

**LEWISVILLE ISD**  
**Special Education Department**  
**Speech-Language Services**  
**Evaluation Guidelines**

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### **Speech/Language Program Description**

This program provides services to eligible students identified as having communication disorders that adversely affect educational performance in the areas of articulation, receptive/expressive/pragmatic language, fluency, voice quality, or dysphagia. Licensed speech pathologists conduct the evaluation, determine diagnosis, design the communication program, and/or implement the individualized education program and track the progress of each student on their caseload. The primary goal of services is to assist students with speech impairments to benefit from instruction and effectively communicate with peers and adults in his/her educational environment.

### **Eligibility**

Upon completion of a Full Individual Evaluation, a licensed Speech Language Pathologist and others on the ARD/IEP team determine eligibility following these guidelines. Any exception or the use of clinical judgment must have supporting data and be approved by the appropriate Sp Ed director or peer reviewed by the Speech Advisory Group (SAG) Committee. A student is eligible if he/she demonstrates a communication deficit, such as fluency, impaired articulation, language impairment, voice disorder, or dysphagia, which adversely affects his/her educational performance. A communication disorder is educationally significant when it interferes with academic performance in the classroom (K-12), the attainment of pre-academic skills (pre-school), or prevents the student from participating in activities within the educational environment. Factors such as environment, cultural background, socio-economics, and English as a second language impact the development of communication, but are not primary factors in the diagnosis of a communication disorder. Eligibility considerations will be based on the student's individual needs and abilities. Annual competency testing is required for all students with a language impairment.

## Eligibility Criteria for Articulation:

Evaluation Battery: (may include but not limited to)	Intervention Indicated if:	No Intervention Indicated if:	Exit Criteria:
Arizona Articulation Proficiency Scale 3 (AAPS-3)	<ul style="list-style-type: none"> <li>Based on the results of standardized testing, the student demonstrates an articulation disorder which falls in the <b>moderate, moderately severe, or severe range</b> which adversely affects educational performance.</li> </ul>	<ul style="list-style-type: none"> <li>Articulation skills are judged to be appropriately developed as indicated by standardized testing above the 7th percentile and or Percentage of Consonants Correct has a difference of 14 percentile or less than word level accuracy.</li> </ul>	<ul style="list-style-type: none"> <li>Articulation goals have been <b>mastered</b> and speech intelligibility has been assessed to be appropriate within their educational environment.</li> </ul>
Goldman-Fristoe Test of Articulation-2 (GFTA-2)			<ul style="list-style-type: none"> <li>Limited progress on goals following at least one revision of goals within a single ARD cycle or demonstrates skills that show no observable negative impact on educational performance.</li> </ul>
Percentage of Consonants Correct (PCC)			
Spanish Articulation Measure (SAM)			
Spanish Preschool Articulation Test (SPAT)			
Test of Phonological Awareness in Spanish	<ul style="list-style-type: none"> <li>Student's score falls at 7th percentile or lower.</li> </ul>		<ul style="list-style-type: none"> <li>The student maintains correct sound production in spontaneous speech with 90-100% accuracy.</li> <li>By professional judgment and analysis of clinical data, maximum benefit from therapy has been achieved.</li> </ul>
<b>Sources of Supporting Information</b>	<ul style="list-style-type: none"> <li>Based on percentage of consonants correct (PCC), the student's skill level of accuracy between single words (acquired from standardized testing) and conversational speech (acquired from a speech sample of 50-100 utterances) differs by 15 or more percentage points.</li> </ul>		
Clinical Assessment of Articulation and Phonology (CAAP)			
Evaluation of Oral Motor Skills			
Khan Lewis Phonological Analysis			
Secord Contextual Articulation Test (SCAT)			
Texas Speech and Hearing Association Informal Measures			
The Entire World of "R"			

**Eligibility Criteria for Tongue Thrust: This deficit falls under the area of articulation.**

Evaluation Battery:	Intervention Indicated if:	No Intervention Indicated if:	Exit Criteria:
Refer to articulation table	<ul style="list-style-type: none"><li>• Based upon standardized and/or developmental data, the student demonstrates a <b>moderate or greater</b> articulation deficit.</li></ul>	<ul style="list-style-type: none"><li>•Tongue thrust exists <b>without</b> an articulation deficit as determined by the LISD Evaluation Policies and Procedures under Articulation.</li></ul>	Same as for Articulation
	<p style="text-align: center;"><i><b>And</b></i></p>		
	<ul style="list-style-type: none"><li>•The tongue thrust is judged to be a <b>primary contributing factor</b> for the student's articulation disorder.</li></ul>		

## Eligibility Criteria for Fluency:

Evaluation Battery:	Intervention Indicated if:	No Intervention Indicated if:	Exit Criteria:
Communication Samples	•Based on standardized testing and/or informal measures and communication samples, the student demonstrates a significant fluency disorder which adversely affects educational performance.	•Fluency skills are judged within the average range.	•The student exhibits fluency within normal limits for age, speaking situations or has only transitory dysfluencies.
Evaluation of Oral Motor Skills			
Informal Checklists and Observation	•Even students with mild dysfluencies may need some type of intervention whether it is direct or through a home program/parent training.		• The student has achieved appropriate compensatory behaviors.
Informal Self-Evaluation (Parent and Teacher Report)			
Language Testing- Formal and Informal			•Limited Progress
Stuttering Severity Instrument 4			

## Eligibility Criteria for Voice:

<b>Evaluation Battery:</b> Signed report from physician must precede evaluation battery.	<b>Intervention Indicated if:</b>	<b>No Intervention Indicated if:</b>	<b>Exit Criteria:</b>
Communication samples	<ul style="list-style-type: none"> <li>Based on standardized testing and/or informal measures and communication samples, the student demonstrates a significant impairment of voice quality, resonance, pitch and/or intensity, which adversely affects educational performance.</li> </ul>	<ul style="list-style-type: none"> <li>The student's voice quality, resonance, pitch and intensity are within average limits as judged by clinician.</li> </ul>	<ul style="list-style-type: none"> <li>Voice quality, resonance, pitch and intensity are within normal limits in varying conditions.</li> </ul>
Evaluation of Oral Motor Skills			
Informal Checklists and observations		<ul style="list-style-type: none"> <li>Contraindicated by physician</li> </ul>	<ul style="list-style-type: none"> <li>Physician's statement indicates no need.</li> </ul>
Physician's report (initial, annual or exit)	<ul style="list-style-type: none"> <li>Physician's statement recommending therapy to improve status of laryngeal area (reduce thickening/reddening or the reduction/elimination of nodules.)</li> </ul>		<ul style="list-style-type: none"> <li>The parents and/or student are satisfied with the voice changes.</li> </ul>
Seascape			<ul style="list-style-type: none"> <li>No observable change per clinical judgment.</li> </ul>
Signed release from parent to consult and contact physician required.			
	<ul style="list-style-type: none"> <li>Physician's statement indicating therapy is not contraindicated.</li> </ul>		

## Eligibility Criteria for Swallowing/Dysphagia:

Consult with Dysphagia Team

Collaboration with Speech Language Pathologist and Occupational Therapist to serve students

## Eligibility Criteria for Pragmatic Language:

Children's Communication Checklist- 2 (CCC-2)	Must have a deficit in all 4 of the following bulleted items:	•Standardized testing scores are less than 1.5 standard deviations below the test mean.	•Pragmatic language skills are judged to be within the normal range and no longer negatively impact educational performance.
Classroom Observation	•Conversation (5 minute sample): Interference with the exchange of ideas, comprehension of inferred meanings, and understanding of non-verbal language.	• Classroom observation and Teacher Input document appropriate use of skills.	•Current goals have been mastered and pragmatic language skills are within normal limits.
Clinical Evaluation of Language Fundamentals-5 (CELF-5) Pragmatic Profile			
Comprehensive Assessment of Spoken Language (CASL) subtests: Pragmatic Language Non-Literal Language Meaning from Context	• Standardized Comprehensive Pragmatic Test: standardized testing score of 77 or less.		•Standardized testing scores are less than 1.5 standard deviations below the mean.
Informal Communication Sample	• Narrative:standardized testing score of 77 or less.		•The student's pragmatic/social communication needs are being adequately supported in the education environment through programming not including the specific expertise of a Speech Language Pathologist.
Language Curriculum Referenced Measure (LCRM) Pragmatic Checklist	• Pre-supposition (Must be mutually known or assumed by the speaker and conversational partner for the utterance to be considered appropriate in context): -Inferencing -Non-literal Language -Meaning from Context		
Social Language Development Test (SLDT) ages 6-17			
Teacher Input			
Test of Narrative Language (TNL) ages 5-11			
Test of Pragmatic Language-2 (TOPL-2) ages 6-18			

**Eligibility Criteria for Receptive and/or Expressive Language Impairment:** A student demonstrates a language impairment if a Speech Language Pathologist determines by formal and/or informal measures, the presence of a moderate, moderately severe, or severe deficit which adversely affects academic performance. Communicative deficits may include semantic, syntactic, or listening ability. TO DETERMINE SEVERITY LEVELS- SEE ATTACHED PAGE.

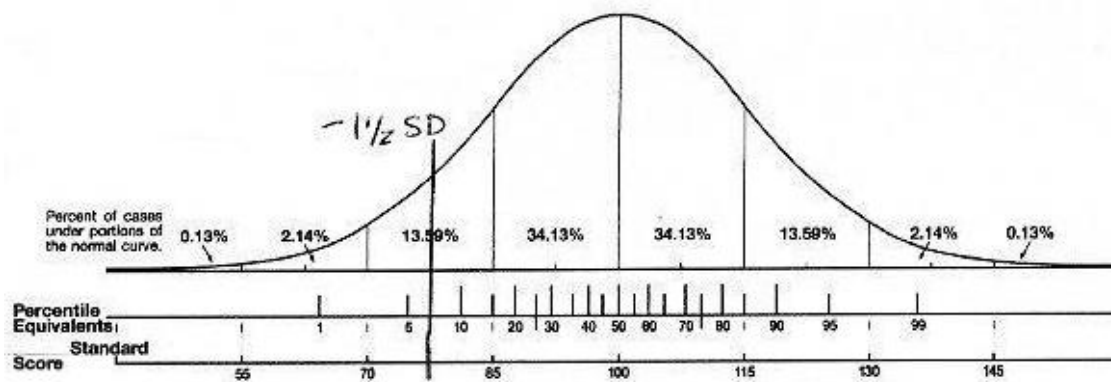
<b>Evaluation Battery: Primary Measures</b>	<b>Intervention Indicated if:</b>	<b>No Intervention Indicated if:</b>	<b>Exit Criteria:</b>
Clinical Evaluation Language Fundamentals-5 Screening Test (CELF-5 Screening Test)	•Refer to attached Eligibility Criteria for Language	•Language test scores are less than 1.5 Standard Deviations below the test mean.	<b>Dismissal from speech therapy services requires new evaluation.</b>
Clinical Evaluation of Language Fundamentals-Preschool 2 (CELF-P 2); English and Spanish		•Language abilities are appropriate or minimally interfere with social interaction or educational functioning.	•Language skills are judged to be within the normal range and no longer negatively impact educational performance.
Clinical Evaluation of Language Fundamentals-5 (CELF-5); English and Spanish(CELF-4Sp)			
Comprehensive Assessment of Spoken Language (CASL)		•Minimal impact on communicative, educational or vocational functioning.	•Current goals have been mastered and language skills are within normal limits for age.
Fluharty Preschool Speech and Language Screening-2			•Limited progress on goals following at least one revision of goals within a single ARD cycle.
Preschool Language Scale-5 (PLS-5); English and Spanish			•The student's scores are less than 1.5 standard deviations below his/her expected language performance range on appropriate standardized
Receptive-Expressive Emergent Language Test-3 (REEL-3)			
Test of Expressive Language Development (TELD)			•The student has learned compensatory strategies to perform successfully in the educational setting.
Test of Language Development- Intermediate:4 (TOLD-I:4)			•The student's language skills are judged to be adequate in the remediated area(s) as determined by formal or informal measures.
Test of Language Development- Primary:4 (TOLD-P:4)			
The Non-speech Test (Low Functioning Communicator)			
The Rossetti Infant-Toddler Scale			

Language Sources of Supporting Information*	Language Sources of Supporting Information*	Language Sources of Supporting Information*	Language Sources of Supporting Information*
Apraxia Profile	Classroom Observation	Receptive One Word Picture Vocabulary Test-4	Test of Semantic Skills: Intermediate
Auditory Processing Abilities Test (APAT); 5-12	Expressive One Word Picture Vocabulary Test-4 (EOWPVT-2)	Screening Instrument for Targeting Educational Risk (SIFTER)	Test of Semantic Skills: Primary
Boehm-3 (K-2)	Functional Communication Profile	Teacher Input	The Comprehensive Test of Phonological Processing-2 (CTOPP-2)
Boehm-3 Preschool (English and Spanish)	Informal Language Sample	Test of Auditory Processing Skills-3 (TAPS-3)	The Listening Comprehension Test II
Children's Auditory Performance Scale (CHAPS)	Language Curriculum Referenced Measure	Test of Problem Solving-Adolescent-2 (TOPS-A-2)	The Listening Test
Children's Communication Checklist- 2 (CCC-2)	Peabody Picture Vocabulary Test- IV	Test of Problem Solving-3 (TOPS-3)	

\* only used in conjunction with primary measures

- for use with tests based on the normal curve equivalent (100 = mean, 15 = standard deviation)

CEL F - 4      PLS-5  
 CELF-2 Preschool      OWLS-2      CASL  
 TOPL-2



	Standard Scores	Percentile Ranks	Relationship of Range to Mean	Description of Language Ability
<b>DNQ</b>	<b>85-115</b>	<b>16-84</b>	<b>Within +/- 1 SD</b>	<b>Average</b>
<b>DNQ</b>	<b>78-84</b>	<b>8-15</b>	<b>Between -1.5 and -1 SDs</b>	<b>Mild disorder</b>
<b>Recommend as Speech Impaired</b>	<b>70-77</b>	<b>2-7</b>	<b>Between -2 and -1.5 SDs</b>	<b>Moderate disorder</b>
<b>Recommend as Speech Impaired</b>	<b>69 and below</b>	<b>&lt;2</b>	<b>-2 SDs</b>	<b>Severe disorder</b>

For any test not listed above, the Standard Score equivalent to -1.5 or greater should be determined through the test manual.



**Identifying need for Augmentative Communication for a student with a Speech Impairment:** Information will be added to the Assistive Technology section contained in all evaluations

Evaluation Battery:	Intervention Indicated if:	No Intervention Indicated if:	Exit Criteria:
Every Move Counts Interaction Checklist for Augmentative Communication (INCH) Student Environment, Tasks, and Tools- 3 (SETT-3)	•When verbal communication is not effective for academic success	•When verbal communication is effective for academic success and no other communication needs have	•When communication attempts (either verbal or augmentative communication) are effective for academic success and the student can independently adjust the use of the system.