

School Programs in Speech-Language Pathology

Organization and Service Delivery

SIXTH EDITION

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Preface

Speech-language programs in the school setting have changed drastically since they were first initiated many decades ago. Most of the changes have occurred in response to the changing education and legislative landscapes, and our increased professional awareness of the critical link between communication and learning. Our roles and responsibilities as school speech-language pathologists (SLPs) have expanded as we and others recognize the influence we can have on the lives of children with communication disorders, and the contributions we can make to ensure their learning success. Fortunately, our profession has not only weathered the changes, but has effectively adapted to them. Working in the school setting can be challenging. Yet, it is also very rewarding; especially when we travel the road in partnership with our fellow SLPs, education colleagues, students with disabilities, and their families. It can be energizing to reframe our speech-language programs in response to the evolving needs in education and special education.

I am excited to introduce my coauthor, Jennifer Means. We joined forces to write this sixth edition of *School Programs in Speech-Language Pathology: Organization and Service Delivery*. It has been a joy to be able to discover and express our mutual passion for the communication sciences and disorders profession, and our career-long desires to teach, mentor, and inspire future and practicing professionals. We both view schools as the best opportunity for helping children achieve their highest potential.

The major premise and philosophy of this book is simple to articulate, but complex to implement: embrace your role and responsibilities; fit into the school setting; be innovative and educationally relevant in your service delivery; strive to achieve positive outcomes; and most

importantly, *collaboration is essential!* With these thoughts in mind, we create a framework for making a difference in schools and in the lives of those we serve.

Our discussions of important topics include the historical foundation of speech-language services in schools, and a fresh perspective on many of the practices and processes. We've presented solutions to many of the challenges SLPs face today and we share innovative strategies and practical tools that can be implemented immediately. We hope our ideas and recommendations serve as a guide to graduate students who are preparing to work in schools, as well as experienced practitioners, and SLPs transitioning to schools from other settings. The following are some highlights. Enjoy!

Each chapter begins with specific learning objectives and concludes with discussion questions and learner activities to guide readers and assist instructors who are preparing school-based practitioners. The web-based pedagogical features of chapter Power Points and summative assessment further enhance the learning and teaching experience. Many reproducible forms and checklists serve as practical resources for both new and seasoned school-based SLPs.

Chapter 1. Gaining a historical perspective about the inception, growth, and development of speech-language pathology services in the school setting sets the stage for understanding the path we have followed and how far we have traveled. This chapter describes the need that led school administrators to establish speech-language and hearing programs into their schools, as well as some of the pioneers who shaped and grew the programs, and the quality improvement over time. We present the evolution of the speech-language pathology profession over several

decades. It demonstrates the many changes that have occurred in the SLP's role, focus, practices, and response to emerging trends. It also projects changes that are on the horizon. A brief overview is provided of legislation that has impacted education and our profession.

Chapter 2. Professional responsibility and ethical behavior is expected and mandated by our colleagues, administrators, and the public we serve. SLPs must adhere to the *Code of Ethics* of the American Speech-Language-Hearing Association (ASHA), as well as certification policies and licensing practices. Professional organizations that provide support and facilitate advancement and growth are discussed. We illustrate the breadth and depth of the profession and explore the personal and professional qualifications demonstrated by successful school-based SLPs.

Chapter 3. Past laws and current federal and state legislation impact SLP programs and the professionals' performance. The chapter provides examples of ways case law, educational trends, core curriculum, and national goals have shaped special education and influence speech-language services. Prevalence and incidence data, including caseload composition, are presented with an explanation on funding sources and third-party reimbursement. Various organizational frameworks of state departments of education and school district configurations are presented. Resources and support personnel are explained. We introduce the SLP's role in inter-professional collaboration.

Chapter 4. The school-based SLP wears many hats. This chapter discusses the SLP's role as a leader and manager. The importance of planning and setting goals is stressed. We present a strategic planning model for developing and managing changes in programs. Knowing that time is a precious commodity, we also recommend strategies for time management and establishing program, personal, and treatment level goals.

Chapter 5. The right environment and tools are required to succeed in any job. This chapter provides a comprehensive description of the

facilities for intervention, and the resources available for use by the SLP. The use of technology for service delivery, and record keeping is explored. Suggestions are made for using technology to access information and communicate with colleagues and parents. New directions in service delivery via telepractice solutions are explained. We encourage practitioners to share resources with others, including parents, students, teachers, and administrators.

Chapter 6. Documentation, accountability, and outcomes consume much of the SLP's time and energy. Yet, without these elements, we would not be able to demonstrate our value and contributions. These are key components of speech-language pathology service delivery. Treatment outcomes and the importance of monitoring and documenting changes in students' functional communication and academic skills as a result of treatment are highlighted within the context of an innovative School Speech-Language Outcomes Framework. The essentials of report writing are explained.

Chapter 7. Understanding workload and caseload issues can foster objective procedures for making decisions about students' eligibility for services, intervention plans, and service completion. We explore several methods for assessing students within the context of the school setting, including teacher interviews and surveys, classroom observations, functional assessment, curriculum-based assessment, and more. Information is included to help understand criteria for determining eligibility. Caseload management is discussed in view of the changing school environment and emerging national educational goals and trends. A section on special populations includes literacy, autism, behavioral disabilities, English as a second language, and transition to work. Highlighted are the SLP's role and strategies for providing service to different groups of students.

Chapter 8. SLPs must grasp the concept of providing services in the least restrictive environment and be able to discuss this concept with education colleagues when making recom-

mentations and decisions about services. Collaborative service delivery is emphasized when designing effective and efficient intervention programs to meet students' needs. Various service delivery frameworks and options are discussed within the unique PAC Model of Service Delivery. The SLP's role within the educationally based Multi-Tiered Systems of Support (MTSS) is discussed. The SLP's role in MTSS emphasizes communication, coordination, and collaboration. Specific examples for scheduling and integrating services in various settings are provided.

Chapter 9. Speech-language services must be educationally relevant if we are to embrace our roles as personnel who can support students' success. We explain the SLP's role in developing legally defensible individualized education plans (IEPs), individualized family service plans (IFSPs), and individualized transition plans (ITPs). Specific emphasis is placed on gaining an awareness of students' academic performance, and working with teachers to determine communication strengths and needs. The SLP can play a major role in partnering with teachers to facilitate development of communication skills required for classroom success. Specific methods for writing measurable goals and objectives, as well as documenting treatment outcomes are provided.

Chapter 10. *Collaboration is essential!* This chapter explores the concept of interprofessional education, practice, and collaboration. We encourage SLPs to collaborate with other professionals and the student's family. The importance

of collaborating with others to develop creative solutions to students' communication problems is discussed. The roles and responsibilities of various professionals are included, along with the methods for building interprofessional collaborative partnerships, and maintaining effective communication and interaction with educators, administrators, family members, and community members. Useful tips are provided for coaching teachers and parents.

Chapter 11. The Clinical Fellowship Experience is an exciting path along the way in the journey to becoming a qualified speech-language pathology professional. Students can benefit from the mentorship relationship with supervisors as they pursue certification and licensure. We explore ways for students to prepare for graduate externships, such as identifying team members' roles and responsibilities, creating personal goals for experiences, and developing externship timelines.

Chapter 12. The last step in preservice preparation for becoming a professional is seeking satisfying employment. We offer suggestions for developing a portfolio to highlight skills and accomplishments and interview strategies for landing that first job. Preparation for the job search, interviewing techniques, letters of application, and components of a resume are covered. It also discusses the importance of professional development and maintaining national and state credentials. Career tracks within the profession, especially in the educational setting, are incorporated in the chapter.

9

Educationally Relevant Services

CHAPTER LEARNING OBJECTIVES

1. Develop a functional referral process.
2. Determine students' educational status for intervention planning.
3. Develop legally defensible intervention plans.
4. Effectively interview teachers to determine the educational impact on the student.
5. Create meaningful transition plans.
6. Write measurable behavioral objectives that address academic and Common Core State Standards (CCSS).
7. Explain the framework for Universal Design for Learning (UDLs) and how it may be applied for student success.

Does a child's disability impact his or her performance in the classroom? If yes, would speech-language services make a difference in the student's classroom performance, ability to access the curriculum, ability to communicate with others, and/or ability to reach his or her potential? These are huge questions that administrators, educators, therapists, and parents ponder every day. When school teams evaluate a student, they seek to determine how the disability the child demonstrates may be interfering with the student's learning. Key educational areas that may be affected are academic, social-emotional, and vocational performance. If the student is identified with a disability, and adverse effect has been determined, and specialized intervention provided by a qualified SLP is required, then eligibility for speech-language services is confirmed. Regardless of the type, amount, frequency, location, or intensity of services offered, it is important that the services are *educationally relevant*. In other words, they must make a difference in student's educational performance. Focusing on educationally relevant skills can improve the student's ability to pay attention to teacher's instructions, participate in a wide range of learning activities, answer questions, seek assistance, follow directions, demonstrate appropriate social and emotional skills, and recall facts. School team members must join forces to determine how to best structure intervention so that it is educationally relevant. The SLP plays a valuable role in the decision-making process. In this chapter planning, implementing, and evaluating intervention services are discussed.

**EDUCATIONAL RELEVANCE—
WHAT AN IMPORTANT CONCEPT!**

Collaboration is needed to achieve educational relevance. School-based interprofessional collaboration is an interactive team process that

focuses the student, family, education, and related services partners on enhancing the academic achievement and functional performance of all students in school. Teachers can provide insights into the demands and expectations for performance in their classroom. They have the best knowledge of the learning objectives, curriculum, and instructional methods. They also can contribute information about distractions, rules, pace, and the general classroom environment. The school SLP spends most of the working day involved in some aspect of service delivery. Development of the intervention plan is guided by input and decisions made by the clinician in collaboration with teachers, parents, and others. The service delivery plan and intervention must be appropriate and relevant to the student's communication disability and educational needs. It is not necessary at this time, nor would space permit, to discuss the various philosophies and treatment approaches for each specific disorder. It is sufficient to say that the school speech-language clinician should be well versed in the current evidence-based treatment practices as well as the school curriculum. There are a number of approaches available, and the choice will depend on what best serves each child. Each therapist and educator has a responsibility to keep up with current trends and practices in the field. Family members can provide insights about the home situation and factors that may be contributing to the student's attitude or motivation. SLPs can discuss the nature and characteristics of the disability and help their education teammates understand how these characteristics interfere with a student's ability to succeed. They can also offer positive recommendations for modifying the classroom environment, adapting learning materials, utilizing specific instructional or intervention strategies, or developing key skills to promote success. Sound planning is necessary for any educational or therapy program to be successful, regardless of the disability. Planning and collaborative strategies can lead to powerful outcomes!

PLANNING INDIVIDUALIZED PROGRAMS

Effective intervention requires a comprehensive planning process. Planning begins with the referral and team decisions of next steps. Many questions follow after the referral. Should the student be monitored for a period of time? Can the student be helped if the classroom environment is modified or if the teacher implements specific intervention strategies during instruction in the classroom? Would the student benefit from the Multi-Tiered System of Supports (MTSS) process and Response-to-Intervention (RtI) early intervening process? Does the student need further assessment? If therapy is necessary, what evidence-based intervention approaches make most sense? What models or options for delivering the services should be recommended? What functional outcomes should be expected? How can performance in school be improved as a result of intervention?

Following the federal and state timelines enables the team to stay focused on planning and implementing services and prioritizing workload activities. Below is a brief timeline that outlines the major steps in the evaluation to IEP process. However, it's important to check your state regulations. Each state has a side-by-side document that provides the state interpretation of the federal guidelines.

1. **Child Find:** By law, schools must annually, publicly inform parents about the special education process. This is often conducted via fliers, website announcements, and parent information meetings.
2. **Parent request for an evaluation:** When parents request an evaluation for their child, either orally or in writing, the LEA must provide the parents with a formal permission to evaluate within 10 days of the request.
3. **Formal Evaluation:** After the formal written informed parental consent has been received,

the evaluation and written report must be completed within 60 days. Some states will indicate 60 school days, so be sure to check your state code.

4. **IEP:** Once the formal evaluation report has been completed, and the student is deemed eligible for services, the IEP must be developed within typically 30 days (depending on the state) and implemented within 10 days after parental agreement. All IEPs must be reviewed annually.

When evaluations are completed by the SLP or other Specialized Instructional Support Personnel, one or more team planning conferences are held. At that time, the SLP works with the student's parents, a representative of the school district, the student's teachers, and other appropriate professionals to plan the support services or special education and/or intervention programs. During the conference, decisions made are based on data gathered during the multifaceted assessment and evaluation. The nature and degree of the student's disability is determined. Eligibility for special education services and the potential benefits of instructional support is determined. The mode for service delivery is considered, and the goals, objectives, and procedures for intervention are identified. The SLP and other team members should come to meetings prepared to discuss the nature of the student's communication impairment, its impact on educational performance, the results of any implemented strategies, recommendations for treatment, ideas for integrating treatment into educational activities, the roles and responsibilities of each team member, and training necessary to prepare people to help and support the student. In cases where only speech and language problems are the primary concern, fewer individuals may be involved in the planning. However, the need to meaningfully incorporate others does not change.

An *Individualized Education Program (IEP)* is developed for children ages 3 or older. The

Individualized Family Service Plan (IFSP) is used for infants and toddlers 0 to 3 years old. In addition to the IEP, an *Individualized Transition Plan (ITP)* is prepared for older students.

SLPs are valuable members on the student education and intervention planning team. The following assessment strategies are recommended prior to planning a service delivery and intervention program for students:

- Conduct an environmental assessment to determine communication climate or situations that may pose difficulty for the student.
- Determine the communication needs required for accomplishing classroom objectives and daily classroom requirements.
- Analyze the communication behaviors of key persons with whom the student will be interacting.
- Based on the information gathered, work with the student's family and teachers to restructure the environment and modify communication interactions in order to strengthen communication skills.

AN APPROACH TO THE PLANNING PROCESS

Sound planning and program management are necessary for any educational or treatment program to be successful, regardless of the disability. Planning treatment programs poses substantial challenges for education teams. Careful thought, organized, imaginative planning, coordinated actions, and skillful management are required to achieve desired outcomes. Treatment plans must meet expectations and requirements imposed by many different entities including parents, teachers, funding agencies, and federal legislation.

Although these challenges seem to be insurmountable, they also offer planners opportunities for developing excellent programs if time and care are taken.

According to IDEA, the education plan must be tailored to meet the unique needs presented by each individual child in accordance with recommendations from significant educators and family members. Unfortunately, plans sometimes focus on correction of specific behaviors, development of particular skills, or completion of tasks rather than providing a comprehensive, integrated view of the student. Taking this approach limits the effectiveness of all educational efforts. A more meaningful approach is to design a service delivery and intervention program that is more student-centered by also modifying and strengthening the environment in which the student learns, lives, works, and plays.

DePompei and Blosser (2019) recommend implementing an *ongoing planning process* (Figure 9–1). A useful framework for understanding this type of planning process is to approach it as though planning a trip. Figure 9–2 presents the questions the planning team needs to ask when formulating an individualized plan for the student. Implementing the ongoing planning process and addressing each of the elements in the process will yield a plan that addresses skill development for the student, support and coaching for educators so they can implement intervention strategies, and system support to build a school culture that promotes a climate of support for children with disabilities.

There are four phases to the ongoing planning process. Phase I is the *Preplanning Phase* where groundwork is laid and the design for services and treatment is developed. The team is formed and each team member begins to gather pertinent data including the student's history and current status; the environments in which learning will take place; and the skills, needs, and potential contributions people in the learning environment can make on the student's success. A wide variety of assessment procedures

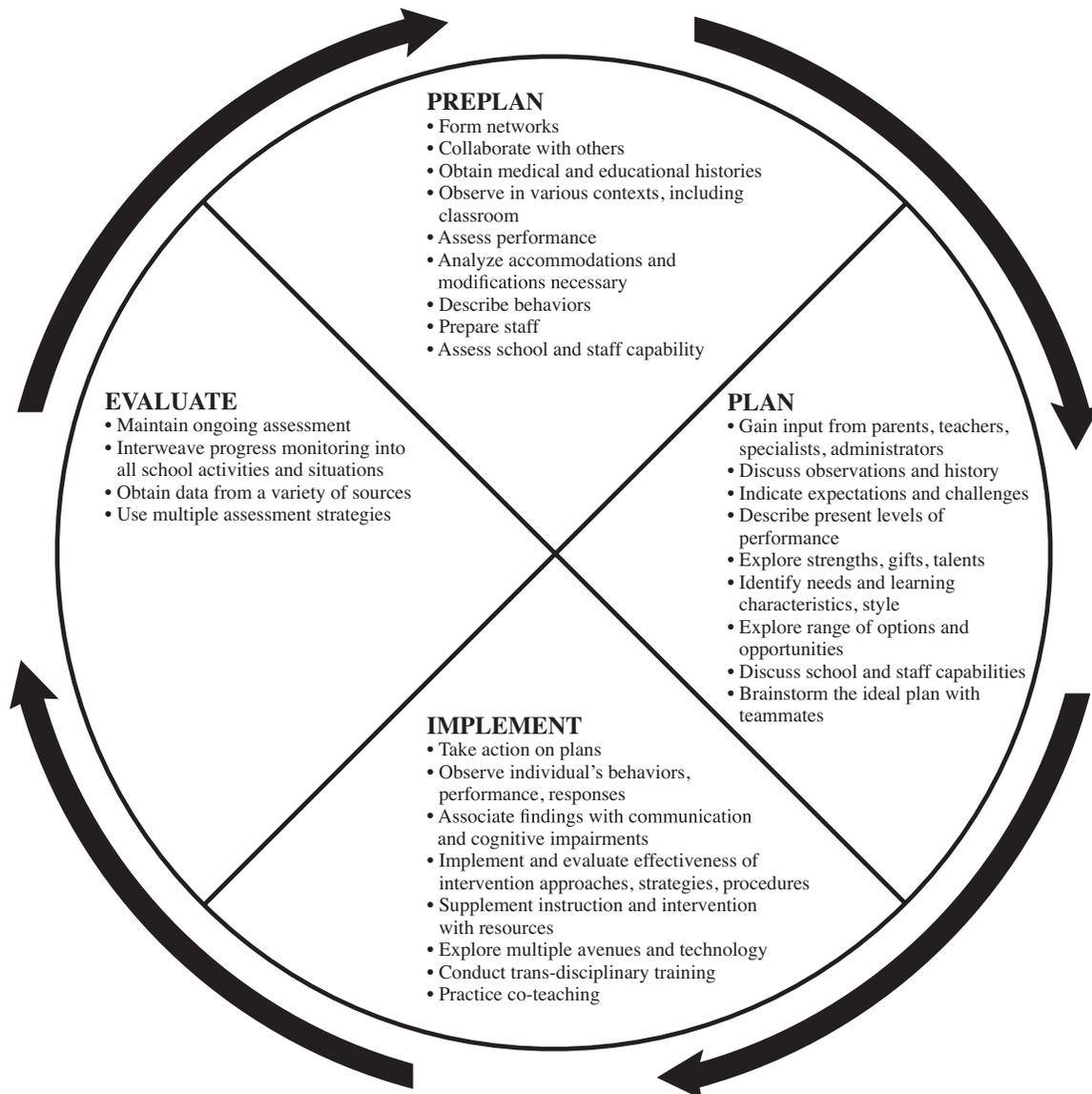


FIGURE 9-1. Ongoing planning process.

are administered during the preplanning phase. This enables planners to gain a comprehensive perspective about the student's strengths and needs. Also, importantly, the team can begin to gain understanding of what the school and people in the school have to offer to support the student as well as the modifications needed to enable success. At the end of Phase I, the team should be able to identify the obstacles that will interfere with the student's success.

In Phase II, the *Planning Phase*, the team begins to work collaboratively to analyze information gleaned during the pre-planning phase. Then together, the team determines the student's needs, goals, objectives, and workable strategies for preparing the child to function effectively in school and other environments. Meeting time is devoted to deciding the "who," "what," "where," "when," "why," and "how" aspects of the plan. Team members collate information from family,

Questions for the Planning Team

1. *“Where is the individual now?”* What is the nature and extent of the student’s communication impairment? From a number of perspectives, what are the resulting impairments, strengths, and needs? How do the communication problems impact on the student’s overall performance in a variety of situations?
2. *“Where do we want him or her to go?”* The long-term outcomes we want the student to achieve should be determined. Consider this question especially in relation to the general education curriculum and participation in school-related activities. We want students to achieve their maximum potential. Treatment planners need to decide if the services and programs they are offering for the student will help him or her participate maximally in educational, work, and social activities.
3. *“When do we want the student to get there?”* What is the timeline for implementing the program and achieving the desired outcomes? Treatment for communication impairments generally occurs over several months and in some cases, over several years. Evaluation of the student’s performance must be continuous with ongoing review of the modifications and strategies that are implemented and how they are working.
4. *“Who do we want and need to take with us?”* In order to plan and implement the program effectively, who must be involved? The individuals that have a real stake in the student’s success should be at the table when plans are made. Time should be spent improving understanding of the student’s strengths and needs, considering the policies that guide service delivery, the challenges that are likely to be faced, and the resources that will be available for support.
5. *“How do we want to go?”* What approaches to intervention are most effective for meeting the needs of the student? Any mode of treatment that will bring about the desired outcomes should be tried. Clinicians and educators should be willing to try creative approaches to meet the student’s needs. There is not a “one size fits all” to therapy. Team members need to be a part of the learning process: gaining a better understanding of the communication impairment, learning to work together as a team, identifying opportunities to promote the student’s successes, and striving to continually improve the quality of the student’s performance.
6. *“How much will the trip cost? What resources will be necessary to implement the plan?”* The team must decide what resources it will commit to achieve the desired outcomes they decide upon. It takes a lot to provide assistance to children. Resources include finances as well as personnel, time, and service options.
7. *“How will we know when we have arrived?”* What are the benchmarks against which the team will measure the student’s success? We must know if the modifications we make and the strategies we implement are making a difference. The intervention program and student’s progress should be evaluated in an ongoing manner to determine the appropriateness and suitability for meeting the student’s needs.

FIGURE 9–2. Questions for the planning team for planning the intervention plan.