MEMORANDUM

TO: Directors, Exceptional Children Programs
    Directors, Charter Schools

FROM: Mary N. Watson, Director
      Exceptional Children Division

RE: Questions and Answers Related to Interventions/Evaluations for Students with Speech-Language Difficulties

Attached is a question-and-answer document intended to guide local education agencies (LEAs) in the efficient use of interventions and support through a problem-solving model (e.g., Responsiveness to Instruction), specifically for students who have difficulties in the areas of speech and/or language. Guidance is also provided in the use of related service personnel (e.g., occupational therapists, physical therapists, speech-language pathologists, etc.) in regular education intervention processes.

It is hoped this clarification and guidance will assist LEAs in determining appropriate responses and procedures for students. If you have additional questions, please contact one of the following:

- Sherry Abernethy, Consultant for Learning Disabilities, at 919/807-3596 or sabernethy@dpi.state.nc.us;
- Perry Flynn, Consultant for Speech-Language Pathology, at 336/256-2005 or pflynn@uncg.edu;
- Lauren Holahan, Consultant for Occupational Therapy, at 919/846-4466 or lauren_holahan@med.unc.edu; or
- Laurie Ray, Consultant for Physical Therapy, at 919/636-1827 or laurie_ray@med.unc.edu.
- Kate Neale, Consultant for Dispute Resolution, at 919/807-3979 or kneale@dpi.state.nc.us.

MNW/TRW/IBW/SWD:tw
Interventions/Evaluations for Students with Speech-Language Difficulties
Frequently Asked Questions

1. **Is parent permission needed to perform vision and hearing screening during RtI Tier I?**
   Parents must be informed (written notification) of vision and hearing screenings that are to be conducted when the problem-solving process is initiated in Tier I. Formal written permission is not required for these two screenings.

2. **Do students with language deficits need to go through the RtI process?**
   A problem-solving process should be used to address concerns for children exhibiting language deficits. Research-based interventions should be used in an attempt to address the deficits. This process is important in order to make well-informed decisions about the nature of the deficits and whether they result from language impairment, a language-based learning disability or some other factor. If, as a result of this process, it is suspected that the child is a child with a disability, a written referral shall be submitted and the LEA will proceed with an initial evaluation and special education eligibility determination.

3. **Do students with non-language deficits (i.e., articulation, voice, fluency) need to go through the RtI process?**
   All students who experience education-related difficulty, academic or otherwise, should proceed through a problem-solving process, such as RtI, including tiered interventions where appropriate. Strategies to address the deficits should be implemented. Speech-Language Pathologists (SLPs) could consult with classroom teachers to provide possible strategies or they could provide interventions. However, for children exhibiting difficulty with articulation, voice and/or fluency, movement through the RtI tiers can be expedited if interventions do not appear to be adequate to address these deficits. Also, according to *North Carolina Policies Governing Services for Children with Disabilities*, if a parent or staff of the public agency suspects the child may be a child with a disability, a written referral shall be submitted and the LEA will proceed with an initial evaluation and special education eligibility determination.

4. **Where can I find more evidence-based interventions for speech–language issues?**
   Information on evidence-based interventions in speech-language pathology can be found at:
   
   http://www.asha.org/members/ebp/compendium/
   http://cityview.mpls.k12.mn.us/Speech_language_Preferral_Interventions.html

5. **If a child is receiving speech-language services and exhibits difficulty in another area, should the process, to address the additional area, start at Tier III?**
   Since the student is already identified as a child with a disability, a re-evaluation is conducted to assess need(s) in additional areas. Interventions must be utilized as part of the re-evaluation process as requested by the IEP Team. It is important to remember that eligibility in the area of Speech Language Impairment does not prohibit the IEP Team from addressing other areas of need that result from that disability.
6. Can IEP Teams extend the 90-day process when RtI is in process?
The 90-day timeline begins when a referral for special education service eligibility is received. This timeline is in place for referrals in schools utilizing RtI and in those that are not utilizing RtI. IDEA Regulations at 34 CFR § 300.301 (d) and (e) specify that when a child who has been referred for an evaluation transfers into a new public agency, the public agency and the parents of a child can agree to a new timeline as long as the new public agency is making progress to complete the evaluation. Additionally, 34 CFR§300.309 allows for an extension of the timeline for students suspected of having a learning disability if the extension is by mutual written agreement of the child’s parents and a group of qualified professionals (eligibility team/IEP Team). However, because the referral for an evaluation occurs in Tier IV of the North Carolina problem-solving model, there should be few, if any, instances where an extension is needed under this provision.

7. How should SLPs proceed with articulation re-evaluations when it is evident that the student is only exhibiting difficulties with reading and writing?
According to North Carolina Policies Governing Services for Children with Disabilities, re-evaluations must be completed in a timely manner. The re-evaluation must be completed within three years of the date of initial placement or the last re-evaluation. With articulation re-evaluations, SLPs should continue to serve the student for the previously identified articulation disorder as re-evaluation procedures, including interventions to address reading and writing deficits, are conducted. IEP Teams have a responsibility to ensure that evaluations are sufficiently comprehensive to identify all of a child’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified. CFR§300.304(b)(4)

8. How can related service providers (e.g., physical therapists, occupational therapists, speech-language pathologists, etc.) be used effectively in regular education intervention processes?
Related service providers can be helpful contributors to a problem-solving process or other similar intervention processes used by School Assistance Teams, Student Support Teams, etc. For example, these specialists may provide strategies to teachers and parents when problem-solving in Tier II. During problem-solving in Tier III, they may deliver interventions within the regular classroom or provide small group or individual informal intervention in a different location. This intervention may not be delivered during a time when students eligible for special education are receiving specialized services provided by the related service personnel. Intervention provided at this Tier is intended to gather data for instructional purposes and must have a specified timeframe. It must not be on-going services such as those provided to students who have been identified as requiring such to benefit from special education. In addition, if the concerns involve issues of play, personal care/self-management, voice, articulation, fluency, sensory-motor or motor skills and these are not due to lack of experience in or accessibility to the environment, the LEA may determine to refer the child for an initial evaluation and special education eligibility determination.