

**ADEPT**  
for  
**Speech-Language Therapists**

**Formal Evaluation  
Guidelines**

**October 2003**

## I. Purpose and Intended Use

These guidelines are intended to supplement South Carolina's Assisting, Developing, and Evaluating Professional Teaching (ADEPT) system by providing appropriate standards and procedures for the performance evaluation of speech-language therapists. The standards, known as Performance Dimensions, apply to speech-language therapists at all contract levels. The formal evaluation procedures apply to speech-language therapists at the provisional, annual, and second annual contract levels as well as to continuing-contract speech-language therapists who have been scheduled for formal evaluation, consistent with the State Board of Education ADEPT regulation (R 43-205.1).

For the purpose of this document, the term *speech-language therapist* refers to any individual who is employed in this professional capacity in a South Carolina public school and who (1) holds South Carolina Department of Education certification as a speech-language therapist (formerly, *speech correctionist*), (2) has a Certificate of Clinical Competence in speech-language pathology from the American Speech-Language-Hearing Association (ASHA), and/or (3) is licensed by the South Carolina Board of Examiners in speech-language pathology.

## II. Performance Dimensions

Formal performance evaluations of speech-language therapists must address the following ten Performance Dimensions (PDs) and provide clear, consistent, and convincing evidence of the speech-language therapist's performance with regard to each of the accompanying competency standards.

### **PD 1: Long-Range Planning**

The speech-language therapist develops a long-range plan (LRP) that describes and/or references appropriate procedures for identifying, assessing, and providing comprehensive services to speech-language-impaired children and for establishing and maintaining the ongoing program operations that are necessary to effectively address the specific needs of the students and the school.

### **PD 2: Complying with Guidelines and Regulations**

The speech-language therapist follows applicable federal, state, and local regulations and guidelines that relate to procedural due process, program eligibility, Medicaid, and program documentation.

### **PD 3: Short-Range Planning of Therapy**

The speech-language therapist develops, evaluates, and revises short-term objectives—including aligned treatment strategies, resources, and schedules—that facilitate the accomplishment of the individualized education program (IEP) goals for each student.

### **PD 4: Short-Range Planning of Assessment**

The speech-language therapist demonstrates the ability to select/develop, interpret, and use the results of appropriate formal and informal measures to conduct comprehensive and ongoing student assessments.

**PD 5: Establishing and Maintaining High Expectations for Students**

The speech-language therapist establishes, maintains, and reinforces appropriate expectations for the performance and participation of each student, both within and outside of the therapy setting, and appropriately involves others (e.g., parents, teachers, other IEP team members) in the various aspects of the therapy process.

**PD 6: Using Strategies That Facilitate Communication Skills**

The speech-language therapist selects and effectively uses a variety of appropriate methods, strategies, and techniques to enhance each student's communication skills.

**PD 7: Monitoring and Enhancing Communication**

The speech-language therapist effectively and continuously monitors each student's performance and uses this information to make appropriate decisions regarding the immediate and long-term course of therapy.

**PD 8: Maintaining an Environment That Promotes Communication**

The speech-language therapist maintains an engaging physical environment and establishes a positive, inviting climate that is designed to enhance each student's communication interactions.

**PD 9: Managing the Therapy Setting**

The speech-language therapist establishes, communicates, and enforces appropriate rules for student behavior and procedures for managing noninstructional routines.

**PD 10: Fulfilling Professional Responsibilities**

The speech-language therapist consistently demonstrates ethically based professional behavior and participates in continuous professional development.

**III. Evaluation Teams**

Each speech-language therapist who is scheduled for formal evaluation will be assigned an evaluation team.

- Each evaluation team must have a minimum of two members.
- All evaluation team members must be certified ADEPT evaluators.
- All evaluation team members must have successfully completed training in the ADEPT evaluation process for speech-language therapists.
- At least one member of the evaluation team must be a certified speech-language therapist.
- At least one member of the evaluation team must be qualified to serve as a district- or school-level supervisor for speech-language therapists.

#### IV. Orientation

Each speech-language therapist who is scheduled for formal evaluation must receive a comprehensive orientation session prior to the initiation of the evaluation process. At a minimum, this orientation must include written and oral explanations of the ADEPT PDs for speech-language therapists, the evaluation process, the criteria for successful completion of the evaluation (including the district's procedural requirements for special education/speech and Medicaid documentation), and the intended use of the evaluation results.

#### V. Required Sources of Evidence and Timelines for Data Collection

In order for an accurate representation of the speech-language therapist's professional performance to be obtained, a variety of data collection methods are required. Additional methods of collecting evidence may be used, in accordance with the district's approved ADEPT plan, as deemed appropriate by the evaluation team. Evaluators must document all evidence in writing.

**A. Long-Range Plan (PD 1).** During the first semester of evaluation, each evaluator must review the speech-language therapist's long-range plan. The long-range plan need not be reviewed again during the second semester of evaluation if (1) the speech-language therapist receives a preliminary rating of *meets standard* on PD 1, (2) the speech-language therapist made no significant modifications to the long-range plan subsequent to the initial review, and (3) the evaluation team agrees that no additional modifications to or reviews of the plan are necessary. Data collection for PD 1 may be resumed at any time during the second semester, at the discretion of the evaluation team. In such instances, the speech-language therapist must be given a minimum of two weeks' prior written notice and a statement of the team's rationale for resuming the process.

**B. Speech-Language Records and Documentation (PD 2).** Near the end of the first semester of evaluation, each evaluator must review a random sampling of the speech-language records (including due process and Medicaid records) to determine compliance with applicable regulations and guidelines. Each evaluator should review a minimum of five records, except in special circumstances where the therapist's caseload requires fewer records to be generated. Only those records actually completed by the speech-language therapist should be selected for review; documents "inherited" from previous speech-language therapists do not constitute appropriate evidence. Criteria for the evaluation of the speech-language records must be consistent with the district's special education requirements for speech and Medicaid documentation. The following are examples of documents that districts may wish to provide to evaluators to assist them in reviewing the speech-language records:

- ♦ Individuals with Disabilities Education Act (IDEA) monitoring manual;
- ♦ applicable sections of State Board of Education Regulation 43-243.1, "Criteria for Entry into Effective Programs of Special Education for Students with Disabilities" (included below, p. 7);
- ♦ the section titled "Speech-Language Pathology Services" in Chapter 200, "Policies and Procedures," of the *Local Education Agency Medicaid Manual* published in 2000 by South Carolina Department of Health and Human Services (available on-line at <http://www.dhhs.state.sc.us/NR/rdonlyres/efxhjbodxizsem6ctxmodpnkng472645obc2eirmjiqjx3yyyc7c7ffwbu3pzqw6nzep32r5pxospbk/leamannual.pdf>); and
- ♦ related federal/state/district memorandums, bulletins, and/or guidance documents.

A records review need not be conducted during the second semester of evaluation if (1) the speech-language therapist receives a preliminary rating of *meets standard* on PD 2

and (2) the evaluation team agrees that no additional reviews are necessary. Data collection for PD 2 may be resumed at any time during the second semester, at the discretion of the evaluation team. In such instances, the speech-language therapist must be provided with a minimum of two weeks' prior written notice and a statement of the team's rationale for resuming the process.

- C. IEP Meetings and Interviews (PDs 3 and 4).** During the first semester of evaluation, each evaluator must attend at least one IEP meeting (e.g., initial placement, annual review) conducted by the speech-language therapist. The evaluator may serve as the designated "administrator" for the meeting, if district policy allows. After each IEP meeting, the evaluator must conduct a follow-up interview with the speech-language therapist to collect information and review artifacts related to these PDs. PDs 3 and 4 need not be reviewed again during the second semester of evaluation if (1) the speech-language therapist receives a preliminary rating of *meets standard* on these PDs and (2) the evaluation team agrees that no additional reviews are necessary. Data collection for PDs 3 and 4 may be resumed at any time during the second semester, at the discretion of the evaluation team. In such instances, the speech-language therapist must be provided with a minimum of two weeks' prior written notice and a statement of the team's rationale for resuming the process.
- D. Observations (PDs 5, 6, 7, 8, and 9).** Each evaluator must conduct at least one unannounced observation of a therapy session each semester (i.e., a minimum of four observations must be conducted during the school year). All observations must last a minimum of one entire session. Evaluators should plan to arrive early to allow sufficient time for the speech-language therapist to access the student(s) IEP(s) prior to the beginning of the session. Additional observations may be conducted at the discretion of the evaluation team.
- E. Speech-Language Therapist's "Reflection" (PD 7).** Following every therapy-session observation conducted during the first semester of evaluation, the speech-language therapist must complete a written "Reflection" on the session. The "Reflection" should be submitted to the evaluator within seven days of the observation, unless an extension is approved by the evaluator. Each "Reflection" must be reviewed by the evaluator who conducted the observation. The speech-language therapist need not complete another "Reflection" following the observations conducted during the second semester of evaluation if (1) he or she receives a preliminary rating of *meets standard* on PD 7 and (2) the evaluation team agrees that no additional written reflections are necessary. Additional reflections may be requested during the second semester of evaluation, at the discretion of the evaluation team. In such instances, the speech-language therapist must be provided with a minimum of two weeks' prior written notice and a statement of the team's rationale for resuming the process.
- F. Professional Self-Report and Description (PD 10).** Near the end of the first semester of evaluation, the speech-language therapist must complete and submit the "Professional Self-Report." Additionally, a building administrator (and other supervisors, as appropriate) must complete the "Professional Performance Description." Each evaluator must review the "Professional Self-Report" and the "Professional Performance Description." The speech-language therapist need not complete another "Professional Self-Report" during the second semester of evaluation if (1) he or she receives a preliminary rating of *meets standard* on PD 10 and (2) the evaluation team agrees that no additional reviews are necessary. The building administrator and/or supervisor must complete the "Professional Performance Description" during both semesters.

## **VI. Documentation**

The following written documentation must be completed by the evaluation team, maintained by the school district, and provided to the speech-language therapist:

- a. specific evidence regarding the speech-language therapist's performance with regard to each of the ten PDs and
- b. a summary of the speech-language therapist's overall performance.

This information also must be made available to the Division of Teacher Quality upon request.

## **VII. Evaluation Judgments and Conferences**

- A. All members of the speech-language therapist's evaluation team must participate in a consensus-based process to determine evaluation judgments.
- B. The evaluation team must reach consensus on each of the ten PDs regarding whether the speech-language therapist *meets standard* or *does not meet standard*.
- C. The evaluation team must reach consensus on the overall assessment of the speech-language therapist. In order for the speech-language therapist to receive an overall judgment of *met* on the formal evaluation criteria, he or she must meet the competency standard on nine of the ten PDs at the time of the final evaluation.
- D. Requirements regarding evaluation conferences, deadlines, and follow-ups are the same as those specified in the ADEPT regulation (R 43-205.1).

## Formal Evaluation At-a-Glance: ADEPT for Speech-Language Therapists

SPEECH-LANGUAGE THERAPIST (SLT)	EVALUATOR 1 (CERTIFIED SLT)	EVALUATOR 2 (SUPERVISOR)	ADMINISTRATOR/SUPERVISOR
Complete an LRP (PD 1)	Review the LRP; complete the documentation (PD 1)	Review the LRP; complete the documentation (PD 1)	
Make records available for review (PD 2)	Review randomly selected records; complete documentation (PD 2)	Review randomly selected records; complete documentation (PD 2)	
Conduct IEP meetings; participate in interviews (PDs 3 and 4)	Attend an IEP meeting; conduct a follow-up interview with the SLT; complete the documentation (PDs 3 and 4)	Attend an IEP meeting; conduct a follow-up interview with the SLT; complete the documentation (PDs 3 and 4)	
Complete a written "Reflection" following each observation (PD 7)	Conduct the observation	Conduct the observation	
	Review the "Reflection"	Review the "Reflection"	
	Complete the documentation (PDs 5, 6, 7, 8, and 9)	Complete the documentation (PDs 5, 6, 7, 8, and 9)	
Complete the "Professional Self-Report" (PD 10)	Review the "Professional Self-Report"	Review the "Professional Self-Report"	Complete the "Professional Performance Description" (PD 10)
	Review the "Professional Performance Description"; complete the documentation (PD 10)	Review "Professional Performance Description"; complete the documentation (PD 10)	
	Hold the consensus meeting; complete the consensus documentation and the "Evaluation Summary"		
Participate in the evaluation conference to discuss evaluation results			

Note: The procedures that appear in the gray-shaded areas are *optional* during the second semester of evaluation, at the discretion of the evaluation team, contingent upon the speech-language therapist's successful preliminary evaluation results in each respective Performance Dimension.

## **State Board of Education Regulation 43-243.1**

### **Criteria for Entry into Programs of Special Education for Students with Disabilities**

(Selected sections as applicable to speech-language impairment)

#### **A. General Requirements**

These criteria for entry into programs of special education for students with disabilities will be used by all members of the multidisciplinary team, who may include school psychologists, speech-language therapists, and other persons responsible for the identification and evaluation of students with disabilities. The federal definitions for all categories of disabilities have been used, as included in the Individuals with Disabilities [Education] Act (IDEA), with one exception. The definition from the S. C. Code Ann. (Supp. 2000) was utilized for a Preschool Child with a Disability. All examiners, however, must be appropriately credentialed or licensed and should have completed training that is directly relevant to the assessment procedure being conducted. Examiners may administer supplementary measures such as curriculum-based assessments to gain additional information.

The categories of educable mental disability, trainable mental disability, and profound mental disability have been merged into one category called "mental disability" (MD), in line with the federal definition of the term. This incorporation has been done solely for the purposes of evaluation and initial service identification and will not affect the programming decisions that will be made for these students through the IEP team. Placement of all students must be determined by the IEP team.

All evaluation procedures must ensure that the following minimal requirements are met:

1. Tests and other evaluation materials used to assess a student suspected of having a disability are selected and administered so as not to be discriminatory on a racial or cultural basis and are provided and administered in the student's native language or other mode of communication unless it is clearly unfeasible to use that language or any mode of communication.
2. Materials and procedures used to assess a student with limited English proficiency are selected and administered to ensure that they measure the extent to which the student has a disability and needs special education, rather than measuring the student's English language skills.
3. A variety of assessment tools and strategies are used to gather relevant functional and developmental information about the student, including information provided by the parent and information related to enabling the student to be involved in and progress in the general curriculum (or for a preschool child to participate in appropriate activities) that may assist in determining whether the student is one with a disability and what the content of the student's IEP should be.
4. Any standardized tests that are given to a student have been validated for the specific purpose for which they are used and are administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the tests. If an assessment is not conducted under standard conditions, a description of the extent to



which it varied from standard conditions, such as the qualifications of the person administering the test or the method of test administration, must be included in the evaluation report.

5. Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.
6. Tests are selected and administered so as best to ensure that if a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level, or whatever other factors the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).
7. No single procedure is used as the sole criterion for determining whether a student has a disability and for determining an appropriate educational program for the student.
8. The student is assessed in all areas related to the suspected disability, including, if appropriate, his or her health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.
9. In the assessment of each student with a disability, the methods of evaluation are sufficiently comprehensive to identify all of the student's special education and related-services needs, whether or not they are commonly linked to the category in which the student is suspected of having a disability.
10. Each school district/agency uses technically sound instruments that may assess the relative contribution of cognitive and behavioral factors in addition to physical or developmental factors.
11. Each school district/agency uses assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the student.

## **F. Speech or Language Impairment**

### **1. Definition**

Speech or Language Impairment means a communication disorder such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects a student's educational performance.

### **2. Eligibility Criteria**

A multidisciplinary evaluation team—that includes a speech-language therapist may determine that the student has a speech or language impairment and is eligible for special education and related services, if appropriate, if the evaluation information [is] collected from multiple sources [and]:

- a. The student demonstrates at least one of the following impairments:

- (1) articulation impairment evidenced by either
    - (a) single or multiple production errors on a developmental scale of articulation competency, [or]
    - (b) misarticulations that interfere with communication and attract adverse attention, or
    - (c) reduced intelligibility due to a phonological disorder or an inability to use the speech mechanism appropriately due to a motor speech disorder such as apraxia or dysarthria;
  - (2) language impairment evidenced by:
    - (a) scores of at least one and one-half standard deviations below the mean for [chronological age or developmental age on one or more standardized tests] that assess the components of language *and either*
    - (b) inappropriate, inadequate, or limited expressive or receptive language as measured by criterion-referenced testing *or*
    - (c) scores of at least one and one-half standard deviations below the mean for chronological age or developmental age on one or more standardized tests that assess language processing *or*
    - (d) limited ability to process language as evidenced by criterion-referenced testing, curriculum-based assessment, or structured classroom observations;
  - (3) stuttering or disorders of fluency evidenced by either
    - (a) excessive or atypical dysfluencies for the student's age, gender, or speaking situation, with or without his or her awareness of the dysfluencies, or
    - (b) the presence of secondary stuttering characteristics or avoidance behaviors;
  - (4) voice impairment evidenced by atypical voice quality, pitch, intensity, or resonance that
    - (a) draws unfavorable attention,
    - (b) interferes with communication,
    - (c) is inappropriate for age, gender, or culture, or
    - (d) adversely affects the speaker or listener; and
- b. The student's speech or language impairment adversely affects his or her educational performance.

### 3. Evaluation

The following evaluation components are required:

- a. documentation of hearing, vision and speech-language screening conducted within the past twelve months;
- b. developmental history that includes a summary of his or her demographic, developmental, educational, and medical history obtained from a parent or primary caregiver;
- c. documentation of an oral peripheral examination conducted by a certified or licensed speech-language therapist;
- d. documentation of an evaluation conducted by a certified or licensed speech-language therapist of the suspected impairment(s) as indicated by screening results:
  - (1) for a student who fails the articulation portion of the speech screening:
    - (a) an articulation measure of single-word utterances,
    - (b) a conversational articulation measure, and
    - (c) a phonological analysis, if needed;
  - (2) for a student who fails the language portion of the speech screening:
    - (a) a measure of receptive and expressive language proficiency that includes evaluation in semantics, syntax, and morphology,
    - (b) an assessment of social/pragmatic language functioning,
    - (c) a language sample, if appropriate, and
    - (d) a measure of language processing skills, if appropriate;
  - (3) for a student who fails the fluency portion of the speech screening:
    - (a) an assessment of the frequency of dysfluencies,
    - (b) an assessment of the type of dysfluencies,
    - (c) a description of the child's fluency patterns in another setting, and
    - (d) a description of the student's secondary characteristics, if appropriate;
  - (4) for a student who fails the voice portion of the speech screening:
    - (a) clearance from a medical doctor that the evaluation can take place and
    - (b) completion of a vocal characteristics checklist, a description of the student's vocal quality, intensity, resonance, and pitch;
  - (5) for a preschool child: completion of a pragmatics assessment; and
- e. Documentation of the evidence that the student's speech or language impairment adversely affects his or her educational performance.

The full text of State Board of Education Regulation 43-243.1 may be accessed on-line at [http://www.sde.state.sc.us/new\\_site/offices/ec/Regulatory/R43-243-1.doc](http://www.sde.state.sc.us/new_site/offices/ec/Regulatory/R43-243-1.doc).