![ASHA — American Speech-Language-Hearing Association]

November 13, 2019

Mark Schneider
Director
Institute for Education Sciences
550 12th Street, SW
Washington, DC 20024

RE: Institute for Education Sciences: Request for Feedback on Research Topics

Dear Director Schneider:

On behalf of the American Speech-Language-Hearing Association, I write to comment on your request for feedback on future research topics including topic specific requests for upcoming requests for applications (RFAs).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech and language problems, cognitive impairments, and swallowing disorders. More than half of ASHA members work in educational settings. The services provided by ASHA members help ensure students receive a free appropriate public education (FAPE) in the least restrictive environment.

Students served under the Individuals with Disabilities Education Act (IDEA) highly use speech-language pathology services. According to the U.S. Department of Education's (ED's) *40th Annual Report to Congress on the Implementation of IDEA, 2018*, speech or language impairments represent **the most prevalent disability category** (42.6%) of children ages 3 through 5 served under IDEA Part B.[1] Additionally, speech or language impairment was **the second or third most prevalent disability category** for students ages 6 through 21 in every racial/ethnic group served under IDEA Part B.[2] As language understanding and production represent integral aspects of learning, there needs to be an emphasis on researching improved outcomes for students with communication impairments.

ASHA recommends keeping all main topic areas listed (*longitudinal data systems*, National Assessment of Educational Progress (*NAEP*) *process data*, and *systematic evaluation of math and reading programs*), with special emphasis on the following areas outlined below.

1. Using state longitudinal data systems to measure long-term outcomes.

Recommendation: Incentivize research on open-access longitudinal data systems and capture the following data elements:

- does the student have a speech and/or language disorder;
- is the student receiving specialized instruction under IDEA or Section 504;

- if the student is receiving IDEA services, what is the disability category and is it the primary or secondary impairment;
- if the student is receiving services under Section 504, what is the disability category and is it the primary or secondary impairment;
- is the student receiving hearing and/or speech and language services;
- if the student has hearing loss, is it in one or both ears;
- what is the degree of hearing loss in each ear; and
- what type of hearing instrument(s) are used in the classroom setting?

Rationale: State longitudinal data systems are crucial in monitoring a student's progress and informing state and district needs, especially for students with disabilities. Although a primary or secondary communication disorder negatively impacts a student's long-term outcomes (e.g., graduation, employment rates), limited aggregate data exists for students with communication disorders. Students with hearing loss experience more difficulty transitioning from school to adulthood, have a higher rate of unemployment, and lower rates of pursuing post-secondary education than their hearing peers.[3, 4, 5] Free and unrestricted access to aggregate data help states and districts address issues of significant disproportionality in special education.

2. Using NAEP process data.

Recommendation: Conduct a research analysis of timed and untimed testing of "processes" used by students with disabilities during the tests. The findings could provide valuable information for instruction and intervention considerations.

Rationale: The RFA described in this section has the potential to greatly inform daily instruction and intervention for students with and without disabilities during testing as it could indicate which processes students use and how they implement those processes independently in the context of timed testing under duress. Untimed testing, an accommodation for some students with disabilities, particularly for students with processing deficits, levels the testing playing field. Research of both timed and untimed testing could yield important information to consider when developing educational interventions.

3. Systematic evaluation of widely used math and reading programs.

Recommendations A: Encourage researchers of reading and math interventions to include students with disabilities in spoken and written language in their research.

Rationale: Children with specific learning disabilities (i.e., disorders in reading, writing, and/or math) comprise the largest proportion of students with disabilities under IDEA in the 6-21 age group. For this student age group, speech-language impairments represent the next largest disability category under IDEA. A direct relationship exists between the language domains spoken (listening and speaking) and written (reading and writing, also collectively referred to as literacy).[6] Difficulty in one language domain typically results in difficulty in the other language domain. [7, 8]

Recommendations B: Research on best practices around documentation for therapy services and related outcomes would help to develop research-based guidance on ways to streamline documentation and create more efficient processes.

Rationale: Documentation of services (for those provided under IDEA and Medicaid) is an administrative burden for SLPs in the U.S. This burden has negative implications for service provision to students on their caseloads. In 2018, 79% of SLPs who are ASHA members reported that [a] large amount of paperwork was their greatest/one of their greatest professional challenges—about the same as in past years (80%–83% from 2004 to 2016).[9]

Research Topic Areas

ASHA supports continued work in all listed research areas under National Center for Education Research (NCER) and National Center for Special Education Research (NCSER) and recommends wide dissemination of the data results.

Note the following additional recommendations under "Revisiting Topic Areas" in IES' feedback request:

- **NCER -** *Early Learning Programs and Policies*
- **NCSER -** *Early Intervention and Early Learning in Special Education*

Recommendation: Continue and expand research on the use of state longitudinal data systems to measure long-term outcomes in the area of early learning.

Rationale: Children with early language problems face increased risk for later language, reading, and writing problems. Early language problems also are linked with difficulties in behavior, social interactions, and academics.[10, 11] Periodic monitoring via screening and systematic observation and data collection are critical to determine if delays persist over time and if delays are linked to later communication, social, and literacy problems or other developmental disorders. Therefore, the use of data collection systems, including those at the state level, help measure long-term outcomes and ensure that prekindergarten children (i.e., 3 – 5-year-olds) are ready for school. Attention to school-readiness skills—such as pre-reading, language, vocabulary, social, and behavioral competencies—is important to reduce a possible academic disadvantage for children from low-income families. Continuous monitoring and data collection are necessary to ascertain that all preschool children receive the services they need to prevent persistent communication and literacy problems that are linked to social and academic success. Such services may involve curricular modifications, teacher/service provider professional development, and instructional practices in the classroom. Data collection fosters the ability to determine the effectiveness of programs to improve school readiness skills.

Recommendation: Continue research on the topics related to school-readiness skills such as communication, pre-reading, and social interactions.

Rationale: IES notes that reading, writing, and math "are core to the education research enterprise and ESRA [*Education Sciences Reform Act*] requires NCER to support research in those areas." ASHA supports continued research on these topics and others that drive school readiness, including early speech and language development, communication, social skills, pre-reading, technology, and early academic preparation in domain-specific areas.

NCSER

Special Education Policy, Finance, and Systems

Recommendation A: Integrate evaluation of the causes underlying shortages and their potential impact on implementation of "interventions" into NCSER's research agenda.

Rationale: Workload pressures, a national issue for SLPs in schools, also impact other specialized instructional support personnel (SISP) as well as special education teachers. Shortages of SISPs and special education teachers contribute to large caseloads and unwieldy workloads. Workload challenges (e.g., large number of students, excessive documentation, extraneous work responsibilities) of special education practitioners directly impact their ability to implement "interventions," developed and evaluated by IES-funded researchers, to scale and fidelity.

Recommendation B: Evaluate the impact of systemic longstanding issues in schools (e.g., limited school funding, personnel shortages, excessive paperwork, and unmanageable workloads) on instructional quality and students' social, academic, and vocational outcomes and to develop practical solutions to these issues.

Rationale: The focus of school personnel on challenges such as excessive paperwork and unwieldy student-to-educator ratios impedes education. Special education teachers and SISPs—such as educational audiologists, SLPs, and occupational therapists—regularly face unmanageable caseloads and excessive paperwork, in part due to personnel shortages. ASHA recommends that ED comprehensively evaluate the impact of excessive workload on the functioning of schools and associated student outcomes.

Professional Development for Teachers and Other School Based Service Providers

Recommendation: Consider examining and utilizing state-based teacher evaluation systems and evaluations systems designed for specific disciplines such as the *Performance Assessment of the Contributions and Effectiveness of Speech-Language Pathologists* (PACE).[12]

Rationale: The PACE evaluation system, designed to evaluate the school based SLP, utilizes data presented in a portfolio assessment that consists of checklists, self-reflection tool, observation forms, and other artifacts to determine a rating for each of nine performance objectives included in the PACE Matrix. Observational evidence provides for evaluator guides and timelines for the assessment process. Results of the performance matrix are useful in determining professional development plans and activities.

The PACE was developed and reviewed by SLPs and evaluators in education settings. The matrix numerical rating system was created and validated by the University of Missouri Network for Educator Effectiveness. SLPs and evaluators in states and school systems across the country use the PACE to evaluate SLP performance and inform SLPs and evaluators about professional development goals.
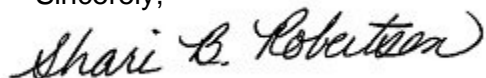
Technology for Special Education

Recommendation: Continue research on "Technology for Special Education" under special education research grants, particularly on meeting the communication needs of children who

are deaf/hard of hearing or with speech/language disorders who do not have the ability to speak.

Rationale: A fundamental part of providing FAPE to the student is meeting their unique communication needs. Students who are deaf/hard of hearing or students with speech/language disorders that do not have the ability to speak have unique technological needs that require attention in order to provide maximum access to the curriculum and meet the child's communication needs. Technological tools or interventions may include the use of hearing aids, cochlear implants, hearing assistive technology, and/or augmentative and alternative communication systems. Stakeholders must engage in more research to determine which technology tools or interventions impact long-term outcomes for students with hearing loss and speech/language disorders as they transition to postsecondary schooling and the workforce.

Thank you for the opportunity to share ASHA's comments and recommendations on IES' upcoming research topics. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA's director of education policy, at cclarke@asha.org.

Sincerely,

Shari B. Robertson, PhD, CCC-SLP
2019 ASHA President

[1] U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, *40th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2018,* Washington, D.C. 2018. Retrieved from https://www2.ed.gov/about/reports/annual/osep/2018/parts-b-c/40th-arc-for-idea.pdf.
[2] Ibid.
[3] Garberoglio, C.L., Cawthon, S., & Bond, M. (2016). *Deaf People and Employment in the United States: 2016. Washington, DC: U.S. Department of Education, Office of Special Education Programs, National*
[4] Deaf Center on Postsecondary Outcomes. Garberoglio, C. L., Cawthon, S., & Sales, A. (2017). *Deaf People and Educational Attainment in the United States: 2017. Washington, DC: U.S. Department of Education, Office of Special Education Programs, National Deaf Center on Postsecondary Outcomes.*
[5] Punch, R., Hyde, M., & Creed, P. (2004*). Issues in the school to-work transition for hard of hearing adolescents. American Annals of the Deaf,* 149(1), 28-38.
[6] Catts, H.W., Adlof, H.M., Hogan, T.P., & Weismer, S.E. (2005). *Are specific language impairment and dyslexia* distinct disorders? *Journal of Speech, Language, and Hearing Research, 48*(6), 1378-1396
[7] Goulandris, N.K., Snowling, M.J., & Walker, I. (2000). *Is dyslexia a form of specific language impairment? A comparison of dyslexic and language impaired children as adolescents. Annals of Dyslexia, 50*(1), 113-120.
[8] Roth, F. P., Speece, D.L., & Cooper, D.H. (2002). *A longitudinal analysis of the connection between oral language and early reading. The Journal of Educational Research, 95*(5), 259-272.
[9] American Speech-Language-Hearing Association. (2018*). 2018 Schools survey. Survey summary report: Numbers and types of responses, SLPs*. Available from www.asha.org.
[10] The American Speech-Language-Hearing Association. (n.d.). *Written Language Disorders.* Retrieved from https://www.asha.org/Practice-Portal/Clinical-Topics/Written-Language-Disorders/.
[11] The American Speech-Language-Hearing Association. (n.d.) *Spoken Language Disorders*. Retrieved from https://www.asha.org/Practice-Portal/Clinical-Topics/Spoken-Language-Disorders/.
[12] The American Speech-Language-Hearing Association. (n.d.). *PACE: Performance Assessment of Contributions and Effectiveness of Speech-Language-Pathologists*. Retrieved from https://www.asha.org/advocacy/state/performance-assessment-of-contributions-and-effectiveness/.