



**ASHA**  
American  
Speech-Language-Hearing  
Association

April 15, 2020

Mark Allan Schultz  
Acting Assistant Secretary  
Office of Special Education and Rehabilitative Services  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

RE: Agency Information Collection Activities; Comment Request; IDEA Part C State Performance Plan and Annual Performance Report (Docket No. ED-2020-SCC-0028)

Dear Acting Assistant Secretary Schultz:

On behalf of the American Speech-Language-Hearing Association, I write to comment on the February 19, 2020, *Federal Register* notice on IDEA Part C State Performance Plan (SPP) and Annual Performance Report (APR).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment. Speech-language pathologists (SLPs) identify, assess, and treat speech and language problems, including swallowing disorders. More than half of ASHA members are employed in educational settings. The services provided by ASHA members help ensure students receive a free appropriate public education (FAPE) in the least restrictive environment.

Under the Individuals with Disabilities Education Act (IDEA), as amended, the lead state agency must collect and report data under the Part C State Performance Plan (Part C—SPP) and the Part C Annual Performance Report (Part C—APR). The Secretary of Education uses this information to make annual determinations on the extent to which the lead agency meets the requirements and purposes of IDEA. This data informs decision-making in many areas at the federal, state, and local levels, such as:

- identifying areas where data is insufficient to address key policy questions;
- providing program staff the evidence with which to evaluate and demonstrate program effectiveness, identify areas for professional development, and better inform policymaking; and
- providing valuable information with which to improve data systems and systems of service, as well as to implement evidence-based practices.

ASHA provides the following responses to the questions posed in Department of Education's (ED's) comment request.

**(1) Is this collection necessary to the proper functions of the Department?**

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Yes. The continued collection of data required under Part C of IDEA is of utmost importance. This data collection helps states to provide equitable opportunities, services, and adequate resources in order to improve outcomes for young children with disabilities. It also provides national trend information that is used by various stakeholders including professional associations such as ASHA.

**(4) How might the Department enhance the quality, utility, and clarity of the information to be collected?**

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**Recommendations:** The collection of accurate data is important to inform states and lead agencies in their decision-making in order to improve outcomes for all children, beginning with early intervention services. ASHA recommends that ED:

- include information that captures important demographics of infants and young children, including race, ethnicity, socioeconomic status, parents/guardians whose primary language is not English, maternal education, and geographic location approved through a stakeholder input process; and
- provide additional training to states, lead agencies and early intervention professional staff on cultural awareness, culturally sensitive assessment strategies, and typical second language acquisition, as well as strategies for successful service provision for all early intervention personnel.

**Rationale:** Practitioners require data to inform practice as census numbers and projections indicate an increase in the number of students enrolled, including those who speak a language other than English in the home. These children are at higher risk for later inappropriate referrals to special education or a “wait and see approach” that may delay needed services. Accurate data will help support the case for professional development in this area for qualified service providers, assist in successful early identification of young children with disabilities, and increase success of young children who are English Language Learners.

Some indicators and features for disorders across IDEA disability categories—including specific learning disability, emotional disturbance, autism spectrum disorder, and speech or language impairment—may be due to variances in cultural norms. Standardized assessments may not be useful in determining the absence or presence of a disorder. Service providers should familiarize themselves with cultural variances and how they may influence the perception of a disorder. In addition, they should become familiar with alternative and informal assessment measures, such as ethnographic interviewing and/or dynamic assessment, which can assist in evaluating students for differences versus disorders.

**(5) How might the Department minimize the burden of this collection on the respondents, including through the use of information technology?**

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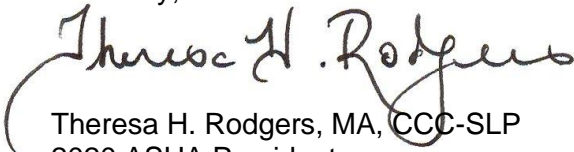
ASHA recommends aligning data collection and reporting requirements under Part C of IDEA with reporting requirements mandated by the Centers for Medicare & Medicaid Services (CMS) for reimbursement of medically necessary services provided in early intervention settings to Medicaid eligible children. ED should, to the greatest extent possible and practical under the law, align data collection and reporting under Part C of IDEA for services provided with data

collection and reporting requirements for Medicaid reimbursement. In addition, ED should coordinate with CMS to develop trainings and provide technical assistance to assist with reporting aligned data elements.

**Rationale:** Alignment would reduce the reporting burden for early intervention service providers and specialized instructional support personnel, such as audiologists and SLPs, and increase the ability of practitioners to provide direct services to young children rather than completing duplicative paperwork. This would also offer practitioners time to collect other needed data to aid states in their decision-making.

Thank you for the opportunity to provide comments on data collection for the IDEA Part C State Performance Plan and Annual Performance Report. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA's director of education policy, at [cclarke@asha.org](mailto:cclarke@asha.org).

Sincerely,

A handwritten signature in black ink that reads "Theresa H. Rodgers". The signature is written in a cursive style with a large, sweeping initial "T".

Theresa H. Rodgers, MA, CCC-SLP  
2020 ASHA President