

Effective and Efficient Speech Language Pathology Services: What Directors Need to Know

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Something to Talk About: SLP Services in the Schools: <http://www5.esc13.net/thescoop/speech/>

How do we know . . .

Functional Outcomes

“An accounting of the cost, time and resulting restoration (or newly acquired performance) of the [student]” (Moore, and Montgomery, 2008).

This may include progress in the TEKS or in life-skills instruction, friendship development, and age-appropriate independence.

Questions to consider (Moore and Montgomery, 2008, p. 189):

1. *Can speech-language pathologists rely on standardized test scores to capture the improvement?*
2. *Is it more authentic if persons other than speech-language pathologists report the changes they observe?*
3. *Do others besides the student know if the intervention was helpful?*
4. *Do speech-language pathologists know if most students with similar diagnoses make similar improvements? How can this be found out? If students do not, why not?*
5. *Does the student’s rate of improvement change with different speech-language pathologists?*
6. *Does one service provider see results more quickly or more slowly than another? How can speech-language pathologists alter that rate?*

DO SLP SERVICES MAKE A DIFFERENCE?

Research says **“YES!”**

How do we know it?

When you provide services for a student with a COMMUNICATION DISORDER, how do you determine that the intervention has made a **meaningful difference** in that student’s life?

Four Essential Questions for Functional Outcomes	<i>What data do we need to answer this question? Do we have the data?</i>
1. How many sessions does it take to show meaningful change?	
2. How will each assessment streamline the costs of serving this student?	
3. Is this the most cost-effective way to provide this service?	
4. Can you prove that the services you provide make a difference for the student?	

(Moore & Montgomery, 2008)

How Many Sessions?

Program Intensity and Service Delivery in the Schools: (Brandel and Loeb, 2011)

- Surveyed over 1800 school SLPs
- Researchers found, “**little variability across disabilities and severity level** with respect to program intensity and service delivery model (p. 471).”
- Program intensity of **1 or 2 times per week** for 20-30 minute sessions was most frequently recommended
- Caseload size **influenced program intensity**
- “There are **no efficacy studies** that have evaluated the claim that 2–3 times a week for 20–30 min in group settings outside of the classroom is an effective service delivery model (p. 475)”.

Intensive Service Delivery (Gillam and Frome-Loeb, 2010):

Students: 216 school age students in Texas and Kansas

Four Common Characteristics of Treatment

Four treatment conditions

Pre and Post-test: Administered battery of tests, including Comprehensive Assessment of Spoken Language (CASL)

Compared to: pre and post-test standard scores on the Test of Language Development Primary (3rd edition) from a large group (n=156) of same-age children who had participated in a longitudinal epidemiological study in Iowa (Tomblin et al., 1997; Tomblin et al., 2003).

Children in the Iowa study received intervention in public school settings **twice each week for 20-minute sessions** for two years (an approximate total of 48 hours).

Results: Improved *significantly* in

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Continued to improve for **6 months**.

Improvement was **FIVE** times greater than the improvement seen in Iowa Study after 2 years.

Provided **Intensive SLP Services Trial** in 3 ESC Region XIII districts Summer 2011.

Quantitative Data:

- n = 15
- Pre-post effect change on Story Retelling = 8.6
- Pre-post effect change on Vocabulary = 1.58
- What was most beneficial to your students – 100% “Narrative Intervention”, 75% “Daily Contact with Therapist”
- 100% of clinicians rated progress by students as “Good”
- 100% of clinicians integrated therapy strategies into intervention
- 100% of clinicians would be interested in participating again this summer
- 100% of clinicians rated their administrator’s response as “liked a lot”

Qualitative data:

- *The parents commented that they had noticed an increase in expressive language at home during the summer pilot period of 4 weeks.*
- *Students with the weakest language skills made the greatest progress.*
- *The program gave me a framework for introducing and then continuing on with a higher level of narrative. Some students were able to tell me how they used the structure when writing for their STARR practice writing test.*

Similar results as Barratt et al. (1992) study with preschool children:

- Students with intensive intervention programs showed greater improvement in language expression than students in once-weekly services

What makes ANY Intervention **More Intensive** (Montgomery, 2006):

- Many repetitions to trigger retention
- Conducted over short periods of time
- High level of engagement
- Provide homework
- Self-regulation
- Provide collaborative instruction with teacher

In a 40-student caseload, 10 students would be served daily for 9 weeks. Between direct service periods, SLPs provided progress monitoring and met with teachers - Nicole Power and Kim Kysar, Bethany and Yukon Public Schools

How will Each Assessment Streamline Costs?

Need consistent eligibility processes to assure:

- No more testing is done than is necessary
- Accurate information is gathered through assessments
- Assessment data supports the development IEP that removes barrier to access of the curriculum
- Only students with disabilities are found eligible for services

Texas Speech Language Hearing Association Eligibility Guidelines

Purpose: to provide structure within which the multidisciplinary team and the speech-language pathologist in particular can complete a comprehensive evaluation of a student's communication skills and make recommendations to the ARD Committee regarding eligibility using **evidence-based** methodology and tools.

Follows a **3- Stage Process** for Determining Eligibility:

- **Stage 1:** Is there a disability condition (i.e., a communication disorder)?
- **Stage 2:** Is there an adverse effect on educational performance (academic achievement and functional performance) resulting from the communication disorder?
- **Stage 3:** If so, are specially designed instruction and/or related services and supports needed from the SLP to help the student make progress in the general education curriculum?

Guidelines available in the following areas:

- Generic Eligibility Principles
- Articulation & Articulation for Students who are Culturally and Linguistically Diverse
- Language & Language and Learning Disabilities
- Voice
- Fluency (Stuttering)
- Language and Intellectual Disabilities and/or Autism (webcasts forthcoming spring 2012)
- Language for Students who are Culturally and Linguistically Diverse (TBA)

All Guideline Trainings available on the Web: <http://www5.esc13.net/spechlang/Eligibility.html>

Is This the Most Cost-Effective Way?

How are we currently providing services?

U.S. Office of Special Education Programs Visit to Texas 2002

- Reported “Patterns of Service Delivery” for Related Services and SLP Services

ASHA Schools Survey 2010 (over 2800 SLPs nationally)

- 71% of service delivery reported to be “pull out” services
- 21% of service delivery reported to be “classroom or curriculum based”

Type of Service	What does this look like?
Indirect Services	<ul style="list-style-type: none"> • Providing interventions/ strategies to teacher to implement • Training teachers/ paraprofessionals to provide interventions • Monitoring generalization of skills (7% in elementary settings)
Collaborative/ Classroom-Based	<ul style="list-style-type: none"> • Services delivered in the classroom in a co-teaching arrangement • Meeting with teacher to determine student’s instructional barriers • Whole-class instruction or small group within a classroom (e.g., center, literacy workstation) (17% in elementary settings)
Pull-Out	<ul style="list-style-type: none"> • Settings outside the regular or special education classroom • Individualized or small group • The “Speech Room” • Most frequently used service delivery model (75% in elementary settings)
Self-Contained Speech	<ul style="list-style-type: none"> • Class for students whose primary handicapping condition is communication • Seen frequently in preschool settings • Intensive, daily intervention

I see twice-a-week-for-30-minutes pullout therapy models as very expensive. We have not shown efficacy or efficiency in moving students through their course of treatment using the traditional pullout model (Moore, 2010)

Classroom-Based/Collaborative Service Model:

Can include:

- Team teaching with classroom teacher
- Working with small groups (centers, stations) in the classroom
- Leading instruction with teacher assisting in data collection
- Using classroom materials to “prime” students prior to classroom instruction

It is no longer appropriate for speech-language pathologists to provide their services independently. The classroom teacher is the expert on curriculum. The speech-language pathologist is the expert on language acquisition. Putting those two together will facilitate the most efficacious treatment for the student - Campbell, 1999, p. 7.

Research:

- **Vocabulary Intervention** – Collaborative classroom based services **more effective** than pullout services or classroom based with no collaboration with teacher (Throneburg et al, 2000)
- **Language and Literacy** – Greater increases in **language production** via SALT transcription in classroom-based collaborative service versus direct pull out service (Bland and Prelock, 1995); higher scores in **listening and writing**, and higher abilities in **understanding vocabulary** (Farber & Klein, 1999)
- **Preschool** – Children in the classroom intervention condition demonstrated greater generalization of new words learned to home setting (Wilcox et al, 1991)
- **Generalization** - May be more effective than pull-out therapy for some areas of language intervention and may result in **greater generalization** of new skills to other natural settings (Cirrin et al, 2010; McGinty and Justice, 2006)
- **Co-Teaching** - Systematic review of research showed an **advantage** for classroom-based models in which the SLP and classroom teacher **co-taught language lessons** (McGinty and Justice, 2006)
- **Classroom Adaptations** - Teachers who participated in a collaborative speech language pathology program were more aware of the impact of the communication disorder on their student's abilities and made **more appropriate classroom adaptations** (Elbert and Prelock, 1994)

3:1 Service Delivery Model:

Direct services provided 3 weeks of the month

Indirect services provided 1 week of the month, could include:

- Classroom observations
- Teacher team meetings
- Parent Meetings

Research:**Portland Public Schools (Annett, 2004)**

- Implemented 3:1 in 2001 as a pilot program, maintained permanently since 2002
 - Significant reductions in work completed at home
 - Significant increase in Medicaid reimbursement
 - Fewer student service cancellations
 - Increase in collaboration with teachers and parents
 - Improved ability to integrate SLP goals in classroom curriculum
- Effective tool in recruiting and retaining SLPs
- Anecdotal data indicates strong student benefits
- Limited administrator complaints – “more visible force in the building”

In the past, we never had time to meet with teachers, know what's coming up in a curriculum, or be able to consult with teachers about students' needs in the classroom. . . Although our training may not reflect general education practice, we understand how language skills are related to thinking. And that's what we want for our students more than anything-to be better thinkers. The 3:1 model allows us to make that difference. - Sharon Soliday, Portland Public Schools

Kansas City School District (Strong-Van Zandt & Montgomery, 2006)

- Implemented the 3:1 service delivery model for the 2005-2006 school year
 - More direct services to students
 - More time for paperwork completion
 - More time to make up missed sessions
 - SLPs reported a higher rate of job satisfaction

Teleservices:

Has been used for therapy or evaluation

- Distance education is proven technology
- Significantly more research with adults than students
- Eliminates commute time and creates more efficient use of time
- Cannot be the sole method of service delivery in Texas (SLP Licensure Rules)
- ASHA Schools survey shows .1% providing teleservices
- Used in Oklahoma, Ohio, Virginia, Minnesota

Research:

Evaluation –

- Evaluation of students using CELF-4 (Waite et al, 2010)
- Assessed both via videoconference and face to face
- No significant differences in scores; supported validity and reliability of testing via interactive videoconferencing

Intervention -

- OMNIE Telepractice Project (funded by Ohio Department of Ed.), started 2007-08 school year
- In 2009-10 providing services to 6 school districts, 150-180 students
- Uses a split-half design (half teleservice and half traditional services)
- Student data shows similar progress in telepractice as in traditional services
- Parents report satisfaction with the service delivery

Articulation Lab Model:

- Designed initially for Response to Intervention; could be used for IEP Intervention
- Appropriate for students in 1st – 3rd grades
- Intensive Services (3-4 sessions a week, 30 each)
- Students work at stations; SLP monitors productions and shapes sounds; drill, drill, drill
- Combine with a home program

Data for Articulation Lab Rtl

Pasadena ISD – Fall 2006-07 (Weichmann and Balfanz, 2007)

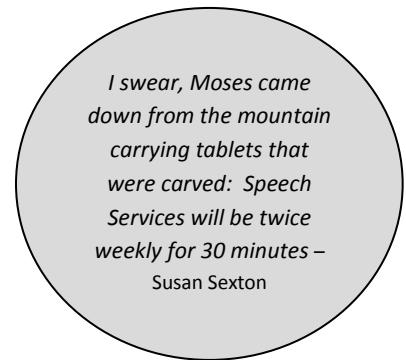
- 18 Elementary Campuses – 89 Rtl Students – 2 referrals
- 27% Reduction in Caseload
- Referral: determined would cost \$24,920 to test and place 89 students

San Diego Schools – Fall 2007 (Taps, 2007)

- 76% of student completed in 17 hours or less; 24% required 25-30 hours

Therapy “Bursts”:

- Quick way to get “drill” opportunities
- Can be used for language concepts or speech sound disorders
- Pull into hall, library, corner of classroom
- 5-7 minutes of intensive practice on sounds or concepts
- Use tally counter to monitor number of correct productions
- Use in combination with other types of service delivery



Research:

- Distributed practice more effective than massed practice for retention (Willingham, 2002)
- Action research in Michigan district found reduced time for articulation therapy (7 hours/year drill burst vs. 63 hours/year of traditional) for same benefit; students were discharged after 9.6 months of individual articulation vs. 18 months with traditional therapy (Sexton, 2006)
- Speedy Speech – of 13 students with single sound disorders who received 5-7 minutes of service 3 times/week and a homework program, 15% met their goal in 8 weeks, 54% met their goal in 16 weeks. Only 3 students required additional intervention (Kuhn, 2006).

Can you prove that the services make a difference?

2 Needed Elements to Prove It:

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“Make a Difference” Resources:

IEP Best Practice: An E-Learning Course through ESC Region XIII:

https://ecampus.esc13.net/catalog.html?url=/show_class_info.html%3Fclassid%3D18112

Standards-Based IEPs Goal Development Online Training through ESC Region 20:

http://portal.esc20.net/pls/htmldb/f?p=340:3:4487165656704163::NO::P3_CLASS_ID,P3_PAGE:1740469,5

What should we measure? What are Functional Outcomes for SLP Intervention?

- Progress in the curriculum, on high-stakes testing, in the classroom
- Ability to ask/answer questions in the classroom
- Friendship development and age-appropriate interaction
- Speech is understood by others in the environment
- Ability to use intervention strategies independent of the SLP

“Keeping track of the client’s **functional outcomes**, instead of reporting more **trivial changes** in discrete communication skills or **comparing scaled scores** on a pre- and post-test, demonstrates that the speech-language pathologist is using resources wisely” (Moore and Montgomery, 2008).

Quality Indicators for SLP Services in Texas Schools

What are quality indicators for Speech Language Pathology?

Few comprehensive resources exist for helping SLPs and administrators determine whether or not a Speech-Language Pathology program is of high quality. With the current shortage in SLPs, limited budgets, and increasing needs of students with disabilities, it is important that the services provided to students are highly effective, supported by the research, and as efficient as possible.

How were the quality indicators developed?

- Search of the literature for SLP services in school settings
- Review of existing quality indicators for special education
- Review of ASHA documents and national best practice guidelines for SLP services in schools
- Review of Legal Framework and guidance from the Texas Education Agency

Descriptions for SLP Quality Indicators:

- **Fully** - there is much evidence that the statement is true; it would be difficult to find ways to improve
- **Substantially** - there is much evidence that the statement is true, but there are a few practices that could be strengthened
- **Partially** - some evidence can be given that the statement is true, but there are a number of practices needing improvement or strengthening
- **Not yet** - there is very little or no evidence that the practice presently exists

Quality Indicators for Speech-Language Pathology Programs in Texas Schools

Evaluation	Fully	Substantially	Partially	Not Yet
SLPs use variety of data sources to gather information about the student's use of his/her communication skills in the classroom. These include, but are not limited to, observations, teacher report/checklist, parent report/ checklist, statewide evaluation data, mastery of the TEKS, grades, and work samples.				
A speech evaluation is a full and individual evaluation and includes formal and/or informal evaluation of health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.				
Evaluations are sufficiently comprehensive to identify all of a child's special education needs, whether or not they are commonly linked to speech impairment.				
SLPs work as a part of a multi-disciplinary team in evaluating all students.				
SLPs gather assessment data, and if conflicting data are present, the team conducts additional formal and/or informal assessment to reconcile conflicting results.				
SLPs select assessment measures that are free of cultural and linguistic bias, are appropriate for the child's age, match the stated purpose of the assessment tool to the reported needs of the student, and describe the student's specific communication abilities and difficulties.				
Evaluations are conducted by appropriately credentialed and trained SLPs.				
Evaluations are completed within necessary timelines and are compliant with state and federal rules and regulations.				

Eligibility and Dismissal	Fully	Substantially	Partially	Not Yet
Recommendation for eligibility is not based on assessment that relies solely on the use of norm-referenced assessment instruments.				
Recommendations for eligibility include documentation of the adverse effect on educational performance.				
The plan for dismissal from SLP services is discussed with ARD committee upon initial determination of eligibility.				
Decisions regarding dismissal are made based on assessment data, which may include a formal re-evaluation and analysis of whether the direct, specialized services of an SLP are needed.				
If the sole eligibility is speech impairment, related services are only provided to support the goals and objectives put in place to address the communication needs of the student and its impact in the classroom.				

IEP Development	Fully	Substantially	Partially	Not Yet
The IEP contains a small number of key enrolled grade-level academic and/or functional goals, and these goals are measurable, observable and relevant to the educational curriculum.				
Goals and objectives correspond to adverse effects identified in the eligibility recommendations and Present Levels of Academic and Functional Performance.				
The IEP describes how the student's disability affects involvement and progress in curriculum and activities/supports needed for success in the curriculum.				
Indirect SLP services are provided when a student's IEP specifies support for school personnel as a part of the accommodations, modifications, or supplemental aids and services provided to a teacher on behalf of the student.				
The IEP includes a statement of Present Level of Academic Achievement and Functional Performance that includes current, specific, measurable, objective baseline information about communication status and its impact on the student's ability to make progress in the curriculum.				
Student graduation plans considered and implications are discussed when state assessment decisions are made.				

Intervention	Fully	Substantially	Partially	Not Yet
Intervention involves removing barriers to curriculum access rather than focusing solely on discrete speech or language skills.				
SLPs provide intervention that is appropriate to the age and needs of the individual student.				
Students are given opportunities for distributed practice across varied settings and activities to facilitate transfer or generalization of communication skills.				
Cues and prompts are intentionally selected and systematically withdrawn as students gain ability to use skills.				
The justification for use of selected interventions is data-based and supported by research evidence and/or practitioner observations and data collection.				
SLP interventions contribute significantly to the literacy achievement of students with communication disorders, and support written language as well as oral language.				
SLPs provide appropriate speech-language services across all age levels, with no school level underserved.				

Cultural and Linguistic Diversity	Fully	Substantially	Partially	Not Yet
SLPs ensure that all components of the evaluation consider language differences and dialect use.				
Evaluation data that provide evidence of dialect use or language difference are documented and not considered a disability.				
When evaluating students with English as a second language, evaluation takes place in both languages to determine speech and language errors that are consistent in both languages and likely to indicate a disorder.				
SLPs educate teachers about the common phenomena that occur in the process of second language acquisition as well as red flags that indicate a bilingual student may be delayed or disordered.				
SLPs who have no or limited proficiency in the native language of the student use a fully proficient interpreter or a primary-ancillary assessment approach to conduct the evaluation in the student's native language.				
The decision regarding the language of intervention is made based on language dominance and language of classroom instruction rather than solely on the language of the SLP.				
SLPs are provided with appropriate staff and support when provision of services in their non-native language is needed.				

Augmentative and Alternative Communication/Assistive Technology	Fully	Substantially	Partially	Not Yet
Augmentative and Alternative Communication Evaluations are conducted by a team, including SLPs, with the collective knowledge and skills to determine solutions for the needs of the student, assess the demands of the classroom, and support the student's educational goals.				
Augmentative and Alternative Communication Evaluations include a functional assessment in the student's customary environments, such as the classroom, lunchroom, or playground.				
Recommendations for augmentative and alternative communication are made based on data about the student, environments and required educational tasks.				
Augmentative and alternative communication is integrated into the curriculum and daily activities of the student across environments.				
The use of augmentative and alternative communication is related to one or more IEP goals and/or objectives.				

Progress Monitoring	Fully	Substantially	Partially	Not Yet
A variety of methods are used to collect data on a student's progress on his/her IEP goals.				
Student IEP goals and objectives are addressed throughout the day in academic and nonacademic activities and routines as appropriate.				
Students are involved in monitoring and evaluating their own progress.				
SLPs use multiple measures of assessment that measure functional outcomes of intervention (e.g., authentic assessment, review of work products, teacher report).				
Progress is reported using the same quantifying/qualifying terminology as the referenced goals and objectives.				
Progress notes are sent home with report cards and include data indicating progress for each annual goal indicated in the IEP.				
When there is a lack of progress on the IEP, the ARD committee reconvenes to determine if revision to the IEP or further evaluation is needed.				

Service Delivery	Fully	Substantially	Partially	Not Yet
Service delivery is curriculum based, outcome-oriented, and integrated with educational activities.				
Pull-out intervention is scheduled at a time that does not interfere with the student's progress in the specific subject area.				
Decisions about service delivery (frequency, duration, location) are based on each student's individual needs.				
Service delivery approaches include a continuum of models, including collaborative, classroom-based, pull-out, and indirect services.				
Pull-out services are provided when repeated opportunities do not occur in the natural environment or when work on functional skills in more focused environments is required, and justification for pull-out therapy is based on the use of specific intervention strategies which meet the student's immediate, short-term needs.				
SLPs collaborate with special education and general education teachers to increase the intensity of SLP services through classroom-based services and teacher follow-up.				
A variety of service frequencies are used, including daily (e.g., intensive for a period of time), weekly, and monthly services.				
Prior to considering dismissal from SLP services, many students have received a variety of service delivery options.				

Documentation/Data Collection	Fully	Substantially	Partially	Not Yet
SLPs track and maintain records on student progress toward meeting goals as indicated in the IEP.				
Data are shared with students, parents, and teachers in multiple formats (e.g., charts, graphs, tables).				
Documentation includes recording dates that services were provided and goals that were addressed.				
If scheduled services were not provided, the reason for missed services is documented and compensatory service offered, if appropriate.				
Data are collected and reviewed regularly.				
Data are collected in a variety of forms that are appropriate to the goal/objective, including cue recording, baselining, frequency/accuracy counts, rating scales, observations, and work products.				

Professional Collaboration	Fully	Substantially	Partially	Not Yet
SLPs collaborate in the delivery of services and supports and assessment of student progress, which may include team teaching with the classroom teacher.				
General educators, special educators, paraprofessionals and SLPs have the collaborative planning time that they need to effectively plan collaborative services.				
The school promotes awareness, knowledge and adoption of best practices in inclusive classroom practices and the continual updating of these practices by providing training for school staff on an on-going basis.				
SLPs have regular opportunities to collaborate, learn and discuss relevant issues with other SLPs.				
School culture is one in which teachers and SLPs are encouraged to collaborate, and collaborative professional relationships exist.				

Parent Involvement	Fully	Substantially	Partially	Not Yet
SLPs encourage active family involvement in information gathering, at the ARD meeting, and later in problem solving when concerns or questions arise during the course of the school year.				
SLPs provide information to parents regarding research-based educational practices and ways they can support their child's learning at home and school.				
SLPs communicate frequently with parents.				
SLPs make every reasonable effort to assure that parents attend ARD meetings.				

Professional Development	Fully	Substantially	Partially	Not Yet
Participation in professional development results in observable, positive changes in professional practice.				
SLPs are given access to professional development for teachers as appropriate, such as training in the areas of technology, literacy, and behavior management.				
SLPs seek out and are provided high quality professional development experiences.				
SLPs do not feel restricted to access professional development because of rigid requirements for compensatory services or unrealistic workload requirements.				

Qualified Providers, Supervision/Mentoring and Professional Evaluation	Fully	Substantially	Partially	Not Yet
SLPs hold the appropriate credentials, including ASHA certification and state licensure, and have pertinent training and experience.				
SLP interns and assistants hold the appropriate license and are given adequate and appropriate supervision as recommended by ASHA standards and required by the State Board of Examiners.				
SLPs supervising assistants, interns or students are provided with adequate time to complete supervision duties.				
SLPs are given the opportunity to supervise and mentor graduate students in Speech Language Pathology.				
SLP mentors provide support and guidance to newly hired SLPs in the areas of planning, assessment, working with parents and colleagues, obtaining materials and equipment, school and special education procedures, and acclimate the newly hired SLP to the culture of the school.				
SLPs are evaluated using appropriate instruments, which may include PDAS tools that have been adapted to be specific for SLPs.				

Workload/Caseload	Fully	Substantially	Partially	Not Yet
When determining caseload distribution for SLPs, individual student needs are considered, such as age, severity, augmentative and alternative communication needs, and indirect support required.				
When determining caseload distribution for SLPs, travel, supervision and paperwork requirements are considered.				
Caseloads are of a size to allow SLPs to provide appropriate and effective intervention, conduct evaluations, collaborate with teachers and parents, and complete necessary paperwork and compliance tasks within working hours.				

Work Resources	Fully	Substantially	Partially	Not Yet
Adequate and appropriate space is provided for pull-out intervention, administration of assessments, material storage and paperwork completion.				
SLPs have access to appropriate technology to provide interventions that support the learning styles of digital learners.				
SLPs have access to professional resources to continue their professional development and to use as reference materials.				
SLPs have access to appropriate materials and supplies for therapy.				
Private space is provided for telephone calls and meetings with parents to maintain confidentiality.				
Adequate and appropriate space is provided for ARD meetings and conferences with parents and teachers.				

Quality Indicators Summary:

Quality Indicator Areas	Fully	Substantially	Partially	Not Yet
Evaluation				
Eligibility and Dismissal				
IEP Development				
Intervention				
Cultural and Linguistic Diversity				
Augmentative and Alternative Communication				
Progress Monitoring				
Service Delivery				
Documentation/Data Collection				
Professional Collaboration				
Parent Involvement				
Professional Development				
Qualified Providers, Supervision/Mentoring, & Professional Evaluation				
Workload/Caseload				
Work Resources				
	Totals			

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