May 26, 2020

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


Dear Assistant Secretary Schultz:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the April 24, 2020, Federal Register notice of the proposed priority and definitions on the State Personnel Development Grants (SPDG) program under the Individuals with Disabilities Education Act (IDEA).

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, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech and language problems, including swallowing disorders. More than half of ASHA members work in educational settings and/or early intervention systems. The services provided by ASHA members help ensure that children with disabilities develop effective cognitive-communication skills and achieve successful learning outcomes while receiving a free appropriate public education (FAPE) in the least restrictive environment.

All educators/providers who serve children with disabilities under IDEA require professional development opportunities. Early intervention providers and specialized instructional support personnel (SISP), including audiologists and SLPs, provide critical services to children with disabilities. Speech-language pathology services are highly utilized in schools, as reported in the U.S. Department of Education’s 2019 Annual Report to Congress on the Implementation of IDEA, which shows that speech or language impairments (42.4%) represent the most prevalent disability category of children ages 3 through 5 served under IDEA Part B. In addition, speech or language impairment was the second or third most prevalent disability category for students ages 6 through 21 in every racial/ethnic group served under IDEA Part B.

Pediatric and educational audiologists also provide valuable services to children who have hearing-related issues by helping them access ongoing evaluation, necessary technology, accommodations and interventions, and the general educational curriculum. Empowering
providers, such as audiologists and SLPs, to choose personalized professional development and competency-based learning opportunities is essential to improve outcomes for children with disabilities receiving IDEA Part C and/or Part B services.

ASHA offers the following comments and recommendations on the proposed priority and definitions under the State Personnel Development Grants program for your consideration.

**Proposed Priority**

*Choice in Professional Development*

**Professional Development Pilots**

**Comments:**

1. ASHA supports funding for professional development pilots that provide flexibilities to Part C and Part B personnel to engage in evidence-based professional development that best matches their needs. Competency-based professional development is important, particularly when early intervention and school systems choose to implement new and/or unfamiliar service delivery approaches that providers must carry out. States with high quality personalized professional development will have more qualified leaders and practitioners with the requisite knowledge and skills to implement effective evidence-based services and supports. Such improvements in professional development will lead to improved outcomes for children with disabilities and their families.

2. ASHA supports providing state education agencies (SEAs), local education agencies (LEAs), and lead agencies (LAs) under Part C flexibility in selecting the individual(s) or groups with professional development options, particularly for personnel who serve targeted populations. While some state Part C programs have extensive credentialing and professional development requirements to ensure qualified personnel for specific populations and service delivery approaches, other states have more broad and general standards in place. For example, to address professional development needs for personnel serving those with low-incidence disabilities, evidence-based professional development pilots designed to improve outcomes for children with disabilities could be targeted for early intervention personnel, such as audiologists and SLPs, who provide services to children with low-incidence disabilities (e.g., hearing loss, cleft lip/palate.) Additional topics of importance include addressing complex medical and communication needs, adverse childhood experiences, or the needs of students in rural and remote communities.

3. ASHA supports SEAs, LEAs, and LAs under Part C using stipends to implement the professional development plans of all instructional providers in schools and other settings. Students with disabilities typically receive instructional services from more than one provider, including SISP and special educators. SISP have an integral role in delivering services to students with disabilities and traditional one-size-fits-all professional development programs do not meet the needs of the diverse providers under IDEA, including the needs of SISP. As highly trained specialized professionals, SISP require the opportunity to participate in targeted role-specific professional learning experiences that support their professional growth and ability to help high-need and other students in multiple settings. Empowerment of SISP to select meaningful professional development opportunities facilitates enhancement of their knowledge and skills to better support student
access to the general education curriculum, drive achievement, and support other desired outcomes for children with disabilities.

**Recommendation:** Expand SEA funded pilots to include all school instructional and Part C personnel, including SISP such as audiologists and SLPs.

**Rationale:** Stipends provided to SISP would allow them autonomy to select relevant evidence-based professional development activities that enhance the quality of services and align with student learning needs.

**Utilize Effective Evaluation and Other Tools to Identify Strengths and Needs**

**Comments:**
1. ASHA supports and encourages the use of existing ED resources, such as the Office of Special Education Programs-Funded Early Childhood Personnel Center (ECPC) and other national or state training and technical assistance centers, to assist Part C personnel in making informed choices when autonomously developing and implementing relevant personnel development pilots. These resources help to ensure implementation of effective, evidence-based interventions to produce the most successful outcomes for infants and young children with disabilities and their families.

2. ASHA supports the use of appropriate and effective evaluation tools that identify a provider’s professional development strengths and needs. School-based SLPs have been included in classroom-based teacher evaluation systems. However, these programs were not designed to assess the unique roles and responsibilities of SLPs in education settings. The Performance Assessment of Contributions and Effectiveness (PACE) of SLPs represents a competency-based assessment tool designed to evaluate the strengths and needs of SLPs in school settings. PACE utilizes a skills-based matrix, self-assessment, and other evaluation tools that SLPs and administrators use to evaluate skills to inform SLPs’ professional development needs. Evaluation tools like the PACE can identify strengths and areas of need that align with goals. Providing a stipend and autonomy to select meaningful professional development opportunities that empowers SISP to continue to develop and refine skills that help students with disabilities achieve their goals will enhance outcomes.

**Recommendation:** Encourage the use of evaluation tools, such as the PACE, that help identify strengths and needs of SISP, which provides access to evidence-based professional development opportunities that improve skills and help students achieve successful outcomes.

**Rationale:** The use of competency-based evaluation tools, funding, and the autonomy to select evidence-based professional development activities will enhance the quality of provider instruction and support that students with disabilities receive. SEAs and LEAs that provide SISP with the freedom and funding to engage in quality professional development opportunities will see increased academic performance and improved student outcomes.

**Joint Professional Development**

**Comments:** ASHA supports interprofessional education (IPE) in schools and Part C
settings, which involves individuals from different professions learning about, from, and with each other, including engaging in joint professional development. Collaboration enhances instructional practice and service delivery. IPE allows providers to learn how to collectively integrate methods from all the professionals involved with a child to help them attain their educational and other goals. Professional development benefits all educators/providers of services to children and, most of all, benefits the children they serve to succeed in the school system and improves outcomes for the individuals and families served.

Engagement in joint professional development as part of IPE can result in purposeful learning about instructional and intervention methods that professionals can apply broadly and collectively integrate into service delivery. At the same time, the professionals can target children’s specific areas of need with their unique skill sets to comprehensively help children and families attain their goals and succeed in school. Any program initiative that significantly changes a service delivery system or approach, such as use of telepractice, coaching, collaborative consultation, or primary service provision, will benefit from joint personnel professional development.

**Proposed Definitions**

**Evidence-Based, Experimental Study, and Quasi-Experimental Design Study**

**Comments:** ASHA supports the accurate proposed definitions of these research-based terms as defined in 34 CFR 77.1, and notes the definition meets the What Works Clearinghouse (WWC) standards in the WWC Handbook.

**Promising Evidence and Strong Evidence**

**Comments:** Although ASHA does not endorse an exclusive hierarchy for levels of evidence, ASHA agrees the proposed definitions of *promising evidence* and *strong evidence* accurately reflect 34 CFR 77.1, and meets the WWC standards in the WWC Handbook.

**Recommendation:** Include the definition of “moderate evidence”, as defined in 34 CFR 77.1, in the Proposed definitions section as “promising evidence” and “strong evidence” are defined in this section, as follows:

*Moderate evidence* means that there is evidence of effectiveness of a key project component in improving a relevant outcome for a sample that overlaps with the populations or settings proposed to receive that component, based on a relevant finding from one of the following…

**Rationale:** ASHA notes the inclusion of the term “moderate evidence” in the proposed definition of evidence-based; however, the term is not defined. Therefore, ASHA recommends defining “moderate evidence” per 34 CFR 77.1 in the same manner as the definitions of “promising evidence” and “strong evidence” are defined, which would enhance clarity.
Thank you for the opportunity to share these comments and recommendations on the proposed priority and definitions to increase the learning and engagement of personnel in their professional development experiences. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA’s director of education policy, at cclarke@asha.org.

Sincerely,

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