development and encourage achievement for all students. If the student is not progressing adequately in grade level academic standards or accessing general education with appropriate accommodations and targeted interventions, then a special education referral may be warranted. Referral to special education should not be delayed if a disability is suspected Memo to State Directors of Special Education, 56 IDELR 50 (OSEP, Memo to State Directors of Special Education, 2011).

Universal Instruction: Tier I

Tier I refers to the core classroom instruction provided for all students. The SLP can collaborate with the PST to interpret results of universal screenings, observations, and data collections.

The SLP may:

- support and participate in professional development in core curricula
- provide information regarding typical and atypical speech/language development
- support implementation of school-wide screening to identify students who may be at-risk
- help in creating literacy-rich environments
- support flexible grouping
- collaborate with educators and families
- consult in school-wide efforts to design and enhance classroom communication strategies

Targeted and Intensive Intervention: Tier II and III

Tier II includes individualized targeted supports for students who have been identified as making insufficient progress compared to age-level or grade-level peers and/or have behavior concerns.

The interventions in Tier III are intensive and targeted interventions that are skill-specific and based on progress monitoring data. The SLP may continue to collaborate with the PST to interpret results of universal screenings, observations, and data collection.

The SLP may:

- consult on language/literacy strategies to support at-risk children
- consult on targeted and intensive interventions for listening comprehension and/or oral expression
- provide whole class or small group in class instruction on language strategies

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IDEA funds cannot be used to provide special education and related services for targeted and intensive interventions within the structure of RtI for a child who has not been referred to special education or determined to have a disability that warrants specially designed instruction Letter to Zirkel, 73 IDELR 241 (OSEP, 2019). The director of special education for an AU/BOCES/district will need to provide guidance to determine the appropriateness of the SLP's involvement in RtI for students suspected of having a Specific Learning Disability (SLD) or Social Emotional Disability (SED) for both the funding source and the provision of services. When considering SLI as an eligibility, RtI is not required as part of the process.

Evidence-Based Practice

Evidence-based practice (EBP) is a process for making informed decisions about student services. According to ASHA the goal of EBP is the integration of (a) clinical expertise, (b) best current evidence (internal and external), and (c) client values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve (ASHA, 2004, p. 1).

The use of an evidence-based decision-making process directs school-based SLPs to use scientifically based practices and monitor progress of their students to ensure their access to a free and appropriate public education (FAPE). It requires practitioners to critically appraise external research evidence to determine the trustworthiness of research methods and findings. It also requires practitioners to understand the priorities and preferences of their students and families while considering the opportunities and constraints of the educational setting and their own expertise.

Evidence-Based Decision-Making Process

The following process (adapted from Porzsolt et al., 2003) may be helpful in making evidence-based decisions about student services:

1. Ask an educational question.

2. Respond to question using only internal evidence.

    a. knowledge acquired through education, training, and experience

    b. experience gained through relationship with the individual

3. Find the external evidence (published literature).

4. Critically appraise the external evidence.

5. Integrate the external and internal evidence.

6. Decide a course of action.

7. Collect data and re-evaluate decision.

An important distinction that practitioners should note is some groups use the term "evidence-based practice" to refer to specific interventions. Here, evidence-based practice is used to describe the process of integrating the best external and internal evidence to answer a clinical/educational question as described above. In contrast, the terms "empirically validated treatment" or "empirically supported treatment" are used to describe interventions that have "attained a certain threshold of research evidence" (Schlosser & Sigafoos, 2008, p. 61). For further discussion on this "threshold" practitioners are directed to several resources that explain how appraisal of internal and external validity of a research study leads to determinations of the trustworthiness of study findings. Practitioners might also see the terms "scientifically-based research" and "research-based evidence" used to describe different degrees

of rigor applied to specific practices.

Defining "Evidence Based Interventions"

Evidence-based interventions are practices or programs that have evidence to show that they are effective at producing results and improving outcomes when implemented. The kind of evidence described in ESSA has generally been produced through research studies. Under ESSA, there are four tiers, or levels of evidence:

> **Tier 1** – Strong Evidence: supported by one or more well-designed and well-implemented randomized control experimental studies.

> **Tier 2** – Moderate Evidence: supported by one or more well-designed and well-implemented quasi-experimental studies.

> **Tier 3** – Promising Evidence: supported by one or more well-designed and well-implemented correlational studies (with statistical controls for selection bias).

> **Tier 4** – Demonstrates a Rationale: practices that have a well-defined logic model or theory of action, are supported by research, and have some effort underway by an SEA, LEA, or outside research organization to determine their effectiveness.

Literacy and the Role of the SLP

Literacy is critical to academic achievement and economic success later in life. In the Simple View of Reading, Gough and Tunmer (1986) identify language comprehension as half of the reading equation making the role of the speech language pathologist significant to reading acquisition for students with language disorders. It is the position of the American Speech-Language-Hearing Association (ASHA) that SLPs play a critical and direct role in the development of literacy for children and adolescents with communication disorders, including those with severe or multiple disabilities. The SLP also contributes to the literacy efforts of a school district or community on behalf of other children and adolescents. The SLP collaborates with others who have expertise in the development of written language and their involvement varies with settings and experience of those involved (ASHA, 2001).

When children have identified language disorders, they are at risk for developing difficulties in reading and writing. The involvement of the SLP is crucial to developing these literacy skills given the linguistic nature of reading and the high comorbidity between language and reading difficulties. According to the National Reading Panel the five pillars of early literacy are phonemic awareness, phonics, fluency, vocabulary, and comprehension. There is substantial overlap between these areas and the five domains of language in which SLPs have unique expertise. Speech-language pathologists have the knowledge and skills to treat disorders in the following domains: phonology, morphology, semantics, syntax, and pragmatics. Often a child is seen by the SLP for a speech or language disorder several years before a learning disability is identified. Children who struggle with phonological awareness skills, vocabulary development, morphological development and language comprehension are at high risk for later developing a reading disorder. With early intervention from the SLP, some of these issues may be

mitigated before they develop into a learning disability.

There is a reciprocal relationship between spoken language (listening and speaking) and written language (reading and writing) in which spoken language provides the foundation for reading and writing and reading and writing skills develop language competence. Because of this reciprocal relationship in which the development of one builds on the other, the SLP is an integral member of the educational team to consult, assess, and provide interventions as appropriate. The following examples are only a few of the ways the SLP can support literacy development.

The SLP may:

- collaborate with the teacher in the classroom setting to support the language concepts while the teacher instructs on the academic content.

- use curricular materials to develop interventions that will support access to general education and achievement of IEP goals.

- consult on strategies to enhance the instruction of the Reading, Writing and Communicating academic standards for students who have speech or language disorders.

- support the other academic standards content areas that involve the comprehension and use of language for higher-order thinking to effectively learn the content.

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Section II: Referral and Evaluation Procedures

Screening and Referrals

Universal Screening

Universal screening is defined as a regular education process used for all students. Screenings may be conducted using published or informal screening measures. Non-standardized checklists, questionnaires, interviews, or observations may also be considered screening measures. An educator or specialist may screen a student to determine appropriate instructional strategies for curriculum implementation without it being considered an evaluation for eligibility (34 C.F.R. 300.302). For students in kindergarten through 3rd grade the READ Act has requirements around universal screening for children to determine who may be at-risk for a reading deficit. In Colorado, the SLP or SLPA may assist with these universal screening procedures to help determine at-risk students. The SLPAs may support school-wide screenings or screenings related to a special education referral under the direction of the SLP, who then interprets and reports the results. Neither the SLPA nor the SLP may isolate a specific child and perform a separate screening for the purpose of determining a referral to special education unless Procedural Safeguards have been put in place. The SLP will need to consult their local administrative unit regarding policies and procedures around screening students as part of the data-based problem-solving process.

Special Education Referral

When a disability is suspected, a referral to special education may be initiated either by the administrative unit or parent as specified in ECEA Rule, 4.02(3)(a)(i-ii).

The special education referral is the initial step of the eligibility process for special education. A student may be referred for an evaluation because of a building level screening or concern by a teacher or parent about the student's progress in general education.

Evaluation Procedures

The purpose of a special education evaluation is to determine whether a student is eligible for special education services under one of the eligibility categories. In addition, it is intended to identify if there are critical skills to target for goals, interventions, and accommodations that will have an impact across educational settings and to identify strengths to support access to general education. A speech-language evaluation is conducted to describe the student's communication skills and behavior, including the nature and scope of any speech or language impairment and the adverse effect on educational performance which needs specially designed instruction needed to determine a student's eligibility for speech or language services either by the determination of Speech or Language Impairment (SLI) or as a component of any of the other eligibility categories. IDEA 2004 specifies the following circumstances that require an evaluation or reevaluation of a student:

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1. Prior to the initial provision of speech-language services as specially designed instruction whether the identified need is due to a primary disability of SLI or as related service.

2. For students receiving special education services at least every three years, or sooner if conditions warrant, or if the parents request a reevaluation and the AU agrees.

3. Before determining that a child is no longer eligible for speech or language services, except when termination of eligibility is due to the student graduating with a regular high school diploma or the student exceeding age of eligibility for a free appropriate public education.

Some conditions that may warrant a reevaluation include, but are not limited to:

- A substantial change in the student's academic performance or disability-related needs, consistent with 34 C.F.R. § 300.303(a) and ECEA Rule 4.02(5).

- A significant escalation in the child's behavior which may or may not be directly related to a communication disorder

- A significant discrepancy between an IEP's description of the student's academic abilities and the student's actual performance requires a school district to analyze the reason for the incongruity, which may trigger a reevaluation

- Information that a student may qualify under the IDEA through an additional disability classification.

- Absence of instruction during national emergencies.

Once consent for assessment has been obtained, a comprehensive assessment should be completed in all areas of concern. Speech and language areas of concern could include:

- articulation

- auditory processing and perception (in collaboration with an audiologist as appropriate)

- receptive and expressive language (oral and written) which includes phonology, morphology, syntax, semantics, and pragmatics

- fluency

- voice

Before conducting formal assessments, the SLP should review existing data to determine if any additional assessments are needed to determine eligibility. The SLP should review all evaluation data, including that provided by the parent/family, teacher, and from curricular, district or state assessments. The SLP should discuss speech and language strengths and concerns with the parents/family/student, current classroom teacher, and other educators knowledgeable about the student. The SLP should obtain teacher input regarding the student's communication skills and needs across learning environments. This information will assist the SLP in selecting and administering relevant assessments, both qualitative and quantitative, and in determining the educational impact of the communicative concerns. In Figure 1 the Three Factor Model of Assessment (Thompson & Sousa, 2021) uses a variety of measures and

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activities, including formal assessments (standardized tests), informal data (records review, observations, interviews) and semi-formal methods (checklists, non-standardized tools) to construct a body of evidence. Choose assessment tools appropriate to the student's culture and linguistic background to assess their speech and/or language skills. The CDE does not recommend or endorse specific assessments. It is the decision of the professional to determine an appropriate assessment battery for the individual student.

Norm-referenced speech-language tests measure communication skills using formalized procedures. They are designed to compare a particular student's performance against the performance of a group of students with the same demographic characteristics. One of the considerations made by the SLP in selecting valid and reliable assessment tools is ensuring the normative population of any instrument matches the student's characteristics. When considering test selection, choose tests with appropriate levels of sensitivity (i.e., where 80% or more of children with known disorders were identified as having a language disorder in the initial testing of the instrument) and specificity (i.e., where 80% or more of children with normal speech and language skills were found to be within normal limits in the initial testing of the instrument). This information is found in the technical manual for the assessment.

For an evaluation to be sufficiently comprehensive to identify a disability a variety of assessment methods must be used (C.F.R. 300.304(b)(1). A comprehensive assessment consisting of four data sources creates a complete profile of the student's functional speech and language skills. Two sources are derived from the use and comprehension of speech and language in general education, educational activities (e.g., class assignments, unit tests, small and large group discussions) and contextual tests (e.g., unit/district/state test data). The other two sources are from standardized assessments and qualitative speech and language probes specific to the field of speech language pathology, whenever possible. For students who are bilingual or who have complex communication needs there may not be an appropriate standardized assessment. A comprehensive assessment creates a student profile identifying the speech or language needs and demonstrating how the speech and language needs impact education and learning.

In addition to norm-referenced tests, there are a variety of informal measures of functional or adaptive communication that can provide valuable diagnostic information on how the speech and language skills relate to academic standards. Some examples include speech or language samples, observations of the area of concern, checklists, interviews, self-assessments, play-based assessment, transdisciplinary assessment, curriculum-based assessment, and criterion-referenced measures. These tools provide a picture of how a student naturally and functionally uses their communicative knowledge and abilities in everyday situations. They can also provide evidence and support on the impact of speech or language impairments in educational settings. For aspects of language such as voice, fluency, pragmatics, and the comprehension and production of extended discourse, fewer norm-referenced tests are available. For certain populations, such as children with severe disabilities or children whose English proficiency is limited, the use of developmental scales or dynamic and descriptive measures may provide the best diagnostic information. See Section III: Assessment Considerations for English Learners for further information regarding the assessment of students who are culturally or linguistically diverse.

Figure 1. Three Factor Model

Informal Data

Body of Evidence for Decision

Formal Tests

Semi-Formal Methods

(Thompson & Sousa, 2021)
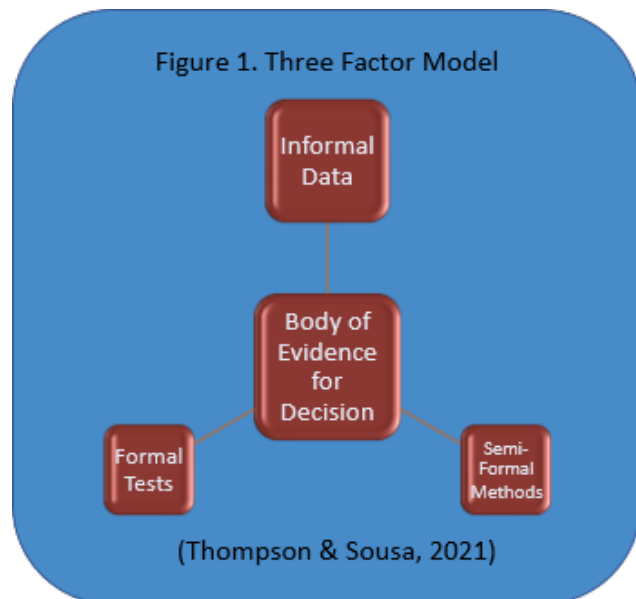
Members of the multidisciplinary evaluation team contribute to all areas of the student's evaluation. A student's evaluation must be sufficiently comprehensive to identify all the child's special education and related services, whether commonly linked to the disability category in which the child has been identified.

The SLP may:

- Compile a student history from interviews with parent(s), family, student, teachers, other service providers, professionals, and paraprofessionals knowledgeable about the student and conduct a thorough record review.

- Complete observations of the student's abilities to use speech and language skills to meet academic and social needs within general education. This can be accomplished through checklists, locally developed, or published classroom observation checklists.

- Collect student-centered, contextualized, curriculum-based, descriptive, and functional information that identifies how the student communicates in the educational setting. This information helps to define the effect of the student's communication skills on education.

- Select and administer reliable and valid standardized assessment instruments that meet psychometric standards for test specificity and sensitivity.

- Evaluate a student's discourse skills through language sampling, narrative sampling, and/or metalinguistic assessments.

Guiding Ideas for Creating a Body of Evidence

The speech and language assessment information may be written in a self-contained communication report or may be included in an integrated evaluation team report as directed by each AU. The report provides interpretation, summarization, and integration of all relevant information that has been gathered for the evaluation. It describes the student's present levels of functioning in targeted areas of speech, language, and hearing and the relationship to academic, social, emotional, and/or vocational performance.

The evaluation report serves as the basis for the team's discussion of eligibility and may include the following information:

- student history information from record review and parent, teacher, and/or student interview

- reason(s) for referral and areas of concern

- date(s) and name of assessment(s)

- name and credentials of evaluator

- relevant behaviors related to speech and language skills noted during observation of communication skills

- observation/impressions in a variety of communication settings

- results of previous interventions

- standardized assessment results, which includes interpretations of results as compared to age-related peers

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- documentation of any variations from standard administration of normative assessments and the potential impact on the validity and reliability of the findings

- interpretation/integration of all assessment data

- discussion of student's strengths, needs, and emerging abilities

- evidence to document educational impact

The following recommendations address the interpretation of speech-language assessment data and the reporting of the data to others:

1. Age or grade equivalent scores (from a norm-referenced test) must not be used in making eligibility decisions. They do not account for normal variation around the test mean and the scale is not an equal-interval scale, therefore the significance of delay at different ages is not the same. Further, the different ages of students within the same grade make age- and grade-related comparisons difficult. Grade equivalents do not relate to the curriculum content or academic standards at that level.

2. Modifications of standardized test procedures invalidate the use of test norms but may provide qualitative information about the student's language abilities. In this case, test scores could be reported with caution and the reason for invalidation clearly stated in the oral and written presentation of test results. Some modifications may include but are not limited to the following: administering the assessment outside the allowable guidelines as per the test manual, using the score of an individual test or subtest within an assessment to identify a disorder, giving assessments designed for English speakers in another language through an interpreter, providing repetition of stimulus items and repetition of directions outside of allowable use, extended time, cueing, rephrasing, or repeating the administration of a standardized test without waiting for the allowable time as defined in the test manual.

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3. Use composite scores, quotients, and/or indices to report overall speech or language skills. This may include a "Core Language Score" or a "Receptive/Expressive Language Index." Do not use individual or single subtest/test scores for the determination of eligibility.

4. To compare a student's formal test performance with that of the norm population, scores must be presented in an appropriate and consistent format. Standard scores, which are usually based on a mean of 100 and a standard deviation of 15, are recommended for this purpose. If norms are based on something other than a nationally represented normative sample, the test user should consider whether it is appropriate to report quantitative test results and, if so, to qualify findings as needed.

5. Test scores should be presented in a manner that conveys that some degree of error is inherent in the score, thereby discouraging the inappropriate interpretation that test scores are fixed and perfectly accurate representations of a student's functioning.

6. The type of psychometric information that is useful to professionals (e.g., standard scores, confidence intervals) should be supplemented by understandable interpretations to parents and teachers (e.g., low average, below average, average), as well as the impact on the student's educational success.

7. Interpretations based on scores from two or more different tests should be approached with great caution. Different tests have different normative samples, different degrees of measurement error, and typically test different constructs. Apparent differences in scores from different tests may not represent real differences in behavior. Thus, it is important that the tester limit comparisons to tests with large, well-established national normative samples.

8. A student's score should not be accepted as a reflection of lack of ability with respect to the task being assessed, without consideration of alternative explanations for the student's inability to perform on that test at that time (i.e., medication issues, illness, emotional status, attention, vision, and hearing issues).

9. An evaluator faced with a request to evaluate a student whose special characteristics are not within his/her range of professional experience should seek consultation regarding test selection, necessary modifications of testing procedures, and score interpretation from a professional who has relevant experience.

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Section III: Assessment Considerations for English Learners

The U.S. Department of Education's Office for Civil Rights (OCR) and U.S. Department of Justice (DOJ) released joint guidance in a Dear Colleague letter (OSEP, 2015) reminding states, school districts, and schools of their obligations under federal law to ensure that English Learners (ELs) have equal access to high-quality education and the opportunity to achieve their full academic potential. Speech-language pathologists should use assessment procedures that accurately differentiate students with a language difference from a true educational disability. In identifying whether an English Learner (EL) has a disability the evaluation team needs to consider:

- Are evaluators trained to conduct the evaluation and interpret the results to differentiate between language acquisition process and a speech or language impairment?

- Does the evaluation team understand cultural differences that may exist?

- Have the parents/family been involved in the evaluation/decision making process?

- Is the reason for the special education evaluation based on a robust body of evidence inclusive of comparative data and not on the student's level of English proficiency?

- Are the assessments valid and reliable for EL students?

- Do the assessments and evaluation methods measure the student's abilities and not the student's English language skills, such as the use of dynamic assessments?

- Does the body of evidence for the evaluation identified a speech or language disorder in the first language?

- Have trained interpreters/translators been used when needed?

Using a Multi-Tiered System of Supports to Gather Data for English Learners

It is imperative to improve and enrich instruction for English learners (ELs) to align with the Colorado Academic Standards (CAS) and the Colorado English Language Proficiency (CELP) standards. To meet the needs of ELs, schools should focus on culturally and linguistically responsive instructional learning environments. The MTSS framework aligns with elements from World-Class Instructional Design and Assessment's (WIDA) approach to response to instruction and intervention for English learners making this a viable process to use before referring to special education.

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Response to Targeted Intervention (RtI) is an effective continuum of support that should be used for EL students. RtI when implemented with fidelity, provides data useful in making decisions for a referral to special education. It is only when EL students are provided individualized research-based curriculum and evidence-based strategies in both the area of need and in English language supports that teams can ensure their due diligence in differentiating a language difference from a true disability. The Framework for Equitable Educational Systems when implementing RtI for ELs is illustrated in Figure 2. Language and cultural considerations which also include family involvement and English language development (ELD) services should occur at all levels of instruction. As the framework describes the intensity of instruction with language and cultural considerations increases across the tiers.
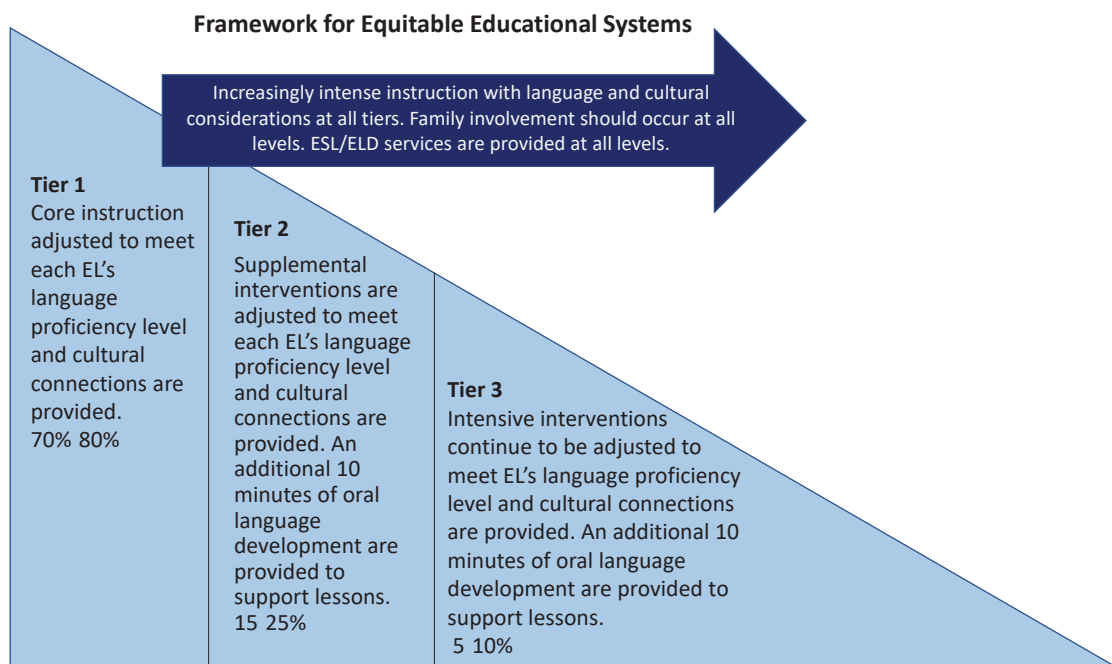
Tier 1: Core instruction is adjusted and delivered within the general education classroom. It includes English Language Development (ELD) services to meet language proficiency and cultural connections. The student receives this level of instruction between 70-80% of the school day.

Tier 2: Supplemental interventions need to closely align with core instruction to meet additional specific language and literacy needs of ELs while ensuring their access to the core curriculum. Additional oral language development instruction is provided for 15-25% of the school day.

Tier 3: More intensive level of targeted support is provided to address the student's additional learning and language support needs. Along with the core instruction and supplemental interventions the intensity of the intervention increases to support lessons for another 5-10% of the day.

Tier 2 and Tier 3 interventions should enhance, not replace, or supplant, effective core instruction.

Figure 2. Framework for Equitable Educational Systems

Framework for Equitable Educational Systems

Increasingly intense instruction with language and cultural considerations at all tiers. Family involvement should occur at all levels. ESL/ELD services are provided at all levels.

Tier 1
Core instruction adjusted to meet each EL's language proficiency level and cultural connections are provided.
70% 80%

Tier 2
Supplemental interventions are adjusted to meet each EL's language proficiency level and cultural connections are provided. An additional 10 minutes of oral language development are provided to support lessons.
15 25%

Tier 3
Intensive interventions continue to be adjusted to meet EL's language proficiency level and cultural connections are provided. An additional 10 minutes of oral language development are provided to support lessons.
5 10%

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To assess the efficacy of RtI for ELs consider the following questions in relation to assessment results and progress monitoring:

1. Are ELs who do not demonstrate progress when provided with ELD services in general education referred to an individual problem-solving process through the MTSS framework?

2. Do your ELD teachers collect progress-monitoring data the same as other general educators?

3. Are those data compared to other EL students with a similar background, age, and amount of exposure to English acquisition?

4. Is language acquisition part of the progress monitoring?

The ELD guidebook will provide more information on MTSS to support English learners before making a referral to special education.

Differentiating Between a Language Difference and a Speech or Language Disorder

A true language and/or speech disability must be present in the English learner's native language (L1) and English (L2). To conclude that an EL student has a speech-language disorder, the evaluation must rule out the effects of different factors that may simulate language disabilities. A student may have delayed language development in both L1 and L2 and still be demonstrating typical development for an English learner. If a student is continuing to develop their native language at home and is learning academic concepts in English at school, an assessment that only looks at one language may miss knowledge that the student has in the other language. This phenomenon may make the child appear as if they are delayed in both languages.

It is important to determine language dominance and language proficiency when working with EL students. Jim Cummings first identified the use of Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP) in determining language dominance from language proficiency. Simply defined, BICS is the social language used in everyday communication situations and CALP is the academic language used in learning and accessing general education curriculum. It is not uncommon for educators not familiar with second language acquisition process to hear a student use BICS in a conversation and assume they are proficient in the language needed for learning academic content. It is important to evaluate both BICS and CALP in both the first language and in English for EL students in understanding the English learner's language skills across both languages thus further helping in differentiating a difference from a disability.

Basic Interpersonal Communication Skills (BICS)

- Language proficiency needed to function in everyday interpersonal contexts

- Pronunciation, grammar, vocabulary sometimes referred to as "surface features"

- Communicative capacity all typically developing children acquire

- Reaches a plateau soon after a child enters school

- Not related to academic achievement

- Universal across all native speakers

- Typically attained within two years in the host country

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Cognitive Academic Language Proficiency (CALP)

- Language proficiency needed to function in decontextualized, academic settings

- Skills needed to manipulate language outside of the immediate interpersonal context

- Dimension of language related to literacy skills

- CALP in L1 and L2 overlap, despite important differences in the "surface features" of each language.

- CALP develops throughout school years, following the general curve of cognitive development.

- Typically attained between 5-10 years in the host country, depending on a variety of factors including maintenance of L1. (Cummins, 1989).

In Table 1 General Combinations of Bilingual Ability Ortiz (2004) identifies four general combinations of bilingual ability that can be evaluated and identified through testing.

Type 1: is when the student has high cognitive academic language proficiency (CALP)in both languages.

Type 2: is a "typical" second language learner. They have high CALP in L1 but is still learning the social language in L2.

Type 3: is an "atypical" second language learner because they are demonstrating low skills in the BICS for L1 and high skills in CALP for L2. Usually, a student would have high BICS and CALP in L1 before demonstrating high CALP in the second language.

Type 4: is a student at risk since they demonstrate low BICS in L1 and low BICS in L2.

Children referred for a special education evaluation should come from the Type 3 and Type 4 categories (Ortiz, 2004).

Table 1. General Combinations of Bilingual Ability

	HIGH L1 (CALP)	LOW L1 (BICS)
HIGH L2 (CALP)	**Type 1** Equal Proficiency "true bilingual"	**Type 3** Atypical 2nd Language Learner "acceptable bilingual"
LOW L2 (BICS)	**Type 2** Typical 2nd Language Learner "high potential"	**Type 4** At-risk 2nd Language Learner "difference vs. disorder"

Speech/Language Assessment Guidelines for Students who are English Learners

Knowledge of a child's language proficiency forms the basis of any assessment and guides the appropriate collection of information and data. Language proficiency in both languages must be assessed and determined as such information is crucial to the interpretation of any assessment data that is used to determine eligibility for special education. Also, a child may have content or linguistic knowledge in one language but not the other; therefore, both languages need to be considered so the child is credited with all the linguistic knowledge whether it is L1 or L2. Children acquire and develop language based on context, all bilingual children will have some (or perhaps) many areas in which they know and use vocabulary in one language only. For example, a student may know all the vocabulary for church in Spanish but not English and know all the vocabulary for math in English but not Spanish. Without accounting for non-overlapping skills, it is not possible to fully evaluate overall abilities.

The speech/language pathologist has knowledge of the second language learning process and the impact that first language competence and proficiency have on the second language. They select assessments that are culturally and linguistically responsive taking into consideration current research and best practice in assessing speech or language disorders in the languages and/or dialect used by the individual (e.g., McLeod et al., 2017). Standard scores can be reported with caution for assessments that are not normed on a group that is representative of the individual being assessed.

For example, EL students in the process of acquiring English may use word order patterns that are influenced by their primary or home language (e.g., noun-adjective instead of adjective-noun) which is natural occurrence in the process of second language acquisition and not a disorder; however, it may be misinterpreted as evidence of poorly developed language competence resulting in a referral to special education.

The stages of language acquisition for L1 and L2 are similar, as outlined in Table 2. Starting from a silent or receptive stage, if the student is provided with comprehensible input and opportunities to use the new language, they will advance to more complex stages of language use. Individuals develop language at different rates.

Table 2. Stages of Second Language Acquisition

Silent Receptive	Characteristics
	Students:
	Are often verbally unresponsive
	Are often hesitant and unsure
	May use one-word responses
	Are developing listening skills
	Are adjusting to classroom environment, procedures, and activities
	Respond non-verbally by pointing, nodding gesturing or drawing
Early Production	Characteristics
	Students:
	Relate words to their environment
	Begin to grasp main ideas of message
	Begin to focus on contextual clues
	Use routine expressions independently

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	Demonstrate improved comprehension
	Mispronounce words (no need for correction)
	Will repeat or recite memorable language
	Will use one- or two-word responses advancing to two or three words
	May not tell you if they do not understand
Speech Emergence	Characteristics
	Students:
	Begin to speak in simple sentences
	Demonstrate expanded vocabulary
	Show improved comprehension
	May ask for clarification or meaning
	Participate in small group discussions
	May rely on native language to communicate complex ideas
	Start to acquire basic communication skills and social language
	May not tell you if they do not understand
Intermediate Fluency	Characteristics
	Students:
	Begin to speak in more complex sentences
	May use incorrect grammar and verb forms
	Participate more often in large groups
	Need context clues in content area
	Exhibit greater vocabulary development
	Begin to think in the new language instead of translating from native language
Advanced Fluency	Characteristics
	Students:
	Can interact extensively with native speakers
	Make few grammatical errors
	Participate in English literacy programs
	Have high levels of comprehension but may not understand all the academic language
	Read and write for a variety of purposes
	Continue to need extensive vocabulary development in content

Compiled from Boulder Valley School District, CDE, Krashen, Bloom's Taxonomy, Wall-Macht and Ream, March 2000. Format adapted from Project Talk Title VII Academic Excellence Program.

The stages of language acquisition illustrated above should not be confused with the levels of English language proficiency. It is critical for the SLP to collaborate with the English Language Development (ELD) staff when interpreting language proficiency assessments.

Key considerations include:

- Has the student received English language acquisition instruction?

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- Has the effectiveness of the English language acquisition instruction been sufficient and well-documented?

- Was instruction delivered using English as a Second Language (ESL) methodology or was it received through regular classroom instruction without the benefits of using sheltered English, scaffolding, etc.?

- Is the program meeting the student's English language development needs?

The decision to conduct an evaluation for special education eligibility should be made after the following conditions have been met; however, these conditions must not be used to delay an evaluation when there is a suspected disability Memo to State Directors of Special Education, 56 IDELR 50 (OSEP, 2011).

1. The teacher uses evidence-based instruction proven to be effective for ELs.

2. Evidence-based interventions have not resolved deficits in academic achievement.

3. Other Tier III interventions have also been ineffective in improving the EL student's academic performance.

Accurate descriptions of a student's communicative competence in both languages are essential for determining if a perceived problem or difficulty in English is a true language disorder. Best practice is to have an SLP bilingual in the child's native language complete the entire evaluation as opposed to completing two separate evaluations by different practitioners. If a bilingual SLP is not available using an interpreter to support an SLP knowledgeable with the process for assessing English learners would also be acceptable.

Factors that May Simulate Language Disorders

The process of second language acquisition may also simulate learning disabilities. According to Dr. Janette Klingner (2009), from the University of Colorado at Boulder, the characteristics of learning disabilities in many ways mirror characteristics associated with second language acquisition. For example, "When ELs struggle with reading, it can be difficult to distinguish between learning disabilities and the language acquisition process" (Klingner, 2009, para. 1). Determining a disorder from a language difference relies heavily on a body of evidence collected from a variety of measures in diverse contexts and in both languages rather than a single assessment. Dynamic assessment has been identified as one of the more accurate methods for determining a disorder from a language difference. It provides a structure to observe the child's ability to learn language in a functional context. A home language survey, language proficiency scores, and ACCESS assessments provide data for determining language disability or difference and should be included in the evaluation. Language proficiency data should be compared to students of similar language backgrounds and language proficiency levels. Results should be markedly lower than that of the peers for a language disorder to be identified.

Table 3 Language Characteristics of English Learners with and without a Disorder shows some examples of how characteristics of second language acquisition may resemble a language disability. General characteristics may include but are not limited to the following descriptors.

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Table 3. Language Characteristics of English Learners with and without a disorder

When children are learning English as a second language	When children have a language impairment or disorder
It is typical for their English skills in vocabulary, pronunciation, grammar, and comprehension in the second language to be less well- developed than their monolingual English-speaking peers.	Errors or limited skills in vocabulary, pronunciation, grammar, and comprehension interfere with communication in their first language (L1), compared to peers from the same language group.
They will acquire English in a predictable developmental sequence like younger children.	Their English skills are delayed in comparison to peers from the same language group who have been learning English for the same length of time.
Reduced opportunities to use their first language may result in loss of competence in L1 before becoming proficient in English.	Their communication is impaired in interactions with family members and others who speak the same language (L1).
They may switch back and forth between L1 and English, using their most sophisticated skills in both languages within single utterances.	Skills in their first language will be limited, inappropriate, or confused in content, form, or use.
Results from assessments conducted in English are unlikely to reflect the child's true skills and abilities in most domains.	Assessment conducted in English will be unable to discriminate between language acquisition and language disorder. (Source: OSPI Pamphlet, p.12)

The 15 Bilingual Phenomena listed in Table 4 define typical bilingual communicative behavior. Whether problem-solving during the Response to Intervention process or decision-making for special education referral and eligibility with a bilingual student, these phenomena can be referenced to describe communicative behavior which may not be indicative of a disorder (Gonzales, D. 2006).

Table 4. 15 Bilingual Phenomena
Cross-Linguistic Influence- When two languages come into contact, one language may influence the other one or both languages might affect each other.
Threshold Hypothesis- A minimum level of proficiency is required in one language to achieve the positive cognitive growth associated with the addition of another language.
Arrest- The level of proficiency in a language does not change.
Avoidance- A specific element of a language is not used.
Interdependence- A common underlying proficiency (CUP) forms the basis for the transfer of linguistic, cognitive, and/or academic skills.
Interlanguage- A traditional language system is developed which consists of rules from the L1, the L2, and those unique to the individual in an approximation of the L2.
Attrition- A reduction in proficiency occurs in linguistic competence and performance.

Language Alteration- A change is made from one language to another.

Language Non-Use- A Language is not used for communication purposes.

Hesitation-A temporal variation may occur as isolated phenomena or may be associated with other phenomena.

Fossilization- An inaccurate rule stabilizes to the point of continual usage.

U-shape- After having attained a certain level of proficiency, the bilingual regresses only to eventually return to the previous level of proficiency.

Overgeneralization- A language rule is applied in an unrestricted fashion.

Transfer- A phonological, morphological, syntactic, semantic, or pragmatic characteristic of one language is used in another.

Backslide- Although consistent use of fossilized form has been demonstrated, the bilingual begins to use the correct form, only to eventually return to the fossilized one.

Additional information on English learners who have or are suspected of having a disability is presented in Chapter 6 of the OELA Toolkit.

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Section IV: Eligibility Determinations

Eligibility Considerations

Under IDEA 2004 a child must meet a two-prong test to be considered a child with a disability: (1) have one of the specified disabilities; and (2) because of the disability, require special education and related services because of the disability or disabilities.

In Colorado, according to The Rules for the Administration of the Exceptional Children's Educational Act (ECEA Rules), speech-language services are special education which means "specially designed instruction." The ECEA Rules define Speech or Language Impairment as follows:

> **Definition of SLI:**
>
> **A Speech or Language Impairment is defined by federal and state special education laws as "a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance." 34 C.F.R. 300.8(c)(11)**

2.08(9) A child with a Speech or Language Impairment shall have a communicative disorder which prevents the child from receiving reasonable educational benefit from general education.

2.08(9)(a) Speech-language disorders may be classified under the headings of articulation, fluency, voice, functional communication, or delayed language development and shall mean a dysfunction in one or more of the following:

2.08(9)(a)(i) Receptive and expressive language (oral and written) difficulties including syntax (word order, word form, developmental level), semantics (vocabulary, concepts and word finding), and pragmatics (purposes and uses of language);

2.08(9)(a)(ii) Auditory processing, including sensation (acuity), perception (discrimination, sequencing, analysis, and synthesis) association and auditory attention;

2.08(9)(a)(iii) Deficiency of structure and function of oral peripheral mechanism;

2.08(9)(a)(iv) Articulation including substitutions, omissions, distortions, or additions of sound;

2.08(9)(a)(v) Voice, including deviation of respiration, phonation (pitch, intensity, quality), and/or resonance;

2.08(9)(a)(vi) Fluency, including hesitant speech, stuttering, cluttering and related disorders; and/or

2.08(9)(a)(vii) Problems in auditory perception such as discrimination and memory.

2.08(9)(b) Criteria for a Speech or Language Impairment that prevents a child from receiving reasonable educational benefit from regular education shall include one or more of the following:

2.08(9)(b)(i) Interference with oral and/or written communication in academic and social interactions in his/her primary language;

2.08(9)(b)(ii) Demonstration of undesirable or inappropriate behavior as a result of limited communication skills; and/or

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2.08(9)(b)(iii) The inability to communicate without the use of assistive, augmentative/alternative communication devices or systems.

Following a comprehensive speech-language assessment the interpretation and analysis of the data are essential for:

1. Identifying a speech or language disorder.

2. Determining how the speech or language deficits impact learning across academic standards and functional communication.

3. Identifying communicative strengths that can be utilized to support the student's learning.

4. Determining goals and interventions to support the student across all educational settings.

When interpreting assessment data to determine a disability in speech-language, 1.5 standard deviations (SD) below the population mean (approximately the 7th percentile, a standard score of 77 or below) is recommended as the threshold level for establishing the presence of a disorder. This cutoff should be applied to composite scores of receptive and/or expressive measures, or overall assessment scores, rather than individual subtests/tests within an assessment. When determining whether a student is eligible for special education, no single measure or assessment should be used as the sole criterion for determining a disability or for determining an appropriate educational program for the child (34 C.F.R 300.304). The SLP should use a variety of tools to create a comprehensive evaluation of the student's academic and functional communication skills across educational environments. Evidence that the disorder has an adverse effect on educational performance must be provided to consider specially designed instruction and adaptations to support access to general education. The standard measurement of error that is reported in the standardized assessment manuals should be considered when determining whether the student has a speech or language disorder as defined by the assessment scores.

Speech or Language Impairment (SLI) eligibility should be determined based on how the identified speech or language needs of the student impact access to general education rather than on test scores alone. The nine factors listed below are considerations that may assist the eligibility team in developing a body of evidence for determining eligibility for SLI

1. History of general and special education testing

    a) standard deviation from the mean

    b) evidence of growth through education

    c) profile of strengths and needs

2. Educational growth

    a) rate of learning

    b) growth profile over time

3. Participation in the general education curriculum

4. Progress in the general education curriculum through specific classroom interventions, with documented progress monitoring data

5. School history/attendance

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6. Consistency of general and/or special education programming

7. Data-documented information on student motivation toward general and/or special education programming

8. Consistent use of general or special education supports

9. Student's data-documented attention during instruction

Referral from the MTSS/Data-based Problem-Solving Process for a Speech-Language Evaluation

The criteria for determining eligibility for special education in the category of Speech or Language Impairment (SLI) does not require the use of the Response to Intervention (RtI) process that is used when a Specific Learning Disability (SLD) or Serious Emotional Disability (SED) is suspected. When concerns are suspected in the language domain, an overlap may exist between SLI and SLD. If a student is suspected of having a Specific Learning Disability in the area(s) of oral expression or listening comprehension, then data points from RtI would be necessary as part of the SLD criteria. When these concerns are expressed in the problem-solving meeting, the SLP should be involved with the tiered interventions implemented in the RtI process as well as the referral for an initial evaluation to assist in determining a Specific Learning Disability in the area(s) of oral expression or listening comprehension. The problem-solving team (PST) must carefully consider factors such as a lack of instruction in academics, the student's age, the nature and severity of need, or limited English proficiency in the eligibility process.

For more information on the eligibility process for a Specific Learning Disability, please refer to the chapter on Referral to Special Education Evaluation in the CDE document, *Guidelines for Identifying Students with Specific Learning Disabilities*.

Distinguishing Among SLI-DD-SLD

House Bill 11-1277 amended the Exceptional Children's Education Act (ECEA) to align Colorado's eligibility categories with corresponding federal terms, requirements, and/or terminology used in the field. These new eligibility categories, definitions, and criteria were adopted in full by all AU/Districts/BOCES in Colorado by July 1, 2016. Although a speech or language disorder can be an element in many of the eligibility categories, such as autism spectrum disorder, or traumatic brain injury, this section will provide guidance for distinguishing between the three eligibility categories that primarily identify a speech or language disorder. One category for consideration is **Speech or Language Impairment (SLI)**, which defines a language impairment as "receptive and expressive language (oral and written) difficulties including syntax (word order, word form, developmental level), semantics (vocabulary, concepts and word finding), and pragmatics (purposes and uses of language)" (ECEA, 2016). The eligibility category of **Child with a Developmental Delay (DD)**, which went into effect March 2013, allows for a child of 3 through 8 years of age to be eligible for special education in "communication." And the final eligibility category which overlaps with speech and language development is **Specific Learning Disability: Oral Expression and Listening Comprehension (SLD)**. The overlap of eligibility categories based on a student's age is presented in Table 5 Age Requirements of Eligibility Categories.

> SLI-DD-SLD
>
> This section is intended to guide IEP team discussions when determining a disability in one of the 3 eligibility categories: Developmental Delay, Speech or Language Impairment or Specific Learning Disability.

Table 5. Age Requirements of Eligibility Categories

Age Requirements of Eligibility Categories		
Birth to 3 years	**3 through 8 years**	**9 to 21 years**
Infant/Toddler with a disability	Specific Learning Disability (not common for this age range)	Specific Learning Disability
	Developmental Delay	
	Speech or Language Impairment	Speech or Language Impairment

Determining the appropriate eligibility category can be a complex process since these categories appear to be identifying the same underlying disorder. Since the inclusion of oral expression and listening comprehension as two areas of need in the definition of Specific Learning Disability, confusion has occurred among eligibility teams when determining whether a student should be identified as having a Speech or Language Impairment, a Specific Learning Disability, or a Developmental Delay in the area of communication. Determining whether a child has a disability and identifying which eligibility category is the responsibility of the IEP team based on the results of a comprehensive assessment.

Comparison of the Categories

Speech-Language Impairment (SLI): A child with a Speech or Language Impairment shall have a communicative disorder which prevents the child from receiving reasonable educational benefit from general education (ECEA 2.08(9)).

Developmental Delay (DD): A child with a Developmental Delay shall be three through eight years of age and who is experiencing developmental delays in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive, which prevents the child from receiving reasonable educational benefit from general education and requires special education and related services (ECEA 2.08(13)).

Specific Learning Disability (SLD): Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken, or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include learning problems that are primarily the result of: visual impairment, including blindness; hearing impairment, including deafness; orthopedic impairment; intellectual disability; serious emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency. (ECEA 2.08(8)(a)).

Eligibility criteria comparisons are provided in Table 6 to show the similarities and differences of the criteria in a side-by-side view.

Table 6. Eligibility Criteria Comparison

Eligibility Category	Speech or Language Impairment ECEA 2.08(9)	Developmental Delay ECEA 2.08(13)	Specific Learning Disability: Oral Expression/Listening Comprehension ECEA 2.08(8)(b)
Description	Evidence of dysfunction in one or more of the following criteria:	Evidence … that the child meets one or more of the following criteria:	A body of evidence demonstrating the following criteria are met:
Criteria	● Receptive and expressive language (oral and written) … and pragmatics (purposes and uses of language); **and/or** ● Auditory processing, including sensation (acuity), perception (discrimination, sequencing, analysis and synthesis) association and auditory attention; **and/or** ● Deficiency of structure and function of oral peripheral mechanism; **and/or** ● Articulation including substitutions, omissions, distortions or additions of sound; **and/or** ● Voice, including deviation of respiration, phonation (pitch, intensity, quality), and/or resonance; **and/or** ● Fluency, including hesitant speech, stuttering, cluttering and related disorders; **and/or** ● Problems in auditory perception such as discrimination and memory.	● < 7th percentile on a standardized diagnostic instrument, or < 77 standard score (if the mean is 100 and the SD is 15), or 1.5 standard deviations below the mean in one or more of the following areas of development: physical, cognitive, communication, social or emotional, or adaptive. **OR** ● Empirical data showing a condition known to be associated with significant delays in development. **OR** ● A body of evidence showing patterns of learning are significantly different from age expectations across settings (includes written documentation).	● The child does not achieve adequately for the child's age or to meet state-approved grade-level standards and exhibits significant academic skill deficit(s) in one or more of the 8 areas (basic reading skills, reading comprehension, reading fluency skills, written expression, mathematical calculation, mathematical problem-solving, oral expression, or listening comprehension identified when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards, **and** ● The child does not make sufficient progress to meet age or state-approved grade-level standards in the area(s) identified when using a process based on the child's response to scientific, research-based intervention.

Differentiating characteristics between SLI, SLD, and DD

A speech or language disorder can be a component to another eligibility category such as Specific Learning Disability or Developmental Delay or it can be a sole disability of Speech or Language Impairment. When considering whether a speech and language disorder is a component of another eligibility category or as a stand-alone eligibility in SLI, the team needs to complete a comprehensive evaluation that must be "sufficiently comprehensive to identify all of the child's special education and related service needs whether or not commonly linked to the disability" 34 C.F.R. 300.304(c)(6). The following information on these eligibility categories provides considerations for the multidisciplinary team when determining if the child qualifies for special education and under which eligibility category.

Speech or Language Impairment (SLI) The student meets the criteria for this disability and the educational needs are only impacting communication skills. This could be due to speech disorders or language disorders. If the impairment is only related to speech (i.e., articulation, voice, oral mechanism, fluency), then it would be appropriate to identify the student under the eligibility category of Speech-Language Impairment. If the impairment is related to language, then further discussion should ensue to consider how the language disorder impacts other areas of development and learning.

Developmental Delay (DD) The student meets the criteria in Speech or Language Impairment and meets the Developmental Delay criteria in communication; however, the team has concerns about other areas of the child's development which may or may not clearly be identified under another eligibility category. They may not necessarily be related to communication. In this scenario eligibility under Developmental Delay needs to be considered. If there are no other areas of concern, it would be appropriate to identify the student under the eligibility category of Speech or Language Impairment. Further guidance can be found in the document, ESSU Technical Assistance: Developmental Delay.

Specific Learning Disability (SLD) - Listening Comprehension or Oral Expression The student has identified language concerns although they may have foundational language skills that allow the student to communicate ideas, interests, needs, and academic knowledge in less complex linguistic patterns than typical peers. When a student's language deficits are having an impact on their ability to access the general curriculum, this may indicate a Specific Learning Disability, even if they are able to have an age-appropriate conversation across settings. This often becomes evident when students transition from primary grades where they are learning how to read to the intermediate grade where they are using their reading skills to learn grade level content. Further guidance can be provided in the Guidelines for Identifying students with Specific Learning Disabilities.

Considerations for Determining Eligibility Category

To support the discussion around eligibility when the IEP team is considering Speech or Language Impairment, Developmental Delay or Specific Learning Disability- Oral Expression or Listening Comprehension the **Eligibility Decision-Assisting Flowchart** (Figure 3) was created to support the process in determining the most appropriate eligibility category after a comprehensive special education evaluation has identified a speech or language disorder that impacts education. If this information has not been gathered, then the team would need to determine if a referral to special education is warranted. If the assessment data do not support a speech or language disorder with educational impact in the areas of communication, social-emotional, academic, or vocational, then the team would determine the student not eligible for special education in the area of speech or language. Response to Intervention cannot be used to delay or deny an evaluation for a child suspected of a disability.

The following information can guide the IEP team in selecting an appropriate eligibility category if a speech or language disorder has been determined. First, confirm that the child's speech or language skills have an educational impact in one of the following areas: communication, social-emotional,

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academic, or vocational. Next, consider the child's ability to learn grade-level academics. In preschool-aged children, consider their ability to participate in appropriate activities and daily routines. Regardless of the child's age, if the child's speech or language skills are the only areas of concern, then the team should consider Speech or Language Impairment.

For a child in preschool, the team should consider the integrated nature of development and how one area of development can significantly impact other areas of development. If the comprehensive assessment from a special education evaluation shows that the speech or language skills are impacting the child's participation in appropriate activities and daily routines and there are other areas of concern that may not clearly be identified, such as social emotional, pre-academic/academic skills, or motor development, then Developmental Delay should be considered. Response to Intervention data are not required to consider the Developmental Delay category.

If the comprehensive special education evaluation shows that speech or language skills impact academics for a kindergarten through eight-year-old student, the IEP team needs to consider what interventions have been provided and what progress monitoring data have been collected. If the child has been receiving speech or language services where evidence-based interventions have been provided and the progress monitoring data indicate that insufficient progress has been made, this information could be used to support the data points needed to identify a Specific Learning Disability in the area(s) of oral expression and/or listening comprehension. In this situation, if the child is 5 through 8 years old, the team could consider the eligibility categories of Speech or Language Impairment, Developmental Delay, or Specific Learning Disability: Oral Expression and/or Listening Comprehension (SLD-OE/LC). It is important to note that in general the SLD-OE/LC eligibility category is not used for children younger than 8 years old. The team would need to decide based on the child's age, assessment results, and progress monitoring data which eligibility category is most appropriate. While a strong body of evidence, including Response to Intervention data are needed to support a Specific Learning Disability, the Response to Intervention data is not required to consider the Developmental Delay eligibility category.

If the child is 9 years or older, Developmental Delay is no longer an option. The IEP team should consider the needs of the child and determine if the speech or language disorder is impacting academics in such a way that the eligibility category of SLD-OE/LC is appropriate. A child in this eligibility category would probably be having trouble with reading comprehension that could be affecting all academic subjects, including math. The child would most likely have several areas checked in the Specific Learning Disability category rather than just Oral Expression and Listening Comprehension. The most common areas of academics that would be impacted by a language disorder along with oral expression and listening comprehension would include reading comprehension, written expression, and mathematical problem-solving. However, Oral Expression and Listening Comprehension could be the only areas identified in the SLD category.

If the child's speech or language is impacting academics and evidence-based interventions have not been provided with sufficient progress being made in speech or language goals, and the child is 9 years or older, then the team would need to consider Speech or Language Impairment and continue to collect progress monitoring data to support or rule out an SLD in the areas of Oral Expression and Listening Comprehension.

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While this flowchart shows the eligibility categories to consider, it is always the IEP team's responsibility to synthesize and interpret the assessment data, both qualitative and quantitative, to determine if a child has a disability that warrants specially designed instruction and to identify which eligibility category best addresses the child's needs.

Figure 3. Eligibility Decision-Assisting Flowchart
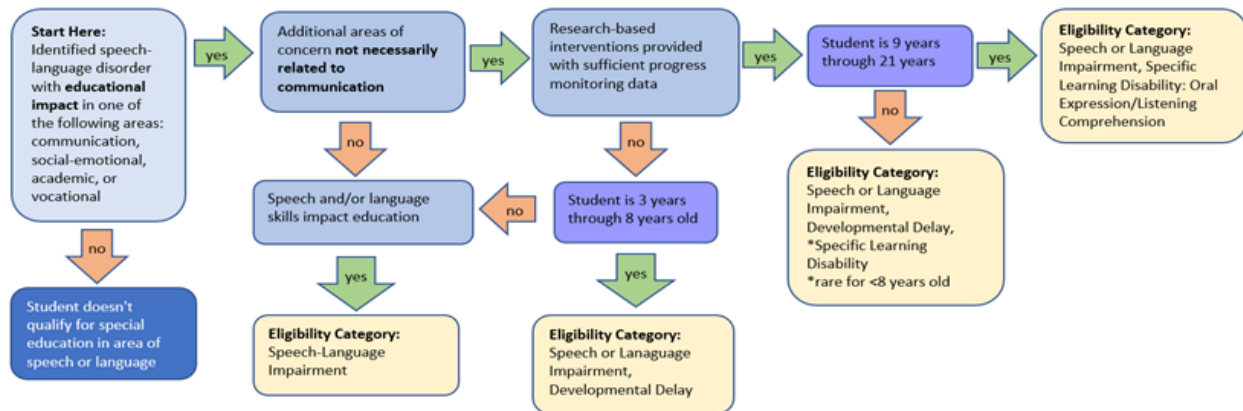
Complex Communication Needs

For students with significant cognitive and/or complex communication needs (CCN), it may not be possible to assess communication skills through traditional measures. Students with CCN are those for whom spoken language or speech alone is not sufficient to address their communicative needs (Therrien and Light, 2018). Reasonable action should be taken to gather a body of evidence to determine the student's communication skills

> Complex communication needs (CCN) refers to students who cannot communicate in everyday situations through speech alone due to congenital or acquired disabilities (Therrien and Light, 2018).

and needs. Using developmental charts, family and teacher interviews, observation of the student's communication skills, or other appropriate tools can help to assess communication needs and services. Dynamic Assessment strategies can be used to examine the developmental readiness of children who use augmentative alternative communication and to determine the support needed for the child to learn the targeted skill (Binger, Kent-Walsh, & King, 2017).

The following areas of communication should be addressed through a body of evidence gathered to assess the student's unique communication skills and needs:

- Communicative interactions

- Communicative intentions

- Communicative methods

- Understanding and using language to:

    o   Develop social relationships

    o   Communicate needs

    o   Demonstrate growth in educational setting

- Impact on educational performance

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The following strategies should be considered to determine what supports the student needs to be successful in the current educational setting.

- Communication partner strategies- ways the communication partner can enhance, scaffold, or support the student's communication.

- Environment strategies -ways to set up the environment to support the student in becoming an independent communicator.

Adverse Effect on Educational Performance

To receive special education services in the eligibility category of Speech or Language Impairment there must be an identified communication disorder that has an adverse effect on educational performance preventing the student from "receiving reasonable educational benefit from regular education" (ECEA Rule 2.08 (9)). Adverse effect "must be determined on a case-by-case basis, depending on the unique needs of a particular child and not based only on discrepancies in age or grade performance in academic subject areas," *Letter to Clarke, 48 IDELR 77* (OSEP, 2007). The impact on educational performance should be documented through a body of evidence from formal assessments, informal data, and semi-formal methods.

The presence of a language difference in a culturally and/or linguistically diverse learner does not constitute a disabling condition or an adverse effect on the student's ability to function within the educational setting. A speech or language disorder must be identified in the student's primary language and shown to interfere with the student's ability to perform in the educational setting before a Speech or Language Impairment is determined. Consult Section III: Assessment Considerations for English Learners to build a body of evidence to determine eligibility.

An adverse effect of a disability impacts a student's educational performance and their ability to participate and progress within general education. For preschool children, educational performance refers to a child's ability to successfully engage and participate in developmentally appropriate activities. Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic, communicative, and vocational needs. Evidence of an adverse effect on education must be determined by the IEP team based on results from comprehensive assessment data collected by normative assessment, observational information, family and teacher input, curriculum-based measures, and other qualitative or quantitative data that demonstrate how the disability impacts the child's ability to access general education.

The most obvious educational impact is in the academic area. A language disorder may limit the student's ability to listen, comprehend, and contribute on topic to the classroom discussions. Results from the comprehensive assessment should relate to the academic concern. If the student has a language disorder, this may impact their ability to access academic content that is read or discussed in the classroom. They may have difficulty demonstrating comprehension of word problems in math.

The student does not need to be below grade level or failing in an academic area for the disability to be determined to have an adverse effect on education. There are communicative disorders that may prevent a student from engaging and participating in educational activities in the classroom, during lunch, at recess, or in any other educational setting. For example, a student who has a fluency disorder

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may find it difficult to develop friendships which could impact their social-emotional well-being. While normative assessments may identify the communicative disorder, the effect on educational performance is best determined through observations across several environments, consultation with classroom teachers and other educators, student self-assessment and interviews with parents.

The effect of the speech or language disorder on social, emotional, or vocational performance must be carefully considered. The issue is to determine whether the speech or language difficulty interferes with the student's ability to establish and maintain social relationships, experience sound emotional development, and be a competent communicator for gainful employment. Evidence must be included in the comprehensive assessment that establishes a link between the speech or language disorder and the social-emotional impact to support the existence of an adverse effect on educational performance. Social competence is a necessary skill to be productive and successful in an occupation and society. The eligibility team members must collaborate to consider whether the speech or language disorder impacts social, emotional, and/or vocational development, along with academic progress.

If a student can progress in the general education curriculum, participate successfully in classroom discussions, and communicate appropriately and effectively with peers and adults to maintain social relationships, then the communicative disorder would not be considered to adversely affect educational performance.

Using Assessment Data to Support Adverse Effect

A variety of assessment tools are used when conducting a comprehensive assessment to determine a disorder. When determining the impact of a communication disorder on educational performance, the most useful data would be collected from observations in the classroom specific to the concern, checklists from the teachers on the student's functional use of speech and language skills, interviews with the family, and self-assessments from the student. In standardized assessments items are taken out of context and presented in a manner that creates organization that separates the components of language to allow each area to be assessed individually. Often receptive items on an assessment do not require an elaborate response or a verbal response. Within the classroom receptive and expressive language skills are integrated requiring the student to listen, comprehend, and retain the information; organize, sequence, and recall grammatical structures and vocabulary to formulate and express ideas and knowledge. When they are working in cooperative groups during play or class work, they must attend to the skills listed above, as well as utilize their social communication skills.

Another way to identify educational impact would be to evaluate how the communication disorder affects the student's ability to progress within the academic standards and what supports are necessary. This information could originate from classwork, assignments, unit tests, or participation within the classroom. Checklists from teachers, observations, or a record review could provide evidence of educational impact. The challenge for the IEP team would be to determine if the student's needs exceed the capacity of general education regarding time, content, or instruction. For older students, determining adverse effect should take into consideration the importance of vocational skills and social competence.

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Domains to Consider When Determining Adverse Effect

Academics and Learning

- Sound errors, voice quality, or fluency disorders may inhibit the student from reading orally in class, speaking in front of the class, or being understood by teachers, peers, or family members.

- Sound errors may result in making phonetic errors in spelling or having difficulty with phonics due to an underlying phonological processing problem.

- Grammatical errors may create problems with retelling or recounting stories or academic content, or impact written language products.

- Syntactic errors may have an impact on a student's oral or written expression and comprehension of academic content.

- Morphological errors may inhibit the student from using grammatically correct sentences or may interfere with the student's ability to learn generative word parts, such as prefixes and suffixes.

- Semantic problems may impact the expression or comprehension of spoken or written language and may slow the student's ability to follow directions and participate in classroom discussions.

Social or Emotional Functioning

- Sound errors, voice quality, or fluency disorders may embarrass or cause anxiety in the student and result in the avoidance of participation in class, developing friends, and feeling safe at school.

- Pragmatic language impairments may cause peer relationships to suffer and interfere with the student's ability to participate in cooperative group assignments within the classroom.

- Absenteeism may be a result of anxiety around the speech disorder.

- Classroom behavior may be a result of an underlying speech or language disorder.

Independent Functioning

- Speech or language disorders may present difficulties in asking and understanding directions, expressing conflict or emergency situations, and clarifying and sharing information related to vocational responsibilities.

- Pragmatic language impairments may prevent older students from successfully securing and retaining employment, living situations, and social relationships.

- Speech or language disorders may result in a reluctance to speak with people in authority.

- Career paths may be chosen that require minimal verbal communication.

Communication

- Semantic problems may impact the ability to relay information to others or fully participate in daily living.

- Fluency disorders may present difficulties when communicating over the telephone, with healthcare professionals, and other community members.

- Speech disorders may inhibit communication and clarity of the message.

General Questions to Support Adverse Effect

The following questions or ones similar could be asked of the student, teacher, and family member to support the impact of the communication disorder on educational performance. How does the speech or language disorder impact the student's ability:

- to participate in class discussions and support learning academic content?

- to communicate with peers and adults?

- to develop social relationships?

Instructional or Related Services

In IDEA the provision of speech-language pathology services appears in both the related services section 34 C.F.R. 300.34 and in the instructional services section 34 C.F.R. 300.39. Related services are defined as supportive services required to assist a child with a disability in accessing special education. Special education is defined as "specially designed instruction… to meet the unique needs of a child with a disability." In Colorado, the long-standing practice of speech or language services being considered special education services because of the critical linkage between speech-language development and literacy skill development was codified in the ECEA Rule 2.43(1)(b)(i) as part of the major amendments to the ECEA Rules of December 2007. This ensures that children who meet the criteria for speech or language impairment or developmental delay and only required speech and language services receive the special education services necessary to access and participate in general education. Any child identified as having a disability may receive speech or language services if the IEP team determines it is necessary for that child to receive FAPE.

Primary or Secondary Disability

In Colorado, students can receive speech and/or language services if the IEP team determines the speech or language needs prevent the student from receiving free appropriate public education (FAPE) (ECEA Rules 2.43(1)(b)(i)(F)). This is demonstrated by meeting the eligibility criteria for Speech or Language Impairment as primary or secondary disability. Or speech-language services may be provided as a related service to directly support the special education needs of another disability. There should be a comprehensive body of evidence that defines how the speech and language skills prevent the student from accessing general education, whether the speech and language services are provided as a primary or secondary disability or as related services.

A speech or language disorder can be a component to another eligibility category such as Autism Spectrum Disorder (ASD), Developmental Delay (DD), or Intellectual Disability (ID) or it can be a standalone disability of SLI. When the speech or language disorder is considered a component of another eligibility category, it is not necessary to identify SLI as a secondary disability. It can be identified as a secondary disability if it is determined to be a standalone disability. For example, if a child is determined to be a child with a disability in ASD and has a cleft palate that affects speech intelligibility, the IEP team could identify ASD as the primary disability with any communication disorders related to

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the ASD incorporated under that eligibility category. The speech intelligibility caused by the cleft palate could be addressed in the secondary disability of SLI. In this example the cleft palate could be a standalone Speech or Language Impairment and not a part of the ASD eligibility. The SLP in collaboration with the other IEP team members should carefully review evaluation results to determine if the student is eligible for special education and if so, what is the primary disability. The CDE does require nor collect any data on secondary disabilities. It is the AU/BOCES/districts' discretion to designate secondary disabilities. SLPs should follow guidance provided by their individual AU. However, if there are speech-language services, there should be a body of evidence that supports the need for specially designed instruction for the child to receive FAPE.

"Rule of construction: A child with a disability, as defined in Section 2.08 of these Rules, shall be entitled to receive speech language pathology services as specially designed instruction if the child's IEP team determines that the child needs speech language pathology services in order to receive a free appropriate public education." ECEA 2.43(1)(b)(i)(F)

Through the process of determining the primary disability and any secondary disabilities, the IEP team, including the SLP, identifies the student's educational needs. When speech or language services are among the educational needs of students, the SLP works with the IEP team to develop IEP goals. The IEP team collaborates to determine critical skills, knowledge, and strategies for goals that will support the student's communication needs across educational settings. The IEP team should also determine service delivery options such as direct services, consultation, co-teaching, or small group instruction to support the student's learning style. Along with direct services SLPs provide guidance to the general education teacher and other educators on implementation strategies for IEP goals related to speech or language. They can also support the education team with technical assistance and professional development. The student's educational team shares the responsibility for meeting the IEP goals and adaptations.

The ECEA Rules must be used to determine eligibility for SLI, and other disabilities that require speech or language interventions. Collaboration between the school psychologist, the SLP, the special education teacher, the general education teacher, and others in planning and administering appropriate communication and cognitive assessments and interpreting their results will facilitate discussions and decisions about eligibility. Speech-language services may be appropriate for students with moderate to severe speech or language disorder, regardless of their disability category.

Reevaluation

Generally, federal regulations require a reevaluation at least every three years unless the parent and public agency agree that the reevaluation is unnecessary. The purpose of the reevaluation is to:

- to determine continued eligibility for or dismissal from special education services.
- to determine the student's progress in special education and/or access to general education curriculum.
- to adjust the student's IEP to meet the unique needs of the student.

Criteria for dismissal

There are no specified criteria for dismissing a student from special education services other than graduating with a diploma, turning 21 years old, or assessment data showing no presence of a speech or language impairment that adversely affects education. Other than the first two stated conditions,

termination from special education instructional or related services is considered a significant change in placement (ECEA 4.03(8)(b)(ii)(B)) and requires consideration for a reevaluation unless there is mutual agreement by the parent and administrative unit or state-operated facility to change the IEP after the annual IEP meeting in a school year. If the IEP team, including the parent/family, determines sufficient information is documented, such that a full and individual reevaluation is not required, the AU must notify the parents through prior written notice procedures of the determination, the reasons for the determination, and the parent's right to request an assessment. As with all IEP-related activities, SLPs should follow procedures consistent with their AU/BOCES/district policies.

The process for terminating speech or language services, whether removing instructional or related services, should be based on the review of existing data, reevaluation data, classroom academic performance, functional communication skills, and teacher, student/family input. Parents must be part of the decision process and must give consent when, after a review of existing data, the IEP team determines that additional assessment data are needed. The IEP team must determine that the student is no longer eligible for special education services as a child with a Speech or Language Impairment or that the related services are no longer necessary to support access to general education.

When a student has been receiving speech or language services for many years and the interventions no longer have measurable benefit, the IEP team should review goals and analyze the current intervention plan, adjust as necessary to support the student's needs, and re-evaluate the effectiveness of the plan. The following considerations could inform the discussion:

- The nature of the speech or language needs that may be addressed by other service providers.

- The duration, continuity, and intensity of services across time (e.g., months, years).

- Other service delivery models to support the speech or language needs.

- School history, student attendance or medical conditions that may lead to unstable performance.

- The potential of regression if services are not maintained.

- Shifting the focus of the speech or language services.

It is an IEP team decision based on the assessment data, progress on data related to goals, academic and functional performance in general education, and input from the student and family whether to dismiss a student from special education. Discussions about dismissing a student from speech or language services should be predicated on the following questions.

1. Has the identified speech or language impairment been remediated?

2. Are compensatory strategies successfully implemented?

3. Is specially designed instruction from a speech-language pathologist still needed?

4. Does the student have a functional means of communicating?

5. Does the individual or family refuse services?

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Refusal of IEP services are all-inclusive, meaning a family cannot choose to participate in special education for reading services but not for speech and language services if the IEP team recommends speech or language services. If an IEP team recommends services and the student is refusing to participate, the team can reassess other ways to support the speech or language needs to support access to general education. Some students may continue to have language goals that are being addressed by other special educators. Cognitive referencing is not one of the considerations for dismissal of speech or language services since research supports that progress in communication may still occur for individuals with similar language and cognitive levels when appropriate interventions are provided.

Termination from special education services when a child graduates with a diploma or reaches the age of 21 years old does not require a reevaluation.

Section V: Appendices

Appendix A: Articulation/Phonological Developmental Charts

The information in this appendix is intended to provide speech-language pathologists and other professionals with developmental guidelines for articulation and phonological processes. Eligibility for services cannot be determined solely using normative data. Other factors shown in the list below should be taken into consideration when making decisions about the speech sound system of students and eligibility for special education.

Chronological age	Developmental age	Motor development
Opportunities in the student's environment for the development of spoken language	Overall maturity Overall intelligibility	The cultural and linguistic background of the student
Overall linguistic development	Medical history including middle ear infections	Psychological makeup
Environmental conditions	The student's pattern of development	The potential social impact

Acquisition of English Phonemes

Interpreting normative data about the ages when children acquire English consonants requires consideration of mastery of phonemes. Some assessments look at mastery from different levels: 50%, 75% and 90%. For a student to be identified as a child with a disability in SLI, 90% mastery of phoneme charts should be used. Most charts represent the mastery of phonemes when 90% of the subjects in developmental studies use the phonemes in two or three-word positions. Thus, ages of mastery are at the high end of the continuum of developmental speech sounds. Table 7 Mastery of Consonants represents the age range when 90% of subjects demonstrate mastery of the sound. The phonemes emerge earlier than these reported ages. The following provides current normative data about the development of individual phonemes (Crowe & McLeod, 2020). For more information about the age of acquisition and infographics, please refer to this website from Charles Sturt University: https://www.csu.edu.au/research/multilingual-speech/speech-acquisition

Vowels

English vowels emerge very early and complete mastery is typical by age 3:0 including the central /r/-colored /ɚ/ and diphthongs.

Table 7. Mastery of Consonants

Nasals	90% of children have mastered by age:
/m/	2:0-2:11
/n/	2:0-2:11
/ ŋ/	3:0-3:11
Stops	
/p/	2:0-2:11
/b/	2:0-2:11
/d/	2:0-2:11
/t/	3:0-3:11
/k/	3:0-3:11
/g/	3:0-3:11
Fricatives and Affricates	
/h/	2:0-2:11
/w/	2:0-2:11
/f/	3:0-3:11
/v/	4:0-4:11
/ θ/	6:0-6:11
/ ð/	5:0-5:11
/s/	4:0-4:11
/z/	4:0-4:11
/ ʃ/	4:0-4:11
/tʃ/	4:0-4:11
/dʒ/	5:0-5:11
Glides and Liquids	
/j/	3:0-3:11
/l/	4:0-4:11
/r/	5:0-5:11

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Phonological Processes

The simplification strategies children use when producing words are known as phonological processes. These occur normally and children gradually decrease the use of phonological processes as they can use more consonants and consonant clusters correctly in words. The following information is normative data on the likely age of elimination of phonological processes. These are common phonological processes/patterns seen in Table 8 and not an exhaustive list.

Table 8. Common Phonological Processes/Patterns

Process/Pattern	*Likely Age of Elimination*
Fronting	4:0
Stopping	3:0-5:0
• /f, s/	3:0
• /z, v/	4:0
• / ʃ, tʃ, j, θ/	5:0
Backing	3:0
Gliding	6:0-7:0
Deaffrication	4:0
Velar Assimilation	3:0
Nasal Assimilation	3:0
Cluster Reduction	
• without /s/	4:0
• with /s/	5:0
Weak Syllable Deletion	4:0
Final Consonant Deletion	3:0

Intelligibility

An important factor in the acquisition of the speech sound system is the extent to which a child is understood by others. Intelligibility can be affected by articulatory, phonological, suprasegmental, and other linguistic factors (Flipsen, 2006). Thus, it is important to consider these aspects of linguistic development when evaluating intelligibility. The child's relationship with the listener will also affect how well the child is understood. People that are familiar with the child will be able to understand the child more often than those who are not familiar with them. Environmental factors such as background noise can also influence how intelligible a child is. Most children by age 4.0 are understood by most listeners, even if they continue to have some developmental sounds that are misarticulated. Data from several research studies yielded the information in Table 9 Intelligibility of Listeners (Flipsen, 2006; Roulstone, Loader, Northstone, & Beveridge, 2002).

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Table 9. Intelligibility of Listeners

Age	Intelligibility	
	Familiar Listener	Unfamiliar Listener
2:0	50%	50%
2:6	51-70%	50%
3:0	71-80%	75%
4:0	100%	100%

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Appendix B: Colorado Communication Rating Scales

The Communication Rating Scales are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tool is designed to enable SLPs to document assessment findings according to the intensity of those findings and to support the eligibility discussion for a Speech or Language Impairment (SLI) based on assessment results, in collaboration with the eligibility team. The scales are not diagnostic instruments but a framework for organizing evaluation findings. If your AU uses the rating scales, they must be scored based on a body of evidence to include comprehensive assessment data, educational observations, parent and family input. The Communication Rating Scales can be accessed from the speech-language impairment webpage.

The Speech-Language Pathologist will determine whether to use the COMPREHENSIVE ASSESSMENT OR OBSERVATIONAL ASSESSMENT ONLY within the RATING SCALE. Comprehensive Assessment is recommended for the area(s) of concern, unless a standardized assessment is not available due to cognitive, linguistic or cultural reasons. The Comprehensive Assessment considers functional communication skills in relation to the student's educational environment and provides evidence to support abilities not based solely on a single assessment score.

The following definitions are included to accompany the communication rating scales:

"A _language impairment_ is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve: (1) the form of language (phonology, morphology, syntax); (2) the content of language (semantics); and/or (3) the function of language in communication (pragmatics) in any combination" (ASHA, 1993). A language impairment does not exist when:

- language performance is appropriate to normal development

- language differences are primarily due to environmental, cultural, or economic factors including non-standard English and regional dialect

- language performance does not interfere with educational performance.

The three Language Scales are: Receptive Language Scale, Expressive Language Scale, and Pragmatic Language Scale.

An _articulation impairment_ as defined by the ECEA Rules (2016) includes substitutions, omissions, distortions, or additions of sounds. For special education eligibility both articulation disorders and phonological disorders are addressed within this criterion. Errors in speech production are often difficult to delineate between articulation and phonological disorders; therefore, the field is often using the broader term of "speech sound disorders" to refer to articulation disorders "related to the motor production of speech sounds" and phonological disorders "that focus on predictable, rule-based errors… that affect more than one sound" (American Speech-Language-Hearing Association, 2021). While some practitioners classify phonological disorders as language impairments, they are included, along with articulation impairments in the criteria of SLI. An articulation impairment does not exist when:

- sound errors are consistent with normal articulation development

- articulation differences are due primarily to unfamiliarity with the English language, dialectal differences, temporary physical disabilities, or environmental, cultural, or economic factors

- the errors, whether or not developmental, do not interfere with educational performance resulting in a denial of FAPE.

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A *fluency impairment* includes stuttering, cluttering and other speech related disorders. "A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms (American Speech-Language Hearing Association, 1993)." A fluency impairment does not exist when (1) disfluent behaviors are part of normal speech development and/or (2) disfluent behaviors do not interfere with educational performance resulting in a denial of FAPE.

A *voice impairment* is the abnormal production and/or absence of vocal quality, pitch, loudness, resonance, and/or duration which is "inappropriate for an individual's age, gender, cultural background or geographical location (American Speech-Language Hearing Association , 2021)." A voice impairment does not exist when vocal characteristics: (1) are the result of temporary physical factors, such as allergies, colds, enlarged tonsils and/or adenoids, or short-term vocal misuse or abuse; (2) are the result of regional, dialectic, or cultural differences; and/or, (3) do not interfere with educational performance resulting in a denial of FAPE. The American Speech-Language-Hearing Association (ASHA) recommends that individuals receive a medical examination and medical clearance from contraindicating physical problems prior to participating in voice therapy. Consideration should be given to the policies and procedures within an AU, if a medical evaluation is required to determine eligibility for special education. SLPs should consult with their local administration for policies and procedures regarding the evaluation and treatment of voice disorders.

Resources and Websites

The following information provides suggested readings or resources. They are not all inclusive.

American Speech-Language Hearing Association (ASHA)

Practice Portal: For further guidance for speech and language domains review the information located on ASHA's Practice Portal. https://www.asha.org/practice-portal/

Communication Rating Scales

Individual Communication Rating Scales: http://www.cde.state.co.us/cdesped/sd-sli#Rating%20Scales

English Learners

Dynamic Assessment: An alternative to standardized testing https://www.asha.org/practice/multicultural/issues/

English Learners Suspected of Disability: Chapter 6 of the OELA Toolkit.

Evidence-Based Practices for English Learners: https://ceedar.education.ufl.edu/wp-content/uploads/2016/11/EBP-for-english-learners.pdf

Phonemic Inventories: The American Speech Language Hearing Association has compiled resources on the phonemic systems for many different languages. This resource can be used to identify sounds that may or may not be present in both languages, are used in a different manner in L1 than L2, and how L1 sounds may influence language in L2. https://www.asha.org/practice/multicultural/phono/

WIDA Can Do Descriptors: https://wida.wisc.edu/teach/can-do/descriptors

Evidence-Based Practices

EBP and ESSA: https://ed.gov/policy/elsec/leg/essa/guidanceuseseinvestment.pdf

EBP and ASHA: https://www.asha.org/Research/EBP/Evidence-Based-Practice/

ASHA Evidence Maps: https://www.asha.org/Evidence-Maps/ For more information on assessment, see

ASHA's Assessment Resources: Assessment Tools, Techniques, and Data Sources.

Speech and Language Domains

For further guidance on assessments for speech and language domains review the information located on ASHA's website. The following information provides suggested readings or resources.

Articulation/Phonological Disorders: Speech Sound Disorders: The comprehensive assessment protocol for speech sound disorders may include an evaluation of spoken and written language skills, if needed. See ASHA's Practice Portal pages on Spoken Language Disorders and Written Language Disorders.

Fluency Disorders: https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/

Language Disorders: More information on other speech and language domains can be found on ASHA's website at the following links:

Spoken language

Phonological Processing

Social Communication

Written Language

Voice Disorders: https://www.asha.org/practice-portal/clinical-topics/voice-disorders/

References

American Speech-Language Hearing Association. (2004). Report of the Joint Coordingating Committee on Evidence Based Practice. Rockville, MD: ASHA.

American Speech-Language Hearing Association . (2021). Voice Disorders. Retrieved from ASHA.org: https://www.asha.org/practice-portal/clinical-topics/voice-disorders/

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

American Speech-Language-Hearing Association. (2010, November 9). Roles and responsibilities of speech-language pathologists in schools [Professional Issues Statement]. Retrieved from American Speech-Language-Hearing Association: https://www.asha.org/policy

American Speech-Language-Hearing Association. (2021). Speech Sound Disorders: Articulation and Phonology. Retrieved from asha.org: https://www.asha.org/practice-portal/clinical-topics/articulation-and-phonology/#collapse_8

American Speech-Language-Hearing Association. (n.d.). Selected Phonological Processes (Patterns). Retrieved from www.asha.org: https://www.asha.org/practice-portal/clinical-topics/articulation-and-phonology/selected-phonological-processes/

Bauman-Waengler, J. (2008). Articulatory and Phonological Impairments: A Clinical Focus (3rd edition). Boston: Pearson, Allyn & Bacon.

Bernthal, J., Bankson, N., & Flipsen, P. (2017). Articulation and Phonological Disorders: Speech sound disorders in children. New York: Pearson.

Binger, C., Kent-Walsh, J., & King, M. (2017, July). Dynamic Assessment for 3- and 4-Year -Old Children WHo Use Augmentative and Alternative Communication: Evaluating Expressive Syntax. Journal of Speech Language and Hearing Research, 60, 1946-1958.

Cardenas-Hagan, E. (2016). Language and Early Literacy Connections Among English Learners. Collaboration for Preschool Language and Literacy. American Speech-Language-Hearing Association.

CDE Specific Learning Disabilities Guidelines. (2019). cdesped/guidelines_sld. Retrieved from www.cde.state.co.us: http://www.cde.state.co.us/cdesped/guidelines_sld_draft_2019-02-25

Colorado Department of Education. (2008). Response to intervention(RtI): A practitioner's guide to implementation. Retrieved from https://www.cde.state.co.us/sites/default/files/documents/rti/downloads/pdf/rtiguide.pdf

Crowe, K., & McLeod, S. (2020). Children's English consonant acquisition in the United States: A review. Journal of Speech-Language Pathology, 2155-2169.

Cummins, J. (1989). Cognitive academic language proficiency, linguistic interdependence, the optimum age question and some other matters. Working Papers in Bilingualism, No. 19, pp. 121-129.

Department of Education. (2004). Individuals with Disabilities Education Improvement Act of 2004. 20

U.S.C. § 1400 et seq.

Doyle, A. (2018, November 4). Communication Skills for Workplace Success. Retrieved from thebalancecareers.com: https://www.thebalancecareers.com/communication-skills-list-2063779

Duran, R. (1989). Assessment and instruction of at-risk Hispanic students. Exceptional Children, 154-158.

Figueroa, R. (1989). Psychological testing of linguistic-miniority students: Knowledge gaps and regulations. Exceptional Children, 145-152.

Flipsen, P. J. (2006). Measuring the intelligibility of conversational speech in children. Clinical Linguistics and Phonetics, 303-312.

Gonzalez, D. (2006). Identification of bilingual phenomena during resonse to intervention: A tutorial for early intervening services. Houston: Region 4 Edcuation Service Center.

Gonzalez, N., Moll, L., & Amanti, C. (2005). Funds of knowledge: Theorizing practices in household, communities, and classrooms. . New Jersey: Lawrence Erlbaum Associates.

Gough, P., & Tunmer, W. (1986). Decoding, reading , and reading disability . Remedial and Special Education, 6-10.

Hamayan, E., & Damico, J. (1991). Limiting bias in the assessment of bilingual students. Austin: Pro-Ed.

Klinger, J. (2009). Distinguishing learning disabilities from the language-acquisition process (Web log post). Retrieved from cecblog.typepad.com: http://cecblog.typepad.com/rti/2009/03/distinguishing-learning-disabilities-from-the-languageacquisition-process.html

Mattes, L., & Omark, D. (1984). Speech and language assessment for the bilingual handicapped. San Diego: College-Hill Press.

McLeod, S. (2012). Summary of 250 cross-linguistic studies of speech acquisition. Retrieved from https://www.csu.edu.au/research/multilingual-speech/speech-acquisition

McLeod, S., Crowe, K., & Shahaeian, A. (2015). Intelligbility in Context Scale: Normative and Validation Data of English-Speaking Preschoolers. Language, Speech, and Hearing Services in Schools, 266-276.

Ochoa, S. O. (2005). Assessing Culturally and Linguistically Diverse Students, A Practical Guide. Gilford Press.

Ortiz, A., & Maldonado-Colon, E. (1986). Reducing inappropriate referrals of language minority students in special education. In A. Willig, & H. Greenberg, Bilingualsim and learning disabilities (pp. 37-50). New York: American Library Publishing Company.

Ortiz, S. (2004). Comprehensive Assessment of Culturally and Linguistically Diverse Students: A Systemic, Practical Approach for Nondiscriminatory Assessment. St. John's University.

OSEP. (2007, March 8). Letter to Clarke. Dear colleague letter. Washington, DC, US: https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/index.html#pl. Retrieved from US Department of Education: https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/index.html#pl

OSEP. (2011, Jan). Memo to State Directors of Special Education. Retrieved from department of education : www.ed.gov

OSEP. (2015, January 7). Dear Colleague Letter, English Learner Students and Limited English Proficient Parents. Retrieved from Department of Education: https://www2.ed.gov/about/offices/list/ocr/ellresources.html

OSEP. (2019). Letter to Zirkel, 73 IDELR 241.

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

Porzsolt, F., & Schrott, L. (2003). Evidence-based decision-making – the 6-step approach. American College of Physicians Journal Club, 139-141.

Preisser, D., Hodson, B., & Paden, E. (1988). Developmental phonology: 18- 29 months. Journal of Speech and Hearing Disorders, 125-130.

Rhodes, R. L., Ochoa, S. O., & Ortiz, S. O. (2005). Assessing culturally and linguistically diverse students: A practical guide. New York: Gilford Press.

Roulstone, S., Loader, S., Northstone, K., & Beveridge, M. (2002). The speech and language of children aged 25 months: Descriptive data from the Avon longitudinal study of parents and children. Early Child Development and Care, 259-268.

Schlosser, R., & Sigafoos, J. (2008). Identifying 'evidence-based practice' versus 'empiricallly supported treatment'. Retrieved from Taylor and Francis Online: https://www.tandfonline.com/doi/abs/10.1080/17489530802308924

Shipley, K., & McAfee, J. (2016). Assessment in speech-language pathology: A resource manual. Boston: Cengage Learning.

Smit, A. (2004). Articulation and phonology resource guide for school-age children and adults. New Jersey: Thomson Delmar Learning.

Therrien, M. C., & Light, J. C. (2018). Promoting Peer Interaction for Preschool Children with Complex Communication Needs and Autism Spectrum Disorder. American Journal of Speech-Language Pathology, 207-221.

Thompson, P., & Sousa, K. (2021, October 21). Best Practices for an Attention Deficit Hyperactivity Disorder (ADHD) Evaluation. Retrieved from Neuro-ED Assessment and Screeners: https://www.neuroedtest.com/attention-deficit-hyperactivity-disorder-adhd/

U.S. National Center for Learning Disabilities NCLD . (2002). Retrieved from National Center For Learning Disabilities, . United States, 2002. Web Archive. Retrieved from the Library of Congress: www.loc.gov/item/lcwaN0018878/

US Department of Education. (2020). Every Student Succeeds Act. Retrieved from US Department of Education: https://www.ed.gov/essa?src=ft

Zirkel, P. A. (2013). Letter to Zirkel. OSER.

Zirkel, P. A. (January 29, 2019). Letter to Zirkel. OSEP.

This guidance document is regularly revised and updated as needed. If you have feedback regarding this document, please email Tami Cassel, Speech – Language Pathology Specialist, cassel_t@cde. state.co.us.

The contents of this manual were developed under a grant from the U.S. Department of Education. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.

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