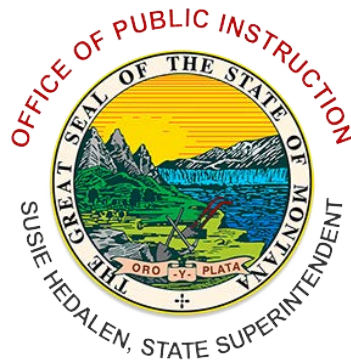


MONTANA PUBLIC SCHOOLS

**GUIDELINES FOR
THE PROVISION OF
SPEECH-LANGUAGE PATHOLOGY SERVICES**

UNDER THE INDIVIDUALS WITH DISABILITIES
EDUCATION ACT (IDEA)



Montana Office of Public Instruction
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Helena, MT

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Introduction

Speech and language development is important for all students and can affect school success. The school-based Speech Language Pathologist (SLP) plays an important role in education and may serve on both the special education and general education teams. The SLPs may serve students directly or collaboratively work with educators and families to address communication, speech, and language needs.

This guidelines document is designed to assist school-based SLPs, administrators, teachers, and parents as they explore the role of the SLP in the school-based setting and work together to serve students in Montana. The Montana Office of Public Instruction "[Special Education in Montana](#)" document should be used in conjunction with this resource.

This PDF document is searchable. Right click on the mouse, select find, and type in a keyword. The reader may also contact the Office of Public Instruction by calling 406-444-5661 for additional assistance.

Definitions/Acronyms

504 (Section 504), 1973 Rehabilitation Act- "Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (ED). Section 504 provides: 'No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance' OCR enforces Section 504 in programs and activities that receive Federal financial assistance from ED. Recipients of this Federal financial assistance include public school districts, institutions of higher education, and other state and local education agencies. The regulations implementing Section 504 in the context of educational institutions appear at 34 C.F.R. Part 104." <https://www2.ed.gov/about/offices/list/ocr/504faq.html>

"To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities." <https://www2.ed.gov/about/offices/list/ocr/504faq.html>

Administrative Rules of Montana (ARM) - Administrative Rules of Montana (ARM): The ARM are the rules that state agencies make to implement those laws. There are also cross-reference tables from Montana Code Annotated citations to ARM at the end of each title.

American Speech Language Hearing Association (ASHA) - is the national professional, scientific, and credentialing association for professionals who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiology treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech and language problems, including swallowing disorders.

Assessment: The formal or informal gathering of data as part of an evaluation for eligibility for special education and related services. It may also include data collection to determine progress on IEP goals.

Assistive Technology Devices and Service- Assistive technology devices are any item, piece of equipment, or product system (software) used to increase, maintain, or improve the functional capabilities of a student with disabilities. Assistive technology services directly assist a student with disabilities in the selection, acquisition, or use of an assistive technology device. 34 CFR §§ 300.5-300.6

Augmentative and Alternative Communication (AAC) - Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas.

Autism Spectrum Disorder (ASD) - Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication and social interaction and the presence of restricted, repetitive behaviors. Social communication deficits include impairments in aspects of joint attention and social reciprocity, as well as challenges in the use of verbal and nonverbal communicative behaviors for social interaction. Restricted, repetitive behaviors, interests, or activities are manifested by stereotyped, repetitive speech, motor movement, or use of objects; inflexible adherence to routines; restricted interests; and hypersensitivity and/or hyposensitivity to sensory input.

Centers for Medicare and Medicaid Services (CMS) - The federal agency that runs the Medicare program. In addition, CMS works with the states to run the Medicaid program. The CMS works to make sure that the beneficiaries in these programs are able to get high-quality health care.

Certificate of Clinical Competence (CCC) - Being "certified" means holding the Certificate of Clinical Competence (CCC), a nationally recognized professional credential that represents a level of excellence in the field of Audiology (CCC-A) or Speech-Language Pathology (CCC-SLP).

Those who have achieved the CCC—ASHA certification—have voluntarily met rigorous academic and professional standards, typically going beyond the minimum requirements for state licensure. They have the knowledge, skills, and expertise to provide high-quality clinical services, and they actively engage in ongoing professional development to keep their certification current.

Child Study Team (CST) - See Evaluation and Eligibility Determination Team (ER, CST).

Clinical Fellowship Year (CFY) - The speech-language pathology clinical fellowship year (CFY) is the transition period between being a student enrolled in a communication sciences and disorders (CSD) program and being an independent provider of speech-language pathology clinical services. The CFY involves a mentored professional experience (lasting 9 months) after the completion of academic coursework and clinical practicum.

Collaborative- Collaborative care or Collaboration is when two or more professionals work together on behalf of a child.

Consultation- Consultation is generally when a specialist provides advice or service recommendations.

Direct Services- Direct Services is hands-on treatment of a child by a related service provider (SLP, PT, and OT) or their supervised, licensed personnel.

Disabilities- Under MCA § 20-7-401, child with a disability means a child evaluated in accordance with the regulations of the Individuals with Disabilities Education Act (IDEA) as having a disability and who because of that disability needs special education and related services.

To be eligible as a child with a disability under the IDEA, a student must meet the criteria for one or more of the disability categories set out in ARM 10.16.3010-10.16.3022 and the disability must adversely affect the student's educational performance such that the student needs special education. (ARM 1016.3007)

The disability categories include :

- Deafness
- Deaf-Blindness
- Hearing Impairment
- Cognitive Delay
- Visual Impairment
- Orthopedic Impairment
- Learning Disability
- Emotional Disturbance
- Other Health Impairment
- Speech/Language Impairment
- Traumatic Brain Injury
- Autism
- Developmental Delay (only allowed for children aged 3 through 8)

Evaluation and Eligibility Determination Team (EDT) - To assure correct identification of disabilities and proper educational placement, a comprehensive educational evaluation precedes the determination of eligibility for special education. The EDT team shall determine whether the evaluation is adequate and whether the student has a disability, which adversely affects the student's educational performance and because of that disability needs special education and related services. 34 CFR §§ 300.304-300.306

Family Educational Rights and Privacy Act (FERPA) - The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Free Appropriate Public Education (FAPE) - A free appropriate public education (FAPE) means special education and related services that:

- (a) are provided at public expense under public supervision and direction and without charge;
- (b) meet the accreditation standards of the board of public education, the special education requirements of the superintendent of public instruction, and the requirements of the Individuals With Disabilities Education Act; and
- (c) include preschool, elementary school, and high school education in Montana; and
- (d) are provided in conformity with an individualized education program that meets the requirements of the Individuals with Disabilities Education Act. MCA § 20-7-401.

Functional Performance - Functional refers to skills or activities that are not considered academic or related to a child's academic achievement. "Functional is often used in the context of routine activities of

daily living" *U.S. Dept. of Educ. Discussion of the Federal Regulations*, 71 Fed. Reg. 46661 (August 14, 2006).

General Education - The education program of a school district encompassing all the educational offerings. General education consists of the educational curriculum of a district except for special education.

ICD-10 - ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).

IEP Team - The IEP team consists of the following required members:

- The parent(s) of the student, or the adult student;
- Not less than one regular education teacher of the student (if the student is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the student or, where appropriate, at least one special education provider of the student;
- An administrator or designee who –
 - (i) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of students with disabilities;
 - (ii) is knowledgeable about the general education curriculum; and
 - (iii) is knowledgeable about the availability of resources of the public agency.
- An individual who can interpret the instructional implications of evaluation results, who may be one of the described members of the team;
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the student, including related services personnel as appropriate; and
- Whenever appropriate, the student.
- **To the extent appropriate, with consent of the parents or a student who has reached 18, a representative of any participating agency likely to be responsible for providing or paying for transition services.**

Indirect Services - Indirect Services usually occurs in the form of meetings, collaboration, or consultation. This would include, but is not limited to, IEP or ER meetings and all meetings and correspondence with parents, teaching staff and other professional disciplines.

Individuals with Disability Education Act Amendment (IDEA) - "... is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities." <https://sites.ed.gov/idea/about-idea/>

Individualized Education Program (IEP) - The term "individualized education program" means a written statement for a child with a disability that is developed, reviewed and revised in accordance with 34 CFR §§ 300.320-300.324. **34 CFR § 300.22**

Least Restrictive Environment (LRE) - Each local education agency shall ensure that:

- (a) to the maximum extent appropriate, students with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled; and

- (b) special classes, separate schooling or other removal of students with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. **34 CFR § 300.114**

Montana Codes Annotated (MCA) - The MCA is a collection of the statutes passed by the Montana State Legislature.

Observation:

- 1) As part of an evaluation to determine the existence of a specific learning disability, to watch attentively a child's academic performance in a regular education classroom after the child has been referred for an evaluation and parent consent has been obtained.
- 2) The observation consists of teachers and related service providers sharing their concerns/successes noticed during the times the child spent in the classroom or with the related service provider.

Present Level of Academic Achievement and Functional Performance (PLAAFP) -

The PLAAFP must:

- 1) address both academic achievement and functional performance; provide qualitative and quantitative information about current performance;
- 2) provide the basis for the measurable annual goal (if a level of performance is in the goal, the current level of performance is in the PLAAFP); and
- 3) state how the disability affects involvement and progress in the regular curriculum or for preschool students, involvement in appropriate activities.

Private Practitioners - Any professional or therapist not employed or under contract with the school district or special education cooperative.

Related Services - The term "related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities of children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training [(34 CFR § 300.34 MCA § 20-7-401 (3)].

Response to Intervention (RTI) - Response to Intervention (RTI) is a multi-tiered approach to providing instruction, services, and interventions at increasing levels of intensity to struggling learners. The purpose of RTI is to provide quality instruction for all students with focused interventions for students who struggle and frequent monitoring of each student's response to the instruction and focused interventions. The RTI provides a framework for *prevention* of learning difficulties, *intervention* when students do not learn at the expected rate for grade level, as well as *identification* of students who need intensive interventions in addition to quality instruction in the regular classroom in order to learn at grade-level expected rates. The RTI framework is part of a well-integrated system of instruction available to every student.

Screening - Procedures for gathering data from a specified group of students to determine whether additional evaluation which requires informed parental consent regarding a suspected disability should be pursued by the school district for eligibility for special education and related services. Parents are

publicly informed by the district of its screening procedures. Individual parental consent is not required for screening.

Special Education- Specially designed instruction, provided at no cost to the parents or guardians, to meet the unique needs of a child with a disability, including but not limited to instruction conducted in the classroom, home, hospital, institution, or other settings and instruction in physical education. 34 CFR § 300.39(a); MCA § 20-7-401(4).

Speech Language Pathologist Aide (SLPA) - Assist speech-language pathologists (SLPs) in providing a variety of services in different work settings. Titles used to identify speech-language pathology support personnel vary by state and may include, but are not limited to, speech-language pathology assistant (SLPA), SLP-Assistant, paraprofessional, speech aide, therapy assistant, and communication aide.

Supplementary Aides and Services- Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with 34 CFR §§300.114 through 300.116. 34. CFR § 300.42. Examples include but are not limited to adaptive equipment, special seating arrangements, or provision of assignments in writing.

Speech-Language Pathology in the Public Schools

The role of the school-based SLP is to maximize students’ communication abilities to better access their education. This includes improving articulation, fluency, voice and language impairments, promoting functional communication skills and providing support in the general education environment (see table below). In a public school setting, the SLP participates in team decisions, as needed, regarding assessment, eligibility and services. They are also responsible for appropriate interventions through observation, collaboration with teachers, modeling interventions and gathering data in a general education setting, as needed.

The school-based SLP requires the same education and certification as those in non-school-based settings, as well as specific training in developing Individualized Education Plans (IEP), understanding eligibility criteria, and service delivery models.

Roles and Responsibilities of the Speech-Language Pathologist (based on ASHA, 2010)

| | |
|---------------------------|---|
| Prevention | Participate in pre-referral consultations, staff education and interventions including Response to Intervention |
| Assessment | Conduct assessments and screenings in collaboration with team members to identify communication disorders |
| Intervention | Provide evidence-based intervention appropriate for age and needs of each student |
| Providing Services | Utilize continuum of service delivery models and least restrictive environment to provide educationally relevant services |

| | |
|---------------------------------|--|
| Data Collection | Gather and interpret data for students as well as program effectiveness to ensure positive student outcomes |
| Compliance | Responsible for meeting federal and state regulations when developing IEPs, Medicaid reimbursements, writing reports |
| Collaboration | Work with school staff, families, students and agencies in the community to provide most effective support for student |
| Professional Development | Utilize evidence-based practice to remain current in all aspects of profession and education |

Speech-Language Pathology Services

The term “special education” means specially designed instruction to meet the unique needs of a child with a disability. The term “related service” means developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education. If “Speech/Language” were required to assist a child with a disability to benefit from special education, it would be identified as a related education service. If “Speech/Language” is the sole special education service, it is considered the special education service. Speech and language pathology services are special education services when they are the only services identified on the IEP.

A related service is one which is needed to assist the child with a disability to benefit from special education. Speech and/or language services will be provided by the school district as a related service when the child’s special education program requires it to make progress on IEP goals.

The presence of medical conditions, injuries and disabilities does not dictate the need for speech and/or language services in the school system. Students with disabilities in regular education classes and need no specialized instruction are not special education students. Likewise, many students who receive special education services may not need speech and/or language as a related service in order to benefit from their educational program.

Speech-Language Pathology as a Disability Category

If a student is determined eligible for special education in another disability area, the IEP team may decide that the student requires speech and language services as a related service. For further information on how to add speech as a related service, please see the [Special Education in Montana](#) document.

To determine eligibility as a student with a Speech-Language Impairment, when no additional services are identified on the IEP, a student must meet the following disability criteria (10.16.3020 Criteria for Speech-Language Impairment):

- The student has a significant deviation in speech such as fluency, articulation or voice, **or**
- The student has a significant deviation in the ability to decode or encode oral language, which involves phonology, morphology, semantics or pragmatics or a combination thereof.
- Documentation of the student's interpersonal communication effectiveness in a variety of educational settings by the teacher, parent, speech-language pathologist, and others as appropriate supports the adverse educational effect of the speech-language impairment or oral communication in a classroom or school setting.

Exclusionary Factors

The student may not be identified as having a speech-language impairment if the speech or language problems primarily result from environmental or cultural factors.

Definitions

The student has a significant deviation in oral performance if the student's performance on standardized test is two standard deviations below the population mean, or between 1.5 and two standard deviations below the population mean, and there is documented evidence over a six month period prior to the current evaluation of no improvement in the speech-language performance of the student even with regular classroom interventions.

For articulation, a significant deviation is consistent articulation errors persisting one year beyond the highest age when 90 percent of the students have acquired the sounds based upon specific developmental norms.

If norm-referenced procedures are not used, alternative assessment procedures shall substantiate a significant deviation from the norm.

The Distinction between School-Based Therapy and Non-School-Based Therapy Services

School-based therapy has a different orientation than non-school-based therapy in identifying needs and services. Non-school therapy and the medical team identifies needs and services based on a medical condition, while school-based therapy services address the student's educational needs and functional skills necessary to have access to and make progress in the educational setting.

School-based therapy identifies the student's needs through the Special Education process, and a student must meet the criteria in IDEA as being a student with a disability. The school-based therapist and other team members determine that a student's disability interferes with his/her educational performance in school before the student receives services. The IEP team determines which services a student needs.

Recommendations and decision-making to determine a student's Individualized Education Program (IEP) are based on the input of all team members. Goals and objectives in the educational plan are *child specific* and must be approved by the IEP team.

School-based therapists provide strategies on how to best capitalize on a student's abilities and minimize the impact of the student's disabilities in the educational setting, while non-school therapists treat a medical condition. School-based therapy services address educationally relevant speech and language needs. For more information, please refer to the American Speech Language and Hearing Association's Practice Policy: <http://www.asha.org/SLP/schools/prof-consult/guidelines/>.

Private Practices of Individuals Not Employed or Under Contract with the District

A public school district may develop and adopt a policy regarding the delivery of services by private practitioners in school buildings. Providing clinical or medical services during school hours on school premises by private practitioners who are retained and compensated by the parent of the student is distinctly different than providing services by professional personnel employed by or under contract with the school for the purpose of implementing the IEP.

If a school allows the use of its facilities for the private practice of professionals not employed or under contract with the district, the district may determine policies and establish written agreements or memorandums of understanding with private practitioners.

Service Delivery: The Special Education Process

Screenings

As part of the child find requirements of special education, screenings are conducted in public schools to identify students who may need a special education evaluation.

Speech and language screenings and the qualifications for individuals providing the screenings are determined according to district procedures and timelines. School-based speech-language pathologists are encouraged to become familiar with school district procedures, timelines, and screening instruments and provide input to ensure screening tools align with current evidence for speech sound and language development.

If a student fails a screening, the SLP must determine if there is a suspicion of a disability or another reason for the failure, such as a lack of experience in a structured setting, limited English proficiency, etc. Parents must be notified of screening results and the action that will be taken. Actions may include further action, referral to a school team or other agency for follow up, or referral for special education evaluation.

Referral

Speech-language therapy referrals shall be consistent with the policies and procedures of the public school districts or special education cooperatives. School personnel or a parent may refer a student. A referral for evaluation shall include documentation from a school-based support team (pre-referral) process and/or screening procedures. Please refer to the [Special Education in Montana](#) guide for more information on referrals.

Initial Evaluation

A student should be evaluated for special education eligibility when the school has reason to suspect the student may be a child with a disability. This involves two inquiries:

1. Does the student have a disability that qualifies under the IDEA?
2. Does the student need specially designed instruction and related services?

As part of the evaluation, the speech-language pathologist will provide a comprehensive summary of the student's communication and make recommendations to the team. Once the evaluation is completed,

the team must determine whether the student meets criteria for a disability category in the state of Montana.

Eligibility

The goal of public school speech-language pathology services is to remediate or improve a student's communication such that it does not interfere with or deter academic achievement and functional performance.

In order for a student to be deemed eligible to receive special education services under the Speech-Language disability category, they must meet the state criteria guidelines. Eligibility determination is based on:

- Meeting the Montana speech-language impairment criteria, AND
- An adverse educational impact, AND
- The need for specialized instruction and/or related services.

If the team determines that the student is in need of speech-language services as a disability criteria or related service, the services do not necessarily need to be provided solely by the speech-language pathologist. Support personnel, collaboration with classroom teachers and consultation may be utilized to provide services as deemed necessary by the Evaluation Report team.

Students meeting the disability criteria of Deafness, Hearing Impairment, and Autism

The disability criteria for a student with: Deafness, Hearing Impairment, and Autism require a Speech Language Pathologist to be a part of the ER/IEP team and be qualified to conduct individual diagnostic examinations of children. The Speech Language Pathologist must sign the Criteria Checklist.

Individualized Education Plan

Based on the information from the evaluation, an IEP is developed. This document is updated on at least an annual basis and progress on annual goals is reported. The purpose of the IEP will be to outline the plan the team has determined the student needs. The plan will include items such as baseline data (PLAAFP), goals, accommodations/modifications, etc.

Transfer Students

If a student comes from another district with speech-language services on his/her IEP, the therapist needs to be notified and involved immediately in serving the child and assessing his/her current needs in accordance with FAPE (CFR 300.323 (e) and (f)).

Progress Monitoring

The IDEA requires that the IEP contain a statement of how the student's progress toward annual goals will be measured and when periodic reports on progress will be provided. Speech-language pathologists follow district procedures and timelines for reporting progress. Once the IEP is established and the annual goals are introduced, progress toward each goal must be monitored, assessed and reported. The purpose of these measurements are twofold: to determine if appropriate progress toward the IEP goals is being

made and to construct a more successful program for the students who are not making appropriate progress. To measure student performance, a comparison of expected rates of achievement to actual rates of achievement is completed on a regular basis. Based on these comparisons, interventions are adjusted as necessary.

Re-evaluation

Once a student has been identified as having a speech-language impairment the team may decide to re-evaluate to determine if the student continues to demonstrate the need for speech and language services. Re-evaluations can occur for various reasons and must be conducted consistent with the requirements under IDEA.

Purposes for a re-evaluation:

1. To determine additional accommodations needed
2. To identify new goals
3. To provide new baseline information
4. To determine effectiveness of intervention and success of outcomes
5. To determine the need for changes in service delivery or need for services
6. To help in planning interventions
7. For ongoing progress monitoring

This evaluation can include a review of current data, as well as further assessment as needed. The IEP team needs to be able to answer the following questions through the re-evaluation:

- Does the child continue to have a speech-language impairment?
- Is there an adverse impact on education?
- Does the child need specialized instruction in speech and language?

Discontinuation of Services Criteria

The IEP team considers the discontinuation of speech-language services in the following situations:

1. The speech-language or communication disorder is now defined within normal limits or the student has not demonstrated gains despite individualized intervention in the areas of speech and/or language.
2. The goals and objectives have been met.
3. The student's communication abilities have become comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background.
4. The student's speech-language or communication disorder no longer adversely affects the individual's educational, social, emotional, vocational performance, or health status.
5. The student who uses an augmentative or alternative communication system has achieved optimal communication across environments and communication partners.
6. The student has attained the desired level of enhanced communication skills.
7. The student, family, and/or guardian requests to be discharged or requests continuation of services with another provider (outpatient therapy).
8. The student moves outside the current school district and the student's service from the current school district is not approved for reimbursement by the new school district. Efforts should be made to ensure continuation of services in the new district.

When considering discontinuation of services in situations other than those described above, it is the clinician's ethical responsibility to review and analyze all aspects of past services in order to identify specific modification(s) that have the greatest probability of yielding improved outcomes and then implement those improvements with ongoing monitoring. The clinician should ensure that the following factors have been addressed: (a) appropriate intervention goals and objectives were specified; (b) sufficient instructional time was provided; (c) current and suitable intervention methods or materials were used; (d) meaningful and functional performance data were collected and analyzed on an ongoing basis to monitor and evaluate progress; (e) appropriate assistive technology or other technology supports were provided, when necessary; (f) a plan to address the needs and concerns of culturally/linguistically diverse families (e.g., use of interpreter or translator) as they affect participation in communication services was designed and implemented ([ASHA, 1983](#)); (g) relevant and accurate criteria were used to evaluate intervention; and (h) health, educational, environmental, or other supports relevant to communication interventions were provided.

In addition, when provision of treatment that includes all of these factors is beyond the expertise of an individual clinician or the clinician's recommendations are not acceptable to the individual, referral to professionals with specific expertise in the area of concern should be made prior to discontinuation of services. Situations relevant to the criteria include the following:

9. Services no longer result in measurable benefits. There does not appear to be any reasonable prognosis for improvement with continued treatment. Reevaluation should be considered at a later date to determine whether the student's status has changed or whether new treatment options have become available.
10. The student is unable to tolerate services because of a serious medical, psychological, or other condition.
11. The student demonstrates behavior that interferes with improvement or participation in services (e.g., noncompliance, malingering), providing that multiple efforts to address the interfering behavior have been unsuccessful and well documented.

(Above taken from ASHA website)

Documentation

The case manager shall collect and maintain all documentation required for the special education file. All professionals working in the school setting shall comply with confidentiality standards required by their profession, the IDEA, school district policy and the Family Educational Rights and Privacy Act (FERPA).

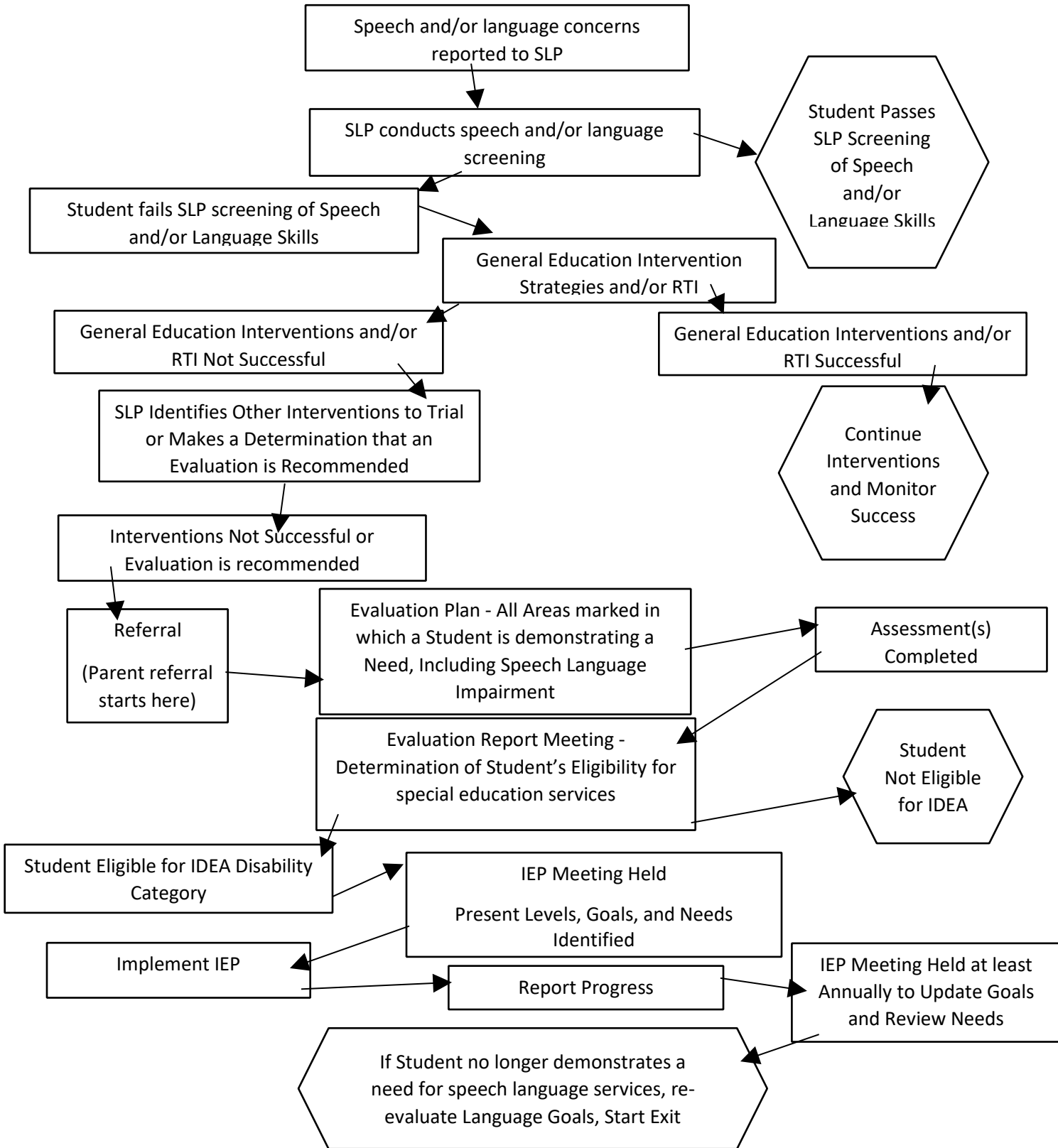
For each student, the case manager shall ensure that the following information is documented:

1. Referral (Request for Initial Evaluation) - A written referral by the school district must state the reason for referral, a description of any options the school district considered, including documentation of regular education interventions, the reasons why those interventions warranted further evaluation, and the signature of the person making the referral. A parent referral must include a statement of the reasons for the request and their signature. (ARM 10.16.3320)
2. Written Permission for Evaluation - Prior to an evaluation and the initiation of any assessment procedures, the student's parent or a guardian must:
 - have received written notice which meets the requirements of ARM 10.16.3321; and

- give written consent to the proposed evaluation and assessments such as the Consent for Evaluation form per requirements of ARM 10.16.3321.

3. Test Protocol Data and Summary Report - The therapist may maintain copies of written documentation of screenings, evaluation, reassessments, IEPs, annual (periodic) reviews and exit results in an appropriate and professional manner. Original documentation is maintained in accordance with the district's record maintenance policies.
4. Services Provided - The case manager shall ensure the therapy services are provided in accordance with the IEP and collaborate with special education staff. The case manager will also assure the accommodations and modifications outlined in the IEP are shared with general educators involved. The student's progress must also be documented at appropriate intervals in accordance with the requirements of the student's IEP.

Eligibility for School-Based Speech and Language Pathology Services



Special Topics

Private School Students with Disabilities

Public school districts are required to offer Free and Appropriate Public Education (FAPE) to IDEA-eligible private/non-public students when they are enrolled in a private school or enrolled as a home-school student with the County Superintendent. Parentally placed private school students with disabilities have no individual right to receive some or all of the special education and related services that they would receive if enrolled full-time in a public school. Parentally placed private school students are not entitled to FAPE. For parentally placed private school student who receives services, the LEA must develop a services plan, not an IEP, for the student. The OPI recommends that a new FAPE form be completed annually. Case Managers are responsible for the initial FAPE form and they are also responsible for annual FAPE forms for students who have service plans. Case managers and/or the public school are also responsible for re-evaluations and ERs.

Students Eligible under Section 504

Section 504 covers qualified students with disabilities who attend schools receiving federal financial assistance. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.

The Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met. An appropriate education for a student with a disability under the Section 504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services. (<https://www2.ed.gov/about/offices/list/ocr/index.html>)

Assistive Technology/AAC

The decision whether a student with disabilities requires an assistive technology service and/or device in order to benefit from her or his education program is an Individualized Education Program (IEP) team decision. In making this decision, the IEP team must consider the individual student's assistive technology needs in relation to his or her education program. Assistive technology devices are any item, piece of equipment, or product system (software) used to increase, maintain, or improve the functional capabilities of a student with disabilities (CFR 300.5 Assistive technology device). Assistive technology services directly assist a student with disabilities in the selection, acquisition, or use of an assistive technology device (34 CFR 300.6 Assistive technology service). For further information, please see the Assistive Technology section of the Special Education in Montana Guide.

Medicaid Reimbursement

Special education service providers may bill Medicaid for services that are considered educational and medical. Billable services must meet Medicaid and Montana OT, PT or speech-language pathologist licensure requirements. Services implemented by communication aides, certified occupational therapy assistants, and/or physical therapy assistants, can be billed if those services meet the supervision requirements as stated in the OT, PT or speech-language pathologist licensure laws. Federal education law requires that parent/guardian written permission be obtained before billing can occur (34 CFR § 300.154(d)). Parents are to receive an annual notice regarding Medicaid billing.

<https://medicaidprovider.mt.gov/Portals/68/docs/manuals/schools052013.pdf>

Supervision of Students and/or CFYs

Graduate Students

Services may be provided by students enrolled in a communication sciences and disorders program as long as they are supervised by a licensed clinician with their Certificate of Clinical Competence as issued by the American Speech-Language Hearing Association. Direct supervision must be in real time and must never be less than 25 percent of the student's total contact with each client/patient and must take place periodically throughout the practicum.

Clinical Fellowship

According to the American Speech-Language Hearing Association (ASHA), "The speech-language pathology clinical fellowship (CF) is the transition period between being a student enrolled in a communication sciences and disorders (CSD) program and being an independent provider of speech-language pathology clinical services. The CF involves a mentored professional experience after the completion of academic coursework and clinical practicum." In order to provide supervision for clinical fellows or university students in the school setting, SLPs must have national certification through ASHA.

Speech Language Pathology Aides

The speech-language pathologist may utilize the services of a speech language pathology aide. According to ARM 24.222.703, an aide may perform tasks specified by the supervisor according to the therapy plan. Speech-language aides and assistants must work directly under the supervision of a Montana licensed speech-language pathologist. The speech-language pathology supervisor is responsible for ensuring that the speech-language pathology aide or assistant is adequately trained for the tasks the aide or assistant will perform. The supervisor is directly responsible for all decisions affecting the client in all phases of diagnosis and treatment. Titles used to identify speech-language pathology support personnel vary by state and include, but are not limited to, speech-language pathology assistant (SLPA), SLP-Assistant, paraprofessional, speech aide, therapy assistant, and communication aide. In the state of Montana this position is titled as a Speech-Language Pathology Aide and is registered and monitored by the state of Montana. Please refer to the following link for further information:

<http://www.mtrules.org/gateway/RuleNo.asp?RN=24%2E222%2E703>

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