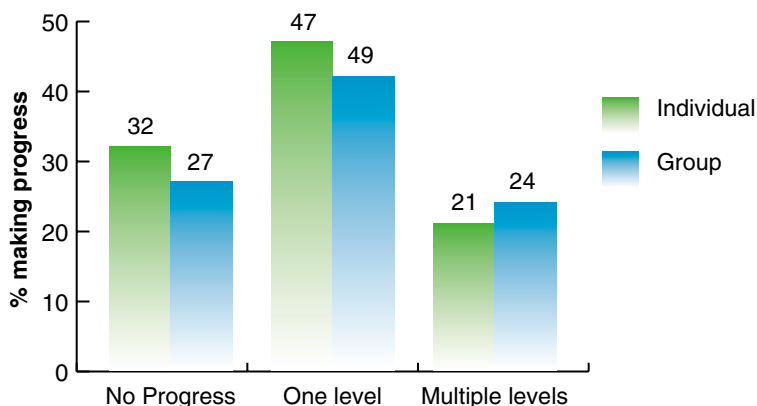


Pre-Kindergarten NOMS FACT SHEET

Does Service Delivery Model Influence SLP Outcomes in Preschoolers?

Progress on Spoken Language Comprehension FCM by service delivery model

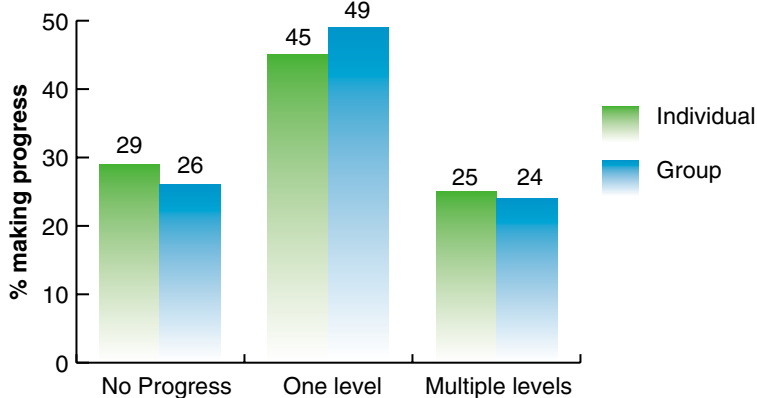


As part of NOMS, SLPs collect data to determine what factors may affect progress in preschoolers and to rate children’s speech and language skills using ASHA’s Functional Communication Measures (FCMs). FCMs are a series of disorder-specific, seven-point scales ranging from least functional (Level 1) to most functional (Level 7).

NOMS data reveal that the influence of service delivery model on the outcomes children achieve varies according to the type of disorder that is being treated.

The graphs to the left display the impact of service delivery model on children’s outcomes in spoken language production and spoken language comprehension. In these two clinical areas, service delivery model does not seem to affect FCM progress. However, this is not the case with other clinical areas.

Progress on Spoken Language Production FCM by service delivery model



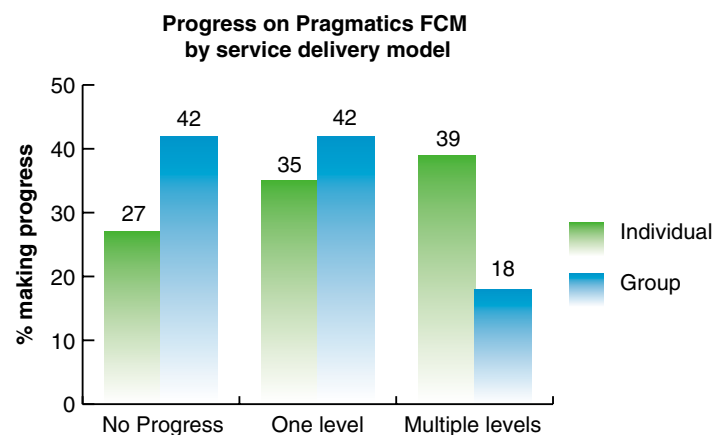
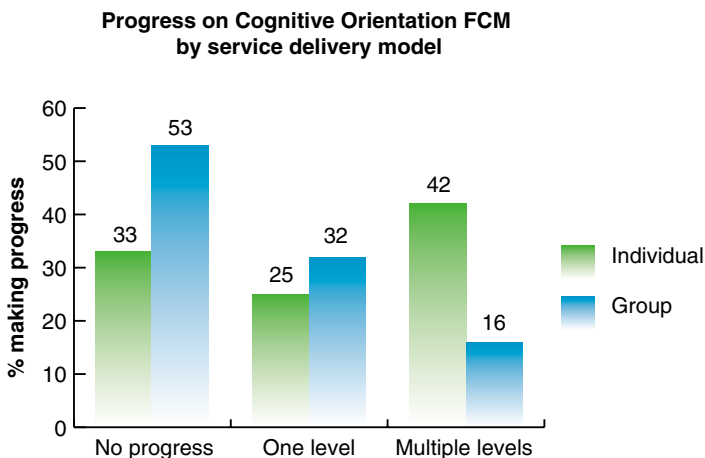
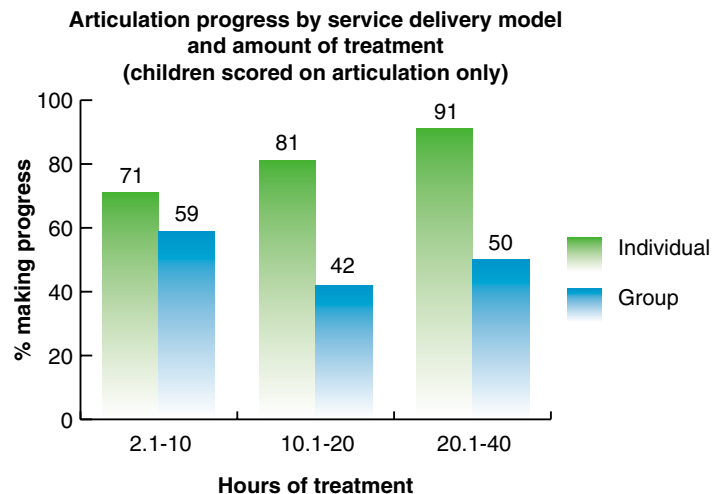
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Does Service Delivery Model Influence SLP Outcomes in Preschoolers?

While service delivery model seemingly has little effect on spoken language comprehension and spoken language production, it appears to have a more significant impact on SLP outcomes in articulation, cognitive orientation, and pragmatics.

The graph to the right examines children who were treated for articulation disorders only. Interestingly, the data suggest that children who received individual treatment were much more likely to show measurable functional progress in their articulation skills than were those who received group treatment. However, for those children who were scored on articulation and one or more additional FCMs, the effect of service delivery model on articulation progress was significantly diminished.

The charts below examine the role of service delivery model in other clinical areas. With cognitive orientation (bottom left) and pragmatics (bottom right), individual treatment not only appeared to result in a greater proportion of children achieving functional gains, but also in an increased percentage of children making multiple levels of progress on the FCMs.



These data were taken from ASHA's National Outcomes Measurement System (NOMS). NOMS participants receive quarterly reports comparing their data with national benchmarks, which can be used for quality improvement planning, negotiations with third party payers, and providing answers about prognosis and expected functional outcome of treatment.

For more information or to become involved in NOMS, visit our Web site at http://professional.asha.org/resources/NOMS/treatment_outcomes.cfm or contact us at 301-897-0101.

