



POSITION STATEMENT 1/23/21

In order to improve the outcomes for individuals and families whom we serve, it is the position of the Minnesota Speech-Language-Hearing Association (MNSHA) that SLPs *systematically* collaborate between the private/medical and education settings. This beneficial relationship allows SLPs to provide services that align with best practices and share perspectives to set goals, document student outcomes, and identify intervention priorities. ASHA makes it clear that collaboration between SLPs serving an individual is important to provide quality service.

Statement of need: Communication is critical between SLPs for coordination on AAC, following recommendations for swallowing, completing testing, providing similar prompts for articulation and stuttering, etc. for clients to have the maximum benefit from their therapy.

ASHA Code of Ethics

<https://www.asha.org/code-of-ethics/>

- "Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care".
- "Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided."

ASHA Roles and Responsibilities of Speech-Language Pathologists in Schools

<https://www.asha.org/policy/pi2010-00317/#sec1.2>

"Collaboration — SLPs work in partnership with others to meet students' needs

- Within the Community — SLPs work with a variety of individuals and agencies (e.g., physicians, private therapy practitioners, social service agencies, private schools, and vocational rehabilitation) who may be involved in teaching or providing services to children and youth.
- With Families — For students of all ages, it is essential that SLPs engage families in planning, decision making, and program implementation."

How can I improve communication between SLPs across settings?

- Tips for receiving informed consent (IC)/Release of Information (ROI)

- Complete IC forms for both school and medical settings so that both sites are covered.
- In general information can be emailed, faxed or postal service mailed to a school district. Health care organizations can usually only fax or postal service mail records.
- Get the name of the SLP if possible. If not:
 - List name of specific school/clinic/hospital (in case of multiple SLPs in one site and/or organizations with more than one site)
 - Many school districts have an online staff directory to look up the SLP name at a building listed on their district website
 - Call the building office of the school the student attends (not the district main number) to find out who the SLP is. Building main office numbers are listed on district websites.
- At meetings with families and at the beginning of the school year, SLPs should be prepared with informed consents/ROIs ready for the family to sign
- SLPs should provide their complete contact information, and update throughout the year as needed, so families know what services their child receives from whom. School teams can be very large (up to 20 members) making it difficult for a family to recall the SLP's name.
- When working with a new individual it is important to take a thorough history; including asking all families if they are getting private therapy or school special education.
- Inform families that it is best practice for SLPs to work together between settings.

Common Documents to Request

| | Evaluation Report | Certification/ Recertification | Discharge Summary | IFSP | IEP | Progress Report |
|---------------------|-------------------|--------------------------------|-------------------|--------------|-----------|-----------------|
| Healthcare/ Private | X | X | X | | | |
| Education | X | | | Ages Birth-3 | Ages 3-21 | X |

- SLPs that work in education should ask families for the **most recent**
 - Evaluation report
 - Certification or recertification plan
 - New one written every 90 days
 - Discharge summary

- SLPs that work in healthcare should ask families for a copy of the **most recent IFSP/IEP**
 - New IFSP/IEP is created every year
 - IFSP = Birth-3
 - IEP = 3-21
 - School evaluations typically occur every 3 years.
 - Parents can legally request an evaluation in a school, however, schools are directed as part of best practice to complete interventions in the classroom before moving towards evaluation. Interventions are typically two 6-week interventions that teachers collect data on to determine if a special education evaluation is warranted. If the student makes progress in the classroom they may not demonstrate that they need specialized services.
 - New evaluations for most students in educational special education are completed just prior to age 3, and just prior to age 7 to determine criteria that changes for qualifying for special education at those ages. Otherwise an initial evaluation is completed at whatever grade/age the student is referred for consideration of meeting special education criteria.
 - The number of progress reports done each year varies across districts, but typically happen 2-4 times a year.
 - To receive special education in a school district, the student must demonstrate an educational need that meets Minnesota criteria for speech-language impairment, or speech therapy as a related service to support communication needs in another disability area as documented through the initial evaluation. [Minnesota 3525.1343](#)
 - Consider evaluating a child with a suspected language disorder with two language measures, an observation, and language sample to make a complete evaluation (according to MN education requirements) that can be passed onto the school site.
 - Private/healthcare services do not have set criteria, but vary from site to site, often based on what a client's insurance allows
- Be aware of testing that has been completed in one setting, limits duplication/overtesting of the individual
- Collaboration on AAC helps a full team of specialists determine the best single device to trial and implement, preventing 2 different devices for the same client/student, important information that should be included on the device for the individual to access, and comprehensive support and consistent message to the family.
- Stuttering and articulation therapy techniques should be consistent across settings.

- When summer therapy with a healthcare/private setting is an option it is important to:
 - SLPs in education should consider sending an end of year letter/email to families can ask for information or offer to provide copies of documents to share with healthcare setting
 - Send end of school year brief summary or IEP objectives to the private provider so they can initiate meaningful therapy right away
 - Receive documentation when returning to school in the fall.