ASHA 1925-2025 Legacy. Impact. Possibilities.

October 15, 2025

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

RE: Request for Information; Feedback on Redesigning the Institute of Education Sciences

Dear Secretary McMahon:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to provide feedback on the U.S. Department of Education's "Request for Information; Feedback on Redesigning the Institute of Education Sciences (IES)."[1]

ASHA is the national professional, scientific, and credentialing association for 241,000 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. Nearly half (49.6%) of ASHA members work in educational facilities, including early childhood, K-12, and higher education settings.[2] These professionals play a central role in supporting students, families, and school staff in early intervention, early childhood, and both general and special education in K-12 settings.

Audiologists and SLPs are highly utilized in federally supported programs ranging from Part B, C, and D of the Individuals with Disabilities Act (IDEA) to school-based Medicaid and vocational rehabilitation. According to the Department of Education's *46th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2024*, speech or language impairments account for the second most common primary disability category for children receiving services under IDEA Part B (33% for ages 3 to 5 and 18% for ages 5 to 21).[3]

The services provided by ASHA members are essential to helping children and students develop effective communication skills and achieve positive learning outcomes in home, community, and school settings. Many of these services rely on the data provided by IES—such as those from the National Center for Education Statistics (NCES)—to inform decision making and best practice.

ASHA recommends that a reimagined IES embrace several guiding principles, particularly from the perspective of the communication sciences:

Guiding Principles

1. **Communication disorders as core domains:**
   IES should explicitly embed communication, hearing, and swallowing disorders as core domains alongside literacy and math, shifting from a "special education" silo. Communication and swallowing disorders are prevalent across childhood and adulthood from early language delays and dysphagia to acquired aphasia or hearing loss. These conditions cut across K-12, higher education, and lifelong learning settings.
2. **Longitudinal perspective and lifespan orientation:**
   IES should support longitudinal, cross-stage studies (infancy through adulthood) rather than siloed studies within narrow age bands. Communication disorders may be developmental, evolving, and—in some cases—sustained across the lifespan.
3. **Clinically meaningful, practice-driven research:**
   Research and evaluation must be aligned with real-world clinical and educational practice contexts: school-based, early intervention, outpatient settings (including speech and hearing clinics), and telepractice. Prioritization of interventions and tools that are evidence-based, scalable, implementable, cost-effective, and appropriate for specific settings are optimal.
4. **Bidirectional knowledge translation and co-design:**
   Consumers of research include clinicians, educators, families, and individuals with communication disorders. IES has the opportunity to facilitate co-design of research, supports for implementation, and two-way feedback loops so that findings are understandable and usable in practice.
5. **Interdisciplinary integration:**
   Communication and swallowing disorders intersect neuroscience, linguistics, psychology, education, and engineering (e.g., assistive technology), which gives IES the opportunity to facilitate interdisciplinary teams rather than constraining grant proposals in narrow silos.
6. **Standardize outcome metrics (including communication) across states to allow for direct comparisons and more valid analyses between states:**
   IES should expand the scope of data collection to include transition outcomes for students with communication disorders, including employment, postsecondary education, independent living, etc. To the extent practicable and compliant with all applicable federal privacy laws, IES could create a central database for all state level and federal data that may be filtered by age and outcome (including communication outcomes). It could also create more user-friendly and integrated systems for electronic educational and applicable health systems to ease documentation burden, increase accuracy of documentation and data collection, and allow for analysis of more holistic outcomes and relationships.

Structural and Programmatic Recommendations

I. Establish a National Center for Communication and Language Sciences

IES currently comprises four centers: NCES, the National Center for Education Research (NCER), the National Center for Special Education Research (NCSER), and the National Center for Education Evaluation and Regional Assistance (NCEE). To bring communication

disorders more centrally into IES's agenda, ASHA recommends either: (a) creating a dedicated "Center for Communication, Hearing, and Swallowing Research and Translation," or (b) significantly expanding the mandate and budget of NCSER to cover a communications and hearing health portfolio equally and coordinating with NCER. This center would sponsor and coordinate high-priority lines of research in language, speech, swallowing, hearing, and telepractice, as well as augment existing special education research.

II. Regional Translational Hubs and Field Implementation Labs
IES currently supports Regional Educational Laboratories (RELs). Building on this existing infrastructure, IES should designate some RELs—or establish new field labs—as Communication and Language Hubs. These would specialize in clinician research partnerships with audiology and speech-language pathology, schools, early intervention programs, and telepractice networks. The hubs could facilitate pilot implementation, continuous feedback, professional development, and local adaptation of evidence-based interventions. To ensure the sustainability and broader impact of these efforts, any grants should require a dissemination and implementation plan to encourage more efficient uptake of new and tested interventions or approaches.

III. Enhanced Capacity for Mixed Methods, Adaptive Trials, and Digital Interventions
IES should establish a methodological incubator unit to support proposals using adaptive designs, implementation science, hybrid effectiveness implementation trials, user-centered design, and artificial intelligence (AI) systems. Given the growing role of large language models, AI-enabled assistive technologies, telepractice, and robotics in communication fields, IES should expressly solicit grants at the frontier of clinical informatics, natural language processing (NLP), diagnostics, and human machine interaction in communication disorders. As with any new technology, it is essential that qualified professionals remain in the loop and have the ability to make final clinical decisions. Guidance surrounding the use of AI should include appropriate guardrails for protecting privacy, appropriate data sharing, ensuring quality, mitigating bias, and considering professional liability concerns.

IV. Collaborative Networks and Consortia
IES should seed and support national consortia in communication sciences such as a national network of speech-language-hearing professions with a variety of backgrounds, shared data registries, protocol harmonization, and common outcome metrics. It is critical to promote interagency collaboration (e.g., National Institutes of Health, National Institute on Deafness and Other Communication Disorders, Health Resources and Services Administration, National Science Foundation [NSF], NSF's BRAIN initiative) to avoid siloed funding and duplication.

Research and Evaluation Agenda: Key Focus Areas

IES should prioritize research on scalable interventions for early communication delays (birth to age five), including parent-implemented language stimulation, caregiver coaching, hybrid telepractice models, and intervention in low-resource or rural communities. This work should include longitudinal tracking of language trajectories, risk factors, and school readiness for children with early communication delays or disorders.

IES should also rigorously evaluate telepratice models for language, articulation, fluency, voice, and swallowing therapy in real-world settings such as schools, rural areas, and homes. Comparative studies of school-based service delivery models including pull-out therapy, push-in consultation, co-teaching, and embedded coaching versus direct therapy are essential to determine their effects on language and literacy outcomes, cost-effectiveness, and sustainability. Additional research is needed on training, workload, and support models for audiologists and school-based SLPs to identify approaches that optimize outcomes for children with communication disorders.

These priorities align with IES's mission to improve educational outcomes for all learners by ensuring that interventions are effective and accessible, while positioning IES to better serve children and adults with communication needs, strengthen education pathways, foster clinician innovation, and promote more inclusive and accessible outcomes in schools and communities.

Conclusion

A redesigned IES that fully integrates audiology and speech-language pathology is both timely and essential. Communication disorders have a significant impact on educational outcomes, social participation, and quality of life across the lifespan. Through strategic structural reforms, a robust research agenda, enhanced data systems, and capacity-building support, IES can catalyze leaps in evidence generation, translation, and service delivery.

ASHA appreciates the Department's ongoing commitment to evidence-based practice, including evidence-based literacy instruction. Modernizing the Department's technical assistance efforts—within and beyond IES—ensures a coordinated focus on outcomes while preserving the distinct scope of programs such as Part D of IDEA. Reliable data is critical to improving student outcomes, and IES—particularly NCES—plays an indispensable role in ensuring programs like the National Assessment for Education Progress and IDEA have the data necessary to inform outcomes across education programs in which audiologists and SLPs work.

Thank you for considering these recommendations. ASHA welcomes the opportunity to collaborate further or provide more detail. If you or your staff have any questions, please contact Bill Knudsen, ASHA's director of education policy, at bknudsen@asha.org.

Sincerely,

A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

[1] Federal Register. (n.d.). *Request for Information; Feedback on Redesigning the Institute of Education Sciences (IES)*. https://www.federalregister.gov/documents/2025/09/25/2025-18608/request-for-information-feedback-on-redesigning-the-institute-of-education-sciences-ies#addresses

[2] American Speech-Language-Hearing Association. (2025). *2024 Member & Affiliate Profile*. https://www.asha.org/siteassets/surveys/2024-member-affiliate-profile.pdf

[3] U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (June 2025). *46th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2024*. https://sites.ed.gov/idea/2024-annual-report-to-congress-on-the-individuals-with-disabilities-education-act-idea/