# Communication Services for Individuals with Severe Disabilities: Current "Best Practices"

Presented to ASHA, 2005 by members of the National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC)

# Overview of NJC and current Projects

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# What is the National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC)?

➢ Formed in 1986 by ASHA and TASH

➢ Mission and Purpose

- To provide information and advocate for the communication needs of persons with severe disabilities, including persons with severe to profound mental retardation, autism, and other disorders that result in severe socio-communication and cognitive communication impairments.

- To promote research, demonstration, and educational efforts, including both inservice and pre-service education, directed to helping persons with severe disabilities communicate effectively
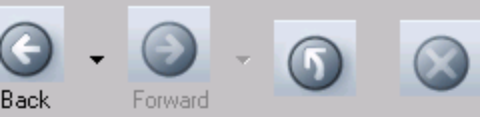
# Current Member Organizations

- American Association on Mental Retardation (**AAMR**)
- American Occupational Therapy Association (**AOTA**)
- American Physical Therapy Association (**APTA**)
- American Speech-Language-Hearing Association (**ASHA**)
- Council for Exceptional Children (**CEC**), Division for Communicative Disabilities and Deafness (**DCDD**)
- **RESNA**
- **TASH**
- United States Society for Augmentative and Alternative Communication (**USSAAC**)

# NJC Papers and Resources

- Guidelines for Service Delivery – 1992

- Communication Bill of Rights – 1992

- Communication Supports Checklist – 1998 (Baltimore: Brookes)

- *Access to Communication Services and Supports: Refuting Restrictive Eligibility Policies and Practices* – Position statement and Technical report, 2002.

- ASHA videoconference on *Quality Indicators: Programs Serving People with Severe Communication Impairments* (2000) and ASHA Telephone Seminar (2003), *Service eligibility of children and adults with severe disabilities*

- *Frequently Asked Questions*: An interactive web link for information about communication services and supports for individuals with severe disabilities **http://www.asha.org/NJC/faqs-njc.htm**

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**munication Services &
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**Bill of Rights**

ASHA
ROFESSIONAL
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# Communication Services and Supports for Individuals With Severe Disabilities:  FAQs

These frequently asked questions (FAQs) are for consumers and professionals. The FAQs have information about communication services and supports for individuals with severe disabilities related to communication development, funding for service delivery, eligibility policies, AAC, IDEA services, interdisciplinary teams, literacy, and specific disabilities and approaches.

Follow links below to browse either the general category or specific questions and responses, which include a brief answer to the question, more detailed information for those wanting a more in depth response, references, and additional resources.

Use this form to share feedback and suggestions for additional questions.

## Communication Development and Concerns

- Can all children learn to communicate?
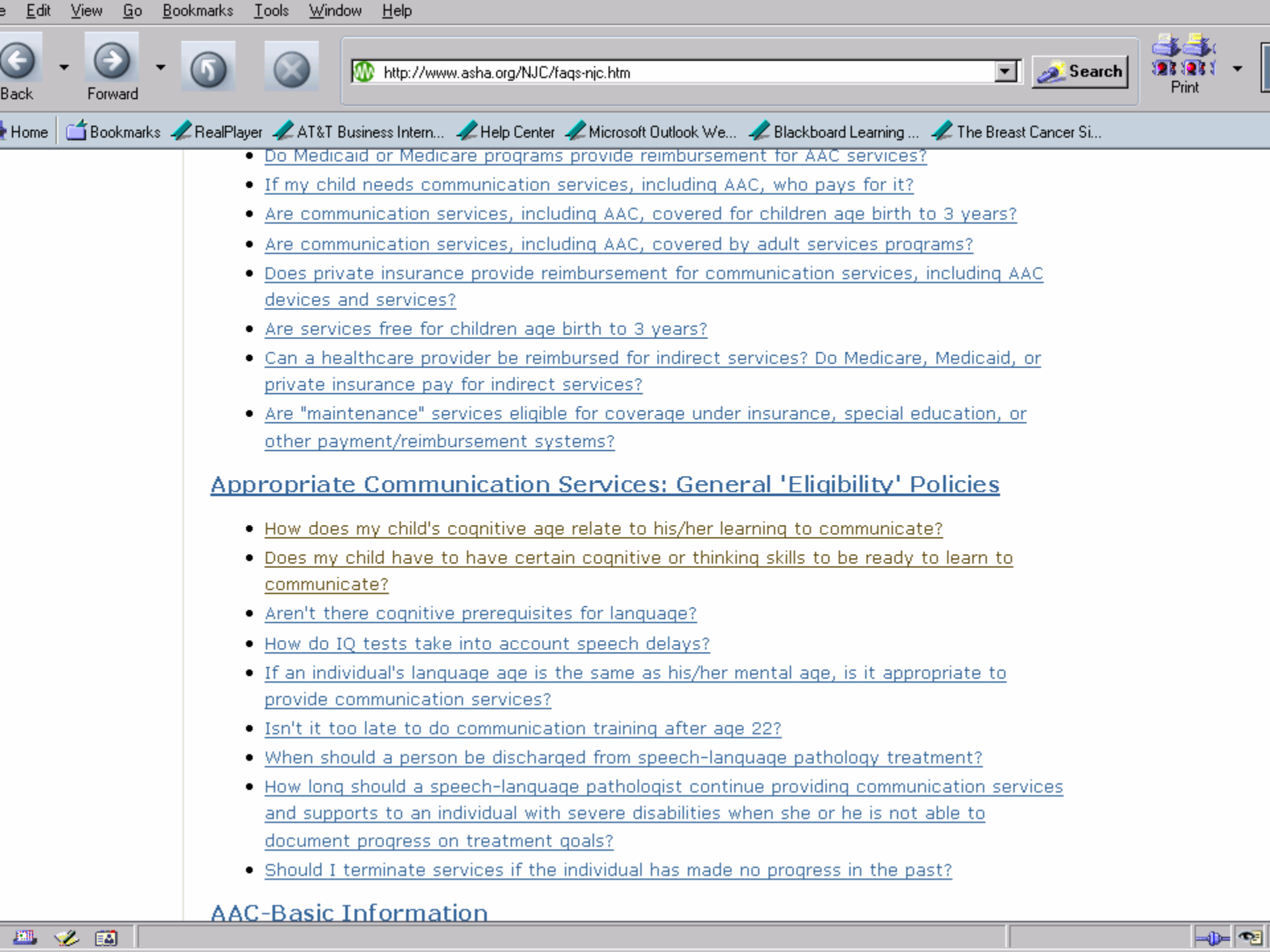- What should we do if an individual does not communicate with signs or pictures?

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Related Resources:

Access to Communication Services and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies

American Speech-Language-Hearing FOUNDATION

- Do Medicaid or Medicare programs provide reimbursement for AAC services?
- If my child needs communication services, including AAC, who pays for it?
- Are communication services, including AAC, covered for children age birth to 3 years?
- Are communication services, including AAC, covered by adult services programs?
- Does private insurance provide reimbursement for communication services, including AAC devices and services?
- Are services free for children age birth to 3 years?
- Can a healthcare provider be reimbursed for indirect services? Do Medicare, Medicaid, or private insurance pay for indirect services?
- Are "maintenance" services eligible for coverage under insurance, special education, or other payment/reimbursement systems?

## Appropriate Communication Services: General 'Eligibility' Policies

- How does my child's cognitive age relate to his/her learning to communicate?
- Does my child have to have certain cognitive or thinking skills to be ready to learn to communicate?
- Aren't there cognitive prerequisites for language?
- How do IQ tests take into account speech delays?
- If an individual's language age is the same as his/her mental age, is it appropriate to provide communication services?
- Isn't it too late to do communication training after age 22?
- When should a person be discharged from speech-language pathology treatment?
- How long should a speech-language pathologist continue providing communication services and supports to an individual with severe disabilities when she or he is not able to document progress on treatment goals?
- Should I terminate services if the individual has made no progress in the past?

## AAC-Basic Information

## Does my child have to have certain cognitive or thinking skills to be ready to learn to communicate?

**Answer**:

No. People used to believe that children had to demonstrate certain cognitive skills before they would be able to benefit from communication services.  Recent research has shown that communication and language develop from early infancy along with cognitive and thinking skills.  In fact, sometimes, teaching new communication skills can help the child develop other thinking skills.

**For more information**:

*Position statement of the National Joint Committee*

<*Return to FAQs Table of Contents* >

## Aren't there cognitive prerequisites for language?

**Answer**:

No.  All children can learn to communicate!  People used to believe that a child had to demonstrate certain cognitive skills before they would be able to benefit from communication services.  Research has shown that communication and language are developing from early infancy along with the child's cognitive and thinking skills. The interactions between the domains of cognition and language are certainly complex.  In fact, sometimes, teaching new communication skills can help the child develop other thinking skills.  A child's cognitive age relates to where along the continuum of communication he or she will begin the communication and language intervention process but should not be used to deny providing communication services and supports.

*More...*

Studies with children and adults with significant cognitive disabilities have demonstrated

# NJC's Current Focus:

Communication Services and Supports for Individuals with Severe Disabilities:

➢ *What is the current <u>evidence base</u>?*

➢ *What research is needed?*

# Assessment Strategies

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# Assessment Purposes

- Describe current level of functioning to qualify an individual for services
- Identify promising intervention practices
  - How are they currently communicating?
  - When and where are they currently communicating?
  - Communication environment?
    - Supportive contexts available?

# Assessing current communication

➢ How are individuals communicating in real contexts?

➢ Use questionnaires and forms supplemented with direct observation

➢ e.g., Inventory of Potential Communicative Acts by Sigafoos, and Woodyatt.

- "Please describe how the individual (greets, gets your attention, seeks comfort, let's you know they are happy…..)"

- Summarize responses in a behavior x function grid

# Assessing current communication

➢ Communication Matrix by Charity Rowland
http://www.communicationmatrix.org/en/
(designs to learn website)

# Communication matrix

- C1. Refuses or Rejects Something
- whole body movements (twist, turn away)
  
  Mastered

- scream, whine                                    Emerging

- frown, grimace                                   Emerging
- pushes away object or person        Emerging
- gives unwanted item to you            Mastered

➢ How do individuals communicate in specific contexts?

- Present opportunities for individuals to communicate

  - e.g., CSBS (Wetheryby & Prizant, 2003),  ECBS (Seibert and Hogan, 1981), (McLean, McLean, Brady & Etter, 1991, Brady, McLean, McLean and Johnston, 1995)

> For example, do they comment?

# Do they repair communication breakdowns?

# Specific Adaptations: sensory and motor

# Assessing communication environments

➤ Does the individual's environment provide opportunities for the child to communicate?

- Design to Learn Inventory evolved from ACE, by Rowland and Schwiegert (1993)

# D Student's Expressive and Receptive Communication System

| STUDENT'S EXPRESSIVE AND RECEPTIVE COMMUNICATION SYSTEM | CIRCLE IF OBSERVED | Comments/Actions | Action Dates |
|---|---|---|---|
| **1** The student has a means of communication that is appropriate to his or her abilities and that facilitates (rather than impedes) communication. *Answer may be based on general knowledge of child's abilities or classroom practices.* | 1st 2nd 3rd | | |
| **2** The student has a way (gestures, symbols, or other communicative behaviors) to communicate about the specific materials, people or actions in this activity. **Example**: if the student uses gestures, materials are within sight or reach; if the student uses symbols, she has the necessary vocabulary. | 1st 2nd 3rd | | |
| **3** When new symbols are introduced, the procedure incorporates an objective means of assessing the student's comprehension of each new symbol. *Answer may be based on general knowledge of child's abilities or classroom practices.* | 1st 2nd 3rd | | |
| **4** The student has an effective and appropriate means of gaining attention in this particular activity. | 1st 2nd 3rd | | |
| **5** The student has an effective and appropriate means of telling the teacher "finished" in this particular activity. | 1st 2nd 3rd | | |

Student _____

Activity _____

Observer _____

1st Date _____

2nd Date _____

3rd Date _____

### Ⓐ Transitions

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. Teacher communicates about activity |
| ☐ | ☐ | ☐ | 2. Student may communicate about activity |
| ☐ | ☐ | ☐ | 3. Student chooses activity |
| ☐ | ☐ | ☐ | 4. Student helps prepare for activity |
| ☐ | ☐ | ☐ | 5. Activity terminated when student desires |
| ☐ | ☐ | ☐ | 6. Students helps clean up afterwards |

### Ⓑ The Activity

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. Student is motivated by activity |
| ☐ | ☐ | ☐ | 2. Instructional demands don't frustrate |
| ☐ | ☐ | ☐ | 3. Student receptive to interaction |
| ☐ | ☐ | ☐ | 4. No prolonged distractions |
| ☐ | ☐ | ☐ | 5. Teacher available for interaction |
| ☐ | ☐ | ☐ | 6. Performance data collected |
| ☐ | ☐ | ☐ | 7. Routine consistent, with variations |

### Ⓒ Adult's Interaction

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. Teacher participates as an equal |
| ☐ | ☐ | ☐ | 2. Teacher appears to enjoy activity |
| ☐ | ☐ | ☐ | 3. Teacher allows student time to communicate |
| ☐ | ☐ | ☐ | 4. Student's interest sets pace of activity |
| ☐ | ☐ | ☐ | 5. Teacher encourages independence |

### Ⓓ Communication System

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. System is appropriate |
| ☐ | ☐ | ☐ | 2. Can communicate about specifics |
| ☐ | ☐ | ☐ | 3. Symbol comprehension assessed |
| ☐ | ☐ | ☐ | 4. Has means to gain attention |
| ☐ | ☐ | ☐ | 5. Has means to say "finished" |
| ☐ | ☐ | ☐ | 6. Has access to system at all times |
| ☐ | ☐ | ☐ | 7. Position makes communication easy |
| ☐ | ☐ | ☐ | 8. Student understands teacher's communication |
| ☐ | ☐ | ☐ | 9. Teacher uses student's symbolic system |

### ⓔ Peer Interaction

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. All members can participate |
| ☐ | ☐ | ☐ | 2. Students have clearly specified roles |
| ☐ | ☐ | ☐ | 3. Students switch roles |
| ☐ | ☐ | ☐ | 4. Student enjoys peer partner |
| ☐ | ☐ | ☐ | 5. Peers encourage, don't do everything for |
| ☐ | ☐ | ☐ | 6. Peers adequately trained |
| ☐ | ☐ | ☐ | 7. Includes peer to model targeted skills |
| ☐ | ☐ | ☐ | 8. Group size facilitates interaction |
| ☐ | ☐ | ☐ | 9. All members use common system to communicate |

### Ⓕ Opportunities to Communicate

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. Gain Attention |
| ☐ | ☐ | ☐ | 2. Request More |
| ☐ | ☐ | ☐ | 3. Request Something New |
| ☐ | ☐ | ☐ | 4. Request Absent Item |
| ☐ | ☐ | ☐ | 5. Protest |
| ☐ | ☐ | ☐ | 6. Greetings / Social / Affection |
| ☐ | ☐ | ☐ | 7. Label / Comment |
| ☐ | ☐ | ☐ | 8. Confirm / Negate |
| ☐ | ☐ | ☐ | 9. Ask Questions |
| ☐ | ☐ | ☐ | 10. Direct Attention |

### Ⓖ Opportunities to Use Objects

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. Negotiate Barriers |
| ☐ | ☐ | ☐ | 2. Search and Locate |
| ☐ | ☐ | ☐ | 3. Use Containers |
| ☐ | ☐ | ☐ | 4. Use Tools to Gain Access |
| ☐ | ☐ | ☐ | 5. Basic Object Use |
| ☐ | ☐ | ☐ | 6. Combine Objects |
| ☐ | ☐ | ☐ | 7. Activate Objects |
| ☐ | ☐ | ☐ | 8. Construct Objects |
| ☐ | ☐ | ☐ | 9. Pretend |
| ☐ | ☐ | ☐ | 10. Understand Associations |
| ☐ | ☐ | ☐ | 11. Use Representational Information |
| ☐ | ☐ | ☐ | 12. Simple Interactions with Peers |
| ☐ | ☐ | ☐ | 13. Cooperate with Peers |
| ☐ | ☐ | ☐ | 14. Play Games with Peers |

### Ⓗ Materials

| 1st | 2nd | 3rd | |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1. Materials foster interaction |
| ☐ | ☐ | ☐ | 2. Have separate parts to request |
| ☐ | ☐ | ☐ | 3. Afford opportunities to request help |
| ☐ | ☐ | ☐ | 4. Student enjoys materials |
| ☐ | ☐ | ☐ | 5. Peers enjoy materials |
| ☐ | ☐ | ☐ | 6. Materials provide practice of object skills |
| ☐ | ☐ | ☐ | 7. Materials encourage new object skills |

design to learn

P R O F I L E

| D | THE STUDENT'S EXPRESSIVE AND RECEPTIVE COMMUNICATION SYSTEM | Check if Observed | Comments/Actions | Action Date |
|---|---|---|---|---|
| 1 | The student has a means of communication that is appropriate to his or her abilities and that facilitates (rather than impedes) communication. *Answer may be based on general knowledge of child's abilities or classroom practices.* | | | |
| 2 | The student has a way (gestures, symbols, or other communicative behaviors) to communicate about the specific materials, people, or actions in this activity. *Answer may be based on general knowledge of classroom practices.* | | | |
| 3 | When new symbols are introduced, the procedure incorporates an objective means of assessing the student's comprehension of each new symbol. *Answer may be based on general knowledge of child's abilities or classroom practices.* | | | |
| 4 | The student has an effective and appropriate means of gaining attention in this particular activity. | | | |
| 5 | The student has an effective and appropriate means of telling the teacher "finished" in this particular activity. | | | |
| 6 | If the student uses an aided system (such as tangible symbols or calling device), the student has access to all components of the system at all times. | | | |

# Communication Supports Checklist

➤ Written by members of the NJC, published by Brookes

➤ Covers philosophy, environmental support, goal setting practices, program implementation, team competencies

➤ Environmental support,

- Expecting communication, providing interesting and age-appropriate materials, includning communication partners who know how to use AAC systems and devices used by individual…..

➤ Next, some examples of using information from these types of assessments to develop goals and interventions…

➤ Here's Mary…..

# Intervention Strategies

Mary Hunt-Berg

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Interactions are experienced mutually by communication partners & both parties are affected reciprocally.
(Siegel & Cress, 2002)

# A Tri-Focus Framework
## (Siegel, & Bashinski, 1996)

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**Learner** -Actualize existing communication forms & functions & systematically target new forms and functions (horizontal & vertical targets)

**Communication environment** - Improve contexts to promote learner's communication abilities

**Communication partners** - Enhance partners' understanding of the learner's communication & broaden partners' ability to use strategies that build interaction and communication

# Intervention Practices & Procedures

(Wilcox & Shannon, 1998)

| Responsive Interaction Techniques | Milieu Teaching Techniques | Global Interaction Techniques |
|---|---|---|
| • Intervention strategies embedded in typical activities | •Intervention strategies embedded in typical activities | •Intervention not directly provided to the child |
| • Adult targets specific communication behaviors but does not attempt to elicit learner responses | •Adult targets specific behaviors with provisions for eliciting learner responses | •Train communication partners in strategies known to facilitate communication & language development |
| • Adult follows learner's attentional lead & provides focused input (e.g., models, expansions, recasts) to increase saliency of targeted behaviors | •Adult teaches to learner's attentional lead & requests child to imitate or use specific behavior (e.g., incidental teaching, mand model, time delay) | •Goal is to enhance communicative interactions (turn-taking, initiating & responding); specific communication behaviors must be targeted. |
| • Basic efficacy well-established | •Basic efficacy well-established | •Efficacy established for improved interactions, not well established for child behaviors |

# Global interaction techniques

Communication partners are trained in strategies *such as*…

**…Waiting**
Adult uses a slow pace during conversation; adult actively listens to the child & does not dominate the conversation

**…Pausing**
Adult pauses expectantly & frequently during interactions to encourage turn-taking & active participation

**…Labeling**
Adult provides labels for actions, objects, feelings, etc.

**…Imitating**
Adult imitates & repeats child's communication behaviors

Adapted from Laura Justice(2004).

# Intervention Strategies

| Intervention techniques illustrated: | Communication partner training | Response Interaction strategies | Milieu teaching strategies |
|---|---|---|---|
| | **Geoff** | **Paul** | **Hazel** |
| Child Goals | Make clear choice that can be recognized by familiar partners using eye gaze & vocalization | Increase use of existing communication behaviors to initiate & respond during communicative interactions | Increase use of new communicative forms & functions (vertical & horizontal targets) with trained communication partners |
| Partner Goals | Present items to G in way that allows him to express a clear choice. Recognize & respond to Gs signals. | Observe & wait for P to initiate; recognize & respond to his communicative behaviors | Implement consistent use of time delay & incidental teaching to elicit new forms for existing functions & the use of existing forms for a new function |
| Outcome | | | |

# Summary

In a tri-focus approach, the intervention aim is to improve interactions & intervention takes place concurrently with the learner with severe disabilities, the communication partners, and the communication context.

Regardless of technique, best clinical practice for improving communicative interactions involving individuals with severe disabilities should:

1. Use multiple, meaningful interactive contexts
2. Systematically plan for high frequency of learning opportunities
3. Be consistent across settings and partners
4. Systematically monitor outcomes

# Teaming Strategies

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# Need for Team-Based Services for Individuals with Severe Disabilities

- Why Teams?
- Team Composition
- Available Team Models
- Recommended Models

# Three Cs of Team-Based Services

- ➤ Communication
  - Which Team Models Promote Communication?
- ➤ Collaboration
  - Tips for Success
- ➤ Coordination
  - Promoting Efficiency
  - Facilitating Transitions

# Knowledge and Skills for Effective Team Practice

- ➢ Essential Knowledge and Skills for Team Members
  - See Handout
- ➢ For more on Teams See NJC website

# Issues and Needs for Future Research

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ASHA Convention

November 20, 2005

# Issues

➤ Workload Approach to Caseload: Implications for Students with Severe Disabilities


➤ Evidence-Based Practice vs. Recommended or "Best Practice"

# ➢Workload Approach
# ➢to Caseload: Implications for Students with Severe Disabilities

# Caseload Size

Large caseloads:

➢ limit available service delivery options, particularly for students with severe disabilities

➢ interfere with time for other activities and responsibilities needed to meet the needs of individual students

➢ impact negatively on student outcomes (speech-language and academic)

➢ lead to burn-out and attrition

➢ interfere with the intent of IDEA '04

# Current Status of Caseloads

➢ Average caseloads are 53, in contrast to ASHA's 1993 recommended maximum of 40.  ASHA's policy recommended a maximum of 8-10 for students with severe disabilities

➢ State policies allow up to 80; some SLPs report caseloads over 100

➢ Time spent on direct intervention has increased, with a decrease in time for evaluations, planning with teachers, preparation, and other professional duties

# Caseloads and Personnel

➢ Large caseloads and the associated increase in meetings and paperwork and primary factors in school SLP job dissatisfaction

➢ Large caseloads are associated with difficulties recruiting and retaining school SLPs

# SLPs Roles and Responsibilities

SLP various responsibilities under IDEA '04 are even more demanding when students with severe disabilities are involved

- Collaboration/consultation/teaming
- Links to general education curriculum
- Multiple forms of assessment
- More diverse student population
- Demanding paperwork and reporting
- Early intervening
- Transition planning

No effect on caseload policies

# No Child Left Behind Influence on SLP Responsibilities

➢ Continuing and increasing link with general curriculum

➢ Increased emphasis on accountability—academic outcomes

➢ Increased pre-referral involvement

# SLP Roles and Responsibilities Outlined by ASHA

- Prevention
- Identification
- Diagnosis
- Assessment
- Data collection
- IEP/IFSP development
- Service coordination
- Intervention
- Consultation

- Transition services
- Supervision
- Documentation
- Parent/staff training
- Planning teams
- Research
- Advocacy
- Policy-making

# ASHA's Revised Policy on Caseload Size in Schools

*A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools*

- Position statement, technical report, guidelines, implementation guide
- ASHA Ad Hoc Committee on Caseload Size
- Supported by the 2001-2003 Focused Initiative for Schools

# Purpose of Workload Documents

- Template for SEAs and LEAs to use when establishing caseload standards
- Conceptual framework for how total work activities can be taken into account to determine appropriate caseloads
- Recommended factors to be considered when establishing caseloads
- Steps for implementation

# No Maximum Caseload Size

➢ Often misconstrued as a minimum

➢ Doesn't encompass full ranges of roles and responsibilities

➢ Doesn't reflect factors affecting workload

# Shift From
# Caseload to Workload

➢ Caseload—direct services to students

➢ Activities necessary to support student education programs, implement preferred practices, ensure IDEA compliance and other mandates

➢ Professional activities and responsibilities associated with work in schools

# SLP Workload Activity Clusters



Direct services to students including instruction, intervention, and evaluations.

Indirect activities that support students in the least restrictive environment and in the general education curriculum.

Indirect services to students to support the implementation of students' education programs.

Activities that support compliance with federal, state, and local mandates and activities that result from membership in a community of educators.

# Advantages of Workload Perspective

- Focuses on individual student needs
- Documents full range of SLP roles and responsibilities
- Facilitates dialogue between SLPs and administrators about workload

# Impact of Workload Approach: Service Delivery for Students with Severe Disabilities

➢ Allows for greater flexibility

➢ SLP could provide more intensive services with a smaller caseload

➢ SLP could present the workload policies to administrators to provide leverage and advocate for fair workloads

# Resources

- A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools:  Position Statement, Technical Report, Guidelines (2002), Implementation Guide (2003)
- Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist
- Roles and Responsibilities of Speech-Language Pathologists with Respect to Reading and Writing in Children and Adolescents

# Evidence-Based vs. Recommended or "Best Practices"

# No Child Left Behind

Requires teachers to use scientifically proven practices

# Evidence-Based Practice Definition

Clinical and educational decisions informed by an integration of:

➢ Systematic research—current best evidence

➢ Professional expertise and judgment

➢ Student/family values and preferences

(ASHA 2004)

# Evidence Rating Principles: Are these Applicable for Students with Severe Disabilities?

1. Seek converging evidence from multiple strong studies

   Treatment efficacy—meta-analyses of scientifically rigorous studies

2. Design features influence ratings of evidence

   Control group and prospective design with random assignment

   Lower evidence ratings with quasi-experimental (e.g., cohort, case-control) or non-experimental (correlational, case study)

# Evidence Rating Principles

3. Avoid subjectivity and bias

   Need for blinding—use of independent examiner

   Record outcomes for every patient

4. Specify and justify effect sizes and confidence intervals

   Consider practical as well as statistical significance

5. Base decisions on relevant and feasible studies

   Patients studied should be typical and studies should be applicable

# Quality and Levels of Evidence

What is Feasible for Research with Students with Severe Disabilities?

- ➢ Randomized trial (true experimental)
- ➢ Comparison group (quasi experimental)
- ➢ Pre-Post Comparison
- ➢ Correlational studies
- ➢ Case studies
- ➢ Anecdotes

# Different Types of Research Methodologies May Be Needed for Students with Severe Disabilities

- Level of evidence requested for most populations is extremely difficult with severe disability populations

- Need for multiple scientific methodologies

# ASHA Resources

American Speech-Language-Hearing Association. (2004). Evidence-based practice in communication disorders: An introduction [Technical report]. Available at: http://www.asha.org/members/sedkref-journals/deskref/default

American Speech-Language-Hearing Association. (2004). Report of the Joint Coordinating Committee on Evidence-Based Practice.

American Speech-Language-Hearing Association. Evidence-based practice. http://www.asha.org/members/slp/topics/ebp/default

# More Resources

Council for Exceptional Children. (2005, Winter).  Criteria for evidence-based practice in special education. *Exceptional Children, 71(2).*

www.whatworks.ed.gov
Department of Education:  What Works Clearinghouse

www.ahrq.gov
Agency for Healthcare Research and Quality
Investigators can search for evidence about health conditions

www.guideline.gov
National Guideline Clearinghouse
Allows searches for evidence according to the condition, disease, or treatment

Free weekly guideline updates available by email

# Resources & References

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