

SPEECH/LANGUAGE

FORMS BOOK

2017-2018

Revised June 2017

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WAKULLA COUNTY SCHOOLS

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FLORIDA DEPARTMENT OF EDUCATION

Vacant Program Specialist	Bureau of Exceptional Education and Student Services 325 West Gaines Street, Suite 614 Tallahassee, FL 32399-0400 (850) 245-0475 (850) 245-0955
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WAKULLA COUNTY SCHOOLS
SPEECH / LANGUAGE PATHOLOGISTS' HANDBOOK

Welcome to Wakulla County Schools.

Wakulla County is one of the fastest growing counties in Florida as well as one of the best school districts in the state. We are delighted that you have joined our group of speech / language professionals who provide services for public school students who have communication problems.

This handbook is designed to provide you with a ready resource for getting started. We will try to anticipate your questions, however; if your specific question is not answered here, please consult your schools Assistant Principal, School Counselor, Associate Dean of Student Services, WCS ESE Administrator and/or one of the other speech / language pathologists on staff at any of the other schools. In addition, there are other resource manuals available at your school or in your therapy room. You should have a copy of the Wakulla County Schools Admission and Placement Manual, commonly referred to as the “Gray Book”. You should take some time to become familiar with the contents of the “Gray Book” and this handbook. This handbook contains the philosophy of providing speech / language services to public school students as well as an in-depth explanation of the criteria which must be followed to determine a student’s eligibility for these services.

BEGINNING PROCEDURES

After locating your room, becoming generally familiar with the room, the school campus, AND trying to remember the names of all the new people you are meeting.

Here are some suggestions for beginning activities for your first few days.

- Find out from your principal or assistant principal if there is a time during the week set aside for your testing, screenings, parent conferences, teacher conferences, IEP meetings, therapy planning, etc. or, if you can select your own day and time.
- Obtain current student enrollment lists for all classrooms in your school from the front office staff or the school counselor. You will need these lists to locate your continuing students so you can make your schedule for the year.
- Obtain current schedules for special areas, i.e. music, art, physical education, media, and the lunch schedule for each room. **Get these schedules as soon as you can.** Your therapy schedule will have to be developed around these schedules as well as the reading and math times in the individual classrooms. It is really important to work with the classroom teacher(s) in your grouping and scheduling of your speech / language students. Determining therapy delivery models, i.e. individual, or group pull-out and/or classroom consultation, is most effective when the nature and severity of the child's disorder is considered in light of the child's classroom needs.
- Review records of the students who are continuing in the speech / language program for this school year. These working files along with last year's schedule are usually kept in the therapy room in a file or desk drawer. The records room at your school will have the cumulative folders for each child which contain the official ESE records, and the District ESE office has a copy of the ESE school records file. If you cannot locate your working folders, ask your school counselor for help.
- Set up a tentative therapy schedule and review it with each teacher involved. It is important that this tentative schedule be set as soon as possible because students must begin therapy, **(i.e. be seen at least once a week by the beginning of the third week of school, earlier, if possible).** After meeting the students, you may want to revise your schedule to reflect the students' needs depending on the nature and severity of their disorders, and the service delivery options (pull-out or classroom collaboration) that best meets the needs of the student, the teacher and you.
- Check your supplies including forms, therapy materials and evaluation instruments. Check with your school office staff about ordering supplies such as pencils, paper, scissors, etc., as well as therapy materials and tests. Therapy materials from previous Speech/Language Pathologist's

(SLP) should be in your room or office. Forms are usually kept in a file drawer or desk drawer. Copies of the forms you will need are included in this Handbook. New forms are computer generated and may be printed as needed.

- Review the eligibility criteria for enrolling a student in the speech / language program. **Public school speech / language therapy services are intended for students for whom their disorder impacts their educational potential** and as such, generally these services are for students with **moderate to severe problems**. The Florida Department of Education has established eligibility criteria for all exceptional student education program areas including speech and language. The basic speech / language criteria is included in this Handbook.

REFERRAL PROCESS FOR SPEECH AND LANGUAGE EVALUATION

Students may be referred for evaluation at any time during the school year. Teachers or parents who refer students for **articulation, voice or fluency** may be asked to complete the referral form to help you decide on evaluation instruments to use to determine the student's needs. In addition, the appropriate disorder checklist may be completed by the referral source and/or teacher or parent to obtain further information about the student's communication problem.

Teachers or parents who refer students for **language** will follow the Response to Intervention (RTI) process or Multi-Tiered System of Supports (MTSS) Process.

WAKULLA COUNTY SCHOOLS
INITIAL REFERRAL PACKET

SPEECH / VOICE / FLUENCY

- ☐ Completed Speech Referral Form pg. 11
- ☐ Notification Permission of Screening pg. 12
- ☐ Hearing/Vision/Speech Screenings pg. 11
- ☐ Documented Observations pg. 11-14
- ☐ Oral Mechanism Exam pg. 16
- ☐ Documented Parental Involvement pg. 17-18
- ☐ Social History
- ☐ Procedural Safeguards provided Date:
- ☐ Informed Consent for Evaluation (*must be conducted within 60 days of parent signature*) pg. 19
- ☐ Problem Solving Review pg. 20
- ☐ Articulation Eligibility Worksheet (*optional*) pg. 28
- ☐ Evaluation pg. 75-77
- ☐ Educational Relevance of Communication Disorder pg. 29
- ☐ Eligibility / Staffing Form (will be completed by staffing specialist) pg. 30

Student Name

Date

Classroom Teacher

Speech Referral/Eligibility Process	
Action	Person Responsible
Notify speech-language pathologist and/or School counselor for speech/language referral form.	Classroom teacher
Complete form and return to School counselor or speech language pathologist.	Classroom teacher
If screening indicates no deficiency, SLP conferences with parent/guardian	SLP
If evaluation is needed, SLP conducts within 60 days of the date parental consent is obtained.	SLP
After evaluation is complete, a meeting should be scheduled to review results with appropriate parties.	School Counselor
The parent should be notified of the meeting time, date and place using the Meeting Notice. This notification should be sent 2 weeks in advance of the meeting. No meeting should be held without giving the parent sufficient time to respond and plan to attend the meeting.	School Counselor
A second notice should be given to the parent if there is no response to the first notice. The second notice could be a copy of the first notice or a phone call.	School Counselor
Hold eligibility/IEP meeting/placement with parent, school counselor/LEA, psychologist, ESE designee, ESE teacher, building level administrator, regular education teacher, others at the discretion of ESE administrator.	School Counselor/ESE Administrator
Complete Eligibility, Determination and Placement Staffing Form and IEP. If the child is eligible, but parent does not attend, the school counselor is responsible for obtaining parent signature on eligibility and consent form. Parents are not required to sign the IEP. If the child is not eligible and the parent does not attend, send form home.	Staffing Specialist/ IEP Team/ School Counselor

Wakulla County Schools
SPEECH REFERRAL and OBSERVATION
 Pre-K through Grade 12

Student _____ Student Number _____ DOB _____
 Gender: _____ Grade _____ School _____ Teacher _____
 ESE ☐ Yes ☐ No Exceptionality(ies) _____ Referral Date: _____
 Dates of Classroom Teacher Parent Contact: _____ Type of Contact: _____
 Parent name(s)/contact email/phone number(s): _____

<u>Teacher Observation:</u>		<u>SLP Observation:</u>
Check items frequently observed		Date(s) of Observation(s) _____ (2x Fluency) Location of Observation(s) _____
<input type="checkbox"/>	Difficulty producing sounds in words.	Relevant Observations:
<input type="checkbox"/>	Difficult to understand student's speech (single words, phrases, or connected speech)	
<input type="checkbox"/>	Substitutes, deletes, or distorts speech sounds in words	Educational Impact:
<input type="checkbox"/>	Consistently repeats parts of words or whole words	
<input type="checkbox"/>	Prolongs sounds in words	
<input type="checkbox"/>	Seems to "block" or hesitate in saying words	Social Impact:
<input type="checkbox"/>	Voice pitch seems abnormally high or low	
<input type="checkbox"/>	Voice volume seems inappropriately loud or soft	
<input type="checkbox"/>	Voice is hoarse, breathy, or harsh	Information gathered from parent(s)/guardian(s):
<input type="checkbox"/>	Regularly loses voice within sentences	
<input type="checkbox"/>	Regularly loses voice by the end of the school day	
<input type="checkbox"/>	Other: _____	Other: _____

Classroom Teacher: Describe how the problems checked above are adversely affecting student's performance and/or functioning in the educational environment? Consider both academic and social factors.

 _____ Teacher Signature: _____

Hearing Screening Right Ear 25dB at ☐ 1000 Hz ☐ 2000 Hz ☐ 4000 Hz ☐ Pass ☐ Fail (DOR _____)
 Date: _____ Left Ear 25dB at ☐ 1000 Hz ☐ 2000 Hz ☐ 4000 Hz ☐ Pass ☐ Fail (DOR _____)
 Instrument Used ☐ Audiometer Other: _____

Vision Screening Right Eye 20/____ Left Eye 20/____ Both Eyes 20/____ ☐ Wear glasses ☐ Pass ☐ Fail (DOR _____)
 Date: _____ Instrument Used: ☐ Eye Chart ☐ 2+ lens Other: _____

Recommendations based on consultation and observation:

Follow-up required? ☐ Yes ☐ No If yes, specify: ☐ Further observation ☐ Formal evaluation ☐ Other: _____

Date SLP discussed findings with parent: _____ Type of Contact: _____

Speech/Language Pathologist: _____ Date: _____

Wakulla County Schools
PERMISSION TO SCREEN FOR SPEECH

Dear Parent:

We are interested in your child's communication success at school; therefore, your child's teacher referred _____ to the school's Speech-Language Pathologist to address his/her communication. The teacher and Speech-Language Pathologist would like to gain more information about your child's communication by administering an individual screening. This screening will include vision, hearing and articulation measures.

In order for this to be accomplished, your consent must be obtained. All information gathered will be shared with you at your request.

Please check the appropriate box and return this letter to your child's teacher.

If you have any questions, please feel free to contact me at _____.

Thank you,

Speech-Language Pathologist

School

- ☐ Yes, I give my consent for my child to be screened for communication.
☐ No, I do not give my consent for communication screening.

Comments:

Signature: _____ Date: _____

Wakulla County Schools
Exceptional Student Education
Observation of Speech, Fluency, Voice Characteristics Pre-Kindergarten-12th Grade

Student: _____ Birth Date: _____ Student ID#: _____

Gender: _____ Grade: _____ School: _____ Observation Date: _____

Observer: _____

Setting: Classroom Music Art P.E. Guidance Library Other: _____

Speech Characteristics:

☐ **Yes** ☐ **No** Student has a lot of pronunciation errors

☐ **Yes** ☐ **No** Student confuses similar sounds (i.e., date – gate; thread – Fred)

☐ **Yes** ☐ **No** Student is difficult to understand

☐ **Yes** ☐ **No** Student's speech errors during oral reading relate to the articulation errors

☐ **Yes** ☐ **No** Student appears to be aware of speech errors (embarrassed/frustration)

Examples:

Fluency Characteristics:

☐ **Yes** ☐ **No** Student responds with significantly more one-word responses than other students

☐ **Yes** ☐ **No** Student demonstrates hesitations or prolonging speech sounds when talking

☐ **Yes** ☐ **No** Student demonstrates repetitions of words when talking

☐ **Yes** ☐ **No** Student struggles to convey thoughts and ideas in a natural manner

☐ **Yes** ☐ **No** Student demonstrates embarrassment or frustration over speech

Examples:

Fluency Characteristics (continued):

☐ **Yes** ☐ **No** Secondary Characteristics observed (eyes fluttering, head jerking, tight neck/jaw)

Voice Characteristics:

☐ **Yes** ☐ **No** Student projects voice loudly enough to be adequately heard in your class

☐ **Yes** ☐ **No** Student loses voice by the end of or during the day

☐ **Yes** ☐ **No** Student's voice is too loud or too low

☐ **Yes** ☐ **No** Student engages in an excessive amount of throat clearing and/or coughing

Examples:

Observer Signature: _____

Wakulla County Schools
Exceptional Student Education
Observation of Speech, Fluency, Voice Characteristics K-12

Student: _____ Birth Date: _____ Student ID#: _____

Gender: _____ Grade: _____ School: _____ Observation Date: _____

Observer: _____

Setting: Classroom Music Art P.E. Guidance Library Other: _____

Speech Characteristics:

- ☐ No errors noted
- ☐ Sound production errors noted and described as:
- ☐ Inconsistent and motorically difficult
- ☐ Slurred sound/weak articulation contacts

Examples:

Intelligibility is described as:

- ☐ Easily understood
- ☐ Repetitions/Clarifications required for others to understand
- ☐ Difficult in unknown contexts
- ☐ Difficult to understand in connected speech

Examples:

Fluency Characteristics:

- ☐ No atypical dysfluencies observed
- ☐ Dysfluencies observed and described as:
 - ☐ Whole word repetitions
 - ☐ Part word repetitions
 - ☐ Blocks
 - ☐ Prolongations
 - ☐ Use of fillers
 - ☐ Use of revisions/circumlocutions

Examples:

Fluency Characteristics (continued):

___ Secondary Characteristics observed

Examples:

Voice Characteristics:

___ No abnormalities observed in vocal parameters

___ Pitch observed to be high, low, or have breaks

___ Volume observed to be inappropriately high or low

___ Nasal emissions ___ Hypernasality or hyponasality ___ Audible inhalation

Voice is observed to be: ___ Hoarse ___ Breathy ___ Harsh

Student loses voice: ___ Within sentences ___ By the end of the day

Examples:

Educational Impact of Speech, Fluency and/or Voice Characteristics:

Describe observed signs of frustration or reduced participation related to speech characteristics:

Describe observed impact on reading comprehension/written expression/oral expression, and social interaction:

Other pertinent speech characteristics observed:

Wakulla County Schools
ORAL-PERIPHERAL EVALUATION
SPEECH SERVICES

Student: _____ Date: _____

Speech/Language Pathologist: _____ Age: _____

LIPS

Condition

- ☐ normal
- ☐ cleft
- ☐ repaired
- ☐ paralyzed
- ☐ injured
- ☐ tone

Mobility

- ☐ round
- ☐ spread
- ☐ protrude

JAW

- ☐ normal
- ☐ recessive
- ☐ prognatic
- ☐ tone of cheeks

TEETH

Condition

- ☐ normal
- ☐ caries
- ☐ missing
- ☐ orthodontia

Occlusion

- ☐ normal
- ☐ overbite
- ☐ underbite
- ☐ openbite
- ☐ thumb sucking

TONGUE

Condition

- ☐ normal
- ☐ large
- ☐ sluggish
- ☐ paralyzed
- ☐ injured
- ☐ lingual frenum
- ☐ tone

Mobility

- ☐ protrude
- ☐ move left
- ☐ touch palate
- ☐ move right
- ☐ rate

PALATE

Hard

- ☐ normal
- ☐ high arch
- ☐ cleft
- ☐ repaired
- ☐ injured
- ☐ fistula

Soft

- ☐ normal
- ☐ short
- ☐ long
- ☐ sluggish
- ☐ paralyzed
- ☐ cleft
- ☐ repaired
- ☐ injured

DiaDoCho Kinetic Rate

- | | | | |
|-----|-------------------------------|----------------------------------|------------------------------------|
| P | <input type="checkbox"/> slow | <input type="checkbox"/> average | <input type="checkbox"/> difficult |
| T | <input type="checkbox"/> slow | <input type="checkbox"/> average | <input type="checkbox"/> difficult |
| K | <input type="checkbox"/> slow | <input type="checkbox"/> average | <input type="checkbox"/> difficult |
| PTK | <input type="checkbox"/> slow | <input type="checkbox"/> average | <input type="checkbox"/> difficult |

Respiration Rate

- | | | |
|---------------|------------------------------|---------------------------------------|
| During speech | <input type="checkbox"/> WNL | <input type="checkbox"/> Other: _____ |
| At Rest | <input type="checkbox"/> WNL | <input type="checkbox"/> Other: _____ |

VOICE SCREENING

Volume

- ☐ normal
- ☐ too loud
- ☐ too soft
- ☐ monotone

Rate

- ☐ normal
- ☐ too fast
- ☐ too slow

Pitch

- ☐ normal
- ☐ too high
- ☐ monotone
- ☐ too low

Quality

- ☐ normal
- ☐ nasal
- ☐ denasal
- ☐ hoarse
- ☐ harsh
- ☐ breathy

COMMENTS:

Wakulla County School District
Exceptional Student Education
Child History and Information Form
Articulation, Voice and Fluency

DATE: _____

RESPONDENT: _____

TYPE: _____

Child's Name: _____

Date of Birth: _____

Address: _____

Age: _____ Sex: _____

Grade: _____

Father Name: _____

Home phone: _____

Mother Name: _____

Work phone: _____

Siblings: _____ Age: _____

Cell phone: _____

_____ Age: _____

_____ Age: _____

What are your concerns regarding your child's speech? _____

Medical History:

Did you experience any complications during your pregnancy or the birth of your child? _____

If yes, explain: _____

Baby's weight at birth: _____

Since birth, has your child experienced any medical problems (e.g., hospitalizations, surgeries, ear infections)?

_____ If yes, explain: _____

Does your child have allergies? Food: _____ Medication: _____ Seasonal: _____

Latex: _____ Environmental: _____

Is your child currently taking any medications? _____ If so, please list: _____

Is there a family history of speech problems/Communication disorders?

Developmental History:

At what age did your child demonstrate the following?

Cooing _____ Babbling _____ First word _____ Phrases/Sentences _____

How would you describe your child's current **expressive language**? For example, what sounds do you notice that he/she has difficulty producing? Does he/she speak in mostly 1 to 2 word responses?

Is he/she aware of his/her difficulty and if so, how does that affect him/her emotionally or behaviorally?

Describe how your child's voice sounds when they are talking to you and others: (e.g. is their voice hoarse, raspy, etc.) _____

Does your child often repeat words, sounds in words or phrases? _____ If yes, please describe your child's speech behaviors: _____

Describe your child's **temperament/personality** (e.g., how he/she handles frustration, his/her response to affection, needs).

Please note any additional concerns or information you would like to share with us.

Wakulla County Schools
PARENTAL NOTICE/CONSENT FOR EVALUATION

Student: _____ DOB: _____ Student ID #: _____
School: _____ Grade: _____ Date: _____

Dear Parent/Guardian:

An individual evaluation is recommended to assist your child in making the most of his or her educational opportunities. The individual evaluation is proposed after review of all available test data, observations(s), conferences, and classroom performance. Other factors that may have influenced the proposal or refusal to evaluate were parental request or _____. The evaluation procedure may include individual assessment, classroom observation, individual or group counseling, or parent and teacher interviews. The checked assessment areas described below are recommended. Additional evaluations may be administered if deemed appropriate by the evaluators/evaluation team.

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

<input type="checkbox"/> Developmental	Assessment of intellectual communication, and social skills (Birth to Age 6)
<input type="checkbox"/> Psycho-educational	Assessment of intellectual, academic, perceptual, or language skills
<input type="checkbox"/> Vision	Assessment of visual ability
<input type="checkbox"/> Audiological	Assessment of hearing ability
<input type="checkbox"/> Speech/Language	Assessment of language ability, articulation skills, fluency, and voice quality
<input type="checkbox"/> Social	Assessment of social and behavioral ability
<input type="checkbox"/> Motor/Physical	Assessment of fine and gross motor skills
<input type="checkbox"/> Medical	Physical and/or neurological evaluation
<input type="checkbox"/> Other:	Data History Review; Analysis of Response to Intervention

General education interventions: Evidence based interventions addressing the identified area(s) of concern have been implemented in the general education environment for a reasonable period of time and have been found to be ineffective in meeting the student's educational needs.

- | | | |
|---|--|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Change in Level of Instruction |
| <input type="checkbox"/> Progress Monitoring | <input type="checkbox"/> Community Agency Referral | <input type="checkbox"/> Schedule |
| <input type="checkbox"/> Group or Individual Counseling | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Behavior Intervention Plan (BIP) | _____ | <input type="checkbox"/> Instructional Techniques |

These interventions may not be required for certain students suspected of having a disability if the team determines the interventions are not appropriate. The school will contact you to arrange a time for you to meet with the Staffing and/or IEP Team to discuss the evaluation results.

Please check the appropriate space provided, sign, date, and return to _____
Keep a copy for your records

- ☐ **YES, I consent to the proposed evaluation.**
☐ **NO, I do not consent to the proposed evaluation.**

***Date Received by School:** _____

As parent(s), guardian(s) of an exceptional student you have certain protections under the Procedural Safeguards (attached) of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, *FAC Procedural Safeguards for Students with Disabilities* or Rule 6A-6.03313, *FAC, Procedural Safeguards for Exceptional Students who are Gifted*. Further explanation of rights and copies may be obtained. I have received and reviewed the Procedural Safeguards and understand my rights under the Individuals with Disabilities Education Act of 2004.

Signature of Parent/Legal Guardian/Surrogate/Student (if 18 years of age or older)

Date

Copies to: ☐ Cumulative Student Folder ☐ ESE Office ☐ Student Services (if applicable) ☐ Parent ☐ ESE Teacher

WAKULLA COUNTY SCHOOL BOARD
CHILD STUDY TEAM - **PROBLEM SOLVING PROCESS REVIEW**

Meeting Date:									
Demographic Information:									
Student Name:				ID#:		AYP Subgroup(s):			
School:				Grade:		Retention History:			
Identified AREA(s) of CONCERN:									
Observations (<i>Attach observation form/summary</i>):									
		<u>Behavioral observations</u>			<u>Relationship to academic functioning</u>				
Observation #1:									
Observation #2:									
Educationally relevant medical findings:									
Diagnostic assessment results:									
Intervention Summary									
	Instruction/Intervention	Implementer	Duration/Frequency	Fidelity/Support		RtI Response			
				<i>Who was responsible</i>	<i>How Monitored</i>	+	?	-	
Core						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Targeted						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intensive						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Team determines that general education interventions are waived due to:		<input type="checkbox"/> speech disorder		<input type="checkbox"/> severe cognitive, physical or sensory disorder		<input type="checkbox"/> severe social/behavioral deficits			
<input type="checkbox"/> The Team has reviewed existing data in the student's educational records including the following: social, psychological, medical achievement, attendance and anecdotal.									
Noted findings:									
Is attendance a concern?									
Signatures of Team Members:									
<i>Administrator/Designee</i>		<i>General Education Teacher</i>			<i>Parent</i>				
<i>ESE Teacher</i>		<i>Referring Teacher</i>			<i>Other: Name/Position</i>				

ARTICULATION PROCEDURES

Pre-Kindergarten – 12th Grade

When evaluating speech, you must use 2 measures.

The following tests are suggested:

Goldman-Fristoe Test of Articulation 3

1. Word level
2. Sentence level

Photo Articulation Test

1. Word level
2. Use any component of GFTA or AAPS

Severity Rating Scale

1. Any component of an articulation test
2. Recorded speech sample

Evaluation Procedure: The evaluation shall include all of the following:

- Information must be gathered from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, regarding the concerns and description of speech characteristics. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
- Documented and dated observation(s) of the student's speech characteristics must be conducted by a speech-language pathologist to examine the student's speech characteristics during connected speech or conversation. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion;
- An examination of the oral mechanism structure and function must be conducted; and,
- One or more standardized, norm-referenced instruments designed to measure speech sound production must be administered to determine the type and severity of the speech sound errors and whether the errors are articulation (phonetic) or phonological (phonemic) in nature.
- Speech sample may be recorded as part of the evaluation process if deemed necessary by SLP, and stored as part of student's ESE record.

ARTICULATION ELIGIBILITY CRITERIA

Evaluation results must reveal all of the following:

1. The speech sound disorder must have a significant impact on the student's intelligibility, although the student may be intelligible to familiar listeners or within known contexts.
2. The student's phonetic or phonological inventory must be significantly below that expected for his or her chronological age or developmental level based on normative data.

Determination of "Significant"

A pattern of:

- Three or more separate consonantal error sounds delayed by at least one year, or
- Two or more separate consonantal error sounds delayed by at least two years, or
- One consonantal sound delayed by at least three years.

The error pattern is characteristic of **disordered** rather than delayed acquisition; or a disorder represented by:

- Errors not generally found in general American English such as bilabial or velar fricatives or glottal stops,
- Errors which may be found in general American English but generally are not commonly anticipated as being phonemic substitutions, such as g/s, k/t,
- Distinct vowel errors,
- Missing feature categories, or
- Inappropriate prosodic features.

Articulation is rated as moderately or severely impaired on an articulation severity rating scale.

- Appropriate Severity Rating Scales can be found in this manual.

3. **The speech sound disorder must have an adverse effect on the student's ability to perform and/or function in the student's typical learning environment, thereby demonstrating the need for exceptional student education; and,**
4. The speech sound disorder is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

Rule 6A-6.03012, Florida Administrative Code (F.A.C.)

Wakulla County Schools
Articulation Screening

Student Name: _____ DOB _____ Date _____

Chronological Age _____ Campus _____

Person Completing Form _____

Directions: Listen as the child/student engages in conversation with you. Indicate which sounds you note the child is producing incorrectly. + indicates correct, - indicates incorrect. You may circle the words indicating the sound is said incorrectly in the beginning, middle or end of the word. You may consider any words the child says with the indicated sound, not just those listed.

Sound			Sound		
	+	-		+	-
/p/ as in <u>p</u> ig, <u>a</u> pple, cu <u>p</u>			/f/ as in <u>f</u> ood, co <u>ff</u> ee, o <u>ff</u>		
/b/ as in <u>b</u> aby, we <u>b</u>			/v/ as in <u>v</u> ote, o <u>v</u> en, stov <u>e</u>		
/t/ as in <u>t</u> oy, ho <u>t</u> el, ba <u>t</u>			/s/ as in <u>s</u> ock, mi <u>ss</u> ing, i <u>c</u> e		
/d/ as in <u>d</u> oll, mi <u>dd</u> le, be <u>d</u>			/z/ as in <u>z</u> oo, fu <u>zz</u> y, fu <u>zz</u>		
/k/ as in <u>k</u> ing, po <u>ck</u> et, rak <u>e</u>			/sh/ as in <u>sh</u> oe, wi <u>sh</u> ing, fi <u>sh</u>		
/g/ as in go <u>g</u> t, bu <u>gg</u> y, tag <u>g</u>			/zh/ as in ple <u>as</u> ure		
/m/ as in <u>m</u> ad, ha <u>mm</u> er, th <u>um</u> b			/ch/ as in <u>ch</u> air, wa <u>ch</u> ing, pi <u>ch</u>		
/n/ as in <u>n</u> ame, fu <u>nn</u> y, fa <u>n</u>			/j/ as in <u>j</u> udge, engi <u>n</u> e		
/ng/ as in fi <u>ng</u> er, ri <u>ng</u>			/th/ (soft) as in <u>th</u> ing, hea <u>th</u> y, too <u>th</u>		
/r/ as in <u>r</u> un, ca <u>rr</u> ot			/th/ (hard) as in <u>th</u> ose, bro <u>th</u> er, ba <u>th</u> e		
/er/ as in <u>e</u> arly, nu <u>r</u> se, fu <u>r</u>			/w/ as in wa <u>y</u> , an <u>y</u> wa <u>y</u>		
/l/ as in <u>l</u> ion, pi <u>ll</u> ow, ta <u>ll</u>			/y/ as in <u>y</u> ellow, ca <u>y</u> on		
/h/ as in <u>h</u> at, an <u>y</u> h <u>ow</u>			Number of missed sounds: _____		

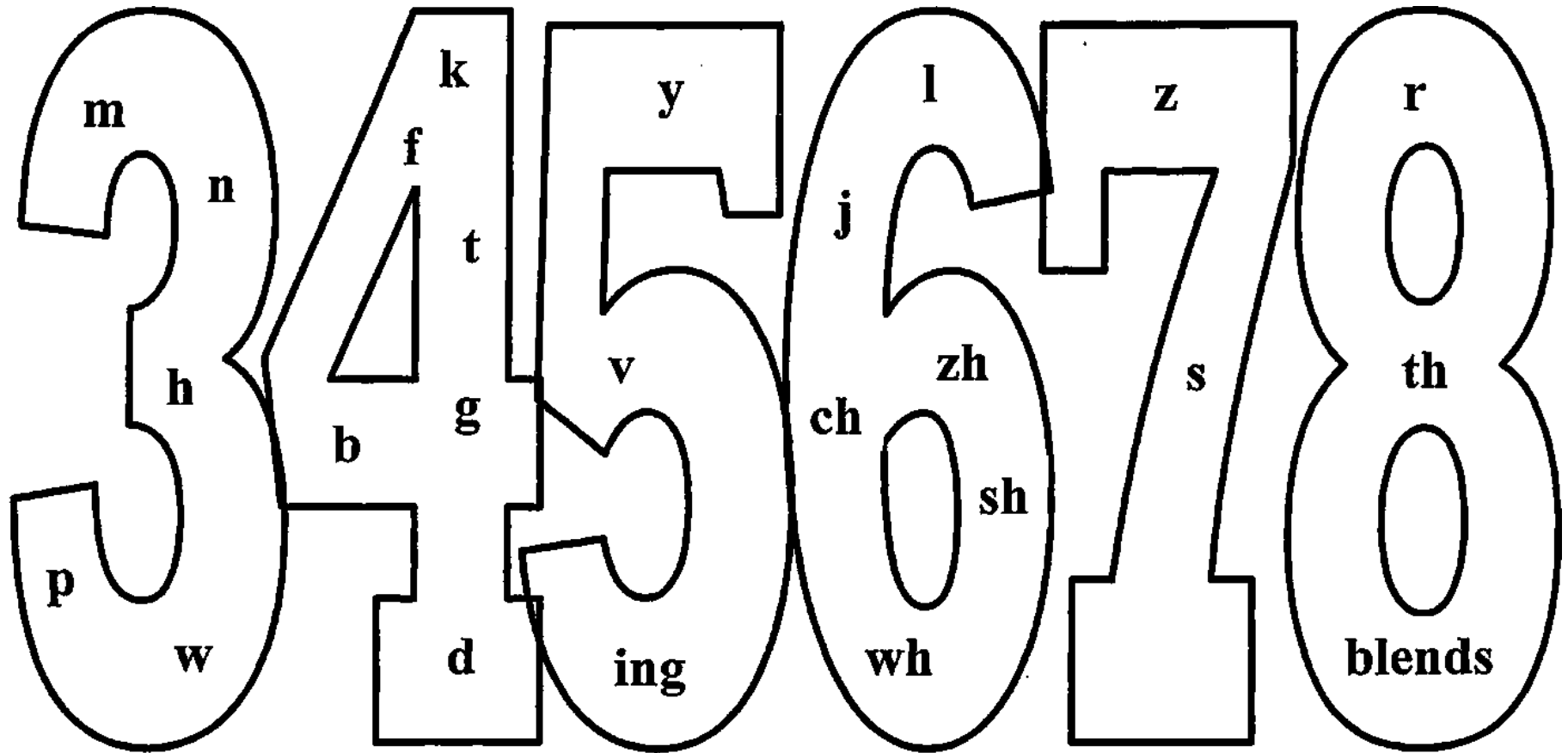
Do you feel the sound errors you noted are typical for children who are the child's age? ☐ YES ☐ NO

Do you feel these sound errors adversely affect the student's educational performance? ☐ YES ☐ NO

If yes, please comment:

Normal Articulation Development

This chart shows the age when 90% of children can correctly pronounce the English consonants. Vowels are usually pronounced correctly by the age of three.



PLEASE NOTE: The child should be given until the end of this age to correctly pronounce the consonants listed.

Wakulla County School District
Exceptional Student Education

Iowa – Nebraska Articulation Norms³

Listed below are the recommended age of acquisition for phonemes and clusters, based generally on the age at which 90% of the children correctly produced the sound.

Phoneme	Age of Acquisition (Females)	Age of Acquisition (Males)
/m/	3:0	3:0
/n/	3:6	3:0
/ŋ/	7:0	7:0
/h-/	3:0	3:0
/w-/	3:0	3:0
/j-/	4:0	5:0
/p/	3:0	3:0
/b/	3:0	3:0
/t/	4:0	3:6
/d/	3:0	3:6
/k/	3:6	3:6
/g/	3:6	4:0
/f-/	3:6	3:6
/-f/	5:6	5:6
/v/	5:6	5:6
/th/voiceless	6:0	8:0
/th/voiced	4:6	7:0
/s/	7:0	7:0
/z/	7:0	7:0
/sh/	6:0	7:0
/ch/	6:0	7:0
/j/	6:0	7:0
/l-/	5:0	6:0
/-l/	6:0	7:0
/r-/	8:0	8:0
/vocalic r/	8:0	8:0

Word Initial - Clusters	Age of Acquisition (Female)	Age of Acquisition (male)
/tw kw/	4:0	5:6
/sp st sk/	7:0	7:0
/sm sn/	7:0	7:0
/sw/	7:0	7:0
/sl/	7:0	7:0
/pl bl kl gl fl/	5:6	6:0
/pr br tr dr kr gr fr/	8:0	8:0
/thr/	9:0	9:0
/skw/	7:0	7:0
/spl/	7:0	7:0
/spr str skr/	9:0	9:0

Note regarding phoneme positions:

/m/ refers to prevocalic and postvocalic positions

/h-/ refers to prevocalic positions

/-f/ refers to postvocalic positions

³ Smit, Hand, Freilinger, Bernthal, and (1990). Journal of Speech and Hearing Disorders, 55, 779-798
Virginia Department of Education Revised 08/15/2006

Spanish/English Articulation Differences

Stop

- Written “b” and “v” are pronounced with same, usually “b”, but can be a bilabial fricative “β” in intervocalic positions (vaca = /ba-ka/)
- “d” is softer contact, and pronounced more like voiced “th” in intervocalic position (nada = /na-Θa/)
- Initial g followed by u is not ‘g’, but often ‘w’ (guapo = /wa-po/, guava = waβa/)
- The voiceless stops /p,t,k/ are not produced with the same burst of air as in English, and are softer contact consonants

Stridents

- “sh” is not a phoneme of Spanish (but can be a variation of “ch” in some dialects). Spanish speakers will often have difficulty distinguishing between “sh” and “ch”.
- /s/ and /z/ are pronounced the same – usually “s” (ie. Zapatos = /sa-pa-tos/)
- S-blends (sp-, st-, str-, etc.) are never word initial (especial = special), so Spanish – speakers may insert /e/ before s-blends (e-star for star)
- /dz/ does not exist as a phoneme, but can be approximate variation of /j/ (spelled “ll”) “llamo” can be pronounced /ja-mo/ or /dza-mo/ (yellow may be pronounced /dze-lo/)

The infamous “r”

- /r/ and trilled /rr/ are two separate phonemes (perro = dog, pero = but)
- /r/ in Spanish is a flap (more similar to /d/ than English retroflex /r/)

Vowels

- There are only 5 Spanish vowels: /a, e, i, o, u/. They are short and pure.

Wakulla County School Board
ARTICULATION SEVERITY RATING SCALE

NAME_____ BIRTHDATE_____ GRADE_____

Using observations, and/or formal evaluations circle the rating/classification that best describes the student=s articulation skills:

Rating	Classifications	Characteristics
0	Normal Articulation	No articulation errors
1	Developmental	Correct articulation of all phonemes (including vowels) that are expected to have developed within one (1) year of child's chronological/mental age. Misarticulations occur on non-developmental sounds and are usually inconsistent. Speech is generally intelligible to familiar listeners.
2	Deviation (Mild)	Misarticulations may include phonemes which should have been acquired within one year of the child's chronological/mental age. Misarticulations are often inconsistent. Speech is intelligible although errors are noticed.
3	Deviation (Moderate)	Misarticulations are frequently consistent. Speech is intelligible although noticeably in error.
4	Disorder (Severe)	Misarticulations are usually consistent. Speech is difficult to understand or is unintelligible. A phonological processing disorder may be present. Student is essentially non-verbal with little or no intelligible vocal communication.
Comments:		
Speech-Language Pathologist _____ Date_____		

Wakulla County School Board
ARTICULATION ELIGIBILITY WORKSHEET

Student _____ DOB _____ Eval. Date _____

Test #1: _____

Test #2: _____

	Met	Not Met	
1.	<input type="checkbox"/>	<input type="checkbox"/>	1. Frequency of incorrect sound production and delay of correct sound production are significant. <i>Indicator of significant delay:</i> ___ 3+ consonantal errors delayed by at least 1 year (I or F position) ___ 2+ consonantal errors delayed by at least 2 years (I or F position) ___ 1+ consonantal error delayed by at least 3 years (I or F position) <div style="text-align: center;">OR</div>
	<input type="checkbox"/>	<input type="checkbox"/>	2. Error pattern characteristic of disordered rather than delayed acquisition. <i>Indicator of disordered error pattern:</i> ___ Distinct vowel errors ___ Deviant phonological process ___ Errors not found in general American English ___ Inappropriate prosodic features (stress, intonation, etc.) ___ Atypical phonemic substitutions (g/s, k/t) <div style="text-align: center;">OR</div>
	<input type="checkbox"/>	<input type="checkbox"/>	3. Articulation rated as moderately/severely impaired on a severity rating scale Name of Scale _____ Rating _____ <i>Supportive data:</i> ___ Conversational speech sample ___ Positive stimulability for correct production <div style="text-align: center;">AND</div>
2.	The speech sound disorder is not primarily the result of factors related to: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <ul style="list-style-type: none"> Chronological age Gender </div> <div> <ul style="list-style-type: none"> Culture Ethnicity or </div> <div> <ul style="list-style-type: none"> Limited English proficiency </div> </div> <div style="text-align: center; margin-top: 10px;"> <i>Report must contain data/statement to rule out above.</i> </div>		
3.	Educational Relevance: Demonstrates a communication disorder that negatively impacts his/her ability to benefit from the educational process in one or more of the following areas:		
	Does	Does Not	___ Academic – ability to benefit from the curriculum ___ Social – ability to interact with peers and adults ___ Vocational – ability to participate in vocational activities

Additionally:

Students identified as autistic, developmentally delayed, traumatic brain injury, or deaf/hard-of-hearing who have a documented delay or absence of communication skills as identified on a speech or language evaluation, can be determined eligible for speech/language as a related service by the IEP Team.

Wakulla County Schools
EDUCATIONAL RELEVANCE OF THE COMMUNICATION DISORDER

_____ does/does not demonstrate a communication disorder that negatively impacts {his,her} ability to participate in or benefit from the general education curriculum in one or more of the following areas:

- Academic -ability to benefit from the curriculum
- Social -ability to interact with peers and adults
- Vocational -ability to participate in vocational activities

Academic Impact

Check academic areas impacted by communication problems:

- | | | |
|--|--|--|
| <input type="checkbox"/> Readiness | <input type="checkbox"/> Reading | <input type="checkbox"/> Math |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Below average grades | <input type="checkbox"/> Inability to complete language-based activities |
| <input type="checkbox"/> Inability to understand oral directions | <input type="checkbox"/> No academic impact reported | <input type="checkbox"/> Other: |

Social Impact

Check social areas impacted by communication problems:

- ☐ Peers tease student about communication problem
- ☐ Student demonstrates embarrassment and/or frustration regarding communication
- ☐ Student demonstrates difficulty interpreting communication intent
- ☐ Student loses voice during day
- ☐ No social impact reported
- ☐ Other:

Vocational Impact

(Applicable for secondary students) Check job related skills/competencies student cannot demonstrate due to communication problems:

- ☐ Inability to understand/follow oral directions
- ☐ Inappropriate response to coworker/supervisor/comments
- ☐ Unable to answer/ask questions in a coherent/concise manner
- ☐ Student has hearing acuity problem
- ☐ No vocational impact reported
- ☐ Other:

Additional Information:

Speech Language Pathologist Signature

Date

Wakulla County Schools
Exceptional Student Education
ELIGIBILITY DETERMINATION and PLACEMENT STAFFING FORM

Student: _____ DOB: _____ Sex: ☐ M ☐ F Race: _____

Grade: _____ Present School: _____

Parent: _____

ELIGIBILITY RECOMMENDATIONS	<p>The School Eligibility Staffing Committee, which reviewed educational information about the student, met on _____ to consider your child's eligibility. This was the purpose of the meeting and this notice explains why the committee proposes or refuses to take the actions listed.</p> <p><input type="checkbox"/> Meets eligibility criteria for _____.</p> <p><input type="checkbox"/> Meets criteria for the related service(s) of: _____.</p> <p><input type="checkbox"/> Transferred from out-of-district and meets criteria for: _____.</p> <p><input type="checkbox"/> Is recommended for change in identification from _____ to _____.</p> <p><input type="checkbox"/> Is already enrolled in _____ and does/does not meet current procedures for: _____.</p> <p><input type="checkbox"/> Does not meet eligibility criteria for an Exceptional Student Education program at this time.</p> <p><input type="checkbox"/> Based on reevaluation data and an IEP meeting, is recommended for dismissal from Exceptional Student Education.</p> <p><input type="checkbox"/> Based on evaluation data and IEP meeting, is recommended for discontinuation from _____.</p>				
EVALUATION	NAME OF EVALUATION INSTRUMENT(S)	DESCRIPTION	DATE		
	Developmental Assessment	Adaptive, social, communication and cognitive skills			
	Psycho-educational	Intellectual, academic, behavioral, language			
	Vision/Hearing	Visual/hearing ability			
	Speech/Language	Language ability, articulation, fluency, voice quality			
	Social	Social and Behavioral ability			
	Analysis of Response to Intervention	Increasing interventions summary			
	Motor/Physical/Medical	Fine and Gross Motor skills/Physical evaluation			
	Other: _____				
COMMITTEE	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Parent/Guardian: _____ ESE Director/Designee: _____ ESE Teacher: _____ Regular Teacher: _____ Psychologist/Eval Specialist: _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> Parent/Guardian: _____ Principal/Designee: _____ Speech/Language Therapist: _____ OT/PT Therapist: _____ Other: _____ </td> </tr> </table>			Parent/Guardian: _____ ESE Director/Designee: _____ ESE Teacher: _____ Regular Teacher: _____ Psychologist/Eval Specialist: _____	Parent/Guardian: _____ Principal/Designee: _____ Speech/Language Therapist: _____ OT/PT Therapist: _____ Other: _____
Parent/Guardian: _____ ESE Director/Designee: _____ ESE Teacher: _____ Regular Teacher: _____ Psychologist/Eval Specialist: _____	Parent/Guardian: _____ Principal/Designee: _____ Speech/Language Therapist: _____ OT/PT Therapist: _____ Other: _____				
REVIEW	<p>Eligibility is based on ESE Director/Designee review of evaluation data and the staffing committee's recommendations.</p> <p>Comments: _____</p> <p>Reevaluation Date: _____ <input type="checkbox"/> Reviewed _____</p> <p style="text-align: right; font-size: small;">ESE Director/Designee _____ Date _____</p>				
PLACEMENT	<p>In order to meet the child's needs, the district proposes to place your child as recommended by the IEP team and indicated on the Individual Education Plan. All of the following placement options were considered.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Final recommendation is indicated by checks: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource Room <input type="checkbox"/> Separate Class <input type="checkbox"/> Special Day School <input type="checkbox"/> Individual instruction in a home or hospital <input type="checkbox"/> Other specify) _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> Other placements were refused because: <input type="checkbox"/> Did not provide the least restrictive environment <input type="checkbox"/> Did not provide appropriate program <input type="checkbox"/> Student not eligible for ESE Other: _____ Other factors relevant to this proposal may include: _____ </td> </tr> </table>			Final recommendation is indicated by checks: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource Room <input type="checkbox"/> Separate Class <input type="checkbox"/> Special Day School <input type="checkbox"/> Individual instruction in a home or hospital <input type="checkbox"/> Other specify) _____	Other placements were refused because: <input type="checkbox"/> Did not provide the least restrictive environment <input type="checkbox"/> Did not provide appropriate program <input type="checkbox"/> Student not eligible for ESE Other: _____ Other factors relevant to this proposal may include: _____
Final recommendation is indicated by checks: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource Room <input type="checkbox"/> Separate Class <input type="checkbox"/> Special Day School <input type="checkbox"/> Individual instruction in a home or hospital <input type="checkbox"/> Other specify) _____	Other placements were refused because: <input type="checkbox"/> Did not provide the least restrictive environment <input type="checkbox"/> Did not provide appropriate program <input type="checkbox"/> Student not eligible for ESE Other: _____ Other factors relevant to this proposal may include: _____				
INITIAL	<p>Consent for placement is required the first time the student is placed in an ESE program. I understand that parent/guardian consent is required only before initial assignment. We the undersigned parent(s)/guardian(s) of above named student.</p> <p>1) <input type="checkbox"/> AGREE to his/her placement in the Exceptional Student Education Program.</p> <p>2) <input type="checkbox"/> DO NOT AGREE to his/her placement in the Exceptional Student Education Program.</p> <p style="text-align: right; font-size: small;">_____ Parent/Guardian Signature _____ Date _____</p> <p style="font-size: x-small;">As parent(s) of a child with disabilities you have protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. Further explanation and copies may be obtained from the Exceptional Student Education office at (850) 926-0065 or school counselor _____, phone number _____. For a gifted student, you have protections under the Procedural Safeguards under Rule 6A-6.03310.FAC.</p>				

FLUENCY

EVALUATION

Procedures for the evaluation of a fluency disorder. In addition to the procedures identified in subsection 6A-6.033(5), F.A.C., the evaluation shall include all of the following:

1. Information must be gathered from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, to address the areas identified in paragraph (4)(d) of this rule. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
2. A minimum of two (2) documented and dated observations of the student's speech and secondary behaviors must be conducted by a speech-language pathologist in more than one setting, including the typical learning environment. For prekindergarten children, the observations may occur in an environment or situation appropriate for a child of that chronological age. Observations conducted prior to obtaining consent for evaluation may be used to meet this criterion, if the activities address the areas identified in paragraph (4)(d) of this rule;
3. An examination of the oral mechanism structure and function must be conducted;
4. An assessment of all of the following areas;
 - Motor aspects of the speech behaviors;
 - Student's attitude regarding the speech behaviors;
 - Social impact of the speech behaviors; and
 - Educational impact of the speech behaviors; and,
5. A speech sample of a minimum of 300-500 words must be collected and analyzed to determine frequency, duration, and type of dysfluent speech behaviors. If the speech-language pathologist is unable to obtain a speech sample of a minimum of 300-500 words, a smaller sample may be collected and analyzed. The evaluation report must document the rationale for collection and analysis of a smaller sample, the results obtained, and the basis for recommendations.

ELIGIBILITY

A student with a fluency disorder is eligible for exceptional student education if there is evidence, based on evaluation results, of significant and persistent interruptions in the rhythm or rate of speech. Evaluation results must reveal all of the following:

1. The student must exhibit significant and persistent dysfluent speech behaviors. The dysfluency may include repetition of phrases, whole words, syllables and phonemes, prolongations, blocks, and circumlocutions. Additionally, secondary behaviors, such as struggle and avoidance, may be present;
2. **The fluency disorder must have an adverse effect on the student's ability to perform and/or function in the educational environment, thereby demonstrating the need for exceptional student education; and**
3. The dysfluency is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

FLUENCY CHECKLIST

Student _____ Date _____

Please check the items below that apply to this student.

- ☐ Repeats beginning sounds in words or sentences in oral speech and/or reading.
- ☐ Repeats whole words during oral speech and/or oral reading
- ☐ Is aware of the disfluencies in his/her speech and/or oral reading.
- ☐ Is reluctant to answer questions or comment orally in class.
- ☐ Is reluctant to talk socially with adults and peers.
- ☐ Has an excessive rate of speech.
- ☐ Has had previous speech therapy.

Comments: _____

Observer _____ Date _____

Thank you for your help.

Speech-Language Pathologist

Fluency Severity Rating Scale

Use method A for both parts I and II or use method B for both parts I and II.

	(1) MILD	(2) MILD- MODERATE	(3) MODERATE	(4) MODERATE- SEVERE	(5) SEVERE
I. A) *FREQUENCY OF BLOCKS (include prolongations and repetitions)	2-5%	6%-10%	11%-18%	19%-24%	25% or more
OR B) STUTTERED WORDS PER MINUTE**	.6-5		6-10		11 +
II. A) *DURATION - Average of three longest blocks of the sample.	up to 1 second	2 - 4 seconds	5-9 seconds	10-15 seconds	16 seconds or more
OR B) TOTAL WORDS SPOKEN PER MINUTE**	90-99		70-89		69
III. SECONDARY CHARACTERISTICS: Include distracting sounds, head or movements of the extremities, facial grimaces, avoidance reactions, etc.	Not noted by average person		Distracts from content of communication		D i s p l a y s obvious/severe s e c o n d a r y characteristics

Recommended Procedure: Tape record speech samples of 300-500 words minimum for baseline. Tally frequency of stuttering events to compute percentage. If blocking behavior, average 3 longest blocks to determine duration.

* From *Programmed Therapy for Stuttering in Children and Adults*, by Bruce Ryan, 1974, Charles Thomas Publisher, Springfield, Illinois.

Source: Black Hawk Area Special Education District, Illinois

VOICE

EVALUATION

In addition to the procedures identified in subsection 6A-6.0331(5), F.A.C. The evaluation shall include all of the following:

- Information must be gathered from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, regarding the concerns and description of voice characteristics. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
- Documented and dated observation(s) of the student's voice characteristics must be conducted by a speech-language pathologist in one or more setting(s), which must include the typical learning environment. For prekindergarten children, the observation(s) may occur in an environment or situation appropriate for a child of that chronological age. Observation(s) conducted prior to obtaining consent for evaluation may be used to meet this criterion;
- An examination of the oral mechanism structure and function must be conducted; and,
- A report of a medical examination of laryngeal structure and function conducted by a physician licensed in Florida in accordance with Section 458 or 459, Florida Statutes, unless a report of medical examination from a physician licensed in another state is permitted in accordance with paragraph 6A-6.0331(3)©, F.A.C. The physician's report must provide a description of the state of the vocal mechanism and any medical implications for therapeutic intervention.

ELIGIBILITY

A student with a voice disorder is eligible for exceptional student education if there is evidence, based on evaluation results, of significant and persistent atypical voice characteristics. Evaluation results must reveal all of the following:

- The student must exhibit significant and persistent atypical production of quality, pitch, loudness, resonance, or duration of phonation. The atypical voice characteristics may include inappropriate range, inflection, loudness, excessive nasality, breathiness, hoarseness, or harshness;
- The voice disorder does not refer to vocal disorders that are found to be the direct result or symptom of a medical condition unless the disorder adversely affects the student's ability to perform and/or function in the educational environment and is amenable to improvement with therapeutic intervention;
- **The voice disorder must have an adverse effect on the student's ability to perform and/or function in the educational environment, thereby demonstrating the need for exceptional student education; and,**
- The atypical voice characteristics are not primarily the result of factors related to chronological age, gender culture, ethnicity, or limited English proficiency.

VOICE CHECKLIST

Student _____ Date _____

Please check the items below that apply to this student.

- ☐ Begins the day with a hoarse voice.
- ☐ Has difficulty projecting his voice.
- ☐ Begins the day with a normal voice but ends the day with hoarseness.
- ☐ Has a voice quality that is noticeably different from others i.e. hoarse, nasal, denasal, loud, etc.
- ☐ Is very verbal and talkative.
- ☐ Has a loud voice.
- ☐ Has a very quiet voice.
- ☐ Has a voice that distracts from the content of his speech.
- ☐ Is aware of his voice difference.

Comments: _____

Observer _____ Date _____

Thank you for your help.

Speech-Language Pathologist

Voice Severity Rating Scale

Scale of Laryngeal Quality (Wilson & Rice):

-4
Aphonic

-3
Whisper

-2
Breathy

1
Normal

+2
Tension

+3
Undue
Tension

	(1 & 2*) Therapy Not Indicated	(3) Moderate	(4) Moderate-Severe	(5) Severe
I. SKILLS	Includes the +2 to -2 range on the scale of Laryngeal Quality (L.Q.). Slight pitch and/or resonance variations may be present. Voice difference is not noted by casual listener	Range includes combinations of +3, +2, -2, -3 L.Q. rating. Voice quality may be harsh or raspy; pitch breaks may occur. Pitch may be inappropriate for age/sex. Resonance may be hyper/hyponasal. Voice difference calls attention to itself.	Includes +3 and/or -3 L.Q. rating, sometimes with -4 (aphonic) characteristics. Frequent pitch breaks interfere with vocal continuum. Hyper/hyponasality interferes with intelligibility.	Includes +3 and/or -4 ratings on L.Q. scale. Vocal production is extremely limited or nonexistent.
II. ETIOLOGY-CURRENT PHYSICAL CONDITIONS	No consistent laryngeal pathology. Physical factors influencing quality, resonance or pitch, if present at all, are temporary and may include: allergies, colds, abnormal tonsils and adenoids, short-term abuse or misuse.	Laryngeal pathology may be present: medical evaluation may be indicated. Physical factors may include: nodules, polyps, ulcers, edema, partial paralysis of vocal folds, palatal insufficiency, enlarged/insufficient tonsils and/or adenoids, neuromotor involvement, or hearing loss.**	Probable presence of laryngeal pathology: medical evaluation usually indicated. Physical factors indicated in moderate (3) and/or severe (5) levels may be present	Physical factors may include: - unilateral or bilateral paralysis of vocal folds - laryngectomy - psychosomatic disorders - neuromotor involvement of - - laryngeal muscles (i.e., cerebral palsy) Medical evaluation generally indicated.
III. INTERFERENCE WITH COMMUNICATION	None	Distracting to most listeners.	Effective verbal communication is limited.	No affective vocal/verbal communication.

*1 & 2 – A rating of 2 would indicate a more consistent problem that is not noted by casual listener; therapy is not indicated.

**** Voice problems related to hearing loss may require differential diagnosis and treatment.**

Source: Black Hawk Area Special Education District, Illinois

Intervention Support Team Folder Checklist

(attach to front of student purple folder)

Student Name: _____ Date Folder Originated: _____

Note: Forms should only be placed in the folder when they are complete. Do not place blank or partially completed forms in the folder.

Check if Complete	Form or Item	Notes	
<input type="checkbox"/>	Student Progress Profile (updated) from FOCUS		General Education/Intervention Support Team
<input type="checkbox"/>	Tier I Intervention Plan (includes 2 documented parent conferences)		
<input type="checkbox"/>	Student Data Form (must include hearing/vision screening within last year)		
<input type="checkbox"/>	Parent Notification of Intervention Activities		
<input type="checkbox"/>	Gap Analysis Form		
<input type="checkbox"/>	Multi-Tiered System of Supports: Intervention and Response Plan (as many pages as necessary)		
<input type="checkbox"/>	Intervention Support Team Participation Notes (use with plan)		
<input type="checkbox"/>	Intervention Support Team (IST) Meeting Invitation (<i>required</i>)		
<input type="checkbox"/>	Ongoing Progress Monitoring Documentation Chart and Fidelity Tool		
<input type="checkbox"/>	Tier II Parent Conference Form		
<input type="checkbox"/>	Tier 3 Parent Notification of Increasing Intervention and Problem-Solving (This is only necessary if the IST sees the necessity for administering a processing or achievement test to pinpoint the area of concern. Remember that this is for a limited ($\leq 5\%$) of students.		
<input type="checkbox"/>	Ongoing Progress Monitoring Documentation Chart and Fidelity Tool (may be continued from Tier II if the intervention did not change)		
<input type="checkbox"/>	Exclusionary Factors Form		
<input type="checkbox"/>	Tier III Parent Conference Form		
<input type="checkbox"/>	Tier III Classroom Observations (2)		
<input type="checkbox"/>	Review of Current Level of Performance Comparison Data		
	----all of the above must be complete prior to moving to CST, except in the case of Parent Request.		
<input type="checkbox"/>	Child Study Team Forms --the following forms are found in the referral packet, and the assigned staffing specialist can assist with understanding and completion.		ESE/Child Study Team
<input type="checkbox"/>	*Parent Notice/Consent for Evaluation (IST packet must be approved by staff specialist before this form can be used)		
<input type="checkbox"/>	Referral Form/Request for Individual Evaluation		
<input type="checkbox"/>	Confidential Evaluation Report (completed by psychologist)		
<input type="checkbox"/>	Parent Consent for Re-Evaluation (if child is currently in ESE)		
<input type="checkbox"/>	WSGAD – Written Summary of Group Analysis of Data		
<input type="checkbox"/>	Written Agreement for Extension of Time (if appropriate)		
<input type="checkbox"/>	Extraordinary Circumstances (if appropriate)		

*Confirm if student is currently in ESE. If so, use Consent for Re-Evaluation.

LANGUAGE REFERRAL CHECKLIST

(In addition to IST Checklist)

Once the process goes to CST the following should occur:

- ☐ Documentation of information from parents pgs. 41-43
- ☐ *Social history, checklists, interviews, conferences*
- ☐ Additional observation if impairment is due to pragmatics pgs. 45-46
- ☐ Documented, dated observations by SLP (at least 2) pgs. 47-55
- ☐ Review of RtI information/RtI Checklist pg. 37
- ☐ Consent for formal evaluation pg. 56
- ☐ Language evaluation by SLP
- ☐ Confidential Evaluation Report – group analysis of data
- ☐ Complete SLD and/or Language Impairment Eligibility Review pg. 57
- ☐ Education Relevance of Communication Disorder pg. 58
- ☐ Eligibility Staffing Form pg. 59

Student Name

Date

Classroom Teacher

Wakulla County Schools
LANGUAGE CHECKLIST

Student _____ Date _____

Please check the items below that apply to this student.

- ☐ Has difficulty following oral directions.
- ☐ Has difficulty answering “*wh*” questions.
- ☐ Has difficulty understanding multiple meaning words.
- ☐ Has difficulty expressing an opinion.
- ☐ Has difficulty expressing an emotion.
- ☐ Has difficulty following written directions.
- ☐ Has difficulty taking turns in conversation with adults and peers.
- ☐ Has difficulty using appropriate grammar and syntax.
- ☐ Has difficulty asking for help when needed.
- ☐ Has difficulty expressing an idea.

Comments: _____

Observer _____ Date _____

Thank you for your help.

Speech-Language Pathologist

May be used to develop Tier II/Tier III
Language interventions

Wakulla County Schools
PARENT CONFERENCE FORM
Record of Parent Conferences

Conference 1 – Date: _____

Participants:

Name	Title

Conference Documentation:

Area(s) of learning or behavior concern discussed:

Intervention(s) Discussed/Planned:

Goal for student as a result of intervention:

Conference 2 – Date: _____

Participants:

Name	Title

Conference Documentation:

How has the student responded to intervention(s)? Provide data given to parent.

Should intervention(s) continue?

What new intervention(s) need to be implemented? Include goal for student as a result of intervention(s).

Additional parent conferences may be kept on duplicates of this form. Simply change the number of the meeting.

Wakulla County School District
Exceptional Student Education
Child History and Information Form
Language

Date: _____ Respondent: _____ Type: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: _____

_____ Grade: _____

Father Name: _____ Home phone: _____

Mother Name: _____ Work phone: _____

Siblings: _____ Age: _____ Cell phone: _____

_____ Age: _____

_____ Age: _____

What are your concerns regarding your child's communication? _____

Medical History:

Did you experience any complications during your pregnancy or the birth of your child? _____

If yes, explain: _____

Baby's weight at birth: _____

Since birth, has your child experienced any medical problems (e.g., hospitalizations, surgeries, ear infections)? _____ If yes, explain: _____

Does your child have allergies? Food: _____ Medication: _____ Seasonal: _____

Latex: _____ Environmental: _____

Is your child currently taking any medications? _____ If so, please list: _____

Developmental History:

At what age did your child demonstrate the following:

Cooing _____ Babbling _____ Sitting up _____

Crawling _____ Walking _____ First word _____

Running _____ Toilet training _____

How would you describe your child's current **expressive language**? For example, what sounds do you notice that he/she has difficulty producing? Does he/she speak in mostly 1 to 2 word responses?

Is he/she aware of his/her difficulty and if so, how does that affect him/her emotionally or behaviorally?

How would you describe your child's **receptive language**? For example, is he/she able to follow directions? Does he/she seem to understand age appropriate vocabulary? Can he/she seem to comprehend age appropriate stories?

What is your impression of your child's **social communication**? For example, does he/she use: greetings, eye contact, politeness markers, initiation and turn-taking when playing and interacting, and language (verbal/non-verbal) for a variety of purposes (e.g., to make requests, get information, express emotions)

Have there been any noticeable **changes** (positive or negative) in your child's communication behaviors (e.g., expressive language, auditory comprehension, social language) in recent months? If so, explain.

Please describe your child's **play behavior** (e.g., sharing, cooperating with others, pretending, using toys appropriately and symbolically)

Describe your child's fine and gross **motor development** (e.g., gross: running, throwing, jumping; fine: coloring, zipping, cutting).

Describe your child's **temperament/personality** (e.g., how he/she handles frustration, his/her response to affection, needs).

Please note any additional concerns or information you would like to share with us.

Wakulla County Schools
SCREENING REPORT

Date: _____ Student Number: _____

Student: _____ DOB: _____

Primary Language: _____ School: _____

Grade: _____ Teacher: _____ Referred by: _____

Reason: _____

<p style="text-align: center;">HEARING</p> <p>Passed: _____ Failed: _____</p> <p>COMMENTS:</p>	<p style="text-align: center;">VISION</p> <p>Passed: _____ Failed: _____</p> <p>R _____ Glasses/Contact Lenses: <input type="checkbox"/> yes</p> <p>L _____ <input type="checkbox"/> no</p> <p>COMMENTS:</p>
<p>Person Responsible/Position _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p style="text-align: center;">SPEECH</p> <p>Passed: _____ Failed: _____</p> <p>Articulation: <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Fluency: <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Voice: <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>COMMENTS:</p>	<p>Person Responsible/Position _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p style="text-align: center;">LANGUAGE</p> <p>Passed: _____ Failed: _____</p> <p>Test Results:</p> <p>Joliet 3-minute screener <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>CELF (screening) <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Other _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p style="text-align: right;">TOTAL SCORE _____</p> <p style="text-align: right;">EXPRESSIVE SCORE _____</p> <p style="text-align: right;">RECEPTIVE SCORE _____</p> <p style="text-align: right;">OTHER _____</p> <p>COMMENTS:</p>
<p>Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Person Responsible/Position _____</p> <p>Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> yes <input type="checkbox"/> no</p>

Wakulla County School Board
PRAGMATIC LANGUAGE CHECKLIST

NAME: _____ DATE _____

SPEECH-LANGUAGE PATHOLOGIST _____

Please evaluate the following pragmatic language disorders characteristics that this student may exhibit.

Pragmatic behaviors observed:		Seldom	Occasionally	Frequently	Almost Always
1.	Hesitations/revisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Poor attending skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Delays before responding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Inappropriate response to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Poor topic maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Needs repetition of instruction, questions, directions, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Problems with turn taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Ignores social cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Difficulty asking appropriate questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Poor topic selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Poor eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Difficulty reading facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Difficulty expressing an opinion tactfully and appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Difficulty with inferences/subtleties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Difficulty with problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Difficulty initiating a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Difficulty ending a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Difficulty interacting with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVER _____

DATE _____

May be used to develop Tier II/Tier III language interventions for suspected autism spectrum disorders.

Teacher's Rating Scale
Pragmatic Language Skills Grades 4-12

Student: _____ Teacher: _____ Grade: _____ Date: _____

- Please complete this form in ink. It will be included in student's final report.
- **Please compare the student's strengths and weaknesses to other students in your class.**
- This will help determine the role communication plays in educational/social development.

		Always	Usually	Sometimes	Never
1.	Observe turn-taking rules				
2.	Introduces appropriate topics of conversation				
3.	Maintains topics of conversation (nods, responds with "hmm")				
4.	Makes relevant contributions during conversation/discussion				
5.	Asks appropriate questions				
6.	Avoids use of repetitive/redundant information				
7.	Asks for/responds to requests for clarification				
8.	Participates appropriately in structured group activities				
9.	Uses appropriate strategies for gaining attention				
10.	Asks for help appropriately				
11.	Asks for permission appropriately				
12.	Agrees/disagrees using appropriate language				
13.	Responds appropriately when asked to change his/her actions				
14.	Responds to teasing, anger, failure, disappointment appropriately				

Comments/Questions:

What are the problems that concern you the most?

Are there other concerns about this student's communication skills?

Please return to _____ by this date: _____

Wakulla County Schools
Exceptional Student Education
Observation of Language Skills K-12

Student: _____ Birth Date: _____ Student ID#: _____

Gender: _____ Grade: _____ School: _____ Observation Date: _____

Observer: _____

Setting: Classroom Music Art P.E. Guidance Library Other: _____

Observe and note the student's language skills in the areas below as compared to same aged/grade peers in the classroom:

Listening comprehension, oral expression, social interaction, written expression, phonological processing and reading comprehension.

Check areas of Concern for this student:

- | | | |
|----------------------------|----------------------------|---|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Knows and uses vocabulary appropriate for age |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Follows directions with more than one step |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Expresses needs, wants and ideas effectively |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Understands concepts involving time, space, quantity and directionality appropriately for age |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Difficulty with any area of reading (i.e., cause-effect, inferring, problem solving, etc. |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Can answer WH-questions |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Adequate phonological skills for age |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Has adequate social skills |

Please give examples of how the student responds on any of the indicators marked (N) above

Observer Signature: _____

Wakulla County Schools
Exceptional Student Education
Observation of Language Skills K-12

Student: _____ Birth Date: _____ Student ID#: _____

Gender: _____ Grade: _____ School: _____ Observation Date: _____

Observer: _____

Setting: Classroom Music Art P.E. Guidance Library Other: _____

Observe and note the student's language skills in the areas below as compared to same age/grade peers in the classroom:

Listening comprehension, oral expression, social interaction, written expression, phonological processing and reading comprehension.

Wakulla County School Board
Language or Speech Observation Form

Student: _____ **D.O.B.** _____ **Date:** _____
School: _____ **Grade:** _____

Description of activities observed within the learning environment:

Skills Observed

	Yes	No
Age appropriate articulation/phonological skills		
Follows directions appropriately		
Uses grammatically correct utterances		
Appropriate social interactions		
Fluent speech		
Appropriate voice quality		

Is the student's communication comparable to the other students? ☐ Yes ☐ No

Related observational data from other sources and additional comments:

Summary

- ☐ Articulation, language, voice and/or fluency weaknesses lead to academic and social difficulties
☐ Functional communications are within normal limits

Speech-Language Pathologist

Wakulla County School Board Observation for SLI

Student Name: _____ **D.O.B.:** _____

Teacher Name: _____ **Grade:** _____

School: _____

Observation Setting: _____

Areas Observed:
(Check all that apply)

Speech

- ☐ Articulation
- ☐ Voice
- ☐ Fluency

Language

- ☐ Oral Expression
- ☐ Listening Comprehension
- ☐ Social Communication/Pragmatics

Describe observations:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Observer Signature: _____ **Date:** _____

Wakulla County SLI Observation Form

Observation #1: Child's Name:

Observer: Date/Time: Place: Reason:

Observation #2: Child's Name:

Observer: Date/Time: Place: Reason:

Autism Observation Instrument for General Education Classroom

School: _____ Date: _____

Administrator completing instrument: _____

SCORE CODE

0	=	No evidence of this quality indicator
1	=	Some evidence of this quality indicator (because it occurs sometimes though not consistently; because A “successive approximation” occurs for some but not all students or staff).
2	=	The quality indicator is clearly evident for all students/staff.
N/A	=	Not applicable.

	Score	Comments
CLASSROOM ENVIRONMENT and OPERATION		
A daily schedule of activities is posted in the classroom and a system for communicating the activity schedule to students is evident. Individual student schedules are evident when needed.		
The daily schedule is followed as outlined.		
Each student spends most of his/her time engaged in active learning activities, with minimal non-engagement between activities.		
Transitions between activities are handled smoothly and efficiently.		
Classroom rules are worded positively and succinctly, define observable behaviors, and are posted in the classroom.		
Students with ASD are given opportunities to make choices and further develop choice making skills.		
Teacher implements student’s Behavior Intervention Plan (BIP) as indicated		
Instructional areas of the classroom are clearly defined for students and instructional materials are readily accessible to each student.		
Classroom assistants (when present) are actively involved with students in a manner that promotes their independence and learning and social interaction with peers.		
Data on student performance is collected and reviewed weekly during collaborative planning time that involves members of the student’s educational team.		
CURRICULUM & INSTRUCTION		
Instructional strategies are specific to individual students and specific goals.		
Visual and manipulative supports are used to support learning as needed.		
Direct instruction is used to teach social skills as needed.		
Skill instruction in social and communicative behaviors is embedded into naturally occurring activities and routines.		
Teacher uses modeling and differential reinforcement to support positive behavior of students.		
Augmentative or alternative communication supports are		

available to the student at all times and designed individually according to student needs and learner characteristics.		
Staff demonstrates an understanding of the functions of behavior and respond to challenging behavior accordingly.		
The teacher demonstrates competence in basic behavioral instructional strategies including shaping, error correction, differential reinforcement, prompt fading, and generalization strategies.		
Instruction, consequences and corrections are closely related to those procedures used with typical classmates.		
Positive feedback is provided to students frequently and at a rate that exceeds corrective feedback.		
Written lesson plans are available which clearly state the content and instructional goals (consistent with the student's IEP objectives) of the learning activity.		
Lesson plans specify instructional strategies (e.g., cueing, prompting, error correction, fading teacher assistance, and the delivery of consequences).		
OPPORTUNITIES FOR TYPICAL EXPERIENCES		
Students with ASD are integrated into classroom activities (e.g., involved in group activities, sitting alongside general education peers in work spaces) with accommodations or modifications as needed.		
Students with ASD use school enrichment areas (e.g. library) and attend special area with general education peers.		
Students with ASD eat their lunch at the same time and at the same cafeteria tables with general education peers.		
Friendships between students with and without disabilities are promoted. General education peers positively interact with students with ASD across school settings and activities.		
Students with ASD actively participate successfully in daily social and leisure activity interactions (including recess, sports, field trips, assemblies, and performances etc.) with general education peers.		
PROGRAM MODEL & POLICIES		
Integrated therapy rather than a pullout direct service model		
Professional staff members refer to students using person-first language. They also talk with (and about) students in a manner that communicates respect (i.e., they do not yell at, make fun of, or talk about students as if they are not present).		
Special education classrooms are not identified by a disability category (e.g., the autistic unit) or other terms that may affect a student's self-esteem.		
All staff maintain the confidentiality of students and families.		

Notes:

Teacher Input – Language

Student _____ School _____ Teacher _____ Grade _____

Your observation of the above student's language will help determine if a language problem adversely affects educational performance. (Note: Educational performance refers to the student's ability to participate in the educational process and must include consideration of the student's social, emotional, academic and vocational performance.) Check all age-appropriate items that have been observed.

Please return the completed form to the speech/language therapist by _____ (date)

Skill Area: Listening – Auditory Processing – Memory – Receptive Language

The student:	*Not age appropriate	Yes	No	Sometimes
<ul style="list-style-type: none"> ▪ Can follow verbal directions during . . . 				
Individual instruction				
Group instruction				
▪ Can follow classroom routines				
▪ Requires clarification and/or repetition of directions				
▪ Uses appropriate listening/attending skills				
▪ Comprehends verbal information provided in class				
▪ Comprehends questions				
▪ Answer questions appropriately				
▪ Can problem solve				
▪ Can ignore auditory distractions				
▪ Retains new information				
▪ Recalls old information				
▪ Comprehends simple sentence structures				
<ul style="list-style-type: none"> ▪ Comprehends complex sentence structure: 				
Passive voice (The boy was followed by the dog.)				
Relative clauses (the cake that Joy ate.)				
Pronoun reference (he=Billy)				
▪ Is the student's reading comprehension appropriate				
▪ Comprehends basic curricular concepts				
Skill Area: Semantics – Concepts				
<ul style="list-style-type: none"> ▪ Recognizes different uses of words, depending on context: 				
Recognizes meanings of antonyms and synonyms				
Recognizes multiple meaning (fly: a fly, to fly)				
Recognizes figurative language (hold your horses)				
Differentiates homonyms (road – rode)				
Understands temporal (before/after), position				
(above/below), and Quantitative (more/several) concepts				
▪ Understands adult language (proverbs, idioms, humor)?				

Skill Area: Expressive Language

The student:	<i>*Not age appropriate</i>	Yes	No	Sometimes
• Expresses ideas effectively				
• Uses sentence structure and grammar that is appropriate for age/grade				
• Asks WH-questions				
• Expresses a logical sequence of ideas to tell a story or relate event				
• Uses age-appropriate vocabulary				
• Speaks with appropriate rate, volume, pitch, and voice quality				
• Uses age-appropriate speech sounds				
• Does the student contribute appropriately to class discussions				
Skill Area: Social Communication/Pragmatics				
• Participates in discussions				
• Can carry on a meaningful conversation with adults and peers				
• Begins, maintains, and ends conversation appropriately				
• Makes relevant comments about the topic				
• Understands humor, idioms, and other figurative language				
• Attends to speaker – maintains eye contact appropriately				
• Asks for clarification when message is not understood				
• Recognizes when the listener does not understand and attempts to clarify the message				
Skill Area: Metalinguistics/Phonemic Awareness				
• Participates in discussions				
• Can identify rhyming words				
• Can verbally produce rhyming words				
• Can identify initial consonant sounds in words presented orally				
• Can blend sounds orally to form words				
• Can segment sounds within a word orally				

It is my opinion that these behaviors ___do/ ___do not adversely affect the student's educational performance.

Comments: _____

Wakulla County Schools
PARENTAL NOTICE/CONSENT FOR EVALUATION

Student: _____ DOB: _____ Student ID #: _____
School: _____ Grade: _____ Date: _____

Dear Parent/Guardian:

An individual evaluation is recommended to assist your child in making the most of his or her educational opportunities. The individual evaluation is proposed after review of all available test data, observations(s), conferences, and classroom performance. Other factors that may have influenced the proposal or refusal to evaluate were parental request or _____. The evaluation procedure may include individual assessment, classroom observation, individual or group counseling, or parent and teacher interviews. The checked assessment areas described below are recommended. Additional evaluations may be administered if deemed appropriate by the evaluators/evaluation team.

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

<input type="checkbox"/> Developmental	Adaptive, personal-social, communication, motor and cognitive skills (birth to Age 6)
<input type="checkbox"/> Psycho-educational	Assessment of intellectual, academic, perceptual, or language skills
<input type="checkbox"/> Vision	Assessment of visual ability
<input type="checkbox"/> Audiological	Assessment of hearing ability
<input type="checkbox"/> Speech/Language	Assessment of language ability, articulation skills, fluency, and voice quality
<input type="checkbox"/> Social	Assessment of social and behavioral ability
<input type="checkbox"/> Motor/Physical	Assessment of fine and gross motor skills
<input type="checkbox"/> Medical	Physical and/or neurological evaluation
<input type="checkbox"/> Other:	Data History Review; Analysis of Response to Intervention

General education interventions: Evidence based interventions addressing the identified area(s) of concern have been implemented in the general education environment for a reasonable period of time and have been found to be ineffective in meeting the student's educational needs.

- ☐ N/A
- ☐ Progress Monitoring
- ☐ Group or Individual Counseling
- ☐ Behavior Intervention Plan (BIP)

- ☐ Tutoring
- ☐ Community Agency Referral
- ☐ Other _____

- Change in
- ☐ Level of Instruction
 - ☐ Schedule
 - ☐ Teacher
 - ☐ Instructional Techniques

These interventions may not be required for certain students suspected of having a disability if the team determines the interventions are not appropriate. The school will contact you to arrange a time for you to meet with the Staffing and/or IEP Team to discuss the evaluation results.

Please check the appropriate space provided, sign, date, and return to _____
Keep a copy for your records

- ☐ **YES, I consent to the proposed evaluation.**
- ☐ **NO, I do not consent to the proposed evaluation.**

***Date Received by School:** _____

As parent(s), guardian(s) of an exceptional student you have certain protections under the Procedural Safeguards (attached) of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, *FAC Procedural Safeguards for Students with Disabilities* or Rule 6A-6.03313, *FAC, Procedural Safeguards for Exceptional Students who are Gifted*. Further explanation of rights and copies may be obtained. I have received and reviewed the Procedural Safeguards and understand my rights under the Individuals with Disabilities Education Act of 2004.

Signature of Parent/Legal Guardian/Surrogate/Student (if 18 years of age or older)

Date

Copies to: ☐ Cumulative Student Folder ☐ ESE Office ☐ Student Services (if applicable) ☐ Parent ☐ ESE Teacher

WMIS ES2167, rev 7/13

Wakulla County School Board
Specific Learning Disability and/or Language Impaired Program
Eligibility Review

Name: _____ ☐ Male ☐ Female DOB: _____ Date: _____
ID#: _____ School: _____ Grade: _____

Summary of Eligibility Criteria for a Language Impairment and/or Specific Learning Disabilities				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The student does not achieve adequately for the student's chronological age or does not meet grade-level standards in one or more of the following areas (check all that apply):
Language Impaired Areas:		Specific Learning Disability Areas:		
<input type="checkbox"/>	Oral Expression	<input type="checkbox"/>	Basic Reading Skills	
<input type="checkbox"/>	Listening Comprehension	<input type="checkbox"/>	Reading Fluency Skills	
<input type="checkbox"/>	Written Expression	<input type="checkbox"/>	Reading Comprehension	
<input type="checkbox"/>	Social Interaction	<input type="checkbox"/>	Mathematics Problem Solving	
<input type="checkbox"/>	Phonological Processing	<input type="checkbox"/>	Math Calculation	
<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>	Oral Expression	
<input type="checkbox"/>		<input type="checkbox"/>	Listening Comprehension	
<input type="checkbox"/>		<input type="checkbox"/>	Written Expression	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Observations were conducted in accordance with rule 6.A-6.03018(5)F.A.C.
<input type="checkbox"/>		<input type="checkbox"/>		The student's learning difficulties are not primarily the result of lack of learning experiences and scientific, research-based instruction appropriate for the student's chronological age or grade-level standards in the general education setting.
<input type="checkbox"/>		<input type="checkbox"/>		Student does not make adequate progress based on response to scientific, research-based intervention.
<input type="checkbox"/>		<input type="checkbox"/>		The student's learning difficulties are not primarily the result of any of the factors impacting learning, such as: a visual, hearing, or motor disability; Intellectual disability; emotional/behavioral disability; cultural factors; irregular pattern of attendance and/or high mobility rate; classroom behavior; environmental or economic factors; or limited English Proficiency; (LI only): Age; Gender
<input type="checkbox"/>		<input type="checkbox"/>		The student needs interventions that differ significantly in intensity and duration from what can be provided through general education resources alone.
<input type="checkbox"/>		<input type="checkbox"/>		The student demonstrates a need for special education services.
The student demonstrates evidence of eligibility. What categorical area has been determined most appropriate? <input type="checkbox"/> Language Impaired <input type="checkbox"/> Specific Learning Disability				
Signatures of Group Determining Eligibility. Each of the following certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of rule 6A-6.0331.				
_____ <i>ESE Administrator/Designee</i>		_____ <i>General Education Teacher</i>		_____ <i>Parent</i>
_____ <i>School Psychologist</i>		_____ <i>Speech/Language Pathologist</i>		_____ <i>ESE Teacher</i>
_____ <i>Principal/Designee</i>		_____ <i>Other: Name/Position</i>		_____ <i>Other: Name/Position</i>
The following team members DISAGREE with the conclusion of the group. Attach a separate statement presenting each members conclusion.				
_____ <i>Other: Name/Position</i>		_____ <i>Other: Name/Position</i>		_____ <i>Other: Name/Position</i>

Wakulla County Schools
EDUCATIONAL RELEVANCE OF THE COMMUNICATION DISORDER

_____ does/does not demonstrate a communication disorder that negatively impacts {his/her} ability to participate in or benefit from the general education curriculum in one or more of the following areas:

- Academic -ability to benefit from the curriculum
- Social -ability to interact with peers and adults
- Vocational -ability to participate in vocational activities

Academic Impact

Check academic areas impacted by communication problems:

- | | | |
|--|--|--|
| <input type="checkbox"/> Readiness | <input type="checkbox"/> Reading | <input type="checkbox"/> Math |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Below average grades | <input type="checkbox"/> Inability to complete language-based activities |
| <input type="checkbox"/> Inability to understand oral directions | <input type="checkbox"/> No academic impact reported | <input type="checkbox"/> Other: |

Social Impact

Check social areas impacted by communication problems:

- ☐ Peers tease student about communication problem
- ☐ Student demonstrates embarrassment and/or frustration regarding communication
- ☐ Student demonstrates difficulty interpreting communication intent
- ☐ Student loses voice during day
- ☐ No social impact reported
- ☐ Other:

Vocational Impact

(Applicable for secondary students) Check job related skills/competencies student cannot demonstrate due to communication problems:

- ☐ Inability to understand/follow oral directions
- ☐ Inappropriate response to coworker/supervisor/comments
- ☐ Unable to answer/ask questions in a coherent/concise manner
- ☐ Student has hearing acuity problem
- ☐ No vocational impact reported
- ☐ Other:

Additional Information:

Speech Language Pathologist Signature

Date

Wakulla County Schools
Exceptional Student Education
ELIGIBILITY DETERMINATION and PLACEMENT STAFFING FORM

Student: _____ DOB: _____ Sex: ☐ M ☐ F Race: _____
 Grade: _____ Present School: _____
 Parent: _____

ELIGIBILITY RECOMMENDATIONS	The School Eligibility Staffing Committee, which reviewed educational information about the student, met on _____ to consider your child's eligibility. This was the purpose of the meeting and this notice explains why the committee proposes or refuses to take the actions listed. <input type="checkbox"/> Meets eligibility criteria for _____. <input type="checkbox"/> Meets criteria for the related service(s) of: _____. <input type="checkbox"/> Transferred from out-of-district and meets criteria for: _____. <input type="checkbox"/> Is recommended for change in identification from _____ to _____. <input type="checkbox"/> Is already enrolled in _____ and does/does not meet current procedures for _____. <input type="checkbox"/> Does not meet eligibility criteria for an Exceptional Student Education program at this time. <input type="checkbox"/> Based on reevaluation data and an IEP meeting, is recommended for dismissal from Exceptional Student Education. <input type="checkbox"/> Based on evaluation data and IEP meeting, is recommended for discontinuation from _____.				
EVALUATION	NAME OF EVALUATION INSTRUMENT(S)	DESCRIPTION	DATE		
	Developmental Assessment	Adaptive, social, communication and cognitive skills			
	Psycho-educational	Intellectual, academic, behavioral, language			
	Vision/Hearing	Visual/hearing ability			
	Speech/Language	Language ability, articulation, fluency, voice quality			
	Social	Social and Behavioral ability			
	Analysis of Response to Intervention	Increasing interventions summary			
	Motor/Physical/Medical	Fine and Gross Motor skills/Physical evaluation			
	Other: _____				
COMMITTEE	<table style="width: 100%;"> <tr> <td style="width: 50%;"> Parent/Guardian: _____ ESE Director/Designee: _____ ESE Teacher: _____ Regular Teacher: _____ Psychologist/Eval Specialist: _____ </td> <td style="width: 50%;"> Parent/Guardian: _____ Principal/Designee: _____ Speech/Language Therapist: _____ OT/PT Therapist: _____ Other: _____ </td> </tr> </table>			Parent/Guardian: _____ ESE Director/Designee: _____ ESE Teacher: _____ Regular Teacher: _____ Psychologist/Eval Specialist: _____	Parent/Guardian: _____ Principal/Designee: _____ Speech/Language Therapist: _____ OT/PT Therapist: _____ Other: _____
Parent/Guardian: _____ ESE Director/Designee: _____ ESE Teacher: _____ Regular Teacher: _____ Psychologist/Eval Specialist: _____	Parent/Guardian: _____ Principal/Designee: _____ Speech/Language Therapist: _____ OT/PT Therapist: _____ Other: _____				
REVIEW	Eligibility is based on ESE Director/Designee review of evaluation data and the staffing committee's recommendations. Comments: _____ Reevaluation Date: _____ <input type="checkbox"/> Reviewed _____ <input type="checkbox"/> Parent received copy of report <div style="text-align: right; font-size: small;"> ESE Director/Designee _____ Date _____ </div>				
PLACEMENT	In order to meet the child's needs, the district proposes to place your child as recommended by the IEP team and indicated on the Individual Education Plan. All of the following placement options were considered. <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Final recommendation is indicated by checks: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource Room <input type="checkbox"/> Separate Class <input type="checkbox"/> Special Day School <input type="checkbox"/> Individual instruction in a home or hospital <input type="checkbox"/> Other (specify) _____ </td> <td style="width: 50%; vertical-align: top;"> Other placements were refused because: <input type="checkbox"/> Did not provide the least restrictive environment <input type="checkbox"/> Did not provide appropriate program <input type="checkbox"/> Student not eligible for ESE Other: _____ Other factors relevant to this proposal may include: _____ </td> </tr> </table>			Final recommendation is indicated by checks: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource Room <input type="checkbox"/> Separate Class <input type="checkbox"/> Special Day School <input type="checkbox"/> Individual instruction in a home or hospital <input type="checkbox"/> Other (specify) _____	Other placements were refused because: <input type="checkbox"/> Did not provide the least restrictive environment <input type="checkbox"/> Did not provide appropriate program <input type="checkbox"/> Student not eligible for ESE Other: _____ Other factors relevant to this proposal may include: _____
Final recommendation is indicated by checks: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource Room <input type="checkbox"/> Separate Class <input type="checkbox"/> Special Day School <input type="checkbox"/> Individual instruction in a home or hospital <input type="checkbox"/> Other (specify) _____	Other placements were refused because: <input type="checkbox"/> Did not provide the least restrictive environment <input type="checkbox"/> Did not provide appropriate program <input type="checkbox"/> Student not eligible for ESE Other: _____ Other factors relevant to this proposal may include: _____				
INITIAL	Consent for placement is required the first time the student is placed in an ESE program. I understand that parent/guardian consent is required only before initial assignment. We the undersigned parent(s)/guardian(s) of above named student. 3) <input type="checkbox"/> AGREE to his/her placement in the Exceptional Student Education Program. 4) <input type="checkbox"/> DO NOT AGREE to his/her placement in the Exceptional Student Education Program. <div style="text-align: right; font-size: small;"> _____ Parent/Guardian Signature _____ Date _____ </div> <p style="font-size: x-small;">As parent(s) of a child with disabilities you have protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. Further explanation and copies may be obtained from the Exceptional Student Education office at (850) 926-0065 or school counselor _____, phone number _____. For a gifted student, you have protections under the Procedural Safeguards under Rule 6A-6.03310.FAC.</p>				

LANGUAGE EVALUATION PROCEDURES

Prekindergarten Evaluation: The minimum evaluation for a prekindergarten child shall include all of the following:

- Information gathered from the child's parent(s) or guardian(s) and others as appropriate, such as teacher(s), service providers, and caregivers regarding the concerns and description of language skills. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
- One or more documented and dated observation(s) of the child's language skills must be conducted by the speech-language pathologist in one or more setting(s), which must include the child's typical learning environment for a child of that chronological age; and,
- Administration of one or more standardized norm-referenced instruments designed to measure language skills. The instrument must be administered and interpreted by a speech-language pathologist to determine the nature and severity of the language deficits. If the speech-language pathologist is unable to administer a norm-referenced instrument, a scientific, research-based alternative instrument may be used. The evaluation report must document the evaluation procedures used, including the rationale for use of an alternative instrument, the results obtained, and the basis for recommendations.

Kindergarten – 12th Grade Evaluations: The minimum evaluation procedures must include all of the following:

- Review of data that demonstrate the student was provided well-delivered scientific, research-based instruction and interventions addressing the identified area(s) of concern and delivered by qualified personnel in general or exceptional education settings;
- Data-based documentation, which was provided to the student's parent(s) or guardian(s), of repeated measures of performance and/or functioning at reasonable intervals, communicated in an understandable format, reflecting the student's response to intervention during instruction;
- Information gathered from the student's parent(s) or guardian(s) and teacher(s), and when appropriate, the student, regarding the concerns and description of language skills. This may be completed through a variety of methods including interviews, checklists, or questionnaires;
- Documented and dated observation(s) of the student's language skills must be conducted by the speech-language pathologist in one or more setting(s); and
- Administration of one or more standardized norm referenced instrument(s) designed to measure language skills. The instrument(s) must be administered and interpreted by a speech-language pathologist to determine the nature and severity of the language deficits. If the speech-language pathologist is unable to administer a norm-referenced instrument, a scientific, research-based alternative instrument may be used. The evaluation report must document the evaluation procedures used, including the rationale for use of an alternative instrument, the results obtained, and the basis for recommendations.

PREKINDERGARTEN LANGUAGE ELIGIBILITY

A prekindergarten child is eligible as a student with a language impairment in need of exceptional student education if all of the following criteria are met:

1. There is evidence, based on evaluation results, of significant deficits in language. The impairment may manifest in significant difficulties affecting one or more of the following areas:
 - Listening comprehension;
 - Oral expression;
 - Social interaction; or
 - Emergent literacy skills (e.g., vocabulary development, phonological awareness, narrative concepts)
2. One or more documented and dated behavioral observation(s) reveals significant language deficits that interfere with performance and/or functioning in the typical learning environment;
3. Results of standardized norm-referenced instrument(s) reveal a significant language deficit in one or more of the areas listed in paragraph (1) of this rule, as evidenced by standard score(s) significantly below the mean. If the evaluator is unable to administer a norm-referenced instrument and an alternative scientific, research-based instrument is administered, the instrument must reveal a significant language deficit in one or more areas listed in paragraph (1) of this rule. Significance of the deficit(s) must be determined and based on specifications in the manual of the instrument(s) utilized for evaluation purposes;
4. Information gathered from the child's parent(s) or guardian(s), teacher(s), service providers, or caregivers must support the results of the standardized instruments and observations conducted;
5. **The language impairment must have an adverse effect on the child's ability to perform and/or function in the typical learning environment, thereby demonstrating the need for exceptional student education; and,**
6. The language impairment is not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

LANGUAGE ELIGIBILITY CRITERIA – KINDERGARTEN – 12TH GRADE

A student meets the eligibility criteria as a student with a language impairment in need of exceptional student education if all of the following criteria are met:

1. Due to deficits in the student's language skills, the student does not perform and/or function adequately for the student's chronological age or to meet grade-level standards as adopted in Rule 6A-1.09401, F.A.C., in one or more of the following areas, when provided with learning experiences and instruction appropriate for the student's chronological age or grade:
 - Oral expression;
 - Listening comprehension;
 - Social interaction;
 - Written expression;
 - Phonological processing; or,
 - Reading comprehension.
2. Due to deficits in the student's language skills, the student does not make sufficient progress to meet chronological age or State-approved grade-level standards pursuant to Rule 6A-1.09401, F.A.C., in one or more of the areas identified in paragraph (7)(a) of this rule when using a process based on the student's response to scientific, research-based intervention;
3. Evidence of a language impairment is documented based on a comprehensive language evaluation, including all evaluation components as specified in paragraph (6)(b) of this rule. There must be documentation of all of the following:
 - Documented and dated observations show evidence of **significant language deficits that interfere with the student's performance and/or functioning in the educational environment**;
 - Results of standardized norm-referenced instrument(s) indicate a significant language deficit in one or more of the areas listed in paragraph (1)(a) of this rule, as evidenced by standard score(s) significantly below the mean. If the evaluator is unable to administer a norm-referenced instrument and an alternative scientific, research-based instrument is administered, the instrument must reveal a significant language deficit in one or more areas listed in paragraph (1)(a) of this rule. Significance of the deficit(s) must be determined and based on specifications in the manual of the instrument(s) utilized for evaluation purposes;
 - Information gathered from the student's parent(s) or guardian(s), teacher(s) and when appropriate, the student, must support the results of the standardized instruments and observations conducted; and,
 - At least one additional observation conducted by the speech-language pathologist when the language impairment is due to a deficit in pragmatic language and cannot be verified by the use of standardized instrument(s). The language impairment may be established through the results of subparagraphs (6)(b)3, and 4, of this rule and the additional observation(s) conducted subsequent to obtaining consent for evaluation as part of a comprehensive language evaluation. The evaluation report must document the evaluation procedures used, including the group's rationale for overriding results from standardized instruments, the results obtained, and the basis for recommendations. The information gathered from the student's parent(s) or guardian(s), teacher(s), and when appropriate, the student, must support the results of the observation(s) conducted; and,
 - The group determines that its findings under paragraph (7)(a) of this rule are not primarily the result of factors related to chronological age, gender, culture, ethnicity, or limited English proficiency.

Wakulla County Schools
**GUIDING QUESTIONS FOR DETERMINING THE NEED
FOR SPEECH/LANGUAGE AS A RELATED SERVICE**

Student: _____ Student#: _____ D.O.B. _____

ESE Program(s): _____ School: _____

1. What are the communication problems that the student is having in the educational environment:

2. What are the results of the student's most recent speech/language evaluation? *(must be within a year)*
(Briefly Describe) _____

3. Are the student's communication problems a result of other factors?
 - Limited English Proficiency (LEP) ☐ No ☐ Yes
 - Is the student currently receiving LEP services? ☐ No ☐ Yes
 - How are the student's LEP needs being met? _____
 - Is there a need for an LEP referral? ☐ No ☐ Yes
 - Augmentative & Alternative Communication (AAC) ☐ No ☐ Yes
 - Are their alternative forms of communication in place? ☐ No ☐ Yes
(Describe) _____
 - If not, is there a need for a referral for AAC devices or technology? ☐ No ☐ Yes
 - Physiological, Psychological, or Medical Factors ☐ No ☐ Yes
(Describe) _____

4. Do the student's current IEP goals address communication needs?
 - ☐ No **(Stop)** Develop goals to be implemented in the classroom. Speech/Language Therapists may collaborate and/or consult with the teacher to meet the needs of the student.
 - ☐ Yes
 - Describe the IEP goals: _____

 - What are the strategies or interventions that are currently being provided in the classroom to meet the communication needs? _____

 - Are the strategies or interventions effective? ☐ Yes **(Stop)** ☐ No,
explain: _____
5. Is the communication need impacting access to the educational curriculum? ☐ No **(Stop)** ☐ Yes (Continue)
6. Are speech/language services necessary for the student to benefit from special education? ☐ No **(Stop)**
☐ Yes – Student is eligible for speech/language as a related service. Develop specific speech/language goals and objectives. Complete the *Communication Impact on Special Education Services* form.

FLORIDA DEPARTMENT OF EDUCATION



Dr. Eric J. Smith
Commissioner of
Education



DPS: 2009-099
Date: 6/8/09

Technical Assistance Paper

Questions and Answers Regarding Speech/Language as a Related Service

Summary:

On August 14, 2006, the memo entitled "Revised Guiding Questions for Determining the Need for Speech/Language as a Related Service and Amendment to Policies and Procedures for the Provision of Specially Designed Instruction and Related Services for Exceptional Students (SP&P)" was disseminated to Florida school districts. Included with this memo were the *Guide for Determining the Need for Speech/Language as a Related Service*, *Guiding Questions for Determining the Need for Speech/Language as a Related Service* (flowchart form), and the *Communication Impact on Special Education Services*. Additionally, the amendment to the SP&P document was included.

Since dissemination of the documents mentioned above, school district staff has identified several questions and issues regarding speech/language as a related service. The purpose of this question and answer document is to offer additional guidance with procedures for determining the need for and providing speech/language as a related service. Major revisions include changes in the guiding questions and attachments.

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Status:

- ☒ New Technical Assistance Paper
Revises and replaces existing Technical Assistance Paper:

Issued by the
Florida Department of Education

Division of Public Schools
Bureau of Exceptional Education and Student Services <http://www.fldoe.org/ese>

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A. Identification of Speech/Language as a Related Service on the Individual Educational Plan (IEP) or Educational Plan (EP)

A-1. How is speech/language as a related service defined?

Section 1003.01(3)(b), Florida Statutes (F.S.), defines special education services as specially designed instruction and such related services as are necessary for an exceptional student to benefit from education. The current federal regulations found at Title 34, Section 300.34, Code of Federal Regulations (CFR), define related services as services as are required to assist a child with a disability to benefit from special education.

State Board of Education Rule 6A-6.03411(dd)3.o., Florida Administrative Code (F.A.C.), *Definitions, ESE Policies and Procedures, and ESE Administrators*, defines speech/language pathology as a related service to include “identification of students with speech or language impairments; diagnosis and appraisal of specific speech or language impairments; referral for medical or other professional attention necessary for the habilitation of speech or language impairments; provision of speech and language services for the habilitation or prevention of communicative impairments; and counseling and guidance for parents, students, and teachers regarding speech and language impairments.” This definition mirrors the definition found in the regulations for the Individuals with Disabilities Education Act, Title 34, Section 300.34(c)(15), CFR.

A-2. Can any student who is enrolled in any exceptional student education (ESE) program receive speech/language as a related service, including a student identified as gifted?

As mentioned above, Section 1003.01(3)(b), F.S., states that special education services, including related services, are those services as are necessary for an **exceptional student** to benefit from education. The definition of “exceptional student,” found at Section 1003.01(3)(a), F.S., states “the term includes students who are gifted and students with disabilities...” Thus, an individual educational plan (IEP) or educational plan (EP) team may consider the need for speech/language as a related service for any student who has been identified as an exceptional student who needs the service to benefit from education. However, speech/language as a related service, as with any other related service, is not *automatically* provided for a student—the IEP or EP team must determine a need for the service based on the goals, services, and needs of the student as outlined in Rule 6A-6.03028, F.A.C., *Provision of Free Appropriate Public Education (FAPE) and Development of Individual Educational Plans for Students with Disabilities*, and Rule 6A-6.030191, F.A.C., *Development of Educational Plans for Exceptional Students Who Are Gifted*. For ease of reading, subsequent questions in this Technical Assistance Paper only reference the IEP or IEP team. However, a student’s EP team could provide for related services.

A-3. Is it recommended that the IEP team consider whether a student is eligible for speech/language as an ESE program before considering the need for speech/language as a related service?

The IEP team may choose to consider using existing evaluation data to make this determination of whether a student is eligible for speech/language as a program. The determination of program eligibility must be based on the requirements outlined in Rule 6A-6.03012, F.A.C., *Special Programs for Students Who Are Speech and Language Impaired*. Program eligibility consideration is not a requirement of the IEP team before determining the need for speech/language as a related service.

A-4. May speech/language as a related service be included on the student's initial IEP?

Yes. Based on Section 1003.01(3)(b), F.S., related services, including speech/language, are provided for exceptional students who need the services to benefit from education. In order for speech/language as a related service to be included on an IEP, the student must have been determined eligible for an ESE program.

A-5. When may speech and/or language be included in the IEP as a related service?

The decision should be data-driven and made on a case-by-case basis by the IEP team. The team should be able to demonstrate the need for the related service based on data. The data used in decision-making may include evaluation outcomes, services the student is currently receiving and/or has received in the past (e.g., private speech/language therapy service), the student's response to specific interventions, and parent input on communication skills observed in the home and other environments.

A-6. Must a speech-language pathologist (SLP) be a member of any IEP team that determines speech and/or language as a related service is necessary for the student to benefit from special education?

Rule 6A-6.03012(5)(a), F.A.C., states that a speech-language pathologist shall be a member of any eligibility staffing committee reviewing speech and language evaluation data. Rule 6A-6.03012(5)(b), F.A.C., states that a speech-language pathologist "shall be involved in the development of IEPs" for eligible speech- and language-impaired students. Involvement may include consulting, reporting and interpreting evaluation results, providing information related to the student's present levels of performance, and assisting in the development of goals and objectives to address the student's communication needs. Although this rule does not require an SLP to be a member of an IEP team that determines speech and/or language as a related service, SLP participation should be encouraged.

A-7. For students transferring from out-of-state, if the IEP indicates that the student was receiving speech/language as a related service in the previous state, may speech/language as a related service be included on the Florida IEP?

Yes. Current federal regulations found at Title 34, Section 300.323, CFR, require that if a student with a disability (who had an IEP that was in effect in a previous school in another state) transfers to a school in Florida, the receiving school district must provide the student with a FAPE, including services comparable to those described in the student's IEP from the previous school. This is to remain in effect until the receiving school district is able to conduct an evaluation, if determined necessary, and develops, adopts, and implements a new IEP, if appropriate. Through the review of evaluation and other data, the IEP team may determine the student's eligibility and continued need for programs and services.

A-8. Should a student who is currently enrolled in speech/language as an ESE program be “switched over” to speech/language as a related service?

This is not a practice recommended by the Bureau of Exceptional Education and Student Services, nor is it required. If a student is enrolled in speech/language as a program, the student should continue in the program until he or she meets dismissal criteria.

A-9. Is specific evaluation data required before consideration of the need for speech/language as a related service?

In determining the need for speech/language as a related service, the IEP team should consider all evaluation and present level data to gain a clear and in-depth picture of the student's communication skills. This data may include the use of a global language instrument as well as other instruments and methods, such as a classroom observation, collection of a speech/language sample, and/or the administration of supplemental speech and/or language tests. It is recommended that methods be used to provide the IEP team with information in all communication domains.

B. Provision of Speech/Language as a Related Service

B-1. Is speech/language therapy as a related service a direct service only that must be provided by the SLP? Is consultation considered a type of related service for speech/language?

Speech/language therapy services shall be provided by an SLP, pursuant to Rules 6A-6.4.0176, F.A.C., *Specialization Requirements for Certification in the Area of Speech-Language Impaired* and 6A-6.03012(6), F.A.C. However, related services may involve direct (e.g., therapy, instruction in language) and/or indirect (e.g., consultation, support in language) services. Rule 6A-6.03028(3)(g)8., F.A.C., states that the communication needs of the student must be considered by the IEP team, and Rule 6A-6.03028(3)(h)4., F.A.C., requires that a statement of the specially designed instruction and related services to be provided to the student must be included in the content of the IEP/EP. However, the IEP/EP team determines the specific needs, services, and role(s) of

various professionals in regard to a particular student.

Consultation is considered a service delivery option for a related service. Based on the definition provided in the *Matrix of Services Handbook* (2004), consultation occurs when “general education teachers and ESE teachers meet regularly to plan, implement, and monitor instructional alternatives designed to ensure that the student with an exceptionality is successful in the general education classroom.” This may involve conversing with teachers regarding language instruction/intervention strategies to use within the classroom. Consultation is a type of service delivery model for all areas of exceptionality, both for ESE programs and for related services. IEP teams should discuss and determine which service delivery model will best meet a student’s needs.

B-2. Can a student receive the same intensity, frequency, and/or location of speech/language service regardless of whether it is a related service or the student is enrolled in speech/language as an ESE program?

There are no separate requirements set forth in Rule 6A-6.03028, F.A.C., regarding the type, frequency, or location of specially designed instruction or related services that may be provided. Thus, a student may receive the same intensity, frequency, and/or location of service regardless of whether speech/language services are provided as a related service or the student meets eligibility criteria for speech/language as an ESE program.

C. Other Related Questions

C-1. How are data on speech/language as a related service being reported?

There is no existing data element to distinguish between speech/language as a program and speech/language as a related service. Thus, the same codes listed below are being used for data reporting of speech/language as a related service. However, districts may add an element to their data system to assist them in tracking whether this service is being provided as a related service.

The data elements for speech impaired and language impaired are as follows:

- F for speech impaired
- G for language impaired

C-2. What are the required procedures when the IEP/EP team determines that speech/language as a related service is no longer needed? Is the IEP/EP team required to complete the reevaluation process to make this determination?

As with any related service, the IEP team must review all pertinent data to determine if a student needs a particular service, or if the need no longer exists. Reevaluation is not required to discontinue particular services. Reevaluation is only required when a team is considering dismissing a student from ESE (i.e., the student is no longer a student with a disability in need of special education and related services).

When it is determined that an ESE student is no longer in need of speech/language as a related service, the IEP/EP team makes the decision to remove the related service from the IEP/EP. In accordance with Rule 6A-6.03311, F.A.C., *Procedural Safeguards and Due Process Procedures for Parents and Students with Disabilities*, this would be considered a change of FAPE and a parent/guardian must be provided with prior written notice.

Appendices

Appendix A: Guiding Questions for Determining the Need for Speech/Language as a Related Service – Revised May 2009

- What are the communication problems that the student is experiencing?
- What does the available data reveal about the student's communication needs? (e.g., comprehensive speech/language (S/L) evaluation, observations, speech/language samples, current and past services, if any, student's response to specific interventions, if any, and parent input on communication skills observed in the home and other environments, etc.).
- Consider whether the student's communication problems are impacted by factors such as limited English proficiency (LEP), need for augmentative and alternative communication (AAC), and/or identified physiological, psychological, or medical factors.

After answering these questions:

- If data and evaluation results indicate the eligibility process should be addressed, schedule and conduct an eligibility staffing/individual education plan (IEP) team meeting.
 - If staffing committee determines student **is** eligible for S/L program, develop a new or review and revise the current IEP.
 - If staffing committee determines student **is not** eligible for S/L program, are the student's communication needs related to the student's identified disability?
 - If not, consider whether communication needs are result of other factors.
 - If yes, continue with actions below.
- Do the goals of the student's draft or current IEP address the communication needs?
 - If no, develop or revise the goals to address communication needs.
 - If yes, describe the IEP goals.
 - What classroom-based strategies or interventions are planned or in place to meet communication needs? If already in place, consider their effectiveness.
 - Are speech/language services necessary for the student to benefit from special education?
 - The student needs speech/language as a related service.
 - Develop specific speech/language goals and objectives. Determine and document the communication impact on special education services. A sample form is located in Appendix B.

Appendix B: Speech/Language as a Related Service
Communication Impact on Special Education Services

SAMPLE FORM

Student's Name: _____ D.O.B.: _____

ESE Program(s) : _____ Related Service(s): ___Speech ___Language

<i>Social Impact</i>	<i>Educational Impact</i>	<i>Vocational Impact</i>
The deficit affects social or emotional development or adjustment in the school setting.	The deficit affects academic achievement.	The deficit affects ability to demonstrate job-related skills/competencies.
Social areas affected by communication deficits (e.g., articulation, fluency, voice, and/or language deficits): _____ Communication deficits interfere with ability to be understood by adults and/or peers. _____ Student has difficulty maintaining and terminating communicative interactions. _____ Student demonstrates embarrassment and/or frustration regarding communication. Provide supportive data: _____ _____ _____ _____	Academic areas affected by communication deficits (e.g., articulation, fluency, voice, and/or language deficits): _____ Reading _____ Math _____ Language Arts _____ Other: _____ Provide supportive data: _____ Difficulty with language-based activities. _____ Difficulty comprehending information presented orally. _____ Difficulty conveying information. Other: _____ _____ _____ _____	Job-related skills student cannot perform due to communication deficits (e.g., articulation, fluency, voice, and/or language deficits): _____ Inability to understand/follow oral directions. _____ Inappropriate response to coworker's or supervisor's comments/questions. _____ Unable to answer/ask questions in a coherent/concise manner. Other: _____ _____ _____ _____

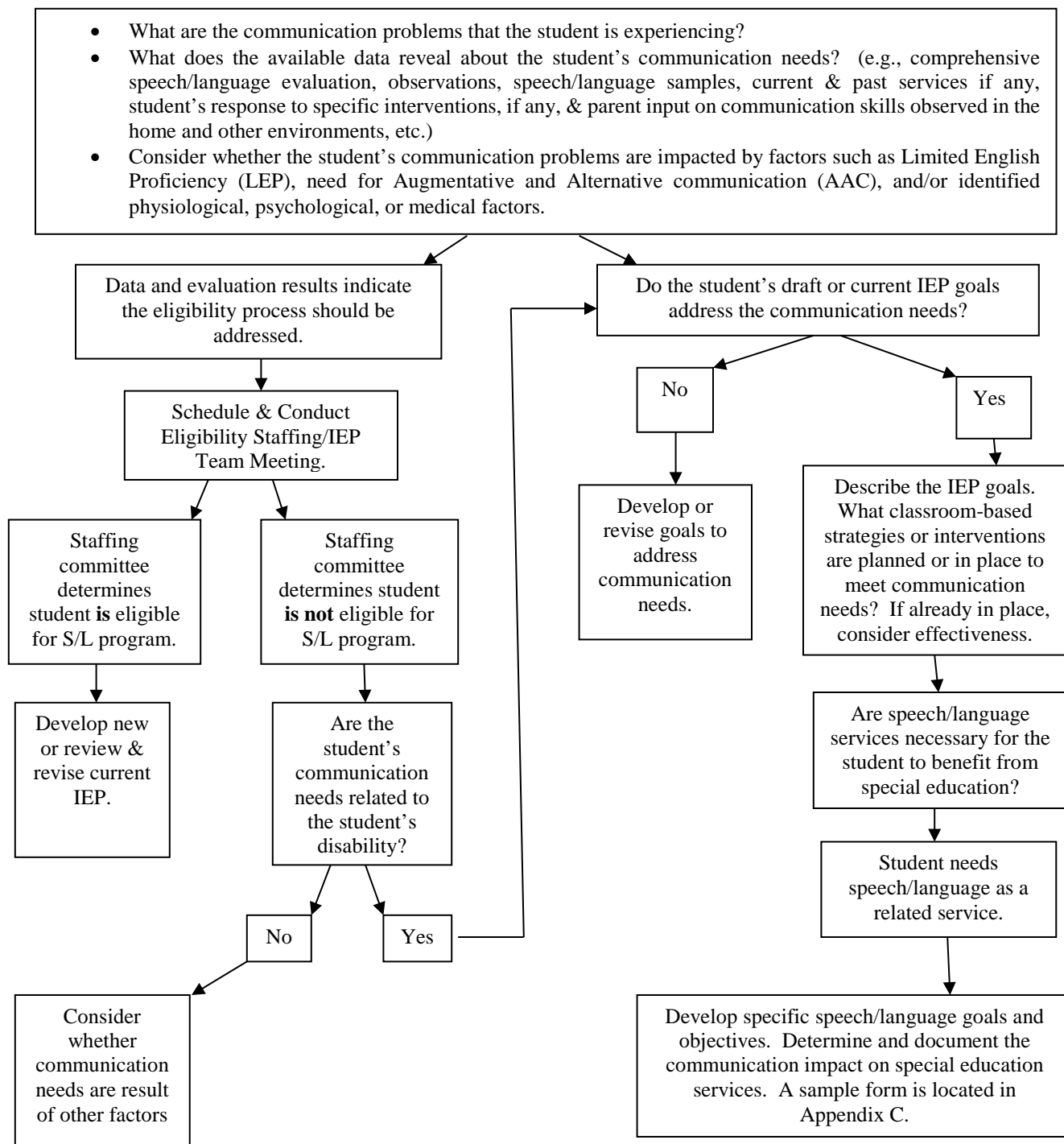
According to 34 CFR 300.24, related services such as speech/language are provided to assist the student with a disability to benefit from special education. The *Guiding Questions for Determining the Need for Speech/Language as a Related Service* have been addressed by the individual educational plan team and the student has been determined in need of speech or language as a related service.

 Signature – Speech-Language Pathologist

 Date

APPENDIX A

Guiding Questions for Determining the Need for Speech/Language as a Related Service – revised May 2009



FOR ALL DIAGNOSTIC REPORTS

The identification of a “significant” disorder must, in all cases, take into consideration the impact that the disorder may or may not have on the student’s educational and vocational potential.

Do not address eligibility on your report. Eligibility is determined by the staffing committee.

Use any of the report forms included in this section.

FOR THE ARTICULATION REPORT

When you are writing your report, you must include a statement similar to the following: According to (Goldman-Fristoe, Iowa) norms, (child’s name) shows a pattern of (three or more separate consonantal error sounds delayed by at least one year) or (two or more separate consonantal error sounds delayed by at least two years) or (one consonantal sound delayed by at least three years)

OR

(Child’s name) _____ shows an error pattern of disordered speech represented by one of the five disordered categories.

OR

(Child’s name) _____ has articulation rated moderately or severely impaired on the Kentucky, South Carolina or other severity rating scale.

Wakulla County Schools
SPEECH DIAGNOSTIC EVALUATION

Student's Name _____ DOB _____ CA _____ Grade _____
 Date of Evaluation _____ School _____
 Speech Pathologist _____

Screening Information

Articulation: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate Screening Tool: _____ Date: _____ Type of errors: <input type="checkbox"/> Substitutions; <input type="checkbox"/> Distortions; <input type="checkbox"/> Omissions Errors demonstrated: _____ Oral peripheral: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate Voice: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate Screening Tool: _____ Date: _____ Fluency: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate Screening Tool: _____ Date: _____ Characteristics: _____	Language: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate Screening Tool: _____ Date: _____ Screening Tool: _____ Date: _____ Vision: 1 st Screening: Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail 2 nd Screening Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail Comments: _____ Hearing: 1 st Screening: Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail 2 nd Screening Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> fail Comments: _____
---	---

Evaluation Information

Test(s) Administered: _____	Date: _____
	Date: _____
Standard Score: _____	Percentile Rank: _____
Errors Demonstrated: _____	

Articulation

	p	b	m	n	k	g	h	w	f	v	t	d	l	r	r	ng	y	sh	ch	j	s	z	th	th	zh
I																									
M																									
F																									

Normative data Sanders Scale:

A	3 sounds delayed 1 year: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or	B. Disordered Versus Delayed: Error pattern is disordered rather than delayed <input type="checkbox"/> Yes <input type="checkbox"/> No
	2 sounds delayed 2 years: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or	C. Severity rating scale at least moderate:
	1 sound delayed 3 years: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		scale _____ score _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

The Speech sound disorder is not primarily due to factors related to age, gender, culture, ethnicity or limited English proficiency.

Summary and Recommendations:

Wakulla County School Board
LANGUAGE ASSESSMENT REPORT

**Initial Assessment
Reevaluation**

Student:	Birth date:
Campus:	Grade:
Date of Evaluation:	Evaluator:

Observations/History: _____ is a second grader at Medart Elementary School and was referred because of concerns about her academics and language skills. Her teacher, Mrs. _____, states that _____ struggles in the areas of reading and writing.
On the day of testing, _____ came with the clinician without hesitation and quickly established rapport.

EXAMPLE

Screening Results:

Vision	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Hearing	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Articulation	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Fluency	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Voice	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Language	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed

Language Assessment:

The **Oral and Written Language Scales** was given to determine _____'s receptive and expressive language skills. The standard scores have a mean of 100 and a standard deviation of 15 (average range = 85 to 115). Standard scores are as follows:

	Standard Score	Percentile Rank
Receptive Language	68	2%
Expressive Language	76	5%
Written Expression	66	1%
Total Language	68	

The **Test of Nonverbal Intelligence** was administered to determine _____'s nonverbal language skills. The scores have a mean of 100 and a standard deviation of 15 (average range = 85 – 115). Scores are as follows:

	Standard Score	Percentile Rank
TONI-3 Scores	84	14%

Comments: This test relies on gestures and eye gaze, and requires _____ to use problem solving skills in the absence of spoken language. She performed more successfully on this task when spoken language was not a factor. A 16-point split was demonstrated between her verbal and nonverbal scores indicating that when _____ has to process spoken language in required tasks she does not always understand what she needs to do or how to respond correctly.

Summary: Based on evaluations, observations, and teacher report, _____ demonstrates a language impairment characterized by difficulty with phonemic and phonological awareness skills, understanding and following multi-step directions, and formulating complete, grammatically correct sentences.

A meeting should be scheduled to review evaluation results

_____ Speech-Language Pathologist	_____ Credentials	Date: _____
--------------------------------------	----------------------	-------------

Wakulla County School Board
SPEECH ASSESSMENT REPORT

**Initial Assessment
Reevaluation**

Student:	Birth date:
Campus:	Grade:
Date of Evaluation:	Evaluator:

Observations/History: _____ was referred because of concerns about his articulation skills. His teacher reports that he has difficulty producing _____ / _____ / and is sometimes difficult to understand when he is in conversation. On the day of testing, _____ accompanied the clinician without any hesitation. He established rapport quickly and was comfortable with the testing situation.

EXAMPLE

Screening Results:

Hearing	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Vision	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Articulation	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Fluency	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed
Voice	<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed

Articulation Assessment:

- I. The **Goldman Fristoe Test of Articulation 3: Sounds in Words** was administered to assess production of phonemes in each position of words.

	Initial	Medial	Final		Initial	Medial	Final		Initial	Medial	Final
p				sh	S	S	S	fl	f		
m				ch	ts	ts	ts	fr	fw		
n				l	w	w	aw	gl	gw		
w				r	w			gr			
h				j				kl	kw		
b				th	f	f	f	kr			
g				v				kw			
k				s				pl	pw		
f				z				sl	Sw		
d				th		v		sp			
ng				bl				st			
y				br				sw			
t				dr				tr	tw		

Comments: _____ mispronounces 3 or more speech sounds that are delayed by at least two years.

- II. The **Goldman-Fristoe Test of Articulation 3: Sounds in sentences** was given to assess production of phonemes in words at the sentence/conversation level. The results correlate with the **Sounds in Words** portion of the evaluation. _____ mispronounces multiple speech sounds that affect the intelligibility of his conversational speech.

Results/Recommendations: Based on the results of the Goldman-Fristoe Test of Articulation, _____ demonstrates more than three speech sound errors in multiple word positions that are delayed by at least 2 years.

A meeting should be scheduled to review evaluation results.

		Date: _____
Speech-Language Pathologist	Credentials	

RE-EVALUATION/DISMISSAL PROCEDURES

Re-evaluations: Anytime you re-test a student enrolled in Speech Language Therapy you must notify the parent using the Meeting Notice of scheduled meeting and purpose. When finished with testing – notify parents of feedback meeting to go over results and any possible changes to the IEP. Any student enrolled in any ESE program must be re-evaluated every three years. Check with the ESE teacher for this re-eval date. The re-evaluation date is listed on the IEP form, but it's best practice to check with the teacher to confirm. Again, the parents must be notified and written permission obtained prior to testing. These forms are included.

- Dismissal: when you have a student whom you feel has met his/her IEP goals and objectives and is doing well in therapy, send home a Meeting Notice notifying them of meeting and possible dismissal. At reevaluation meeting have parents sign the reevaluation consent form. Included are checklists that parents and/or teachers can complete that may help in the dismissal determination. If all the data indicates that the student has met his goals and objectives, the parent(s) should then be invited to a dismissal staffing/IEP meeting to review the test data and other pertinent information and make a determination that the student's speech-language disorder that originally was impacting the student's educational program is no longer relevant and dismissal is recommended. Prepare a dismissal summary explaining reasons). If the student is receiving additional ESE program services, the other teacher(s) involved with the student should be included in this process so that appropriate changes can be made to the IEP if Speech/Language services are discontinued.

SPEECH/LANGUAGE CHECKLISTS

DISMISSALS

- ☐ Parent Input for Re-evaluation
- ☐ Consent for Re-evaluation
- ☐ Relevance of Communication Disorder
- ☐ Communication Worksheet for Consideration of Dismissal
- ☐ Dismissal Summary/or Formal Evaluation Results
- ☐ Prior Written Notice - PEER
- ☐ Staffing Form
- ☐ Meeting Notice - PEER
- ☐ Progress Reports - PEER

RE-EVALUATION

- ☐ Parent Input for Re-evaluation
- ☐ Consent for Re-evaluation
- ☐ Evaluation Report
- ☐ Conference Report (*if no formal evaluation was done*)
- ☐ Meeting Notice

Student Name

Date

Classroom Teacher

Revised 7/13

INSTRUCTIONS FOR RE-EVALUATION PROCESS

There are three options regarding a re-evaluation:

Option one - A more frequent evaluation

Option two - Three year re-evaluation

Option three - No re-evaluation requested (Option 3 not applicable for Vision Impaired, Hearing Impaired, and Dual-Sensory Impaired)

Required paperwork for a re-evaluation: (Procedural Safeguards must accompany all paperwork given to parents)

Option one and two:

☐ Meeting Notice

☐ Parent Input for Re-evaluation

☐ Parent/Notice Consent for Re-evaluation

☐ Meeting Notice (for feedback meeting)

☐ Re-evaluation Report (must be completed for every re-evaluation)

☐ Eligibility Staffing/Consent for Placement Form, a new IEP & Prior Written Notice, if necessary, or a

☐ Conference report

Option three:

☐ Meeting Notice

☐ Parent Input for Re-evaluation

☐ Parent Notice/Consent for Re-evaluation

☐ Conference report

☐ Re-evaluation Report

Please send copies of all re-evaluation forms to ESE office.

Please give parents copies of appropriate forms.

The request for a full psychological evaluation may require a new referral packet. Check with the school counselor/Associate Dean of Student Services before requesting any full psychological re-evaluation.

For OT/PT evaluations (requested at re-evaluation conference)

☐ Meeting Notice

☐ Parent Input for Re-evaluation

☐ Parent Notice/Consent for Re-evaluation

☐ Prior to physical therapy evaluation, a prescription must be obtained from the physician

☐ Re-evaluation Report

The OT or PT will write the evaluation report. The school counselor/Associate Dean of Student Services is responsible for setting up the staffing if it is an initial OT/PT evaluation.

☐ Meeting Notice

☐ Eligibility staffing or conference report

In addition to the paperwork for Option one and Option two, the exceptionalities listed below require the following evaluations:

Vision Impaired - *Re-evaluations must include:*

- ☐ Medical eye exam within the last year
- ☐ Learning Media Assessment
- ☐ Functional Vision Evaluation

Deaf, Hard of Hearing - *Re-evaluations must include:*

- ☐ Audiological evaluation
- ☐ Screening for Ushers Syndrome at least once during grades 6-12 (*this does not take the place of a 3 year re-evaluation*).

Dual Sensory Impaired - *Re-evaluations must include:*

- ☐ Medical eye exam
- ☐ Observation of functional vision
- ☐ Audiological exam
- ☐ Documented observation of audiological functioning

For children over the age of 3:

- ☐ All above items
- ☐ Assessment of Speech/Language functionality
- ☐ Assessment of intellectual or academic functioning or developmental level

*When convening the re-evaluation meeting, all IEP team members should be invited, (O.T., P.T., S.L.P., Vision Teacher, D.H.H. Teacher, etc.)

Wakulla County Schools
Exceptional Student Education
Parent Input for Re-Evaluation

Student Name _____ Date _____

Parent/Guardian's Name (person completing form): _____

Check one: ☐ Completed by parent/guardian ☐ Personal Interview ☐ Telephone Interview
(If interview, conducted by _____ Date _____)

1. How long has your child been receiving special education services? _____
2. Describe any current concerns you have about your child's educational program.

3. What goals do you have for your child? _____

4. Have there been any recent changes in your child's behavior or school performance? ☐ yes ☐ no
If yes, please describe: _____
5. Has your child had any serious medical or psychological problems that have occurred during the last 3 years? ☐ yes ☐ no If yes, explain: _____
6. Has your child received a psychological or educational evaluation from another agency or private practitioner in the last 3 years? ☐ yes ☐ no If yes, who did it, where was it done, and what was the outcome? (Please provide a copy of the report, if you have one) _____

7. Is your child currently taking any prescribed medications? ☐ yes ☐ no If yes, please describe the medication and the condition for which it was prescribed: _____
8. Have there been any significant changes in your home or family relationships during this last 3 years? ☐ yes ☐ no If yes, please describe: _____
9. Is there any additional information about your child that you think is relevant to your child's 3-year re-evaluation? ☐ yes ☐ no If yes, please describe: _____
10. Additional Comments: _____

Parent/Guardian Signature

Date

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT HELP MEET YOUR CHILD'S EDUCATIONAL NEEDS

Return to the school by _____ (date)

Wakulla County Schools
Exceptional Student Education
Parent Notice and/or Consent for Re-Evaluation

To the Parent(s) of : _____ DOB: _____ GRADE: _____
SCHOOL: _____ TEACHER: _____
ESE PROGRAM(S): _____

A re-evaluation review is required for each student with a disability at least every three years, or more frequently if conditions warrant, or if the child's teacher or parent requests a re-evaluation. The IEP team reviewed information available in all areas addressed in the initial evaluation or subsequent re-evaluations of your child. This information includes the following: ☐ evaluation data gathered since the initial evaluation or previous re-evaluation; ☐ information provided by teachers/staff; ☐ current classroom-based assessments and observations; ☐ information provided by family members; ☐ other: _____

Signatures of attendees at Re-evaluation Team meeting: _____ Date _____
LEA _____ *Evaluation Specialist* _____
General ED teacher _____ *ESE Teacher* _____
Parent _____ *Other* _____

The purpose of the re-evaluation is to:

1. Determine if your child continues to have a disability and continues to need special education and related services.
2. Assess your child's present level of performance and educational needs;
3. Determine if any additions or modifications are needed to enable your child to meet the annual goals in his/her individual educational plan and to participate, as appropriate, in the general curriculum;
4. Gather additional data if needed.

We have considered the following options for your child: (1) a 3 year re-evaluation; (2) a more frequent re-evaluation; and (3) no assessment recommended. **We chose option _____ for your child.** The other options were rejected as they did not meet the needs of your child at this time. If other factors were relevant to this proposal, these include the following: _____.

Based on this review, the checked areas described below are recommended. Additional evaluations may be administered if deemed appropriate by the evaluators/evaluation team.

<input type="checkbox"/> Developmental Evaluation (birth to age 6)	<input type="checkbox"/> Speech-Language Screening/Evaluation
<input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/> Intellectual Evaluation
<input type="checkbox"/> Occupational Therapy Evaluation	<input type="checkbox"/> Academic Achievement
<input type="checkbox"/> Orientation and Mobility (O & M)	<input type="checkbox"/> Behavior Skills
<input type="checkbox"/> Social/Developmental History	<input type="checkbox"/> Vision Screening/Evaluation
<input type="checkbox"/> Assistive Technology Evaluation-include AT referral	<input type="checkbox"/> Hearing Screening/Evaluation
<input type="checkbox"/> No Assessment Recommended	<input type="checkbox"/> Adaptive Behaviors
WHY? _____	<input type="checkbox"/> Other _____

The school will contact you to arrange a time for you to discuss the re-evaluation results. Please check the appropriate space provided, sign, date, and return to:

☐ **Yes, I consent to the above recommendations** ☐ **No, I do not consent to the above recommendations.**
☐ **I request a conference before giving permission for the re-evaluation.**

I have received and reviewed the Procedural Safeguards and understand my rights under the Individuals With Disabilities Education Act of 2004:

Signature of Parent/Legal Guardian/Surrogate/Student (if 18 years of age or older)

Date

Obtained from the ESE Director or school counselor or upon request. You have specific rights and protections concerning this proposal that are described in the attached Summary of Procedural Safeguards (Rule 6A-6.03311, FAC). Further explanation of rights and copies may be

	OFFICE USE
If you have any questions or input, please call:	Record of contact attempts.
	1. Date: _____ Type: _____ Results: _____
	2. Date: _____ Type: _____ Results: _____
Phone: _____	3. Date: _____ Type: _____ Results: _____
School: _____	By: _____

Wakulla County Schools
EDUCATIONAL RELEVANCE OF THE COMMUNICATION DISORDER

_____ does/does not demonstrate a communication disorder that negatively impacts {his/her} ability to participate in or benefit from the general education curriculum in one or more of the following areas:

- Academic -ability to benefit from the curriculum
- Social -ability to interact with peers and adults
- Vocational -ability to participate in vocational activities

Academic Impact

Check academic areas impacted by communication problems:

- | | | |
|--|--|--|
| <input type="checkbox"/> Readiness | <input type="checkbox"/> Reading | <input type="checkbox"/> Math |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Below average grades | <input type="checkbox"/> Inability to complete language-based activities |
| <input type="checkbox"/> Inability to understand oral directions | <input type="checkbox"/> No academic impact reported | <input type="checkbox"/> Other: |

Social Impact

Check social areas impacted by communication problems:

- ☐ Peers tease student about communication problem
- ☐ Student demonstrates embarrassment and/or frustration regarding communication
- ☐ Student demonstrates difficulty interpreting communication intent
- ☐ Student loses voice during day
- ☐ No social impact reported
- ☐ Other:

Vocational Impact

(Applicable for secondary students) Check job related skills/competencies student cannot demonstrate due to communication problems:

- ☐ Inability to understand/follow oral directions
- ☐ Inappropriate response to coworker/supervisor/comments
- ☐ Unable to answer/ask questions in a coherent/concise manner
- ☐ Student has hearing acuity problem
- ☐ No vocational impact reported
- ☐ Other:

Additional Information:

Speech Language Pathologist Signature

Date

WMIS ES2013

Wakulla County Schools
COMMUNICATION WORKSHEET FOR CONSIDERATION OF DISMISSAL

Student: _____ Date: _____

Teacher: _____ Grade: _____

I. CHECK THE APPROPRIATE CRITERIA WITHIN AN AREA(S)

Articulation:

<input type="checkbox"/>	The student maintains a minimum of 75% acceptable production of error phonemes.
<input type="checkbox"/>	The student has achieved appropriate compensatory behaviors

Language:

<input type="checkbox"/>	The student's scores are less than one standard deviation below his/her expected language performance range on appropriate standardized tests AND/OR student has learned compensatory strategies to function successfully in the educational setting.
<input type="checkbox"/>	The student's language skills are judged to be adequate in remediated areas(s) determined by informal measures.

Voice:

<input type="checkbox"/>	The modal pitch is optimal, AND the laryngeal tone is clear, AND the intensity is appropriate AND nasality is within normal limits a minimum of 80% of the time under varying conditions of use.
<input type="checkbox"/>	There is improved status of the laryngeal area such as reduced thickening or reddening, or the reduction or elimination of additive lesions such as nodules as reported by a physician.
<input type="checkbox"/>	The student AND parent are satisfied with the voice changes. The student reports little or not irritation or discomfort in the laryngeal area.

Fluency

<input type="checkbox"/>	The student demonstrates fluency that is within normal limits for age, sex, and speaking situation(s) or exhibits some transitory dysfluencies.
<input type="checkbox"/>	The student is no more than 10% dysfluent on a severity rating scale.

AND

II. CHECK ONE OR MORE OF THE FOLLOWING

<input type="checkbox"/>	Speech and language goals and objectives have been met.
<input type="checkbox"/>	Speech and/or language problem is now rated as mild on a severity rating scale or standardized measure(s)
<input type="checkbox"/>	Speech-language problem no longer interferes with the student/s educational performance including academic, and/or vocational functioning.
<input type="checkbox"/>	Speech-language performance is within the student's expected performance range based on current medical, dental neurological, physical, cognitive, emotional, and/or developmental factors.
<input type="checkbox"/>	The student has made minimal or no measurable progress over a period of two school years of consecutive management strategies. During this time, program modifications and varied approaches have been attempted unsuccessfully.
<input type="checkbox"/>	Limited carryover has been documented due to the student's lack of physical, mental, or emotional ability to self-monitor or generalize in one or more environments.
<input type="checkbox"/>	The student's communication needs are being met within another program.

Re-Evaluation Report

Student Name: _____ School _____ DOB _____

- ☐
- No Formal Assessment Recommended
- ☐
- Dismissal Summary

- ☐ Formal Assessment Recommended

Formal Assessment Type	Date	Name of Assessment	Evaluator
<input type="checkbox"/> Academic			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Speech			
<input type="checkbox"/> Language			
<input type="checkbox"/> Other (Specify)			
<input type="checkbox"/> Assistive Technology			
<input type="checkbox"/> FBA			
<input type="checkbox"/> IQ			

Formal Assessment Results

IEP TEAM RECOMMENDATIONS:

Continued Need for Special

Education Services

- ☐ YES ☐ NO

(If NO is checked, complete Staffing Form & Notice of Dismissal)

Related Services:

- ☐
- ADD
- ☐
- DISCONTINUE
- ☐
- N/A

- Occupational Therapy

- Physical Therapy

- ☐ Speech Therapy

- Language Therapy

- ☐ Behavior Services

Review of Student Progress/Comments

Next Re-evaluation Due Date:

Form completed by:

Date: _____

Wakulla County Schools
CONFERENCE REPORT

Student Name_____ Student Number_____ Date:_____

Birth Date_____ Age_____ Grade_____ School_____

Type of Meeting		
<input type="checkbox"/> Child Study Team	<input type="checkbox"/> Parent Conference	<input type="checkbox"/> IEP/EP Team
<input type="checkbox"/> Reevaluation	<input type="checkbox"/> Attendance Conference	<input type="checkbox"/> Other:

Persons Present			
Name	Title	Name	Title

Case Status/ Reason for Conference:

Decision/Recommendations:

- ☐ Reevaluation
- ☐ Dismissal
- ☐ Discontinuance

Wakulla County Schools
LANGUAGE THERAPY PROGRESS REVIEW

Please evaluate the following language characteristics of _____ who has been receiving speech/language services. Check the characteristics you have observed in the classroom and/or other environments. The student may use strategies or may spontaneously demonstrate these characteristics.

Seventy-five percent (**75%**) of the time this student can:

- ☐ Follow oral directions.
- ☐ Answer “*wh*” questions.
- ☐ Understand multiple meaning words.
- ☐ Express an opinion.
- ☐ Express an emotion.
- ☐ Follow written directions.
- ☐ Take turns in conversation with adults and peers.
- ☐ Use appropriate grammar and syntax.
- ☐ Ask for help when needed.
- ☐ Express an idea.

Comments:

Observer _____ Date _____

- ☐ Reevaluation
- ☐ Dismissal
- ☐ Discontinuance

Wakulla County Schools
ARTICULATION THERAPY PROGRESS REVIEW

Please evaluate the following speech characteristics of _____ who has been receiving speech/language services. Check the characteristics you have observed in your classroom and in the school environment. The student may use strategies or may spontaneously demonstrate these characteristics.

Seventy-five percent (**75%**) of the time this student:

- ☐ Can be understood when speaking in class.
- ☐ Can use clear articulation when reminded.
- ☐ Is aware of his/her errors and can self-correct.
- ☐ Uses clear articulation when reading aloud.
- ☐ Does not hesitate to speak in class because of speech errors.
- ☐ Can be understood when speaking in social situations.

Comments: _____

Observer _____ Date _____

- ☐ Reevaluation
- ☐ Dismissal
- ☐ Discontinuance

Wakulla County Schools
VOICE THERAPY PROGRESS REVIEW

Please evaluate the following voice characteristics of _____

Who has been receiving speech services. Check the characteristics you have observed in the classroom and/or other environments. The student may use strategies or may spontaneously demonstrate these characteristics.

Seventy-five percent (**75%**) of the time this student can:

- ☐ Project loudly enough to be heard.
- ☐ Demonstrate a clear sounding voice.
- ☐ Demonstrate healthy voice habits (i.e., not yelling/shouting, no excessive throat clearing).
- ☐ Demonstrate appropriate voice pitch (i.e., not too high or too low for gender).
- ☐ Demonstrate voice quality that is easily understood by peers and adults.

Comments: _____

Observer _____ Date _____

- ☐ Reevaluation
- ☐ Dismissal
- ☐ Discontinuance

Wakulla County Schools
FLUENCY THERAPY PROGRESS REVIEW

Please evaluate the following voice characteristics of _____

Who has been receiving speech services. Check the characteristics you have observed in the classroom and/or other environments. The student may use strategies or may spontaneously demonstrate these characteristics.

Seventy-five percent (**75%**) of the time this student can:

- ☐ Demonstrate typical rate of speech.
- ☐ Demonstrate smooth, uninterrupted speech.
- ☐ Willingly answer questions or comment orally during class discussions.
- ☐ Talk with peers and adults without hesitation.
- ☐ To express an idea, emotion or opinion completely without hesitation.

Comments: _____

Observer _____ Date _____

Wakulla County School District
Speech/Language Dismissal Summary

Student:	Birth Date:
Campus:	Grade:

EXAMPLE

Rationale for Dismissal: _____ has been receiving 60 minutes per week of speech therapy during the 2017-2018 school year, with goals to produce /j/, /ch/ and /r/ in sentences in 8 out of 10 opportunities. _____ has mastered his goal for the /ch/ and /j/ sounds very early in the school year, and has been working primarily on the /r/ phoneme for the majority of the year. He moved very quickly through objectives addressing the sound in isolation, syllables, words and phrases, and by the end of September was working at a sentence level with a high level of success. For the last several months, _____ has been achieving more than 80% accuracy in the productions of his /r/ sounds during therapy sessions. When he is aware of the target work, he typically produces the /r/ in self-generated sentences with 100% accuracy. On 3/10/09, when asked open-ended questions with no prompts for target word, he produced his /r/ sounds with 0% accuracy. During therapy which he gets distracted, he makes occasional errors in conversation, and his teacher has reported that she notices occasional /r/ errors in the classroom. However, his high level of accuracy in the therapy setting, even in unstructured activities, makes it no longer beneficial for him to receive direct speech services.

Recommendation: It is recommended that _____ be dismissed from Speech Impaired, due to the fact that he has met his speech goals and objectives and is using his speech sounds with more than 75% accuracy. _____ would benefit from continued reminders and practice in settings other than therapy, such as the home and classroom. Reading aloud is a great time to practice speech production. Continue to encourage good speech habits and sounds.

SLP Signature

Date: _____

SECTION SEVEN

Assistive Technology

Updated July 2009

ASSISTIVE TECHNOLOGY REFERRAL PROCESS

Wakulla County has Local Assistive Technology Specialist (LATS). When a student is referred for assistive technology by a teacher or parent, a referral form is filled out. It contains information regarding the present problem; technology previously tried and the teacher's recommendations for accommodations during evaluation. If a solution cannot be obtained at the school level, the referral is forwarded to the LATS who meet to review referral and plan the gathering of information. The evaluation is performed by the LATS team and may assess functional vision skills, motor/access skills, cognitive development, behavioral skills, and communication. Part of the information gathered may include parent interviews, videotaping, data collection forms, etc. The team then meets to review the evaluation results and plan the interventions which could range from simple low tech strategies to trials with complex communication or mobility devices.

The LATS write a report summarizing the results of the interventions recommended by the team. If needed, funding for a device could come from the school system, Medicaid, Vocational Rehabilitation, Developmental Services, private agencies, and civic organizations.

- ❖ All children with exceptional education needs must be considered for assistive technology. There are no exceptions, prerequisites, and the determination of whether an assistive technology device or service is required must be made on an individual basis. A.C. Chambers, Has Technology Been Considered?

LAWS AND DEFINITIONS WHICH IMPACT ASSISTIVE TECHNOLOGY

Individuals with Disabilities Education Act (IDEA)

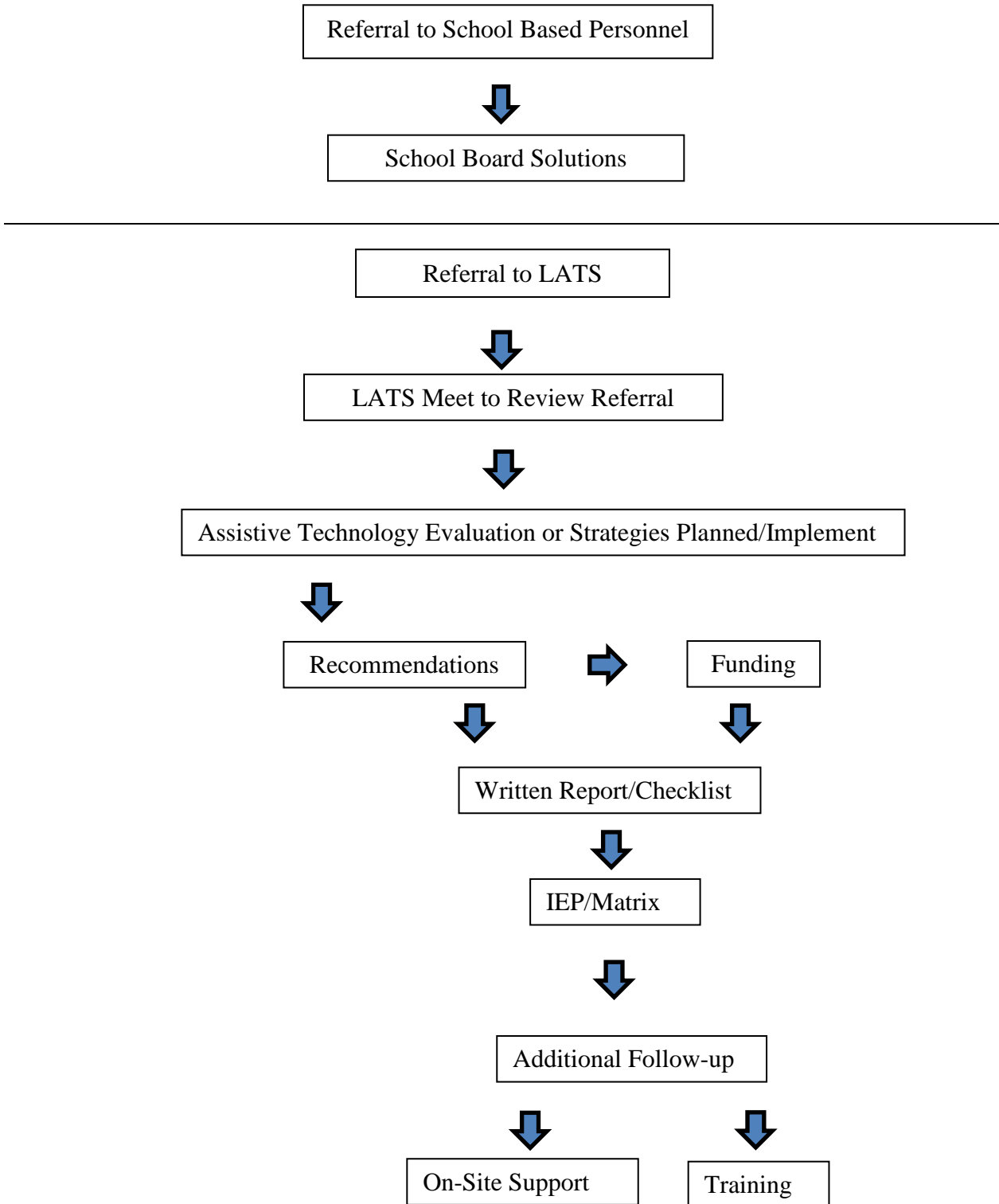
Free and Appropriate Public Education (FAPE)

Least Restrictive Environment (LRE)

Technology Related Assistance for individual with Disabilities Act, passes in 1988

(For further information on laws and legal definitions, see your school copy of "Has Technology Been Considered?" by A.C. Chambers)

WAKULLA COUNTY SCHOOLS
ASSISTIVE TECHNOLOGY REFERRAL PROCESS



WRITING ASSISTIVE TECHNOLOGY IN THE IEP

Assistive technology being used **MUST** be included in the IEP. This may appear:

1. As part of the annual goal statements;
2. As part of the short term objectives, to address specific skills to be mastered
3. To specify a related service, such as specifying the device and training in the use of the device. Related services must include all applicable information concerning:
 - Transportation-medical equipment required (wheelchairs, crutches, walkers, cane, tracheotomy equipment, car seats, seat belts)
 - Medical condition (as per physician's prescriptions)
 - Aide required
 - Shortened school day due to disability
 - School assigned is located out of district
 - Transportation required
 - Communicative device needed (for speaking or for hearing)
 - Computer access
 - Vision adaptations as needed
 - Testing modifications

WRITING ASSISTIVE TECHNOLOGY IN THE MATRIX

The areas of disability for which assistive technology is indicated **MUST** be checked on the front sheet of the Matrix.

The Matrix **MUST** reflect the use of any active technology and/or materials indicated on the IEP in any of the five domains.

RESOURCES

The Director of Exceptional Student Education, LATS, or local FDLRS should be able to put you in contact with the necessary resource people within your area/community to assist in the process of consideration and evaluation of assistive technology for a student with exceptional educational needs.

ASSISTIVE TECHNOLOGY RESOURCE INFORMATION

LOCAL:

Wakulla Local Assistive Technology Specialists

Lisa Collins, Hearing Impaired Teacher 926-0065

Sharon Scherbarth, Vision Impaired Teacher 926-0065

Regional Local Assistive Technology Specialist

Missy West 926-0065

Florida Diagnostic and Learning Resources System

Contact: Karen Hollenbeck 487-2630

725 S. Calhoun Street

Tallahassee, Florida, 32301

Provides information, training and supports the districts through their Local Assistive Technology Specialists

RMCHI: Resource Materials Center for the Hearing Impaired

Florida School for the Deaf and Blind

207 N. San Marco Ave.

St. Augustine, FL 32084

Provides information about software/hardware organization and producers of assistive technology

FIMC: Florida Instructional Materials Center 1-800-282-9193

5002 N. Lois Ave.

Tampa, Florida 33614

WAKUL LA COUNTY SCHO OLS
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY TEAM BUILDING

TEAM ASSESSMENT PLANNING PROCESS:

I. . Problem Identification

S - Student characteristics
E - Environment
T - Tasks
T - Tools....

II. . Generating Possible Solutions

Solution Generation (Brainstorming in climate of trust)

- Academic Solutions
- Computer Access
- Access to Environment/School

III. Evaluating and Selecting Solutions

Solution Selection

- Identify things that are the same
- Focus on doable now
- Look at sequence
- Prioritize
- Get consensus

IV. Implementation

- Action plan (what, when, who)

V. Follow Up

- Set up next meeting date

**For individuals without disabilities, technology makes things easier.
For individuals with disabilities, technology makes things possible.**

This model adapted from the SETT Framework (author Joy Zabala) and RIATT Online Course: Assistive Technology Assessment: The decision Making Process

**Wakulla County Schools / Assistive Technology
REFERRAL/SCREENING GUIDE**

Student's Name _____ Date of Birth _____ Age _____

School _____ Grade _____

School Contact Person _____ Phone _____

Persons Completing Guide _____

Date _____

Parent(s) Name _____ Phone _____

Student's Primary Language _____ Family's Primary Language _____

Disability (check all that apply)

<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	Significant Development Delay	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Cognitive Disability	<input type="checkbox"/>	Other Health Impairment	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Traumatic Brain Injury	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Vision Impairment
<input type="checkbox"/>	Emotional/Behavior Disability	<input type="checkbox"/>	Orthopedic Impairment – Type:		

Current Age Group

<input type="checkbox"/>	Birth to Three	<input type="checkbox"/>	Early Childhood	<input type="checkbox"/>	Elementary
<input type="checkbox"/>	Middle School	<input type="checkbox"/>	Secondary		

Classroom Setting

<input type="checkbox"/>	Regular Education Classroom	<input type="checkbox"/>	Resource Room	<input type="checkbox"/>	Self-contained
<input type="checkbox"/>	Home	<input type="checkbox"/>	Other:		

Current Service Providers

<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Other:				

Medical Considerations (check all that apply)

<input type="checkbox"/>	History of seizures	<input type="checkbox"/>	Fatigues easily
<input type="checkbox"/>	Has degenerative medical condition	<input type="checkbox"/>	Has frequent pain
<input type="checkbox"/>	Has multiple health problems	<input type="checkbox"/>	Has frequent upper respiratory infections
<input type="checkbox"/>	Has frequent ear infections	<input type="checkbox"/>	Has digestive problems
<input type="checkbox"/>	Has allergies to:		
<input type="checkbox"/>	Currently taking medicine for:		
<input type="checkbox"/>	Other – Describe briefly:		

Other Issues of Concern:

Assistive Technology Currently Used (*check all that apply*)

<input type="checkbox"/>	None	<input type="checkbox"/>	Low Tech Writing Aids
<input type="checkbox"/>	Manual Communication Board	<input type="checkbox"/>	Augmentative Communication Systems
<input type="checkbox"/>	Low Tech Vision Aids	<input type="checkbox"/>	Amplification System
<input type="checkbox"/>	Environmental Control Unit/EADL	<input type="checkbox"/>	Computer – Type(platform):
<input type="checkbox"/>	Manual or Power Wheelchair	<input type="checkbox"/>	Word Prediction
<input type="checkbox"/>	Voice Recognition		
<input type="checkbox"/>	Adaptive Input – Describe:		
<input type="checkbox"/>	Adaptive Output – Describe:		
<input type="checkbox"/>	Other		

Assistive Technology

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work):

Assistive Technology

Number and Dates of Trial(s)

Outcome

Assistive Technology

Number and Dates of Trial(s)

Outcome

Assistive Technology

Number and Dates of Trial(s)

Outcome

REFERRAL QUESTION

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____

Based on the referral question, select the sections of the Student Information Guide to be completed.

(Check all that apply)

<input type="checkbox"/>	Section 1	Seating, Positioning and Mobility	<input type="checkbox"/>	Section 7	Mathematics
<input type="checkbox"/>	Section 2	Communication	<input type="checkbox"/>	Section 8	Organization
<input type="checkbox"/>	Section 3	Computer Access	<input type="checkbox"/>	Section 9	Recreation and Leisure
<input type="checkbox"/>	Section 4	Motor Aspects of Writing	<input type="checkbox"/>	Section 10	Vision
<input type="checkbox"/>	Section 5	Composition of Written Material	<input type="checkbox"/>	Section 11	Hearing
<input type="checkbox"/>	Section 6	Reading	<input type="checkbox"/>	Section 12	General

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY CHECKLIST**

Student Name _____

Date: _____

WRITING

Mechanics of Writing

Pencil/pen with adaptive grip
Adapted paper (e.g., raised line, highlighted lines)
Slantboard
Typewriter
Portable word processor
Computer
Other:

Computer Access

Keyboard w/Easy Access or Access DOS
Word prediction, abbreviation/expansion to reduce keystrokes
Keyguard
Arm Support (e.g. Ergo Rest)
Track ball/track pad/joystick w/on-screen keyboard
Alternate keyboard (e.g., IntelliKeys, Discover Board, TASH)
Mouth Stick/Head Master/Tracker w/on-screen keyboard
Switch with Morse code
Switch with scanning
Voice recognition software
Other:

Composing Written Material

Word card/wordbook/word wall
Pocket dictionary/Thesaurus
Electronic/talking electronic dictionary/thesaurus/spell checker (e.g., Franklin Bookman)
Word processor w/spell checker/grammar checker
Word processor w/word prediction (e.g., Co:Writer) to facilitate spelling and sentence construction
Talking word processor for multisensory typing
Multimedia software for expression of ideas (assignments)
Voice recognition software
Other:

Communication

Communication board/book with pictures/objects/letters/words
Eye gaze board/frame
Simple voice output device (e.g., BigMack, Cheap Talk, Voice in a Box, MicroVoice, Talking Picture Frame, Hawk)
Voice output device w/levels (e.g., 6 Level Voice in a box, Macaw, Digivox

Voice output device w/dynamic display (e.g., Dynavox, Speaking Dynamically w/laptop computer/Freestyle)
Device w/speech synthesis for typing (e.g., Cannon Communicator, Link, Write:Out Loud w/laptop computer
Other:

READING, STUDYING, AND MATH

Reading

Changes in text size, spacing, color, background color
Book adapted for page turning (e.g. page fluffers, 3-ring binder)
Use of pictures with text (e.g., Picture It, Writing with symbols)
Talking electronic device/software to pronounce challenging words (e.g., Franklin Bookman, American Heritage Dict.)
Scanner w/OCR and talking word processor
Electronic books
Other:

Learning/Studying

Print or picture schedule
Low Tech aids to find materials (i.e., index tabs, color coded folders)
Highlight text (e.g. markers, highlight tape, ruler, etc.) Voice output reminders for assignments, steps of task, etc.
Software for manipulation of objects/concept development (e.g., Blocks in Motion, Toy Store)- may use alternate input device, e.g., switch, touch window
Software for organization of ideas and studying (e.g., Inspiration, Claris Works Outline, PowerPoint, etc.)
Recorded material (books on tape, taped lectures with number coded index, etc.)
Other:

Math

Abacus/Math Line
Calculator/calculator with print out Talking calculator
Calculator w/large keys and/or large LCD print out
On-screen calculator
Software for manipulation of objects
Tactile/voice output measuring devices (e.g., clock, ruler)

Math (cont'd)

Other:

Recreation and Leisure

Adapted toys and games (e.g., toy with adaptive handle)

Use of battery interrupter and switch to operate a toy

Adaptive sporting equipment (e.g., lighted/bell ball, Velcro mitt)

Universal cuff to hold crayons, markers, paint brush

Modified utensils (e.g., rollers, stampers, scissors)

Ergo Rest to support arm for drawing/painting

Drawing/graphic program on computer (e.g., Kidd Pix, Blocks in Motion)

Playing games on the computer

Music software on computer

Other:

Activities of Daily Living (ADLs)

Adaptive eating devices (e.g., foam handle on utensil)

Adaptive drinking devices (e.g., cut with cut out rim)

Adaptive dressing equipment (e.g., button hook, reacher)

Other:

Mobility

Walker

Grab rails

Manual wheelchair

Powered mobility toy (e.g., Cooper Car, GoBot)

Powered wheelchair w/joystick, head switch or sip/puff control

Other:

Environmental Control

Light switch extension

Use of Power link and switch to turn on electrical appliances (e.g., radio, fan, blender, etc.)

Radio/ultra sound/remote controlled appliances

Other:

Positioning and Seating

Non-slip surface on chair to prevent slipping (e.g., Dycem)

Bolster, rolled towel, blocks for feet

Adapted/alternate chair, sidelyer, stander

Custom fitted wheelchair or insert

Other:

Vision

Eye glasses

Magnifier

Large print books

CCTV (closed circuit television)

Screen magnifier (mounted over screen)

Screen magnification software (e.g., Close View,

Zoom Test)

Screen color contrast (e.g., Close View)

Screen reader (e.g., OutSpoken), text reader

Braille translation software

Braille printer

Enlarged or Braille/tactile labels for keyboard

Alternate keyboard with enlarged keys

Braille keyboard and not taker (e.g., Braille 'n Speak)

Other:

Hearing

Pen and paper

Computer/portable word processor

TTY for phone access w/or w/o relay

Signaling device (e.g., flashing light or vibrating pager)

Closed Captioning Real

Time captioning Computer

aided notetaking

Screen flash for alert signals on computer

Personal amplification system

Hearing Aid

FM system

Loop system

Infrared system

Phone

amplifier Other

COMM

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
Information**

Name _____ D.O.B. _____ Date _____

School/Teacher _____ Phone _____

Exceptionality _____

Grade Level _____ Ability Levels _____

Other Services _____

Diagnosis _____

Seizures _____ Yes/No (Type, if known)

Medications: _____

Medical Issues: Are there any additional medical records available that should be reviewed prior to any technology assessment? ☐ Yes ☐ No

If so, please list _____

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT**
FUNCTIONAL VISUAL SKILLS

Student Name: _____

Glasses worn? _ Yes _ No Condition of lenses

Strong blink reflex? ☐ voluntary ☐ involuntary

Is eye exam report available? ☐ Yes ☐ No

Light response: ☐ fixates on source ☐ blinks ☐ avoids ☐ reaches for source

Focuses on object/picture? ☐ 6 inch ☐ 4 inch ☐ 2 inch ☐ 1 inch ☐ other

Shifts gaze between: ☐ 2 stimulus ☐ 4 stimulus ☐ 6 stimulus

Visually tracks: ☐ vertically ☐ horizontally ☐ circularly ☐ diagonally

Moves eyes separate from head: ☐ Yes ☐ No Moves eyes only with head: ☐ Yes ☐ No

Peripheral Vision: ☐ right ☐ left ☐ top Can localize on the screen/board: ☐ Yes ☐ No

Can discriminate on “busy” screen/board: ☐ Yes ☐ No

Identifies/matches ☐ simple black line drawing ☐ colored pictures

Print size _____

Scanning pattern: ☐ linear ☐ row/column

Comments: _____

Signature

Date

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
HEARING**

(A hearing specialist should be consulted to complete this section.)

Student Name: _____

Audiological Information:

Date of last audiological exam: _____

Hearing loss identified: Right ear ☐ Mild ☐ Moderate ☐ Severe ☐ Profound
 Left ear ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

Onset of hearing loss: _____ Etiology: _____

Unaided Auditory Abilities: (Check all that apply)

- ☐ Attends to sounds: ☐ High pitch ☐ Low pitch ☐ Voices ☐ Background noises
- ☐ Discriminates environmental vs. non environmental sounds
- ☐ Turns toward sound
- ☐ Can hear some speech sounds
- ☐ Can understand synthesized speech

Aided Auditory Abilities: (Check all that apply)

- ☐ Attends to sounds: ☐ High pitch ☐ Low pitch ☐ Voices ☐ Background noises
- ☐ Discriminates environmental vs. non environmental sounds
- ☐ Turns toward sound
- ☐ Can hear some speech sounds
- ☐ Can understand synthesized speech

Student's Eye Contact and Attention to Communication: (Check best descriptor)

- ☐ Poor ☐ Inconsistent ☐ Limited ☐ Good ☐ Excellent

Communication Environments: Indicate the form of communication generally used by others with this student in each of the following environments: (Check all that apply)

School Home Community

	School	Home	Community
<input type="checkbox"/> Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cued speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pictures cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lip reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs and speech together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pidgen Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of receptive proficiency in each environment			
<input type="checkbox"/> Single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Combinations of two or more words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from Wisconsin Assistive Technology Initiative

ASSISTIVE TECHNOLOGY ASSESSMENT
HEARING Page 2

Student Communicates With Others Using: (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures | <input type="checkbox"/> Written messages |
| <input type="checkbox"/> Signed English | <input type="checkbox"/> picture cues | <input type="checkbox"/> Lip reading |
| <input type="checkbox"/> Pidgen Sign Language | <input type="checkbox"/> Cued speech | <input type="checkbox"/> Other |

Level of expressive proficiency: ☐ Single words ☐ Combinations of two or more words

Equipment Currently Used: (Check all that apply)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Telecaption Decoder | <input type="checkbox"/> Vibrotactile Devices |
| <input type="checkbox"/> TTY | <input type="checkbox"/> Cochlear Implant | <input type="checkbox"/> Classroom Amplification System |
| <input type="checkbox"/> Other: | | |

Service Currently Used: (Check all that apply)

- ☐ Note taker
- ☐ Educational interpreter using: ☐ ASL ☐ Transliterating ☐ PSE ☐ Oral

Present Unmet Needs for Communication, Writing, and/or Educational Materials:

- | | |
|--|---|
| <input type="checkbox"/> Cannot hear teacher/other students | <input type="checkbox"/> Cannot respond to fire alarm |
| <input type="checkbox"/> Cannot participate in class discussions | <input type="checkbox"/> Cannot benefit from educational films/programs |
| <input type="checkbox"/> Displays rec./exp. language delays | <input type="checkbox"/> Cannot use telephone to communicate |

Current Communication Functioning: (Check all that apply)

- ☐ Desires to communicate ☐ Initiates interaction ☐ Responds to communication requests
- ☐ Appears frustrated with current communication functioning
- ☐ Requests clarification from communication partners (“Would you please repeat that?”)
- ☐ Repairs communication breakdown (Keeps trying, changes message)

Current Reading Level: _____

Is There a Discrepancy Between Receptive and Expressive Abilities: ☐ Yes ☐ No

If yes, describe further: _____

Summary of Hearing Abilities and Concerns: _____

Signature

Date

Adapted from Wisconsin Assistive Technology Initiative

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
*MOTOR/ACCESS SKILLS***

Student Name: _____

MOTOR/ACCESS SKILLS

Ambulatory: ☐ independent ☐ crutches ☐ walker

Daily equipment/seating (please circle):

Prone Stander	Side Lyr	Long Leg Sitter
Universal Chair	Jet Mobile	Floor sitter Kneeling Position
Regular Chair	Gail Trainer	Supine Stander Other

Stability: ☐ Excellent ☐ Fair ☐ Poor ☐ Emerging

Can student carry object while walking? ☐ Yes ☐ No

Non-ambulatory: ☐ Wheelchair: ☐ manual ☐ powered ☐ Other

Wheelchair Mobility: ☐ Self-propels (excellent/good/poor) ☐ Requires assistance

Head control: _ With support _ Independent _ How long? _____

Trunk control: ☐ With support ☐ Independent ☐ How long? _____

Arm control: ☐ Direct reach: ☐ right ☐ left Dominant arm: ☐ right ☐ left

Utilizes: ☐ Touch screen ☐ Single switch ☐ Modified keyboard

Range: ☐ Full range table top ☐ Cannot cross midline (right/left) ☐ Touch screen

Hand control: ☐ Palmer grasp ☐ Pincer grasp ☐ Isolated finger movements

☐ Voluntary release: Yes ☐ No Hold down time

_____ Release time

Reflexes: ☐ ATNR (right/left) ☐ STNR Startle

Fatigue Level: _____

Comments: _____

Signature

Date

Adapted from Collier County

**WAKULLA COUNTY SCHOOL BOARD ASSISTIVE
TECHNOLOGY ASSESSMENT**
COMMUNICATION

Student Name: _____

Does the student have functioning hearing? ☐ YES ☐ NO (if no, describe)

Auditory Processing Abilities: ☐ Needs repetition ☐ Functional ☐ Comprehension

Language spoken at home _____ Multi-lingual (List) _____

Speech/Language Abilities: ☐ ID Objects ☐ Pictures ☐ People ☐ Places ☐ Verbs

Number of words in vocabulary _____

Mean length utterance _____

Pragmatics: ☐ Shows intent ☐ Requests ☐ Interacts ☐ Makes Choices

Speech Intelligibility: ☐ Strangers ☐ Familiar Listeners ☐ Unintelligible

Does the student: ☐ Vocalize ☐ Vocal Play ☐ Use Picture Vocabulary

Does the student imitate: ☐ Vocalizations ☐ Word Approximations ☐ Novel Words

Echolalia speech: ☐ Yes ☐ No

Vocabulary selection: ☐ Categories ☐ Basic Needs

Non-speech communication: ☐ Gestures ☐ Reaches ☐ Points ☐ Facial Expressions

Augmentative communication ☐ Signs ☐ Consistent ☐ Yes ☐ No

Describe: _____

☐ Eye pointing ☐ Word/Symbol Board ☐ Technical aid

Specify: _____

Communication Needs: ☐ Basic Wants/Needs ☐ Peer Interaction

☐ Communication for Vocational Setting

Communication Partners: ☐ Parents ☐ Peers ☐ Customers ☐ Administrators ☐ Teachers

Comments: _____

Signature

Date

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION ASSISTIVE
TECHNOLOGY ASSESSMENT
*FINE MOTOR/ADAPTIVE SKILLS***

Student Name: _____

FINE MOTOR

Student performs bimanual functions: ☐ Yes ☐ No

Brings hand to midline: ☐ Yes ☐ No

☐ Symmetrical activities ☐ Asymmetrical activities

Student uses (left/right) hand for manipulatives: ☐ Yes ☐ No

Student uses (reflexive/palmer/radial digital/pincer) grasp: ☐ Yes ☐ No

Student uses (left/right) hand for pencil/paper activity: ☐ Yes ☐ No

Student handedness is (not established/emerging/established: ☐ Yes ☐ No

Student holds pencil using _____ grasp.

Student is able to cut/snip (straight/curved/angled) lines and (simple/complex) shapes: ☐ Yes ☐ No

ADAPTIVE

Mealtime

Student eats: ☐ table ☐ chopped ☐ mashed ☐ pureed ☐ G-tube

Describe position for eating _____

Describe adaptive utensils _____

An aide provides assistance _____

Bathroom

Student can: ☐ open doors ☐ pull pants up/down ☐ manage fasteners

☐ transfer on/off toilet ☐ use toilet paper ☐ wash/dry own hands

Describe adaptive equipment used _____

An aide provides assistance _____

Sensory

Describe effects of environmental/sensory stimulation on student's arousal level _____

Comments: _____

Signature

Date

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
READING**

1. **Grade Level:** Student is placed in grade: _____ Student reads at _____ grade level
Cognitive ability in general: ☐ Sufficiently below average: ☐ Below average
☐ Average ☐ Above average

2. Difficulty:

Student has difficulty decoding the following (Check all that apply):

☐ Worksheets ☐ Reading Textbook ☐ Subject Area Textbooks ☐ Tests

Student has difficulty comprehending the following (check all that apply)

☐ Worksheets ☐ Reading Textbook ☐ Subject Area Textbooks ☐ Tests

3. Student's performance is improved by: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Smaller Amount of text on page | <input type="checkbox"/> Lowered reading level |
| <input type="checkbox"/> Bold type for main ideas | <input type="checkbox"/> Graphics to communicate ideas |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Enlarged Print |
| <input type="checkbox"/> Graphics to communicate ideas | <input type="checkbox"/> Reduced length of assignment |
| <input type="checkbox"/> Other: _____ | |

4. Reading assistance used:

Please describe the non-technology based strategies and accommodations that have been used with this student: _____

5. Assistive technology used:

The following have been tried (Check all that apply)

- ☐ highlighter ☐ marker ☐ template ☐ other self-help aid
☐ tape recorder ☐ taped text ☐ talking books to read along
☐ talking dictionary (e.g., Franklin Speaking Language Master) to pronounce single word
☐ computer with word processing with spell checker
☐ computer with talking word processing software to:
☐ pronounce words ☐ speak sentences ☐ speak paragraphs

6 Computer availability and use:

This student has access to the following computer:

☐ Windows ☐ Apple ☐ Macintosh

How often does the student uses a computer:

☐ Rarely ☐ Frequently ☐ Daily for one or more subjects or periods ☐ Everyday, all day

Summary of student's abilities and concerns related to reading: _____

Signature

Date

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION ASSISTIVE
TECHNOLOGY ASSESSMENT**

WRITING

1. Current writing ability: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Can hold regular pencil | <input type="checkbox"/> Can copy simple shapes |
| <input type="checkbox"/> Can copy simple words | <input type="checkbox"/> Can hold pencil when adapted with: _____ |
| <input type="checkbox"/> Holds pencil, but does not write | <input type="checkbox"/> Can copy from board |
| <input type="checkbox"/> Can print a few words | <input type="checkbox"/> Can write on 1" lines |
| <input type="checkbox"/> Can print name | <input type="checkbox"/> Can write on narrow lines |
| <input type="checkbox"/> Can write cursive | <input type="checkbox"/> Can use spacing correctly |
| <input type="checkbox"/> Writing is limited due to fatigue | <input type="checkbox"/> Can size writing to fit spaces |
| <input type="checkbox"/> Writing is slow and arduous | <input type="checkbox"/> Can write independently and legibly |

2. Assistive technology used: (Check all that apply)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Paper with heavier lines | <input type="checkbox"/> Paper with raised lines | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Special pencil or marker | <input type="checkbox"/> Splint or pencil holder | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Pencil grip | |

3. Current keyboarding ability (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Does not currently type | <input type="checkbox"/> Can type slowly with one finger |
| <input type="checkbox"/> Accidentally hits unwanted keys | <input type="checkbox"/> Requires arm or wrist support to type |
| <input type="checkbox"/> Uses mini keyboard to reduce fatigue | <input type="checkbox"/> Can active desired key on command |
| <input type="checkbox"/> Uses Touch Window | <input type="checkbox"/> Can type slowly with more than one finger |
| <input type="checkbox"/> Uses access software | <input type="checkbox"/> Can access keyboard with head or mouth stick |
| <input type="checkbox"/> Uses switch to access computer | <input type="checkbox"/> Uses alternative keyboard |
| <input type="checkbox"/> Uses Morse code to access computer | <input type="checkbox"/> Uses adapted or alternate keyboard such as: _____ |
| <input type="checkbox"/> Other: _____ | |

4. Computer use (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Has never used a computer | <input type="checkbox"/> Processing |
| <input type="checkbox"/> Uses computer for games | <input type="checkbox"/> Uses computer's spell check |
| <input type="checkbox"/> Uses computer at school | <input type="checkbox"/> Uses computer at home |
| <input type="checkbox"/> Uses computer for Word | |
| <input type="checkbox"/> Uses computer for a variety of purposes, such as: _____ | |
| <input type="checkbox"/> Has potential to use computer but has not used a computer because _____ | |

5. Computer availability:

The student has access to the following computer:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Windows | <input type="checkbox"/> Apple | <input type="checkbox"/> Macintosh |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> Frequently | <input type="checkbox"/> Daily for one or more subjects or periods |
| <input type="checkbox"/> Every day, all day | | |

Summary of student's abilities and concerns related to writing: _____

Signature _____

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
*BEHAVIORAL SKILLS***

Student Name: _____

Retains directions: ☐ Yes ☐ No

Can understand and follow verbal directions: ☐ Yes ☐ No _____ 1 _____ 2 _____ 3

Can understand and read written directions: ☐ Yes ☐ No

Attends to task: ☐ Yes ☐ No How many minutes: _____

Initiates tasks independently: ☐ Yes ☐ No

Stays on task ☐ Minimal Prompts _____ ☐ Frequent Prompts _____

Distractibility: ☐ Easily ☐ Occasionally

Self-stimulatory behaviors (describe): _____

Impulsive behaviors (Describe) _____

Responsible for property: ☐ Yes ☐ No (Comments) _____

Student preferences:

Activities: _____

Motivators: _____

Signature

Date

Student Name: _____ School: _____

Daily equipment utilized: _____

Balance: Sitting: Static: _____ Dynamic: _____

Supported ☐ Yes ☐ No Supported ☐ Yes ☐ No

Static: _____ Dynamic: _____

Supported ☐ Yes ☐ No Supported ☐ Yes ☐ No

Transfer Ability: _____

Ambulatory Status: _____

Wheelchair Mobility: ☐ self-propel ☐ requires assistance

Comments: _____

Control: Hand ☐ Yes ☐ No Comments: _____

Eyes ☐ Yes ☐ No Comments: _____

Trunk ☐ Yes ☐ No Comments: _____

Lower extremities ☐ Yes ☐ No Comments: _____

Posture: _____

Range of Motion: _____

Neurological Status: _____

Functional Endurance Status: _____

Additional Comments _____

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT**
MOBILITY

1. Mobility (check all that apply):

- ☐ Walks independently
- ☐ Walks with assistance
- ☐ Needs extra time to reach destination
- ☐ Craws, rolls, creeps independently
- ☐ Uses manual wheelchair, independently
- ☐ Uses power wheelchair independently
- ☐ Needs help to transfer in and out of wheelchair
- ☐ Uses wheelchair for long distances only
- ☐ Has difficulty walking up stairs
- ☐ Has difficulty walking down stairs
- ☐ Has difficulty walking
- ☐ Walks with appliance
- ☐ Uses elevator key independently
- ☐ Is pushed in manual wheelchair
- ☐ Learning to use power wheelchair
- ☐ Transfers independently

2. Concerns about mobility (check all that apply):

- ☐ Student seems extremely tired after ambulating, requires a long time to recover
- ☐ Student seems to be having more difficulty than in the past
- ☐ Student complains about pain or discomfort
- ☐ Changes in schedule require more time for travel
- ☐ Changes in location or building are making it more challenging to get around
- ☐ Transition to new school will require consideration of mobility needs
- ☐ Other: _____

Summary of student's abilities and concerns related to mobility: _____

Signature

Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION ASSISTIVE
TECHNOLOGY ASSESSMENT *SEATING AND*
SEATING AND POSITIONING

1. Current seating and positioning of student (check all that apply):

- ☐ Sits in regular chair with feet on floor
- ☐ Sits in adapted chair
- ☐ Sits in wheelchair part of the day
- ☐ Wheelchair NEEDS to be adapted to fit
- ☐ Spends part of the day out of chair due to prescribed positions
- ☐ Enjoys many positions throughout the day, based on activity
- ☐ Has few opportunities for other positions
- ☐ Uses regular desk
- ☐ Uses desk with height adjusted
- ☐ Uses tray on wheelchair for desktop
- ☐ Uses adapted table
- ☐ Sits in regular chair with pelvic belt or foot rest
- ☐ Needs adapted chair
- ☐ Sits comfortably in wheelchair most of the day
- ☐ Wheelchair process of being adapted to fit

2. Description of seating (check all that apply):

- ☐ Seating provides trunk stability
- ☐ Seating allows feet to be on floor or foot rest
- ☐ Seating provides 90/90//90 position
- ☐ There are questions or concerns about the student's seating
- ☐ Student dislikes most positions, often indicates discomfort
- ☐ Student has difficulty using table or desk
- ☐ Student has difficulty achieving and maintaining head control, best position for head control is: _____

Can maintain head control for _____ minutes in this position.

Summary of student's abilities and concerns related to seating and positioning: _____

Signature

Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY
TECHNOLOGY HISTORY

Student Name: _____ School: _____

Please describe past technology successes and failures in the following areas:

Computer (Type, keyboard, etc.): _____

Adaptations (Key guard, moisture guard, key repeat/delay, etc.): _____

Peripherals (Ke:nx, switch interfaces, touch window, Echo, etc.): _____

Software (Co-writer, Write Out Loud, Claris Works, Easy Access, switch software, etc.):

Input method (switches, pointers, other) – please specify: _____

Augmentative history (Pictures/symbol board, Picture Exchange, Object Board, Wolf, etc.)

Please specify: _____

Signature

Date

Adapted from Collier County

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT**
LATS INTERVENTION DATA DOCUMENTATION

Student Name: _____ D.O.B: _____

School: _____

Dates of Trial Intervention: _____

Device/Equipment Utilized: _____

Person(s) Completing Form: _____

Additional Comments/Notes: _____

Signature

Date

Signature

Date

Signature

Date

WAKULLA COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY LOAN AGREEMENT
(Used for any equipment that travels with the student from class to class and/or home)

The following Assistive Technology equipment is being placed on loan at _____
(Location)
on _____ to be used with _____.
(Date) (Student)

Property Number: _____

Item(s) Name(s): _____

Serial Number: _____

Vendor: _____

Assigned to (Student Name): _____

Student Signature: _____

Assigned to (Teacher Name): _____

Teacher Signature: _____

Date Due: _____ Date Returned: _____

Delivered by: _____ Returned by: _____

**WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION ASSISTIVE
TECHNOLOGY ASSESSMENT**
TRAINING LOG FOR ASSISTIVE TECHNOLOGY

Student: _____ Teacher/Placement: _____

LATS Manager: _____ School: _____

Technology/Equipment: _____

[illegible]

Adapted from Collier County

**WAKULLA COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ACTION PLAN**

What will be done?	
Who will do?	
When?	

Team Members Present

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title