



CALECSE

California Early Childhood
Special Education Network



**Funded by the California Department of Education (CDE),
Special Education Division**

**Early Childhood Speech and Language
Assessments Best Practices**

January 14, 2025



CalECSE



California Early Childhood Special Education Network

Funded by the CDE

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CalECSE

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<https://www.calesce.org>

CalECSE is a technical assistance project funded under the California Department of Education (CDE) that supports Local Educational Agencies (LEAs), Special Education Local Plan Area (SELPA)s, County Offices of Special Education (COEs), and other Agency Partners in the areas of IDEA Part C to B Transitions, Preschool Assessment Practices, and Preschool Child Find by providing technical assistance, professional learning, and demonstration of tangible practices *that have been proven successful*.

The CalECSE Network leverages collaboration amongst agencies, disseminates resources, highlights existing exemplar practices, and provides direct technical assistance to improve the capacity, knowledge, collaboration, and implementation of evidence-based practices across agencies throughout California.

The CalECSE Network is committed to improving outcomes for children and their families by eliminating and addressing barriers to successful transition for California's youngest children with disabilities.

Today's Presenter

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What We Will Be Covering Today



- Typical Speech and Language Development
- Components of a Comprehensive Assessments
- Neurodiversity
- Gathering Parent Input
- Play-Based Assessment and Collecting Language Samples
- Gestalt Language Processing
- Observations: Clinical and Naturalistic
- When to Make a Referral
- Oral Motor Examination
- Speech Sound Production Assessment
- Receptive and Expressive Language Assessments
- Pragmatic Language and Social Skills
- Voice and Fluency
- Multilingual Assessments
- *Education Code* and Educational Impact for Early Childhood

Speech and Language Stats



- **Nearly one in 12** (7.7 percent) of children in the United States ages three to 17 has had a disorder related to voice, speech, language, or swallowing.
- **Boys ages three to 17 are more likely than girls** to have a voice, speech, language, or swallowing disorder (9.6 percent compared to 5.7 percent).
- **The prevalence of voice, speech, language, or swallowing disorders is highest among children ages three to six** (11 percent), compared to children ages seven to 10 (9.3 percent), and children ages 11 to 17 (4.9 percent).

Source: <https://www.nidcd.nih.gov/health/statistics/quick-statistics-voice-speech-language> National Institute on Deafness and Other Communication Disorders

How are Early Childhood Speech and Language Assessments Different

- Communication is an essential life skill and early intervention is crucial
- Dynamic, flexible, creative, play-based and standardized measures may not work
- Parents/caregivers are an important source of information and are integral to assessment.
- Speech and Language Pathologists (SLPs) are often the first screeners and first to notice broader developmental delays.
- First point of contact with school district
- Vulnerable, worried caretakers



Communication
Communication is the
conveying information th
speech, visuals, signals
exchange of informati
communication requ
icate th

Typical Early Childhood Development

First: Know the Milestones

Center for Disease Control (CDC)

Developmental Milestones Tracker

Learn the Signs. Act Early. Checklist available at:

https://www.cdc.gov/ncbddd/actearly/pdf/FULL-LIST-CDC_LTSAE-Checklists2021_Eng_FNL2_508.pdf

Resources for Early Childhood Educators from
the CDC website, which can be accessed at:

<https://www.cdc.gov/ncbddd/actearly/ccp/early-care-and-education.html>

MILESTONES MATTER: LET'S TALK ABOUT THEM!

MILESTONES AT 4 MONTHS

- ✓ Begins to babble
- ✓ Responds to affection



MILESTONES AT 6 MONTHS

- ✓ Likes to play with others
- ✓ Responds to own name



MILESTONES AT 9 MONTHS

- ✓ Has favorite toys
- ✓ Understands "no"



MILESTONES AT 1 YEAR

- ✓ Tries to say words you say
- ✓ Waves "bye-bye"



MILESTONES AT 2 YEARS

- ✓ Begins to run
- ✓ Begins to sort shapes, colors



MILESTONES AT 3 YEARS

- ✓ Knows name and age
- ✓ Climbs and runs well



Get free milestone checklists for these ages and more at www.cdc.gov/Milestones or by calling 800-CDC-INFO (800-232-4636).

Learn the Signs. Act Early.

Developed in partnership by the University of Missouri and the US Department of Health and Human Services, Centers for Disease Control and Prevention.



Mean Speech Sounds for Ages of Acquisition

90 percent Criterion

2:0–2:11 /b, n, m, p, h, w, d/

3:0–3:11 /g, k, f, t, ŋ, j/

4:0–4:11 /v, dʒ, s, tʃ, l, ʃ, z/

5:0–5:11 /ʌ, ɔ̃, ʒ/

6:0–6:11 /θ/

Source for information on
this chart can be accessed at:
https://pubs.asha.org/doi/10.1044/2018_AJSLP-17-0100
https://pubs.asha.org/doi/10.1044/2020_AJSLP-19-00168

Additional Speech and Language/ Developmental Milestones Resources



- American Speech Language Hearing Association has developmental norms which can be accessed at:
<https://www.asha.org/slp/schools/prof-consult/norms/>
- National Institutes of Health provides a downloadable PDF for parents and caregivers with a checklist by age of speech and language milestones that can be accessed at:
<https://www.nidcd.nih.gov/sites/default/files/Documents/health/voice/NIDCD-Speech-Language-Dev-Milestones.pdf>

How Referrals Come In

Early Childhood referrals come in from many sources:

- Regional Center Part C to Part B referral (32–34 months) or Family Resource Center
- Parent referred due to concerns with speech (or more)
- Teacher referred—new influx of Transitional Kindergarten (TK) referrals
- Pediatrician referred
- Medical/private diagnosis triggers a request for assessment
- Private preschool initiated speech screenings

Sample Intake Form

<https://drive.google.com/file/d/1yMD54omeVvzjIXCTIVfKAP3uaSoxOFJR/view?usp=sharing>



Components of a Comprehensive Speech & Language Assessment

- ❑ Health & Developmental form can be accessed here:
https://drive.google.com/file/d/1O0TOwBwX03cTwEUbhKmDD3n_W9JatH1I/view
- ❑ Hearing & Vision Screenings: refer for additional assessments by Deaf and Hard of Hearing (DHH) Teacher, if evidence of hearing loss on screenings or in Health & Developmental history
- ❑ Parent/Caregiver Interview
- ❑ Review and Consideration of Outside Reports/Diagnoses
- ❑ Preschool Teacher/Daycare Provider Reports (if applicable)
- ❑ Assessment/Clinical Observations
- ❑ Naturalistic Observations (preschool, home, park, and so on)
- ❑ Language Sample
- ❑ Standardized Assessments
 - ❑ Expressive and Receptive Language
 - ❑ Speech Sounds
 - ❑ Voice and Fluency
 - ❑ Pragmatics
- ❑ Statement of Validity
- ❑ Summary of Findings
- ❑ Discussion of Eligibility Recommendations under California *Education Code*

What About Neurodiversity?

Focus on *Difference* versus *Disorder*.

- Reframing our language to be more affirming of neurodivergence:
 - Autism traits or characteristics (instead of “suffers from Autism” or “Autism symptoms”)
 - Nonspeaking (instead of “nonverbal”)
 - Avoid terms such as “high-functioning” and “low-functioning”
 - Avoid “normal” or “abnormal;” Neurotypical and neurodivergent is preferred
 - Okay to use a child “with a disability” or “in need of support” or “with a learning difference”
 - Many adults in the autistic community identify as “Autistic” but there are others who prefer identifying as “person with autism.” The neurodiversity paradigm does not endorse Autism Spectrum Disorder or ASD.
 - Child with Autism is more affirming than “diagnosed with Autism”
 - Follow the family’s preferences.

Source:

<https://childmind.org/article/what-is-neurodiversity/#:~:text=%E2%80%9CNeurodiversity%E2%80%9D%20is%20a%20popular%20term,to%20be%20embraced%20and%20encouraged.>

Read More About Neurodiversity



Access an article from UC Davis's Child Mind Institute describing what Neurodiversity is all about at:

<https://childmind.org/article/what-is-neurodiversity/>

An article from an SLP outlining how she changed her practice to be neurodivergent affirming:

<https://leader.pubs.asha.org/doi/10.1044/leader.MIW.28112023.slp-neurodiverse-treatment.30/full/?ref=communicationcommunity.com>

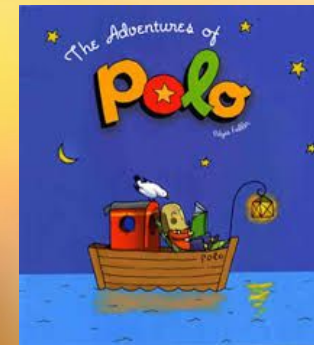
Parents/Caregivers

- Know their children and are essential to the assessment process
- Understand and translate unintelligible speech during assessment
- Translate family words
- Can help elicit language for a language sample
- First introduction to the school system: use it as an opportunity to build trust
- Explain the process and explain it again
- Define acronyms and special education terms, first defining all acronyms
- During assessment or before, explain what you are doing and why, especially wait time and observing



Tips on Taking Language Samples

- Elicit a language sample by:
 - Putting out interactive toys
 - Looking at a wordless book
 - Allow the child to play with their parent
- Record and transcribe later
- Silence is golden
- Avoid asking questions, make comments instead
- Avoid cause/effect toys that do not have an element of interaction



Analyzing Language Samples

What question are you trying to answer?

- If unintelligible, transcribe speech errors to look for phonological and articulation patterns
- If looking at pragmatics, look at social responsiveness and communicative functions
- If unintelligible or you suspect a language delay, look at syntax and morphology
- Type-token ratio
- Gestalt Language Processing

Tools for Analysis

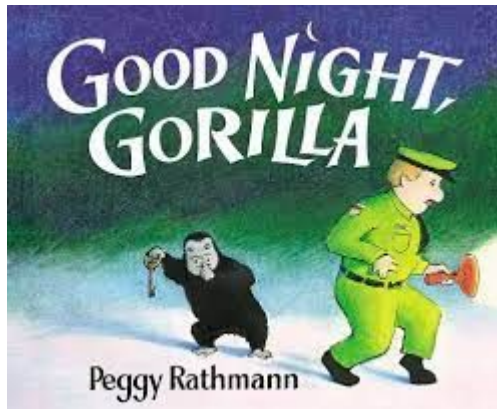
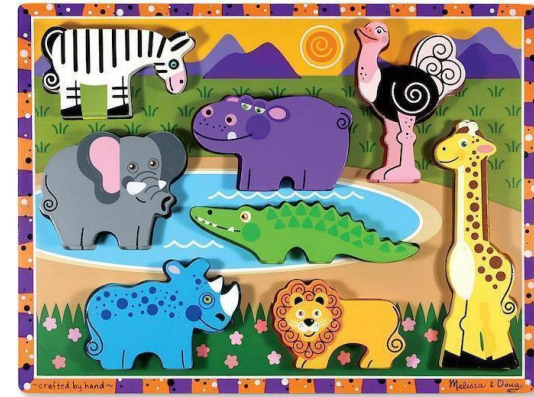
- Preschool Language Scale (PLS-5) has a guide on the back page
- Systematic Analysis of Language Transcripts (SALT) systematic software to help with analysis
- Developmental Sentence Scoring (DSS)
- Brown's Morphemes

Play-Based Assessment



- Start with play on the floor to develop rapport
- Read the child's energy and provide silence, if appropriate
- Use toys that children will need help with or require interaction with SLP
- Provide toys that have an element of surprise and will elicit comments
- Provide a variety of age-appropriate toys and see what the child gravitates to without leading play
 - Bubbles
 - Rocket Balloons
 - Stomp Rockets
 - Wordless Books
 - Wind-Up Toys
 - Baby Dolls/Farm Animals (Pretend Play)
 - Puzzles

Your Preschool Play Kit...



Play-Based Assessment, Continued

Observe:

- Do they ask for help or problem solve? How?
- How do they request and protest?
- Does the child show you toys?
- Does the child point to show you things?
- Do they try to involve you in their play? How?
- Do they show joint attention?
- Do they share enjoyment (smiling at you or a caregiver?)
- How do they play with the toys? (pretend? examining?)
- Do they respond to their name?
- How do they request more of a fun activity such as bubbles?
- Do they engage in games like peek a boo, rolling a ball back-and forth?



Look for: Childhood Apraxia of Speech



A neurological condition that impacts the motor planning and execution of speech movements:

- Can manifest across a range of speech skills; From not vocalizing at all, to complete sentences with characteristic errors
- Inconsistent speech errors for the same word
- Difficulty transitioning from one sound to another
- Stress errors
- Voicing errors
- Difficulty with vowels
- Groping movements
- Errors increase with complexity and length of utterance

Source: https://www.asha.org/public/speech/disorders/childhood-apraxia-of-speech/?srsltid=AfmBOorMENTDsl6PX7unw6iupPCwB7hyt8N3fErtgDjKo_fBT6C_T4P8

Look for: Common Phonological Processes



Simplifications of speech sounds that children use while their oral-motor system is developing. When these simplifications do not resolve by certain ages, intervention is recommended:

- May impact consonant sounds or word and syllable structure
- Typically impact a family of sounds at once
- Common phonological processes include:
 - Velar fronting (t/k, d/g)
 - Stopping (t/s, t/sh)
 - Final consonant omission
 - Depalatalization (t/sh, t/ch, d/j)

Phonological Processes

SUBSTITUTION	Definition	Example	Approx. age of elimination
Backing	When alveolar sounds, like /t/ and /d/, are substituted with velar sounds like /k/ and /g/	<i>"gog" for "dog"</i>	Usually seen in more severe phonological delays.
Fronting	When velar or palatal sounds, like /k/, /g/, and sh, are substituted with alveolar sounds like /t/, /d/, and /s/	<i>"tootie" for "cookie"</i>	3.5 yrs.
Gliding	When /r/ becomes a /w/, and /l/ becomes a /w/ or y sound	<i>"wabbit" for "rabbit" or "yeyo" for "yello"</i>	6 yrs.
Stopping	When a fricative (like /f/ or /s/) or affricate (ch,j) is substituted with a stop consonant like /p/ or /d/	<i>"pan" for "fan" or "dump" for "jump"</i>	/f/, /s/ by 3; /v/, /z/ by 3 1/2; sh, ch, j by 4 1/2; th gone by 5
Vowelization	When the /l/ or er sounds are replaced with a vowel	<i>"appo" for "apple" or "papuh" for "paper"</i>	—
Affrication	When a nonaffricate is replaced with an affricate (ch or j)	<i>"joor" for "door"</i>	3 yrs.
Deaffrication	When an affricate, like ch or j, is replaced with a fricative or stop like sh or /d/	<i>"ships" for "chips"</i>	4 yrs.
Alveolarization	When a nonalveolar sound is substituted with an alveolar sound	<i>"tu" for "shoe"</i>	5 yrs.
Depalatalization	When a palatal sound is substituted with a nonpalatal sound	<i>"fit" for "fish"</i>	5 yrs.
Labialization	When a nonlabial sound is replaced with a labial sound	<i>"pie" for "tie"</i>	6 yrs.

Phonological Processes

ASSIMILATION	Definition	Example	Approx. age of elimination
Assimilation	When a consonant sound starts to sound like another sound in the word	<i>"bub" for "bus"</i>	3 yrs.
Denasalization	When a nasal consonant like /m/ or /n/ changes to a nonnasal consonant like /b/ or /d/	<i>"doze" for "nose"</i>	2.5 yrs.
Final Consonant Devoicing	When a voiced consonant at the end of a word like /b/ or /d/ is substituted with a voiceless consonant like /p/ or /t/	<i>"pick" for "pig"</i>	3 yrs.
Prevocalic Voicing	When a voiceless consonant in the beginning of a word like /k/ or /f/ is substituted with a voiced consonant like /g/ or /v/	<i>"gomb" for "comb"</i>	6 yrs.
Coalescence	When two phonemes are substituted with a different phoneme that still has similar features	<i>"foon" for "spoon"</i>	—
Reduplication	When a complete or incomplete syllable is repeated	<i>"baba" for "bottle"</i>	3 yrs.

Source: <https://mommyspeechtherapy.com/?p=2158>

Phonological Processes

SYLLABLE STRUCTURE	Definition	Example	Approx. age of elimination
Cluster Reduction	When a consonant cluster is reduced to a single consonant	<i>"pane" for "plane"</i>	Gone by 4 yrs. without /s/, gone by 5 yrs. with /s
Final Consonant Deletion	When the final consonant in a word is left off	<i>"toe" for "toad"</i>	3 yrs.
Initial Consonant Deletion	When the initial consonant in a word is left off	<i>"unny" for "bunny"</i>	Usually seen in more severe phonological delays.
Weak Syllable Deletion	When the weak syllable in a word is deleted	<i>"nana" for "banana"</i>	4 yrs.
Epenthesis	When a sound is added between two consonants, typically the uh sound	<i>"bu-lue" for "blue"</i>	8 yrs.

Many children with Autism are Gestalt Language Learners, as opposed to Analytic Language Learners. This looks like:

- Use of phrases that seem to be out of context (delayed echolalia)
- Rich intonation, sometimes a sing-song quality
- Immediate echolalia: most obvious when repeating the end of a question they have just been asked
- Repetition of long scripts: for some, the scripts may be unintelligible
- Inaccurate use of pronouns, especially first and second person pronouns and other function words like prepositions
- May know the meanings of single words as well, typically nouns and verbs rather than function words
- May also speak in novel phrases: combining words to make novel phrases does not rule out gestalt language learning

Gestalt Language Processing

Nice toss,
Chase!

Are you OK?

Christmas
Lights?

Gestalt Language Processing - Assessment Cautions

Do Not:

- Use standardized tests without understanding their limitation in describing these learner's language
- Use Mean Length of Utterance

Gestalt Language Processing - Stages



Stage 1: Delayed Echolalia

Stage 2: Mix and Match Stage or “Trimming down”
(Partial Gestalts)

Stage 3: Single Word and Two-Word Combinations

Stages 4–6: New Original Phrases
or Sentences With Beginning to More Advanced Grammar

Naturalistic Observations

- Whenever possible observe in natural setting (preschool, daycare, home, park)—especially if pragmatics are a referral concern
- Best way to evaluate educational impact of language impairment and pragmatic skills
- California *Education Code* and case law: most legally defensible stance is to observe in child's natural environment/outside assessment setting



Naturalistic Observations

- Things to look for during an observation:
 - Joint Attention: A short video from the Centers for Disease Control (CDC) with an example of joint attention can be accessed here: <https://www.youtube.com/watch?v=yLBuoOWdOdE>
 - Echolalia/Scripting
 - Prosody and vocal volume
 - Participation in group activities
 - Socialization: problem-solving with peers, joining a group
 - Gesturing
 - Following routines and novel directions
 - Response to Name: A short video for the CDC with a example of Response to Name can be accessed here: <https://www.youtube.com/watch?v=M9LCahr6BSs>
 - Intelligibility
 - Language Facility vs Frustration
 - Fluency

When to Make a Referral



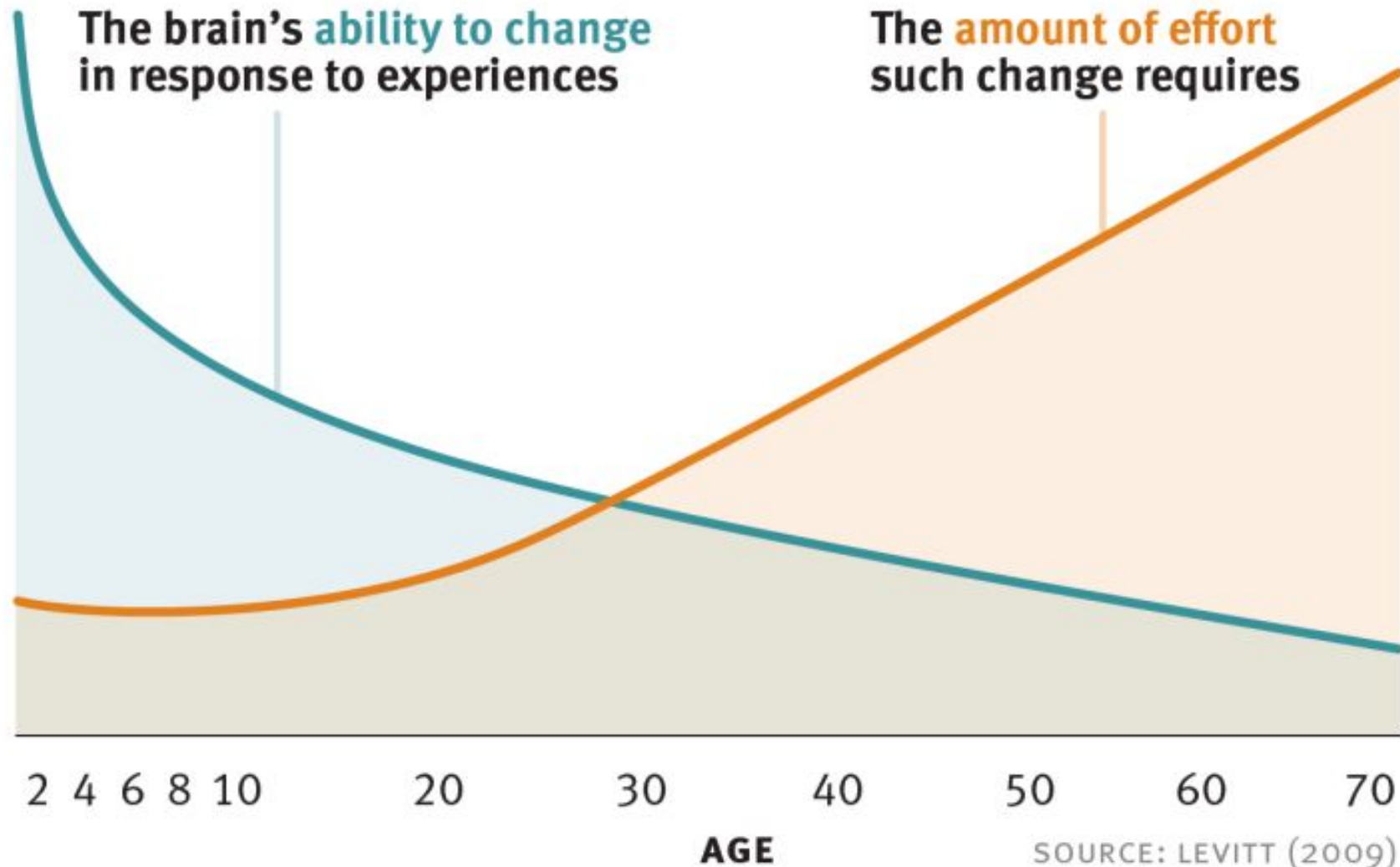
- If you suspect a child may have additional areas of need beyond speech and language or other eligibility categories should be considered such as Autism/Intellectual Disability, refer to Special Education Director/Program Specialist for additional assessments.
- If there are concerns for hearing loss, refer to a DHH Teacher for further assessment.
- Beware of the “starting with speech” or “speech only” trap if there are obviously more concerns.

When in Doubt, Refer for Full Evaluation



Special Education Law requires us to assess in all areas of suspected disability, if assessment referral includes concerns with:

- social skills
 - transitions
 - excessive meltdowns
 - solitary play
 - friendship/peer relationship difficulties
 - challenges being flexible/intense need for routine/sameness
 - atypical/limited language
 - play differences causing social challenges
 - intense/limited interests
 - low eye contact or lack of eye to eye gaze for purposeful communication
 - sensory challenges
 - Or other characteristics of Autism causing challenges...
- Ensure the Individualized Education Program (IEP) team is considering Autism eligibility as part of the initial assessment



Center on the Developing Child  HARVARD UNIVERSITY

www.developingchild.harvard.edu

Please Don't Wait to Assess for Autism



- 1 in 36 children in United States diagnosed with Autism
- Girls are often missed and “hide in plain sight.” See link:
<https://childmind.org/article/autistic-girls-overlooked-undiagnosed-autism/#:~:text=Epstein%20says%20there%27s%20another%20reason,social%20dysfunction%E2%80%9D%20caused%20by%20autism.>
 - DSM-V criteria based on research on males
 - Rating scales and tests normed mostly on males
- School Districts do not need a child to have a medical diagnosis to find a child eligible for special education under Autism.
- School districts can be the first identifiers.



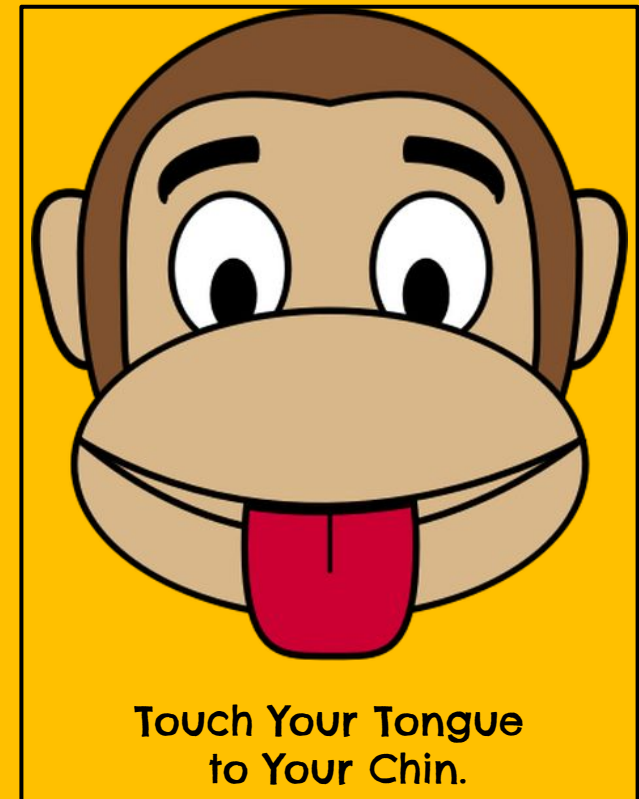
Source:

https://www.cdc.gov/autism/data-research/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/autism/data.html

Speech and Language Assessments

Oral Motor (OM) Examinations

- Appeal to child's sense of imagination: make connections to animals, light sabers, or pretend their tongue is getting ready to throw a party to encourage different movements
- Use visuals (ipad filters, mirrors, picture cards)
- Observe movement through the OM exam and when they are talking and eating



Expressive and Receptive Developmental Scales

The Rossetti: Infant-Toddler Language Scale

Age Range Zero–36 months

2006

Available in Spanish

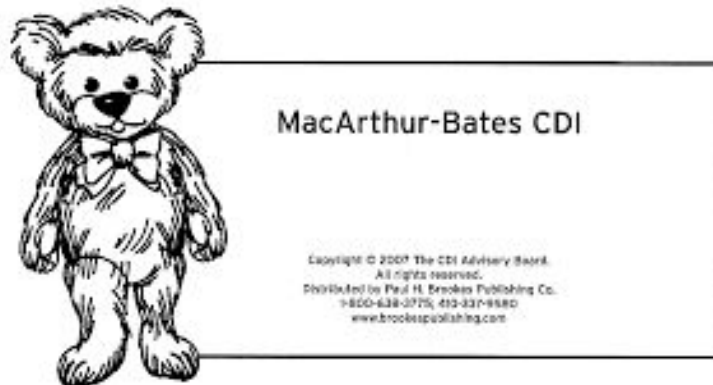


MacArthur Bates Communicative Development Inventories (CDI), 3rd Edition

Eight months–37 months

2023

Available in Spanish



Expressive and Receptive Language

Receptive and Expressive One Receptive Picture Vocabulary Tests, 4th Edition (ROWPVT-4, EOWPVT-4)

Age range 2–70+

2010

Available in Spanish.



Peabody Picture Vocabulary Test, 5th Edition (PPVT-5)

Age range 2.6–90+

2018

Available in Spanish.



Clinical Evaluation of Language Fundamentals Preschool, 3rd Edition (CELF P-3)

Age range 3–6:11

2020

2nd Edition available in Spanish.



Expressive and Receptive Language, Continued

Preschool Language Scales, 5th Edition (PLS-5)

Age range Birth–7:11

2011

Available in Spanish.



Receptive Expressive Emergent Language, 4th Edition (REEL-4)

Age range Birth–36 months

2020



Pragmatic Assessments

Social Responsiveness Scale, 2nd Edition (SRS)

Parent/Teacher Forms Age Range 2:6–4:6

2012

Social Awareness, Social Cognition,

Social Communication, Social Motivation, and Restricted Interests and Repetitive Behavior.

Spanish available



Clinical Evaluation of Language Fundamentals Preschool-3 (CELF P-3)

Age Range 3–6:11

2020

Has Pragmatic checklist



Preschool Language Scales, 5th Edition (PLS-5)

Age range Birth–7:11

2011

Has Pragmatic-focused elements



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The figure is a 10x10 grid of 100 small squares, each representing a country. The squares are color-coded based on their development status: White for 'Not listed', Yellow for 'Emerging', Orange for 'Middle-income', and Grey for 'Developed'. The grid is organized into four columns labeled 'Climate', 'Social', 'Economic', and 'Innovation' at the bottom. The first two columns are labeled 'A' and 'B' on the left, and the last two are labeled 'C' and 'D' on the right. The squares are numbered 1 to 100 in a grid pattern.

Legend:

- Not listed (White)
- Emerging (Yellow)
- Middle-income (Orange)
- Developed (Grey)

Columns: Climate, Social, Economic, Innovation

Rows: A, B, C, D

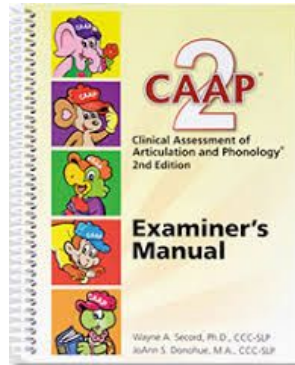
[illegible]

Articulation and Phonological Processing

Clinical Assessment of Articulation and Phonology, 2nd Edition

2:6–11:11

2013



Goldman Fristoe–Test of Articulation, 3rd Edition

2:0–21:11

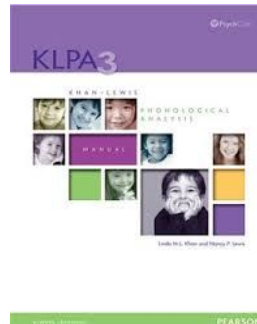
2015



Kahn–Lewis Phonological Analysis, 3rd Edition

2:0–21:11

2015



Kaufman Speech Praxis Test

2:0–5:11

1995



Voice and Fluency

Stuttering Severity Instrument, 4th Edition (SSI-4)

Age range 2–10+

2009

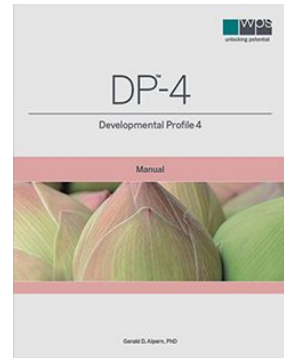


Assessments that Look at “Whole Child”

Developmental Profile, 4th Edition (DP-4)

Age Range Birth–21

2020



Bayley Scales of Infant and Toddler Development (Bayley-4)

Age Range 16 Days–3:6

2019



Battelle Developmental Inventory (Battelle-3)

Age Range Birth–7:11

2020

Spanish version available

Academic Assessment portion for 3:6–7:11

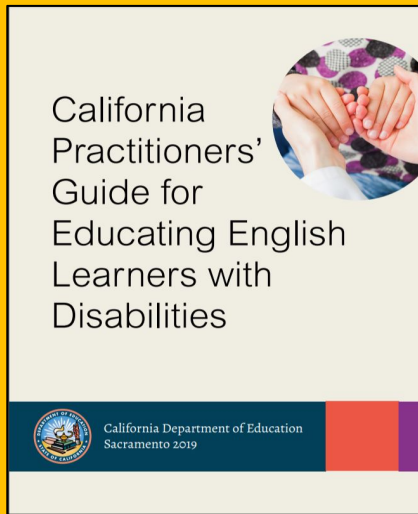


Assessing Multilingual Students

“Assessments are administered in the child’s native language or other mode of communication and in the form, most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to do so”.**[34 CFR §300.304 (c)(ii)]**



Essential Resources for Multilingual Assessment Information



A plethora of resources and no-cost recorded trainings can be accessed at the Multilingual Students with Exceptional Needs (MUSE) website:

<https://multilingual-swd.org/>

Link to CalECSE's full pre-recorded training on Assessment Practices for Dual Language Learners can be accessed here:

<https://www.youtube.com/watch?v=OOwlWlOYnQg&list=PLYcBedxUeL8SqoxtqPGXhHcigL48berCa&index=2>

What are some possible challenges of assessing preschoolers ?

While challenges may exist, they can also yield pertinent assessment and diagnostic information:

- Time it takes to warm to a new environment or people
 - May take multiple assessment sessions
- Separation difficulties - child and/or caregiver may be unwilling to separate
- Performance when parents/caregivers are present
 - Child may perform differently
- Attention - some preschool age children may not be able to sit, attend, or establish joint attention
- Behavior/Refusal to participate
 - Meltdowns

Possible Challenges of Assessing Children with Autism and Intellectual Disabilities



Consider limiting factors to conducting valid standardized assessments:

- Language impairments—verbally loaded assessments may not be valid
- Limited engagement with non-preferred tasks
- Limited joint attention (limited ability to look at what you are looking at and share attention)
- Limited ability to respond when spoken to
- Difficulty with change in routine (testing in an unknown setting, with unknown person, or disruption to normal schedule may cause upset/low scores)
- Inability to point to indicate answers will affect scoring

Standardized Assessments with Supports

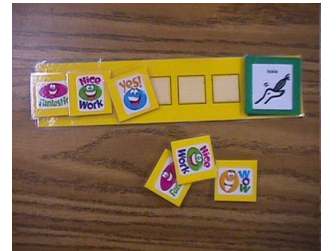


Create a supportive setting

- Have parent/teacher prep child about change to routine
- Use a visual schedule of tests/breaks/reward time

Build rapport/Use the child's interests

Use token boards/reinforcers: consult w parents/private providers/teachers



You may have to conduct testing on the floor and intersperse subtests with “first...then” play breaks

California *Education Code* 56333

Speech and Language Impairment Definition



A pupil shall be assessed as having a language or speech disorder that makes the pupil eligible for special education and related services when the pupil demonstrates difficulty understanding or using language to such an extent that it adversely affects the pupil's educational performance and cannot be corrected without special education and related services. In order to be eligible for special education and related services, difficulty in understanding or using language shall be assessed by a speech-language pathologist who determines that such difficulty results from any of the following disorders:

- (a) Speech sound disorder, characterized by deficits in the pupil's production of speech sounds that significantly interferes with communication and attracts adverse attention.
- (b) Voice disorder, characterized by persistent, deficits in voice quality, pitch, intensity, or resonance. A medical examination shall be conducted, where appropriate.
- (c) Fluency disorder, characterized by persistent deficits in the flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and listener.
- (d) Language disorder, characterized by inappropriate or inadequate acquisition, comprehension, or expression of language such that the pupil's language performance level is found to be significantly below the language performance level of the pupil's peers.
- (e) Hearing impairment or deafness that contributes to or results in a language or speech disorder and significantly affects educational performance.

Effective January 1, 2022.

Source: California *Education Code*, § 56333 (2022).

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=EDC&division=4.&title=2.&part=30.&chapter=4.&article=2.5

California Code of Regulations Section 3030

Speech and Language Impairment



(11) A pupil has a language or speech disorder as defined in Education Code section 56333, and it is determined that the pupil's disorder meets one or more of the following criteria:

(A) Articulation disorder.

1. The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.

2. A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

(B) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

(C) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

Source: California Code of Regulations, § 3030

[https://govt.westlaw.com/calregs/Document/I3042E4534C6911EC93A8000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I3042E4534C6911EC93A8000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

California Code of Regulations Section 3030

Speech and Language Impairment, Continued



(D) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:

1. The pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, or
2. The pupil scores at least 1.5 standard deviations below the mean or the score is below the 7th percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subdivision (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialist shall document why a fifty utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

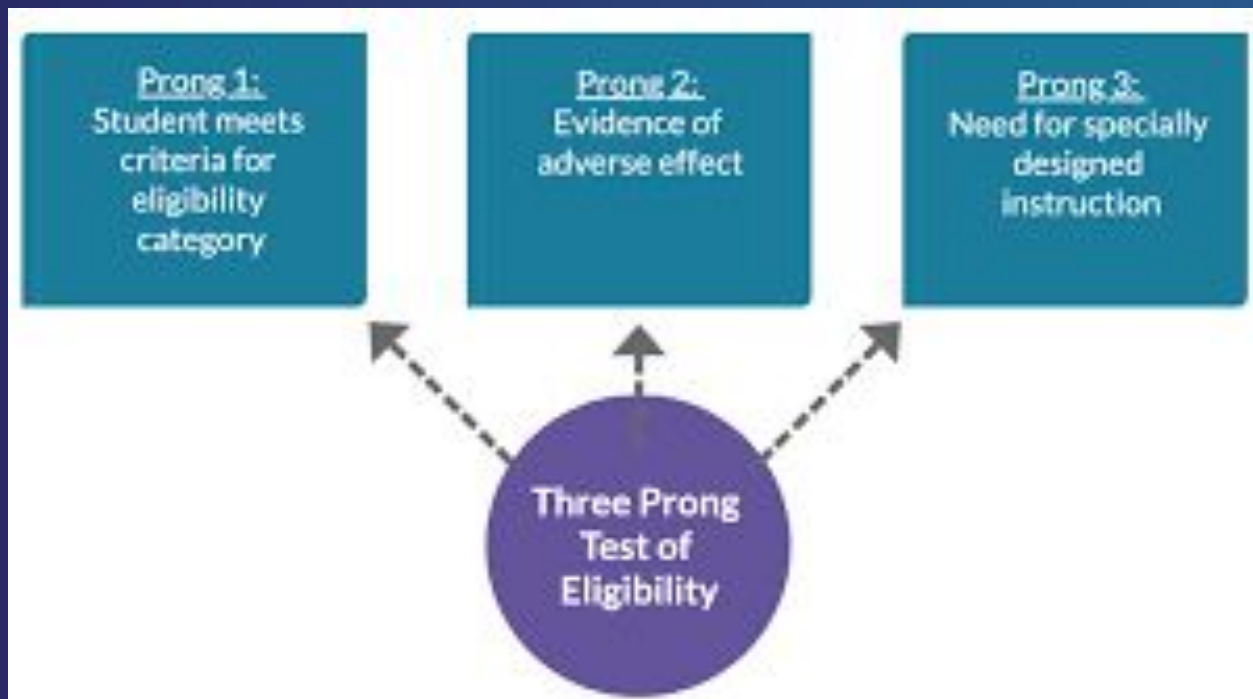
Source: California Code of Regulations, § 3030

[https://govt.westlaw.com/calregs/Document/I3042E4534C6911EC93A8000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I3042E4534C6911EC93A8000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Never rely on a single measure for eligibility or never rule out eligibility because of single measure: Use your clinical judgement looking at the whole picture and always cross reference all information that the intake and assessment yields.



Determining Eligibility



Speech and Language Assessment Report Template

Multi-Disciplinary Report Template

Educational Impact in Early Childhood = participation in age-appropriate activities (play, communication at home and at school, preschool activities, peer interactions, self-care, making needs known)

Recommendations for Speech & Language Impairment Eligibility should be in report.

Decisions are made by IEP Team.

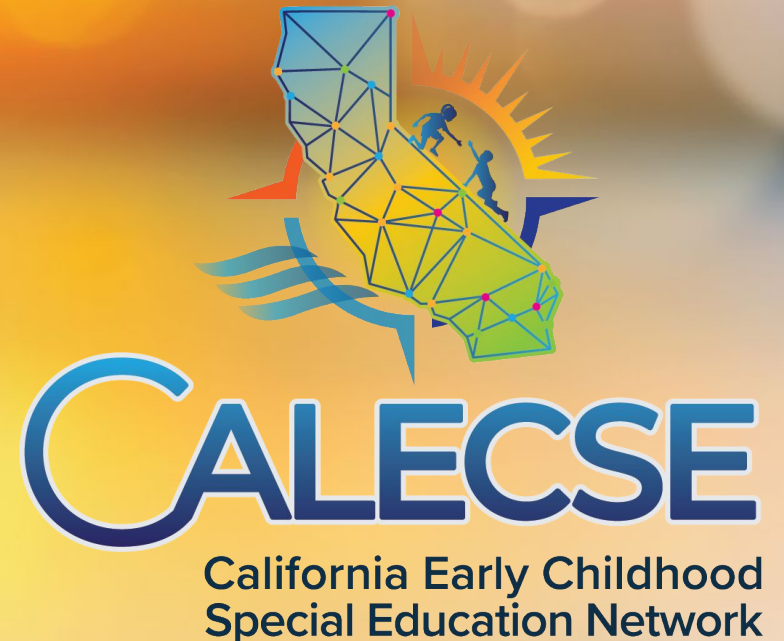
Interested in joining a local Community of Practice (CoP) for practitioners who support children ages zero to five ?

Access the link to sign up for
local CoPs here:

<https://docs.google.com/forms/d/e/1FAIpQLSdovcKf7VXbd2FWdo-CJ3fEFR5Rxn08AV9pVrXd9qpeuc4Wsg/viewform>



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