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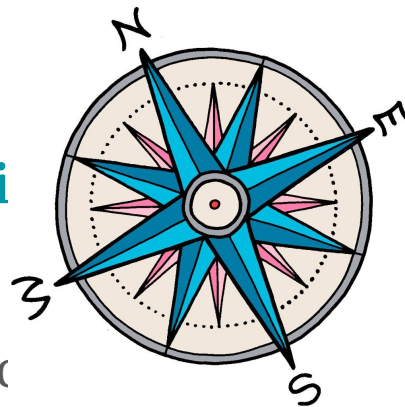
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- For the best experience consider breaking the information into **multiple presentations/discussions** over the course of a school year.
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- Personalize the 'District and Building' slides beginning on Slide 60
- **Contact any of the authors** with questions or suggestions.



How to Navigate:

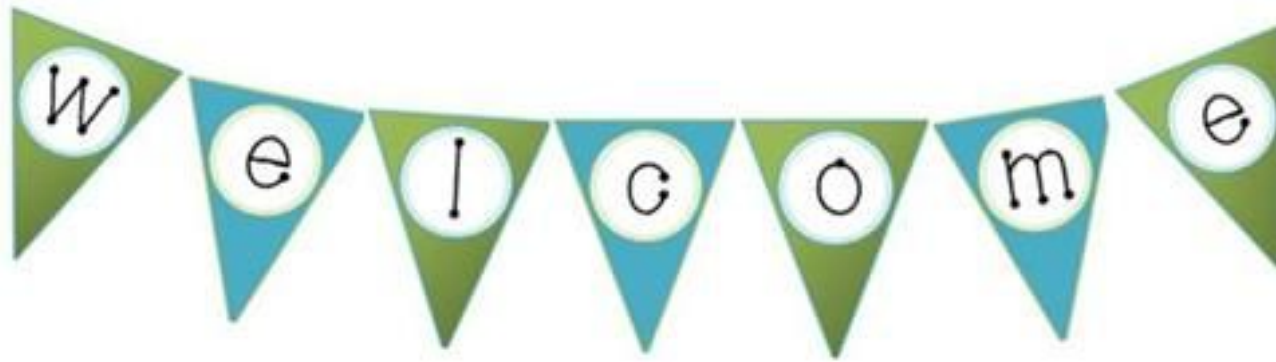
- Slide 9 lists the Topics/sections on the presentation. **Clicking on a bubble will take you to that specific section**
- **Clicking on the school house** on the lower right side of the slide will bring you back to Slide 9, listing all Topics/sections bubbles
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Speech & Language Services in the School Setting

What you need to know...





Brought to you by the
Ohio School Speech–Language Pathology
Supervisory Network

Developed in 2021, Revised September 2024

With a special



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Operating
Standards

Professional
Topics

Unique to
School
Setting

District
Specifics

Workload/
Caseload

Telepractice



Medicaid

Who Do
You Call?

Assistive
Technology

Resources

Contact
Info

Operating Standards

Effective July 1, 2014

- Importance of Operating Standards
- Operating Standards: Where to Look



Importance of Operating Standards

The *Ohio Operating Standards for the Education of Children with Disabilities* identifies the state requirements and federal Part B Individuals with Disabilities Education Improvement ACT (IDEA) requirements that apply to the implementation of special education and related services to students with disabilities by school districts, county boards of developmental disabilities and other educational agencies

It requires traditional public schools and chartered community schools to **adopt written procedures regarding the education of children with disabilities**. The district may adopt the Special Education Model Policies and Procedures developed by the Ohio Department of Education or develop their own and submit for approval.



Operating Standards: Where to Look



Topic	Page #
Applicability of Requirement and Definitions	12
Child Find	49
Procedural Safeguards	59
Evaluations	103
Individualized Education Programs	117
Delivery of Services	149
Preschool Children Eligible for Special Education	164



Professional Topics

- Ethics
- Confidentiality
- FERPA
- Licensure Requirements
- CF/SPE info
- License Maintenance
- Professional Organizations
- Culturally Responsive Practice



Ethics

- [ASHA Code of Ethics 2016](#)
- [Ethics Q & A for School-Based SLPs](#)
- [Licensure Code of Professional Conduct for Ohio Educators](#)
- Continuing Education in ETHICS is required by both:
 - The Ohio Speech & Hearing Professionals Board (OSHPB) and
 - The American Speech and Hearing Association (ASHA)

OSHPB	TWO hours of Ethics	Every two year cycle
ASHA	ONE hour of Ethics	Every three year cycle



Confidentiality

Each district is responsible for providing yearly training in confidentiality. Individual districts can choose how they provide the training. Many districts now use Public School Works online training system.

[Licensure Code of Professional Conduct for Ohio Educators](#)

[ODE: Licensure Code of Professional Conduct](#), Updated February 2020

[Issues in Ethics: Confidentiality](#)

[Loose Lips: Confidentiality in Relationships with Colleagues](#)



FERPA

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.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."



Licensure Required to Work in Ohio's Schools:

- A **valid two year license** from the Ohio Speech & Hearing Professionals Board **Or**
- A **valid conditional license** from the Ohio Speech & Hearing Professionals Board **And**
- A **valid five year Pupil Services License** from the Ohio Department of Education **Or**
- **Registration** with the Ohio Department of Education (as of April 7, 2021)

***ASHA CCC's are preferred but not required.**





Clinical Fellowship & Supervised Professional Experience

Most new grads complete both their **Clinical Fellowship (CF)** and **Supervised Professional Experience (SPE)** concurrently, however, the requirements do differ so be sure to know what is required including paperwork and timelines.

Note: *It is the SLP's responsibility to check that the supervisor has current credentials.*

Also, it is the SLP's responsibility to upload/turn in final paperwork to both ASHA and the OSHPB within the required timeframe.



Clinical Fellowship (CF)



ASHA Clinical Fellowship

The SLP CF is a mentored professional; experience that begins after the completion of academic coursework and clinical practices. The purpose of the CF is to **integrate and apply the knowledge from academic education and clinical training, evaluate strengths and identify limitations, develop and refine clinical skills** consistent with the Scope of Practice in Speech-Language-Pathology, and advance the Clinical Fellow from ‘needing constant supervision to being an independent practitioner’.



Clinical Fellowship (CF)

The ASHA CF experience is a minimum of 1,260 hours and a minimum of 36 weeks of full-time experience.



As a Clinical Fellow, you are required to **complete your CF experience within 4 years or less from the date your CF began.**

Completion of the Clinical Fellowship

A complete CF experience must have

1. A minimum of **1,260 hours of clinical experience working under the mentorship of a CCC-SLP** who meets the mentor requirements as outlined in 2020 Standard VII;



Clinical Fellowship (CF)



2. A **minimum of 36 weeks of clinical experience** (30 hours per week) working under the mentorship of a CCC-SLP;
3. A **minimum of 6 hours of direct supervision and 6 hours of indirect supervision** completed during each segment by each mentor;
4. A **minimum rating of 2** under the 2020 CF experience in the final segment of the CF; and
5. **All hours/segments recommended by each CF mentor** in order to count toward the CF experience.



Supervised Professional Experience (SPE)

Ohio Speech and Hearing Professionals Board



Speech and Hearing
Professionals Board

OSHPB Supervised Professional Experience

Supervised Professional Experience: Purpose of the professional experience is to **provide the opportunity for successful transition in status from student to independent professional.** [Chapter 4753-3-07](#) of the Ohio Administrative Code pertains to the professional experience requirements and can be accessed here: Supervised Professional Experience Guidelines:

The professional experience requires **18 on-site conferences and 9 monthly evaluations between the supervisor and the conditional licensee** working under an approved supervised professional experience plan. The **plan for the Supervised Professional Experience must be filed within 30 days of starting your employment**



Supervised Professional Experience (SPE)

Ohio Speech and Hearing Professionals Board



Speech and Hearing
Professionals Board

The Board reminds SPE supervisors that **supervision of the conditional licensee must continue after the Report and Contacts log is submitted to the board office.** The SPE supervisor shall **continue to supervise the conditional licensee until the Board approves the Report and Contacts Log and issues the conditional licensee their speech-language pathology license.** Supervisors should check with the conditional licensee to verify timely submission of the Report and Contacts log. The status of the conditional licensee's license can be verified from the eLicense Ohio website, license look-up page at: https://elicense.ohio.gov/OH_HomePage.

Ohio Speech & Hearing Professionals Board Licensure Maintenance Process



Continuing Education is required by the [OSHPB](#) and outlined in the [Ohio Administrative Code](#) in order to renew a license every two years.

Renewals must include:

- **Twenty** continuing education hours including
 - **Two** hours of Ethics training
 - **Ten** of the hours must be in your area of licensure



Ohio Department of Education: Pupil Services Licensure (PSL) Maintenance Process

The renewal process every five years includes:



- Online renewal
- Valid OSHPB license (meeting CE requirements)
- [Current BCI & FBI background check](#)
- \$200 fee

Note: If you let your PSL expire, you will have to meet all of the initial requirements over again in order to reinstate your PSL.



Ohio Department of Education: Related Services Registration Maintenance Process (as of 4-2021)



The renewal process every five years includes:

- Online renewal
- Valid OSHPB license (meeting OSHPB CE requirements)
- [BCI & FBI background checks](#)
- \$150 fee



ASHA CCC Maintenance

ASHA requires continuing education every **three years** in order to renew the Certificate of Clinical Competence (CCC). Renewals must include:

- **Thirty hours of continuing education including**
 - **One hour of Ethics training**
 - **Two hours in Cultural Diversity**

Note: Subscribing to ASHA's CE Registry is optional

Tip: ONE hour of continuing education = 0.1 CEU



How to Maintain Your ASHA CCC's

Get 30 Hours from Any of the Following:

ASHA CEUs

Employer In-
Services

Online Courses That Can
Document Your
Participation
(Even those not approved
for ASHA CEUs)

Teacher or Business
Content/Workshops

All of These Are Defined by ASHA as Allowed
Types of Certification Maintenance Hours



Quick Guide to Licensure and Continuing Education Requirements Click [here](#).

Licensure and Continuing Education Requirements Reference Guide

AGENCY	RENEWAL PROCESS	RENEWAL CYCLE	CONTACT HOURS REQUIRED	PROOF REQUIRED	FEE	MANDATORY OR OPTIONAL
Ohio Speech and Hearing Professionals Board (OSHPB) Visit: www.shp.ohio.gov	Renew OSHA license online through eLicense every 2 years between 10/2 to 12/31 of each even year, e.g., 2024, 2026, 2028, etc. CE Broker is recommended to track continuing education hours. Board randomly selects licensees for verification of CE hours. License renewal information available at: https://shp.ohio.gov/staying-licensed/renewal	2 year practice cycle. Must renew between 10/2 to 12/31 of each even year, e.g., 2024, 2026, 2028, etc. Licensees randomly selected for CE verification who do not use free basic account in CE Broker	20 hours, including 2 hours related to ethics; 10 hours must be specific to the clinical area of license	Documentation verifying completion/attendance such as certificate of attendance, CE transcript, etc., if selected for CE verification	\$120 renewal fee; Dual renewal fee \$170; a \$120 late renewal fee if license not renewed by renewal deadline of 12/31 (even year); or for failed CE verification; total, with late renewal fee is \$240 or \$290 for Dual license	MANDATORY to practice in any setting in the State of Ohio
Ohio Department of Education and Workforce (ODEW) – Office of Educator Licensure/Pupil Services Licensure and Registration Visit: https://sboe.ohio.gov/educator-licensure/apply-for-a-new-license/pupil-services-licensure-and-registration	Renew online at: https://sboe.ohio.gov/educator-licensure/apply-for-a-new-license/pupil-services-licensure-and-registration	5 year cycle. Licensure period is from July 1 st to June 30 th every five years for ODEW pupil service license or pupil service registration.	ODEW defers to OSHPB's continuing education requirements	Submit renewal application, fee & A COPY of OHIO SPEECH AND HEARING PROFESSIONAL BOARD'S LICENSE	\$250 Pupil Service License every 5 years; \$200 Pupil Service Registration every 5 years	MANDATORY for school-based practice
American-Speech-Language-Hearing Association Visit: www.asha.org	Must sign affirmation statement every 3 years attesting to accumulation of 30 contact hours to keep CCC's valid. Audits are randomly selected	Renew ASHA membership/certification annually by 12/31. Contact hours are required every 3 years. Continuing education cycles vary.	30 contact hours, including 1 hour related to ethics and 1 hour related to DEI to keep your CCC's current. 1 hour in supervision required to supervise CFs. Contact hours completed for OSHPB's CE requirements can also be used for ASHA.	Proof of contact hours such as Certificates of Attendance, University transcript or ASHA CE registry if audited	Visit ASHA's website to confirm annual renewal fee for CCC's and membership. Additional fees optional to join specific special interest groups	CCC's and membership in ASHA is OPTIONAL for practice in Ohio under your license. If you hold ASHA CCC's you MUST follow continuing education requirements to keep your CCC current



Professional Organizations



OSSPEAC: Ohio School Speech Pathology and Educational Audiology Coalition: Annual Fall conference, Online newsletter, Resources on website



OSLHA: Ohio Speech Language Hearing Association: Annual Spring Convention, Online newsletter, Hearsay Journal, Resources



ASHA: American Speech and Hearing Association: Schools Conference in July, Annual Convention in Fall, ASHA Practice Portal, School Resources

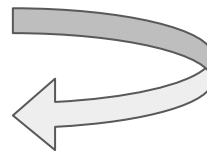
Be sure to check 'em out on social media too!





If you are an early career communication professional or are transitioning from another professional setting, **this is the group for you!**

Click on the banner for more information!



The CoP is designed to help you develop the problem solving and self-advocacy skills needed to **thrive in a school environment.**

Members in the CoP will be connected with a group of nurturing, seasoned professionals as well as other SLPs and audiologists who are new to the school setting.

Ohio Speech & Hearing Governmental Affairs Coalition

OSHGAC is a group of professional organizations that funds advocacy efforts on behalf of speech and hearing professionals. Some of their recent major wins have been the expansion of the definition of Developmental Delay, as well as the passing of Madeline's Law (a requirement for pediatric hearing aids to be covered by insurance).

- Ohio Academy of Audiology
- Ohio Council of Speech and Hearing Administrators
- Ohio School Speech Pathology and Educational Audiology Coalition
- Ohio Speech-Language-Hearing Association



Culturally Responsive Practice

Cultural Responsiveness involves understanding and appropriately including and responding to the combination of cultural variables and the full range of dimensions of diversity that an individual brings to interactions.

<u>ASHA Practice Portal for Cultural Responsiveness</u>
<u>Service Delivery</u>
<u>Personal Reflection</u>
<u>Policies and Procedures</u>



Unique to School Setting

- Ohio's Learning Standards
- Disability vs. Disorder
- Eligibility/Dismissal Criteria
- Primary & Related Services
- Service Delivery Models
- Teaming /Collaboration
- Screenings
- ETR/IEP Process
- Determining Frequency and Duration
- Scheduling
- Early Childhood



Ohio's Learning Standards

Each Child, Our Future



Ohio's Learning Standards

Ohio's Learning Standards-Extended

Ohio's Early Learning & Development Standards

Social & Emotional Learning Standards K-12



Delay vs. Disorder vs. Difference

A **Speech sound delay** is when speech is developing in a normal sequence pattern but occurring later than is typical.

A **Speech disorder** is when mistakes are not “typical” sound errors or are unusual sound errors or error patterns.

A **Language delay** is when language skills are acquired in a typical sequence, but lag behind peers their own age.

A **Language disorder** is when the ability to produce or understand connected words and meaningful sentences affects and adversely impacts social and educational performance including the ability to learn to read, write or spell.

A **Language difference** is when communication behaviors meet the norms of the primary community but do not meet the norms of Standard English. The difference can exist whether the person in question is a child from a different country or simply a different dialect.



In order to be eligible for special education

services

According to The Individuals with Disabilities Education Act ([IDEA](#)) in order for a student to be identified as a student with a disability and receive special education (e.g., speech/language therapy) the student must:

1. Have an impairment, that
2. Results in an educational impact, that
3. Requires specially designed instruction (e.g., speech/language therapy) [OAC 3301-51-01\(B\)\(10\)](#)



Eligibility/Dismissal

What makes a student eligible? (Hint: not SD/standardized test)

Eligibility and Dismissal in the Schools

Admission/Discharge Criteria in Speech/Language Pathology -Guidelines

Decision Making in Termination of Services

Eligible or Ineligible:Determining Adverse Effect

Evaluation and Eligibility for Speech-Language Services in Schools

Ireland/Conrad



Eligibility/Dismissal cont.

Special Education Eligibility: When Is a Speech-Language Impairment Also a Disability? | The ASHA Leader

Use of Design Thinking to Inform Eligibility Recommendations for Children With Spoken Language and Literacy Disorders in Schools | Perspectives of the ASHA Special Interest Groups



Speech/Language Impairment (SLI)

The Individuals with Disabilities Education Act (IDEA) officially defines speech and language impairments as “a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child’s educational performance.” Each point within this definition represents a speech and language subcategory.

- **A communication disorder such as stuttering provides an example of a fluency disorder; other fluency issues include unusual word repetition and hesitant speech.**
- **Impaired articulation indicates impairments in which a child experiences challenges in pronouncing specific sounds.**
- **A language impairment can entail difficulty comprehending words properly, expressing oneself and listening to others.**
- **A voice impairment involves difficulty voicing words; for instance, throat issues may cause an abnormally soft voice.**



Related Services Defined

Federal definition:

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-language pathology and audiology services**, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training.



Service Delivery in the School Setting

Service delivery is a dynamic process whereby changes are made to:

- treatment setting (classroom, therapy room, job site and other school environments);
- format (individual, small group);
- intensity (the amount of time spent in each treatment session);
- frequency (the number of treatment sessions over a set period of time); and
- duration (the length of treatment received).

(ASHA)

[ASHA School-Based Service Delivery in Speech-Language Pathology](#)

[Service Delivery Resource Sheet](#)



Service Delivery in the School Setting

Types of Services/ Locations

Pull Out

Services provided by the SLP in a separate room

Push In

Services provided within the classroom using an integrated, collaborative model

[Different Service Delivery Models for Different Communication Disorders | Language, Speech, and Hearing Services in Schools](#)

Telepractice

Services using telecommunication to deliver services remotely

[Ohio Telepractice Requirements for Audiologists and Speech-Language Pathologist](#)

Other educational settings

lunchroom, playground, vocational training site etc.

Consultative Services

<https://www.asha.org/NJC/Types-of-Services>



Service delivery in the School Setting

Cultural Considerations

- [Practice Portal: Bilingual Service Delivery](#)

Scheduling Considerations

- Cyclical Schedule
 - [The 3:1 Model—One of Many Workload Solutions to Improve Students' Success](#)
- Traditional weekly schedule
- Block scheduling



Teaming & Collaboration

There are key people in districts and schools SLPs should get to know-

Gen Ed Teachers: They know their students the best and should play a key role in the student's diagnosis, eligibility, treatment and carry-over of newly learned skills.

Intervention Specialists: Working closely with the IS will pay-off with increased student success.

Occupational Therapists & Physical Therapists: great sources for problem solving and teamwork, especially for students with multiple needs



Teaming & Collaboration

More key people in districts and schools SLPs should get to know-

School Psychologists- often are case managers with eyes on due dates and timelines and have some background knowledge of students

Special Services Supervisor- they have the view of the whole district and the big picture

Educational Audiologist- your ally and teammate when planning for students with hearing differences



Teaming & Collaboration

Other important team members

- | | |
|--|--|
| <ul style="list-style-type: none">● Administrators● Behavior Specialists● Community Based SLPs or other therapists● Guidance Counselor● Nurses● Orientation and Mobility Instructor | <ul style="list-style-type: none">● Parents/Caregivers & Family Members● Social Worker● Teacher of the Deaf & Hearing Impaired● Vision Impaired Specialist● Vocational & Transition Coordinators |
|--|--|



Screenings

OAC: 3313.673: Screening of beginning pupils for special learning needs

- Students enrolled for the first time as either a kindergarten or first grade student must have hearing, vision, speech and communication and general health screened by November 1st. How the screenings are completed depends on the individual district. Typically the SLP completes the speech and communication screening.



Screenings

Hearing Screenings:

- Preschool children attending a school based program will be screened each school year.
- School-age children in traditional classes shall be screened at six grade levels: kindergarten, first, third, fifth, ninth and eleventh. [Children's Hearing and Vision Program](#)

Preschool Screenings:

Preschool children attending a school based program will be screened annually using a comprehensive developmental screener in the following domains: language, cognitive, motor, social and emotional and behavioral.



Screenings

Initial or Reevaluation

All students being evaluated or reevaluated must have a vision and hearing screening per [ODE Operating Standards for the Education of Children with Disabilities](#) page 107.



ETR/IEP process

ETR Tips:

Format with bold headings
Use parent friendly language
Type out acronyms the first time
Provide clear description of adverse educational impact

- Include:
 - background information
 - reason for the referral
 - parent input related to history, strengths, and concerns
 - teacher input related to communication
 - academic information
 - data from intervention or current therapy
 - standardized test results explained with examples
 - authentic assessments (ex. checklists, curriculum-based assessments)
 - comments on all Speech-Language areas (ex. voice, fluency informally assessed)
 - observation summary (must be included for initial evaluation)



ETR Tips:

Preschool

- Summary of interventions provided is required for preschool children only if the preschool child previously received services under Part C and/or Part B of IDEA or is being evaluated under the suspected disability category of specific learning disability.
- Multiple sources of information are required to determine eligibility. For preschool, these sources include information from Part C when children transition from early intervention, structured observations in more than one setting and in multiple activities, information provided by the parent or caregiver and criteria and norm-referenced evaluations. All developmental areas, not just those related to the disability, must be assessed with at least one source of information. (See [Preschool Planning Form.](#))



IEP Tips:

Present Levels of Performance (PLOP) must include:

- *Summary of Skills*: present level of performance, what the student can do (strengths) related to goal area as well as needs
- *Baseline Data*: for the NEW goal and objectives *ensure baseline unit of measurement is the same as the annual goal and directly related to needs.
- *Comparison to Peers*: a statement connected to how the student is performing related to the grade level Ohio Learning Standards or Early Learning and Development Standards.
 - Avoid terms such as “typical peers...”
 - Review PLOP checklist in [“LiveBinder”](#) resources for Preschool requirements
- Consider formatting the above in bold headings or italicized (as shown)



ETR/IEP process

IEP Tips:

Goals/Objectives:

- Must be separate skills (goal cannot be a blending of skills targeted in the objectives...target a primary skill...make it clear and manageable...simplify)
- Must include what the student will do, the condition, criteria, and mastery level
 - [IEP Goal Writing PD.docx](#)



ETR/IEP process

IEP Tips:

Preschool:

- Young children transitioning from Early Intervention (Part C) deemed eligible for special education must have IEPs in place **and** implemented (services being provided) on or before their 3rd birthday. [Department of Children and Youth Guidance Letter](#).
- When the IEP identifies supports for school personnel to enable the child to access and make progress in the general education curriculum, time and frequency must be provided in the description for each service.
- For students moving from preschool special education to kindergarten, information including the Early Learning Assessment and the Child Outcomes Summary Form, parent information, previous setting and severity of disability and adequate supports should be found in the justification for why the child was removed from the general education classroom.



ETR/IEP Resources

- Ohio Department of Education (ODE) videos and resources for completing ETRs/IEPs:
 - [Universal Support Materials | Ohio Department of Education](#)
 - [Preschool Universal Support Materials | Ohio Department of Education](#)
- Office for Exceptional Children “LiveBinder” of resources for ETR, IEP, and Post-Secondary Transition
 - [Resources for Essential IEP, Essential ETR, Post-Secondary Trans](#)
 - Includes guides and checklists for referral planning, ETR, PLOP, Goals, SDI, and more!



Determining Frequency & Duration

Not all students need the same amount and frequency of services. The IEP team determines the amount and frequency of *individualized* services. Not all students should receive weekly or bi-weekly therapy services.

Take into consideration–

- Severity
- Need
- Prognosis
- Age
- Years in therapy already



Scheduling

Be Flexible!

Your schedule is likely to *change often*

Be sure to schedule based on *individual needs*

Consider travel time and lunch

Creative ideas to schedule

- Scheduling donut/ice cream or pizza party in the teacher's lounge
- Asking teachers to provide a few available times to choose from
- Use Google Docs



SAMPLE Severity Rating Scale

AREA	NORMAL	MILD	MODERATE	SEVERE
Language	Less than 1 standard deviation below the mean standard score 16th percentile or above Language skills are with expected language performance range on informal assessments Acquisition of basic academic, social, and/or vocational skills is not affected.	1 to <1.5 standard deviations below the mean standard score 7-15th percentile Informal assessment indicates a language deficit Minimal interference with communication. Acquisition of basic academic, social, and/or vocational skills may be affected.	1.5 to 2 standard deviations below the mean standard score 2nd -6th percentile Informal assessment indicates a language deficit that usually interferes with communication. Interferes with communication. Acquisition of basic academic, social, and/or vocational skills is usually affected.	>2 standard deviations below the mean standard score 2nd percentile or below Informal assessment indicates the student has limited functional language skills. Student is nonverbal. Seriously interferes with communication. Seriously interferes with and/or prevents communication Acquisition of basic academic, social, and/or vocational skills is impaired
Articulation	No sound errors present or production is developmentally appropriate.	Sound errors are intelligible but noticeable Errors consist of common types of substitutions and/or distortions 1 to 1.5 Sd below the mean 7-15th percentile Intelligible over 80% of the time in connected speech Acquisition of basic academic, social, and/or vocational skills may be affected.	Intelligibility is difficult for an unfamiliar listener Intelligible 50-80% of the time in connected speech The student may experience some difficulty with expressions and/or comprehension The student's spoken message is understood by others most of the time. Acquisition of basic academic, social and/or vocational skills is usually affected	2 or more standard deviations below the mean standard score Intelligible <50% of the time in connected speech Deviations may range from extensive substitutions and many omissions to extensive omissions Speech is frequently unintelligible to most listeners Limited functional expression and/or comprehension Acquisition of academic, social and/or vocational skills are impaired

Source:
Adapted from the Maine Dept. of Education



<u>Area</u>	<u>Normal</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Fluency	Fluency of speech does not draw attention to the student.	3 to 5% stuttered words of total words spoken with a speech sample of at least 100 words. No secondary characteristics Transitory dysfluencies are observed in specific dysfluencies. Minimal listener reaction. Minimal impact on education. Student may be aware of dysfluent behavior.	6-10% stuttered words of total words spoken with a speech sample of at least 100 words. Secondary characteristics, frustration, and avoidance behaviors may be present. Frequent dysfluencies are observed in many situations. Some listener reaction and it interferes with educational functioning. Student may express awareness of dysfluent behavior.	11% or more stuttered words of total words spoken with a speech sample of at least 100 words. Secondary characteristics, frustration and avoidance behaviors are present, typically noticeable and distracting. Habitual dysfluent behaviors are observed in a majority of situations. Avoidance of speaking situations is observed. Seriously limits educational functioning. Student may be ridiculed, ignored, or excluded from play or group activities.
Voice	Pitch, quality, intensity, rate, and resonance are not unusual.	Noticeable differences that may be inconsistent in pitch, quality, intensity, rate or resonance. Voice difference including hoarseness, nasality, pitch or intensity inappropriate for the student's age is of minimal concern to parent, teacher, student, or physician. The voice difference is not severe enough to interfere with communication. Voice rarely distracts listeners from message. Minimal impact on social, emotional, and/or academic functioning. Minimal listener and/or speaker reaction and concern.	Persistent noticeable differences noted in voice production quality, pitch, intensity or rate. Voice difference is of concern to parent, teacher, student or physician. Voice is not appropriate for age and gender of the student. Voice difference may interfere with communication or impair intelligibility of both. Voice does distract listener from message. Interferes with social, emotional, and/or academic functioning. Moderate listener and/or speaker reaction and concern.	Consistent noticeable extreme differences noted in voice production quality, pitch, intensity, or rate. Voice difference is of concern to parent, teacher, student or physician. Voice is distinctly abnormal for age and gender of the student. Voice difference impairs communication or intelligibility or both. Voice does distract listener from message. Seriously limits social, emotional and/or academic functioning due to limited ability to communicate appropriately.



Early Childhood Considerations

Developmentally Appropriate Practices: “Educators who engage in developmentally appropriate practice foster young children’s joyful learning and maximize the opportunities for each and every child to achieve their full potential.” National Association for the Education of Young Children (NAEYC)

Ohio Department of Children and Youth Created in 2024, with programs to support children birth to kindergarten age. Programs include:

- **Identification:** Children Services, Home Visiting
- **Early Education:** Early Intervention, Publicly Funded Child Care, Early Childhood Education, **Preschool Special Education**, Licensing, Dolly Parton's Imagination Library
- **Support:** Ohio Fatherhood Commission, Family Children First Council, Healthy Beginnings at Home

Early Learning Assessment (ELA) and Child Outcome Summary (COS): All preschool students with disabilities need to have the required ELA components administered along with the COS process completed. If the SLP is responsible for scoring, they will need t training on the ELA and COS.



Early Childhood Considerations

Step Up To Quality: Preschoolers must always be in the care of adults who have specific documents/credentials on file with the program. If a child is removed from the classroom, the adult is “used in ratio” and needs a file. This includes the requirement of orientation training. There may be need for enhanced background check.

Ohio Child Care Resource & Referral Association (OCCRRA): Professional Development and licensing orientation training is **required** for all adults “used in ratio.” Requires an OCCRRA account.

Bold Beginning: Ohio’s early childhood programs and services for children, families, and communities



School District and Building Specifics

- Workspace
- Safety Training
- Specific Skill Training
- MTSS/RTI
 - PBIS
- District Information



Workspace

Per the [Operating Standards](#): Service providers

- Must have access to an office or room space suitable for private consultation or intervention;
- Access to a telephone in an area where scheduling, parent contacts and confidential conversations regarding children can be completed;
- And adequate office equipment including a locking file cabinet with a key and supplies.
- Service areas must be equipped with the appropriate materials, equipment, and facilities necessary to identify children with disabilities and to implement the child's IEP and meet the educational, physical, developmental, and learning needs of children within the area.



Annual School Safety Training

Public School Works:

- District assigns & tracks specific modules
- Online modules
- Usually due by mid-year
- Renewable annually or less often depending on the module



Training in specific skills may be needed in areas such as:

Dysphagia

TBI

Autism

AAC

Assistive Tech

Other

Informative modules can be found at [OMNIE](#) and the [ASHA portal](#) for support.



MTSS/RTI

Multi-Tiered System of Supports (MTSS) is a school model that uses data-driven problem-solving and incorporates system-level change to address both the academic and non-academic needs of all students. MTSS has a broad scope, including school culture, family engagement, social/emotional wellness, attendance, and so on, in addition to academics.

Response to Intervention (RTI) is used to help identify and support individual struggling students; it is designed for use in both general education and special education, creating a well-integrated system of instruction and intervention guided by child outcome data. There are four main components of RTI:

- Multi-tiered prevention system
- Universal screening and ongoing progress monitoring
- Data-driven decision-making to guide the selection of evidence-based interventions

SLPs support the whole child, while focusing on communication needs in the educational context. The Network developed a [model RTI framework](#) for SLPs that districts may borrow and customize. The framework is specific to speech-language, with an eye on additional needs a student may present.



Positive Behavioral Interventions & Supports

[PBIS.org](https://pbis.org) (National)

[National Center for Pyramid Model Innovations](https://www.nationalcenter.org/Pyramid-Model-Innovations) (Early Childhood)

[Ohio Department of Education/House Bill 318](https://education.ohio.gov/Topics/Policy-and-Law/House-Bills/2014-2017/HB-318) (Requirements for school districts to implement and provide professional development on PBIS)

[PBISapps.org](https://pbisapps.org)



Important District Information

District Calendar	Work hours	Reporting absences	Professional Days	Personal Days
ETR/IEP software	Mileage	Tech support	Email	Duties



Workload & Caseload

- Definitions
- Rule 3301-51-09
- Workload/Caseload Calculator Options
- Service Provider Workload Rule video series



Definition of Workload & Caseload

ASHA Definitions:

Workload refers to all activities required and performed by school-based SLPs. Workload includes the time spent providing face-to-face direct services to students as well as the time spent performing other activities necessary to support students' education programs, implement best practices for school speech-language services, and ensure compliance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) and other mandates.

Caseload refers to the number of students with Individualized Education Programs (IEPs), Individualized Family Service Plans (IFSPs), and 504 plans served by school-based speech-language pathologists (SLPs) and other professionals through direct and/or indirect service delivery options. In some school districts, caseloads may also include students who receive intervention and other services within general education designed to help prevent future difficulties with speech, language learning, and literacy. Caseloads can also be quantified in terms of the number of intervention sessions in a given time frame.



Workload Rule -- Prong 1

“Workload” means all services and duties assigned to service providers. This consists of direct and indirect (including but not limited to meetings, paperwork, professional development) service to children with and without disabilities.

Districts must use a workload process to determine the service provider’s caseload. Once the district determines the workload, it must decide if the workload can be completed as it is assigned. If a provider cannot perform all workload duties and meet the direct service/specially designed instruction needs for your assigned children, then you must reduce the caseload or workload. This is regardless of the maximum numbers outlined in the Ohio Operating Standards for the Education of Children with Disabilities. (OAC 3301-51-09(I)).



Workload Rule -- Prong 2

Maximum Caseload Ratios Exist – Rule 3301-51-09

1:80 school aged children with disabilities (OR)

1:50 school age children with multiple disabilities, hearing impairments, autism, orthopedic impairment or other health impairment. (OR)

1:50 preschool children with disabilities (OR)

A combination of preschool and school-age children with disabilities or children with multiple disabilities, hearing impairment, autism, or orthopedic/other health impairments proportionate to these ratios.



Workload Rule -- Prong 2

For mixed caseloads, the sum of the proportional calculations (weights) shall not exceed 80.

Assign a weight of 1.6 to the following:

- Preschool student (or)
- Students identified as having multiple disabilities, hearing impairment, autism, orthopedic impairment and/or other health impairment.

Assign a weight of 1 to all remaining students.



Workload/Caseload Calculator Options

Per ODE, the district ***must*** consider the individual needs of each child and the level and frequency of services required.

A variety of workload/caseload calculators have been created that apply weighted values based on typical needs for students in a disability category and age/grade range.

- ❖ [ASHA](#)
- ❖ [Conrad/Slone Calculator](#) and [Guidance Document](#)
- ❖ [ODE Service Provider Ratio and Workload Calculator](#)

Use these calculators as a form of data to self advocate!



Workload/Caseload

What happens if an SLP exceeds the maximum caseload ratio?

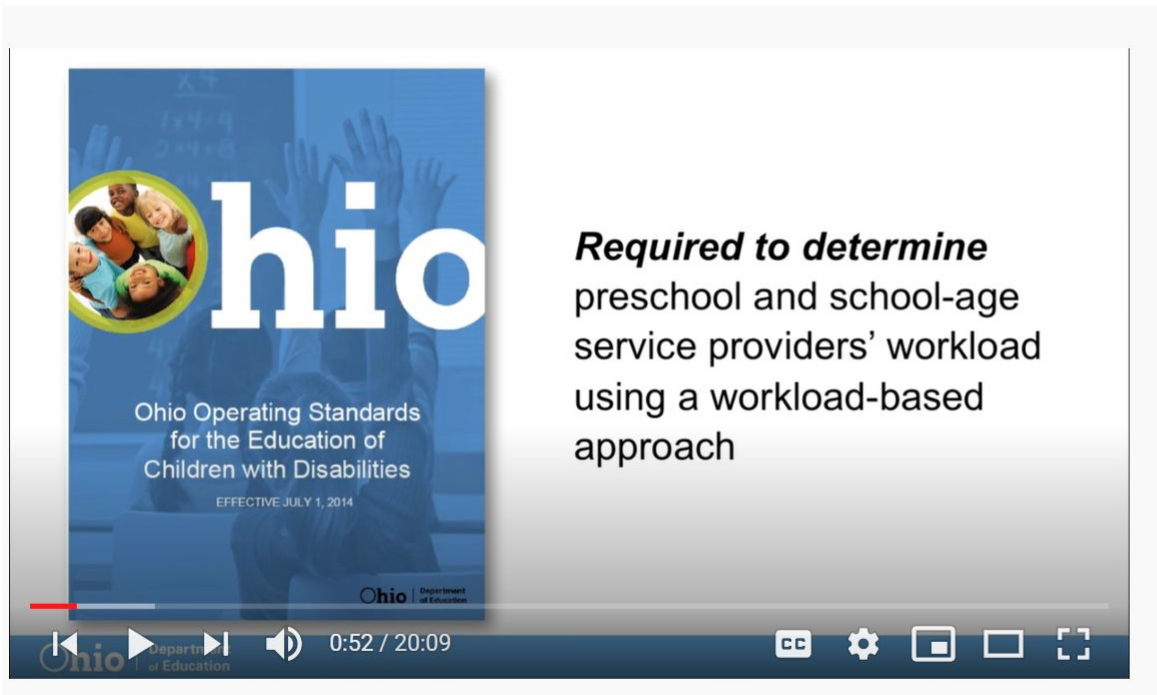
- If the workload determination is not reasonable and/or the caseload ratio exceeds the maximum caseload ratio, the school must (a) adjust the workload expectations (and/or) (b) change the proposed caseload ratio. If the caseload or workload cannot be adjusted, the district or school must obtain a waiver form from the Ohio Department of Education.

How many SLPs should be hired in a district?

- Each district needs to provide speech language pathology services at a ratio of at least one SLP per 2000 students.



Watch the Service Provider Workload Rule video series



- [Overview](#)
- [Adapted Physical Education Specialists](#)
- [Educational Audiologists](#)
- [Intervention Specialists](#)
- [Occupational Therapists](#)
- [Physical Therapists](#)
- [Orientation & Mobility Instructors](#)
- [Speech-Language Pathologists](#)
- [School Psychologists](#)
- [Work Study & VOSE](#)



Telepractice

- Introduction
- Synchronous vs asynchronous
- Hybrid
- Telepractice Resources



Telepractice Introduction

- ASHA approves the use of a telepractice service delivery model to provide speech-language and audiological services.
- [Telepractice services](#) must be equivalent in quality to in-person services and requires adherence to the ASHA Code of Ethics, and Scopes of Practice for Audiology and Speech-Language Pathology and applicable state and federal laws.
- There is a growing body of research related to the evidence base for telepractice. Review current findings in [ASHA's Telepractice Evidence Map](#)



Telepractice Introduction

- The [ASHA Telepractice Portal](#) can help you understand the responsibilities, regulations and ethical considerations
- Telepractice services can be delivered in a variety of formats. For example,
 - Telepractice can be the exclusive service delivery model and delivered synchronously or asynchronously
 - Telepractice can be combined with in-person delivery for a “hybrid” delivery model



Synchronous Service Delivery

1. Assessment and Intervention Services are provided using a video conferencing platform such as WebEx, Zoom, Google Hangouts, etc.
2. The services are delivered with students in an interactive, real-time condition which is similar to the experience provided during traditional in-person service delivery
3. The services can also include coaching caregivers to provide services.



Asynchronous Service Delivery

- Asynchronous can refer to store and forward or the delivery of indirect service such as
 - a. Phone calls with parents/ students to discuss therapy
 - b. Emails with parents/students to discuss therapy
 - c. Transmission of therapy materials/activities to parents and students via platforms such as email, google classroom, text, classroom dojo, see saw, etc.



Hybrid Telepractice

- *ASHA* defines Hybrid Telepractice as applications of telepractice that include combinations of synchronous (e.g. real-time therapy sessions), asynchronous (e.g. recorded therapy sessions recorded for later review), and/or in-person services.
- *In Ohio*, telepractice/telehealth-based services are under the same guidelines and regulations as in-person services. Please follow this [link](#) to read Ohio's Telepractice Requirements for Audiologists and Speech-Language Pathologists.



Telepractice Resources

A few activities/games to get you started

- The digital SLP free [teletherapy materials](#)
- A variety of free and paid [teletherapy materials from TpT](#)
- [Tips](#) and [More Tips](#)

Consider joining these Facebook groups:

- Telepractice for SLPs
- SLP Telepractice Collaboration
- Early Intervention Telepractice



Medicaid

- Expectations
- Requirements
- Data Reporting



Medicaid Documentation Expectations

- Each district utilizes a different Billing Agency (i.e. HBS, HPS, Alliance, etc.)
- **Billing agencies will provide training for documentation and expectations.**
 - Note: Many billing agencies require SLPs to document for ALL students regardless of eligibility for Medicaid.
- What is a 'billable activity'
 - Any direct service to a student (individual or small group) designed by IEP.

Questions? Review [Ohio Medicaid School Program](#) website



Medicaid Documentation Requirements

All services submitted for reimbursement under the Medicaid School Program (**MSP**) must be ordered, prescribed or referred by a physician or **licensed practitioner** of the healing arts.

Note: CFs are not permitted to complete the referral. The CF supervisor or CF mentor will need to complete the referral instead. Then the CF can document services and submit for billing.

The SLP prescribing or referring the service must have both of the following:

1. Medicaid billing provider number (“legacy number”)
2. National Provider Identifier (NPI)



Medicaid Documentation Requirements

(This information is taken from the [Healthcare Billing Services website](#).
Please refer to your billing company for more information.)

- Effective 10/01/2022, Ohio Department of Medicaid requires that Referring Providers complete the Council for Affordable Quality Healthcare (CAQH) verification for the new credentialing requirement. **It is recommended that providers complete the CAQH verification before they apply for their Medicaid number.**
- After the **CAQH** verification is complete, Referring Providers can complete the [Medicaid Enrollment Application](#). The provider number must be in place before therapists refer services in order for your district to be in compliance and receive reimbursement for any MSP services.



Medicaid Schools Data Reporting

Data collection must include the following:

- Date of service
- Start/End time or length of time (*depends on billing agency*)
- Group Size
- [Code for Reimbursement](#)
- Targeted Area
- Data collected
- Progress



Who Do You Call?

- Understanding Chain of Command
- “Who Do You Call” Activity



Understanding it all

- Importance of chain of command
- Knowing role of each entity
 - Supervisor
 - Colleague
 - Organization(s)
 - ODE
 - Ohio Speech and Hearing Professionals Board
 - ASHA
 - Union
- Who to call for assistance or guidance



'Who Do You Call' activity

from these responses to answer questions on the following slides

SUPERVISOR

OSHPB

ODE

COLLEAGUE

UNION

MOM

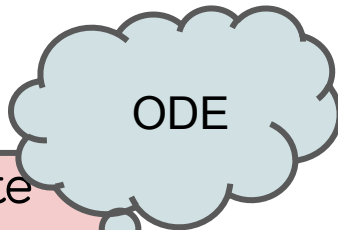
ASHA

OSSPEAC/OSLHA

FRIEND



'Who Do You Call' activity



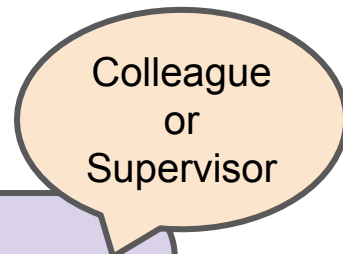
Our district is under state review and I need to ensure I'm following ETR & IEP guidelines. Where would I find reliable resources?

ASHA

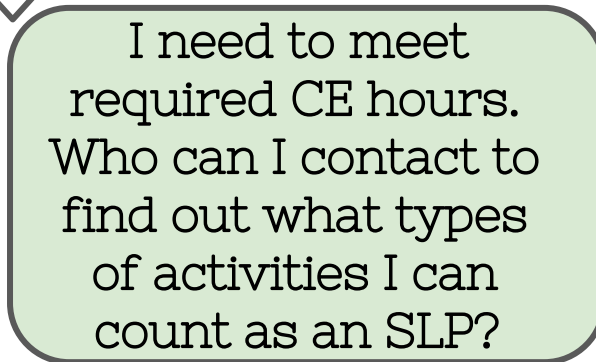


I have a tricky case that I haven't had experience with before. Who might I call for guidance?

Colleague
or
Supervisor



I need to meet required CE hours. Who can I contact to find out what types of activities I can count as an SLP?



'Who Do You Call' activity

I've been told to make a student eligible for services, but he doesn't meet the three prongs of eligibility outlined in Federal law. Who do I call to find out what I should do next?

ODE or
OSHBPB

Union

I've been asked to back date billing information, who do I contact to discuss my ethical dilemma?

OSHBPB

I've been assigned to duties in all 3 of my buildings and I don't think it's fair. Who can I call?



'Who Do You Call' activity

Mom

OSSPEAC
or OSLHA

I don't have SLP specific PD in my district and I want to grow and learn in my field. Who do I contact for info on newsletters, job-related social media posts, available PD, and large, amazing gatherings with SLPs?

Friend

I'm in a new placement and everyone ignored my suggestions in a meeting. I need someone to make the best cookies for me to take to my next meeting. Who can help me?

I've had a stressful week at work and I need a glass wine/whine. Who should I call?



Assistive Technology

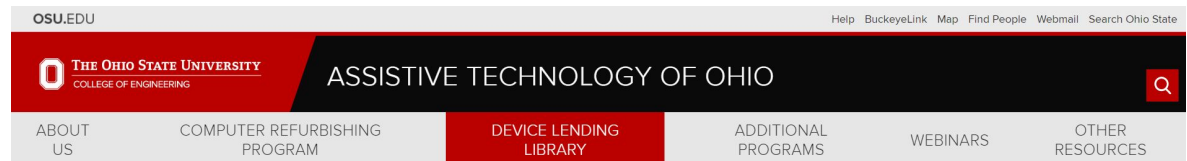
- AT Lending Libraries
- Training
- Funding
- Assessment
Resources



AT Lending Libraries



The **OCALI Lending Library** is available to any person over the age of 18 residing or working in the state of Ohio. A variety of assistive technology tools may be borrowed, including AAC devices and tablets with communication apps.



OSU's AT Ohio has a large library of assistive technology devices for you to try out, free of charge. You may try the device for 30 days from the day you receive it. A signed agreement form is required.



AT/AAC Training



ATIM is designed to provide high-quality information and professional development on assistive technology (AT) for educators, professionals, families, persons with disabilities, and others. Each module guides you through case studies, instructional videos, pre- and post-assessments, a glossary, and much more. ATIM modules are available at no cost.

[AAC and Speech Devices from PRC](#)

[Saltillo Training](#)

[LAMP Words for Life Training](#)

[The Grid Support & Training](#)

[Tobii/Dynavox Training & Support](#)

[Proloquo2Go Support](#)



Funding

[ASHA](#) funding information

[PrAactical AAC blog](#) funding information

[PRC/Salttillo](#) funding resources

[Tobii Dynavox](#) funding resources



AT/AAC Assessment

- [Student Inventory for Technology Supports \(SIFTS\)](#)



- [SETT Framework](#)

Student S	Environment E	Tasks T	Tools T
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- [Dynamic AAC Goals Grid 2](#)



- [The Pragmatics Profile for People Who Use AAC](#)

The Pragmatics Profile
for People who use AAC

- [Communication Matrix](#)



Assess:

- the child's speech and language skills
- communication functions/pragmatic skills
- operational factors (symbol type, grid size, access method)



Resources

- State Support Teams
- Ohio Department of Education
- OMNIE SLP Guidelines
- ASHA Practice Portal
- SLPs' Favorite Things



State Support Teams



State Support Teams

State Support Teams are part of Ohio's Statewide System of Support

Collaboration with schools, families & ODE through a continuous improvement process to ensure each child in Ohio has access to a high-quality education

Focus is on leadership, team development and inclusive instructional practices

Main areas of emphasis include:

- Ohio's Continuous Improvement Process
- Early Literacy
- Early Learning and School Readiness
- Positive Behavioral Intervention and Supports
- Students With Disabilities





**Department of
Education &
Workforce**

- Exceptional Children
 - Ohio Operating Standards for the Education of Children with Disabilities
- Literacy
- Positive Behavioral Intervention Supports (PBIS)
- Ohio's Learning Standards
 - Kindergarten screening
- Learning Management System (LMS)





The [Ohio Department of Children and Youth](#)'s mission is to promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs.

They provide:

- **Identification:** Children Services, Home Visiting, Ohio Children's Trust Fund, Maternal and Infant Vitality Programming
- **Early Education:** Early Intervention, Publicly Funded Child Care, Early Childhood Education, Preschool Special Education, Licensing, Dolly Parton's Imagination Library
- **Support:** Ohio Fatherhood Commission, Ohio Family Children First Council, Healthy Beginnings at Home, Early Childhood Mental Health Consultation, Strong Families, Safe Communities

OMNIE SLP Guidelines



- Free account
- Funded by ODE
- Authored by statewide experts
- 21 various topics



ASHA Practice Portal

Information for Audiologists | Speech-Language Pathologists

Clinical Topics

Curated and peer reviewed content on [clinical topics](#).

Professional Issues

Curated and peer reviewed content on [professional issues](#).

Client/Patient Handouts

[Consumer resources](#) for clients and patients.

Tools and Templates

[Resources](#) to help guide your clinical practice.

One-stop collection of resources to guide evidence-based decision making on clinical and professional issues.

TOPICS AND ISSUES

- Accent Modification
- Acquired Apraxia of Speech
- Aerodigestive Disorders
- Aphasia
- Apraxia of Speech (Childhood)
- Audiology Assistants
- Augmentative and Alternative Communication
- Aural Rehabilitation for Adults
- Autism Spectrum Disorder
- Balance System Disorders
- Bilingual Service Delivery
- Caseload/Workload
- Central Auditory Processing Disorder
- Classroom Acoustics
- Cleft Lip and Palate
- Clinical Education and Supervision
- Cochlear Implants
- Collaborating With Interpreters, Translators, and Translators
- Counseling For Professional Service Delivery
- Cultural Competence
- Dementia
- Documentation in Health Care
- Documentation in Schools
- Documentation of Audiology Services
- Dysarthria (Adult)
- Dysphagia (Adult)
- Dysphagia (Pediatric) - Feeding and Swallowing
- Early Intervention
- Fluency Disorders
- Head and Neck Cancer
- Hearing Aids (Adult)
- Hearing Loss: Beyond Early Childhood
- Hearing Screening (Adult)
- Hearing Screening (Childhood)
- Hearing Screening (Newborn)
- Intellectual Disability
- Late Language Emergence
- Orofacial Myofunctional Disorders
- Permanent Childhood Hearing Loss
- Resonance Disorders
- Right Hemisphere Damage
- Selective Mutism
- Social Communication Disorder
- Speech-Language Pathology Assistants
- Speech Sound Disorders: Articulation and Phonology
- Spoken Language Disorders
- Superior Canal Dehiscence
- Telepractice
- Tinnitus and Hyperacusis
- Tracheostomy and Ventilator Dependence
- Traumatic Brain Injury (Adult)
- Traumatic Brain Injury (Pediatric)
- Unbundling Hearing Aid Sales
- Voice and Communication Services for Transgender and Gender Diverse Populations
- Voice Disorders
- Written Language Disorders



Our 'Favorite' Things

- Children's Books
- Off the Shelf Activities
- Data Collection Shortcuts
- Tips for Parent Communication
- Tips for Teacher Communication
- Websites
- SLP Blogs
- SLP FB sites
- SLP Apps
- Google Apps

*'Favorites'
provided by SLPs
in Erie, Huron and
Lorain County
schools in
Fall of 2019*



Dear Supervisor,
Please insert your
contact information here!
Feel free to add or hide
slides to your copy of this
slide deck.

