

Speech or Language Impairment

Suggested Standards Revisions

Introduction

Speech and language impairment (SLI) is the second most frequently identified area of eligibility in Tennessee after Specific Learning Disability. Within the Individuals with Disabilities Education Act (IDEA), SLI is a combined area of impairment. In current Tennessee standards, SLI is separated into a Language Impairment or a Speech Impairment. Speech Impairment is further divided into areas of speech known as articulation, voice, or fluency.

This document provides an overview of suggested standards revisions to the SLI current assessment standards. The recommended changes continue to separate SLI into Language Impairment and Speech Impairment. Definitions have been expanded to include updated language from the American-Speech-Language-Hearing Association (ASHA) and evaluation procedures have been updated for all areas to include four different domains: language, articulation, fluency, and voice.

Definition

A Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance.

Speech or Language Impairment includes demonstration of impairments in one (1) or more of the following areas of language, articulation, voice, or fluency.

1. Language Impairment **or Developmental Language Disorder (DLD)** – A significant **and persistent** deficiency in comprehension and/or use of spoken language that may also impair written and/or other symbol systems and is negatively impacting the child's ability to participate in the classroom environment. The impairment may involve any or a combination of the following: the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance. **and not associated with another condition (such as Autism, Down syndrome, intellectual disability, traumatic brain injury, or sensory impairment).**
2. Articulation (Speech Sound Production) Impairment – A significant deficiency **or combination of deficiencies with perception, motor production, or phonological representation of speech sounds and speech segments—including phonotactic rules governing permissible speech sound sequences in a language (historically known as articulation and phonological disorders).** ~~in the ability to produce sounds in conversational speech not consistent with chronological age. This includes a significant atypical production of speech sounds characterized by substitutions, omissions, additions, or distortions~~ **Articulation disorders** focus on errors (e.g., distortions and substitutions) in production of individual speech sounds. **Phonological disorders** focus on predictable, rule-based errors (e.g., fronting, stopping, and final consonant deletion) that affect more than one sound that interfere with intelligibility in conversational speech and obstructs learning and successful verbal communication in the educational setting. **Speech sound disorders can be organic or**

functional in nature. **Organic speech sound disorders** result from an underlying motor/neurological, structural, or sensory/perceptual cause. **Functional speech sound disorders** are idiopathic—they have no known cause. ~~Speech sound errors may be a result of impaired phonology, oral motor or other issues.~~

3. Voice Impairment – An excess or significant deficiency in **voice quality, pitch, and loudness** differ or are inappropriate for an individual's age, gender, cultural background, or geographic location (Aronson & Bless, 2009; Boone et al., 2010; Lee et al., 2004) ~~pitch, intensity, resonance, or quality~~ resulting from pathological conditions or inappropriate use of the vocal mechanism that obstructs learning and successful verbal communication in the educational setting.
4. Fluency Impairment – **An interruption in the flow of speaking characterized by atypical rate, rhythm, and disfluencies (e.g., repetitions of sounds, syllables, words, and phrases; sound prolongations; and blocks), which may also be accompanied by excessive tension, speaking avoidance, struggle behaviors, and secondary mannerisms.** ~~Abnormal interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases~~ that significantly reduces the speaker's ability to participate within the learning environment ~~abnormal interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases~~ that significantly reduces the speaker's ability to participate within the learning environment.

Speech or Language deficiencies identified cannot be attributed to characteristics of second language acquisition, cognitive referencing, and/or dialectic differences.

Evaluation

The characteristics as identified in the Speech or Language Definition are present.

Evaluation Procedures

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

1. Language Impairment **or Developmental Language Disorder (DLD)** -significant **and persistent** deficiency in the student's comprehension, form, content or use of language shall be determined by:
 - a. Hearing screening;
 - b. **Vision screening;**
 - c. **Information gathered from academic activities (ex. classwork, homework, observations, academic checklists, work samples);**
 - d. **Information gathered from academic tests and measures (ex. Data from norm-referenced achievement tests, assessments, academics (standards, benchmark tests, progress monitoring);**
 - e. **Information gathered from speech-language pathology probes, including language/narrative samples, interviews, case history, and/or dynamic assessment data;**

- f. A minimum of one (1) omnibus (comprehensive) speech-language pathology norm-referenced test measuring receptive and expressive language with appropriate sensitivity and specificity reflecting a deficit in a composite score (receptive, expressive, or total), taking into account the standard error of measure as needed;
 - g. A documentation (including the severity rating scales) that indicate a significant and persistent language impairment that adversely impacts educational performance and demonstrates the need for specialized instruction and/or related services.
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- ~~b. A minimum of one comprehensive standardized measure of receptive and expressive language (vocabulary, syntax, morphology, mean length of utterance, syntax, semantics, morphology) that falls at least 1.5 standard deviations below the mean, with consideration to the assessment's standard error of measurement. This could be based on the test as a whole or the composite receptive/expressive language scores. Individual subtest scores shall not be used;~~
 - ~~c. An additional standardized measure to support identified areas of delay that fall at least 1.5 standard deviations below the mean with consideration to the assessment's standard error of measure;~~
 - ~~d. Pragmatics (if identified as an area of concern);~~
 - ~~e. Auditory perception: selective attention, discrimination, memory, sequencing, association, and integration;~~
 - ~~f. Teacher checklist;~~
 - ~~g. Parent Input; and~~
 - ~~h. Documentation, including observation and/or assessment (to include the severity rating scale), of how the Language Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).~~
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2. Articulation (Speech Sound Production) Impairment – a significant deficiency in articulation shall be determined by all of the following:
- a. Hearing screening;
 - b. Vision screening;
 - c. Information gathered from academic activities (ex. Classwork, homework, observations, academic checklists, work samples);
 - d. Information gathered from non-academic activities;
 - e. Information gathered from academic tests and measures (ex. Data from norm-referenced achievement tests, assessments, academic standards, benchmark tests, progress monitoring);
 - f. Intelligibility In Context Scale (ICS) or other evidenced based measure of intelligibility;
 - g. Miccio Probe or other evidenced-based simulatability probe;
 - h. Percentage of Consonants Correct (PCC) or other evidence-based connected speech measure;
 - i. Oral peripheral examination
 - j. An appropriate standardized instrument to include phonetic inventory (required) and assessment of phonological processes (as appropriate) and evidence that the student's scores are significant based on state-approved norms; and

- k. Documentation (including the severity rating scales) that indicate a significant articulation impairment that adversely impacts educational performance and demonstrates the need for specialized instruction and/or related services.
- ~~b. Articulation error(s) persisting at least 1 year behind expectancy compared to current developmental norms (see state approved norms in guidance document);~~
 - ~~c. An appropriate standardized instrument to include phonetic inventory (required) and assessment of phonological processes (as appropriate). See state approved norms in guidance document;~~
 - ~~d. Evidence that the child's scores are at a moderate, severe, or profound rating (i.e., severity rating scale);~~
 - ~~e. Teacher checklist/input;~~
 - ~~f. Parent input;~~
 - ~~g. Stimulability probes;~~
 - ~~i. Analysis of phoneme production in conversational speech; and~~
 - ~~j. Documentation, including observation and/or assessment, of how Articulation Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).~~
3. Voice Impairment – evaluation of vocal characteristics shall include the following:
- a. Hearing screening;
 - b. Examination by an otolaryngologist;
 - c. Information gathered from academic activities (ex. classwork, homework, observations, academic checklists, work samples);
 - d. Information gathered from academic tests and measures (ex. data from norm-referenced achievement tests, assessments, academics);
 - e. Perceptual rating – clinical impressions in settings with both high and low vocal demand;
 - f. Oral peripheral examination; and
 - g. Objective measures noting voice quality in the areas of resonance, loudness, and pitch; and
 - h. Documentation (including the severity rating scales) that indicate a significant voice impairment that adversely impacts educational performance and demonstrates the need for specialized instruction and/or related services.
- ~~d. Documentation, including observation and/or assessment, of how Voice Impairment adversely affects his/her educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).~~
4. Fluency impairment – evaluation of fluency shall include the following:
- a. Hearing screening;
 - b. Information gathered from academic activities (ex. classwork, homework, observations, academic checklists, work samples);
 - c. Information gathered from academic tests and measures (ex. data from norm-referenced achievement tests, assessments, academics);

- d. Information gathered from non-academic settings (ex. social settings, community settings);
 - e. History and development of the student's stuttering and family history of stuttering;
 - f. Information about the student's communication abilities;
 - g. Oral peripheral examination;
 - h. Information about the frequency and description of the dysfluency;
 - i. Information about associated nonvocal behaviors;
 - j. Information about avoidance;
 - k. Information gathered from student input; and
 - l. Documentation (including the severity rating scales) that indicate a significant fluency impairment that adversely impacts educational performance and demonstrates the need for specialized instruction and/or related services.
- ~~b. Information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;~~
 - ~~c. Oral peripheral examination; and~~
 - ~~d. Documentation, including observations across multiple settings and/or assessment, of how Fluency Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).~~

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Speech or Language Impairment:

1. The parent;
2. The child's general education classroom teacher(s);
3. A licensed speech-language pathologist;
4. A licensed otolaryngologist (for voice impairments only); and
5. Other professional personnel (e.g.; school psychologist), as indicated; and
6. The student.