Understanding Indiana’s Special Education Laws: A Parent’s Guide

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Understanding Indiana’s Special Education Laws: A Parent’s Guide

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by

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For parents, the time immediately following their child’s transition into special education services can be overwhelming and confusing. Many parents enter this process undereducated about their child’s impairments, Indiana’s Special Education laws, and the service delivery models that are used in school-based therapy. Without knowledge and comprehension of these components, parents are unable to ensure that their children are receiving all of the services for which they qualify.

This series of two guides is meant to serve as a resource for parents of students who have been classified under the Indiana State Board of Education’s Special Education Rules as speech or language impaired or specific learning disabled in an area associated with communication (oral expression or listening comprehension). They have been developed to provide parents with a clear, comprehensive explanation of each impairment, information about how and why their child qualified for services under Indiana’s laws, and the different types of service delivery models used in therapy. Through this project, I was able to create a resource that gives parents the knowledge and background necessary to become devoted advocates for their children.
Acknowledgements

-I would like to thank Amy Fritz-Ocock for advising me throughout this project. Her knowledge of Indiana’s Special Education Rules, guidance, and patience were imperative to the development and completion of these guides.
Author’s Statement

It is the responsibility of all school-based professionals to ensure that each student is provided with the instruction, support, and guidance that he or she needs to achieve academic success. As a future speech-language pathologist in Indiana’s school systems, it is imperative for me to understand the laws that affect the students I will be required to serve and the services that I will be permitted to render. Through the completion of these parental guides, I have become more knowledgeable about Indiana’s Special Education Rules, how these laws apply to my profession and the school-based therapy I will be administering, and various ways to simplify information about my profession, so that it is accessible for people who are unfamiliar with the field.

As I began this project, I was not well versed in Indiana’s Special Education Rules, despite my interest in school-based therapy. I saw this project as an opportunity to expand my knowledge of these laws, so that I was able to effectively utilize this information throughout graduate school and my career as a speech-language pathologist. Understanding the legal information found in these laws was not an easy task. However, in order to simplify and present this information in a clear and comprehensive way that was accessible to parents, I was forced to expand my knowledge about each aspect of these laws. I learned information about legal terminology used in Indiana’s Special Education Services, impairments treated by a school speech-language pathologist, the evaluation process used to determine Special Education eligibility, and the service delivery models used in school based-therapy. To accomplish this, I used a number of documents written by the Indiana State Board of Education, various books concerning communicative impairments, and feedback and guidance from my advisor.

While increasing my knowledge about Indiana’s Special Education Laws, I was able to enhance another important skill necessary for my future profession: simplification. In a specialized field, such as speech pathology, there are often a wide-range of technical and methodological terms used in readings,
reports, and discussions. However, when dealing with clients and their families, this terminology is not appropriate or easily received. It is necessary for speech-language pathologists and other healthcare and school professionals to be able to simplify this information in a way that is easy for clients and their family members to comprehend. By summarizing these laws and explaining and simplifying the professional wording, I learned a great deal about ways to present this specialized information to clients and their families in a clear, comprehensive, and accessible way.

In addition to the advances made in my professional abilities and understanding of Indiana’s Special Education Rules, I was able to create a document that will greatly benefit parents. Often, parents are undereducated about their child’s impairments, the eligibility requirements that must be met to receive services, and the types of services that their child will receive. This guide will give them the knowledge that they need to feel comfortable discussing their child’s impairment, becoming involved in their child’s education and therapy, and ensuring that their child is receiving all of the services he or she is entitled to in order to succeed academically. Parents are often their child’s biggest advocates, so knowledge is often their greatest asset.

As I began to develop these handouts, it was apparent that I would need to form two different guides to separate the information and make it easier for parents to access. The first guide informed parents about speech and language impairments. These can be diagnosed as separate disabilities, but are covered under the same law. Specific learning disabilities are discussed in the second guide. I chose only to include specific learning disabilities in which the speech-language pathologist is the teacher of record, because these will be my primary areas of focus when I enter into the school system as a professional. These disabilities include oral expression and listening comprehension.

For the format of this guide, I chose to do a packet that used large print and bold headings. This created a document that is easy for parents to read and easy to navigate for future reference. Furthermore, I created a document that was pleasing to the eye. I aimed to use colors and photos that
were subtle and did not detract from the information being presented, while still maintaining outward appeal.

The first component I chose to include in my guides was a letter to parents informing them about the topics that would be covered and my intentions for the project. I decided that this was the best way to introduce the information and provide parents with a clear understanding of the importance of being knowledgeable about their child’s impairments. Furthermore, by using these letters to introduce the guides, I was able to present the information in a way that was personal and inviting for parents who may be overwhelmed by their child’s recent diagnosis.

Following the letter, I chose to define each impairment and the deficits that must be exhibited by the student in order to qualify for services under each impairment. These areas were full of professional terminology, so I worked very hard to ensure that I was presenting parents with a simple, yet comprehensive definition of each deficit. To accomplish this, it was necessary for me to extensively research each impairment and its associated deficits. I consulted a number of speech and language and special education books to complete these sections. To develop the exclusions, service delivery model, and additional resource sections, I tried to adhere to this same process.

After researching each impairment extensively, I began simplifying the legal terms of the assessment guidelines. This was the most challenging task in completing these guides. As I mentioned previously, I had limited knowledge of these laws before pursuing this project, so much of this information was new to me. I worked very hard to simplify these laws in ways that were easy to understand, but still included all of the significant components. It took numerous attempts to accomplish this, but I am very satisfied with the finished product. Amy Fritz-Ocock’s extensive knowledge regarding these laws was imperative to the execution and completion of these sections.

Creating this guide was a wonderful experience and will continue to benefit me throughout my career. Through it, I was able to learn more about Indiana’s Special Education Rules, impairments in
which the speech-language pathologist is the teacher of record, assessment processes in which a SLP is required to participate, simplification for clients and their families, and service delivery models used in the school setting. My knowledge and understanding of these laws and their associated areas far surpasses that of many of my peers as a result of completing this project, and I feel fortunate to have had the opportunity to create it. Hopefully, not only will I benefit from this project professionally, but I will provide parents with a resource that allows them to better understand their child’s impairments and special education services.
Understanding Indiana’s Special Education Laws:

A Parent’s Guide To Specific Learning Disabilities

Dear Parents,

The time immediately following your child’s diagnosis of specific learning disabled can be overwhelming and confusing. This guide is meant to provide parents with a clear and comprehensive breakdown of Indiana’s Special Education Laws and information regarding how and why your child qualified for services. As you become more knowledgeable about the laws and the services that are available, you will be able to ensure that your child is benefiting from all of the resources for which he or she is legally eligible and be able to make informed decisions regarding your child’s education and treatment.

In this guide, you will only be given information about areas of “specific learning disabilities” in which a speech-language pathologist is the teacher of record. The teacher of record is the professional who specializes in the student’s suspected disability and monitors the development and implementation of the child’s Individualized Education Plan (IEP). Additionally, other service providers (e.g. resource teachers, paraprofessionals, etc.) may be involved in your child’s educational programming.

The major topics covered in this guide include:

1. What is an Oral Expression or Listening Comprehension Disability?
2. Qualifications for these Disabilities
3. Exclusions
4. Eligibility Requirements
5. Service Delivery Models

After reading through this information packet, my hope is that you will have a better understanding of Indiana’s Special Education Laws regarding Specific Learning Disabilities in which the speech-language pathologist is the teacher of record. You are the biggest advocate for your child, so it is important that you are knowledgeable about his or her impairment and the services for which he or she qualifies.

Sincerely,

[Signature]

Lauren Stillman
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  *(Specific Learning Disability)*
What is a Specific Learning Disability Under Indiana’s Special Education Rules?

According to Indiana’s Special Education Rules, a “Specific Learning Disability” is a “disorder in one (1) or more of the basic psychological processes involved in understanding or in using language, spoken or written, that adversely affect the student’s educational performance, including conditions referred to, or previously referred to, as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia” (76).

**Specific Learning Disability:**

http://z.about.com/d/learningdisabilities/1/0/Z/0/-/-/learning_disabilities.jpg

A *specific learning disability* can be defined as a severe learning problem caused by a disorder in one or more of the basic psychological processes involved in acquiring, organizing or expressing information.

In school, a specific learning disability may result in impaired ability to "listen, reason, speak, read, write, spell or do mathematical calculations, despite appropriate instruction in the general education curriculum” (Wisconsin Department of Public Instruction, 2010).

Despite being provided with appropriate instruction and learning experiences, a child with a specific learning disability is unable to meet age appropriate or state approved grade level standards (1) or more of the following areas:

(a) reading  
(b) written expression  
(c) math  
(d) oral expression  
(e) listening comprehension

These disabilities can be indentified if the student does not meet state grade level or age approved standards, in one of these areas, when asked to respond to scientific, researched based intervention. Patterns of strengths and weaknesses in performance or achievement, or both, in relation to age, state approved grade levels, or intellectual development can also indicate a Specific Learning Disability.

*The multidisciplinary team is responsible for determining which of these methods of identification are appropriate.*
Qualifications for Oral Expression Disability and Listening Comprehension Disability

The speech-language pathologist is only the teacher of record for oral expression and listening comprehension disabilities. Therefore, for the purpose of this guide, these are the only Specific Learning Disabilities that will be covered.

**Oral Expressive Disability**

In order to qualify as oral expression disabled, the student’s disability must:

(a) *be neurological in origin* (the result of abnormal brain development or functioning)

(b) *have ranges of severity*

(c) *be characterized by the inability to use expressive language* processes in order to learn reading, writing, spelling, and/or mathematics

*expressive language: the application of the rules that govern the use of sounds, words, sentences, and meaning to formulate and verbally communicate thoughts and ideas (Bernstein & Teigerman-Faber, 5).

**Listening Comprehension Disability**

In order to qualify as listening comprehension disabled, the student’s disability must:

(a) *be neurological in origin* (the result of abnormal brain development or functioning)

(b) *have ranges of severity*

(c) *be characterized by the inability to use receptive language* processes in order to learn reading, writing, spelling, and/or mathematics

*receptive language: the application of the rules that govern the use of sounds, words, sentences, and meaning to understand thoughts and ideas that are presented by a speaker (Bernstein & Teigerman-Faber, 5).
Specific learning disabilities do not include learning problems that are primarily the result of any of the following:

- visual, hearing, or motor disabilities
- cognitive disabilities
- emotional disabilities
- cultural factors
- environmental or economic disadvantages
- limited knowledge of English
Identification Process

To determine each child’s eligibility, a case conference committee is formed to determine which services are appropriate based on the student’s individual educational needs (Indiana Department of Education, 9). This committee is comprised of school personnel and legal guardians and is responsible for determining the student’s eligibility for special education and the related services for which the student qualifies (Indiana Department of Education, 9).

In order to gather information about a student’s academic performance, a team of professionals from several areas of expertise, also known as a multidisciplinary team, complete an educational evaluation.

This may include professionals such as:
- specialists in the area of suspected disability
- a school psychologist
- a speech-language pathologist
- the student’s general education teacher

http://bethelbaptistministries.org/files/School/Teacher%20and%20preschool%20student.jpg
Determining if a student with a Specific Learning Disability is eligible for Special Education Services:

The multidisciplinary team must collect information from 6 different areas to complete the Educational Evaluation. Those areas are as follows:

1. **A completed educational evaluation report** including parent notification, student ability and responsiveness to interventions, patterns of strength and weakness, complicating factors, and evidence from the multidisciplinary team regarding the presence or absence of learning disability.

2. **An observation of the student in the student's daily learning environment.** This information can be obtained from an observation of the child's performance during routine classroom instruction done prior to the student's referral for an educational evaluation. If no observation was completed prior to the referral, an observation should be conducted by at least one member of the multidisciplinary team, other than the student's general education teacher, that assesses the student's academic performance in the general education classroom.

3. **Any relevant medical information**

4. **A social and developmental history that may include information concerning:**
   - Communication skills
   - Social interaction skills
   - Responses to sensory experiences
   - Relevant family and environmental information
   - Patterns of emotional adjustment
   - Unusual or atypical behaviors

5. **An assessment of the student's progress in the general education curriculum,** including any interventions used to address the academic concerns that led to the educational evaluation.

6. **Any additional information that was collected prior to the student's referral or during the educational evaluation**
Once a student qualifies for services provided by the speech-language pathologist (SLP), the SLP determines the most effective method of treatment and the setting in which treatment will be administered. *This will be determined based on the individual needs of each student.* The goal of the speech-language pathologist is to provide treatment in the least restrictive environment, so that the student learns to generalize strategies learned in therapy across a wide variety of settings, interactions, and activities.

There are **three** major service delivery models used for speech and language therapy. This guide will discuss the advantages and disadvantages of each, so that parents are able to better understand their child’s therapy.

### The Pull-Out Model

The pull-out model involves, removing students from their general education classrooms or home environment “to work with the SLP either individually or in groups, usually consisting of other children who exhibit similar problems” (Bernstein & Tiegerman-Faber, 445).

**Advantages:**

The child is able to better focus on tasks, because he or she is away from classroom distractions.

The child is able to learn and practice in an environment that is less threatening and competitive than the general education classroom.

**Disadvantages:**

This environment does not encourage “real-world” generalization.

May cause the child to feel isolated from peers.

Child misses important class time.
The Classroom Model

In the classroom model, the SLP administers therapy in the general education classroom. Here, the SLP can observe the student’s speech and language in a natural context, and can assist the student immediately when he or she has a communicative breakdown (Bernstein & Tiederman-Faber, 446).

Advantages:

- The SLP is able to observe the student in a natural setting and can assist them with speech and language difficulties immediately.
- The student does not miss important classroom information or activities.
- This environment facilitates the generalization of techniques learned during therapy.

Disadvantages:

- Therapy may be distracting to the teacher or other students.
- May make the child feel isolated from peers or cause them to feel embarrassed for receiving additional help.

Collaborative Consultation

The collaborative consultation combines the pull-out method and the classroom model to create a setting that is “least restrictive” for students. In this model, the classroom teacher and SLP collaborate to set goals, plan, and implement intervention strategies for students who are classified as speech or language impaired and those who are at high-risk for developing communication and learning disabilities (Bernstein & Tiederman-Faber, 448).

Advantages:

- The SLP and classroom teacher are able to work together and learn more about the other professional’s respective area of expertise.
- Treatment occurs in a natural setting.
- Treatment is not limited by the SLP’s schedule and can take place throughout the school day.
- This environment facilitates the generalization of techniques learned during therapy.

Disadvantages:

- Teacher may not feel comfortable administering communication intervention services.
- Teacher may feel overwhelmed by additional responsibilities such as planning time and additional instruction.
References:


(B) Social interaction skills.
(C) Motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.
(3) Available medical information that is educationally relevant.
(4) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and
(B) inform the student's CCC of the student's special education and related services needs.

511 IAC 7-41-12 Specific learning disability

Sec. 12. (a) "Specific learning disability" means a disorder in one (1) or more of the basic psychological processes involved in understanding or in using language, spoken or written, that adversely affect the student's educational performance, including conditions referred to, or previously referred to, as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. As follows, a specific learning disability:
(1) Manifests itself when the student does not achieve adequately for the student's age or to meet state approved grade level standards in one (1) or more of the following areas, when provided with learning experiences and instruction appropriate for the student's age or state approved grade level standards:
(A) Reading disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. It is characterized by difficulties with accurate or fluent, or both, word recognition and by poor spelling and decoding abilities. A reading disability may be due to difficulties in the following:
   (i) Basic reading skills.
   (ii) Reading fluency skills.
   (iii) Reading comprehension.
(B) Written expression disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. Written expression is a complex domain that requires the integration of the following:
   (i) Oral language.
   (ii) Written language.
   (iii) Cognition.
   (iv) Motor skills.
(C) Math disability, which is a specific learning disability that is neurological in origin and has a continuum of severity. The ability to perform mathematical computations and reasoning requires multiple core cognitive processes. A math disability may be due to difficulties in the following:
   (i) Mathematics calculation.
   (ii) Mathematics problem solving.
(D) Oral expression disability, which is a specific learning disability that:
   (i) is neurological in origin;
   (ii) has a continuum of severity; and
   (iii) is characterized by deficits in using expressive language processes to mediate learning of:
      (AA) reading;
      (BB) writing;
      (CC) spelling; or
      (DD) mathematics;
   skills.
(E) Listening comprehension disability, which is a specific learning disability that:
   (i) is neurological in origin;
   (ii) has a continuum of severity; and
   (iii) is characterized by difficulties in using receptive language processes to mediate learning of:
      (AA) reading;
      (BB) writing;
      (CC) spelling; or
      (DD) mathematics;
   skills.
(2) Can be evidenced through either of the following:
(A) Insufficient progress to meet age or state approved grade level standards in one (1) or more of the areas identified in subdivision (1) when using a process based on the student's response to scientific, research based intervention.
(B) A pattern of strengths and weaknesses in performance or achievement, or both, relative to:
   (i) age;
   (ii) state approved grade level standards; or
   (iii) intellectual development;
that is determined by the group to be relevant to the identification of a specific learning disability. The multidisciplinary team is prohibited from using a severe discrepancy between academic achievement and global cognitive functioning to meet this requirement.
(3) Does not include learning problems that are primarily the result of any of the following:
   (A) A visual, hearing, or motor disability.
   (B) A cognitive disability.
   (C) An emotional disability.
   (D) Cultural factors.
   (E) Environmental or economic disadvantage.
   (F) Limited English proficiency.
   (G) Lack of appropriate instruction in reading or math evidenced by the following:
      (i) Data demonstrating that prior to, or part of, the referral process, the student was provided
          appropriate instruction in general education settings, delivered by qualified personnel.
      (ii) Data based documentation of repeated assessments of achievement at reasonable intervals,
          reflecting formal assessment of student progress during instruction, which was provided to the
          student's parents.
(b) Eligibility for special education as a student with a specific learning disability shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e) and 511 IAC 7-40-5(g), which includes the following:
   (1) An assessment of current academic achievement as defined at 511 IAC 7-32-2.
   (2) An observation of the student in the student's learning environment, including the general classroom setting, to document the student's academic performance and behavior in the areas of difficulty. The multidisciplinary team may do either of the following:
      (A) Use information from an observation in routine classroom instruction and monitoring of the student's performance that was done before the student was referred for an educational evaluation.
      (B) Have at least one (1) member of the multidisciplinary team, other than the student's general education teacher, conduct an observation of the student's academic performance in the general education classroom after:
         (i) the child has been referred for an educational evaluation; and
         (ii) parental consent for the educational evaluation has been obtained.
In the case of a student of less than school age or out of school, a team member must observe the student in an environment appropriate for a student of that age.
   (3) Available medical information that is educationally relevant.
   (4) A social and developmental history that may include, but is not limited to, the following:
      (A) Communication skills.
      (B) Social interaction skills.
      (C) Responses to sensory experiences.
      (D) Relevant family and environmental information.
      (E) Patterns of emotional adjustment.
      (F) Unusual or atypical behaviors.
   (5) An assessment of progress in the general education curriculum that includes an analysis of any interventions used to address the academic concerns leading to the referral for the educational evaluation.
   (6) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
      (A) address the exclusionary factors listed in subsection (a)(3);
      (B) determine eligibility for special education and related services; and
      (C) inform the student's CCC of the student's special education and related services needs.
(c) Other assessments and information, collected prior to referral or during the educational evaluation under subsection (b)(6), may pertain to the following:
(1) For difficulties with reading, the following:
   (A) Decoding.
   (B) Phonological awareness.
   (C) Phonological memory.
   (D) Phonological processing.
   (E) Orthographic processing.
   (F) Reading fluency (rate and accuracy).
   (G) Reading comprehension.

(2) For difficulties with written expression, the following:
   (A) Handwriting, which encompasses the following:
      (i) Fine motor skills.
      (ii) Visual-motor coordination.
      (iii) Visual and working memory.
      (iv) Phonological and orthographic processing.
   (B) Spelling, which encompasses the following:
      (i) Phonological and orthographic processing.
      (ii) Written spelling ability.
   (C) Composition, which encompasses the following:
      (i) Oral language.
      (ii) Reading ability.
      (iii) Attention.
      (iv) Memory.

(3) For difficulties with math, the following:
   (A) Nonverbal problem solving.
   (B) Working memory.
   (C) Long-term memory.
   (D) Processing speed.
   (E) Attention.

511 IAC 7-41-13 Traumatic brain injury

Sec. 13. (a) A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one (1) or more areas, such as the following:
   (1) Cognition.
   (2) Language.
   (3) Memory.
   (4) Attention.
   (5) Reasoning.
   (6) Abstract thinking.
   (7) Judgment.
   (8) Problem solving.
   (9) Sensory, perceptual, and motor abilities.
   (10) Psychosocial behavior.
   (11) Physical functions.
   (12) Information processing.
   (13) Speech.

(b) The term does not apply to brain injuries that are:
   (1) congenital or degenerative; or
   (2) induced by birth trauma.

(c) Eligibility for special education as a student with a traumatic brain injury shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:
   (1) An assessment of the following:
      (A) Cognitive ability and functioning that must include at least one (1) of the following:
A Parent’s Guide to Speech & Language Impairments
Dear Parents,

The time immediately following your child’s diagnosis as speech and/or language impaired can be overwhelming and confusing. This guide is meant to provide you with a clear and comprehensive breakdown of Indiana’s Special Education Laws concerning speech and language impairments and information regarding how and why your child qualified for services. As you become more knowledgeable about the laws and the services that are available, you will be able to ensure that your child is benefiting from all of the resources for which he or she is eligible and be able to make informed decisions about your child’s education and treatment.

In this guide, you will be given information about a number of different components that comprise Indiana’s Special Education Laws regarding Language and Speech Impairments including:

1. What is a Language or Speech Impairment?
2. Qualifications for Services
3. Exclusions
4. Eligibility Requirements
5. Additional Resources Available for Children with Language or Speech Impairments
6. Service Delivery Models

After reading through this information packet, my hope is that you will have a better understanding of Indiana’s Special Education Laws regarding Speech and Language Impairments. You are the biggest advocate for your child, so it is important that you are knowledgeable about his or her impairment and the services for which he or she qualifies.

Sincerely,

Lauren A. Stillman

Lauren Stillman
What is a Language Impairment under Indiana’s Special Education Rules?

According to Indiana’s Special Education Rules Title 511 Article 7 Rule 41 Section 8, language deficits that adversely affect a child’s educational performance are characterized as "language impairments in the comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are nonmaturational in nature. Language impairments affect the student’s primary language systems, in (1) or more of the following components: word retrieval, phonology, morphology, syntax, semantics, or pragmatics" (72).

**Language Impairments:**

To define *language impairment* more simply, it is the inability to adequately use a language’s abstract system of symbols, gestures, and sounds to "communicate ideas about the world and information about emotional states" (Silverman, 101).

These impairments can be found in the comprehension and/or expression of spoken or written language and can be *organic* or *nonorganic* in nature. If an impairment is *organic*, it is the result of a "major chromosomal, genetic, or traumatic cause" (Reed, 224).

Under Indiana’s Special Education Rules, ONLY *nonmaturational* deficits, which means those language impairments that are atypical for your child’s developmental age group, will be covered in therapy.

http://www.floridajobs.org/earlylearning/images/teacher2_000.jpg
In order for your student to qualify for language services under Indiana’s Special Education Rules, he or she must have deficits in (1) or more of the following areas of language:

- **Word Retrieval:** Children with word retrieval problems are unable to retrieve known words. This can occur when the child attempts to name items or use words in connected speech and usually increases the child’s use of "words without clear referent, such as thing, this, that, there" (Reed, 109).

- **Phonology:** Impairments with phonology occur when a child is unable to effectively use "the system of rules that govern sounds and their combination" (Bernstein & Tiegerman-Faber, 6). These rules include information about how sounds can be used in various word positions and which sounds can be combined.

- **Morphology:** Morphology is an important component of grammar. Children with morphological impairments are unable to use the rules that govern the internal structure of words and how words are constructed to form different meanings (Bernstein & Tiegerman-Faber, 7). An example of this would be a child who did not understand that an -s needed to be added to the end of the word “cat” in order to represent more than one cat.

- **Syntax:** Children with syntactic deficits are unable to effectively utilize the “rule system that governs the structure of sentences” (Bernstein & Tiegerman-Faber, 7). These rules determine the order of words and the structural organization of different sentence types (declarative, interrogative, etc.).

- **Semantics:** Semantics are a part of the “subsystem of language that deals with words, their meanings, and the links that bind them” (Bernstein & Tiegerman-Faber, 8). Children with semantic deficits usually struggle to learn and understand new vocabulary and how to effectively utilize existing vocabulary.

- **Pragmatics:** Children with pragmatic deficits are unable to use language to accomplish goals or communicate intentions appropriately (Silverman, 109). Often, they are unable to follow the rules that govern communicative intent or the rules that govern choosing particular modes of communication (Bernstein & Tiegerman-Faber, 9). These children may experience difficulties with basic social interactions or may react inappropriately in social settings.
What is a Speech Impairment Under Indiana’s Special Education Rules?

According to Indiana’s Special Education Rules Title 511 Article 7 Rule 41 Section 8, speech deficits that adversely affect a child’s educational performance are characterized as “speech impairments that may include fluency, articulation, and voice disorders in the student’s speaking behavior in more than one (1) speaking task that are nonmaturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism” (72).

Speech Impairments:

Children with speech impairments are unable to affectively produce speech sounds. In a broader sense, these children have deficits in the production of oral language (Hedge, 98).
The three major areas of speech that may be impaired include **fluency**, **articulation**, and **voice**:

**Fluency:** Children who have deficits in speech fluency experience interruptions in the flow of their natural speech (Vinson, 253). Everyone experiences *some* dysfluencies during speech, but for children who have fluency impairments, speech may require much more effort and may include much more muscular tension (Hedge, 16). Examples of fluency disorders include stuttering and word finding difficulties.

**Articulation:** According to Silverman (1995), an articulation disorder occurs when a person does not “produce speech sounds as accurately as do most others their age” (57). For example, if a child has already passed the developmental milestone for the sound /r/, but continues to say “wed” and “wight” for “red” and “right,” he or she may have articulation impairment.

**Voice Disorder:** If a child has a voice disorder, he or she is unable to make vocal sounds necessary for oral communication due to an *organic* (“major chromosomal, genetic, or traumatic cause”) or functional abnormality in the vocal mechanism (Reed, 224).

Under Indiana’s Special Education laws, these impairments must be **nonmaturational** in nature, which means those speech impairments that are atypical for your child’s developmental age group. This may include those that are caused by complications to the structure or function of the speech production mechanisms (i.e. respiratory system, lips, tongue, palate, teeth, vocal folds, nasal cavity).

In addition, these speech impairments must be observable in more than (1) speaking task. This means that the child’s speech must be globally impacted by the impairment.
Exclusions

Under Indiana’s Special Education Rules, certain students are not eligible for services designed solely for students with language or speech impairments.

These students include:

- **students whose native language is NOT English.** They must demonstrate a speech or language impairment in all languages spoken in order to be eligible for these services.

- “Students who are deaf or hard of hearing or students with specific learning disabilities, who have language deficits or auditory processing difficulties” (Indiana State Board of Education, 72).

Students who fall into either of these two categories may be eligible to receive speech and language services, but they may not receive services designed specifically for students with solely speech and language impairments in lieu of services designed for students who are deaf or hard of hearing or students with specific learning disabilities.

Identification Process

To determine each child's eligibility, a **case conference committee** is formed to determine which services are appropriate based on the student's individual educational needs (Indiana Department of Education, 9). This committee is comprised of school personnel and legal guardians, and is responsible for determining the student's eligibility for special education and the related services for which the student qualifies (Indiana Department of Education, 9).

In order to gather information about a student's academic performance, a team of professionals from several areas of expertise, also known as a multidisciplinary team, complete an **educational evaluation**.

This may include professionals such as:
- specialists in the area of suspected disability
- a school psychologist
- a speech-language pathologist
- the student's general education teacher
Language Assessment

Determining if a student with a Language Impairment is eligible for Special Education Services:

To complete the Educational Evaluation, the multidisciplinary team must collect information from 5 different areas:

1. An assessment of the student’s progress in:
   - (a) the general education curriculum, including any interventions used to address the academic concerns that led to the educational evaluation.
   - (b) comparison to Indiana’s academic standards. These standards are based on age and performance level and can be measured using a number of standardized testing tools.

2. A social and developmental history that may include information concerning:
   - (a) Communication skills
   - (b) Social interaction skills
   - (c) Responses to sensory experiences
   - (d) relevant family and environmental information

3. An observation of the student in the student’s daily learning environment. This information can be obtained from an observation of the child’s performance during routine classroom instruction done prior to the student’s referral for an educational evaluation. If no observation was completed prior to the referral, an observation should be conducted by at least one member of the multidisciplinary team, other than the student’s general education teacher, that assesses the student’s academic performance in the general education classroom.

4. Any relevant medical information.

5. Any additional information that was collected prior to the student’s referral or during the educational evaluation that involves:
   - (a) addressing the exclusions mentioned previously
   - (b) determining the eligibility for special education services
   - (c) informing the student’s case conference committee of the student’s special education needs
Speech Assessment

Determining if a student with a Speech Impairment is eligible for Special Education Services:

To complete the Educational Evaluation, the multidisciplinary team must collect information from 6 different areas:

1. An assessment of the student's skills in articulation, fluency, and voice. An evaluation of the student's current academic achievement in comparison to Indiana's academic standards must also be completed by the multidisciplinary team. These standards are based on age and performance level and can be measured using a number of standardized testing tools.

2. A social and developmental history that may include:
   (a) Communication skills
   (b) Social interaction skills
   (c) Oral motor skills
   (d) Responses to sensory experiences
   (e) Relevant family and environmental information

3. At least one (1) observation of the student's speech done by a speech-language pathologist

4. If the speech impairment is suspected to be organic in nature, a statement from a licensed physician must be provided, describing:
   (a) The student's medical needs; and
   (b) Any limitations to communication training that are the result of this impairment

5. Any relevant medical information

6. Any additional information that was collected prior to the student's referral or during the educational evaluation that involves:
   (a) addressing the exclusions mentioned previously
   (b) determining the eligibility for special education services
   (c) informing the student's case conference committee of the student's special education needs
According to Indiana’s Special Education Rules, "Severe language or speech impairments may require the use of augmentative communication systems," such as (73):

1. **Gestures:**
   Children would be taught to use visible body movements, produced by the hands, face, and/or other body parts, to communicate non-verbally.

2. **Signed Language:**
   Signed English, ASL

3. **Communication Books or Boards:**
   These are boards that are designed by the speech-language pathologist to increase in the child’s communicative abilities. Usually, these boards contain pictures, words, or other visual symbols that the child can point to in order to express different thoughts, ideas, or intentions (Bernstein & Tiegerman-Faber, 288).

4. **Electronic Devices:**
   With the ever-expanding growth in computer technology, many new opportunities are arising for people in need of alternative and augmentative communication (AAC) devices. These devices can vary from input systems as simple as a "one direction switch or as complex as a computer keyboard," and the "output may include print, graphics, and/or prerecorded or synthesized speech" (Bernstein & Tiegerman-Faber, 290). Devices can be modified for children based on their motor abilities.

5. **Other systems determined by the student’s Case Conference Committee**

Initially, parents may be concerned that the use of augmentative communication devices could further deter their child’s speech and language development. This is a common misconception, and it is important for parents to understand all of the benefits their child will receive through the use of these devices. Augmentative communication devices can benefit children by:

- facilitating symbol learning
- increasing the verbalization of trained symbols
- increasing attention, intentional communication, and sociability
- facilitating spontaneous verbal communication
- increasing communication initiation
- increasing the range of meanings and communicative interactions (Bernstein & Tiegerman-Faber, 288)
Once a student qualifies for services provided by the speech-language pathologist (SLP), the SLP determines the most effective method of treatment and the setting in which treatment will be administered. *This will be determined based on the individual needs of each student.* The goal of the speech-language pathologist is to provide treatment in the least restrictive environment, so that the student learns to generalize strategies learned in therapy across a wide variety of settings, interactions, and activities.

There are **three** major service delivery models used for speech and language therapy. This guide will discuss the advantages and disadvantages of each, so that parents are able to better understand their child's therapy.

**The Pull-Out Model**

The pull-out model involves, removing students from their general education classrooms or home environment "to work with the SLP either individually or in groups, usually consisting of other children who exhibit similar problems" (Bernstein & Tiegerman-Faber, 445).

**Advantages:**
- The child is able to better focus on tasks, because he or she is away from classroom distractions.
- The child is able to learn and practice in an environment that is less threatening and competitive than the general education classroom.

**Disadvantages:**
- This environment does not encourage "real-world" generalization.
- May cause the child to feel isolated from peers.
- Child misses important class time.
Service Delivery Models

The Classroom Model

In the classroom model, the SLP administers therapy in the general education classroom. Here, the SLP can observe the student’s speech and language in a natural context, and can assist the student immediately when he or she has a communicative breakdown (Bernstein & Tiegerman-Faber, 446).

Advantages:

The SLP is able to observe the student in a natural setting and can assist them with speech and language difficulties immediately.

The student does not miss important classroom information or activities.

This environment facilitates the generalization of techniques learned during therapy.

Disadvantages:

Therapy may be distracting to the teacher or other students.

May make the child feel isolated from peers or cause them to feel embarrassed for receiving additional help.

Collaborative Consultation

The collaborative consultation combines the pull-out method and the classroom model to create a setting that is “least restrictive” for students. In this model, the classroom teacher and SLP collaborate to set goals, plan, and implement intervention strategies for students who are classified as speech or language impaired and those who are at high-risk for developing communication and learning disabilities (Berstein & Teigerman-Faber, 448).

Advantages:

The SLP and classroom teacher are able work together and learn more about the other professional’s respective area of expertise.

Treatment occurs in a natural setting.

Treatment is not limited by the SLP’s schedule and can take place throughout the school day.

This environment facilitates the generalization of techniques learned during therapy.

Disadvantages:

Teacher may not feel comfortable administering communication intervention services.

Teacher may feel overwhelmed by additional responsibilities such as planning time and additional instruction.
References


(B) inform the student's CCC of the student's special education and related services needs.

511 IAC 7-41-7 Emotional disability

Sec. 7. (a) "Emotional disability" means an inability to learn or progress that cannot be explained by cognitive, sensory, or health factors. The student exhibits one (1) or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

(1) A tendency to develop physical symptoms or fears associated with personal or school problems.
(2) A general pervasive mood of unhappiness or depression.
(3) An inability to build or maintain satisfactory interpersonal relationships.
(4) Inappropriate behaviors or feelings under normal circumstances.
(5) Episodes of psychosis.

(b) Eligibility for special education as a student with an emotional disability shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:
   (A) Current academic achievement as defined at 511 IAC 7-32-2.
   (B) Emotional and behavioral functioning.
(2) A social and developmental history that may include, but is not limited to, the following:
   (A) Communication skills.
   (B) Social interaction skills.
   (C) Responses to sensory experiences.
   (D) Relevant family and environmental information.
   (E) Patterns of emotional adjustment.
   (F) Unusual or atypical behaviors.
(3) A functional behavior assessment as defined at 511 IAC 7-32-41 that includes an analysis of any interventions used to address the behaviors leading to the referral for the educational evaluation.
(4) Available medical and mental health information that is educationally relevant.
(5) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
   (A) address whether the student's inability to learn or progress is caused by:
      (i) cognitive;
      (ii) sensory; or
      (iii) health factors;
   (B) determine eligibility for special education and related services; and
   (C) inform the student's CCC of the student's special education and related services needs.

511 IAC 7-41-8 Language or speech impairment

Sec. 8. (a) A language or speech impairment is characterized by one (1) of the following impairments that adversely affects the student's educational performance:

(1) Language impairments in the comprehension or expression of spoken or written language resulting from organic or nonorganic causes that are nonmaturational in nature. Language impairments affect the student's primary language systems, in one (1) or more of the following components:
   (A) Word retrieval.
   (B) Phonology.
   (C) Morphology.
   (D) Syntax.
   (E) Semantics.
   (F) Pragmatics.
(2) Speech impairments that may include fluency, articulation, and voice disorders in the student's speaking behavior in more than one (1) speaking task that are nonmaturational in nature, including impairments that are the result of a deficiency of structure and function of the oral peripheral mechanism.
(b) A student is not eligible for special education and related services as a student with a language or speech impairment solely because the student's native language is not English. Bilingual or multilingual speakers include students whose speech or language patterns:

(1) deviate from those of standard English; and
(2) are characteristic of dialectical differences.

A student who is bilingual or multilingual may be a student with a language or speech impairment only if the impairment is exhibited in all languages spoken by the student.

(c) Students who are deaf or hard of hearing or students with specific learning disabilities, who have language deficits or auditory processing difficulties, are not eligible for services designed solely for students with language impairments in lieu of services designed for:

(1) students who are deaf or hard of hearing; or
(2) students with specific learning disabilities.

(d) Severe language or speech impairments may require the use of augmentative communication systems, such as:

(1) gestures;
(2) signed language;
(3) communication books or boards;
(4) electronic devices; or
(5) other systems determined by the student's CCC.

(e) Eligibility for special education as a student with a language impairment shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) Progress in the general education curriculum that includes an analysis of any interventions used to address the academic concerns leading to the referral for the educational evaluation.
(B) Current academic achievement as defined at 511 IAC 7-32-2.

(2) A social and developmental history that may include, but is not limited to, the following:

(A) Communication skills.
(B) Social interaction skills.
(C) Responses to sensory experiences.
(D) Relevant family and environmental information.

(3) An observation of the student in the student's learning environment to document the student's academic performance in the area or areas of difficulty. The multidisciplinary team:

(A) may use information from an observation in routine classroom instruction and monitoring of the student's performance that was done before the student was referred for an educational evaluation; or
(B) have at least one (1) member of the multidisciplinary team, other than the student's general education teacher, conduct an observation of the student's academic performance in the general education classroom after the child has been referred for an educational evaluation and parental consent for the educational evaluation has been obtained. In the case of a student of less than school age or out of school, a team member must observe the student in an environment appropriate for a student of that age.

(4) Available medical information that is educationally relevant.

(5) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:

(A) address the exclusionary factors listed in subsections (b) and (c);
(B) determine eligibility for special education and related services; and
(C) inform the student's CCC of the student's special education and related services needs.

(f) Eligibility for special education as a student with a speech impairment shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:

(A) The student's skills in:

(i) articulation;
(ii) fluency; and
(iii) voice.
(B) Current academic achievement as defined at 511 IAC 7-32-2.

(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Oral motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.

(3) At least one (1) observation of the student's speech completed by a speech and language pathologist.

(4) If an organic cause is the suspected cause of the speech impairment, a statement from a physician with an unlimited license describing:
(A) the student's medical needs; and
(B) any consequent limitations to communication training.

(5) Available medical information that is educationally relevant.

(6) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) address the exclusionary factors listed in subsection (b);
(B) determine eligibility for special education and related services; and
(C) inform the student's CCC of the student's special education and related services needs.

511 IAC 7-41-9 Multiple disabilities

Sec. 9. (a) "Multiple disabilities" means coexisting disabilities, one of which must be a significant cognitive disability. The coexisting disabilities are lifelong and interfere with independent functioning, and it is difficult to determine which disability most adversely affects educational performance. The term does not include deaf-blind.

(b) Eligibility for special education as a student with multiple disabilities shall be determined by the student's CCC. This determination shall be based on the multidisciplinary team's educational evaluation report described in 511 IAC 7-40-5(e), which includes the following:

(1) An assessment of the following:
(A) Cognitive ability and functioning that must include at least one (1) of the following:
   (i) An individually administered norm-referenced assessment.
   (ii) If adequate information cannot be obtained via an individually administered norm-referenced assessment, a criterion-referenced assessment that:
      (AA) has been designed or may be adapted or modified based on the student's disabilities; and
      (BB) is administered by a professional or team of professionals with knowledge of assessment strategies appropriate for the student.
(B) Current academic achievement as defined at 511 IAC 7-32-2.
(C) Functional skills or adaptive behavior across various environments from multiple sources.

(2) A social and developmental history that may include, but is not limited to, the following:
(A) Communication skills.
(B) Social interaction skills.
(C) Motor skills.
(D) Responses to sensory experiences.
(E) Relevant family and environmental information.

(3) A systematic observation of the student across various environments.

(4) Available medical information that is educationally relevant.

(5) Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:
(A) determine eligibility for special education and related services; and
(B) inform the student's CCC of the student's special education and related services needs.

511 IAC 7-41-10 Other health impairment