ARKANSAS GUIDELINES

AND

SEVERITY RATINGS

FOR

SPEECH/LANGUAGE IMPAIRMENT

ARKANSAS DEPARTMENT OF EDUCATION
SPECIAL EDUCATION
1993 REVISION
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FORWARD

During the 1987-1988 school year, the Task Force on Speech Issues, consisting of speech-language pathologists (SLP) and special education supervisors representing local education agencies (LEA) of varying size and geographic distribution throughout the state, was established to develop severity ratings for students with speech and/or language impairments. An Area Supervisor from the Arkansas Department of Education, Special Education assisted with this endeavor.

The result of this effort is this document which includes assessment guidelines and severity ratings for articulation, language, voice and fluency as well as criteria for dismissal from speech/language programs. This information was field tested during the Fall, 1989 in six school districts throughout the state.

The members of the Task Force are to be commended for their perseverance to and enthusiasm for this task. Their noteworthy contribution will assist in assuring that students with disabilities receive quality services.

Sara Zeno, M.C.D., CCC-SLP
Formerly Speech-Language Pathology Consultant
Arkansas Special Education Resource Center
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Mary Aslin  
Speech-Language Pathologist  
Fayetteville School District  
Fayetteville, Arkansas

Ange Holland  
Speech-Language Pathologist  
Bryant School District  
Bryant, Arkansas

Sandra Justen  
Speech-Language Pathologist  
Jonesboro School District  
Jonesboro, Arkansas

Nikki Muse  
Special Education Supervisor  
Russellville School District  
Russellville, Arkansas

Donna Reed  
Area Supervisor, Special Education  
Arkansas Department of Education  
Little Rock, Arkansas

Carolyn Simpson  
Speech-Language Pathologist  
Stuttgart School District  
Stuttgart, Arkansas

Gloria Smith  
Supervisor of Special Education  
North Little Rock School District  
North Little Rock, Arkansas
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Arkadelphia School District
Judy Young, SLP
Dee Ann Price, SLP
Mary Nell Clay, Special Education Supervisor

Batesville School District
Rhonda Adams, SLP
Pam Dover, SLP
Colleen Jackson, Early Childhood Coordinator
Sheila Poff, SLP
Kathryn O’Brien, SLP
Velma Sanderson, Special Education Supervisor

Fort Smith School District
Patti Martin, SLP
Debbie Cosner, SLP
Jeanette Pearson, SLP
Rick Foti, Special Education Supervisor
Missi Hasley, SLP
Teresa Carner, SLP
Kathleen Covington, SLP
Cindy Edge, SLP

Greene County Technical School District
Caren Johnson, SLP
Rita Adams, Special Education Supervisor
Tammy Birmingham, SLP

Lakeside School District
Dinah Slay, SLP
Karen Randolph, Special Education Supervisor

North Little Rock School District
Sharon Woodson, SLP
Rebecca Carr, SLP
Gail George, SLP
Mae Briggs, SLP
Becky Heathcock, SLP
Gay Shirley, SLP
Cinda Yelvington, SLP
Glenda Parker, SLP
Mary Lee Schultz, SLP
Steve Phaup, Special Education Supervisor
Christie Hunter, SLP
Valerie Pearsall, SLP
Nancy Green SLP
Cheryl Hall, SLP
Kay Ingram, SLP
Patty Shoemaker, SLP
Susan Causey, SLP
Cindy London, SLP
Becky Lewis, SLP
INTRODUCTION

The Arkansas Department of Education regulations governing Special Education stipulate that a judgment must be made regarding the severity of the speech/language disorder so that the individualized education program addresses student needs in relation to the nature and extent of the disability. Speech-language pathologists and other special education personnel have expressed a need for a more systematic way of determining the severity of a student's communication disorder.

The purpose of this document is to address assessment considerations, severity ratings, and to serve as a guide to speech-language pathologists, assessment personnel, program administrators, parents and others who seek to meet the needs of the communicatively impaired. Utilization of this information should aid professionals in becoming more consistent in establishing a severity rating. Hopefully, the "Arkansas Guidelines and Severity Ratings for Speech/Language Impairment" will help speech-language pathologists exercise professional judgment in a more uniform manner. These Guidelines are to be used in conjunction with the State's regulations and in no way do they supersede the information presented therein.

Speech-language pathologists should be familiar with the definitions and assessment considerations specified in this document for articulation, language, voice and fluency. When evaluating students with suspected speech/language problems, consideration must also be given to the technical adequacy of assessment instruments so that appropriate instrument/procedures are utilized. Following the evaluation, the speech-language pathologist will carefully analyze the assessment data and complete a written evaluation report, which includes impressions indicating the presence or absence of a clinical disorder.

The speech-language pathologist will then utilize the Severity Ratings and assign the appropriate rating for each area (articulation, language, voice, fluency) of the clinical communication disorder. The severity rating is not to be based upon presence of an adverse affect on education, as that is determined by the evaluation/programming committee.

With few exceptions, the Severity Ratings can be used with all students who exhibit a speech/language impairment, even if another disability is present. The Arkansas Severity Ratings Assignment Form allows for the notation of other disabilities and/or other factors which might contribute to the assigned rating. Assignment of a particular severity rating should not dictate the service delivery system for a student. Based on the individual needs of a student, the
multidisciplinary team should examine the array of programs, services and intervention strategies to determine which option(s) should be utilized in remediation of the communication disorder.

This document also addresses the issue of criteria for dismissal. These criteria address those circumstances which lead to termination of interventions, either permanently or for some specified time period, provided to a student by a speech-language pathologist. The decision regarding dismissal is made by the evaluation/programming committee, and one or more of the dismissal criteria must apply.

The information within this document will, hopefully, provide more uniform standards relative to assessment, determining severity of a communication disorder and dismissal criteria. It should also enhance communication among speech-language pathologists throughout the state when students transfer from one school district to another.
A judgment must be made regarding the severity of the disorder so that the individualized education program addresses student needs in relation to the nature and extent of the disability. The Arkansas Severity Ratings Assignment (ASRA) form (Page 28 of this document) must be completed on each student and attached to the evaluation report. The form must be completed prior to the evaluation/programming conference and be presented as part of the evaluation data. Decisions concerning the appropriate severity rating(s) will be based on the descriptive components of the Arkansas Severity Ratings.

Eligibility decisions made by the evaluation/programming committee must be based on all evaluation data including medical, psychoeducational, social history, etc. Therefore, the evaluation/programming committee will consider the severity rating(s) assigned by the speech-language pathologist in conjunction with other evaluation data to determine the adverse affect of the speech and/or language impairment so that the individualized education program addresses student needs in relation to the nature and extent of the disability. In the event the committee determine that the speech and/or language impairment adversely affects educational performance, the severity rating(s) will be documented on the Evaluation/Programming Conference Decision form as part of the description of the adverse affect on educational performance. If the child is determined to be eligible for special education services, then the severity rating(s) should be used to support programming decisions in the speech/language area. If the speech-language pathologist provides services, then the severity rating(s) will be used for caseload adjustment.

Complete the form as follows:

1. Provide all identifying information at the top of the form.

2. For each parameter (Articulation, Language, Voice, Fluency), utilize all of the evaluation data, circle the appropriate rating for each component, and assign an appropriate rating for that parameter. When a parameter is not formally assessed in delineating the specific nature of the communication disorder, indicate under "Note Other Factors" that informal assessment was utilized in determining the severity rating.
3. The final component for each parameter allows notation for other factors which are not included in the descriptive components of the severity ratings. These will not alter the severity assignment, but should be noted within each parameter of the ASRA form. Other factors may include medical information; structural anomalies; neurological disabilities; hearing impairment; developmental, maturational or cultural differences; cognitive ability; etc.

4. When component ratings vary within a parameter, sound professional judgment will be necessary in assigning an overall rating for that parameter.

5. Attach the Arkansas Severity Ratings Assignment form to the evaluation report.

6. At the evaluation conference, if an adverse affect has been established, the overall ratings must be documented in the Description of the Adverse Affect on Educational Performance on the Evaluation/Programming Conference Decision Form and should be reflected in the description of the present level of functioning on the Individualized Education Program. Note: When the student's language/communicative abilities are commensurate with cognitive/educational abilities, a statement to that effect should be included with the severity rating in the description of the present level of functioning on the IEP.

7. The Arkansas Severity Ratings Assignment form must be completed at initial evaluations, re-evaluations and more often if appropriate.
ARTICULATION

PART I. DEFINITION

An articulation disorder is the abnormal production of speech sounds for a given age or condition.

PART II. ASSESSMENT CONSIDERATIONS

When evaluating students referred for suspected or identified articulation problems, a well standardized articulation test must be included in the assessment battery. Clinical procedures which delineate the nature and extent of the disorder may be utilized in addition to standardized tests. Clinical procedures must be diagnostic in nature and based on empirical evidence from a recognized authority in the field of articulation disorder. Documentation of the procedure should be provided and the source cited in the evaluation report.

During the assessment process, the speech-language pathologist must consider all components of the Arkansas Severity Ratings including description of speech, diagnostic assessments, description of error patterns and phoneme development so that a severity rating for articulation may be assigned.

Dialectal variations of English do not constitute an articulation disorder (ASHA, 1983). It is important that speech-language pathologists be able to distinguish between communication disorder and differences that are dialectal, regional, ethnic or cultural in nature. It is the role of the speech-language pathologist to treat only those features or characteristics that are true errors and not attributable to other communication variances (ASHA, 1983).

PART III. VERIFICATION GUIDELINES/ SEVERITY RATINGS

A student may be determined to exhibit an articulation disorder when the following criteria have been met:

1. Assessment results verify the existence of an articulation disorder.
2. The severity of the articulation disorder has been determined utilizing the following rating system:

   Normal articulation
   Adequate articulation or maturational delay
   Mild
   Moderate
   Severe

The Arkansas Severity Ratings on page 7 are to be used in analyzing the information gathered during the assessment process and in assigning a severity rating.

3. It has been determined that acquisition of basic cognitive and/or affective performance skills up to and perhaps inclusive of the student's grade placement is affected by the student's communication (adverse affect on educational performance).
<table>
<thead>
<tr>
<th>Description of Speech</th>
<th>Normal</th>
<th>Adequate/ Maturational</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Speech contains no phoneme errors</td>
<td>Speech contains some phoneme errors</td>
<td>Speech is intelligible but contains obvious phoneme errors</td>
<td>Intelligibility of speech is difficult</td>
<td>Speech is usually unintelligible to most listeners.</td>
</tr>
</tbody>
</table>

| Diagnostic Assessments | On standardized diagnostic tests, student scores between mean and 1SD * below mean. | On standardized diagnostic tests, student scores: a) 1 to 1.5 SD below mean; and/or b) 7-15 percentile. | On standardized diagnostic tests, student scores: a) 1.5 to 2 SD below mean; and/or, b) 2-6 percentile. | On standardized diagnostic tests, student scores: a) 2 or more SD below mean; and/or, b) below 2\textsuperscript{nd} percentile. |

| Description of Error Patterns | Errors are indicative of developmental delay and/or dialectical difference. | Errors consist mainly of common types of phoneme substitutions or distortions. May use phonological processes which are inappropriate for age. | Excessive use (40% or more) of substitutions or omission processes which are inappropriate for age. ** May contain atypical errors. | Excessive use (40% or more) of omission processes or unique processes which are inappropriate for age. Speech contains limited number of phonemes or phoneme classes. |

| Phoneme Development | Phoneme errors are developmentally appropriate; spontaneous development of normal speech is expected. Dialectal variations are considered appropriate. | Phoneme errors may vary with phonetic content (inconsistent errors). Spontaneous phoneme development may occur. | Spontaneous development of normal speech is usually not expected. | Spontaneous development of normal speech is not expected. |

**Although ultimately an evaluation team/committee decision, consideration also should be given to the following:**

| Affect on Education | Acquisition of basic cognitive and/or affective performance skills is not affected. | Acquisition of basic cognitive and/or affective performance skills may be affected. | Acquisition of basic cognitive and/or affective performance skills is usually affected. | Acquisition of basic cognitive and/or affective performance skills is impaired. |

* SD = Standard Deviation
** As prevalence of phonological processes increases, the resulting decrease in intelligibility would warrant a more severe rating.
LANGUAGE

PART I. DEFINITION

A language disorder is the impairment or deviant development of comprehension and/or expression of spoken or written language. Such disorders may involve one, all or a combination of the following components of a language system.

1) **Phonology** involves the sound system of a language, the particular sounds of the sound system and the ways in which the rules of a language permit them to be combined. Phonologic disorders are most often articulatory and are addressed under Articulation.

2) **Morphology** involves the structure of words and the ways in which the rules of a language permit the construction of new word forms, such as combining “root” words with prefixes and suffixes or compounding words.

3) **Syntax** involves the rules governing the order and combination of words in the formation of sentences and the relationships among the elements within a sentence or between two or more sentences.

4) **Semantics** is the psycholinguistic system that patterns individual word meanings and the combining of word meanings to form the content of a sentence.

5) **Pragmatics** is the sociolinguistic system that patterns the use of language in context.

**Prosody** is a feature of communication involving stress and intonation patterns that convey the meaning of spoken utterances, determined primarily by variations in pitch, loudness and duration. Systematic observation of these elements can be made during language assessment.

PART II. ASSESSMENT CONSIDERATIONS

When evaluating students with suspected or identified language problems, a well standardized norm-referenced comprehensive language test that yields measures of central tendency should
be included in the assessment battery. This instrument will compare the student to his/her peers and assist the examiner in determining how normal children perform, how the student in question performs and how far that student's performance varies from the norm. Clinical procedures which delineate the nature and the extent of the disorder may be utilized in addition to standardized tests. Clinical procedures must be diagnostic in nature and based on empirical evidence from a recognized authority in the field of language disorders. Documentation of the procedure should be provided and the source cited in the evaluation report.

Alternative means of assessment are necessary whenever a professional concern exists about the validity of a standardized test for a particular student. A standardized test may not be measuring what it purports to measure and may not reflect the full reality of the student's functioning. Alternative means of assessment might include diagnostic procedures, systematic observation, ecological and student repertoire inventories, interviews and questionnaires. Some frequently occurring conditions necessitating alternative means of assessment are:

1. A student is culturally or linguistically different.

2. A student has substantial cognitive, physical or peripheral sensory impairments, including vision and hearing impairments.

3. A student's behavior seriously interferes with the evaluation.

The language assessment should determine whether the student's composite language scores on individual tests are more than one standard deviation below the mean for the student's chronological age. Language scores are more than one standard deviation below the mean when the test score yields:

a. A z-score of less than one (1) if the mean is 0

b. A standard score of less than 85 if the mean is 100

c. A standard score of less than 40 if the mean is 50

d. A ranking below the 15th percentile

The student's language evaluation findings must be considered in conjunction with intellectual/educational assessment results to determine eligibility. A significant difference between language ability and intellectual functioning may indicate the presence of a language impairment.
As an approach for determining significant difference, the regression model is the only method that accounts for the correlation between intelligence and language test results and the effect that correlation has on score comparisons (Reynolds, 1984). Other models assume that the correlation between intelligence and achievement test scores is a perfect one. Regression refers to the tendency of scores on one measure to be less extreme on a second measure. As the correlation between intelligence and achievement decrease, then the achievement scores of most students move closer and closer to the mean achievement score. The extent of the regression toward the mean depends on how strongly the variables are correlated. Some regression models consider measurement error; others do not.

Students whose language skills are commensurate with cognitive/educational ability may not exhibit a language impairment as specified in Part III, Verification Guidelines/Severity Ratings on pages 11-12. For these students, direct services by the speech-language pathologist may not be warranted. Careful consideration must be given to all test results and evidence of functional communication abilities.

Consideration should be given to composite intellectual measures unless there is an unusual difference between verbal and nonverbal intelligence. Nonverbal intellectual measures may be a more appropriate comparison when it is determined that the severe or unusual difference between verbal and nonverbal intelligence is a result of a significant language impairment.

Vocabulary deficits alone should not qualify a student for language therapy when identified solely by one-word receptive and/ or expressive vocabulary tests. Assessment of syntax, morphology, semantics and pragmatics must be accomplished to view the student's entire language system. Vocabulary deficits identified by one-word receptive and/ or expressive tests may indicate the need for additional language assessment when there is a significant discrepancy between ability and vocabulary acquisition. Examiners should not generalize from devices that measure only vocabulary, which is merely one aspect of the linguistic and cognitive domains (Dunn and Dunn, 1981).

Dialects reflect basic behavioral differences between groups of individuals within a society and should be considered as natural as any other cultural manifestation of group differences (Taylor, 1986). Dialectal variations of English may be present in any or all components of the language system (phonology, morphology, syntax, semantics and pragmatics) and do not constitute a language disorder. It is important that speech-language pathologists be able to distinguish between dialectal differences and communication disorders. It is the role of the speech-language
pathologist to treat only those features or characteristics that are true errors and not attributable to the dialect (ASHA, 1983).

Assessment for students who have suspected or identified learning disabilities should be based on the needs of the individual. Students whose primary learning disabilities are characterized by suspected language dysfunction should receive a complete speech and language evaluation with comprehensive assessment in the areas of concern. The Arkansas Verification Guidelines/Severity Ratings should be employed in decisions regarding a language disability. A comparison between the student's intellectual ability and language assessment results should indicate a significant difference, as previously defined, between intellectual and language standard scores in order to constitute a language disorder. In addition, federal regulations require that a severe discrepancy must exist between ability and achievement in determining the existence of a specific learning disability (U.S. Office of Education, 1977).

During the assessment process, the speech-language pathologist must consider all components of the Arkansas Severity Ratings including description of language, diagnostic assessments and affect on communication so that a severity rating for language may be assigned.

PART III. VERIFICATION GUIDELINES/SEVERITY RATINGS

A student may be considered language impaired when the following criteria have been met:

1. Language assessment results have determined that:

   a. (1) The student's language scores are greater than one standard deviation below the mean (as indicated on page 9, a-d) for the student's chronological age,

   AND

   (2) A statistically significant difference exists between the student's language scores and overall intellectual ability.
b. The student has limited comprehension and/or expression which prohibits functional communication as documented by diagnostic procedures.

2. The severity of the language disorder has been determined utilizing the following rating system:

   Normal language skills
   Adequate language or maturational delay
   Mild
   Moderate
   Severe

The Arkansas Severity Ratings on page 14 are to be used in analyzing the information gathered during the assessment process and in assigning a severity rating.

3. It has been determined that acquisition of basic cognitive and/or affective performance skills up to and perhaps inclusive of the student's grade placement is affected by the student's communication (adverse affect an educational performance).

PART IV. CONCERNS REGARDING STUDENTS WITH SPECIFIC LEARNING DISABILITIES (SLD)

When students with specific learning disabilities (SLD) are identified as having an adverse affect on educational performance in the areas of Oral Expression and/or Listening Comprehension, decisions regarding whether instruction should be provided in a language therapy program and/or resource program should be based on the explicit needs of the individual student and the degree of the language/learning disorder. Services of the speech-language pathologist may range from consultative functions to providing direct language therapy when appropriate.

Appropriateness implies that the specific learning disability in Oral Expression and/or Listening Comprehension is severe enough to establish a language disorder and that programming requires
the provision of direct therapy services to meet the explicit needs of the student. Consideration should be given to the appropriateness for functional improvement within a reasonable time period. In some instances, the language programming needs of the student with SLD can be met solely through a resource program. All programming options should be considered.

Written language instruction should be the primary responsibility of the classroom teacher during the elementary years. Reading and writing are basic educational skills that are to be addressed in the student’s academic programming provided by regular and, when necessary, special education teachers. For a student having difficulties with written language, direct language therapy services may provide assistance in written language when the disability is manifested as part of a true language disorder, and the assistance is needed to reinforce therapy procedures for language comprehension and production.

PART V. CONCERNS REGARDING STUDENTS WITH MENTAL RETARDATION

One of the most essential basic skills necessary for participation in activities at school, home and within the community is the ability to communicate. Therefore, the development of communication skills which contribute to the independence of the student with mental retardation should be addressed in the Individualized Education Program. Decisions regarding whether instruction in this area should be provided in the context of a direct language therapy program, a special education classroom and/or a regular education environment should be based on the individual needs of the student.

Students with severe/profound disabilities exhibit significant difficulties and delays in the area of communication skills. For those students who are nonverbal and/or non-vocal, intervention programs should target prelinguistic and presymbolic forms of communication as the beginning points of communication training (Falvey, 1989). When a student is developing speech or already has some speech, the speech production should be assessed and analyzed for relevance and functionality. Services of the speech-language pathologist may range from consultative functions to providing direct services when appropriate. Cooperative assessment, planning and intervention efforts involving families and professionals are critical in developing educational programs that enhance the communicative competence of students with severe disabilities.
### ARKANSAS SEVERITY RATINGS FOR LANGUAGE

<table>
<thead>
<tr>
<th>Normal</th>
<th>Adequate/ Maturational Difference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Language</strong></td>
<td>Language skills are normal</td>
<td>May exhibit some inconsistent differences in language behavior. Dialectal differences may be present.</td>
<td>Language deficiencies are evident.</td>
<td>Language deficiencies usually interfere with communication.</td>
</tr>
<tr>
<td><strong>Diagnostic Assessments</strong></td>
<td>On standardized diagnostic tests, student scores: a) within 1SD below mean; b) LQ or SS of 85 or above; and/or c) 16th percentile or above.</td>
<td>On standardized diagnostic tests, student scores: a) 1 - 1.5 SD below mean; b) LQ or SS of 78 -84; and/or, c) 7-15 percentile.</td>
<td>On standardized diagnostic tests, student scores: a) 1.5 - 2 SD below mean; b) LQ or SS of 70 -77; and/or, c) 2-6 percentile.</td>
<td>On standardized diagnostic tests, student scores: a) more than 2 SD below the mean; b) LQ or SS at or below 69; and/or, c) below 2nd percentile.</td>
</tr>
<tr>
<td><strong>Affect on Communication</strong></td>
<td>The student may experience inconsistent difficulty with comprehension and/or expression; the student's spoken message is understood by others.</td>
<td>The student may experience some difficulty with comprehension and/or expression; the student's spoken message is understood by others.</td>
<td>The student has difficulty with comprehension and/or expression; the student's spoken message is understood by others most of the time.</td>
<td>The student has limited functional comprehension and/or expression; often the student's spoken message is not understood by others; frequently accompanied by a phonology problem.</td>
</tr>
</tbody>
</table>

Although ultimately an evaluation team/committee decision, consideration also should be given to the following:

| Affect on Education | Acquisition of basic cognitive and/or affective performance skills is not affected. | Acquisition of basic cognitive and/or affective performance skills may be affected. | Acquisition of basic cognitive and/or affective performance skills is usually affected. | Acquisition of basic cognitive and/or affective performance skills is impaired. |
PART I. DEFINITION

A voice disorder is the absence or abnormal production of voice characterized by deviant initiation/duration, tonal quality, pitch, loudness and/or resonance.

PART II. ASSESSMENT CONSIDERATIONS

When evaluating students with suspected or identified voice problems, clinical procedures may be utilized. Clinical procedures must be diagnostic in nature and based on empirical evidence from a recognized authority in the area of voice disorders. Documentation of the procedure should be provided and the source should be cited in the evaluation report.

Because there are laryngeal pathologies, such as papilloma or carcinoma for which therapy would be strongly contraindicated, the voice assessment should include a medical examination by an otolaryngologist which should include laryngoscopy (Boone, 1988). In general, a medical referral should be made for any persistent voice difference that is severe enough that the student and/or others are aware of it. The laryngeal examination should be completed prior to the evaluation/programming conference so that the results may be considered.

During the assessment process, the speech-language pathologist must consider all components of the Arkansas Severity Ratings including description of voice, reactions of others, self awareness and affect on communication so that a severity rating for voice may be assigned. Behavioral, emotional and personality influence should also be taken into consideration.

Mild hoarseness encountered in primary grade children, where a history of upper respiratory disease or upper respiratory allergy exists, is not appropriate as a sole basis for verification of a voice disorder.

PART III. VERIFICATION GUIDELINES/ SEVERITY RATINGS

A student may be determined to have a voice disorder when the following criteria have been met:

1. Assessment results verify the existence of a voice disorder.

2. The severity of the voice disorder has been determined utilizing the following rating system:
Normal voice production
Adequate voice production or maturational difference
Mild
Moderate
Severe

The Arkansas Severity Ratings on page 17 are to be used in analyzing the information gathered during the assessment process and in assigning a severity rating.

3. It has been determined that acquisition of basic cognitive and/or affective performance skills up to and perhaps inclusive of the student's grade placement is affected by the student's communication (adverse affect on educational performance).
ARKANSAS SEVERITY RATINGS FOR VOICE

All students with a suspected voice disorder should have a medical examination by an otolaryngologist prior to the evaluation/programming conference so that the results may be considered.

<table>
<thead>
<tr>
<th>Normal</th>
<th>Adequate/ Maturational Difference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description Of Voice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice production (quality, pitch, intensity, and rate) is not unusual.</td>
<td>Inconsistent or slight variances are noted in voice quality (tension, resonance), pitch, intensity, or rate</td>
<td>Consistent or inconsistent mild variances are noted in voice production quality (tension, resonance), pitch, intensity, or rate</td>
<td>Consistent or inconsistent moderate variances are noted in voice production quality (tension, resonance), pitch, intensity, or rate</td>
<td>Consistent or inconsistent severe variances are noted in voice production quality (tension, resonance), pitch, intensity, or rate.</td>
</tr>
<tr>
<td>Reactions of Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listeners often are unaware of the voice variation.</td>
<td>Listeners may be aware of the voice variation.</td>
<td>Listeners are aware of the voice variation.</td>
<td>Listeners are aware of the voice variation.</td>
<td>Listeners are aware of the voice variation.</td>
</tr>
<tr>
<td>Self Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student often is unaware of the voice variation.</td>
<td>The student may be aware of the voice variation.</td>
<td>The student is usually aware of the voice variation.</td>
<td>The student is aware of the voice variation.</td>
<td>The student is aware of the voice variation.</td>
</tr>
<tr>
<td>Affect on Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The voice variation does not adversely affect communication.</td>
<td>The voice variation does not usually interfere with communication.</td>
<td>The voice variation may interfere with communication and/or intelligibility.</td>
<td>The voice variation interferes with communication and/or intelligibility.</td>
<td></td>
</tr>
<tr>
<td>Although ultimately an evaluation team/committee decision, consideration also should be given to the following:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affect on Education</td>
<td>Acquisition of basic cognitive and/or affective performance skills is not affected.</td>
<td>Acquisition of basic cognitive and/or affective performance skills may be affected.</td>
<td>Acquisition of basic cognitive and/or affective performance skills is usually affected.</td>
<td>Acquisition of basic cognitive and/or affective performance skills is impaired.</td>
</tr>
</tbody>
</table>

* Problems that have only to do with rate of speaking do not constitute a voice disorder. Rate should be considered in terms of its effect upon voice quality, pitch, and/or intensity.
FLUENCY

PART I. DEFINITION

A fluency disorder is the abnormal flow of verbal expression characterized by impaired rate and rhythm which may be accompanied by struggle behavior.

PART II. ASSESSMENT CONSIDERATIONS

When evaluating students with suspected or identified fluency problems, clinical procedures may be utilized. Clinical procedures must be diagnostic in nature and based on empirical evidence from a recognized authority in the area of fluency disorder. Documentation of the procedure should be provided and the source should be cited in the evaluation report.

Consideration should be given to information provided by primary caregivers, educators and/or the student regarding the presence or absence of a disorder. This information could provide an additional measure of reliability concerning the diagnosis of a fluency disorder.

During the assessment process, the speech-language pathologist must consider all components of the Arkansas Severity Ratings including description of fluency, duration of dysfluencies, self awareness and presence or absence of secondary characteristics so that a severity rating for fluency may be assigned.

PART III. VERIFICATION GUIDELINES/SEVERITY RATINGS

A student may be determined to exhibit a fluency disorder when the following criteria have been met:

1. Assessment results verify the existence of a fluency disorder.

2. The severity of the fluency disorder has been determined utilizing the following rating system:
   - Normal fluency
   - Adequate fluency or maturational delay
   - Mild
   - Moderate
Severe

The Arkansas Severity Ratings on page 20 are to be used in analyzing the information gathered during the assessment process and in assigning a severity rating.

3. It has been determined that acquisition of basic cognitive and/or affective performance skills up to and perhaps inclusive of the student’s grade placement is affected by the student’s communication (adverse affect on educational performance).
# Arkansas Severity Ratings for Fluency

<table>
<thead>
<tr>
<th>Description of Fluency</th>
<th>Normal</th>
<th>Adequate/ Maturational Difference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluency of speech does not draw attention to the student.</td>
<td>Fluency of speech does not draw attention to the student.</td>
<td>0 to 3 stuttered words per minute or 0 to 3% stuttered words of total words spoken.</td>
<td>3 to 5 stuttered words per minute or 3 to 5% stuttered words of total words spoken.</td>
<td>5 to 10 stuttered words per minute or 5 to 10% stuttered words of total words spoken.</td>
<td>10 or more stuttered words per minute or 10% or more stuttered words of total words spoken.</td>
</tr>
<tr>
<td>Duration of Dysfluencies</td>
<td>Duration of dysfluencies is fleeting.</td>
<td>Average duration of dysfluencies is less than 1.0 second.</td>
<td>Average duration of dysfluencies is 1.0 second or longer.</td>
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</tr>
<tr>
<td>Secondary Characteristics</td>
<td>Secondary characteristics are not present.</td>
<td>Secondary characteristics, frustration, and avoidance behaviors may be present.</td>
<td>Secondary characteristics, frustration, and avoidance behaviors are usually present.</td>
<td>Secondary characteristics, frustration, and avoidance behaviors are present.</td>
<td>Secondary characteristics, frustration, and avoidance behaviors are present.</td>
</tr>
<tr>
<td>Self Awareness</td>
<td>The student is not aware of dysfluent behavior.</td>
<td>The student may be aware of dysfluent behavior.</td>
<td>The student may express awareness of dysfluent behavior.</td>
<td>The student usually expresses awareness of dysfluent behavior.</td>
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</tr>
</tbody>
</table>

Although ultimately an evaluation team/committee decision, consideration also should be given to the following:

<table>
<thead>
<tr>
<th>Affect on Education</th>
<th>Normal</th>
<th>Adequate/ Maturational Difference</th>
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<tr>
<td>Acquisition of basic cognitive and/or affective performance skills is not affected.</td>
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<td>Acquisition of basic cognitive and/or affective performance skills is usually affected.</td>
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**ARTICULATION COMPONENTS**: (Circle the appropriate rating for each)

<table>
<thead>
<tr>
<th>Description of Speech</th>
<th>Normal</th>
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</tr>
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<tr>
<td>Diagnostic Assessments</td>
<td>Normal</td>
<td>Adequate</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Description of Error Patterns</td>
<td>Normal</td>
<td>Adequate</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Phoneme Development</td>
<td>Normal</td>
<td>Adequate</td>
<td>Mild</td>
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</tr>
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Note Other Factors:

**SEVERITY RATING**

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<tr>
<th>Normal</th>
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**LANGUAGE COMPONENTS**: (Circle the appropriate rating for each)

<table>
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<th>Description of Language</th>
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**VOICE COMPONENTS**: (Circle the appropriate rating for each)

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<tr>
<th>Description of Voice</th>
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<td>Reaction of Others</td>
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USE OF CRITERIA FOR DISMISSAL

The Criteria for Dismissal on page 26 address those circumstances which result in the termination of speech/language services, either permanently or for some specified time period, provided to a student by the speech-language pathologist. Many speech-language pathologists subscribe to the Code of Ethics of the American Speech-Language-Hearing Association. Two “Rules of Ethics” that should be taken into account when contemplating the initiation or continuation of interventions include:

1. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.

2. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

It is important for the speech-language pathologist to use sound professional judgment and competency in recommending that services are no longer warranted. In some instances, intervention can be redirected through a resource room, a self-contained classroom, community-based instruction or the regular classroom to enhance overall communicative effectiveness and maintenance of acquired skills. The evaluation/programming committee may also make provisions to monitor progress of a student dismissed from speech/language therapy services.

Prior to recommending dismissal from speech/language services, the evaluation/programming committee should review the Factors to Consider, on pages 23-25. Justification for dismissal from speech/language services should be determined using the Criteria for Dismissal (page 26) and documented in narrative form on the conference decision form used for dismissal purposes. When dismissal is based on more than one criterion, all applicable criteria should be noted on the decision form.

Even if speech/language therapy services are discontinued, a student can be rereferred at a later date until he/she has successfully completed an educational program or he/she reaches age twenty-one (21). If a student is re-referred, the referral committee should compare the reason(s) for referral with information on the previous termination of speech/language therapy services provided to the student. The referral committee must then determine on an individual student basis the appropriate course of action to be taken. This may result in reevaluation of the
student, a reinstatement of speech/language therapy services or a decision that no further consideration for speech/language therapy services is necessary.
FACTORS TO CONSIDER IN DISMISSAL

1. DURATION OF SERVICES
   a) What has been the duration of speech therapy service?
   b) What has been the duration of therapy for current goal(s)/objective(s)?

2. INTENSITY OF SERVICE
   a) How frequently does the student receive such therapy?
   b) Have alternative intensity levels of treatment been utilized?

3. MODE OF SERVICE
   a) Have alternative modes of service (individual therapy, group therapy, integrated therapy, etc.) been utilized to stimulate progress?
   b) Have various modes of service been used for a sufficient time period?

4. REVIEW OF EVALUATION DATA
   a) Does review of the evaluation data reflect an accurate diagnosis?
   b) Were appropriate goals/objective established?

5. FOCUS OF SERVICE
   a) Have treatment methods been appropriate for the diagnosed disorder?
   b) What has been the student's level of response to the treatment method(s)?
   c) Within the scope of the treatment program, has the student been able to progress to the next level of the program or a branch of that program?
   d) Has treatment been at an appropriate level for the child?

6. SETTING
   a) Have a variety of therapy settings been utilized (individual, group, integrated)?
   b) What is the student missing in the regular classroom during speech therapy?
c) Have alternative therapy times (different time of day, etc.) been tried?
d) Is SLP working with regular and/or special education teachers to assure curricular and/or instructional modifications are implemented if they are needed?

7. INDIVIDUALIZATION

a) Has the SLP truly individualized instruction for the student?

8. PATTERN OF SERVICE DELIVERY

a) How has therapy been provided in the past?
b) What has been the focus of therapy in the past?
c) Have there been gaps in service? (Has child moved frequently? Frequent absences?)

9. CAPACITY OF STUDENT FOR CHANGE (LONGITUDINAL VIEW)

a) Has student been more responsive to therapy at times? Has there been a pattern of regression and/or progression? When has he/she been most responsive?
b) How do other service providers regard the child's progress to date? His/her responsiveness to therapy?
c) Does therapy and/or the IEP provide motivational incentives?
d) Has the SLP maximized therapy when progress is being achieved?

10. ANALYSIS OF DYNAMICS OF THE SITUATION

a) Is the SLP basing recommendation for dismissal on child's personality traits, etc.?
b) Is the SLP dismissing child due to dislike of child, parent, situation with teacher, etc.?
c) Have other situational dynamics influenced recommendation for dismissal?

11. SECOND OPINION

a) Has the SLP sought the assistance of another qualified provider to furnish a second opinion?
12. CONTINUITY

a) Are other service providers consistently reinforcing what the SLP is doing in therapy or is the SLP working in isolation?
CRITERIA FOR DISMISSAL

Before applying these criteria in determining a student’s dismissal from speech/language therapy services, the evaluation/programming committee should review the safeguards on the “Use of Criteria for Dismissal” on page 22 of the “Arkansas Guidelines and Severity Ratings for Speech/Language Impairment.” Speech and language therapy services may be terminated when one or more of the following criteria have been met and it is the decision of the committee that:

1. The speech/language problem is no longer a disability as demonstrated by norm-referenced and/or criterion-referenced assessment results, and/or clinical procedures and the appropriate Severity Rating(s).

2. The student’s terminal IEP objectives and goals have been attained and no adverse affect on educational performance is present.

3. The acquisition of basic cognitive and/or affective performance skills is no longer affected by the student’s communication (an adverse affect on educational performance no longer exists).

4. The student has attained a level of performance commensurate with expectations given his/her clinical condition such as, but not limited to, limited cognitive functioning, structural anomalies, neurological disabilities and/or hearing impairment.

5. The student has maintained the same level of performance as measured by standardized tests and/or procedures over a period of time, indicating to the evaluation/programming committee that the student cannot reasonably benefit from continued treatment at the present time. Throughout the period of speech/language therapy service, the speech-language pathologist must demonstrate documented use of a variety of intervention strategies attempted to stimulate progress.


