



Early Intervening Services

What the 2006 IDEA Part B Final Regulations Say

The 2006 IDEA regulations include a new provision, consistent with the statute, that a local education agency (LEA) may use not more than 15 percent of the Part B funds it receives to develop and implement coordinated, early intervening services for children who have not been identified as eligible under the act but who need additional academic and behavioral support to succeed in a general education environment (§300.226). These services are for students in kindergarten through grade 12, with particular emphasis on students in kindergarten through grade 3. These activities comprise professional development for teachers and other school staff as well as educational and behavioral evaluations, services, and supports, including scientifically based literacy instruction.

Although related services providers are not specifically listed in the regulations, the U.S. Department of Education (ED) notes in the Analysis of Comments and Changes section of the regulations that there is nothing in the act or regulations preventing states and LEAs from including related services personnel in these services.

Also, in the Analysis of Comments and Changes section, ED notes that nothing is to be construed to delay an appropriate evaluation of a child suspected of having a disability. If a child receiving early intervening services is suspected of having a disability, the LEA must conduct a full and individual evaluation.

The 2006 final regulations add a provision requiring states to review ethnicity data in addition to race data to determine the presence of disproportionality (§300.646). In the event that significant disproportionality is determined, the state must *require* the LEA to reserve the maximum amount of funds to provide early intervening services to children in the LEA, “particularly, but not exclusively” to those in groups that were significantly over-identified.

Implications for ASHA Members

Within the education community, early intervening services are being described as a general education initiative that requires close collaboration between general education and special education personnel. Indeed, many professional associations see related services providers as key to the effectiveness of early intervening services. Speech-language pathologists (SLPs) and audiologists are uniquely qualified to contribute to early intervening services in a variety of ways and at many levels, from system-wide program design and collaboration to work with individual students. SLPs offer expertise

in developing language skills necessary for literacy and learning, knowledge of individualized instruction, experience with collaborative approaches to instruction/intervention, and an understanding of the use of student outcomes data when making instructional decisions. Audiologists offer expertise in auditory development, phonemic acquisition, and classroom acoustics that promote the development of important skills in the general education classroom. Their role in educational assessment reaches beyond assessing whether the child's hearing is normal, although this in itself is critical.

Although not specified in the regulations, an option for addressing the early intervening services requirement is to use a response-to-intervention (RTI) approach. For additional information on RTI and the SLP's roles in this approach, see www.asha.org/members/slp/schools/prof-consult/Rtol.htm.

What ASHA Members Can Do

SLPs and audiologists can play a number of important roles in the provision of early intervening services. However, these roles require some fundamental changes in the way SLPs engage in assessment and intervention activities. First, these professionals need to be familiar with current information on language and literacy so that they are supporting research-based interventions/instruction.

Next, they must be willing to adapt to a more systemic approach to serving schools, including a workload that reflects less traditional service delivery and more consultation and collaboration in general education classrooms. For audiologists working in a "contractual" arrangement, this will be more difficult to achieve, as often the service is strictly "fee for service." Advocacy will be needed to guarantee inclusion in this process. Also, SLPs and audiologists must be open to change – change in how students are identified for intervention; how interventions are selected, designed, and implemented; how student performance is measured and evaluated; how evaluations are conducted; and how decisions are made.

Finally, SLPs and audiologists need to advocate for an expanded role in actively participating in the development and provision of services for students identified as eligible for early intervening services. For further information, go to www.asha.org/members/slp/schools/prof-consult/Rtol.htm. Information on dynamic assessment may also be helpful as part of early intervening services; see www.asha.org/about/leadership-projects/multicultural/issues/da/.