7.08 School Speech-Language Pathologist (Ages Birth-21)

To be endorsed as a school speech-language pathologist, an applicant shall hold an earned master's or higher degree in communication disorders or speech-language pathology from an accepted institution of higher education; have completed a school speech-language pathology program accredited by the Council on Academic Accreditation (CAA) in the audiology and speech-language pathology of the American Speech-Language-Hearing Association (ASHA); have passed a national state-approved speech-language pathologist specialty-area test; have successfully completed a practicum or internship with children/students ages birth-21 in a school setting, equivalent to a minimum of eight weeks full-time, under the supervision of a professionally licensed school speech-language pathologist; and shall demonstrate the competencies specified below:

7.08(1) The school speech-language pathologist is knowledgeable about basic human communication, including swallowing processes, and biological, neurological, acoustic, psychological, developmental, linguistic and cultural bases, and shall incorporate into planning for students:

7.08(1)(a) the analysis, synthesis and evaluation of information related to basic human communication and its processes.

7.08(1)(b) utilization of knowledge about normal development in the identification of delayed/disordered speech and language skills.

7.08(1)(c) information about the interrelated and interdependent components of communication as related to its impact on the learner across environments.

7.08(2) The school speech-language pathologist is knowledgeable about the principles and methods of prevention of communication and swallowing disorders for students (ages birth-21), including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders, and is able to:

7.08(2)(a) analyze, synthesize and evaluate the nature of speech, language, hearing and communication disorders, including swallowing disorders, and other differences including, but not limited to:

7.08(2)(a)(i) the etiologies, characteristics and anatomical/physiological, acoustic, psychological, developmental and linguistic and cultural correlates, in each of the following:

7.08(2)(a)(i)(A) articulation, fluency, and voice and resonance, including respiration and phonation;

7.08(2)(a)(i)(B) receptive and expressive language including, but not limited to, phonology, morphology, syntax, semantics, and pragmatics, in speaking, listening, reading, writing and manual modalities;

7.08(2)(a)(i)(C) hearing including its impact on speech and language;

7.08(2)(a)(i)(D) swallowing including oral, pharyngeal, esophageal and related functions, and the oral function of feeding;

7.08(2)(a)(i)(E) cognitive aspects of communication, such as attention, memory, sequencing, problem-solving and executive functioning;
7.08(2)(a)(i)(F) the social aspects of communication, such as challenging behavior, ineffective social skills and lack of communication opportunities; and

7.08(2)(a)(i)(G) communication modalities, such as oral, written, manual, augmentative and alternative communication techniques and assistive technologies.

7.08(2)(b) articulate to a variety of stakeholders the role of oral language as a precursor to literacy development, including information related to reciprocal spoken/written language relationships, and reading and writing as acts of communication and as tools of learning.

7.08(2)(c) differentiate between classroom oral language content, form and use, and conversational language.

7.08(2)(d) identify traits of normal reading and writing development in the context of the general education curriculum.

7.08(2)(e) act as a resource to schools, parents and the community regarding all aspects of communication.

7.08(2)(f) model and articulate the overall importance of communication and its relationship to academic achievement.

7.08(2)(g) collaborate with other professionals to identify risk factors related to communication development among students ages birth-21.

7.08(2)(h) conduct screening, prevention and intervention procedures.

7.08(2)(i) identify and monitor added literacy risks for students being treated for spoken language difficulties.

7.08(2)(j) monitor classroom progress and other factors that justify formal referral for assessment.

7.08(3) The school speech-language pathologist is knowledgeable about principles and methods of evaluation of communication and communication disorders for students ages birth-21, and is able to:

7.08(3)(a) participate on child study teams as an active member of the decision-making process for special education referrals.

7.08(3)(b) collaborate with assessment teams in the utilization of a broad repertoire of formal and informal assessment strategies to help identify students' strengths and challenges with the various aspects of communication.

7.08(3)(c) evaluate the psychometric characteristics of formal and informal assessment instruments.

7.08(3)(d) select developmentally, culturally and linguistically appropriate formal and informal assessment tools and procedures to identify needs of students suspected of having difficulties in communication.

7.08(3)(e) analyze assessment data to determine students' specific communication needs and eligibility for services, and for incorporation into individual educational plans (IEPs).
7.08(3)(f) interpret data clearly in verbal and written form for a wide range of audiences, including educators, related professionals, families and students, where appropriate.

7.08(3)(g) integrate assessment information from other professionals in the eligibility decision-making process.

7.08(3)(h) consult with government agencies, teachers, school administrators and other health professionals on indications, timing, need and use of diagnostic assessments.

7.08(3)(i) collaborate with assessment teams regarding evaluation strategies to identify whether a language difference or disorder might be at the root of concerns related to difficulty in a student’s acquisition of literacy and/or any of its essential skills.

7.08(4) The school speech-language pathologist is knowledgeable about state-of-the-art techniques, procedures and tools for intervention and remediation of communication disorders, including augmentative/alternative/assistive technology, and is able to:

7.08(4)(a) plan and implement an appropriate service-delivery model for each identified student based on assessment results.

7.08(4)(b) comply with federal, state and local laws, rules, policies, guidelines procedures and relevant case law.

7.08(4)(c) model and demonstrate the use of augmentative/alternative/assistive technology.

7.08(4)(d) be accountable through the collection of timely and appropriate data and the maintaining of accurate and timely records.

7.08(4)(e) identify and gain access to sources of, and synthesize and translate common principles of, research and documented evidence-based and proven best practices related to the planning for and the implementation of intervention plans and strategies.

7.08(4)(f) implement current state-of-the-art technology to maximize students’ communication skills.

7.08(4)(g) adapt general and special education curriculum to meet the requirements of individual students with regard to Colorado Academic Standards and access skills.

7.08(4)(h) work collaboratively with students, general education teachers, school personnel, families and the community to provide integrated communication services.

7.08(4)(i) provide culturally and developmentally appropriate curriculum-relevant intervention based on identified needs and proven effective research and practice.

7.08(4)(j) develop setting-appropriate intervention plans with measurable and achievable goals to meet identified students’ need(s).

7.08(4)(k) maintain a safe and effective learning environment conducive to student achievement.

7.08(5) The school speech-language pathologist is knowledgeable about ethical conduct and professional development and is able to:

7.08(5)(a) articulate the role of the speech-language pathologist as an integral part of the special education services team and the learning community.
7.08(5)(b) collaborate with teachers, parents and related personnel in case management in a flexible and professional manner.

7.08(5)(c) communicate effectively with families to maintain their involvement with the student's assessment and intervention team.

7.08(5)(d) utilize a range of interpersonal communication skills including, but not limited to, consultation, collaboration, counseling, listening, interviewing and teaming as appropriate to identification, prevention, assessment and/or intervention with students with suspected or identified communication disabilities.

7.08(5)(e) mentor and supervise speech-language pathology assistants, graduate student interns and other support personnel so that the communication needs of students are addressed effectively and confidentially.

7.08(5)(f) participate in professional development opportunities to improve skills, and educate other professionals regarding risk factors to students, involving all means of communication.

7.08(5)(g) conduct research, initiate requests or network with related professionals to acquire support as needed.

7.08(5)(h) routinely evaluate and measure personal performance as a speech/language pathologist to ensure professional efficacy and achievement of appropriate outcomes, and participate in professional development and professional organizations to increase knowledge and growth in skills and abilities.