



Frequently Asked Questions about Speech-Language Services in the Schools

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This document was prepared by the MNSHA School Issues Committee. For questions or comments on this document, contact the MNSHA Vice President for Education Issues through the MNSHA administrative office - office@mnsa.org

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Eligibility for Speech-Language Services

1. How do school districts determine which students receive speech-language services and which students do not?

The Minnesota Department of Education (MDE) has set **eligibility criteria** for all disability areas, including **speech and language disabilities**. Only students who meet state eligibility criteria can receive special education services. All school districts in Minnesota follow exactly the same state eligibility criteria, as they have since January 1992. This means that a child who is eligible for special education in one Minnesota district should be eligible in all other Minnesota districts.

For **speech and language disabilities**, there are separate eligibility criteria for four areas: **language disorder, articulation disorder, voice disorder, and fluency disorder**. [Minnesota Rules, part 3525.1343](#) outlines the specific categorical requirements and criteria for speech or language impairments eligibility in Minnesota in each of these 4 areas, also found in the appendix of this document.

All criteria components must be followed **exactly**. For example, if one of the criteria components for a disability area specifies that a student must achieve a score that is 2.0 standard deviations below their chronological age mean on a standardized test, then a score that is 1.8 standard deviations below the mean does not meet that criteria component.

School districts may differ in how certain criteria components are operationalized. For example, some districts have specific cut-off scores for the language sample analysis component of the criteria for a language disorder.

Note: determining eligibility for students who are multilingual is more complex because eligibility for these students must be based on the identification of a communication disorder *in the student's native language*, as well as English. Therefore, different evaluation procedures are required and interpreters must be used. In addition, it is inappropriate to use or report standard scores from norm referenced tests for these students if the norms are established on English only speaking students. See Question #5 for further information on specific Multilingual issues in evaluation and intervention.

2. Can a student who does *not* meet state eligibility criteria for a disability ever receive special education services, including services for speech-language disabilities?

Under certain extenuating circumstances, a student's evaluation team (which includes parents/caregivers) may determine that a student is eligible for special education services even though the student does not meet the relevant eligibility criteria. In these cases, a team override is used. The team override process requires additional evaluation and documentation. The team must provide additional data that explains why the standards and procedures used with the majority of students resulted in invalid findings for this student. Refer to your school district's special education process for team overrides.

Students who do not meet initial eligibility criteria for Speech Language Impairment (SLI) and have an Individualized Education Plan (IEP) may receive speech-language services related to their primary disability even if they do not meet criteria for a categorical Speech Language Impairment. Refer to the MDE Q & A on related services determination.

[MDE Related Services Q & A](#)

[MDE Needs-Based Goals Q & A](#)

Evaluations

3. What is the process that schools use to *evaluate* a student for a suspected speech-language disability?

The special education evaluation process is described in detail in a number of federal laws (i.e. Individuals with Disabilities Act (IDEA), Section 504 of the Rehabilitation Act) and State rules (i.e. Minnesota Department of Education).

What are some requirements for evaluations in schools?

- *Pre-referral Interventions:* For grades K through 12, regular education teachers must implement (and document results for) two pre-referral interventions for the behavior(s) of concern *prior to* a referral for special education evaluation. The requirement for documented pre-referral interventions applies to *all* areas of communication: language, articulation, voice and stuttering, as well as all other areas of special education. Results from pre-referral interventions are used to help determine if a special education evaluation is necessary, and in what areas. Pre-referral interventions are not required in early childhood (i.e. birth through kindergarten entry). Refer to the MDE Pre-Referral Interventions Q & A for situations that might lead to waiving interventions. Speech-Language Pathologists

(SLPs) should also defer to their district procedures for Multi-Tiered Systems of Support (MTSS).

MDE Pre-Referral Interventions Q & A

- *Evaluation planning meeting involving parents/caregivers:* An evaluation planning meeting must be held, and parents/caregivers must have input when the team reviews pre-referral and classroom performance data, discusses specific evaluation needs, and plans a comprehensive evaluation. The evaluation cannot be initiated without a parent's/caregiver's written consent.
- *Evaluations for special education eligibility require the use of multiple data sources:* Multiple evaluation tools and methods must be used to determine eligibility for special education services, including speech-language services. It is not appropriate, nor best practice, to use only standardized or norm referenced tests. Instead, additional evaluation tools must be used in conjunction with standardized tests. These may include observations and behavioral samples, teacher and/or caregiver interviews, checklists, criterion referenced tests, and other informal evaluation procedures. NOTE: for some of the MDE criteria a language sample is required in addition to standardized testing and *cannot* be a stand alone measure for eligibility (i.e. it is an "and" in th criteria, not an "or")

See the Appendix at the end of the document for a full description of initial eligibility criteria for Speech Language Impairment.

Timelines and Evaluation Summary Meeting: The school team has to complete the evaluation and report the results to the parent/caregiver within 30 school days of the parent's/caregiver's written consent to the evaluation. The evaluation summary report must address all eligibility components for the specific speech-language disability category of concern (e.g., language, articulation, voice, stuttering).

4. What is the school district's responsibility when they receive an evaluation for speech language that has been done at an outside agency?

The district has the responsibility to consider information from an outside evaluation, including recommendations for service. If the student is not already receiving special education services, or if the outside evaluation indicates a need that is not described in the student's most recent special education evaluation, they cannot begin receiving services in the school based on an outside evaluation alone. However, testing and other information from a recent outside evaluation can be reviewed as part of a special education evaluation. The student's special education team may accept, in part or whole the outside evaluation information; or reject the information if the special education team has data to dispute the outside evaluation findings. The district should take care not to duplicate tests that were conducted recently unless enough time has elapsed (consult the test manual for the appropriate span of time considered to be valid results).

5. What are some of the special issues related to speech-language evaluations and therapy for students who are Multilingual?

Evaluations and Eligibility

School districts are required to use unbiased evaluation tools when evaluating students for eligibility for speech-language services, and required to rule out the presence of cultural, linguistic, and socioeconomic factors for students coming from backgrounds with any of these factors. For example:

- School districts must use multiple evaluation tools and approaches including criterion-referenced and informal evaluations,
- The use of standardized, norm-referenced tests (and the application of test norms) with Multilingual students is extremely problematic, and should be avoided. Issues include:
 - Norms can only be applied to students in the test's normative sample; Multilingual students are almost never included in normative samples.
 - When standardized tests have not been normed on Multilingual students' cultural/ethnic groups, standard scores and severity ratings in the test manual based on those standard scores are likely to contain bias, and should not be reported nor used to determine special education eligibility.
- School districts must attempt to access a member of the student's cultural and language community to help interpret evaluation results.
- School districts must consider the length of time the student has been in the United States, and the amount and consistency of formal education that the student has received (including preschool experience).
- Testing must be done in the student's native language to determine if a speech-language disorder exists in the student's cultural language as well as English.
- The team must gather information related to the student's language learning and history in all languages they are, or have been, exposed to.
- An interpreter who speaks the student's cultural or home language must be included throughout the evaluation (e.g. student testing, collecting communication samples, when analyzing data, communicating with the student's parents/caregivers, and special education meetings).
- Multilingual students are eligible for speech-language services in the schools only if a speech-language disorder can be demonstrated in the home/cultural language and in English. Multilingual students are not eligible for speech-language services if their communication problems are primarily due to their still being in the process of learning English.

Intervention

- School teams must take into account specific linguistic differences from the student's cultural home language. This means that teams must ensure that, for students who are eligible for service, IEP goals for speech and language focus on errors on sounds or language patterns that exist *in the student's cultural language as well as in the language of instruction*.
 - For example, some languages from Southeast Asia do not mark verb tenses and therefore may not be present in the student's language when learning to speak English. Lack of verb tenses in this case would not necessarily indicate a language disability. Teachers of Multilingual Learners might choose to work on verb tenses as part of the student's general education and Multilingual curriculum.
- For more information related to specific intervention ideas, see the [MNSHA Talk With Me Manual](#) and [ASHA resources](#).

[MDE Evaluation Due Process Requirements for English Learner Students](#)

6. What other evaluation issues are relevant for Speech-Language Pathologists (SLPs) that work in schools?

MNSHA has developed checklists to guide SLPs in evaluating assessments:

[MNSHA Evaluation Criteria Checklist](#)

[MNSHA Evaluation Criteria Quick Checklist](#)

- *Reporting test scores:* The reporting of test scores in standard deviation units is required for eligibility decisions. It is acceptable to report percentile ranks and other standard scores in addition to standard deviation units. It is not acceptable to use or report age-equivalent scores (McCauley & Swisher, 1984).
- Test scores must fall at least two standard deviations below the mean in order to meet Minnesota state eligibility criteria for articulation and language disabilities. SLPs must refer to the test standardization manual to determine if a total test score, a core score or subtest score can be used based on how the test was normed.
- *Make sure tests are technically adequate:* It is the responsibility of the SLP to be sure that any and all tests used are valid and reliable for identifying communication disabilities. For example:
 - Test norms older than ten years are not technically adequate (Friberg, 2010, p. 82)
 - Tests with samples of less than 100 students per age/grade interval are not technically adequate (Salvia & Ysseldyke, 1988).
 - The journals of the American Speech-Language-Hearing Association (ASHA) regularly publish research articles on this topic. For example, research on a number of commonly used tests (*Test of Problem Solving*: Bernhardt, 1990; Sakarakis-Doyle & Mallet, 1991; *Peabody Picture Vocabulary Test - Revised*: Washington & Craig, 1992) raises serious questions on their validity, reliability and/or bias when used with students from certain minority groups. For more test reviews see [The Leaders Project](#).
 - Single-word vocabulary tests, in particular, have been shown to have poor validity for identifying students with expressive or receptive language problems (Gray, Plante, Vance, & Henrichsen, 1999). It is best practice when establishing a language disability to use a comprehensive language test.
- *Therapy objectives should not be determined solely from errors on standardized tests* (McCauley & Swisher, 1984; Merrell & Plante, 1997). According to McCauley and Swisher (1984), "...the use of test items in planning therapy may often result in an impoverished and potentially inappropriate set of objectives. There is probably no circumstance in which norm-referenced test items can profitably be used for this purpose" (p. 344).

Intervention and Service Delivery

7. What types of speech-language intervention are available in the schools?

Speech-language intervention in schools, or educational models, may look different from intervention in outside agencies, or clinical models. There are a number of important reasons for this:

- Federal and state laws require that special education services, including speech-language intervention, be provided in the **least restrictive environment (LRE)**.
- Special education regulations require that a **continuum of services** be available to meet the needs of students. In other words, schools must have a variety of service options available including indirect service (or consultation) and direct service. The student's Individual Education Plan (IEP) team decides which type of service can best meet the student's needs at this point in time. It is expected that the type of service a student needs will change over time depending on the student's level of performance and the educational environment the student is in.
- Federal and State laws require that special education services, including speech-language intervention, be designed to **ensure students can progress in the general education curriculum** (e.g. literacy including reading and writing, math, science, etc.) and attempt to meet the same education standards that apply to all children. This has been interpreted to mean that students' *IEPs must be educationally relevant* (social, academic, vocational); that is, IEP goals must be related to the student's progress in the general education curriculum.
- Research has shown that the **educational environment** has some very powerful advantages for meeting the intervention needs of students with disabilities (Wilcox et al., 1991). One advantage is the use of *multiple intervention agents* to work on a student's individual goals and objectives. In addition to the SLP, multiple intervention agents include regular education and special education teachers, teachers for art, music and physical education, and teaching assistants. A second advantage of providing speech-language intervention in educational environments is that there are *multiple opportunities throughout the school day for meeting student goals* in the regular education classroom and throughout the curriculum.

In Minnesota the following **types of speech-language intervention** are used in educational environments, singly or in combination, to meet a student's individual needs, goals, and objectives:

- Direct intervention in the general education setting.
- Direct intervention in the special education classroom or in combination with other special education services
- Direct intervention in a separate environment
- Indirect intervention or consultation provided by the SLP to regular education and special education teachers.
- Team teaching by the SLP and teacher in the regular education and/or special education classroom
 - Note: an SLP cannot be the teacher of record in Minnesota (i.e. the only licensed special education teacher in a classroom if it is not a specific classroom for only speech-language impaired students)
- Language and/or communication lessons/curriculum to entire class by SLP

- Speech-language groups in the regular education classroom.
- Curriculum-based intervention using materials adapted from the regular education classroom.
- Home program with parents, caregivers, extended family members, siblings, and/or peers for generalization and carry-over.

At the annual IEP meeting for a student with a communication disability, the **IEP team determines the appropriate intervention model and frequency of intervention** given the least restrictive environment, the general education curriculum, the advantages of the educational environment and the continuum of service options listed above.

8. What is the school district's responsibility when it receives recommendations from an outside agency for a student for a specific type or frequency of speech-language intervention?

First, to receive school speech-language services, a student must meet State eligibility criteria for a speech-language disability or demonstrate a need for related services, as established through an evaluation conducted by the school district and discussion by the IEP team.

Second, as with outside evaluations, the district has the responsibility to consider information from outside agencies, including recommendations for service. The IEP team may accept, in part or whole, or reject the information if it has data to dispute the outside agency findings. In general, the courts have established that the determination of the specific instructional methods and frequency of intervention are the prerogative of the school district (e.g., the student's IEP team).

9. What rights do parents/caregivers have if they disagree with the school district on special education issues for their child, including evaluation and intervention issues?

Parents and caregivers have many rights under federal and state laws and regulations. These rights are described in a brochure titled "[Parent Rights](#)" and available from the Minnesota Department of Education or individual school districts. In general, parent/caregiver input is equal to, but no greater than, any other team member's input.

10. Can parents/caregivers obtain additional speech-language services for their child at outside agencies?

Yes. For children who *do not meet state eligibility criteria*, some families may choose to obtain speech-language services for their child at outside agencies *at their own expense*. It is a family's consumer right to access health services covered by their insurance, or privately pay for services that are not covered by insurance. Outside agencies typically do not have to follow federal or state special education rules or eligibility criteria.

For children who *have met criteria* and who receive speech-language services in the schools, some families may choose to obtain *supplemental services* for their child at outside agencies *at their own expense*. It is a family's consumer right to access health services covered by their insurance, or privately pay for services that are not covered. In these cases, SLPs in schools can help coordinate the student's plan of care with SLPs in other non-education settings. A release of information is needed for SLPs to communicate between health and educational settings.

11. How can SLPs in schools and outside agencies work together to serve students with communication disabilities and their families?

It is the position of the Minnesota Speech-Language-Hearing Association (MNSHA) that SLPs need to systematically collaborate between the private/medical and education settings. <https://www.mnsha.org/pdfs/Position-Statement-worksettings.pdf>

- *Recommendations for speech-language service by outside agencies:* SLPs in hospitals, clinics, and private practice can become familiar with state eligibility criteria, evaluation regulations, and service delivery models for speech-language intervention in the public schools (including charter schools). They can also help families and caregivers understand the differences in speech-language services in educational and medical settings. When SLPs from outside agencies make recommendations for service in the educational setting a child is in, **recommendations should be as general as possible**. Specific recommendations for the amount and type of speech-language intervention should be avoided since these decisions rest with the student's IEP team.
- *Diagnoses of suspected apraxia of speech or central auditory processing disorders:* These diagnoses are not currently recognized in federal or state special education rules and eligibility criteria for speech-language impairments. Students suspected of having speech or language problems typically identified with these diagnoses would need to meet state eligibility criteria for a) articulation disorder, and/or b) language disorder in order to receive speech-language services in the schools. SLPs from outside agencies can help families and caregivers become familiar with state eligibility criteria for speech-language services in schools; or encourage them to contact their school for more information. They can obtain releases of information from families in order to be in direct contact with the Speech-Language Pathologist working at the child's school.
- *Feeding/swallowing disorders:* SLPs in hospital and medical settings may take the lead in feeding/swallowing evaluations, and in prescribing appropriate positioning, techniques and food textures that ensure safe feeding for students in the public schools. SLPs in schools can help communicate medical recommendations to the school staff who will be feeding the student, and help facilitate communication between parents/caregivers, the medical community and school personnel.
- *Medical evaluations of laryngeal mechanism for suspected voice disorders:* State eligibility criteria for voice disorders *do not require* a medical evaluation of the laryngeal mechanism. This means that SLPs in schools often do not have access to this important information when assessing or intervening with a student with a voice disorder unless parents/caregivers choose to have their child's vocal mechanism evaluated by a physician. SLPs in hospital and medical settings may take the lead in helping families seek appropriate medical evaluations for suspected voice disorders, and then sharing that information with school personnel.

12. What are some workload/caseload options? How do I set up a workload model? What do I do when I have too many students on my caseload?

The state of Minnesota and MNSHA do not have any current caseload or workload caps. Caseload and/or workload caps are a district-by-district decision.

ASHA's workload/caseload models, including the [ASHA workload calculator](#), and further [information from ASHA about caseload and workload](#) are good resources. The MNSHA School Issues Committee (SIC) regularly gathers information about caseload/workload

expectations around the state. This information is available to members of MNSHA by contacting the SIC chairperson.

ASHA has some ideas for service delivery in [School-Based Service Delivery in Speech-Language Pathology](#). Note that in Minnesota, an SLP cannot be the teacher of record/licensed teaching staff covering a classroom if it is not a classroom designed for only those student's with a speech-language impairment (i.e. a "speech group").

SLPs who feel they have too many students on their caseload can talk to their district union, or Education Minnesota, and also reach out to MNSHA. They should always document their workload/caseload using the tools suggested previously in this document.

13. What needs to be included in a log of services?

See **ADD LINK ONCE UPDATED TO THE WEBSITE**

Licensure

14. What are the credentials of SLPs in schools?

SLPs working in schools are licensed by the Professional Educator Licensing & Standards Board (PELSB). This includes SLPs who are placed in a school or charter school through an outside contracting agency. Current licensure requirements include a master's degree from a university accredited by the American Speech Language-Hearing Association (ASHA) program or ASHA certification, as well as continuing education requirements to maintain licensure. Many SLPs in schools also choose to carry licenses from the Minnesota Department of Health, but this is not required for practice in schools.

15. What is the difference between a Professional Educator Licensing and Standards Board ([PELSB](#)) license and a license from the Minnesota Department of Health ([MDH](#))?

SLPs who work in an education setting need a PELSB license, and SLPs who work in all other settings need a license from MDH.

See additional information here: [Speech-Language Pathology Licensure Information PELSB](#)

16. How do I renew my license?

You can renew your license starting January 1 of the year it expires. Your local continuing education/relicensure committee (usually within the school district you work for) will verify your clock hours to start the process. Make sure you know your committee's deadlines to submit your hours and check the [PELSB Requirements for Renewal](#). For SLPs working through a contract agency or a private practice contracted to a school or charter school, the education/relicensure committee you use is usually the one in the school district you reside.

SLPs need to fulfill the requirement for Teacher Development and Evaluation. Holding a current CCC fulfills the requirement for the total (125) clock hours (Clock Hour Exemption). SLPs do not need documented hours in Reading Preparation or the Mentorship Program, but they do need to fulfill requirements in other areas:

- Positive Behavior Intervention

- Accommodations, Modifications Adaptation, of Curriculum, Materials, and Strategies
- Mental Illness
- Suicide Awareness
- English Language Learner
- Cultural Competency

NOTE: check the PELSB website to confirm that there have not been changes to the Mandatory Requirements for documented continuing education hours in specific areas, since occasionally something may have been added or dropped as a requirement for SLPs.

17. Where can I find specific courses required for relicensure if my district or union does not offer them?

Education Minnesota offers a [list of resources](#) for relicensure courses.

Supervision

18. What are the requirements for supervision?

- Clinical Fellow (CF) supervision
 - [ASHA CFY Guidelines](#) - MNSHA defers to ASHA for CF guidelines.
 - The supervising SLP must have completed 2 hours of professional development in the area of supervision at least once in your career after being awarded the CCC-SLP (offered a variety of places such as MNSHA, universities, Infinitec, ASHA, SpeechPathology.com etc.)
- Graduate student supervision
 - <https://www.asha.org/slp/supervisionfaqs/> - MNSHA defers to ASHA, and the student's clinical training program, for graduate student supervision.
 - The supervising SLP must have taken 2.0 Continuing Education hours in supervision (offered a variety of places such as MNSHA, universities, Infinitec, ASHA, SpeechPathology.com etc.)
- SLPA Supervision
 - [ASHA Supervision of SLPAs FAQs](#) - MNSHA defers to ASHA for guidance related to supervising SLPAs.
 - [SLPA Scope of Practice](#) (ASHA)
 - The supervising SLP must have taken an approved SLPA supervision course of at least 2 hours per ASHA (e.g. [Alexandria Technical College](#) offers a 10-hour course)
- Supervision of Tier 2 SLPs
 - [PELSB Speech-Language Pathology Licensure](#) - Tier 2 licensure information.

- A Tier 2 licensed SLP can perform all the same duties as a Tier 3 or Tier 4 SLP (with the exception of the required supervision by a SLP that has their ASHA CCCs) but the Tier 2 license can only be renewed up to three times.
- Supervision requirements:
 - At least 30% of direct face-to-face work in the first year,
 - At least 20% of direct face-to-face work in the second year.

Selected References on Evaluation and Intervention

PACER Center, [Understanding the Special Education Process](#)

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Gray, S., Plante, E., Vance, R., & Henrichsen, M. (1999). The diagnostic accuracy of four vocabulary tests administered to preschool-age children. **Language, Speech, and Hearing Services in Schools**, 30(2), 196-206.

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Salvia, J. & Ysseldyke, J. (1988). **Assessment in Special and Remedial Education, 4th Edition**. Boston: Houghton Mifflin.

Washington, J., & Craig, H. (1992). Performance of low-income African American preschool and kindergarten children on the Peabody Picture Vocabulary Test-Revised. **Language, Speech, and Hearing Services in Schools**, 30 (1), 75-82.

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Appendix

[Minnesota Rule 3525.1343, subp. 1-4](#)

Definition of a Speech or Language Impairment

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

Fluency Disorder

1. Definition of a Fluency Disorder

"Fluency disorder" means the intrusion or repetition of sounds, syllables, and words; prolongations of sounds; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with the effort to speak. Fluency patterns that can be attributed only to dialectical, cultural, or ethnic differences or the influence of a foreign language must not be identified as a disorder.

2. Criteria for a Fluency Disorder

A pupil has a fluency disorder and is eligible for speech or language special education services when:

- a. The pattern interferes with communication as determined by an educational Speech-Language Pathologist and either another adult or the pupil; *AND*
- b. Dysfluent behaviors occur during at least 5% of the words spoken on two or more speech samples.

Voice Disorder

1. Definition of a Voice Disorder

"Voice disorder" means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or the influence of a foreign language must not be identified as a disorder.

2. Criteria for a Voice Disorder

A pupil has a voice disorder and is eligible for speech or language special education services when:

- a. The pattern interferes with communication as determined by an educational Speech-Language Pathologist and either another adult or the pupil; *AND*
- b. Achievement of a moderate to severe vocal severity rating is demonstrated on a voice [evaluation] profile administered on two separate occasions, two weeks apart, and at different times of the day.

Articulation Disorder

1. Definition of an Articulation Disorder

"Articulation disorder" means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in

an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological pattern. Articulation patterns that can be attributed only to dialectical, cultural, or ethnic differences or the influence of a foreign language must not be identified as a disorder.

2. *Criteria for an Articulation Disorder*

A pupil has an articulation disorder and is eligible for speech or language special education services when the pupil meets the criteria in item A, and either sub item (B) or (C):

- a. The pattern interferes with communication as determined by an educational Speech-Language Pathologist and either another adult or the pupil; *AND*
- b. Test performance falls 2.0 standard deviations or more below the mean on a technically adequate, norm referenced articulation test, *OR*
- c. A pupil is nine years of age or older and a sound is consistently in error as documented by two, three-minute conversational speech samples.

Language Disorder

1. *Definition of a Language Disorder*

"*Language disorder*" means a breakdown in communication as characterized by problems in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns that can be attributed only to dialectical, cultural, or ethnic differences or the influence of a foreign language must not be identified as a disorder.

2. *Criteria for a Language Disorder*

A pupil has a language disorder and is eligible for speech or language special education services when:

- a. The pattern interferes with communication as determined by an educational Speech-Language Pathologist and either another adult or the pupil;
- b. An analysis of a language sample or documented observation of communicative interaction indicates the pupil's language behavior falls below or is different from what would be expected given consideration to chronological age, developmental level, or cognitive level; *AND*
- c. The pupil scores 2.0 standard deviations below the mean on at least two technically adequate, norm referenced language tests if available; *OR*
- d. If technically adequate, norm referenced language tests are not available to provide evidence of a deficit of 2.0 standard deviations below the mean in the area of language, two documented measurement procedures indicate a substantial difference from what would be expected given consideration to chronological age, developmental level or cognitive level. The documented procedures may include additional language samples, criterion-referenced instruments, observations in natural environments, and parent reports.