

**INITIAL GUIDANCE DOCUMENT
FOR
SPEECH AND LANGUAGE EVALUATIONS**

2014

New York City Department of Education

INTRODUCTION

The Individuals with Disabilities Improvement Act of 2004 (IDEA) mandates that districts provide a free and appropriate public education in the least restrictive environment for students eligible for special education services from ages 3 through 21 years. Speech-language pathology is considered a related service under IDEA, and may be implemented in a variety of ways within the school system to address a student's individual academic and functional needs.

This Initial Template for Speech and Language Disability Evaluations is based upon the requirements of the federal, state, and city law, regulations, and policies. It incorporates current research on how to distinguish a communication disorder from "something else" such as cultural and linguistic differences, the impact of socio-economic background on performance in classrooms and during the disability evaluation. It also takes into account the current state of standardized tests and alternative assessment approaches including issues of validity, reliability, standardization samples, and biases especially cultural, linguistic, and socio-economic biases that impact prior experiences and knowledge. Finally, it is consistent with current policies and guidance from the American Speech-Language and Hearing Association.

ACADEMIC INTERVENTION SERVICES

New York State regulations require the provision of academic intervention services (AIS) to all students who score below grade level on achievement tests (NYSED Part 100.2). NYCDOE has established a comprehensive system to support students who have not met adequate performance levels in academic assessments. This system includes the Academic Intervention Team (AIT)/Pupil Personnel Team (PPT) and the development of a Response to Intervention (RTI) model.

The AIT/PPT consists of academic intervention specialists, classroom teachers, administrators, and other school staff which can include speech-language teachers. The primary objectives of the AIT/PPT include to support struggling students, reduce the number of students performing below grade-level expectations academically, and to maintain students in the Least Restrictive Environment.

AIT/PPT services are meant to identify and address the causes of why students are having academic struggles. When a student is referred to the AIT/PPT, the team gathers information from a variety of sources including the student's teachers, classroom observations, portfolio and prior-test reviews, and results of school-wide screenings to identify students at risk for academic difficulties. Then the AIT/PPT meet to identify where the student's weaknesses or "gaps" lie that might be the roots of the student's academic struggles. Some students may need more linguistic support such as native language support, support in the acquisition of the dialect used in school, or additional English language instruction. Other students may need counseling due to family stresses or to address personal issues. For some the classroom teacher may need some additional pedagogical support such as how to embed context in classroom instruction, slow down rate of speed, or implement current research on effective teaching strategies. Other students may have academic gaps that need to be filled essentially through tutoring and direct instruction. The AIT/PPT determine how to address those issues and, where needed, to develop individualized, data-driven, evidence-based support. The results of this intervention are monitored and modifications made when results are not evident.

AIT/PPT services are for students who do not have IEPs and who have not been identified as having disabilities. Students referred for a disability evaluation should have received these AIT/PPT services before the referral is made according to NYSED and NYCDOE regulations and policies. Data on the results of the AIT/PPT services should be reviewed by the evaluator. Students, who have not received AIT/PPT services prior to referral for disability evaluations, will require significantly more data gathering by the evaluator to determine whether a speech-language impairment or a difference of some other kind exists.

SPEECH AND LANGAUGE EVALUATION

Under IDEA 2004, all NYCDOE students are entitled to an evaluation that uses evaluation materials that are:

- Not discriminatory on a racial or cultural basis;
- Valid and reliable; and
- Able to distinguish a disability from:
 - Lack of adequate instruction in reading
 - Lack of adequate instruction in math, and
 - Limited English proficiency

20 U.S.C. § 1414(b)(3)(A); § 1414(b)(3)(A)(i); § 1414(b)(5). These standards set forth the federal law which is applicable to *every student* in the United States. States and districts must, *at a minimum*, meet the standards of the federal law. In fact NYSED and NYCDOE regulations and policies affirm the federal standard and set an even higher standard than that set forth by the federal law.

An evaluation is intended to identify whether a student has a speech and/or language impairment. The distinction of “formal” versus “informal” assessment is quite old fashioned and will lead to inaccurate identifications, especially with minority and bilingual students and students from low socio-economic backgrounds which includes the vast majority of our NYCDOE students. Evaluators must adopt an approach that works to distinguish a disorder from “something else”, such as an academic gap, SES, prior experience, dialect, second language acquisition, etc. Currently, no standardized test results can distinguish a disability from lack of adequate instruction in reading or math or from Limited English Proficiency, yet that is required by the federal law.

The U.S. Congress puts its Congressional Findings at the front of important legislation. For minority students, the Congressional Findings at the front of IDEA 2004, which tells us how to interpret the law:

Greater efforts are needed to prevent the intensification of problems connected with mislabeling and high dropout rates among minority children with disabilities” [20 U.S.C § 1400(c)(12)(A)]; and
“More minority children continue to be served in special education than would be expected from the percentage of minority students in the general population” [20 U.S.C § 1400(c)(12)(B)].

To ensure that NYCDOE evaluations meet the federal standard which is required at a minimum to continue to receive federal funding under IDEA 2004, the Initial Speech and Language Evaluation Template reflects evidence-based approaches to distinguish disorder from “something else” so that all NYCDOE students can be appropriately identified.

BACKGROUND INFORMATION

- Reason for evaluation
- Communication concern
- Significant medical history (hospitalizations)
- Birth history
- Developmental milestones (age started sitting, walking, first words, phrases and sentences)
- Any concerns when growing up re: development?
- Parent interview (family background information):
 - Parents' highest educational level
 - Others who live in the home
 - Any significant changes in the family structure recently (divorce, separation, loss of home, serious family illness, fire, recent death in close family, etc.)
 - Family history of speech-language problems or academic problems
 - How student's language skills compare to peers, cousins, or siblings when they were the same age
 - If from a home where two languages are spoken, how was student's language development in L1? If typical, then may not be a language disorder
 - Family/parent perception of student's delay/disability
 - What student does that makes parent know student is smart? (especially for students with more severe disabilities)
 - Collect 5 examples of the student's most sophisticated communications
 - Educational background of student
 - Migration or immigration history
 - Frequent moving of family home within city or outside
 - Is child clumsy? (Relates to newest research by Dr. Lisa Goffman's work on SLI)
- If applicable describe special education services student is receiving, including type of classroom (ICT, self-contained, general education, general education with pull out related services)
- History of student's speech and/or academic difficulties
- State who is informant, relation to student, and whether informant is reliable (if possible)

The speech evaluator will only ask questions based on the parent's/guardian's comfort levels.

LANGUAGE/DIALECT BACKGROUND AND USE (Separate section for *all* students)

- What is the language/dialect history (i.e., the child's exposure to languages/dialects over time):
 - Exposure to dialects and languages at home including extended family
 - Exposure to dialects and languages in school, including daycare and preschool
 - Exposure to dialects and languages in the community
- Analyze normal processes of second language/dialect acquisition in language including language loss, transfer, code-switching, and interlanguage. Analyze how the child's speech and language acquisition history may affect his/her performance.

- Note if student is only exposed to dialect of Standard American English at home and in school and with peers. If there is more than one dialect (most likely in NYCDOE students), describe what other dialects.
- Include whether student from home with more than one language is simultaneous or sequential bilingual.
- For those students exposed to two or more languages (including those who are now being evaluated as a monolingual student), include current proficiencies in L1 and L2.(e.g., “Stronger skills in Spanish with emerging English skills”, “Monolingual English speaker with exposure to several dialects of English”, “Essentially monolingual English speaker with significant language loss in Bengali”, “English dominant for all academic settings but maintains social skills in Spanish”, “Essentially monolingual Spanish speaker having just arrived from Colombia”, “Balanced bilingual code-switching is discourse norm of the home”)

TEACHER INTERVIEW/PORTFOLIO ASSESSMENT/ACADEMIC SKILLS

- Teacher concerns
- Review portfolio of school work or student’s school notebook to see progress over time
- Ask teacher to describe student’s academic needs, strengths, and weaknesses
- Description of how the student compares to others in the classroom
- Any significant progress or regression in past 6 months in student’s educational performance
- Most recent citywide test scores in reading and math
- How student is doing academically and how well he learns new material
- Description of student’s school, e.g., public, charter, parochial, etc. Relevant information on quality of instruction including size of classroom and academic success of school
- Results of pre-referral Response to Intervention or Academic Intervention Services before student was referred for disability evaluation
- If bilingual, what type of bilingual education model currently and historically, e.g., transitional, dual language, pull out ESL, context-embedded ESL, etc.

HEARING STATUS

- If student is having difficulty in school, make sure student has had a hearing test
- Before student is found to have a speech or language disorder, make sure student has had a hearing test
- Do not say, “appeared to have adequate hearing” or “responded to conversational and environmental sounds”
- If student is found to have typically developing speech and language skills, it is acceptable to state “student had hearing adequate to develop age appropriate speech and language.” Only acceptable if student is found NOT to have a speech or language delay or disorder.

BEHAVIOR

- Anecdotal behaviors as reported by teacher and parents
- Description of behaviors observed during the evaluation

LANGUAGE ASSESSMENT

Assessment materials used:

- Parent interview, include important data, e.g., how student compares to peers and five most advanced communications
- Teacher interview, include important data, e.g., greatest areas of difficulty, how quickly student learns, how student compares to peers
- Social and cultural factors must be considered in conducting the assessment (NYCDOE CSE SOPM, p. 50)
- Subway photo (Following questions, organizing language, clausal density, and problem solving skills)*
- Narrative sample (Tell me your favorite movie)*, (story probes)
- Sequence cards (Organizing, sequencing, making inferences, making meaningful predictions, and theory of mind. Includes pragmatic language.)*
- Bus stop picture (Following directions, understanding of adjectives and adverbs)*
- Dynamic assessment to assess ability to acquire new vocabulary, syntax, and morphology*
- Subtests of standardized assessments used as probes, without scores, to gather information about the student's language skills.
- Provide "holograms" that bring the student's language strengths and weaknesses to life
- Comprehensive standardized assessment only if:
 - Student's cultural and linguistic background is *adequately* represented in the normative sample,
 - Student speaks only Standard American English with no significant exposure to any other dialect or language.
 - When students differ linguistically or culturally from the normative population of a standardized test, assessment professionals must guard against possible bias in decision-making by adequately considering the distinct situational, cultural or linguistic features that might be affecting the student's current performance. A qualitative, descriptive analysis of the student's performance should be used for decision-making (NYCDOE CSE SOPM, p. 53-54).
 - No modifications were made to the standard protocol proscribed in the test's examiner's manual, including modifications in scoring due to dialect, repetition of instructions, and/or that the testing environment was not quiet and distraction-free.
 - The test meets standards set by:
 - Federal law and NYSED regulations ("valid and reliable", "without cultural or racial bias", and can distinguish a language disability from lack of adequate instruction in reading or math and/or Limited English Proficiency).
 - The standard for "validity" for speech-language disability evaluations is 80-89% fair validity and 90-100% good validity (Vance and Plante, 1994).
 - Bias issues range from SES (Hart and Risley, 1985), to exposure to books (Heath, 1984), to sociolinguistic differences (Peña and Quinn, 1994), to differences in the dialect of the test

and the dialect(s) the student speaks (Wolfram, Christian, & Adger, 2007).

- NYSED policy. Scores obtained by translated tests “may not be used as representative of the student’s present performance. (NYSED 1990, p. 8 and 9) (Also, NYCDOE CSE SOPM, p. 52).
 - NYCDOE SOPM (2009). “[Assessment]” should be a comprehensive appraisal of the student within the context of school, home, and community. (NYCDOE CSE SOPM, p. 46)
 - NYCDOE SOPM. “Grade (and age) equivalent scores from a standardized test, or tests, should not be reported.”(NYCDOE CSE SOPM, p. 53)
- In the event that a standardized test meets all the requirements of the federal law, state regulations and policies, NYCDOE policies, and the current research and standards of the field, then standardized scores may be provided:
- NYCDOE requires that standardized scores must be reported within a confidence interval related to the test’s Standard Error of Measurement, which is a component of every standardized test.
 - “Assessment professionals should be careful to treat each score from standardized tests as falling within a confidence interval whose size is determined by the reliability of the test. ...This presents a more appropriate description of the student’s ability. It also makes a clear statement of our recognition of the inherent limitation in the technology of standardized tests” (NYCDOE CSE SOPM, p. 53).
 - A confidence interval is the range within which the student’s true score lies. If, for example, a student received a standard score of 77 on a test with a confidence interval of 70 to 85 indicates only that the student’s true score falls somewhere between 70 or 85 or somewhere between moderately severely disordered and within normal limits.

**Materials for each of these assessment materials will be provided during the Speech-Language Evaluation Institute (School-age Language Assessment Measures)*

Language Assessment Quantitative and Qualitative Results

- Interpreters/translators are only to be used for languages where no evaluator is available who speaks that language and only in rare occasions as per NYSED and NYCDOE policies. Describe why an interpreter/translator was used. Provide information on why. Identify qualifications of interpreter/translator and preparation of interpreter/translator. See NYCDOE CSE SOPM, p. 52-53 and [NYSED Psychologist/Interpreter Work Standards for Conducting Bilingual Evaluations](#), for additional guidance.)
- Within the language assessment, qualitative and quantitative synopsis of features of receptive and expressive language skills assessed, e.g., within normal limits (general around 1 SD below the mean to 1 SD above the mean), or severity rating of mild (approximately 77+/-5), moderate (approximately 72 +/-5), moderate-to-severe (approximately 67 +/-5), and severe delays (approximately 62 +/-5) for the following areas (scaled scores are approximations on bell curve but qualitative and quantitative judgments must be primarily informed by clinical judgment of the student’s performance given all the information gathered during the evaluation and

not by scores based on performance of a standardized test unless that test meets all the requirements stated above):

- Morphology
- Syntactic skills (Receptive and expressive)
- Semantic skills (Measured expressively through fast word mapping dynamic assessment)
- Narrative skills (Narrative is greatly a function of culture and prior experience and exposure to books)
- Sequencing and organization of language (Receptive and expressive)
- Clausal density (Expressive)
- Using language for inferencing/problem solving/making meaningful predictions/cause-and-effect. (Receptive and expressive)
- Results of dynamic assessment
- Pragmatic language (Measured through sequencing cards including theory of mind and inferencing about person's intention and emotional state.) Also through observations of behavior during evaluation session and report of social interaction from parent and/or teacher

ORAL PERIPHERAL EXAMINATION and FEEDING

- Face, lips, teeth, hard palate, soft palate, and tongue
- Shape, placement, development, coordination, symmetry, drooling, and muscle tone
- Fistula? Bifid uvula? Velar movement?
- Feeding evaluation, where appropriate

SPEECH DEVELOPMENT

- Articulation and phonology based on dialect(s) and language(s) spoken by student. The results of a test of the sounds of Standard American English cannot be reported for student with significant exposure to dialects and who is a second language learner. (Must distinguish difference from disorder)
- Awareness of impact of second language transfer
- Supra-segmentals: Prosody, rate, rhythm, stress, and intonation
- Apraxia/Dysarthria: Groping to produce sounds? Vowels normally produced? Consistent or inconsistent production of the same word especially with multi-syllabic words?
- Presence of cleft palate speech such as glottal stops, pharyngeal stops, pharyngeal fricatives, nasal emissions, etc.
- Stimulability
- Intelligibility

VOICE

- Resonance (hypernasal, hyponasal, cul-de-sac, and normal)
- Vocal quality (raspy, breathy, strain, pitch, and intensity)
- Consistent or inconsistent features
- Stimulability
- If normal simply state, "Vocal quality and resonance were within normal limits"

FLUENCY

- Typical or atypical dysfluencies
- Secondary characteristics
- Description of stuttering (e.g., blocks, repetitions, sound and place characteristics, duration, and frequency)
- Stimulability
- If normal simply state, "Fluency was within normal limits"

CONCLUSIONS

- Provide qualitative and quantitative summary of results of speech, language, voice, and fluency assessments using severity scale.
- Overall assessment of strengths and deficits in the areas are assessed.
- If a disorder is found, must provide rationale and support to demonstrate why the language "gap" identified is a true disorder and not "something else", e.g., a language difference or lack of prior experience due to SES, cultural, or linguistic background. Bring in data from parent and teacher interviews.
- Cite research especially when distinguishing disorder from difference.
- Indicate whether evaluation findings are consistent with parent and teacher reports.
- Make recommendations for language of instruction where appropriate.

SUMMARY: INSTRUCTIONAL RELEVANCE OF RESULTS

- Instructional Results
 - Student needs AIT/PPT services to fill identified gaps, but *not* special education services.
 - Student needs support in native language or dialect support to acquire Standard American English.
 - Student has a speech or language impairment or voice or fluency impairment that *adversely affects the student's educational performance*.
 - Student has a communication impairment related to a medical issue that must be addressed in a hospital or rehabilitation facility (e.g., fistula post-cleft palate repair).
 - Student has communication impairment needing referral for evaluation by AT for FM unit for classroom use or other hearing amplification.
 - Student does not qualify for an IEP but does qualify for services under Section 504 of the Rehabilitation Act (e.g., ADHD, Stuttering if student is excelling academically, Articulation if not negatively affecting academic performance).
 - Student does not qualify for services because performance is consistent with typical human growth and development (e.g., distortions of /s, r, z, v/ before the student is 8 years old).
- If a disorder is identified that does not have any other explanation
 - Describe how results can be translated into IEP goals.
 - Design IEP goals that address the underlying reason student cannot access the curriculum.

OVERALL INDICATORS OF A COMPREHENSIVE EVALUATION

- Evaluations must provide the reader with the relevant and critical information needed to distinguish a disorder for “something else” such as cultural or linguistic differences, second language and/or dialect acquisition, the impact on prior experiences based on socio-economic background, attention difficulties, lack of adequate instruction in reading or math, family issues impacting academic performance such as a history of absences, frequent moving of family and changing schools, etc.
- Evaluators must use their clinical judgment, informed by the law and evidence-based practice, to gather the appropriate data and to evaluate that information to determine whether a speech and/or language impairment exists.
- Evaluators cannot simply list what a student answered right or answered wrong for any evaluation materials.
- Given the cultural and linguistic diversity in the NYCDOE and that most standardized tests assume prior knowledge that may not be shared by many NYCDOE students, evaluators must provide a justification in the event they choose to use standardized test scores.
- If a standardized test score is provided, it must be provided within a confidence interval and the evaluator must analyze the student’s performance based on the confidence interval.
- No age-equivalency scores or grade level scores should be provided.
- The report must contain data-specific quotes of the student’s relevant speech and language skills so a reader can know and understand the basis for the evaluator’s conclusions.
 - The report must contain information about the student’s cultural and linguistic background and prior experiences.
 - For bilingual evaluations, assess language proficiency in both languages. If both languages are strong, the evaluator must assess both. If one language is significantly strong, the evaluator must demonstrate that they assessed the weaker language, but do not need to duplicate the evaluation.
 - Where appropriate cite research or current law, regulations, and policies.