

# COMPLIANCE VERIFICATION FORM

## Speech or Language Impairment

### 07-2 AAC Criteria

Student's Name \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Speech or Language Impairment Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
	YES	NO	YES	NO		
	<b>1. Vision Screening</b> P____ F____ Follow-up_____					
<b>Hearing Screening</b> P____ F____ Follow-up_____						
<b>2. Articulation/Phonological Disorder</b>						
(a) A minimum of one standardized or formal measure that assesses the child's articulation/phonological skills.						
(b) Stimulability assessment as part of formal test or separate assessment.						
(c) Statement regarding the impact of intelligibility on connected speech.						
(d) Examination of Oral Structures and Functioning.						
(e) Teacher/caregiver written documentation of adverse affects of child's articulation disorder on involvement or progress in the general education curriculum and/or environment.						
<b>3. Voice Disorder</b>						
(a) One formal measure that assesses pitch, loudness, quality, inflection, and resonance.						
(b) A written description of the child's voice patterns, one in the classroom and one in a non-structured environment that includes social/peer interaction over six week period (or less if appropriate).						
(c) Medical evaluation by a physician, preferably an ENT. Written documentation from the physician stating that the child is medically cleared to participate in voice therapy. The education agency is responsible for the cost of the evaluation if no other means of payment is available.						
(d) Teacher/caregiver written documentation of adverse affect of child's voice disorder on involvement or progress in the general education curriculum and/or environment.						
<b>4. Fluency Disorder</b>						
(a) One formal measure that assesses dysfluency patterns.						
(b) A description of the child's speaking pattern in more than one speaking task and in more than one setting.						
(c) Interviews with the child, teachers, and/or parent documenting strengths and concerns regarding the fluency disorder.						
(d) Teacher/caregiver written documentation of adverse affect of the child's fluency disorder on involvement or progress in the general education curriculum and/or environment.						

**COMPLIANCE VERIFICATION FORM - Speech or Language Impairment (continued)**

5. Language Disorder						
	(a) A minimum of one standardized or formal comprehensive measure that assesses both receptive and expressive language skills (2.0 s.d. or 70 below).					
	(b) After the administration of a comprehensive language test, an assessment of a specific language component (semantics, syntax, morphology, processing, phonological awareness, or pragmatics) may be administered in accordance with the Ala. Admin. Code r. 290-8-9-.03(11)(b)4.ii. If the total score on the comprehensive test is 70 or below, a second assessment is <b>not</b> required.					
	(c) Teacher/caregiver written documentation of adverse affects of child's language impairment on involvement or progress in the general education curriculum and/or environment.					

**The following information must also be included on the eligibility report:**

**For Initial Evaluation**

**Prong 1**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Documentation that the child was provided appropriate instruction in regular education settings | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation that instruction was delivered by qualified personnel                             | <input type="checkbox"/> | <input type="checkbox"/> |

**Prong 2**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation above was provided to the parent  | <input type="checkbox"/> | <input type="checkbox"/> |

**At Every Reevaluation**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|