

**Early Intervention and the
Speech-Language Pathologist**
*Best Practices in Assessment and Intervention
for Infants and Toddlers*

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Foreword

Speech-language pathologists (SLPs) providing early intervention services know firsthand that the earlier children receive services, the more likely they are to achieve successful learning outcomes in communication and swallowing skills. Effective services are family-centered, evidence-based, and designed to meet the needs of infants and toddlers from birth to age 3 years who have or could be at risk for developmental delays or disabilities.

This book is a must-read for anyone who is considering or engaged in early intervention practice. In Part I, the reader will study the foundations and principles of early intervention and the role of the SLP while exploring the highest quality of evidence supporting early intervention service delivery. Part II takes the reader on a deep dive into the essential elements of practice, including considerations for services in the natural environment, screening, evaluation and assessment, feeding assessment and intervention, and determining and writing functional outcomes. The author has also included

a chapter on culturally and linguistically responsive practices, a particularly important addition as Individuals with Disabilities Education Act (IDEA) Part C Regulations state that families of infants and toddlers with a disability must have access to culturally responsive services.

Dr. Cassidy's comprehensive work in early intervention has laid the groundwork for state guidelines in this area of practice. In addition, her widely respected knowledge and expertise continue to provide the guiding principles for SLPs providing services based on the integration of the highest quality research, informed professional judgment and expertise, and family preferences and values for the birth-to-3 population. This timely book is sure to be a comprehensive and valuable addition to your professional bookshelf.

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Introduction

I first joined the world of early intervention (EI) as an SLP at the turn of the 21st century. Even though I had earned my undergraduate and graduate degrees in communication sciences and disorders, and had spent more than 5 years as a licensed SLP in several public-school systems across the country, I had no idea how to address the developmental needs of infants or toddlers. I had no training in adult learning strategies and no knowledge about coaching, communicating, and collaborating with parents, caregivers, and colleagues. What I did have was an interest in all things regarding early childhood, an open mind, and extraordinary mentors who were excited to teach me everything they knew about EI. Now, with more than 23 years of experience working with young children and their families, I love serving as an SLP in EI! Through this arena, I am able to pay it forward everyday by sharing my experiences, knowledge, and skills by teaching—empowering infants and toddlers to get their needs and wants met, sharing the strategies I have learned with families to support their children’s development, connecting and collaborating with early childhood educators and childcare providers to ensure best practices in all natural settings, and communicating with colleagues to serve on interprofessional teams and engage with one another to best support the whole child and every child. In addition to my work as an SLP, I have had the honor to teach and serve as a faculty member in institutions of higher education for more than two decades. I have taught thousands of undergraduate

and graduate students across multiple disciplines. I love this form of teaching as well. I love sharing my knowledge. I love watching students light up when they learn something new . . . something I have taught them!

There are no secrets in EI. To be successful, we must share our knowledge, our perspectives, our strategies, and our skills. We need to share with children, parents and caregivers, colleagues, and each other. Through this textbook, I want to share all the secrets. I want the reader to recognize how amazing, fulfilling, and empowering EI is for us, as the providers, and the families we serve. I want to make it clear that we need passionate and engaged clinicians who care about and want to work with the families who need us most. In addition to my own perspective, experience, and joy in EI, I want to share the best that the research and literature have to offer. I want the reader to be empowered to provide effective, outstanding services, and to feel confident and competent in the choices they make with and for children and their families. I want this textbook to pull SLP students into this world and I want faculty to have a clear, simple, yet comprehensive context from which to teach the material.

Many textbooks, even the most outstanding ones, provide so much information that the reader often struggles, or is unwilling, to spend the time it takes to read the content. The knowledge I share in this textbook is intended to serve as a starting point for students and providers on the path to a position in EI. My purpose is to provide students



with information they recognize, can relate to, and are able to apply immediately as new SLPs in EI, and to provide instructors with material that is accessible, applicable, and offers a direct connection between teaching and practice. I hope instructors and students will take the time to read the content without becoming overwhelmed.

On the companion website, instructors have access to critical thinking questions for each chapter. A set of 10 case studies, all of which can be connected to each chapter, are provided to support in-class engagement and discussion of the material or to be incorporated into course assignments. Microsoft PowerPoint slides, connected to each chapter, are also available for instructors to incorporate into classroom lectures or independent student activities. Additional materials, including links to online resources, references, videos, and webinars, are accessible to both instructors and students who purchase the textbook.

Finally, I have written this text in first-person plural tense (*we/us*) to set the tone and convey the message that this is about

our journey into the world of EI. We are learning together and this is our path. I hope this material feels warm, enriching, and passionate. Ultimately, my goal is to establish a foundation for and support the knowledge and skills of practicing and future SLPs in EI; by ensuring our own confidence and competence, we can and will empower and build upon the capacities of the children and families with whom we work.

Just as I consistently share with the parents and caregivers with whom I work daily, we each play a crucial role in serving infants and toddlers and empowering them to communicate. We should never underestimate our contribution when we walk into a child's home and begin to build our relationship with a family. As we arm ourselves with the knowledge gained from within this text, we are preparing to teach and share our knowledge, skills, and experiences with those who need it most. We are learning the secrets to EI to prepare to inform and coach parents and caregivers who will then teach and empower their own children.



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1 Introduction to Early Intervention and the Role of the Speech-Language Pathologist

Learning Outcomes

When we have completed this chapter, we will be able to:

- Present a detailed history of legislative support for the birth–age 3 population.
- Discuss the most current Individuals with Disabilities Education Act (IDEA) regulatory requirements focused on early intervention (EI) policies, procedures, and practices.
- Describe the range of EI services that support families through IDEA Part C.
- Provide an overview of the speech-language pathologist (SLP) scope of practice, roles, and responsibilities in EI.
- Share an overview of the American Speech-Language-Hearing Association (ASHA) guiding principles in providing EI services.
- Recount the Council of Academic Accreditation (CAA) standards for the Certificate of Clinical Competence in Speech-Language Pathology related to EI.

- Outline the Recommended Practices in Early Intervention as developed by the Division of Early Childhood (DEC) of the Council for Exceptional Children.

What Will We Learn and How Can We Apply It?

Welcome to the world of early intervention (EI)! This chapter presents the detailed history of EI in the birth–age 3 population and the most current Individuals with Disabilities Education Act (IDEA) regulatory requirements regarding EI policies, procedures, and practices that affect infants and toddlers with disabilities and their families. The range of EI services that support families through IDEA will also be presented. Additionally, we explore current content addressing the speech-language pathologist (SLP) scope of practice, roles, and responsibilities in EI; an introduction and overview of the American Speech-Language-Hearing Association (ASHA) guiding principles in providing EI services; EI-related Council of Academic Accreditation (CAA) standards and implementation procedures for



the Certificate of Clinical Competence in Speech-Language Pathology; and the Division of Early Childhood (DEC) recommended practices in EI. Although we dive deeper into the empirical data in Chapter 3, this chapter wraps up with a presentation of the key theories and evidence-based practices we implement to effectively deliver EI services.

Why does it matter that we learn about the regulatory requirements, policies, principles, and evidence that supports our practice? Although the information in this chapter might be a bit dry, knowing the EI history and foundation for our practices provides us with the knowledge and evidence we need to be most effective with our families and ensures we are providing best practices to the precious children and families who believe in and trust us. Let's get started!

Introduction to Early Intervention

Early intervention refers to evidence-based, specialized services designed to meet the needs of families with infants and toddlers from birth to age 3 who have or could be at risk for developmental delays or disabilities. The primary goal of EI services is to lessen the effects of a disability or delay by addressing the identified needs of young children across five developmental areas: cognitive development, communication development, physical development (including vision, hearing, and sensory integration), social and emotional development, and adaptive development (IDEA, 2004). These services are designed to provide resources and support for the child and family to ensure that the child has every opportunity to develop and learn.

IDEA is a federally mandated system originally introduced in 1975 as Public Law 94-142 and known as the Education for All Handicapped Children Act. It was enacted to ensure equitable educational opportunities for children age 5 to 21. Over time, the system has been restructured and renamed to ensure services delivered to young children and their families are effective, engaging, and evidence based. In 1997, the Act was revised to include the Program for Infants and Toddlers with Disabilities, also called Part C, to serve children from birth to age 3 and their families. The most current act, the Individuals with Disabilities Education Improvement Act, was authorized in 2004 with additional IDEA Part C Final Regulations confirmed in 2011 (IDEA, 2011); all of these documents are referred to by the acronym *IDEA*. The 2004 and 2011 documents present and reflect empirically based EI policies and practices.

In 2007 and 2008, ASHA presented a series of documents intended to guide SLPs working in the EI arena, with a clear scope of practice and our roles and responsibilities (ASHA, 2007, 2008a, 2008b, 2008c). In 2008, ASHA also first presented five guiding principles that reflect evidence-based best practices for SLPs and audiologists who are providing Part C EI services to young children and their families. These documents served as the foundation for practice in EI until recently, when ASHA rescinded them in lieu of the Early Intervention Practice Portal on the ASHA website. The scope of the Practice Portal page in EI is focused on the process as a holistic practice and gives us updated information, references, and resources (ASHA, 2023). Updates addressing ASHA's five EI principles, as well information for implementation and best practice, are now also available through the ASHA Early Intervention Practice Portal (ASHA, 2023).

Table 1–1. Early Intervention Services Provided Under IDEA Part C Final Regulations

- Assistive technology devices and assistive technology services
- Counseling and home visits
- Early identification, screening, and assessment services
- Family training
- Health services necessary to enable the infant or toddler to benefit from the other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination services
- Sign language and cued language services
- Social work services
- Special instruction
- Speech-language pathology and audiology services
- Transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph
- Vision services

Source: From “Part C Final Regulations,” by Individuals with Disabilities Education Improvement Act (2011); <https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>.

Broadly speaking, EI services are specialized health, educational, and therapeutic services designed to meet the needs of infants and toddlers (and their families) from birth to age 3 who have or could be at risk for developmental delays or disabilities. EI services bring families and service providers from many aspects of the community together, including public and private agencies, child care centers, local school districts, and private practitioners. Supports and services are intended to work together to meet children's unique needs and those of their family in their natural environments. Depending on each child's needs, EI services can range from simple to complex. They may involve processes considered less complicated, such as prescribing glasses for a 2-year-old, to those significantly more complex, such as developing and implementing a multifaceted, comprehensive ap-

proach with a variety of services and team members. Depending on the child's needs, EI services can also include a variety of services. Table 1–1 illustrates a sample of the many services that may be provided to young children and their families in EI.

Legislative History of Early Intervention

In 1964, the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (Pub. L. 88-164) was enacted. According to Allen (1984), this legislative act was “the first major landmark for the participation of the federal government in service, training, and research activities focused specifically on mental retardation and related developmental

problems” (p. 11). In 1968, the U.S. Congress created the Handicapped Children’s Early Education Program (HCEEP) under the Handicapped Children’s Early Assistance Act (Pub. L. 91-230). The purpose of this act for the preschool-age child was to “demonstrate the feasibility of early education to the American public” (Ackerman & Moore, 1976, p. 669). Ackerman and Moore (1976) noted, “the act provided monies for demonstration programs, insisted that such programs be geographically dispersed, mandated the involvement of parents, and ordered dissemination of the results to the communities that surrounded the preschool programs” (p. 669).

Prior to 1975, however, approximately 1 million children with disabilities were granted only minimal education in separate facilities and institutions and continued to be denied pertinent services. Public Law 94-142, also known as the Education for All Handicapped Children Act (EHA; Pub. L. 94-142) was enacted in 1975, and the eventual impact was enormous. This act mandated a free appropriate public education (FAPE) for all children with disabilities from 5 to 21 years of age. The law provided states with incentives for serving preschool-age children, and it required that services be delivered in the least restrictive environment (LRE). During this time, the federal government also began offering consistent support for the development of personnel preparation programs focused on young children with disabilities. EHA is considered by many to be the most significant act in the history of education in regard to children with disabilities.

In 1986, IDEA was passed and the law was revised to create the Infant and Toddlers with Disabilities Program (Part H). This legislation provided new funding for children with disabilities from birth through age 2 years and created additional financial incentives for states to make ser-

vices available at the age of 3 years. The 1986 amendment required participating states to develop statewide interagency infant and toddler programs for children with disabilities and their families. This amendment to the original EHA served the federal mandate for special education services in each state for children with disabilities from birth to 21 years of age. It outlined the system of funding employed for special education and related services. Provisions were put in place through Part H of IDEA that provide incentives to states to ensure children from birth to age 3 receive services. Congress established the Part H (EI) program of IDEA in recognition of an immediate need to:

- Enhance the development of infants and toddlers with disabilities.
- Reduce educational costs by minimizing the need for special education through EI.
- Minimize the likelihood of institutionalization and maximize independent living.
- Enhance the capacity of families to meet their children’s needs.

Individuals With Disabilities Education Act Part C

In 1997, IDEA (Pub. L. 105-17) was restructured and Part H became Part C—the Program for Infants and Toddlers with Disabilities. IDEA was modified once again in 2004 as the Individuals with Disabilities Education Improvement Act (IDEA, 2004). Federal Part C regulations now require that a statewide policy and system of EI services are in effect to ensure that appropriate EI services are available to all infants and toddlers with disabilities or significant developmental delays and their families. For a state to participate in the program, it must ensure

that EI will be available to all eligible children and their families. Each state's governor must designate a lead agency to receive the funding and to administer the program. The governor must also appoint an Interagency Coordinating Council (ICC), including parents of young children with disabilities, to advise and assist the lead agency. Currently, all states and eligible territories are participating in the Part C program. Annual funding to each state is based on census figures for the number of children from birth to 3 years of age in the general population. Part C requires that states deliver services in natural environments. Under Section 303.26 of Part C, natural environments are defined as "settings that are natural or normal for the child's same age peers who have no disabilities" (IDEA, 2004). Additionally, EI services are determined based on individualized, functional outcomes developed in partnership with the family that reflect the children and family's strengths, priorities, and needs. These functional outcomes are developmental in nature, rather than medical, and focus on supporting the child's development and participation in family and community activities, as well as the family's needs and priorities. As providers, we base plans for service delivery in EI on the unique needs of each child and family and a focus on the coordination of capacity-building, developmental activities that promote the child's optimal development, in addition to the facilitation of the child's participation in family and community activities.

In 2011, the IDEA Part C Final Regulations (IDEA, 2011) were presented. The Final Regulations reflected changes made to the IDEA, as amended by the Individuals with Disabilities Education Improvement Act of 2004, and made other necessary changes needed to implement the EI Program for Infants and Toddlers with Disabilities. One of the most significant changes in

these regulations supported states in using their discretion and extending eligibility for Part C services through age 5 to children with disabilities who are eligible for services under Part B, Section 619 (Preschool Grants) and who previously received services under Part C.

Each state's Part C system is distinct in its funding structure. Part C programs coordinate EI funding from federal, state, local, and private sources. Annual federal funding to each state Part C EI program varies, based on the census figures for the number of children in the general population, between the ages of birth and 2 years, in each state. The majority of Part C funding tends to come from the state (Hebbeler et al., 2009). Part C federal funds cover EI administrative costs, and services are supported by state funding, third-party payers, and families who pay fees for services (Searcy, 2018; Vail et al., 2018). Evaluations, assessments, development of the Individualized Family Service Plan, and service coordination must be provided at no cost to families (IDEA, 2004). Some programs also offer additional EI services free of charge or on a sliding scale, although specific policies vary from state to state. Some private insurance and Medicaid plans cover EI services. When a child is not eligible for EI services, or transitions out of a Part C program, families can choose to self-pay or use their medical insurance to seek private services beyond what an EI program or school district offers (ASHA, n.d.; Vail et al., 2018).

Scope of Practice in Speech-Language Pathology

The ASHA Scope of Practice in Speech-Language Pathology (2016b) includes a statement of purpose, definitions of the SLP and speech-language pathology, a

framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources. According to ASHA, the SLP is defined as a professional who engages in professional practice in the areas of communication and swallowing across the life span. These two terms, *communication* and *swallowing*, are broad and encompass many facets of function. Communication includes speech production and fluency, language, cognition, voice, resonance, and hearing. Swallowing includes all aspects of swallowing, including related feeding behaviors. This document is a guide for SLPs across all clinical and educational settings to promote best practices and it states that the practice of speech-language pathology includes the provision of EI services for infants and toddlers with communication needs.

According to the Scope of Practice (ASHA, 2016b), the overall objective of speech-language pathology services is to optimize our clients' abilities to communicate and to swallow to improve their quality of life, based on the best available evidence. The SLP scope of practice is comprised of five domains of professional practice and

eight domains of service delivery. We provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders that range in function from completely intact to completely compromised. The diagnostic categories in our scope of practice are consistent with relevant diagnostic categories under the World Health Organization's (WHO, 2014) ICF, the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders*, the categories of disability under the IDEA of 2004, and those defined by two semiautonomous bodies of ASHA, including the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech-Language Pathology (ASHA, 2016b).

As SLPs, our professional practice domains include administration and leadership, advocacy and outreach, education, research, and supervision. The eight domains of speech-language pathology service delivery are assessment; collaboration; counseling; modalities, technology, and instrumentation; population and systems; prevention and wellness; screening; and treatment. Table 1–2 presents an overview of the roles and responsibilities of the SLP within each service delivery domain.

Table 1–2. Domains of Speech-Language Pathology Service Delivery

Assessment

- SLPs are experts in the differential diagnosis of communication, speech, language, feeding, and swallowing disorders. Based on the International Classification of Functioning, Disability and Health, the SLP assessment process includes evaluation of body function, structure, activity, and participation, within the context of environment and personal factors. The process also includes culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; interview of the child and family; and review of records, case history, and prior test results. The assessment process in early intervention is typically conducted in collaboration with other service providers through an interprofessional team approach.

Table 1–2. *continued***Collaboration**

- Collaboration involves communication and shared decision making among all members of a team, including the client and family members, to provide strong service delivery and functional outcomes. Collaboration occurs across all SLP practice domains.
- Within early intervention, SLPs collaborate with other professionals and service providers to assist with the development and implementation of individualized family service plans.

Counseling

- Counseling by the SLP involves educating, guiding, and supporting clients and their families throughout their early intervention journey. Counseling may address acceptance, adaptation, and decision making about communication, feeding and swallowing, and/or related disorders, and the SLP may need to focus on interactions with family members as they process emotional reactions, thoughts, feelings, and behaviors related to or in response to the child's communication, feeding and swallowing, and/or related disorders.

Modalities, technology, and instrumentation

- SLPs use advanced instrumentation and technologies to evaluate, provide intervention, and support the clients and their families in our care. We are also involved in the research and development of emerging technologies and apply our knowledge in using these technologies to provide and enhance the quality of the services we provide.

Population and systems

- In addition to direct services, SLPs engage in the management of populations to improve overall health and education as well as the experience of the children and families they serve; in some situations, we also have a role in reducing the cost of care by improving the efficiency and effectiveness of service delivery. We need to be aware of the changes internal and external to the work environment to be flexible and effective with our clients and their families. Our awareness carries over into multiple roles including:
 - Using plain language to facilitate clear communication.
 - Collaborating with other professionals about improving communication with individuals who have communication challenges.
 - Reducing the cost of care by designing and implementing strategies that focus on function and outcomes through a combination of direct intervention, collaboration with other service providers, and education provided to the families to engage in strategies within their everyday activities and routines.
 - Coaching families and other providers about strategies and supports that facilitate prelinguistic and linguistic communication skills of infants and toddlers.

Prevention and wellness

- Prevention and wellness activities are an integral domain of early intervention. These may include engagement that addresses the reduction of the incidence of a new disorder, the identification of disorders at an early age or stage, and the opportunity to decrease the severity or impact of a disability associated with an existing disorder or disease.

continues

Table 1–2. *continued***Screening**

- SLPs are experts in the screening of individuals for possible communication, hearing, and feeding and swallowing disorders. In early intervention, SLPs are also trained to screen, monitor, and support young children’s development in all development domains as well as the needs and priorities of families. These screenings support holistic service delivery and facilitate referrals for appropriate follow-up in a cost effective and timely manner for both the child and their family.

Treatment

- The ultimate goal of SLP intervention is to improve an individual’s functional outcomes related to communication, speech, language, feeding, and swallowing. In early intervention, this includes the outcomes of the family unit. SLPs collaborate with other service providers and family members to establish treatment outcomes and design, implement, and document delivery of services based on best available practices. We provide culturally and linguistically appropriate services; deliver the appropriate frequency and intensity of treatment, based on evidence-based practices; engage in treatment activities that are within the scope of our professional competence; and use performance data to guide clinical decisions and determine the effectiveness of treatment.

Source: Adapted from the “Scope of practice in speech-language pathology” by the American Speech-Language and Hearing Association, 2016 (<https://www.asha.org/policy/sp2016-00343/>).

Clinical Competence Standards for Speech-Language Pathologists

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is the semiautonomous credentialing body of ASHA that defines the standards for clinical certification in speech-language pathology and audiology, determines the application of these standards in granting certification to individuals, has final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information, and administers the certification maintenance program. The CFCC frequently surveys and analyzes evidence-based practices and current services in the field of speech-language pathology and updates the standards and implementation procedures as needed. The

most recent Standards and Implementation Procedures for the Certificate of Clinical Competence, developed to fit current practice models better, were implemented in 2020. They include revisions that were approved in January 2023. These standards relate directly to our roles and responsibilities in the EI arena (CFCC, 2018, 2023).

Clinical Competence Standards Related to Early Intervention

The following standards for the Certificate of Clinical Competence address preparation for practice by those of us providing services in EI.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallow-