



ILLINOIS

Speech-Language Pathology Guide

Section One: Eligibility Guidelines

Section Two: Workload Analysis

Illinois Speech-Language Hearing Association

Division of Professional Services

School Affairs Committee

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Section One: ILLINOIS SPEECH-LANGUAGE PATHOLOGY ELIGIBILITY GUIDELINES

INTRODUCTION

This document has been prepared for use by speech/language pathologists, audiologists, and district administrators to provide guidelines:

- a) for determining eligibility for special education services, specifically for speech, language, and/or audiological services;
- b) for determining an appropriate amount of **direct** service minutes typically required to address the needs of students (i.e. the Eligibility Guide); these service minutes can be documented on an IEP (if indicated) as weekly service minutes or as monthly service minutes, or as indicated using other service delivery methods (i.e. 3:1 scheduling, flexible scheduling, etc.);
- c) **for guidance in determining appropriate services—place, frequency, duration and intensity of speech-language therapy or audiology services. The minutes per week/month are provided as a guide for consistency throughout the state, not as pre-determined, required service minutes. Student need, functional and educational strengths and weakness(es), clinical judgment, teachers’ and parents’ concerns must all be considered when determining what constitutes F.A.P.E. for each individual student.**
- d) for identifying and analyzing the amount of **indirect** work typically required to provide FAPE for each individual student; the indirect workload is based upon the impact of the student’s deficits on his/her educational performance, and specific needs in order to create the most successful learning experiences for the student (i.e. Workload Analysis).

HISTORY AND BENEFITS

The Eligibility Guide was originally published in the 1993 Speech-Language Technical Assistance Manual published by ISBE, which has not been in print or available since the early 2000s. ISHA’s School Affairs Committee, under the leadership of Diane Barnes-Maguire and Karen Kockler, have revised and updated the Eligibility Guide (formerly known as the “Severity Matrix”) in 2007-08, 2012, 2016, 2017, 2018, and now in 2019. Though this document provides relevant *guidelines*, it is hoped that district speech/language pathologists, audiologists, and administrators throughout the state of Illinois will adapt its use. The intent of this document is twofold: 1) to promote compliance with Illinois Administrative Rule 226.735 “Workload for Special Educators” and 2) to maintain appropriate workloads for speech/language pathologists and audiologists across the state. This will lead to greater consistency statewide and district-to-district in identification of students and their needs, in service delivery and workload, and in promoting positive working conditions that will enable districts to attract and/or retain high quality staff. Finally, this document can be used to assist districts in determining staffing needs, as it is now updated to calculate FTE based on workload. The ISHA School Affairs committee welcomes feedback and constructive recommendations to keep this process dynamic and current with research, terminology, and changes in state laws and expectations.

RELEVANT LAW

The Illinois State Board of Education amended language in its Administrative Rules for Special Education in 2007 and 2016 to include **workload analysis**. **Section 226.735** “Workload for Special Educators” states that “Workload limits shall be based on an **analysis** of the activities for which the entity’s special educators are responsible and shall encompass, but need not be limited to: individualized instruction, consultative services and collaboration among staff members, attendance at IEP meetings and other staff conferences, and paperwork and reporting.” Link to the Illinois Administrative Rules: <https://www.isbe.net/documents/226ark.pdf>. It further states that “The number of children served by a speech and language pathologist shall be based on the speech-language needs of the child.” Using workload analysis is not a choice, it is the law.

HB 3586, now signed into law as **Public Act 101-0515**, requires districts to utilize multi-tiered systems of support (MTSS), also known as “response to scientific, research-based intervention” approach as part of their evaluation procedures. See <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=101-0515> for more information.

RESPONSE TO INTERVENTION TIERS (general, basic description)

- Tier 1: Core instruction for all students: scientifically-based curriculum, follows state standards, behavioral supports, universal screening, and periodic progress monitoring.
- Tier 2: Targeted supplementary assessment and intervention for some students (at-risk, performance below expectations, requires specific supports to make progress): core instruction (T1) with highly effective evidence-based practice and instruction for specific needs, behavioral supports, and frequent progress monitoring (T2).
- Tier 3: Intensive, individualized assessment and intervention for a few students: core instruction, highly effective evidence-based practice and instruction for specific, individual needs, and very frequent progress monitoring. Typically, this tier represents the level at which some students (1-5% of Tier 2 students who continue to have significant difficulties making progress as expected) are evaluated and found eligible for special education services and supports (Rudebusch, 2008).

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IMPORTANT NOTES

1. This Eligibility Guide and Workload Analysis Process is comprised of two sections:
 - a. the Eligibility Guide provides descriptions for determining eligibility and **typical direct service minutes** (clinical judgment for needs should be the primary consideration).
 - b. the Workload Analysis form identifies and “weighs” **ALL indirect work** using time requirements typically required to provide FAPE for each individual student based on severity and needs.
2. The authors believe that any workload analysis, specifically for use by SLPs, must consider the work required to provide FAPE, and that it is to be based on the needs of **INDIVIDUAL** students, not only on the SLP’s general responsibilities.
3. Adverse effect on the individual's educational performance must be documented (i.e. curriculum-based measures, MAP scores, classroom performance, etc.).
4. This revision includes a formula that uses the total number of SLP contracted minutes/4 week period, the determined amount of direct service minutes/4 week period, student availability time, planning, lunch, etc. per 4 week period, in order to calculate Full Time Equivalents (FTEs) and assist administrators in determining staffing needs. Estimated/typical time needed for each activity is based on the results of a 2019 survey of Illinois speech-language pathologists.
5. Organization of the Eligibility Guide, Section One: In the main sections of each area of communication, the information provides—
 - a. descriptions of the *behaviors or characteristics* exhibited by a child/student;
 - b. information relative to *formal and/or informal assessments or data*;
 - c. *concerns* relative to the impact on the student’s academic performance, functional performance, and/or social function; and
 - d. possible *considerations and/or recommendations*, including typical/average service minutes (NOTE: clinical judgment may result in modification of frequency and duration of direct service minutes).

RESOURCES and REFERENCES

American Speech Hearing Association, www.asha.org

American Speech Hearing Association, *Caseload and Workload Overview*, <https://www.asha.org/practice-portal/professional-issues/caseload-and-workload/>

American Speech Hearing Association, *Pediatric Dysphagia*, <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Overview>.

Arvedson, Joan C. and Emily M. Homer, The ASHA Leader, *Managing Dysphagia in the Schools*, <https://leader.pubs.asha.org/doi/10.1044/leader.ftr3.11132006.8>.

Brown, R. (1973) *A first language: The early stages*. Cambridge, MA: Harvard University Press.

Brown-Chidsey, R. and M.W. Steege, *Response to Intervention*, Guilford Press, 2005.

Chmela Fluency Center, Chmela, Kristin, www.chmelafluencycenter.com

Ferre, Jeanane, PhD., *Central Auditory Processing Disorders*, www.dr-ferre.com

Illinois School Code, <http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt%2E+26&ActID=1005&ChapterID=17&SeqStart=161000000&SeqEnd=163700000>

Illinois State Board of Education, *Speech-language impairment: A technical assistance manual (no longer in print/available)*, 1993.

Illinois State Board of Education, Special Education, Illinois Administrative Rules, <https://www.isbe.net/documents/226ark.pdf>.

Illinois Speech Language Pathology and Audiology Practice Act, <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1325&ChapterID=24>

Lynch, Brookshire & Fox (1980), p. 102, cited in Bowen (1998).

Rudebusch, Judy, *The Source for Response to Intervention*, LinguiSystems, 2008.

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RATING OF DISORDER	TYPICAL DEVELOPMENTAL EXPECTATIONS	MINIMAL DIFFERENCE(S) 15 mpw (60 mpm)	MILD 30 mpw (120 mpm)	MODERATE 60 mpw (240 mpm)	SEVERE 90 mpw (360 mpm)	PROFOUND 120 mpw (480 mpm)
Description of Severity	No measurable effect on academic performance or social function.	Impairment minimally affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment mildly affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment interferes with the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment limits the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented.	Impairment prevents the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited/impaired.
ARTICULATION/ PHONOLOGICAL PROCESSING DISORDERS*	Intelligible 95-100% or more of the time in connected speech. Based on the reference below, most school-aged children should be 100% intelligible in connected speech. No adverse effect on intelligibility or communication, and is easily understood by unfamiliar listeners.	Intelligible 85-94% of the time in connected speech. No more than 1-2 speech sound errors outside the developmental guidelines ¹ . Errors are inconsistent, but may be recognized by listeners and may cause some distraction. Possible impact on reading fluency measures during progress monitoring. The individual is stimulable for correct production, and may be considered for RTI (Tier 2) speech support.	Intelligible 75-84% of the time in connected speech. No more than 2 speech sound errors outside the developmental guidelines ¹ . Errors are recognized by listeners, and cause distraction from the spoken content. Standard scores 1-1.5 SD below the mean. Possible impact on reading fluency measures during progress monitoring. The individual may be stimulable for correct production of errored phonemes.	Intelligible 65-74% of the time in connected speech. Multiple distortions, substitutions, and/or omissions outside developmental guidelines may be present. There is limited stimulability for errored phonemes. Probable impact on reading fluency measures. Spelling and/or decoding difficulties may also be noted.	Intelligible 50-64% of the time in connected speech. Deviations may range from extensive substitutions and many omissions to extensive omissions. A limited number of phoneme classes are evidenced in a speech/language sample. Noted impact on reading fluency measures. Spelling and/or decoding difficulties may also be noted. Augmentative communication systems may be warranted.	Speech is unintelligible without gestures and cues, and/or knowledge of the context. Deviations range from extensive substitutions and omissions to a sound repertoire consisting of vowels only. A limited number of phoneme classes are evidenced in a speech/language sample. Significant impact on reading fluency, if even measurable at all. Usually there are additional pathological or physiological problems, such as neuro-motor deficits or structural deviations. Augmentative communication systems may be warranted.
MOTOR SPEECH DISORDERS Childhood Apraxia of Speech Dysarthria Orofacial Myofunctional Disorders	Typical oral-motor structures, strength, mobility and function for speech sound production, speaking, feeding and swallowing. No measurable differences noted.	N/A	Ongoing, pre-discharge medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success.	Continued medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success.	Continued medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success.	Continued medical care. School-based treatment may include physician referral, collaboration with private SLP, and academic, social, and/or nutritional needs. Needs for safe nutritional intake during snacks, lunch times should be determined and documented. Accommodations and/or AAC may be deemed necessary to provide student with FAPE for academic and social success.

*By 18 months a child's speech is normally 25% intelligible

By 24 months a child's speech is normally 50 -75% intelligible

By 36 months a child's speech is normally 75-100% intelligible

[from Lynch, Brookshire & Fox (1980), p. 102, cited in Bowen (1998).]

OR use most current normative information available through ASHA at www.asha.org.

By the age of 8.6 years, 75% of the population tested has mastered production of all phonemes. (Bowen, C., PhD, 8/2012).

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Description of Severity	No measurable effect on academic performance or social function.	Impairment minimally affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment mildly affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment interferes with the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment limits the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented.	Impairment prevents the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited/impaired.
FLUENCY	The individual demonstrates age-appropriate communication skills and fluency in connected speech based upon observations of student freely engaging in conversation with peers and adults. The individual does not alter communication habits.	No more than 2% atypical dysfluencies within a speech sample of at least 100 words. Dysfluencies are brief and inconsistent. No visible tension observed; secondary characteristics are absent. Disturbances in rate and/or prosody may occur but rarely interfere with communication. However, these disturbances in rate/prosody may impact reading fluency during progress monitoring. Individual rarely avoids communicative opportunities. The individual rarely makes decisions of daily life based on the possibility of stuttering.	2-4% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are less than 250 ms in duration. No tension to minimal tension; secondary characteristics are absent. Disturbances in rate and/or prosody may mildly interfere with communication and reading fluency. Individual may exhibit avoidance of communicative opportunities. The individual may occasionally make decisions of daily life based on the possibility of stuttering.	5-8% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are less than 1 second in duration. Noticeable tension and/or secondary characteristics may be present. Disturbances in rate and/or prosody may often interfere with communication and reading fluency. Individual may often choose to avoid communicative opportunities. The individual may often make decisions of daily life based on the possibility of stuttering.	9-12% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are between 1-5 seconds in duration. Excessive tension and/or secondary characteristics are present. Disturbances in rate and/or prosody usually interfere with communication and reading fluency. Individual usually chooses to avoid communicative opportunities. The individual usually makes decisions of daily life based on the possibility of stuttering.	More than 12% atypical dysfluencies within a speech sample of at least 100 words. Majority of dysfluencies are greater than 5 seconds in duration. Excessive tension and/or secondary characteristics are present and interfere significantly with communication. Disturbances in rate and/or prosody always interfere with communication and reading fluency. The individual always chooses to avoid communicative opportunities. The individual always makes decisions of daily life based on the possibility of stuttering.
VOICE	No measurable or audible vocal differences are noted, or differences noted are caused by a temporary condition.	N/A	Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of minimal concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral may be warranted subsequent to a voice screening.	Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of some concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral may be warranted subsequent to a voice screening.	Vocal difference including hoarseness, hyper/hypo-nasality, pitch or intensity inappropriate for the individual's age is of significant concern to parent, teacher, individual or physician. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral likely warranted subsequent to a voice screening.	Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in production of speech. Vocal differences are not due to any temporary condition (i.e. allergy, respiratory virus, infection, short term vocal abuse or puberty). Medical referral likely warranted with/without a voice screening.

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RATING OF DISORDER	TYPICAL DEVELOPMENTAL EXPECTATIONS	MINIMAL DIFFERENCE(S) 15-30 mpw (60-120 ppm)	MILD Minimum of 15-30 mpd or mpw	MODERATE Minimum of 30 mpd or mpw	SEVERE Service delivery and time based on individual student needs.	PROFOUND Service delivery and time based on individual student needs.
Description of Severity	No measurable effect on academic performance or social function.	N/A	Impairment mildly affects the individual's ability to participate in mealtimes/snack activities within the school setting.	Impairment interferes with the individual's ability to participate in mealtimes/snack activities within the school setting.	Impairment limits the individual's ability to participate in mealtimes/snack activities within the school setting.	Impairment prevents the individual from participating in mealtimes/snack activities independently within the school setting.
SWALLOWING	<p>The individual demonstrates normal swallowing, and is independently able to manage nutritional intake during snack and/or lunch settings.</p> <p>No concerns.</p>	N/A	<p>The individual requires intermittent or stand-by assistance and/or cueing during meals (snack, meals at school).</p> <p>1-2 consistencies are restricted.</p> <p>Oral sensory issues possible with reduced tolerance of certain food textures/consistencies.</p> <p>Per VFS/VSS, oral transit times <5 seconds. Reduced or limited mobility, coordination, and strength of mandible and tongue for bolus manipulation (prep for swallow). No pharyngeal impairment.</p> <p>Ongoing/pre-discharge medical care. School-based treatment dependent upon physician script and/or swallowing protocol. Collaboration with nursing, teacher, and lunchroom staff to be considered.</p>	<p>The individual requires assistance and cueing to follow safety guidelines during meals (snack, meals at school).</p> <p>2 or more consistencies are restricted.</p> <p>Per VFS/VSS, oral transit times 6-10 seconds. Poor chewing, restricted lateralization and/or coordination of the tongue for mastication. Oral and/or Pharyngeal stage impairment identified, with no observed aspiration.</p> <p>Continued medical care. School-based treatment is dependent upon physician script and/or guidelines for safety during meals, and impact on nutritional support for learning readiness. Collaboration with nursing, teacher, and lunchroom staff imperative.</p>	<p>The individual requires trained assistance and cueing to follow safety guidelines at all times during meals (snack, meals).</p> <p>Diet is limited to certain prescribed consistencies.</p> <p>Per VFS/VSS, oral transit times exceed 10 seconds. Oral and Pharyngeal stage anatomic or physiologic disorders identified. Known aspiration on select foods which are eliminated from the diet.</p> <p>Continued medical care. School-based treatment is dependent upon physician script and/or guidelines for safety during meals, and impact on nutritional support for learning readiness. Collaboration with nursing, teacher, and lunchroom staff imperative.</p>	<p>The individual requires alternate feeding method, with support and supervision from nurse and/or SLP.</p> <p>The individual is NPO (no oral feedings).</p> <p>Per VFS/VSS, the individual has been diagnosed with severe dysphagia, and is unable to tolerate and manage oral feedings safely. Oral and pharyngeal anatomic or physiologic disorders identified; known aspirator.</p> <p>Continued medical care. School-based treatment is dependent upon physician script and/or guidelines for safety during meals, and impact on nutritional support for learning readiness. Collaboration with nursing, teacher, and lunchroom staff imperative.</p>

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EXPRESSIVE LANGUAGE (Academic, Verbal/Social Communication)	<p>The individual demonstrates age-appropriate communication skills in expressive language, for academic as well as social purposes, as measured by two or more index/composite scores and/or language samples.</p> <p>Less than 1.0 deviation below the mean standard score. Language quotient or SS of 86 or above; 16th percentile or above.</p> <p>Developmental expectations are based on Brown's Stages of Language Development, norms referenced at asha.org, and norms listed in standardized measures.</p> <p>Academic ² and teacher report suggest that grade level expectations are being met by the individual independently.</p>	<p>The individual exhibits weaknesses in organization of thought, syntax and morphology on informal screenings or assessments, despite an overall passing criterion score. Curriculum-based measurements (CBMs) and teacher report suggest that the student struggles to meet grade level expectations solely through general education supports.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Consultation with teaching staff may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support.</p>	<p>The individual presents with mild deficits in organization of thought, syntax and morphology as measured by two or more index/composite scores.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score. Language quotient or standard score of 78-85; 7-15th percentile ranks.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with moderate deficits in organization of thought, syntax and morphology as measured by two or more index or composite scores.</p> <p>Performance falls from 1.5-2.5 deviations below the mean standard score. Language quotient or standard score of 70-77; 2nd-6th percentile ranks.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with severe deficits in organization of thought, syntax and morphology as measured by two or more diagnostic index/composite scores (if standardized tests can be administered).</p> <p>Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p>	<p>The individual presents with profound deficits in organization of thought, syntax and morphology, which <u>prevent</u> effective communication within academic and/or social situations.</p> <p>Valid standardized measures may be difficult to obtain. Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p>
SOCIAL/ PRAGMATIC LANGUAGE ASD	<p>The individual demonstrates age-appropriate communication skills as noted during social interactions, and by two or more index/composite scores on standardized measurements of nonverbal language learning, problem-solving and other critical thinking skills.</p> <p>Academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p>	<p>The individual presents with inconsistent skills during social interactions, reluctance to answer questions or contribute to discussions, and/or inappropriate or off-topic responses.</p> <p>Scores for criterion-referenced screening tools have been "met", despite these demonstrated differences.</p> <p>Consultation with teaching staff and/or support personnel (i.e. social worker, counselor) may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support based on consultation and/or whether or not the student receives other services (eg. participation in a social skills group).</p>	<p>The individual presents with mild deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score. Language quotient or standard score of 78-85; 7-15th percentile ranks.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with moderate deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Performance falls from 1.5-2.5 deviations below the mean standard score. Language quotient or standard score of 70-77; 2nd-6th percentile ranks.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with severe deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p>	<p>The individual presents with profound deficits in social communication skills, and/or development of nonverbal language skills.</p> <p>Valid standardized measures may be difficult to obtain. Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p>

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RATING OF DISORDER	TYPICAL DEVELOPMENTAL EXPECTATIONS	MINIMAL DIFFERENCE(S) 15 mpw (60 mpm)	MILD 30 mpw (120 mpm)	MODERATE 60 mpw (240 mpm)	SEVERE 90 mpw (360 mpm)	PROFOUND 120 mpw (480 mpm)
Description of Severity	No measurable effect on academic performance or social function.	Impairment minimally affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment mildly affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment interferes with the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment limits the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented.	Impairment prevents the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited.
WRITTEN LANGUAGE (Academic, Social Communication)	<p>The individual demonstrates age-appropriate communication skills in written language for academic as well as social purposes, as measured by two or more index/composite scores.</p> <p>Academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p>	<p>The individual exhibits weaknesses in organization of thought, spelling, syntax and morphology on informal screenings or assessments, despite an overall passing criterion score.</p> <p>Curriculum-based measurements (CBMs) and teacher report suggest that the student struggles to meet grade level expectations solely through general education supports.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Consultation with teaching staff may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support.</p>	<p>The individual presents with mild deficits in organization of thought, spelling, syntax and morphology as measured by two or more index/composite scores.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score. Language quotient or standard score of 78-85; 7-15th percentile ranks.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with moderate deficits in organization of thought, spelling, syntax and morphology as measured by two or more index or composite scores.</p> <p>Performance falls from 1.5-2.5 deviations below the mean standard score. Language quotient or standard score of 70-77; 2nd-6th percentile ranks.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general education supports.</p>	<p>The individual presents with severe deficits in organization of thought, syntax and morphology as measured by two or more index or composite scores (if standardized tests can be administered).</p> <p>Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p>	<p>The individual presents with profound deficits in organization of thought, syntax and morphology, which prevent effective communication within academic and/or social situations.</p> <p>Valid standardized measures may be difficult to obtain. Performance is greater than 2.5 deviations below the mean standard score. Language quotient or standard score at or below 70; 2nd percentile rank or below.</p> <p>A negative impact on academic performance (oral and/or written expression) is noted.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p>

Section One: ILLINOIS SPEECH-LANGUAGE PATHOLOGY ELIGIBILITY GUIDELINES

RATING OF DISORDER	TYPICAL DEVELOPMENTAL EXPECTATIONS	MINIMAL DIFFERENCE(S) 15 mpw (60 mpm)	MILD 30 mpw (120 mpm)	MODERATE 60 mpw (240 mpm)	SEVERE 90 mpw (360 mpm)	PROFOUND 120 mpw (480 mpm)
Description of Severity	No measurable effect on academic performance or social function.	Impairment minimally affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment mildly affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment interferes with the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment limits the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented.	Impairment prevents the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited.
RECEPTIVE LANGUAGE Vocabulary, Language Processing, Listening and/or Reading Comprehension	<p>The individual demonstrates age-appropriate communication skills in receptive language, vocabulary, language processing, listening and/or reading comprehension as measured by a "criterion score met", CBMs, teacher report, and/or two or more index/composite scores on standardized measures.</p> <p>Academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p>	<p>The individual presents with inconsistent difficulties in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations. Possible attentional issues may compound the difficulties.</p> <p>The individual may have "met the criterion score" on an informal screening, showing weaknesses in following directions, etc.</p> <p>Academic data and teacher report suggest that the individual is struggling to meet grade level expectations consistently and independently. Consultation with teaching staff may be warranted/desired. The individual may be considered for RTI (Tier 2) speech language support.</p>	<p>The individual presents with mild deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations. Possible attentional issues may compound the difficulties.</p> <p>Performance falls from 1-1.5 standard deviations below the mean standard score on two or more diagnostic index/composite measures.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with moderate deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations. Possible attentional issues may compound the difficulties.</p> <p>Performance falls from 1.5-2.5 standard deviations below the mean standard score on two or more diagnostic index/composite measures.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general education supports.</p>	<p>The individual presents with severe deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations.</p> <p>If standardized tests can be administered, performance is greater than 2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p>	<p>The individual presents with profound deficits in developing vocabulary skills, language processing skills, listening and/or reading comprehension, following directions (verbal and/or written), and following and/or contributing to conversations, which prevent communication within and/or social situations.</p> <p>Standardized measures may be difficult to obtain.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed through general and/or special education supports alone.</p> <p>Augmentative communication systems may be warranted.</p>

Section One: ILLINOIS SPEECH-LANGUAGE PATHOLOGY ELIGIBILITY GUIDELINES

RATING OF DISORDER	TYPICAL DEVELOPMENTAL EXPECTATIONS	MINIMAL DIFFERENCE(S) 15 mpw (60 mpm)	MILD 30 mpw (120 mpm)	MODERATE 60 mpw (240 mpm)	SEVERE 90 mpw (360 mpm)	PROFOUND 120 mpw (480 mpm)
Description of Severity	No measurable effect on academic performance or social function.	Impairment minimally affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment mildly affects the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment interferes with the individual's ability to communicate within academic settings and/or other social situations, as noted by at least one other familiar listener such as teacher, parent, sibling, and/or peer.	Impairment limits the individual's ability to communicate effectively within academic settings and/or social situations. Environmental and/or individual concern is evident and documented.	Impairment prevents the individual from communicating effectively within any setting, including academic settings and/or social situations. Functional communication is absent or significantly limited.
CENTRAL AUDITORY PROCESSING Auditory Discrimination, Binaural Processing, Temporal Processing	<p>The individual exhibits no difficulties in the ability to use auditory information sent from the peripheral auditory system to the brain. The individual successfully processes and executes responses using acoustic, phonologic, linguistic, and cognitive-communicative skills to communicate effectively and to achieve academically.</p> <p>Academic data and teacher report suggest that grade level expectations are being met by the individual independently.</p>	<p>The individual presents with inconsistent difficulties in auditory attention, discrimination, analysis, synthesis, association, and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Academic data and teacher report suggest that the individual struggles at times to meet grade level expectations consistently and independently, especially in the areas of phonemic awareness, phonics development, listening (especially in noisier environments), efficiently processing and understanding information heard. Consultation with teaching staff may be warranted/desired, especially with regards to modifying the listening environment and/or proximity to point of instruction. The individual may be considered for RTI (Tier 2) speech language support.</p>	<p>The individual presents with mild deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: pure tone hearing test, word recognition in quiet, recognition of degraded or distorted speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures falls from 1.0-1.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with moderate deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: puretone hearing test, word recognition in quiet, recognition of degraded or distorted speech, recognition of competing speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures falls from 1.5-2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p>	<p>The individual presents with severe deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: pure tone hearing test, word recognition in quiet, recognition of degraded or distorted speech, recognition of competing speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures is greater than 2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> <p>Assistive technology may be warranted.</p>	<p>The individual presents with profound deficits in auditory attention, auditory discrimination, analysis, synthesis, association and/or organization. Hearing sensitivity is usually within normal limits.</p> <p>Diagnosis is based on audiological assessments: pure tone hearing test, word recognition in quiet, recognition of degraded or distorted speech, recognition of competing speech, listening with both ears, and recognition of tonal patterns [auditory discrimination, temporal processing, and binaural processing]. A speech and language assessment provides additional information for diagnosis by a qualified audiologist.</p> <p>Performance on two or more standardized measures is greater than 2.5 standard deviations below the mean standard score.</p> <p>Academic data³ and teacher report suggest that grade level expectations cannot be managed solely through general education supports.</p> <p>Assistive technology may be warranted.</p>

Section Two: WORKLOAD ANALYSIS--Individual Student

NOTE: Complete ONE form per student on caseload. This form is for SERVICE PROVIDER USE ONLY, and is not intended to become part of the student's permanent record.

STUDENT NAME:	DOB:	GR/TCHR:	SCHOOL YEAR:	DATE:
SPECIAL EDUCATION and/or ADDITIONAL SERVICES (per IEP, 504, etc. check all that apply):	<input type="checkbox"/> Sp-Language Impaired <input type="checkbox"/> Specific Learn. Dis. <input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Autism Spectrum Dis. <input type="checkbox"/> Social Work	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Vision Itinerant <input type="checkbox"/> Hearing Itinerant	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Orient. & Mobility <input type="checkbox"/> RTI/MTSS only <input type="checkbox"/> Other (specify):
SSP NAME:	TITLE:	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Both CM + SP

Factors that influence need, frequency, duration, and intensity of service(s). MARK/IDENTIFY ALL THAT APPLY TO THIS STUDENT.

Activities required to provide FAPE, per IEP, for this student.	In the sections below, document any critical information that may assist current/future decisions.	ACTUAL TIME NEEDED In minutes per month
Student is referred for consultation with teacher and/or observation.	NOTE:	
Student is referred for screening and/or receives MTSS/RtI services.	NOTE:	
NO DIRECT services; Consult or Monitor Only.	NOTE:	
This student requires an initial evaluation or a 3-yr re-evaluation this year (180 minutes within 60 days, one time during the year = 20 mpm).	NOTE:	
Communications/networking with parents, outside agencies. Attendance and participation in meetings (i.e. domain, eligibility and/or initial IEPs, annual reviews, P/T conferences, transition meetings, etc.).	NOTE:	
DIRECT INTERVENTION SERVICES as determined by utilizing the Eligibility Guide and clinical judgment. Choose the amount of time most appropriate for this student (total monthly minutes for direct services). If a varied service delivery is documented on the IEP, enter a total amount of time allotted for direct services (eg. group and individual services, push-in, etc.).	From Section 1: Minimal = 60 mpm; Mild = 120 mpm; Moderate = 240 mpm; Severe = 360 mpm; Profound = 480 mpm. This will be the amount subtracted from the total to calculate the INDIRECT minutes required. NOTE:	
Outpatient/Home Program for minimal difference/mild articulation deficits only.	NOTE:	
Scheduling students for therapy services, evaluations, classroom observations, etc., as needed.	NOTE:	
Case Management responsibilities: scheduling meetings, preparing paperwork, maintaining files, etc.	NOTE:	
Record-keeping, progress monitoring and reporting, Medicaid billing, Fee for Service/Administrative Outreach, etc.	NOTE:	
Preparation and provision of specific oral-motor tools, and/or home practice materials.	NOTE:	
Individualized or specialized therapy program/materials needed (eg. social language stories, picture/visual cues and/or schedules, low tech AAC, PROMPT, Therapeutic Listening, etc.).	NOTE:	
Assistive Technology communication needs; training, use, maintenance of equipment for mid to high tech devices.	NOTE:	
Academic supports (eg. RTI/MTSS), curriculum modifications, team meetings, teacher/support staff consultations and/or trainings.	NOTE:	
Behavioral factors; student may exhibit chronic and/or severe aggression which has required the development of and/or implementation of a Behavioral Intervention Plan (BIP).	NOTE:	
TRAVEL TIME (between buildings or to off-site/homebound services).	NOTE:	
TOTAL DIRECT + INDIRECT WORKLOAD MINUTES PER MONTH REQUIRED TO PROVIDE FAPE FOR THIS STUDENT =		

Section Two: WORKLOAD ANALYSIS--Service Provider Summary Page

NAME/TITLE OF SERVICE PROVIDER:													SCHOOL YEAR:								
CURRENT CASE-LOAD	STUDENT INITIALS	TOTAL WL MPM	DIRECT MPM	INDIRECT MPM	STUDENT INITIALS	TOTAL WL MPM	DIRECT MPM	INDIRECT MPM	STUDENT INITIALS	TOTAL WL MPM	DIRECT MPM	INDIRECT MPM	STUDENT INITIALS	TOTAL WL MPM	DIRECT MPM	INDIRECT MPM	DISORDER TYPES	# of Students			
Illinois Administrative Rule 226.735 (Illinois Special Education Law) first requires an analysis of the work an SLP will be required to provide to each student in order to ensure FAPE, and secondly, ensures to the SLP that at no time shall his/her caseload be more than 60 students. Workload analysis first, then ensure no more than 60 students. Depending on workload analysis, an SLP may have significantly fewer than 60 students on his/her caseload and should not be required to service more than workload allows.																	OM/Apraxia				
																		Articulation			
																		Phonological Disorder			
																		Receptive Language			
																		Expressive Language			
																		Fluency			
																		Voice			
																		CAPD			
																		ASD			
																		TBI/Other			
																		OHI (ADHD, physical, etc.)			
																		Hearing Impairment			
																		Vision Impairment			
																		Intellectual Deficits			
																	Emotional/Behavioral				
SUBTOTALS 1					SUBTOTALS 2					SUBTOTALS 3					SUBTOTALS 4					RTI/MTSS	

1. Enter your total session minutes for each day here: M + T + W + Th + F = TOTAL SESSION mpm

5. TOTAL TIME NEEDED BY SERVICE PROVIDER = mpm

2. TOTAL SESSION mpm x 4 (weeks) = TOTAL AVAILABLE DIRECT SESSION mpm.

6. TOTAL CONTRACTUAL TIME mpm = mpm

3. Calculate TOTAL INDIRECT mpm = add all INDIRECT WL mpm from the table above:
 Subtotals 1 + 2 + 3 + 4 = TOTAL INDIRECT mpm

7. Calculate WORKLOAD TIME:
 Total Time Needed
 Contractual Time --
 Amount Over/Under Contractual Time =

4. Calculate TOTAL TIME NEEDED BY THIS SERVICE PROVIDER:
 Add TOTAL AVAILABLE SESSION mpm +
 Add TOTAL INDIRECT mpm +
 Add contractual PLAN TIME mpm +
 Add contractual LUNCH TIME mpm +
 Add supervision/mentoring mpm (if any) +
 Add District-required meetings/duties in mpm +
 TOTAL TIME NEEDED BY SERVICE PROVIDER = mpm

8. Calculate Full Time Equivalent (FTE)
 Total Time Needed = mpm
 Divided by Contractual Time = mpm
 = FTE