**Appendix Forward**

This appendix provides sample forms for use in language-speech practice. These forms are samples only, are not mandated, and may be adapted to suit individual district needs. These forms should serve as an aid to support documentation for elements of language-speech evaluations, services, and dismissals.

**Appendix A**

**Language-Speech Screening Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_SLP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_

This form may be used as a quick checklist for language, speech, voice, and fluency deficits. Check the appropriate answer for each area below:

 YES NO

 1. The student demonstrates more speech errors

 than his/her peers. \_\_\_\_\_ \_\_\_\_\_

 2. The student is not stimulable for his/her errors. \_\_\_\_\_ \_\_\_\_\_

 3. The student has interruptions in the flow of

 his/her speech. \_\_\_\_\_ \_\_\_\_\_

 4. The student’s speech is difficult to understand. \_\_\_\_\_ \_\_\_\_\_

 5. The student’s voice is too loud, too soft, or has

 an unusual quality (hoarseness, nasal, etc.). \_\_\_\_\_ \_\_\_\_\_

 6. The student has difficulty with phonological

 awareness (rhyming, sound segmenting, etc.). \_\_\_\_\_ \_\_\_\_\_

 7. The student has difficulty following directions. \_\_\_\_\_ \_\_\_\_\_

 8. The student has difficulty comprehending

 new ideas. \_\_\_\_\_ \_\_\_\_\_

 9. The student has poor/limited vocabulary. \_\_\_\_\_ \_\_\_\_\_

10. The student has difficulty telling/retelling

 a story and/or relating information. \_\_\_\_\_ \_\_\_\_\_

11. The student has difficulty answering questions. \_\_\_\_\_ \_\_\_\_\_

12. The student uses incorrect words and/or

 grammar that are atypical and not dialectal. \_\_\_\_\_ \_\_\_\_\_

13. The student does not use appropriate conversation

 skills (i.e., turn taking, topic maintenance, eye

 contact, etc.). \_\_\_\_\_ \_\_\_\_\_

14. The student appears frustrated when speaking. \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_ PASS The student has “NO” checked for ALL questions.

\_\_\_\_\_\_ FAIL The student has “YES” checked for ANY question.

**Appendix B**

**Hearing Screening/Tympanometry Screening/Vision Screening Form**

**Enter District Name**

**Teacher’s Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screening Level: 25 dB**

**Tympanometry**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ear** | **Pass** | **Rescreen** | **Refer** |
| Right |  |  |  |
| Left |  |  |  |

**Hearing Screening**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequency** | **(500 Hz)\*** | **1000 Hz** | **2000 Hz** | **4000 Hz** | **(6000 Hz)\*** | **(8000 Hz)\*** |
| Right Ear |  |  |  |  |  |  |
| Left Ear |  |  |  |  |  |  |

**\*500, 6000, 8000 Hz = 30 dB (at discretion of SLP)**

**1st Screen \_\_\_\_\_\_\_\_\_\_**

**2nd Screen \_\_\_\_\_\_\_\_\_\_**

**Recommendations:**

\_\_\_\_\_ Pass

\_\_\_\_\_ Rescreen outer/middle ear in 7 days

\_\_\_\_\_ Rescreen Pure Tones in 7 days

\_\_\_\_\_ Refer for full hearing evaluation

\_\_\_\_\_ Medical referral

**Comments:**

**VISION SCREENING**

|  |  |  |
| --- | --- | --- |
|  | **1st Screening**  | **2nd Screening**  |
| **Screened Wearing Glasses?** | **YES** |  | **YES** |  |
| **NO** |  | **NO** |  |
| **Both Eyes** |  |  |
| **Right Eye** |  |  |
| **Left Eye** |  |  |
| **Near Vision** | **PASS** |  | **PASS** |  |
| **FAIL** |  | **FAIL** |  |
| **Date** |  |  |

**Appendix C**

**TEACHER/PARENT INTERVIEW: PRESCHOOL**

**Enter District Name Here**

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last: |
| Date of Birth: |  | Grade: |  |
| School: |  | Respondent: |  |
| Primary Language: ngua |  | SLP: |  |

**Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **As compared to peers in the same setting** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
| **1** | **2** | **3** | **4** | **5** |
| 1. | Does this student eat, chew, swallow, and suck without drooling or choking? |   |   |   |   |   |
| 2. | Is this student in good health (e.g., does not have frequent colds, ear infections, or congestion)? |   |   |   |   |   |
| 3. | Does this student follow verbal directions? |   |   |   |   |   |
| 4. | Does this student listen to stories? |   |   |   |   |   |
| 5. | Does this student seem to understand what is said? |   |   |   |   |   |
| 6. | Does this student seem to remember what is said? |   |   |   |   |   |
| 7. | Does this student know his/her first and last names? |   |   |   |   |   |
| 8. | Can this student identify common body parts and some objects (e.g., touch your nose)? |   |   |   |   |   |
| 9. | Does this student look at books? |   |   |   |   |   |
| 10. | Does this student appear to learn new words every week? |   |   |   |   |   |
| 11. | Does this student participate in pretend play or imitate adult activities (i.e., cooking, mowing lawn)? |   |   |   |   |   |
| 12. | Does this student appear to enjoy talking? |   |   |   |   |   |
| 13. | Does this student’s speech include the use of many different speech sounds? |   |   |   |   |   |
| 14. | Does this student use words to communicate? |   |   |   |   |   |
| 15. | Does this student use words with more than one syllable (i.e., jacket, apple, banana)? |   |   |   |   |   |
| 16. | Does this student communicate with other children? |   |   |   |   |   |
| 17. | Can this student name common body parts and some objects? |   |   |   |   |   |
| 18. | Can this student answer questions? |   |   |   |   |   |
| 19. | Does this student seem to use longer sentences every month? |   |   |   |   |   |
| 20. | Does this student use sentences appropriate for his/her age? |   |   |   |   |   |
| 21. | Does this student ask for things without pointing or using gestures? |   |   |   |   |   |
| 22. | Does this student ask simple questions? |   |   |   |   |   |
| 23. | Does this student answer simple questions? |   |   |   |   |   |
| 24. | Does this student take turns when talking? |   |   |   |   |   |
| **As compared to peers in the same setting:** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
| **1** | **2** | **3** | **4** | **5** |
| 25. | Does this student play beside another child (parallel play)? |   |   |   |   |   |
| 26. | Does this student play by him/herself (independent play)? |   |   |   |   |   |
| 27. | Does this student speak clearly? |   |   |   |   |   |
| 28. | Is this student understood by his/her family? |   |   |   |   |   |
| 29. | Is this student understood by people outside of the family? |   |   |   |   |   |
| **As compared to peers in the same setting:** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
| **1** | **2** | **3** | **4** | **5** |
| 30. | Can this student imitate new sounds and words? |   |   |   |   |   |
| 31. | Is this student typically understood if asked to repeat a word a second time? |   |   |   |   |   |
| 32. | Will this student repeat a word or phrase when not understood, without getting upset? |   |   |   |   |   |
| 33. | Does this student have a clear voice? |   |   |   |   |   |
| 34. | Does this student use a voice that is the same volume as peers? |   |   |   |   |   |
| 35. | Does this student talk smoothly without repeating sounds/words? |   |   |   |   |   |
| 36. | Does this student’s Language-Speech skills seem to be steadily improving?g? |   |   |   |   |   |

|  |
| --- |
| **In your opinion, does this student participate appropriately and show progress in developmentally appropriate activities as compared to peers in the same setting?****[ ]  yes [ ]  no** **Please describe any other observations/concerns related to the communication skills of this student:** **Please describe any other observations/concerns related to the communication skills of this student:**  |
| **Respondent’s Signature:** **D.O.B.** |
| **Title:** |  | **Date:** |  |

**Appendix D**

**Communication Behavior Observation**

Enter District Name Here

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Age: |  |
| Observer Name: |  | Observer Title: |  |

**Target Behavior Being Observed:**

|  |
| --- |
|  |
| [ ]  classroom | [ ]  playground | [ ]  cafeteria | [ ]  gym | [ ]  home |
| [ ]  other, specify  |
| **Physical Environment:** |
| [ ]  at table | [ ]  at desk | [ ]  at listening center | [ ]  on the floor |
| [ ]  at chalkboard | [ ]  at learning center | [ ]  seated on a chair group |
| [ ]  other, specify**:** |
| **Social Environment:** |
| [ ]  solitary play | [ ]  with group, number of students in the group:  |
| [ ]  with parent(s)/sibling(s) | [ ]  other, specify |

**Task/Activity, which the teacher has defined for the student:**

|  |
| --- |
|  |

**Task/Activity of other students** *(if different from student being observed)***:**

|  |
| --- |
| **SUMMARY OF OBSERVED COMMUNICATION BEHAVIORS:** |
| **Observer’s Signature:****D.O.B.** |
| **Title:** |  | **Date:** |  |

**Appendix E**

**Teacher/Parent Interview: Speech Sound Production and Use**

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Respondent: |  |
| Primary Language: |  | SLP: |  |

**Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist/Speech-Language Therapist.**

|  |  |
| --- | --- |
| **As compared to peers in the same setting:** | **Always****Often****Sometimes****Rarely****Never** |
| **1** | **2** | **3** | **4** | **5** |
| 1. | Do you understand the student’s speech in normal conversation? |   |   |   |   |   |
| 2. | Do the student’s peers understand him/her in normal conversation? |   |   |   |   |   |
| 3. | Does the student appear to be free of frustration (crying, anger, refusal to repeat, etc.) if misunderstood? |   |   |   |   |   |
| 4. | Does the student answer questions and participate in discussions? |   |   |   |   |   |
| 5. | Do you feel the student is outgoing? |   |   |   |   |   |
| 6. | Do peers accept the student’s speech and not comment to the student, each other, or you about his/her speech? |   |   |   |   |   |
| 7. | Does the student actively engage in social interactions with peers? |   |   |   |   |   |
| 8. | Can you listen to what the student is saying without being distracted by his/her speech? |   |   |   |   |   |
| 9. | Does the student’s speech allow for participation and progress in activities? Please explain any difficulties below. |   |   |   |   |   |
| 10. | Does the student’s speech allow for participation/progress in the general curriculum? Please explain any difficulties. below. |   |   |   |   |   |
| **Do you have any other observations related to the communication skills of this student? (Questions 9 &10)** |
| **Respondent’s Signature:** **D.O.B.** |
| **Title:** |  | **Date:** |  |

**Appendix F**

**Speech Sound Production and Use Assessment Summary**

**Enter District Name Here**

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Age: |  |
| SLP: |  | Communication Assessment: |  |

1. **INTELLIGIBILITY**

|  |
| --- |
| 1. Clinician’s judgment of connected speech intelligibility:
 |
| [ ]  intelligible | [ ]  occasionally unintelligible and/or noticeably in error |
| [ ]  frequently unintelligible | [ ]  unintelligible or only intelligible when the listener has knowledge of the context |
| 1. Clinician’s judgment of connected speech intelligibility:
 |
| [ ]  conversation with clinician | [ ]  classroom observation |
| [ ]  other, specify:  |

**2. SOUND SYSTEM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standardized test(s) administered:** | **Date:** | **SD:** | **Percentile:** | **SS:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Comments:**  |

1. **ERROR TYPE**

|  |
| --- |
| a. Sound errors or phonological processes typical of a child of younger age (list): |
| 1. Unusual or atypical sound errors or phonological processes (list):
 |
| Student’s Name:  | First: | Middle: | Last: |
| 1. Phonetic Inventory (an X indicates the sound is not present in any context):
 |
| [ ]  | **p**encil | [ ]  | **t**oe | [ ]  | **f**an | [ ]  | **s**end | [ ]  | **th**in | [ ]  | k**ey** | [ ]  | p**a**th |
| [ ]  | **b**e | [ ]  | **d**uck | [ ]  | T**V** | [ ]  | **z**oo | [ ]  | **th**en | [ ]  | b**i**b | [ ]  | h**o**p |
| [ ]  | **m**an | [ ]  | **g**o | [ ]  | **r**un | [ ]  | **sh**ip | [ ]  | **j**ump | [ ]  | ch**ai**r | [ ]  | d**o**g |
| [ ]  | **n**ose | [ ]  | **k**ite | [ ]  | h**er** | [ ]  | **ch**ip | [ ]  | plea**s**ure | [ ]  | b**e**d | [ ]  | t**oe** |
| [ ]  | **h**ouse | [ ]  | **l**eaf | [ ]  | **w**et | [ ]  | ri**ng** | [ ]  | h**a**t | [ ]  | f**oo**t | [ ]  | b**ye** |
| [ ]  | wh**o** | [ ]  | b**oy** | [ ]  | n**u**t | [ ]  | c**ow** | [ ]  | h**ea**d | [ ]  | w**ay** | [ ]  | ag**ai**n |
| [ ]  | n**o** | [ ]  | **y**es |  |
| **Comments:**        |

1. **SPEECH MECHANISM STRUCTURE AND/OR FUNCTION**

|  |  |
| --- | --- |
| [ ]  adequate for speech | [ ]  significantly affects speech |
| [ ]  mildly affects speech | [ ]  inadequate for speech |
| **Comments:**  |

1. **INFORMAL ASSESSMENT INFORMATION (information from observation, interview, etc.):**

|  |
| --- |
|  |

**Appendix G**

**Orofacial Examination Form**

**Enter District Name Here**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Age: |  |
| Date of Assessment: |  | SLP: |  |

The orofacial examination of the above child revealed the following:

|  |  |  |
| --- | --- | --- |
| Facial Characteristics- Intraoral Characteristics- Function | Adequate | Inadequate |
| Face (Appearance, Frontal View, Profile) |  |  |
| Lips |  |  |
| Tongue Characteristics (size, frenum, protrusion) |  |  |
| Tongue Movement (Protrusion, Lateralization, Elevation) |  |  |
| Uvula/Pharynx |  |  |
| Dentition |  |  |
| Hard Palate |  |  |
| Soft Palate |  |  |
| Velopharyngeal Closure |  |  |
| Diadochokinetic Rate |  |  |
| Comments on deviations or inadequacies: |
|  | Yes | No |
| Oral Facial Functioning is adequate for speech production. |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

SLP Signature Date

**Appendix H**

**Communication Rating Scale: Speech Sound Production and Use**

**Enter District Name Here**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | SLP: |  |
|  | **Non-Disabling** | **Mild** | **Moderate** | **Severe** |
| **Intelligibility** | [ ]  **0** | [ ]  **4** | [ ]  **6** | [ ]  **8** |
| Connected speech is intelligible. | Connected speech is occasionally unintelligible and/or noticeably in error. | Connected speech is frequently unintelligible. | Connected speech is unintelligible or only intelligible when listener has knowledge of the context. |
| **Sound System***See \*Note Below* | [ ]  **0** | [ ]  **3** | [ ]  **4** | [ ]  **6** |
| Scores on standardized instruments are within 1 1/3 standard deviations below the mean or above the 9th percentile. | Scores on standardized instruments are within 1 1/3 to 1 2/3 standard deviations below the mean or from the 9th to 5th percentile. | Scores on standardized instruments are within 1 2/3 to 2 standard deviations below the mean or from the 4th to 2nd percentile. | Scores on standardized instruments are 2 or more standard deviations below the 2nd percentile. |
| **Error Types** | [ ]  **0** | [ ]  **3** | [ ]  **4** | [ ]  **5** |
| No significant errors are present. Differences may be typical or recognized dialectal patterns. | Productions reflect common phonological processes or sound errors. | Productions reflect atypical phonological processes or sound errors. | Productions reflect a limited phonetic inventory and/or numerous atypical phonological processes. |
| **Speech Mechanism Structure and Function** | [ ]  **0** | [ ]  **2** | [ ]  **4** | [ ]  **5** |
| Structure and/or function are adequate for speech. | Structure and/or function difficulty mildly affects speech. | Structure and/or function difficulty affects speech. | Structure and/or function are inadequate for speech. |
| **Adverse Impact on Educational, Social, and/or Vocational Performance** | [ ]  **0** | [ ]  **4** | [ ]  **6** | [ ]  **8** |
| No interference with performance in the educational setting. | Minimally impacts performance in the educational setting. | Moderately interferes with performance in the educational setting. | Seriously limits performance in the educational setting. |
| **Total Score** | **0-10** | **11-17** | **18-25** | **26-32** |
| **Rating Scale** | [ ]  Non-disabling | [ ]  Mild | [ ]  Moderate | [ ]  Severe |
| **Severity Rating** | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |

**Comments:**

|  |
| --- |
|  |

**NOTE:** Not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section should only be marked after the standard score or percentile has been compared to the standard deviation according to the test manual for that specific test.

**Appendix I**

**Teacher/Parent Interview: Language**

Enter District Name Here

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last: |
| Date of Birth: |  | Grade: |  |
| School: |  | Respondent: |  |
| Primary Language: |  | SLP: |  |

**Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **As compared to peers in the same setting:** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
| **1** | **2** | **3** | **4** | **5** |
| 1. | Does this student listen to a story or presentation as appropriately as his/her peers do? |   |   |   |   |   |
| 2. | Does the student follow directions for participation and transitioning between activities? |   |   |   |   |   |
| 3. | Does the student exhibit appropriate knowledge of basic concepts as compared to his/her peers? |   |   |   |   |   |
| 4. | Does the student appear to comprehend questions asked in discussions? |   |   |   |   |   |
| 5. | Does the student ask questions for clarification or further information when he/she does not understand? |   |   |   |   |   |
| 6. | Does the student follow the class/home routine? |   |   |   |   |   |
| 7. | Does the student demonstrate understanding of the intent of the message? |   |   |   |   |   |
| 8. | Does the student use sentences as long and complex as his/her peers? |   |   |   |   |   |
| 9. | Does the student tell stories and explain events or actions as appropriately as his/her peers? |   |   |   |   |   |
| 10. | Does the student answer questions as appropriately as his/her peers? |   |   |   |   |   |
| 11. | Does the student answer questions as quickly as his/her peers? |   |   |   |   |   |
| 12. | Does the student explain and elaborate during curriculum-related discussions? |   |   |   |   |   |
| 13. | Does the student recall names of known items and people quickly and efficiently (word finding)? |   |   |   |   |   |
| 14. | Does the student recall information from a book read? |   |   |   |   |   |
| 15. | Does the student use language relevant to the situation? |   |   |   |   |   |
| 16. | Does the student use appropriate language to successfully communicate in a variety of situations for a variety of purposes? |   |   |   |   |   |
| 17. | Does the student interact appropriately with the teacher and/or family members? |   |   |   |   |   |
| 18. | Does the student informally communicate with the teacher and/or family members as compared to peers? |   |   |   |   |   |
| 19. | Does the student interact appropriately with peers? |   |   |   |   |   |
| 20. | Does the student initiate, maintain, and terminate conversations appropriately? |   |   |   |   |   |
| 21. | Does the student establish and maintain appropriate social relationships? |   |   |   |   |   |
| 22. | Do the student’s communication skills allow for participation and progress in activities? Please explain below. |   |   |   |   |   |
| 23. | Do the student’s communication skills allow for participation and progress in the general curriculum? Please explain below. |   |   |   |   |   |
| **Do you have any other observations related to the communication skills of this student?**  |
| **Respondent’s Signature:****D.O.B.** |
| **Title:** |  | **Date:** |  |

**Appendix J**

**Language Assessment Summary**

Enter District Name Here

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Age: |  |
| SLP: |  | Communication Assessment: |  |

1. **FUNCTIONAL/NONSTANDARDIZED ASSESSMENT RESULTS:**

|  |  |
| --- | --- |
| Measure Used: | Findings: |
|  |  |
|  |  |

**2. STANDARDIZED/NORM-REFERENCED TEST RESULTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Non-Disabling** | **Mild** | **Moderate** | **Severe** |
| **Standard Deviation** | X | -1 1/3 to -1 2/3 | -1 2/3 to -2 | -2 or more |
| **Percentile** | above the 9th  | 9th to 5th  | 4th to 2nd  | below the 2nd  |
| **Name of test(s)/subtests(s)***Record Standard Score(s) in appropriate severity level* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Non-Disabling** | **Mild** | **Moderate** | **Severe** |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **INFORMAL ASSESSMENT INFORMATION (information from observation, interview, etc.):**
 |

**Appendix K**

**Communication Rating Scale: Language**

**Enter District Name Here**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | SLP: |  |
|  | **Non-Disabling** | **Mild** | **Moderate** | **Severe** |
| **FunctionalAssessment** | [ ]  **0** | [ ]  **4** | [ ]  **6** | [ ]  **8** |
|  | Language skills are within the expected range. | Language skills are mildly impaired. | Language skills are moderately impaired. | Language skills are severely impaired. |
|  | [ ]  | Form/Structure | [ ]  | Form/Structure | [ ]  | Form/Structure | [ ]  | Form/Structure |
|  | [ ]  | Content/ Semantics | [ ]  | Content/ Semantics | [ ]  | Content/ Semantics | [ ]  | Content/ Semantics |
|  | [ ]  | Use/Pragmatics | [ ]  | Use/Pragmatics | [ ]  | Use/Pragmatics | [ ]  | Use/Pragmatics |
| **Standardized/Norm-Referenced Assessment****See Note** | [ ]  **0** | [ ]  **3** | [ ]  **4** | [ ]  **6** |
|  | Scores on Standardized instruments are within 1 1/3 standard deviations below the mean or above the 9th percentile. | Scores on Standardized instruments are within 1 1/3 to 1 2/3 standard deviations below the mean or from the 9th to 5th percentile. | Scores on Standardized instruments are within 1 2/3 to 2 standard deviations below the mean or from the 4th to 2nd percentile. | Scores on Standardized instruments are 2 or more standard deviations below the 2nd percentile. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adverse Impact on Educational, Social/Behavior-al, and/or Vocational Performance** | [ ]  **0** | [ ]  **4** | [ ]  **6** | [ ]  **8** |
| No interference with performance in the educational setting. | Minimally impacts performance in the educational setting. | Moderately interferes with performance in the educational setting. | Seriously limits performance in the educational setting. |
| **Total Score** | **0-7** | **8-12** | **13-17** | **18-22** |
| **Rating Scale** | [ ]  Non-disabling | [ ]  Mild | [ ]  Moderate | [ ] Severe |
| **Severity Rating** | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |

**Comments:**

|  |
| --- |
|  |

**NOTE:** Not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section should only be marked after the standard score or percentile has been compared to the standard deviation according to the test manual for that specific test.

**Appendix L**

**Teacher/Parent Interview: Fluency**

Enter District Name Here

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Respondent: |  |
| Primary Language: |  | SLP: |  |

**Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **As Compared to peers in the same setting:** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
| **1** | **2** | **3** | **4** | **5** |
| 1. | Does the student verbalize appropriately? |   |   |   |   |   |
| 2. | Does the student verbalize effortlessly? |   |   |   |   |   |
| 3. | When verbalizing, are the student’s facial and body movements appropriate? |   |   |   |   |   |
| 4. | Does this student readily participate in class discussions or activities that require speaking in front of groups? |   |   |   |   |   |
| 5. | Do you accept the student’s pattern as adequate? |   |   |   |   |   |
| 6. | Do peers accept the student’s pattern as adequate? |   |   |   |   |   |
| 7. | Do you understand the student’s verbal intent without difficulty? |   |   |   |   |   |
| 8. | Does this student readily participate in conversation with peers? Please explain below. |   |   |   |   |   |
| 9. | Does the student’s speech allow for participation/progress in the general curriculum? Please explain below. |   |   |   |   |   |
| **Do you have any other observations related to the communication skills of this student? (Question 8 & 9)** |
| **Respondent’s Signature:** **D.O.B.** |
| **Title:** |  | **Date:** |  |

**Appendix M**

**Fluency Assessment Summary**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Age: |  |
| SLP: |  | Communication Assessment: |  |

1. **BEHAVIORAL COMPONENTS:**

|  |
| --- |
| 1. Frequency of dysfluencies: \_\_\_\_\_\_\_/per 100 words produced in conversational context
 |
| 1. Types of dysfluencies observed:
 |
| [ ]  whole multisyllabic word repetitions | [ ]  abnormal rhythm, continuity, rate or effort |
| [ ]  whole monosyllabic word repetitions | [ ]  interjections |
| [ ]  part-word syllable repetitions | [ ]  broken words |
| [ ]  part-word speech sound repetitions  | [ ]  blocks/phonatory arrest |
| [ ]  rephrasing or revision of sentences | [ ]  silent or audible prolongations |
| [ ]  pitch rise | [ ]  pauses |
| 1. Blocks/phonatory arrest/sustained articulatory posture observed:
 |
| [ ]  no  | [ ]  yes: average duration of \_\_\_ seconds |
| 1. Speech sound prolongations observed:
 |
| [ ]  no | [ ]  yes: average duration of \_\_\_ seconds |
| 1. Schwa replacement for intended vowel observed:
 |
| [ ]  no | [ ]  yes |
| 1. Physical concomitants (secondary characteristics/struggle behaviors) observed:
 |
| [ ]  none perceived | [ ]  noticeable to casual observer |
| [ ]  only noticeable to trained observer | [ ]  distracting or obvious to the listener |
| Description of behavior(s): |

1. **AFFECTIVE COMPONENTS**

|  |
| --- |
| 1. Student awareness and emotional reaction to dysfluencies:
 |
| [ ]  not aware | [ ]  often aware |
| [ ]  occasionally aware | [ ]  always aware |
| 1. Student emotional reaction to dysfluencies:
 |
| [ ]  not concerned  | [ ]  negative emotions are often observed/reported |
| [ ]  mildly frustrated | [ ]  negative emotions are frequently observed/reported |

1. **COGNITIVE COMPONENTS**

|  |
| --- |
| 1. Verbal or situational avoidance behaviors:
 |
| [ ]  non observed or reported | [ ]  frequently observed or reported |
| [ ]  occasionally observed or reported | [ ]  consistently observed or reported in numerous situations |
| 1. Peer reactions to dysfluencies:
 |
| [ ]  appear unaware  | [ ]  frequent teasing noted/reported |
| [ ]  aware: some teasing noted/reported | [ ]  considerable teasing requires strong adult intervention |

1. **INFORMAL ASSESSMENT INFORMATION (information from observation, interview, etc.)**

|  |
| --- |
|  |

**Appendix N**

**Communication Rating Scale: Fluency**

**Enter District Name Here**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | SLP: |  |
|  | **Non-Disabling** | **Mild** | **Moderate** | **Severe** |
| **Frequency of Dysfluencies** | [ ]  **0** | [ ]  **2** | [ ]  **3** | [ ]  **4** |
| 10 or fewer per 100 words in conversation. | 11 to 12 per 100 words in conversation. | 13 to 14 per 100 words in conversation. | 15 or more per 100 words in conversation. |
| **Types(s) of Dysfluencies** | [ ]  **0** | [ ]  **2** | [ ]  **4** | [ ]  **6** |
| Mostly whole multisyllabic word repetitions.Occasional whole-word interjections and phrase/sentence revisions. | Mostly whole monosyllabic word repetitions.Repetitions are rapid, tense and irregularly paced.Pitch rise may be present. | Mostly part-word syllable repetitions. Occasional speech sound repetitions. Prolongations and broken words noted.Repetitions are rapid, tense and irregularly paced.Pitch rise may be present.Blocks in which sound and airflow are shut off. | Frequent part-word speech sound repetitions. Frequent prolongations and broken words. Repetitions are rapid, tense and irregularly paced.Pitch rise may be present.Long, tense blocks, some with noticeable tremors. |
| **Phonatory Arrest/****Sustained Articulatory Posture** | [ ]  **0** | [ ]  **4** | [ ]  **6** | [ ]  **8** |
| None observed or less than .5 seconds duration | 0.5 to 2.0 seconds in duration | 2.1 to 3.0 seconds in duration | 3.1 or more seconds in duration |
| **Speech Sound Prolongations** | [ ]  **0** | [ ]  **4** | [ ]  **6** | [ ]  **8** |
| None observed or less than 1.5 seconds duration | 1.6 to 3.0 seconds in duration | 3.1 to 4.0 seconds in duration | 4.1 or more seconds in duration |
| **Schwa Replacement** | [ ]  **0** | [ ]  **0** | [ ]  **0** | [ ]  **6** |
| Not Perceived | Not Perceived | Not Perceived | Perceived |
| **Physical Concomitants** | [ ]  **0** | [ ]  **2** | [ ]  **4** | [ ]  **6** |
| None Perceived | Only noticeable to trained observer. | Noticeable to casual observer. | Distracting or obvious to the listener. |
| **Awareness and Emotional Reactions** | [ ]  **0** | [ ]  **2** | [ ]  **4** | [ ]  **6** |
| Student is neither aware of, nor concerned about, dysfluencies. | Student is occasionally aware and mildly frustrated by dysfluencies. | Student is often aware of dysfluencies. Negative emotions are often observed/reported. | Student is always aware of dysfluencies Negative emotions are frequently observed/reported. |
| **Avoidance Behaviors and Peer Reactions** | [ ]  **0** | [ ]  **2** | [ ]  **4** | [ ]  **6** |
| No verbal or situational avoidance observed or reported.Peers appear unaware of dysfluencies. | Verbal or situational avoidance occasionally observed or reported.Peers are aware of dysfluencies; some teasing noted or reported. | Verbal or situational avoidance frequently observed or reported.Frequent teasing noted or reported. | Verbal or situational avoidance consistently observed or reported.Considerable teasing requiring strong adult intervention. |
| **Adverse Impact on Educational, Social/Behavioral, and/or Vocational Performance** | [ ]  **0** | [ ]  **4** | [ ]  **6** | [ ]  **8** |
| No interference with performance in the educational setting. | Minimally impacts performance in the educational setting. | Moderately interferes with performance in the educational setting. | Seriously limits performance in the educational setting. |
| **Total Score** | **0-16** | **17-27** | **28-40** | **41-58** |
| **Rating Scale** | [ ]  Non-disabling | [ ]  Mild | [ ]  Moderate | [ ]  Severe |
| **Severity Rating** | [ ]  0 | [ ]  1 | [ ]  2 | [ ]  3 |

**Comments:**

|  |
| --- |
|  |

**NOTE:** Not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section should only be marked after the standard score or percentile has been compared to the standard deviation according to the test manual for that specific test.

**Appendix O**

**Teacher/Parent Interview: Voice**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Respondent: |  |
| Primary Language: |  | SLP: |  |

**Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.**

|  |  |
| --- | --- |
| **As compared to peers in the same setting:** | **Always****Often****Sometimes****Rarely****Never** |
| **1** | **2** | **3** | **4** | **5** |
| 1. | Does the student maintain his/her voice throughout the day? |   |   |   |   |   |
| 2. | Can the student’s voice be heard when answering questions or participating in class activities/discussions? |   |   |   |   |   |
| 3. | Does the student use a loudness level that is appropriate to the classroom environment? |   |   |   |   |   |
| 4. | Does the student have appropriate pitch as compared with peers (e.g., pitch is not too high/too low)? |   |   |   |   |   |
| 5. | Do peers accept the student’s voice as normal? |   |   |   |   |   |
| 6. | Does the student use appropriate voice quality compared with peers (e.g., quality is not frequently hoarse)? |   |   |   |   |   |
| 7. | Does the student speak easily without excessive coughing or throat clearing? |   |   |   |   |   |
| 8. | Do you freely call on this student to answer questions? |   |   |   |   |   |
| 9. | Does the student readily participate in class discussions or activities that require speaking in front of peers? Please explain any difficulties below. |   |   |   |   |   |
| 10. | Does the student’s voice allow for participation/progress in the general curriculum? Please explain any difficulties below. |   |   |   |   |   |
| **Do you have any other observations related to the communication skills of this student?(Questions 9 & 10)** |
| **Respondent’s Signature:** **D.O.B.** |
| **Title:** |  | **Date:** |  |

**Appendix P**

**Communication Rating Scale: Voice**

**Enter District Name Here**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name:  | First:       | Last: |       | Grade: |       |
| School: |       | Date of Birth: |       | Age: |       |
| SLP: |       | Date: |       |
|  | **Non-Disabling** | **Mild** | **Moderate** | **Severe** |
| **Pitch** | **0** | **1** | **2** | **3** |
|  | Normal for age, gender and culture. | Noticeable abnormality perceived by trained listener. | Intermittent abnormality perceived by untrained listener. | Persistent abnormality for age, sex and/or culture. |
| **Loudness** | **0** | **1** | **2** | **3** |
|  | Within normal limits. | Noticeable abnormality perceived by trained listener. | Intermittent abnormality perceived by untrained listener. | Persistent abnormality for age, sex and/or culture. |
| **Quality** | **0** | **1** | **2** | **3** |
|  | Within normal limits. | Noticeable abnormality perceived by trained listener. | Intermittent abnormality perceived by untrained listener. | Persistent breathiness, glottal fry, harshness, hoarseness, tenseness, stridency, aphonia or other abnormal vocal qualities. |
| **Resonance** | **0** | **1** | **2** | **3** |
|  | Within normal limits. | Noticeable abnormality perceived by trained listener. | Intermittent abnormality perceived by untrained listener. | Persistent abnormality. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vocal Abuse/Misuse** | **0** | **2** | **3** | **4** |
| Not observed. | Limited to specific situations. | Observed intermittently throughout the day. | Persistent throughout the day. |
| **Medical Findings** | **0** | **2** | **4** | **6** |
| No laryngeal pathology reported by physician.Physical conditions influencing pitch, loudness, quality or resonance may include allergies, colds, abnormal tonsils and/or adenoids. | Minor laryngeal pathology reported by physician.Pathology may include vocal fold thickening, edema or nodules. | Laryngeal pathology reported by physician.Pathology may include nodules, polyps, ulcers, edema, partial paralysis of vocal folds, enlarged or insufficient tonsils and/or adenoids. | Persistent physical conditions reported by physician.Pathology may include unilateral or bilateral paralysis of vocal folds, neuromotor involvement of laryngeal/ velopharyngeal muscles, etc. |
| **Adverse Impact on Educational, Social/Behavioral, and/or Vocational Performance** | **0** | **4** | **6** | **8** |
| No interference with performance in the educational setting. | Minimally impacts performance in the educational setting. | Moderately interferes with performance in the educational setting. | Seriously limits performance in the educational setting. |
| **Total Score** | **0-8** | **9-15** | **16-23** | **24-30** |
| **Rating Scale** | Non-disabling | Mild | Moderate | Severe |
| **Severity Rating** | 0 | 1 | 2 | 3 |

**Comments:**

|  |
| --- |
|  |

**NOTE:** Not all standardized measures have a consistent correlation among standard deviations, standard scores, and percentiles. This section should only be marked after the standard score or percentile has been compared to the standard deviation according to the test manual for that specific test.

**Appendix Q**

**Communication Written Report**

**Enter District Name Here**

**Date(s) of Evaluation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name:  | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Communication Assessment*:* |  |
| This information is being provided to the MET for the purposes of: |
| [ ]  initial evaluation of speech-language skills *(Comprehensive assessment):* |
| [ ]  reevaluation of speech-language skills *(comprehensive or skill-specific assessment):* |
| [ ]  Other, specify:  |

**Contributors (Name/Title):**

|  |  |  |  |
| --- | --- | --- | --- |
| Speech-Language Pathologist:  |  | Parent/Guardian: |  |
| General Education Teacher: |  | Special Education Teacher *(if applicable)*: |  |
| Other Contributors: |  |
| Hearing Screening: |
| [ ]  passed screening at 25 dB on\_\_\_\_\_\_\_\_ *(date of screening)* | [ ]  failed screening at 25 dB on \_\_\_\_\_\_\_\_\_ *(report results of medical/audiological follow-up)* |
| Comments:  |
| Oral Examination: |
| [ ]  structure and function within normal limits on \_\_\_\_\_\_\_\_\_\_\_*(date of evaluation)* |
| Other, specify:  |
| Communication Screening *(check all areas found to be within normal limits):* |
| [ ]  Speech Sound Production and Use | [ ]  Fluency |
| [ ]  Language | [ ]  Voice |

**Appendix R**

**Communication Written Report Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name:  | First:  | Middle: | Last:  |

**Speech-Language Assessment Summary**

(Summarize formal and informal assessment information, Present Level of Academic Achievement and Functional Performance, and any adverse impact on educational, social/behavioral, and/or vocational performance.)

|  |
| --- |
|  |

**Other:**

|  |  |
| --- | --- |
| [ ]  **Yes** [ ]  **No** | The student’s communication difference is due to use of regional dialect or nonstandard English. (If yes, the assessment must reflect consideration of these issues.) |
| [ ]  **Yes** [ ]  **No** | The student speaks two or more languages and/or is unfamiliar with the English language. (If yes, the assessment must reflect consideration of these issues.) |
| [ ]  **Yes** [ ]  **No** | There is evidence that the student’s communication disorder adversely affects his/her educational, social/behavioral, and/or vocational performance. (Supportive documentation must be summarized in this report on the appropriate Rating Scale.) |
| **Speech-Language Pathologist(s) Signature:** |
|  | **Date:** |

**Appendix S**

**Language-Speech Impairment (L/S) Eligibility Determination Form**

**Enter District Name Here**

Attachment *to Multidisciplinary Team (MET) Conference Summary/Action Form*

***NOTE:*** *This form documents the student’s eligibility for Language-Speech as a category of disability only.*

|  |  |
| --- | --- |
| [ ]  Initial Determination of Eligibility for this Category of Disability | [ ]  Re-Determination of Eligibility for this Category of Disability |
| Student’s Name:  | First:  | Middle: | Last:  |
| Date of Birth: |  | Date of Eligibility Determination: |  |
| School: |  |

The **MET** determines a student to have a **Language or Speech Impairment** and is eligible for specially designed instruction and related services when:

|  |  |
| --- | --- |
| **Complete** **During MET** | ***The MET compared and analyzed evaluation data and documents the following interpretation.*** |
| [ ]  **Y** [ ]  **N**[ ]  **Insufficient** | 1. | Communication disorder in one or more of the following:[ ]  Stuttering[ ]  Voice [ ]  Articulation[ ]  Delayed Acquisition of Language[ ]  Language[ ]  An Absence of Language |
| [ ]  **Y** [ ]  **N**[ ]  **Insufficient** | 2. | Evaluation information confirms there is an adverse effect on educational, social/behavioral/, and/or vocational performance (must be present for eligibility). |
| [ ]  **Y** [ ]  **N**[ ]  **Insufficient** | 3. | Evaluation information confirms that lack of instruction in reading and/or math was not a determinant factor in the eligibility decision. |
| [ ]  **Y** [ ]  **N**[ ]  **Insufficient** | 4. | Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision. |

On the following page, provide Supporting Documentation that demonstrates the **MET**:

* Used multiple data sources that substantiate the existence of the disability (triangulation of data);
* Confirmed the progress of the child is impeded by the disability to the extent that the child’s educational, social/behavioral, and/or vocational performance is significantly and consistently below the level of similar-aged peers.

**Language or Speech Impairment**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name | First:  | Middle: | Last:  |
| Supporting Evidence:  |

The **MET** used the above interpretation of the evaluation data to determine:

[ ]  The student has a speech or language impairment that adversely impacts his/her education and is eligible for specially designed instruction.

[ ]  The student does not have a speech or language impairment and is not eligible for specially designed instruction.

[ ]  The student has a speech or language impairment, but it does not adversely impact his/her education; therefore, the student is not eligible for specially designed instruction.

[ ]  Evaluation data was insufficient to determine eligibility. Additional assessments and/or data will be obtained/collected the area(s) of:

|  |
| --- |
|   |

The **MET** will reconvene by \_\_\_\_\_\_\_ to review and determine eligibility.

**Appendix T**

**Prosody Checklist**

Enter District Name Here

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name:  | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Communication Assessment*:* |  |
|  | Yes | No | Comments |
| Prosody in Speech |  |  |  |
| Does the student’s stress production change in conversation? |  |  |  |
| Does the student’s voice reflect changes in affect (i.e., monotone voice)? |  |  |  |
| Does the student’s intonation change when speaking (appropriately reflects mood, emotions, etc.)? |  |  |  |
| Does the student perceive changes in prosody in other speakers (mood of speaker, emotions, sarcasm, etc.)? |  |  |  |

**Appendix U**

**Reevaluation Checklist**

Enter District Name Here

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SLP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedures for Reevaluation (Date completed/NA for not applicable):**

\_\_\_\_\_ WPN sent 7 days prior to meeting

\_\_\_\_\_ Reviewed current IEP and progress towards annual goals

\_\_\_\_\_ Conducted observation across settings

\_\_\_\_\_ Gathered information from teacher

\_\_\_\_\_ Gathered information from parent(s)/guardian(s)

\_\_\_\_\_ Reviewed initial evaluation or most recent reevaluation

\_\_\_\_\_ Used current date to determine adverse educational impact

\_\_\_\_\_ Reviewed current academic status (absences, report cards, progress reports, discipline reports, etc.)

\_\_\_\_\_ Reviewed eligibility criteria of disabilities

\_\_\_\_\_ Conducted hearing/vision screening if appropriate Results:

 Hearing \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

 pass/fail date

 Vision \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

 pass/fail date

\_\_\_\_\_ Completed informal assessments (including curriculum based assessments)

\_\_\_\_\_ Completed formal assessments/evaluations

 \_\_\_\_\_\_\_ Presented WPN for testing to parent

 \_\_\_\_\_\_\_ Explained Procedural Safeguards with parent

 \_\_\_\_\_\_\_ Obtained parental consent for testing

 \_\_\_\_\_\_\_ Reevaluation completed

\_\_\_\_\_ If IEP Committee determines that a change in service is warranted, a change of placement form is given.

\_\_\_\_\_ The IEP Committee completes the reevaluation.

\_\_\_\_\_ The IEP is revised to reflect the most current reevaluation data and results. Results of Reevaluation (Check one):

 \_\_\_\_\_\_\_ Continued eligibility and placement of special education

 \_\_\_\_\_\_\_ Change of eligibility/placement

 New eligibility/placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ Dismissal from Special Education (change of placement form included)

**Appendix V**

**Language-Speech Dismissal Form**

Enter District Name Here

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SLP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The IEP Committee convened \_\_\_\_\_\_\_\_\_\_\_, and based on reevaluation data has determined that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is no longer eligible for Special Education services for the category of Language-Speech.

Procedures used to reach this determination include (check all that apply):

 □ A review of the IEP

 □ Review of current data to determine adverse educational impact

 □ Administration of assessments/evaluations when appropriate

 □ Interviews with teachers, parents, and therapists

 □ Observations across settings
 □ If testing was warranted, the parent received WPN and gave parental consent for testing (report of testing attached)

The IEP Committee determines that Language-Speech services are no longer warranted due to (check one):

□ The student no longer meets the eligibility criteria for language-speech services because (check all that apply):

 □ The student has mastered IEP goals/objectives.

 □ The student’s language-speech skills are within the normal range.

□ The student’s progress has plateaued or has shown a lack of progress, and the student no longer benefits from language-speech services due to (check all that apply):

 □ Limited physical, mental, or emotional ability to self-monitor communication

 □ Poor attendance

 □ Lack of motivation

 □ Limited potential for a significant change in communication skills

□ The student’s communication no longer has an adverse educational impact on educational, social/behavioral or vocational performance.

 □ The student no longer requires language-speech services due to their disability.

 □ Skills are being monitored and maintained in the student’s environment.

 □ Skills are being addressed by others in the student’s environment

(i.e., special education teacher, general education teacher, etc.).

**Appendix W**

**Calibration and Mechanical Check of the Audiometer**

Enter District Name Here

1. Manually-operated pure tone audiometers (those which require the clinician to manually set the frequency and decibel level) must be calibrated annually and meet ANSI S3.6-2004 standards.
2. The manual for each audiometer will indicate which standards are met.
3. A “biologic check” of the audiometer should be performed before each day’s use to ensure the results obtained for that day are valid. The following guidelines are recommended for the biologic check.
4. Whenever possible, the same individual should perform the biological check each day for the specific audiometer being used.
5. Obtain a true threshold (the softest level that can be heard 2 out of 3 times) on the better ear with the right earphone (red earphone) and record the results at each frequency.
6. Using the SAME ear, obtain a threshold with the left earphone (blue earphone) and record the results.
7. Compare the thresholds at each frequency to ensure that they do not differ by more than +/- 5 dB. If they do vary, the audiometer should not be used. This discrepancy between earphones indicates that one earphone is testing at a better level than the other earphone. The audiometer needs to be checked.
8. A maintenance check of the audiometer should be performed at the same time of the biologic check before each day’s use to ensure the audiometer is in good working order. The following guidelines are recommended for the maintenance check. It is recommended that a clinician with normal hearing do the quick maintenance check immediately before use.
9. Preferably after use with each child, it is recommended that the earphones be cleaned with a **NON-ALCOHOLIC,** 100% tuberculocidal, bactericidal, fungicidal, and virucidal agent. When cleaning, keep all moisture away from the diaphragm.

|  |  |  |
| --- | --- | --- |
| **Check** | **Problem** | **Send for Repair**  |
| **Press the interrupter switch and present tone** | Do you hear a “click”? | If so, send for repair |
| **With earphone on the clinician’s ears, present a 1000 Hz tone at 50 dB HL in each ear and shake or run fingers along the cords to the earphones**  | Is the tone intermittent or is static heard?  | If so, send for repair |
| **Check Earphone cushions** | Are the earphone cushions clean and free from cracks and tears? | If not, obtain new ones |
| **Check Dials** | Are the frequency and attenuator dials tight and free from slippage? | If not, send for repair |
| **Place headband on head** | Is the headband snug with sufficient tension on the head? | If not, obtain a new one  |
| **Check for cross talk at 1000 Hz at 70 dB HL for each earphone** | As you listen to the right earphone, no sound should be present in the left earphone.  | If crosstalk occurs, send for repair |

**Daily Biologic Calibration and Mechanical Check Data Sheet**

NAME OF INDIVIDUAL PERFORMING CHECK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUDIOMETER ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

**Same Ear Hearing Threshold Level**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PHONE  | 500 Hz | 1000 Hz | 2000 Hz  | 3000 Hz | 4000 Hz  | 6000 Hz | 8000 Hz |
| **Right (red)**  |  |  |  |  |  |  |  |
| **Left (blue)** |  |  |  |  |  |  |  |

**Mechanical Checklist**

|  |  |  |
| --- | --- | --- |
| Specific Check | Does Problem Exist(circle appropriate response) | Specific Repair Need |
| **Is click heard with interrupter switch?** | **Y/ N** | Send for repair |
| **Are earphone cords intermittent?**  | **Y/ N** | Send for repair |
| **Is static heard in earphone cords?** | **Y/ N** | Send for repair |
| **Are dials slipping?** | **Y/ N** | Send for repair |
| **Is crosstalk present?** | **Y/ N** | Send for repair |
| **Is headphone band loose?** | **Y/ N** | Obtain new headband |
| **Are earphone cushions cracked or torn?** | **Y/ N** | Obtain new cushions |

**Appendix X**

**Suggested Hearing Screening Facility Criteria**

Enter District Name Here

Most local agencies do not own sound level meters which are used to measure the ambient noise levels of the room being used in testing. A biologic check may be substituted if one does not have a sound level meter at his/her disposal.

**Procedure for the Biologic Check for Ambient Noise:**

1. Screen a person with normal hearing at 10 dB below the target screening level across all frequencies to be used in the screening.
	1. In using a screening level of 25 dB HL, set the attenuator dial at 15 dB HL and screen the person’s hearing across all frequencies to be tested. If the person can hear the tones at all frequencies at 15 dB HL, then the room should be sufficiently quiet to perform the screenings.
	2. In using a screening level of 20 dB HL, set the attenuator dial at 10 dB HL and screen the person’s hearing across all frequencies to be tested. If the person can hear the tones at all frequencies at 10 dB HL, then the room should be sufficiently quiet to perform the screenings.

**Suggested criteria for the room and set-up of equipment:**

1. Maintain as silent a screening site as possible
2. Preferably use room with floor covered with carpeting and ceiling with acoustic tile
3. Avoid areas near:
	1. Fans/ Air conditioners/ Heating units
	2. Hallway traffic
	3. Playground or street
	4. Music room
	5. Bathrooms
	6. Cafeterias
	7. Office equipment
4. Set up equipment in a corner or against a wall that does not separate the room from other noisy environments (see above)
5. Avoid excessive noise within screening area, such as:
	1. Talking
	2. Paper shuffling
	3. Open windows
	4. Movement of desks
	5. Pencil sharpeners

**Appendix Y**

**Sample Parent Letter for Students who Pass Hearing Screening**

Enter District Name

DATE:

PARENT NAME:

PARENT ADDRESS:

Dear Parent,

Good hearing is critical in the learning process and in your child’s ability to progress successfully in school. For this reason, your child’s class at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school) was seen for a routine hearing screening. We are pleased to inform you that your child passed his/her pure tone screening.

Please be aware that hearing may change at any time for a variety of reasons. If you notice that your child may be experiencing difficulty with hearing, please let us know. If you have any questions about these results or about the hearing screening program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school), do not hesitate to call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter District Name Here

**Sample Parent Letter for Students Who Failed 1st Hearing Screening**

NAME OF SCHOOL

ADDRESS OF SCHOOL

DATE

PARENT NAME

PARENT ADDRESS

Dear Parent,

Good hearing is critical in the learning process and in your child’s ability to progress successfully in school. For this reason, the child’s class at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school) was seen for a routine hearing screening on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). On this date, your child had difficulty with his/her pure tone screening (which screens how well he/she hears) and/or immittance screening (which measures middle-ear function). These results do NOT mean that your child has a hearing loss. His/her difficulties may be due to any numerous causes such as: noise in the testing area, distractions, a lack of understanding instructions, middle ear fluid, or any number of other reasons.

Since your child experienced difficulty with this screening, his/her hearing will be rescreened again within seven days. You will be notified of the results of the results at that time. If you have any questions about these results or about the hearing screening program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school), do not hesitate to call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter District Name Here

**Sample Parent Letter to Refer Students for Further Evaluation**

(Place check by appropriate referral)

NAME OF SCHOOL

ADDRESS OF SCHOOL

DATE

PARENT NAME

PARENT ADDRESS

Dear Parent,

Good hearing is critical in the learning process and in your child’s ability to progress successfully in school. Because your child’s initial screening at school indicated a possible concern, your child was rescreened on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

During this second screening, your child continued to have difficulty with his/her pure tone screening and/or immittance screening. This screening is NOT conclusive, but it is recommended that your child be seen:

1. \_\_\_\_ for a full hearing evaluation to identify whether your child may be experiencing a hearing loss which might impact his learning.
2. \_\_\_\_ a family physician for possible middle ear problems.

Please note that several causes of hearing loss are not severe, nor permanent, but it is important to identify even a mild loss so that recommendations may be made to help minimize the effects of the loss.

We recommend that your child be evaluated within 14 to 21 days. See enclosed a list of licensed, certified audiologists (health professionals who specialize in hearing) or otolaryngologists in the surrounding area who would be pleased to assess your child’s hearing.

I appreciate your willingness to have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) evaluated. If you have any questions or need further information, please do not hesitate to call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Enter District Name Here

**Teacher/Staff Notification Form with Suggested Instructional Adjustments for Children Who Failed Hearing Screening**

Dear Staff:

Please be aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child) failed his/her hearing screening on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date), and therefore, may be experiencing difficulty in the classroom hearing and responding to verbal instruction.

Until \_\_\_\_\_\_\_\_\_\_\_\_\_\_’s hearing status can be accurately identified, instructional adjustments are recommended for him/her. These adjustments may include, but are not limited to the following recommendations.

1. Preferential seating in the classroom: The child should be placed where he/she is in the line of sight with the teacher. Optimal distance of the student from teacher (when feasible) should be four to six feet. If this is not feasible, then the child should be placed as close to the teacher as possible to ensure the child has the best access to the teacher’s verbal instruction. The student’s better ear, if known, should be towards the teacher.
2. Gain the child’s attention prior to speaking.
3. Clearly enunciate your speech.
4. Check for understanding periodically and be willing to repeat or modify instruction when necessary.
5. Whenever possible, avoid:
	1. Standing in front of a bright window while teaching.
	2. Speaking with his/her back to the child (i.e. – facing the chalk board and not the class).
	3. Positioning yourself so your face is not visible to the students.
	4. Speaking with objects in your mouth (gum, etc.).

Enter District Name Here

**Sample Referring Agency Reporting Form**

NAME OF SCHOOL

ADDRESS OF SCHOOL

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of agency child to whom child was referred):

Recently, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child) participated in a school screening program and the results of the screen and rescreen indicated that he/she needed further evaluation for a possible hearing loss and/or outer/middle ear disorder. It was therefore recommended that the student be seen by you for further evaluation.

We would appreciate your cooperation in completing the form below so that, if necessary, the appropriate accommodations and modifications may be made in order for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) to succeed in school. Please complete the form and return to the address at the top of this letter. If you have further questions or comments, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**------------------------------------------------------------------------------------------------------------**

(cut along dotted line and mail to the school address above)

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF EVALUATION PERFORMED: \_\_\_\_\_\_\_\_\_\_\_

PERSON WHO COMPLETED EVALUATION and DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESULTS OF FULL HEARING EVALUATION:

How could the child’s condition noted during the examination interfere with educational testing and performance?

How might the hearing loss impact educational, social/behavioral, and/or vocational performance?

What are the recommendations for accommodations, modifications, and educational programming?

What are the communication needs and abilities of the child?

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

**Appendix Z**

**Language Enrichment Teacher Checklist**

Enter District Name Here

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name:  | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Communication Assessment*:* |  |

**\_\_\_\_\_ 1. Student is referred to SLP for language deficit(s).**

**\_\_\_\_\_ 2. SLP conducts screening of student using (check all that apply):**

\_\_\_\_\_\_a. observation(s)

 Notes on observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_b. a review of records, data and other information specific to the

 student

Notes on review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_c. administration of a published and/or non-published screener(s)

 Specify screener: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Results of screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_d. other screening methods such as non-word repetition tasks,

 rapid word recall tasks, checklist(s), etc.

Specify screening method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results of screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_ 3. SLP determines area of weakness to target for dynamic assessment (DA)**

\_\_\_\_\_\_a. Method of determination (CBA, screener, etc.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_b. Skill(s) targeted with 80% mastery:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_c. Duration of D.A. (not to exceed 4 weeks):

 Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_d. Frequency/intensity of D.A.:

 \_\_\_\_\_\_\_\_\_minutes/\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_ 4. Results of language intervention (check one):**

\_\_\_\_\_\_a. Target met (>80%), intervention no longer required.

 \_\_\_\_\_\_b. Progress made (60-79%), continued support needed.

 \_\_\_\_\_\_1.) Continue support at current intensity/frequency.

 \_\_\_\_\_\_2.) Continue support with (frequency/intensity):

\_\_\_\_\_\_\_\_\_minutes/\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_c. Minimal or no progress made (less than 60%), refer to MET.

**\_\_\_\_\_\_\_\_\_ 5. Results of D.A. included in Language-Speech Report for MET.**

**Appendix AA**

**Language-Speech Therapy Data Sheets**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_IEP:\_\_\_\_\_\_\_\_\_Evaluation:\_\_\_\_\_\_\_

Long Term Goal(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List short term objectives below. On date of therapy, note % accuracy of targeted skills. Absentees, check-outs, student behavior, and other notes may be included.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Goal 1** | **Goal 2** | **Goal 3** | **Goal 4** | **Goal 5** | **Goal 6** | **Goal 7** | **Goal 8** |
|  |  |  |  |  |  |  |  |  |
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**Appendix BB**

**Language-Speech Screening Permission Form**

Enter District Name Here

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name:  | First:  | Middle: | Last:  |
| Date of Birth: |  | Grade: |  |
| School: |  | Communication Assessment*:* |  |

Dear Parent,

 Your child has been recommended to the Teacher Support Team (TST) for additional support. After review of all information, TST is recommending that your child’s language-speech skills be screened. Your permission for a language-speech screening is required to proceed. The results of the language-speech screener will be provided to you once completed. My rights, and those of my child, have been explained to me by the Procedural Safeguards. I understand my rights, and give my consent for screening.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) give consent for my

child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be screened for language and/or

speech deficits.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Appendix CC**

**Information for Parents/Teachers/Caregivers**

Typical Language Development Lower Elementary (Ages 5-7)

What to Expect from a Kindergartener – Language at 5 years

1. Vocabulary approximately 5000 words
2. Refer to abstract ideas and personal evaluations (It’s good because…)
3. Use subject related relative clauses, and comparatives and superlatives (er, est)
4. Begins using school dialogue (classroom rules, turn-taking groups, etc.)
5. Most sounds have developed (r/s/l are exceptions)
6. Begin to identify initial sounds in words

 What to Expect from a First Grader – Language at 6 years

1. Adds up to 5000 new words; greater depth of understanding of words develops; semantic hierarchies (dog-animal)
2. Understands concepts of words; learns abstractions by analogy (it’s like a…); analyzes to figure out, differentiates
3. Begins to communicate in writing with invented spelling, simple sentences; begins to develop concepts of text structure for reading
4. Phonemic awareness concepts of onsets and rhymes develop (Consonant + at = cat, fat, hat); Blends sounds into a word
5. Most sounds, including /r, s, l/, should have developed

 What to Expect from a Second Grader – Language at 7 years

1. 5000 words added yearly; metaphors are used appropriately; produces puns, riddles, word jokes; defines words
2. Derivational suffixes begin to emerge, including –ful, -less, -ly, -ness, -al, -ance; develop modal + have (could have eaten)
3. Spelling begins to use more conventional phonics patterns
4. Begins to internalize different genre structures (letters, stories, poems); Interactive stories (flashback, suspension)
5. Phonemic awareness manipulation to make new words (stand with /t/); can apply phonic rules

**Appendix DD**

**Sample Letters**

**Sample Letter to Parents**

**Beginning of School**

Dear Parents,

I would like to take this opportunity to introduce myself as your child’s speech therapist for this school year. I hope you’ve had a wonderful summer and are ready to start working on speech-language again. I think we’re going to have a wonderful year, and I look forward to working with you and your child.

Your child has a “speech folder” which contains the sounds and/or concepts we are working on in speech-language therapy. Please help your child to keep up with this folder by encouraging them to keep it in their backpack. This way, the folder is easily transported between school and home and doesn’t get lost along the way. Also, home practice is very important for carryover of speech sounds. Whenever possible, please spend a few minutes practicing these sounds with your child. This is one reason why it is so important that the speech folder goes home every day.

If you should have any questions, please feel free to call me at \_\_\_\_\_\_\_\_\_\_\_, or email \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you and I look forward to working with your child this year!

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_, (CCC-SLP or 216 Speech Therapist)

(Insert School)

**Sample Home Practice Letter**

**Prevention**

Dear Parent,

Your child, \_\_\_\_\_\_, was referred to the Speech/Language Pathologist for problems he had producing the \_\_\_\_ sound. \_\_\_\_\_\_\_\_ can produce it when cued, so instead of speech therapy, I am recommending that he/she practice the sound at home and over the summer.

I am attaching some speech sheets with /\_\_/ in the beginning, middle, and end of words. Cue \_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. For voiced /\_\_ / (as in “\_\_\_\_”), the only difference is the “voice motor is on” (you can put your fingers on your voice box to feel the difference).

If he/she still needs additional help after you have practiced at home, then a speech therapist can recheck him/her. If you have any additional questions or concerns, please feel free to contact me at \_\_\_\_\_\_\_\_, or by email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thanks for all you do as a parent!

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CCC-SLP or 216 Speech Therapist)

(Insert School Name)

**Sample Summer Practice Letter**

Dear Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

What a wonderful year we had in speech! Here are some resources for you to use at home over the summer break in order to enhance your child’s speech skills. Working at home with your child will pay off when they return to school in the fall, so please use any opportunity you may have to practice your child’s sounds. Also, please set aside some time each day to read with your child – this helps them grow in discriminating sounds, building vocabulary, and many more reading and language skills. I have truly enjoyed having your child in speech this year, and I hope you have a safe and relaxing summer!

Thank you,

­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CCC-SLP or 216 Speech Therapist)

**Sample Letter to Teachers:**

**Therapy Schedule**

Dear Classroom Teacher,

I will have the following student(s) in your class for speech-language therapy this year. The days/times for therapy listed below are tentative. Once I start running my schedule, some changes may need to be made. If you have any questions or concerns, please feel free to contact me. I am located in the speech therapy room, and I am always available to answer your questions and concerns regarding any of your students. I look forward to working with you this school year. Thank you!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (CCC-SLP or 216 Speech Therapist)

Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix EE**

**Sample Language-Speech Referral Form**

Dear Teachers,

Some of you have inquired about speech referrals for students in your class. If you have concerns regarding the speech and/or language of one of your students, please complete the attached form and return it to one of the speech therapists (you can give it to us personally or place it in our boxes).

If you have any other questions or concerns, please let us know. We look forward to working with you this school year.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech-Language Pathologist or 216 Speech Therapist

|  |
| --- |
| Student Name:  |
| Date of Birth:  |
| General Education Teacher:  |
| Area of Concern (circle all that apply): |  Articulation Language Stuttering Voice |
| Date of Request:  |
| Date Seen:  |