



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

February 22, 2002

Mr. Thomas Irvin
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue, SW
Mary Switzer Building, Room 3086
Washington, DC 20202-2570

Dear Mr. Irvin:

The American Speech-Language-Hearing Association (ASHA) is pleased to have the opportunity to respond to your request for comments on the reauthorization of the Individuals with Disabilities Education Act (IDEA), which appeared in the January 10, 2002 *Federal Register*. ASHA is the national professional, scientific, and credentialing association representing more than 103,000 speech-language pathologists, audiologists, and speech/language/hearing scientists nationwide. Over half of our members work in educational settings, and as such education ranks high among the priorities of the Association.

We respectfully submit these comments, which we believe will assist the Department in preparing for the reauthorization of IDEA. With over half of our members working in educational settings, IDEA significantly affects our members by providing guidance in the provision of speech-language pathology and audiology services to children with disabilities and their families. We commend the Department's efforts in seeking suggestions and recommendations on this important law for children with disabilities.

Thank you for considering our recommendations as discussions begin on the IDEA reauthorization and on the changes needed to improve implementation of Parts B and C and the effectiveness of the National Activities under Part D. We look forward to working with the Department as it works to improve special education and related services, as well as long-term outcomes, for children with disabilities so that no child is left behind. If you have questions about our comments, or if we can provide additional information or assistance, please do not hesitate to contact Catherine Clarke, ASHA's Director Education and Regulatory Advocacy, at 301-897-0159, or by e-mail at cclarke@asha.org.

Sincerely,

Nancy A. Creaghead, CCC-SLP
President

**Comments From the
American Speech-Language-Hearing Association
On the Individuals with Disabilities Education Act (IDEA) and Its Implementation
United States Department of Education
Federal Register (Vol. 67, No. 7) January 10, 2002**

Principles:

Accountability For Results/Research-based Practices

Comments: Research-based practices and policies should be instituted, as schools are held accountable for the academic success of all students, including those with disabilities. Research indicates that reasonable and manageable caseloads allow for optimal student progress, and as such states should make the establishment of reasonable caseloads one of their responsibilities. The impact of caseload/class size on student outcomes is one of the most important issues facing teachers, school-based speech-language pathologists (SLPs), and other service providers as administrators and policymakers attempt to balance the need for efficient use of staff resources with the desire to maximize student outcomes. Research (National Outcomes Measurement System¹) indicates the following:

- Large caseloads constrain the SLP's ability to choose and capacity to handle appropriate service options to meet students' individual needs. Two immediate affects of increasing caseload size are a shift from individual to group treatment and an increase in the size of the treatment groups. For SLPs with caseloads greater than 60 students, treatment groups of 5 or more are much more commonly used (31% of the time vs. 6% for caseloads under 40), and individual treatment is virtually nonexistent. In contrast, children served by SLPs with fewer than 40 children are more likely (13%) to receive individual treatment than SLPs with larger caseloads. In addition, SLPs with caseloads less than 40 are more likely to use a variety of service delivery models (classroom-based, collaborative consultation, etc.) to treat their students.
- The shift from individual to group treatment associated with large caseloads makes a difference in student outcomes. School-age children are more likely to make measurable progress in speech sound production skills when they receive individual

¹ The National Outcomes Measurement System (NOMS) is a series of three nationwide data collection systems managed by the American Speech-Language-Hearing Association (ASHA). For more information on NOMs visit <http://www.asha.org/members/research/NOMS/>.

- treatment as opposed to group treatment. This pattern is also true for preschool children; 78% of children who receive individual treatment make significant progress in articulation/phonology compared with 57% who receive group treatment.
- Large caseloads impede students' progress on literacy skills in the classroom. For children receiving treatment from SLPs with caseloads of fewer than 40, 90% of regular education teachers report that these children demonstrate improved reading skills that are related to the services the speech-language pathologist provided. When the caseload size is increased to 70, only 60% of the teachers feel that speech-language pathology services make a difference in students' reading abilities.
- Large caseloads limit the SLP's ability and capacity to engage in expanded roles and responsibilities mandated by IDEA and necessary to meet students' individual needs.

Local Control and Flexibility

Recommendation: ASHA supports the use of IDEA funds, to support speech-language pathology services, audiology services, and other related services in school-wide initiatives, including those that would benefit non-disabled children in a regular education class. The U.S. Department of Education should pursue ways to vigorously encourage the use of these funds by local educational agencies to benefit non-disabled children, such as contributing to reading and literacy skills.

Rationale: Section 612 Permissive Use of Funds in IDEA'97 allows funds provided to the local educational agency (LEA) to be used for a variety of services including, services and aids (special education and related services and supplementary aids and services) that also benefit non-disabled children.

Specific Areas:

Accountability as Measured by State and Local Assessments

Recommendation: As students with disabilities are included in state and local assessments, ASHA supports the appropriate use of test accommodations and modifications, which is essential for fair and accurate assessment results.

Include disability as one of those categories that state and local education agencies should be required to report on thereby making them accountable for the outcomes of disabled children.

Rationale: Determination of appropriate accommodations and modifications must be made by a team, based on documentation of the effectiveness of those accommodations and/or modifications for the individual student, and not be made based on common

practice of the local school district or disability category of the student. The team should include appropriate related service providers, depending upon the disability of the student. In the case of students with speech-language disabilities, this would include involvement of the speech-language pathologist in determining appropriate accommodations and modifications. In instances where a child has a hearing loss or other auditory disorder, an audiologist should be involved in determining appropriate accommodations and modifications.

Including disability as a reporting category makes LEAs accountable for the outcomes of these children as well as non-disabled children.

Personnel Issues

In-service

Recommendation: As part of their in-service training, school districts must provide resources for discipline-specific training that will assist teachers and related service providers in offering effective services to students with disabilities, based on current scientifically-based research and advances in professional practices.

In addition, school districts must provide joint-discipline training to teachers and related services providers that will facilitate effective collaborative services to students with disabilities. The goal is to support students with disabilities in their access to and progress in the general curriculum, including assessments (see our previous comments on accountability), and in the regular education classroom.

Rationale: Qualified professionals are needed to provide quality services to students with disabilities. Professional demands on special educators and related services personnel are greater than ever, driven by IDEA 1997 mandates such as access to the general curriculum and inclusion in state and district wide assessments program for all students with disabilities. SLPs and audiologists face these same challenges.

Pre-Service Professional Development

Recommendation: Support an increase in funding for the Individuals with Disabilities Education Act, Part D, Personnel Preparation grant program, by at least \$15 million for Fiscal Year 2003 over the Fiscal Year 2002 funding level of \$90 million.

Recommendation: Support greater funding for Leadership training to support research, pre-professional training, and innovative programs.

Rationale: Qualified professionals are needed to provide quality services to students with disabilities. The shortage of qualified special education and related services personnel has persisted for over two decades and is likely to increase as the demand for special

educators continues to grow. Professional demands on special educators and related services personnel are greater than ever, driven by IDEA 1997 mandates such as access to the general curriculum and inclusion in state and district wide assessments program for all students with disabilities. SLPs and audiologists face these same challenges.

In addition, the ability of colleges and universities to meet these areas of shortage is hampered by an inadequate supply of faculty in speech-language pathology, audiology, and special education. Every year, 30% of faculty vacancies go unfilled. Universities may reassign these unfilled positions to other departments and thus further limit the capacity to train qualified personnel for children who need special education and related services.

Part D grants are designed to help address state-identified needs for qualified personnel to work with children with disabilities in related services, special education, early intervention, and regular education. Personnel Preparation Grants are the only federal pre-service training program for special education and related services professionals. Currently, there is a severe shortage of special education and related services professionals, particularly in schools (urban and rural areas) and of the doctoral faculty who train them.

Qualified Providers/Paraprofessionals

Recommendation: Amend section 612(a)(15)(B)(iii) with the following italicized language:

(iii) allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, in meeting the requirements of this part to be used to assist *qualified personnel* in the provision of special education and related services to children with disabilities under this part.

Rationale: Paraprofessionals and assistants must be supervised by qualified personnel meeting the highest requirements in the State for the profession or discipline in which services are being provided. ASHA strongly believes that the supervision of paraprofessionals and assistants must be conducted by professionals who have met the highest requirements in the State for the profession or discipline in which the paraprofessionals and assistants are utilized. The professionals also must have obtained the knowledge, skills, and abilities necessary to supervise paraprofessionals and assistants and to ensure that the activities and tasks carried out by paraprofessionals or assistants are appropriate for a child with disabilities. For example, if a paraprofessional or assistant is utilized in the speech-language pathology service program, a qualified speech-language pathologist must be the person who supervises and assigns activities and tasks to the paraprofessional or assistant and who has the responsibility for their actions as they assist in providing special education or related services. Inserting *qualified personnel* identifies the individuals whom paraprofessionals and assistants are assisting.

Transition to Post-Secondary Endeavors

Comments: The following are the ideal outcomes for a student receiving IDEA services:

1. Exit from the special education program;
2. Graduation from high school;
3. Matriculation in a post-secondary institution;
4. Participation in a vocational rehabilitation program; and/or
5. Self-sufficiency through employment, and generally making a contribution to society.

All of these transition points are key indicators whether a disabled child's individualized education program (IEP), teachers, services providers, schools and families were successful. These points should be measured and quantified to help determine if the current structure of special education programs are working or are in need of reform.

There are, however, other key transition points in a disabled child's education. For IDEA, these transition points are at birth, entrance and exit from the Part C Infants and Toddlers Program, and entrance and exit from the Part B Section 619 Pre-School program. It is strongly recommended that the Congress look at these points to see if children are being lost or falling behind or making a smooth transition. If necessary, Congress should improve IDEA.

The Early Hearing Detection Initiative (EHDI) is a federally funded state grant program to assist states in establishing newborn infant screening programs in their state. Screening newborns in the hospital for hearing disorders is one of the earliest forms of early intervention that can be performed on a child. Children who are found to have hearing disorders can benefit from a state's Part C infants and toddlers program. The state's Part C program needs to have adequate resources and qualified personnel to fulfill the mandate of Part C. Without strong state Part C programs, a disabled child's transition from the hospital or to a pre-school program may not happen.

President Bush's new Early Reading First and Reading First literacy programs are designed to provide early intervention for reading and learning disabilities. Early Reading First is targeted at children age 3-5. In addition, the IDEA, Part B, Section 619, Pre-school grant program is also targeted at children, with disabilities, age 3-5. For both the Early Reading First and IDEA Section 619 to work, two things need to happen:

- First, disabled children coming out of Part C programs and entering pre-school and/or early reading programs need smooth transitions; and
- Second, Early Reading First and Section 619 need to complement each other so that children with severe and multiple disabilities receive the services they need and children with pure literacy deficiencies receive the pre-reading services they need.

IDEA Part C is based on a medical model of identifying and treating children with disabilities. It is most commonly operated out of state departments of health. IDEA Section 619 and Early Reading First are education programs that are administered by state education agencies (SEAs) and LEAs. As children with disabilities transition out of

the medically oriented Part C program into Section 619 or the Early Reading First programs, a vast amount of collaboration, data and other information need to be exchanged between a child's medical service providers and his/her new education service providers. Congress should strengthen IDEA to ensure SEAs, LEAs and state public health organizations work together to ensure a child's smooth transition.

Recommendation: Incorporate into the law that there must be collaboration with EHDI and IDEA Part C programs, so that children are not lost at the various transition points.

Rationale: IDEA '97 needs to be updated to include other laws on early intervention, such as EHDI, which was enacted after the 1997 IDEA Amendments. Strong collaboration is needed among IDEA programs (Parts B and C) and other early intervention programs.

Excessive Paperwork

Recommendation: Federal guidance is needed to re-establish a balance between reasonable and necessary civil protection, and the amount of documentation needed to properly serve students, families, administrators and providers.

Rationale: Our members indicate that burdensome paperwork is their greatest challenge to providing quality services to children. LEAs and SEAs have added additional layers of paperwork to the federal requirements.

Overall, our members have found that IEPs are much too lengthy; in fact, they report IEPs of 20 or more pages in length. For students who are speech impaired only (articulation, voice, or fluency) most states still require the entire IEP be completed, although many aspects are not relevant or needed. In addition, most SLPS report that they must complete their own paperwork, and many must do so after school hours without receiving any additional compensation. Many of these tasks -- xeroxing and distributing forms, keying in data, scheduling -- could be completed by clerical staff; however, most SLPs do not have staff available to help with these time-consuming clerical tasks.

ASHA has solicited and collected samples of model streamlined paperwork forms and procedures from SLPs and is currently finalizing a technical assistance packet for SLPs that will include these samples as well as other time-saving tips for reducing the paperwork burden. Recommendations from the packet include the following:

- Encourage states to use technology to streamline the paperwork process by offering grants or other incentives. Members who have access to technology (e.g., computerized IEPs) report that the amount of time needed to complete paperwork dramatically decreases. Provide training through the use of professional development training funds.
- Develop a model for a federal computerized form.

- Encourage more states to develop and adopt the use of a state-wide IEP form, including a speech-only IEP. SLPs who use state-wide approved forms find that there is more consistency across the state, and it saves time when students move within the state.
- Provide funds for computers for all SLPs and other IEP team members to assist them in completing necessary paperwork, and have these available during IEP team meetings to increase the efficiency of IEP meetings.
- Provide more direction and training in the paperwork requirements at the federal, state, and local levels. Encourage SEAs or LEAs to remove unnecessary requirements.
- Provide clerical assistance for routine paperwork tasks, such as xeroxing and distributing forms, keying in data, and scheduling.

A technical assistance packet, developed at the federal level and containing sample IEP forms and procedures, could prove helpful to LEAs and SEAs as they develop their own forms and procedures. This should be accompanied by training opportunities, specific guidance, and close monitoring of local and state forms and procedures.

Use of Insurance Under Part C

Comments: We support the safeguards, Sec. 632(4)(B), Sec. 640(a), that are currently in place to ensure that children and families receive early intervention services at no cost or on a sliding fee basis. There are concerns that families might delay seeking services for their child under age 3 if they have to pay (even partially) for those services. Some families, based on inability to pay, might wait until their child was eligible for FAPE under Part B, thus delaying intervention that might head off other problems and increasing the need for special education services. Therefore, it is important that these safeguards be maintained and strengthened.

Other Issues:

Caseload

Comments: As discussed above, caseload size has a direct impact on services to students and student outcomes, both in communication skills and in academic performance. In addition, large caseloads and the associated increase in meetings and paperwork are primary factors in school SLP job satisfaction. Large caseloads are implicated as a factor in shortages of SLPs to work in schools and are associated with difficulties with recruiting and retaining qualified personnel. States must be held accountable for establishing reasonable and manageable caseloads that allow optimal student progress, services based on individual student needs, and availability of qualified personnel.

Definitions-Related Services

Recommendation: Amend section 602(22) Related Services with the following italicized language and strike through:

(22) RELATED SERVICES- The term 'related services' means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology *services*, ~~and~~ audiology services, psychological services, ...

Rationale: Speech-language pathology and audiology are two separate and distinct professions. State laws regulating the professions of audiology and/or speech-language pathology have separate and unique scopes of practice for audiology and speech-language pathology. Adding the term services following speech-language pathology makes it clear that speech-language pathology services are not the same as audiology services.

Natural Environment in IDEA Part C

Recommendation: In Sec. 632.(4)G Definitions, amend the examples of natural environment with the following italicized language:

(G) to the maximum extent appropriate, are provided in natural environments, *which make up the full range of settings*, including the home, and community settings in which children *with and without disabilities participate based on the specific needs of the individual child and family and outcomes to be achieved*.

Rationale: Referring to settings as natural or normal is vague and can be subject to various interpretations. The Department's proposed definition appears restrictive and does not reflect the range of integration found among the population at large. Children with disabilities can be appropriately served in a variety of settings (e.g., homes, schools, day care centers, center-based programs). The recommended definition is broader than the Department's and more accurately reflects the everyday lives of children with disabilities.

The content of the individualized family service plan (IFSP) should include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family.

Recommendation: Amend Sec. 636(d)(8) Individualized Family Service Plan as indicated by the following italicized language:

(8) the steps to be taken, *prior to the termination of the IFSP*, to support the transition of the toddler with a disability to preschool or other appropriate services.

Recommendation: Amend Sec. 637(a)(8)(A) State Application and Assurances as indicated by the following italicized language:

- (8) a description of the policies and procedures to be used --
 - (A) to ensure, *prior to the termination of the IFSP*, a smooth transition for toddlers receiving early intervention services under this part to preschool or other appropriate services, including a description of how –

Rationale: Adding this language will emphasize the need for adequate planning to transition services from IDEA Part C to Part B.