

**A Guide to
School Services in
Speech-Language Pathology**

—————*Fifth Edition*—————

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Contents

<i>List of Tables and Figures</i>	<i>ix</i>
<i>Preface</i>	<i>xi</i>
<i>About the Authors</i>	<i>xiii</i>
<i>Acknowledgments</i>	<i>xv</i>
Chapter 1. Origin, Progress, and Development of School Services	1
Related Vocabulary	1
Introduction	5
The Quiet Revolution	6
Movement Toward Inclusion	10
No Child Left Behind Act	12
Every Student Succeeds Act of 2015	17
Individuals With Disabilities Education Improvement Act	18
Successes and Failures	20
Roles and Responsibilities of Today's School-Based Speech-Language Pathologist	20
Requisite Knowledge for the School-Based Speech-Language Pathologist	25
Essential Skills for the School-Based Speech-Language Pathologist	26
Dispositions Toward Persons With Disabilities: Considerations in Practice for the School-Based Speech-Language Pathologist	26
Summary	28
Questions for Application and Review	28
References	29
Chapter 2. A Workload Analysis Approach to Caseload Standards in Schools	33
Related Vocabulary	33
Introduction	36
Caseload and Service Quality: Specific Effects	36
What Is Caseload?	42
What Is Workload?	42
Considerations Regarding Options for Unmet Needs	43
Twelve Steps to a Workload Analysis	46
Some Workload Solutions	50
Success Story: A Workload Analysis Approach Applied to a Weighting System	56
How to Advocate	57
Summary	60
Questions for Application and Review	60
References	61
Appendix 2-1. Middleton-Cross Plains Area School District Speech-Language Severity Rating Scales	65
Speech-Language Severity Rating Scale: Elementary Level	65
Speech-Language Severity Rating Scale: Secondary Level	67

Chapter 3. Assessment, Evaluation, and Individualized Education Programs in Schools	69
Related Vocabulary	69
Introduction	70
Pre-Referral	72
Referral for Evaluation for Special Education and Related Services	74
The Individualized Education Program Team	75
Assessment Activities	75
Evaluation Process	76
Evaluation Report	77
Reevaluation: General Provisions	78
The Individualized Education Program	79
A Historical Perspective: Ongoing Evolution of Individualized Education Programs	81
Summary	84
Questions for Application and Review	85
References	85
Appendix 3–1. Example IEPs	87
Appendix 3–2. Applying the Individualized Education Program Team Decision-Making Flowchart to a Case Study	105
Appendix 3–3. Discussion of Sarah’s Individualized Education Program and Alignment to Common Core State Standards	109
Appendix 3–4. Collaborative Goal Example	112
Chapter 4. Speech-Language Service Delivery Formats Used in Public Schools: Intervention Approaches	113
Related Vocabulary	113
Introduction	116
Selecting Program Formats	117
Self-Contained Program Model	118
Receding Schedule Model	120
Blast or Burst Schedule Model	120
Resource Room Model	120
Block Schedule Model	121
Consultation Model	122
Team Teaching Model	123
Station Teaching Model	123
Parallel Teaching Model	123
Prevention Model	124
Cooperative Learning Team Model	125
Teaming for Reading Model	126
Pull-Out Program Model	128
Diversified Role Model	128
Computer-Assisted Learning Model	128
Telepractice Model	129
Video Modeling	130
Multimodal Communication Model	131
Teaming With Multilingual Programs	132
Selecting the Intervention Approach	134

Summary	134
Questions for Application and Review	134
References	135
Chapter 5. Evidence-Based Practice	141
Related Vocabulary	141
Introduction	143
“Credible Evidence” and “Scientifically Based”: What Do These Terms Mean?	143
Criteria for Evaluating the Quality of the Reasoning	145
Ranking the Quality of the Evidence	145
American Speech-Language-Hearing Association Initiative	145
American Speech-Language-Hearing Association Framework for Assessing Levels of Evidence	146
“Evidence-Based” Is More Than Literature Reviews	147
When Is It Advantageous to Examine Levels of Evidence?	148
Challenges	149
State of the Art	149
Specific Evidence of What Works in Speech-Language Intervention	150
Summary	167
Questions for Application and Review	167
References	167
Appendix 5–1	
Useful Web-Based Resources	188
Chapter 6. Strategies for Fostering Positive Student Behaviors and Conflict Resolution	191
Related Vocabulary	191
Introduction	192
Prior, Proper Planning, and Proactive Strategies	193
Creating a Culture of Community	197
The Adverse Effects of Bullying on School Community and School Climate	197
Approaches to Discipline and How to Impact School Culture	199
Effective Conflict Resolution Strategies to Use With Adults	204
Summary	206
Questions for Application and Review	207
References	207
Chapter 7. Cultural and Linguistic Competencies: Assessment and Intervention	211
Related Vocabulary	211
Introduction	213
Interview and Case History	215
Considerations for Bilingual Students and Families	217
Working With Interpreters and Translators	217
Assessment Tools	218
Approaches to Assessment	221
Approaches to Treatment	226
Cultural Considerations Related to Intervention	226

Cultural Competence Related to Curriculum Content and Intervention	229
Summary	229
Questions for Application and Review	229
References	230
Chapter 8. Conferencing, Counseling, and Creating a Sense of Community	235
Related Vocabulary	235
Introduction	236
Creating a Positive First Contact	237
Tips and Techniques for Parent-Teacher Conferences and Individualized Education Program Meetings	238
Student Records and Confidentiality	244
Tips and Techniques for Personal Adjustment Counseling	246
Summary	249
Questions for Application and Review	249
References	250
Chapter 9. Oral Language Curriculum Standards Inventory (OL-CSI): An Authentic Assessment Approach for School-Based Speech-Language Pathologists	253
Related Vocabulary	253
Introduction	254
References	255
Appendix 9–1. Oral Language Curriculum Standards Inventory (OL-CSI)	256
Chapter 10. Aligning Literacy, State Standards, and School-Based Speech-Language Pathology Services	277
Related Vocabulary	277
Introduction	278
Accommodations and Resources for Students With Special Education Needs	280
An Integrated Model of Literacy Through the Common Core State Standards	281
The Role of the Speech-Language Pathologist With Respect to Vocabulary Development, Language, and Literacy	282
Recommended Evidence-Based Service Delivery Formats and Clinical Strategies	284
Case Study	292
How to Support an Older Student Who Is Functioning at a First-Grade Level	298
How Universal Design for Learning Connects to the Common Core State Standards	298
The Impact of the Opioid Crisis on Language and Literacy Development	299
Summary	299
Questions for Application and Review	300
References	300
<i>Index</i>	<i>303</i>

List of Tables and Figures

Tables

Table 1–1.	Key Legislation Supporting American Indian Children	8
Table 1–2.	Assessment Accommodations	13
Table 2–1.	Activities of a School-Based Speech-Language Pathologist	44
Table 2–2.	Typical Hourly/Weekly Schedule for a School-Based Speech-Language Pathologist	47
Table 3–1.	The Seven Elements of Writing Measurable IEP Goals	80
Table 4–1.	Service Delivery Models for Multilingual Learners	133
Table 5–1.	Evaluating and Ranking Research Evidence	146
Table 5–2.	Evidence of What Works: Phonology	150
Table 5–3.	Evidence of What Works: Language	152
Table 5–4.	Evidence of What Works: Social Communication	155
Table 5–5.	Evidence of What Works: Fluency	158
Table 5–6.	Evidence of What Works: Voice	159
Table 5–7.	Evidence of What Works: Hearing Impairment	161
Table 5–8.	Evidence of What Works: Augmentative and Alternative Communication	162
Table 5–9.	Evidence of What Works: Dysphagia	164
Table 5–10.	Evidence of What Works: General Clinical Strategies	165
Table 6–1.	Common Communicable Diseases Among School-Aged Children	203
Table 7–1.	Interaction Styles of African Americans Contrasted With Other Cultural Groups	216
Table 7–2.	Comparison of American and Asian Cultures for Expectations of Classroom Behaviors	219
Table 8–1.	Comparison of Traditional Science Fair and Noncompetitive Family Science Night	238
Table 10–1.	Developmental Stages of Reading	281
Table 10–2.	Examples of Schemata	283
Table 10–3.	Common Phrasal Verbs	286
Table 10–4.	Teaching General Academic Vocabulary	287
Table 10–5.	Cognitive Processing	289
Table 10–6.	Intervention Techniques	292
Table 10–7.	First-Grade Case Study—Assessment and Evaluation (Using Oral Language Curriculum Standards Inventory)	293
Table 10–8.	Example Utterance Expansion	297
Table 10–9.	Progress of Case Study	298

Figures

Figure 1-1.	Chronological Development of Court Cases and Laws	21
Figure 2-1.	Self-Reflection Checklist—Planning Behaviors	59
Figure 4-1.	Examples of Augmentative and Alternative Communication Individualized Education Program Goals	132
Figure 7-1.	Effect of Context on Cognitive Academic Language Proficiency	221
Figure 7-2.	Using a Venn Diagram to Distinguish a Language Difference From a Language Disorder	224
Figure 7-3.	Self-Reflections on Cultural Competencies	225
Figure 10-1.	Morphology Exercise	289
Figure 10-2.	Vocabulary Comprehension Activity	290
Figure 10-3.	Example Why/Because Activity	299

Preface

This book is about the exciting world of the school-based speech-language pathologist and current issues related to providing speech-language services in the school setting. It is designed to serve as an introductory overview for the college student who is ready to embark on their school-based student teaching experience. This book illustrates how complex and interesting the school setting can be. Even though it is tailored for the individual who is a novice to the field, many of the seasoned professionals who served as peer reviewers commented that this book would be a very useful resource for the professional, school-based speech-language pathologist.

The book is organized so that it gives the reader a quick walk through American history related to school-based speech-language pathology services and then leads the reader to information about modern-day issues. In this way, the reader may acquire an appreciation for the social, political, cultural, demographic, economic, and research-based influences that have shaped how school-based speech-language pathology services have evolved, and continue to evolve, over time. Current legal mandates are discussed (e.g., the Individuals with Disabilities Education Improvement Act, No Child Left Behind Act, Every Student Succeeds Act, and Americans with Disabilities Act). The preferred practice patterns of the speech-language pathologist, as defined by the American Speech-Language-Hearing Association (ASHA), are intertwined into every chapter along with many of the guidelines and position statements set forth by ASHA. The lists of references that appear at the end of each chapter illustrate how all the infor-

mation presented relates to evidenced-based practice and provides the advanced learner a means to explore topics in more depth.

The reader is introduced to the knowledge, skills, and dispositions that professional speech-language pathologists should possess. Cutting-edge service delivery models are described. The concept of a workload analysis approach to caseload standards in schools is introduced, and implementation strategies are offered. Concrete, real-life, success stories are shared. Strategies for using evidence-based practice, proactive behavior management, conflict resolution, professional collaboration, conferencing and counseling skills, cultural competencies, goal writing, informal assessment procedures, and creating testing accommodations are offered. Real-life scenarios based on experiences shared by public school speech-language pathologists give the reader concrete examples upon which to scaffold the complex professional concepts. Chapter summaries provide an overview of major points related to the material presented. Questions at the end of each chapter are designed to engage the reader in cognitive exercises at the analysis, application, synthesis, and evaluation levels of thinking as well as the knowledge and comprehension levels of thinking. Vocabulary related to each chapter is defined at the start of each chapter. The selected vocabulary was identified by a University of Wisconsin–Madison undergraduate student who had taken an introductory course in the field. That student highlighted the vocabulary words that were unknown to him while reading a draft of the book for the first time. Thus, the perspective of the new learner has been taken into consideration.

About the Authors



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Chapter 1

Origin, Progress, and Development of School Services

RELATED VOCABULARY

adequate yearly progress (AYP): A provision in the No Child Left Behind Act that requires each state to implement a statewide accountability system that documents how students are making expected academic progress, as defined by academic standards, each school year. The mandate for AYP became more flexible in 2011.

American Speech-Language-Hearing Association (ASHA): The professional association that promotes the interests of speech-language pathologists (SLPs) and audiologists, ensures ethical practices and the highest quality services, and advocates for persons with communication disorders.

clinical fellowship: A program in which, during the first year of professional employment, the novice SLP receives mentoring by a professional who holds a Certificate of Clinical Competence (CCC) from the ASHA. The fellowship supervisor must complete a total of 36 monitoring activities throughout the clinical program, including 18 on-site observations and 18 other monitoring activities, which must be documented. The novice must complete a successful clinical fellowship in order to acquire a CCC.

cognitive-developmental model: A service delivery approach in which the SLP first determines the stage of cognitive development, as described by Jean Piaget, that the child exhibits through overt behaviors. Then the SLP structures the environment and linguistic input to enhance the child's learning processes within that developmental stage.

de minimus: Too trivial or minor to merit consideration, especially in law.

disaggregated results: When a school district reports student scores on statewide assessments for the purposes of documenting adequate yearly progress, the scores of students with disabilities, students who are multilingual learners, students from low socioeconomic backgrounds, and students from specific ethnic groups must be reported separately. These separated scores are known as disaggregated results.

highest qualified provider: A term that currently is defined differently in each state. The ASHA advocates for the definition to mean a professional who holds an ASHA CCC. Currently, however, many states define the term to mean a person who holds a license in the area of exceptionality.

identity-first language: Describing the disability first when referring to a learner (e.g., autistic, stutterer), which may be an individual's preference.

inclusive practices: The educational mandate of bringing special education and support services to the student in the least restrictive environment through a collaborative team effort.

Individualized Education Program (IEP): The process and product that ensures that a student with a disability, between ages 3 and 21 years, will receive a free and appropriate education in the least restrictive environment. The IEP must be created by a team that includes the parent or legal guardian. The IEP reflects the student's current performance; annual goals; participation with nondisabled peers; participation in statewide and districtwide testing; and, with regard to special education and related services, when those services will begin, how often they will be given, and how long they will last. It also states how progress will be measured, how the parents or legal guardians will be informed of the progress, and the transition services that are needed. The IEP is updated at least every academic year.

Individualized Family Service Plan (IFSP): The process and product that ensure that a child with a disability, between birth and age 3 years, and their family receive the services they need to achieve outcomes implemented in a natural environment. The IFSP reflects who will provide the services and where, how often, and how long they will be provided. The IFSP is updated at least every 6 months.

Individuals with Disabilities Education Improvement Act (IDEA 2004): The federal law, reauthorized in 2004, that ensures the right of all children with a disability to receive a free and appropriate public education in the least restrictive environment and also ensures the due process rights of the parents or legal guardians.

least restrictive environment (LRE): The educational mandate that, to the maximum extent possible, a student with a disability should be educated with their nondisabled peers. IDEA 2004 dictates that the LRE should be the general education classroom and that whenever special education and support services need to be provided in a setting other than the general education classroom, the individualized education program team must document why it is necessary to provide a more restrictive educational environment.

lisp: Misarticulation of the *s*, *z*, *sh*, *ch*, or *j* sound due to misplacement of the tongue or abnormality of the articulatory mechanism.

mainstreaming: A program format that was the precursor to inclusive practices; the student with disabilities was pulled out of the classroom for special education and related services. The student participated in the general education classroom for only a small portion of the day, in order to build social skills.

mental retardation: An outdated term that was used in the past literature to describe an intellectual impairment.

metacognition: Thinking about one's own thinking. Understanding one's own executive functions (e.g., problem-solving, categorization, memorizing) and reflecting on how one accomplishes those functions.

neurogenic speech disorder: A speech impairment that is the result of dysfunction of the neurological system or combined dysfunction of the muscles and nerves.

paraprofessional: A person who has acquired a 2-year technical degree that prepares one to function as an assistant, with a limited scope of practice, under the supervision of a fully certified SLP.

pedagogy: The art, science, and/or profession of teaching.

people-first language: Defining a learner as a person first rather than describing the disability first (e.g., a child with a learning disability instead of a learning disabled child).

speech correctionist: The first term created in 1925 by the American Academy of Speech Correction to describe the professional who practices speech-language pathology.

speech impairment: The deterioration, weakening, or partial loss of function, which may be the result of an injury, malformation, genetic condition, or disease.

speech impediment: An outdated term used as a synonym for speech impairment.

speech-language pathologist (SLP): A professional trained to provide services for the person who exhibits a communication delay, disorder, or difference resulting from an impairment of articulation, voice, resonance, fluency, swallowing, hearing, cognitive aspects of communication, social aspects of communication, or language comprehension or production, or requires an alternative communication modality.

speech-language pathology: The professional field that focuses on the prevention, etiology, diagnosis, prognosis, and treatment of communication delays, disorders, or differences in the realm of articulation, fluency, voice, resonance, swallowing, cognitive aspects of communication, social aspects of communication, various communication modalities, or the effect of hearing on communication.

stammer, stammering: An outdated term that describes a disorder of speech fluency, rhythm, rate, or involuntary speech stoppage and the emotions the speaker feels before, during, or after the event of fluency disruption.

stutter: A disruption in the fluency, timing, or patterning of speech and the speaker's emotional reaction before, during, or after the event. Primary characteristics may include, but are not limited to, audible or inaudible laryngeal tension; sound, syllable, or word repetitions; sound prolongations, interjections, partial word abandonment, and circumlocutions. Secondary characteristics may accompany the primary characteristics. The disturbance may be at the level of neuromuscular, respiratory, laryngeal, cognitive, or articulatory mechanisms.

Introduction

During the first century of U.S. history, no **speech-language pathology** services were offered in public schools. To understand why this was the case, one must first understand the status of child labor laws in the United States during that era. As early as the 1800s, states and territories enacted more than 1,600 laws protecting children from exploitation in the workforce. Nevertheless, it was very common for children in rural areas to toil every waking hour with their parents doing farm work. Hard labor for the sake of the family's survival often took precedence over education. The strong work ethic was also prevalent in urban areas where children and their parents worked in mills, foundries, and factories. Throughout the 1800s, local child labor laws did not apply to immigrant children whose entire families worked for a single company, lived in company-owned homes, and typically worked 68 to 72 hours per week. The U.S. Supreme Court from that era repeatedly yielded to the political pressures applied by factory owners and ruled that child labor laws were unconstitutional. In 1907, Congress chartered the National Child Labor Committee (NCLC) at the persistent request of socially concerned citizens and politicians. As documented by The History Place (1998), the concerns of the NCLC came into national focus when photographs by Lewis Hine publicized the deplorable life experiences of young children in America.

Lewis Hine (1874–1940) was a teacher born in Oshkosh, Wisconsin, who gave up his career as an educator to become a photographer for the NCLC. Hine traveled across the United States from 1908 to 1912 documenting and photographing children working long hours in dingy, unsafe conditions. Hine published his first of many photo essays in 1909. Hine's photo essays created national publicity that led to many states banning the employment of underage children. Public education of young children became a national initiative in the early 1900s when droves of children left the farm

fields, foundries, mills, and factories and began attending public schools on a regular basis. The incidence of communication disorders among children became known when more children started attending public schools.

Speech correction program was the term used to describe speech-language pathology services in the early 1900s. The first states to develop speech correction programs included Wisconsin, New York, Illinois, Ohio, and Michigan (Neidecker & Blosser, 1993; Taylor, 1992). The first college training program for prospective communication specialists was established at the University of Wisconsin–Madison, and the first doctor of philosophy degree in the United States in the field of speech correction was granted to Sara M. Stinchfield-Hawk at the University of Wisconsin–Madison in 1921. Wisconsin was also the first state to enact enabling legislation for public school speech services. In 1923, Wisconsin appointed a state supervisor of speech correction at the Department of Public Instruction. By 1924, speech correction programs were prevalent in public schools in cities on the east and west coasts of the United States. The American Academy of Speech Correction, now known as the **American Speech-Language-Hearing Association (ASHA)**, had 25 professional members in 1926.

The early speech correction programs mirrored a medical model, primarily because physicians were the advocates who shaped the knowledge, skills, and attitudes of those early **speech correctionists**. In the medical model, the professional focused on the problem and cured or diminished its symptoms. One of the pioneers in the field was E. W. Scripture, PhD (Leipzig), MD (Munich). Dr. Scripture had a distinguished career: He was Associate in Psychiatry at Columbia University, director of the Research Laboratory of Neurology at Vanderbilt Clinic, formerly an assistant professor of experimental psychology at Yale University, and the author of one of the first texts ever written about communication disorders. Although Scripture was an advocate for speech-language services, his attitude toward children who had communication disabilities—specifically, those

manifesting as **stutter** and **lisp**—appeared to be somewhat harsh and condescending (1912):

It would be difficult to find a group of people more neglected by medicine and **pedagogy** than that of stutterers and lispers. The stuttering children that encumber the schools are a source of merriment to their comrades, a torment to themselves, and an irritating distraction to the teacher. As they grow older, the stutterers suffer tortures and setbacks that only dauntlessness or desperation enable them to survive. The lispers that are so numerous in certain schools are a needless retardation to the classes. (p. v)

A concern for ethical practices in speech-language pathology dates back to the 1940s. Neidecker and Blosser (1993) documented that the American Medical Association compiled a list of ethical speech correction schools and clinics for distribution to physicians in 1943. The professional services offered during the 1940s and 1950s continued to follow a medical model and focused on speech, fluency, and voice. Students were taken out of the classroom and seen individually, or in small groups, in a separate room within the school. The speech correctionist conducted isolated sessions that were not at all linked to the general classroom curriculum. Services focused on curing or eliminating the symptoms of the speech impairment. The speech correctionist wrote the program goals, selected or made therapy materials, designed the activities, established the criteria for success, measured progress, and determined dismissals from special services independently and without regard to other aspects of the student's education. The goal was to cure students of their **speech impediments, stammering,** and voice problems.

Before 1954, most school districts excluded from schooling any student who demonstrated cognitive abilities less than that of a 5-year-old child. Students with a moderate to severe developmental disability or an intellectual disability, as well as children with physical disabilities, typically were discriminated against

and excluded from public schools. These youths were either warehoused in large institutions or hidden in family homes, where they received no educational services and no speech-language services. Children of color and those from diverse cultures experienced similar discrimination. Freiberg (2003) described the brutal practice known as the *boarding school system*. The purpose of the boarding school system was to separate American Indian children from their homes and communities and indoctrinate them with an “American” lifestyle. The children’s regalia was replaced with military-style uniforms, their traditionally long hair was cut short, their religious belongings were confiscated, and they were forced to learn English through punitive means. According to Freiberg (2003), “The boarding school system marked the most systematic assault on American Indian languages and cultures; and while the methodology gradually fell out of favor, the philosophy itself generally did not” (p. 10).

Across the United States, students of color also were discriminated against and forced to attend segregated schools, which typically had meager budgets, inadequate materials, poorly trained teachers, and low academic expectations.

The Quiet Revolution

Equality for all children in public schools achieved a milestone in 1954, when the U.S. Supreme Court ruled in the case of *Brown v. Board of Education* that “separate but equal” is inherently unequal. *Brown v. Board of Education* spurred the civil rights movement that captured the media’s attention. At the same time, a less publicized “quiet revolution” on behalf of people with disabilities was taking place. Lowe (1993) identified 1961 as the year that the quiet revolution began. That was the year President John F. Kennedy called the President’s Panel on Mental Retardation, which led to the passage of the Elementary and Secondary Education Act as Public Law (PL) 89-10 in 1965. PL 89-10 provided states with funds to evaluate and educate

some, but not all, students with special needs. In 1966, the Bureau of Education for the Handicapped was created, and model demonstration programs for the education of children with disabilities were funded by the Handicapped Children's Early Education Act (PL 90-247).

Three early court cases in this era heavily influenced public school services for children with disabilities. The first was *Brown v. Board of Education*. The second occurred in 1971, when the Supreme Court ruled in the *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* case that it was not legal to refuse to educate children who had mental ages of less than 5 years. The third famous case occurred in 1972, when the court ruled in *Mills v. D.C. Board of Education* that public schools could not use the excuse of inadequate resources as a reason to deny students with disabilities an education.

Assurance of a free appropriate public education in the least restrictive environment for students with disabilities continues to be an advocacy issue that sometimes lands in the highest courts. For example, the latest landmark case, *Endrew F. v. Douglas County School District*, was settled by the Supreme Court in April 2017. Now known as the Endrew F. standard, the court ruled that "A child's IEP [Individualized Education Program] need not aim for grade level advancements if that is not a reasonable prospect. But that child's educational program must be appropriately ambitious in light of the child's circumstances" (Supreme Court of the United States Blog, 2017). Prior to the Endrew F. standard, school districts across the country were interpreting the term "educational benefit" differently. In some cases, students had the same IEP goal year after year with no progress reported. The Endrew F. Standard mandated that a school must offer an IEP that is "reasonably calculated to enable a child to make progress" (Oyez, n.d.). The Endrew F. standard is a landmark case because it stipulated that **de minimus** progress is not adequate and speaks to the issue of *quality* as well as *equality*. The Individuals with Disabilities Education Improvement Act (IDEA) is a civil rights law

that mandates a free and appropriate education in the least restrictive environment for all students with disabilities. The Endrew F. standard mandates that there must be quality within that education so that all students make progress on their IEPs. As stated by Moore (2019), "Consider the child's unique circumstances and develop an IEP that is appropriately ambitious. No matter who the child is or what the circumstances are. This is our new standard. And it's a good one" (p. 34).

Freiberg (2003) documented that the Title VI of the Civil Rights Act of 1964, the Bilingual Education Act of 1968, and the Equal Education Opportunity Act of 1974 shaped America's public education system for children of color. Additional landmark judicial actions such as *Arreola v. Board of Education* (California, 1968), *Lau v. Nichols* (California, 1974), *Diana v. The State Board of Education* (California, 1970), and *Guadalupe v. Tempe Elementary School District* (California, 1972) showed that biased assessments led to enrollment of a disproportionate number of minorities in special education programs. These judicial actions also revealed that many standardized testing procedures were racially, culturally, and linguistically discriminatory and that the practice of placing multilingual learners in general education classrooms without assistance was unconstitutional. Important actions by the executive branch of the U.S. government helped provide direction for educational agencies and parents, clarified the legal rights of people with disabilities and persons who are linguistically and culturally diverse, defined bilingual programs, and established eligibility criteria for state assistance. As an example of such remedial legislation, the landmark legislation supporting American Indian children is summarized in Table 1-1.

Other executive branch actions that contributed to these premises include development and publication of the U.S. Department of Health, Education, and Welfare Policy Guideline "Identification of Discrimination" (1979); the Lau Remedies issued by the Office for Civil Rights (1975); the U.S. Code of Federal Regulations, Number 34, Part 300.532 (a) (1973), Regs

Table 1–1. Key Legislation Supporting American Indian Children

Act	Year	Relevance	Legislation ^a
Indian Education Act	1972	Provided supplemental funds for urban and reservation schools in response to the Kennedy Report, which found that such schools were doing an inadequate job of educating children from American Indian culture.	PL 92–318
Indian Self-Determination and Education Assistance Act	1978	Defined tribal sovereignty (the right of tribes to manage their own affairs without the interference of federal, state, or outside influence). This law gave tribes the right to self-govern, determine the use of their resources, and build their community infrastructure.	PL 93-638
American Indian Religious Freedom Act	1978	Ensured that American Indian people, like other Americans, have the right and privilege to practice their tribal religions without fear of alienation or discrimination.	PL 95-341
Indian Child Welfare Act	1978	Protected American Indian children from being taken from their families. When a child was brought into the social services system, this act ensured that American Indian parents and members of the extended family had the first opportunity to custodial rights.	PL 956-608
National Native American Heritage Month	1990	Established an annual observance and designated November as National Native American Heritage Month, providing a national platform for Native Americans to share their contributions and culture with others.	PL 101-343
Native American Language Act	1990	Established federal policy to allow the use of Native American languages as the medium of instruction in schools, and affirmed the right of Native American children to express themselves, be educated, and assessed in their own Native language.	PL 101-477
Native American Education Opportunity Act	2021–2022	Provided funds for tribal-based education savings accounts for items such as private tutoring, online learning, textbooks, educational software, or examination fees.	H.R. 505

^aHR 505 (2021–2022), U.S. Public Law 101-343 (1990), and U.S. Public Law 101-477 (1990)

Source: Adapted from Freiberg (2003).

CFR0er (1999); and the Bilingual-Bicultural Education Legislation, Subchapter VII (1977).

The extent and types of educational services offered to students with disabilities varied

dramatically from state to state. Two federal laws were passed to rectify such inequities. Moore and Montgomery (2001) documented that Congress passed the Education of the Handicapped