



ASHA
American
Speech-Language-Hearing
Association

April 2, 2026

The Honorable Linda McMahon
U.S. Department of Education
400 Maryland Avenue SW
Washington, DC 20202

RE: Proposed Priorities, Requirements, and Definitions: Comprehensive Centers Program

Dear Secretary McMahon:

On behalf of the American Speech-Language-Hearing Association (ASHA), I am writing to provide comments on the proposed priorities for the Comprehensive Centers Program.¹

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

We appreciate the Department undertaking this important redesign effort and seeking input on how this technical assistance network can better serve students with communication disorders.

Critical Role of Audiology and Speech-Language Pathology in Closing Achievement Gaps

Students with speech, language, hearing, and communication disorders represent one of the largest disability populations served in public schools. Communication is foundational for all learning. Difficulties with language processing, phonological awareness, fluency, social communication, and hearing directly impact a student's ability to access the curriculum, engage with instruction, and demonstrate academic achievement.

Recent national-level research also demonstrates that academic and socioemotional difficulties increase as the severity of a child's speech-language disorder intensifies, underscoring the need for technical assistance structures that can address the intersection of language, disability, and instructional access.² However, audiologists' and SLPs' expertise is frequently underused in educational capacity building and technical assistance efforts.

This proposed redesign represents a significant opportunity to embed this expertise within the National, Regional, and Content Center framework. We urge the Department to ensure that audiology and speech-language pathology are explicitly integrated throughout the new structure.

Support for the National Comprehensive Center on Improving Literacy for Students With Disabilities (NCIL)

We strongly support Proposed Priority 3, Focus Area 3, which will continue funding for the National Comprehensive Center on Improving Literacy for Students with Disabilities (NCIL). Audiologists and SLPs are essential partners in this work. Specifically:

- The proposed requirement that the NCIL identify or develop evidence-based literacy assessment tools and literacy instruction strategies is directly aligned with the scope of practice of SLPs, who are experts in language and literacy development.
- The focus on dyslexia and developmental delays impacting reading, language processing, comprehension, and executive functioning aligns directly with conditions routinely evaluated and treated by audiologists and SLPs. Accordingly, the NCIL should be required to include these professionals as core subject matter experts.
- The requirement to provide families with information for students at risk of not attaining full literacy skills should explicitly include guidance developed in collaboration with audiologists and SLPs. These professionals routinely counsel families on early identification, intervention, and assistive technology.

Recommendations for the National Center and Cadre of Subject Matter Experts

Proposed Priority 1 envisions the National Center as a “conciierge-style” coordinator with a broad cadre of subject matter experts. Program Requirement 4 for the National Center calls for recruitment of qualified education practitioners, researchers, and policy professionals with in-depth expertise across content areas. We recommend:

1. **Explicit inclusion of audiologists and SLPs in the cadre of national subject matter experts.** These professionals bring specialized knowledge in language acquisition, phonological processing, auditory processing disorders, social communication, augmentative and alternative communication (AAC), and evidence-based literacy instruction. Their expertise is essential for addressing the math and literacy improvement priorities emphasized in Proposed Priority 2.
2. **Inclusion of hearing health and auditory access as a dimension of student readiness to learn.** Unidentified hearing loss is a significant and often overlooked barrier to academic achievement. We urge the National Center to incorporate audiological screening and early hearing detection within its technical assistance frameworks, particularly for Title I schools and communities with the greatest needs.
3. **Universal capacity-building resources on communication disorders.** The National Center’s mandate to produce accessible resources for a variety of education stakeholders should include materials that help educators identify students with speech and language delays, understand the connection between spoken and written language and reading, and know when to refer students for audiology or speech-language pathology evaluation.

Recommendations for Regional Centers

Proposed Priority 2 calls for Regional Centers to provide intensive, student-centered technical assistance, especially in math and literacy. Regional Centers should be encouraged to:

- Engage local audiologists and SLPs in developing needs assessments that may reveal high rates of language-based learning disabilities, reading difficulties, or hearing loss;
- Partner with university training programs to ensure that capacity-building services reflect current evidence-based practices in communication sciences and disorders; and
- Address the significant shortage of audiologists and SLPs in rural and high-need urban districts, which the Department itself acknowledges are priority populations. Regional Centers can play a valuable role in building capacity for telepractice, addressing workload/caseload issues, and supporting other service delivery models such as school-

based Medicaid that expand access to audiology and speech-language pathology services aligned with the Department's framework.

Response to Directed Questions on Regional Center Configuration

Question 1: What geographic configuration and size of Regional Comprehensive Centers best meets the needs of States and other Comprehensive Center beneficiaries?

The Department should consider at least one Regional Center per Regional Educational Library (REL) region with the flexibility to add additional centers in regions with large, geographically dispersed populations. States with large rural populations or significant concentrations of Title I schools often have the greatest unmet need for services and literacy support. Smaller, more targeted Regional Centers serving these states may better understand and respond to these specific needs compared to larger centers managing diverse populations across many states simultaneously.

Question 2: What other factors best ensure Regional Center services meet the needs of States and other Comprehensive Center beneficiaries in their regions?

Regional Centers should be evaluated on the breadth and depth of their subject matter expert networks, including the presence of audiologists and SLPs. Centers should also be required to demonstrate awareness of and responsiveness to the prevalence of communication disorders in the student populations they serve, as well as their ability to provide or coordinate technical assistance specifically related to speech, language, hearing, and literacy.

Content Centers: Field-Initiated and Emerging Need Priorities

We strongly encourage the Department to consider communication disorders as an eligible topic for Field-Initiated Content Centers (Focus Area 1) and to identify communication disorders as a topic of emerging national need (Focus Area 2) in future competition notices. There is robust and growing evidence linking early language development and intervention, communication disorders, and long-term academic outcomes. A Content Center focused on this intersection could produce significant, scalable impact for students with the greatest need.

Conclusion

Audiologists and SLPs are deeply committed to improving educational outcomes for students with communication disorders. The proposed redesign of the Comprehensive Centers program offers an important opportunity to ensure that the expertise of audiologists and SLPs is woven into the fabric of the national technical assistance infrastructure. We urge the Department to:

- Explicitly include audiologists and SLPs in the subject matter expert cadre for the National Center;
- Require the NCIL to partner with audiologists and SLPs in developing literacy assessment tools, instructional strategies, and family resources;
- Encourage Regional Centers to engage audiologists and SLPs when developing State Learning Agendas and service plans; and
- Designate communication disorders as a priority topic area eligible for Content Center funding.

We appreciate the Department's commitment to ensuring that states and local communities are the primary voice in driving technical assistance investments. If you or your staff have any

questions, please contact Bill Knudsen, ASHA's director of education policy, at bknudsen@asha.org.

Sincerely,



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2026 ASHA President

¹ Department of Education. (2026, March 3). Proposed Priorities, Requirements, and Definitions- Comprehensive Centers Program. *Federal Register*.
<https://www.federalregister.gov/documents/2026/03/03/2026-04142/proposed-priorities-requirements-and-definitions-comprehensive-centers-program>

² Foster, M. E., Choo, A. L., & Smith, S. A. (2023). Speech-language disorder severity, academic success, and socioemotional functioning among multilingual and English children in the United States: The National Survey of Children's Health. *Frontiers in Psychology*.
<https://doi.org/10.3389/fpsyg.2023.1096145>