

Exceptional Student Education
Henry County Schools

PROGRAM GUIDANCE: SPEECH



BETTER TOGETHER

Definition and Overview

Speech-language impairment refers to a communication disorder that adversely affects a child's educational performance, and may include impairment in one or more of the following areas: articulation (speech sound production), language (vocabulary, sentence structure, or use), fluency (stuttering) or voice (quality, pitch, resonance). A speech-language impairment may be congenital (from birth) or acquired. A speech or language impairment may be a primary disability, or it may be secondary to other disabilities.

Speech Sound Production Impairment (e.g. **articulation impairment**) refers to the atypical production of speech sounds, characterized by substitutions, omissions, additions or distortions that interferes with conversational speech intelligibility and obstructs learning and/or successful verbal communication in the educational setting. Speech sound impairments may include the atypical production of speech sounds resulting from phonological, motor, or other issues.

Language Impairment refers to the impaired comprehension and/or use of spoken language, which may also negatively impact written and/or other symbol systems and the child's ability to participate in the classroom environment. A language impairment may involve, in any combination, the content of language (vocabulary/word meaning), the form of language (sentence structure, grammar), and/or the use of language for communication (social language) that adversely affects the child's educational performance.

Fluency Impairment refers to the interruption in the flow of speech characterized by an atypical rate or rhythm and/or repetitions in sounds, syllables, words, and/or phrases that significantly reduces the speaker's ability to effectively communicate within the learning environment. Excessive tension, struggling behaviors, and secondary characteristics may accompany fluency impairments. Secondary characteristics are defined as ritualistic behaviors or movements that accompany dysfluencies. Ritualistic behaviors may include avoidance of specific sounds in words, eye blinking or other facial movements, or accompanying motor movements. Fluency impairment include the disorders of stuttering and cluttering. It does not include dysfluencies evident in only one setting or reported by one observer.

Voice/Resonance Impairment refers to the interruption in pitch, quality, intensity (loudness), or resonance, or any combination of these processes, that significantly reduces the speaker's ability to communicate effectively. Voice/Resonance impairment includes aphonia, the inability to produce voiced sound, or any abnormal production of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or gender.

A speech-language disorder does not exist if:

- A. Environmental, cultural, or economic disadvantages are not ruled out as primary factors causing the impairment.
- B. A child exhibits inconsistent or developmentally appropriate Speech- Language difficulties that children experience at various times and to various degrees.
- C. Regional, dialectical or cultural differences exist.

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- D. Structural abnormalities impede communication.
- E. Data does not substantiate an educational impact.
- F. Communication deficits are the result of learning English as a second language.

Children who have communication difficulties do not necessarily have speech or language impairments, thus the Speech-Language program may not be the appropriate service delivery model to adequately meet the child's educational needs. For this reason, all school-aged children who are suspected of having communication difficulties shall be the subject to a Multi-Tier Support System (MTSS) to problem solve and implement strategies to determine and limit the adverse effect on the child's educational performance.

All of the ESE rules and regulations related to evaluation, eligibility and placement must be followed including:

Evaluation:

Although documentation of interventions and supports prior to the recommendation of an evaluation is recommended, it is not required to complete an evaluation or to determine speech and language eligibility. A variety of assessment tools and strategies **must be used** to gather relevant functional, developmental, and academic information about the child, including information provided by the parent. Information from the evaluation is used to determine whether the child is a child with a disability.

Eligibility:

Determining eligibility for speech-language impaired ESE services includes three components:

1. The Speech-Language Pathologist determines the presence or absence of Speech-Language Impairment based on Georgia rules and regulations.
2. Documentation of an adverse effect of the impairment on the child's educational performance is obtained. (Academically, data could reflect poor grades and or poor performance on classwork. Socially, data could reflect the child is struggling to function in the school setting, to interact with peers and/ or adults in the school setting or to participate in class in the school setting.)
3. The team determines that the child is a child with a disability and is eligible for ESE and appropriate specialized instruction is needed to access the student's curriculum.

Speech as a Related Service: Students with Speech-Language impairments can also be served for speech as a related service as indicated by the Individuals with Disabilities Education Act, section 300.34. A related service is defined as a supportive service that is required to assist a child with a disability to benefit from special education including, but not limited to, Speech-Language Pathology.

Instructional Expectations

The *educational model* for speech services differs from the *medical model* in that there are federal and state criteria for eligibility of services. The input from the IEP team is critical and IDEA mandates special

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education be free for those eligible for services. There must also be a documented educational impact. The medical model has associated fees and there are no state and federal criteria linked to the recommendation for services. An outside medical agency may recommend services, or even write a prescription for services, but the educational model does not have to fill the prescription if eligibility criteria are not met as determined by the eligibility team.

If Speech-Language services are recommended, therapy or instruction can be provided in the general education setting or outside of the general education setting as determined by the IEP team.

General Education Setting

With the *consultative model*, the Speech-Language Pathologist (SLP) may provide some direct instruction to students but the majority of the service is indirect. The SLP primarily provides guidance to the regular education teacher as to how to accommodate instruction to meet the students' needs, whether it is with articulation, language, fluency, or voice.

With the *collaborative model*, Specially Designed Instruction is provided by the SLP in the general education setting. This is a team teaching approach where the SLP is using the curriculum taught in the classroom to meet the speech needs of the student. Many of the Henry County Teaching and Learning Standards mirror the goals and objectives written by SLPs. This allows for these weaker areas to be addressed in the least restrictive environment. An example of the connection between the standards and the SLP goals is provided below:

Eighth Grade Standards include theme or central idea of a context, determining the meanings of words and phrases, organization of ideas, precise language and domain specific vocabulary, transition words with sequencing ideas, figures of speech and relationships between words.

Eighth Grade Speech-Language Objectives include determining the main idea, vocabulary, organization and sequencing, figures of speech, and relationships between words.

Therapy and Instruction Outside of the General Education Setting

SLPs are encouraged to “*push into*” the special needs classrooms to work on communication skills in a more natural setting. Communication should be addressed throughout the day in these settings, not only when the SLP is in the room, providing a great opportunity for the SLP to model instruction. This model also allows the special education teacher to relay how the student best learns. This collaborative model supports the needs of the student in many cases. Assistive technology is often used to facilitate language acquisition and use. The adaptive curriculum, *Unique Learning*, is used in most of these classrooms and is very rich in language and vocabulary. It provides a foundation for the SLP and the special education teacher to work on the same skills. *News 2 U* is also used in many of the classrooms and is a helpful resource for both professions as is *Teach Town* in some of the Autism classrooms.

With the *small-group instruction model*, a student requires an alternate setting from the general education classroom to work on specific skills. The Speech-Language students are pulled from the general education

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setting so the SLP can work directly with them, providing increased opportunity for continuous progress monitoring and evaluation of skills. The Specialized Instruction is still linked to the Henry County Teaching and Learning standards in relation to the specific needs of the child.

Small-group therapy may include play-based therapy with toys and manipulatives, games, literacy based instruction, social skills training, and rote drill and practice.

Play-Based Therapy

This approach to Speech and Language therapy is used with younger students and involves interactive play with the child while working on specific goals and objectives. The SLP could use toy animals and a barn to teach vocabulary related to the farm, participate in parallel play with the child or children, and teach positional words. This approach is a natural way of learning for the child and promotes natural Speech and Language acquisition.

Literature-Based Instruction

SLPs often uses literature-based instruction to meet the individual needs of all the students in a small group setting. The SLP creates a unit with a common theme involving articulation, language, social skills, and fluency to address all of the students' goals and objectives. The unit could last for three to four weeks, with various activities associated with the chosen book.

Games and Token Economy

SLPs may choose to use a game that incorporates social interaction and token economy to meet the needs of students. Specific games could also address language and articulation needs. This allows for an organized means for taking turns in a therapy session while working on the individual needs of the students.

Creative Mindset

Small group instruction can also occur on the playground, in the lunchroom, in the sensory room, or any other location to address IEP goals and objectives. The SLP and IEP teams need to have a creative mindset when providing these services.

Therapy vs. Academic Instruction

Although Speech and Language therapy is linked to the Henry County Teaching and Learning Standards and follows the educational model, it is a therapeutic approach to learning. There is not an identified curriculum that is used to teach certain standards. In contrast, research-based techniques and strategies are used to remediate the deficits and impairments. Examples of techniques and strategies that could be used to address certain goals in the Individualized Education Plan include: teaching prefixes and suffixes to determine meanings of words as a strategy for vocabulary development and/or teaching the student how to push their tongue up at the back of their mouth to make the /k/ and /g/ sounds to improve articulation skills. The focus of instruction is very specific to the needs of the student and does not require the SLP to cover a broad range of standards. Instead, the focus is directly tied to IEP goals and objectives.

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Speech and language therapy is adapted to the unique needs of the students in the group and often evolves as the students grow in their abilities to work together and as their skills develop. Ideally, the SLP will utilize a combination of therapeutic approaches to meet the needs students across settings.

Data Collection and Progress Monitoring

A progress monitoring notebook is required for students with the primary exceptionality of Speech Impaired since SLPs are case managers for these students. All SLP data is entered into the Medicaid electronic platform, *Paddynet*. The SLP can use the graphs in *Paddynet* to track data. Entries are required each day the student receives services.

Behavioral Supports and Resources

Classroom Management

- SLPs should follow the school-level behavioral programs put in place for students, as well as behavioral contracts and behavior intervention plans that are specific to the student.
- SLPs often create token economy systems within the small group setting to reinforce turn taking and compliance so goals and objectives can be addressed.
- SLPs should create behavior routines and expectations in the speech room or follow the classroom procedures and expectations of the classroom he or she is entering.
- Having behavior management strategies in the therapy room improves student involvement and increases interaction with the lesson.
- Simple rules and expectations are best and should be consistently implemented.
- Frequent use of praise (nonverbal and verbal) is beneficial.
- Adjustments and accommodations should be made so all students can access and understand therapy.
- SLPs should ensure that the materials used are motivational and age appropriate.
- Visual supports are beneficial to all students and facilitate creating routines and schedules. Visual supports help with processing information about the behavior routine, skill or activity.
- SLPs should be cognizant of outside factors that could attribute to behaviors. The SLP should be in communication with all team members to support the student's behavioral needs.
- SLPs should also be flexible and forgivable. Every day is a new day.
- Research has shown that children who are exhibiting less problem behavior show greater gains with language skills.
- A safe and positive learning environment is key for success in all settings and situations.

Communication and Its Effect on Behavior

- SLPs work with teams to determine if communication deficits are affecting behavior and how to interact with these students to assist with conveying their needs, wants, and ideas.
- Oftentimes, students with Speech and Language Impairments exhibit negative behaviors because they are not able to effectively communicate. A Functional Behavior Analysis can be completed on students with Speech-Language as their primary disability to help identify the cause of certain behaviors.

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- SLPs address social language skills that impact behavior across settings with social stories and social curriculum.

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