**Language Assessment:**

**Guidance for Speech/Language Pathologists**

**Language:** a systematic means of communicating ideas or feelings by the use of conventionalized signs, sounds, gestures, or marks having understood meanings.

**Language Impairment:** A significant deficiency which is not consistent with the student’s chronological age in one or more of the following areas:

(a) a deficiency in receptive language skills to gain information;

(b) a deficiency in expressive language skills to communicate information;

(c) a deficiency in processing (auditory perception) skills to organize information; and

(d) a deficiency in the social use of language (pragmatics) and the rules that govern that usage.

**Approaches to Language Assessment**

Darley identified the ‘Appraisal and Diagnosis’ approach to assessment in 1991. This two-stage process entailed collecting information from a variety of sources including the direct assessment of the student during what was termed the ‘appraisal phase’. Once this data is collected the Speech and Language Pathologist (clinician SLP) engages in the determination of a diagnosis based on the information (‘diagnostic phase’).

More recently, emphasis has been placed on utilizing a more descriptive-developmental approach whereby the SLP seeks to collect relevant information from multiple sources and then describes how the student is functioning in comparison with a typical communication and developmental trajectory.

Eligibility determination for specialized language services in North Carolina is a process that combines both approaches. It requires the SLP to utilize a wide variety of assessment tools (formal and informal) to build a case for or against the determination that a student is language impaired. In some cases that determination is relatively non-complex. In other instances, however, that decision is not as clear. The identification process in North Carolina allows the SLP to pull information from many sources and use a descriptive-developmental approach to build that case for or against services.

SLPs are most often called upon to determine the existence of a language disorder and whether that disorder/disability impacts a student’s ability to access the standard course of study and function appropriately in the school’s social context. The purpose of this guidance document is to assist SLPs in maximizing effectiveness and efficiency in the selection of assessment materials/processes and the interpretation of results.
Elements:

The following elements will be found throughout this site to highlight critical information.

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Part I: THE REFERRAL PROCESS

Referrals to the SLP may occur through several channels.

a. **Teacher Requests for Assistance**: It is not unusual for a teacher to request assistance from the SLP. If the teacher provides information concerning the student and solicits input from the SLP to determine appropriate instructional strategies to implement the curriculum, the clinician is free to assist. This is not considered an evaluation or part of the special education process. There is no documentation required by the Department of Public Instruction for this assistance.

   **Note**: As schools implement Responsiveness to Instruction (RtI) models, knowledgeable staff, including the SLP, may be asked to provide technical assistance in the development of (general education) instructional strategies/interventions. At both Tier I and Tier II levels of RtI, these interventions may become the evidence for a subsequent referral to the Student Assistance Team (Tier III).

b. **Parent/Teacher Referral**: Parents, teacher or other involved parties may request an evaluation for language (or other) specialized services. This must be provided in written format with specific information regarding the concern and the student’s strengths and considered needs. This referral should be presented to the principal or other district official representing the Local Education Agency (LEA).

   **Note**: Upon receipt of this written request a 90-day timeline for completion of the eligibility determination is initiated.

   **Note**: Frequently a parent request for an evaluation occurs in the midst of general education interventions (i.e., Tiers I, II, or III of RtI). Unless the parent withdraws the request, the evaluation process must take place concurrently with the general education interventions.
c. **Student Assistance Team Referral:** The process of providing educational interventions was designed to meet the needs of students, whenever possible, through the general education program. If these efforts find a student resistant to regular instruction then an evaluation for special educational services may be requested.

**Note.** One major role of the Student Assistance Team is to provide technical assistance to teachers in the development of strategic interventions for a struggling student. This is accomplished through the collaboration of knowledgeable and experienced staff at the school. The typical pathway to special education services is through the Student Assistance Team. It is here that a final determination is made regarding the need for an evaluation for specialized education, i.e., the student is not able to progress through general education interventions/support.

The diagram below illustrates the RtI model. At each level the general education interventions become increasingly more intense. It is at the top and final level that the Student Assistance Team does its work. The SLP may assist in developing interventions at any level.

![The RtI Pyramid](image)

**The RtI Pyramid:** Tier I = Primary/Differentiated Core, Tier II = Secondary/Supplemental, Tier III = Tertiary/Intensive Levels of Support.

Some RtI models include a Tier IV which specifies that the student qualifies for specialized education or modifications/accommodations via a Section 504 Plan.
Part II: CREATING AN ASSESSMENT PLAN

Identifying the Core Language Issues or Problems:
Gathering Relevant Information in Preparation for Assessment

Purpose:

The major purpose at this stage is to identify the reasons why a language assessment is considered necessary and to gather relevant information about the student for the purpose of developing a meaningful assessment plan.

Points to Ponder:

- No single source of information is comprehensive or unbiased. It is worth investing the time to review all available information and data.
- Children’s behaviors, knowledge and skills change rapidly particularly between birth and age 9 – 11 years. Non-recent sources of information may be out of date and potentially inaccurate.

Language Modalities and Domains

A comprehensive assessment may need to include information regarding each domain within each of the language modalities (see graphic below). This does not preclude the possible necessity for capturing information in areas highly related to language, e.g., early literacy skills, written expression. The more background information that can be obtained and reviewed, the more the evaluative process can be tailored to the individual student. This could save substantial time and effort during the assessment as you work to target your assessments.

Sources of Information:

Probe for information that:
- identifies or clarifies which modality/domain may be impacting language function,
- provides a rationale for other areas that may need to be screened or comprehensively assessed and/or,
- establishes a baseline from which growth may be determined.

DEC 1: The DEC 1 (Special Education or Preschool Referral Forms) captures information from parents, teachers or other service providers on the student’s
communication strengths and needs. This form is completed by the individual making the referral. It should be noted that in most cases this document will be generated once the Student Assistance Team (SAT) has determined that the student is resistant to general education interventions and a formal evaluation is requested. Periodically this form will be generated prior to the conclusion of the general education (intervention) process. In this case, the special education evaluation and the general education intervention process will be concurrent.

SAT Data: Careful review of the SAT data will provide important insight as to the reason for the initial referral and what interventions were (or were not) effective.

School-Based Screenings and Assessments: Review all appropriate data provided through screenings, quarterly assessments and EOG/EOC testing. Many school districts are using screening tools such as Dynamic Indicators of Basic Early Literacy Skills (DIBELS) that can provide information on phonological awareness, for example. The classroom teacher may have additional information, e.g., common formative assessments, that can be reviewed.

Cumulative Folder: The student’s cumulative record may include a summary from preschool assessments and pertinent medical information (e.g., history of otitis media). The cumulative folder will include information on any special programming such as English as a Second Language (ESL) services or a previous 504 plan. The student may also have a previous special education file that should be carefully reviewed.

Upon review of existing sources of information the SLP may consider obtaining additional information prior to the selection of formal, standardized measures. The following list identifies some sources of additional information.

Observations: Observations can be strictly descriptive or the SLP may utilize more formalized tools such as checklists to systematically identify communicative skills and function. (See the Functional Communication Checklist as an example.)

Interviews: A student, parent and/or teacher interview can yield important insight. As with observations the information can be documented descriptively or obtained using more formal procedures, e.g., use of checklists or surveys.

Surveys or Checklists (other than used during interviews): If an interview is not possible, the SLP may request the parent, teacher or, in some cases, even the student to complete a survey or checklist. Carefully consider the individual’s ability to complete the survey accurately. Be sure to include a contact number on the instrument as well as a date by which the information needs to be returned.

Note: See Resource Page 1 for a sample of surveys and questionnaires.
Action Steps:
1. Review relevant information from as many sources as feasible.
2. With parent consent (DEC 2), distribute surveys and questionnaires.
   - Offer assistance to individuals who might have difficulty completing the instrument on their own.
   - Provide a timeframe for completion.
   - Include your contact information on any document provided to parents/guardians.
3. Hearing screening: This is a mandated procedure and should be performed prior to other assessments.
4. Arrange for student observation(s) and the observational tool/technique.
5. Identify areas of student strengths and needs and the skill consistency across environments and tasks.
6. Develop a working hypothesis regarding the student’s communication problems that specifies the following:
   - the modality/domain(s) of concern
   - the onset of the problem(s)
   - possible etiology
   - impact on educational performance and access to the grade level curriculum.
7. Identify areas for formal or informal assessment.
What Assessment(s) Should be Utilized?
Identifying the Assessment Tools

Purpose:
The objective is to develop an assessment plan that:
• utilizes measures that are as authentic or natural as possible,
• provides the information necessary to respond to the identified need(s) of the student,
• places the student’s behavior within a developmental framework if possible, and
• meets the guidelines established by the Department of Public Instruction for eligibility determination.

Points to Ponder:
• All assessments are samples of behavior.
• Be very familiar with the assessments to be used. Review the assessment manual.
  o How an assessment was standardized or normed can be very important.
  o What is the assessment really measuring?

Criteria for Language Assessment
The North Carolina eligibility process for language has changed from one that focuses primarily on use of formal test scores or standardized measures to one that requires that the SLP develop a strong case for the need for specialized language services. The eligibility guidelines (NC 1503-2.5 under “Speech or Language Impairment) require the following:

• Use of at least two measures, one test assessing receptive and expressive language and another measure (e.g., test, subtest, checklist) in the specific area of concern (e.g., vocabulary, word-finding, morphology)
• The assessment findings (e.g., standardized test scores or other findings) (must) suggest a language disorder. (Standardized scores must be 1.5 standard deviations or more below the mean.)
• Multiple data sources should be gathered.
• A negative impact on academic/functional performance must be documented.
Assessment Options

- Authentic Assessments
- Standardized or Norm-Referenced Measures
- Criterion-Referenced Measures
- Informal Assessments: Caregiver Questionnaires, Checklists, Structured Observations, some Structural Play Interactions
- Screening Tools

A. Authentic Assessments

An authentic assessment is one that taps into the language used in activities of daily living. These types of assessments reveal the variation in language skills/abilities in different communication environments. Whereas indirect tests (e.g., most standardized tests) are more efficient and lend themselves to psychometric analyses, authentic assessments aim at capturing 'real' language skills in use in 'real' communicative environments.

Authentic assessments may ask students to read real texts; to write for authentic purposes about meaningful topics; and to participate in authentic literacy tasks such as discussing books; keeping journals; writing letters; or communicating their wants, needs and feelings with parents or teachers. Both the material and the assessment tasks look as natural as possible. Furthermore, authentic assessment values the thinking behind work, the process, as much as the finished product (Pearson & Valencia, 1987; Wiggins, 1989; Wolf, 1989).

Authentic assessments can provide meaningful evidence for or against the need for specialized language services despite not often yielding a standardized score.

- Language sampling is a powerful authentic assessment especially when samples are compared across multiple environments. Obtaining and “scoring” a language sample is less difficult than most SLPs realize. Click here for more information on language sampling. (INSERT LINK TO LANGUAGE SAMPLING HERE)
- Checklists, surveys or rubrics of language use in various communication environments (e.g., classroom) can reveal important dimensions of the student's language skills. A checklist of language function scored by multiple raters or across multiple environments can provide supportive documentation for the SLP.

B. Standardized or Norm-Referenced Assessments

A standardized test is one that is administered in a consistent or standard fashion. The assessment is developed by experts or specialists and is based on developmental or performance norms. The tests are designed in such a way that the items, testing
administration, scoring, and interpretations of results are performed in a predetermined, standard manner.

**Interpreting Scores from a Standardized Assessment**

The SLP must consider the following when using an assessment that provides a standard score:

- How do the authors of the assessment identify atypical or abnormal from normal? While North Carolina utilizes 1.5 standard deviations below the mean as the cut point for a disability, it is important to review the assessment manual to identify how the authors define an abnormal score.
- Does the assessment have face validity? Face validity refers to whether a test appears to measure what it is supposed or purported to measure. With the growing availability of assessments (e.g., web-based measures) the SLP must consider this factor.
- Does the assessment have concurrent validity? Put differently, do the results cohere with scores from other assessments?

A *norm-referenced* test is a form of standardized test that yields an estimate of the position of the student within a pre-defined population with regards to the trait being evaluated. Worded differently, a norm-referenced test compares a person's score against the scores of a group of people who have already taken the same assessment, called the "norming group." The score typically falls on a bell-curve distribution.

**Bell Curve Distribution 101: A Reminder**

- Bell curve distributions are common for naturally occurring phenomenon. Measures of cognition, language and perception in the population, for example, take on the shape of a bell-shaped curve.
- Regardless of whether the curve is relatively flat or high peaking, the percent of the population or sample that falls between 1 standard deviation above and 1 standard deviation below the mean of the curve is equal to 68%. Likewise, the percent of the population falling above +2 standard deviations or below -2 standard deviations is always 2.3% of the population. This is what makes standard scores “standard.”
- The use of 1.5 standard deviations below the mean on an assessment as the cut point for “abnormal” or “atypical” is somewhat arbitrary. However, years of experience with standard scores strongly suggest that a student scoring 1.5 standard deviations below the mean are very likely to have significant difficulty in the area being measured compared with students scoring closer to the mean.
Points to Ponder

- Standard scores, percentiles, NCE (normal curve equivalents) and other scores all identify a point along the normal curve or population distribution. The number attached to the results will differ depending upon what scale is being utilized. For example, a z-score of ‘0’ and a percentile of ‘50’ represent the same point along a normal curve.
- Use the test manual to identify what scale is being used and show care in how the score is reported. Many assessments will allow the clinician to report scores in multiple ways.
- If possible, report all assessments using the same scale, e.g., all standard scores, all NCEs, or some combination. This assists with interpretation especially for those not accustomed to dealing with formal test scores.

C. Criterion-Referenced Assessments

These assessments do not directly compare a student’s performance to other students’ performance. Instead, these measures help determine whether a student has attained a certain, specified level of performance. Criterion-referenced assessments are often used to establish a baseline for a given area, provide a goal for that area and monitor progress as an intervention is being provided. Criterion-referenced tests typically have a pre-set standard for performance and scores are frequently reported in percentages. Student achievement is reported for individual skills.

Note. Norm-referenced and criterion-referenced assessments are often confused for one another. They differ in the following ways:

<table>
<thead>
<tr>
<th>Criterion-Referenced</th>
<th>Norm-Referenced</th>
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<tbody>
<tr>
<td>Ascertains whether a student is performing at a specified level relative to a curriculum or standard.</td>
<td>Ranks or compares a student with others of a similar age.</td>
</tr>
<tr>
<td>Scores typically reported as a percentage.</td>
<td>Scores typically reported as a standardized measure, e.g., stanine, percentile, normal curve equivalent</td>
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D. Informal Assessments

Some assessments do not yield standardized scores but provide valuable descriptive data. The American Speech, Language and Hearing Association (ASHA) provides the following information:

Results of standardized tests provide the speech-language pathologist with valuable information regarding the communication abilities in specific
areas. However, ASHA recognizes that standardized tests are only one component of a comprehensive assessment process. Non-standardized or informal assessment procedures, including behavioral and pragmatic observations in natural contexts and spontaneous and structured language sampling, provide valuable information that standardized tests alone may not.

Sampling communication in a variety of situations gives speech-language pathologists a more accurate profile of an individual's functional communication ability.

An informal assessment can also be an authentic assessment. These are not mutually exclusive categories. In the absence of or unavailability of a norm-referenced, criterion-referenced or standardized assessment the SLP may utilize more informal measures of which language sampling is one type.

**Important Points on Informal Assessments**

- When possible utilize developmental milestones as reference points for observed or non-observed behaviors. Example: “This student exhibited five one-word utterances during the thirty-minute observation. The average mean length of utterance for a two-year-old is “2” or greater.
- Informal measures linked with a baseline can yield important information. Example: “During a twenty-minute observation during a classroom group activity the student would not engage in any form of interaction with any peer and even avoided eye contact. This behavior has not changed since a similar observation one year ago.”
- In a descriptive analysis be specific and avoid subjective comments.
- The most cogent informal assessments are those that cohere with more formal assessments and, thus, have face validity. If the informal measures do not cohere with the more formal findings the resulting explanation can yield important information about the student, e.g., if the mean length of utterance (MLU) of a language sample varies dramatically from one environment to another.

**Eligibility for Language Services: Two Final Points**

- **Lack of Instruction and Qualification for Services**

  Though often difficult to differentially diagnose, the SLP must consider whether the communication disorder is caused by the lack of opportunity to develop language skills. It is not acceptable to qualify a student for specialized services if the absence of a skill(s) is due to lack of stimulation. This is the major rationale for quickly implementing targeted, general education interventions.
Evidence of the student’s resistance to growth in the area of language via targeted instruction and/or intervention(s) in the general education classroom would assist in demonstrating the need for specialized services.

Note. The presence of a language delay due to inadequate environmental stimulation does not mitigate the public school system’s responsibility to close developmental gaps. The initial responsibility for this is through the regular or general education process. If the student is found to be resistant to instruction then consideration for specialized education can (and should) take place.

• Considering Cognitive Function on Qualification for Services

Should all students with significant language delays receive specialized language services? This is a fundamental question for students with significant cognitive impairment.

Consider the following statement in the 2006 NC Guidelines for Speech/Language Pathology:

“Many students, including those with developmental disabilities and, in particular, those classified as mentally disabled, exhibit limitations with expressive and/or receptive communication skills. Not all such students are considered to have a speech-language impairment and in need of therapeutic intervention from the speech-language pathologist. The speech-language pathologist and other members of the IEP team should consider the efficacy of therapeutic intervention for each student and, in determining such, should consider whether or not enrolling a student for speech-language services will significantly change his/her ability to communicate.” (Page 7)

Important Points

• An eligibility determination method that has had a long history is the comparison of the language assessment standardized scores with the scores from psychological (cognitive) assessment to identify “student potential.” There is significant overlap in the two areas of human function, i.e., linguistic and cognitive. The determination, however, must be made on the basis of the student’s current functional level and his/her ability to access the current curriculum.

• A relatively long history of language therapy with no substantial growth in skills might negate the argument for continued language services or re-instituting therapy.

• The assessment results must be considered in light of the student’s curriculum. Skills that are deemed functional for the curriculum (e.g., vocational versus
college preparatory curriculum) could mitigate the necessity for language therapy even if the student’s skills are not considered at age/grade level.

**Action Steps**

- Review *NC Policies Governing Services for Children with Disabilities*:
  - Section NC 1503
- Review DEC 1 and other student data
- Develop an assessment plan and obtain parental permission with the DEC 2
- Complete assessment and review results comprehensively. Follow the evaluation timeline.
- Document the assessment results on the DEC 3. The SLP may augment the DEC 3 with a diagnostic report.
- If the student is eligible for language services, draft goals based on the student’s language status and needs with regard to social function and accessing the curriculum.

**Part III: RE-EVALUATION**

N.C. policy (NC 1503-2.4) states the following:

A public agency must ensure that the reevaluation process for each child with a disability is conducted in accordance with NC 1503-2.4 through NC 1503-3.5

1. If the LEA determines that the educational or related services needs, including improved academic achievement and functional performance, of the child warrant additional evaluation data; or
2. If the child’s parent or teacher requests additional evaluation data.

**Purpose:**

The bottom line is that a re-evaluation of the student’s language status may be necessary to:

- determine if the student continues to qualify for specialized services,
- ascertain if additional information is necessary to more completely diagnose the disorder and more accurately determine language function in the educational environment, and/or
- provide additional information to produce a meaningful IEP.

The re-evaluation must take place no more than once per year and at least once every three years.

**Points to Ponder:**
• Has the educational environment changed? If so, additional assessment information may be necessary to inform therapeutic decision-making.
• How valid is the information from the last evaluation?

While a re-evaluation is time-consuming, the SLP will want to make an objective determination as to whether additional evaluative information will provide meaningful input into the development of the IEP.