Who are Speech-Language Pathologists (SLPs) and what credentials are required?
Entry level education for a speech-language pathologist in the state of Colorado is a master’s level degree, or higher, in communication disorders or speech-language pathology from an accredited institution of higher education; have completed a school speech-language pathology program from an institution whose program was accredited by the Council on Academic Accreditation (CAA) in audiology and speech-language pathology of the American Speech-Language Association (ASHA); have successfully 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 8 weeks full time, under the supervision of a professionally licensed school speech-language pathologist.

What knowledge is required to serve as a school speech-language pathologist (SLP), for ages birth to 21?
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:
- the analysis, synthesis, and evaluation of information related to basic human communication and its processes;
- utilization of knowledge about normal development, in the identification of delayed/disordered speech and language skills; and
- information about the interrelated and interdependent components of communication, as related to their impact on the learner across environments.

The school speech-language pathologist is knowledgeable about the principles and methods of prevention of communication and swallowing disorders for children/students (birth-21), including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders, and is able to:
- Analyze, synthesize and evaluate the nature of speech, language, hearing, and communication disorders, including swallowing disorders, and other differences, including, but not limited to, the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental and linguistic and cultural correlates, in each of the following: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language including, but not limited to phonology, morphology, syntax, semantics, and pragmatics, in speaking, listening, reading, writing, and manual modalities; hearing, including its impact on speech and language; swallowing, including oral, pharyngeal, esophageal, and related functions, and the oral function of feeding; cognitive aspects of communication, such as, attention, memory, sequencing, problem-solving, and executive functioning; the social aspects of communication, such as challenging behavior, ineffective social skills, and lack of communication opportunities; communication modalities, such as oral, written, manual, augmentative, and alternative communication techniques and assistive technologies.
- Articulate the role of oral language, as a precursor to literacy development, including information, as related to reciprocal spoken-written language relationships, and reading and writing as acts of communication and as tools of learning, to a variety of stakeholders.
- Model and articulate the overall importance of communication and its relationship to academic achievement.
- Differentiate between classroom oral language content, form and use, and conversational language.
- Identify traits of normal reading and writing development, in the context of the general education curriculum.
- Act as a resource to schools, parents, and the community, regarding all aspects of communication.
- Collaborate with other professionals to identify risk factors related to communication development among children/students, birth - 21.
• Conduct screening, prevention, and intervention procedures.
• Identify and monitor added literacy risks for children/students being treated for spoken language difficulties.
• Monitor classroom progress, and other factors, that justify formal referral for assessment.

The school speech-language pathologist is knowledgeable about principles and methods of evaluation of communication, and communication disorders, for ages birth - 21, and is able to:
• participate, effectively, on child study teams, as an active member of the decision-making process for special education referrals.
• collaborate with assessment teams, in the utilization of a broad repertoire of formal and informal assessment strategies, to help identify children/students' strengths and challenges with the various aspects of communication.
• evaluate the psychometric characteristics of formal and informal assessment instruments.
• select developmentally, culturally, and linguistically-appropriate, formal and informal assessment tools and procedures, to identify needs of children/students suspected of having difficulties in communication.
• 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.
• analyze assessment data to determine children's/students' specific communication needs, eligibility for services, and for incorporation into individual educational plans (IEPs).
• interpret data clearly, in verbal and written form, for a wide range of audiences, including educators, students, where appropriate, families, and related professionals.
• integrate assessment information from other professionals in the eligibility decision-making process.
• consult with government agencies, teachers, school administrators, and other health professionals on indications, timing, need, and use of diagnostic assessments.

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:
• plan and implement an appropriate service-delivery model, for each identified student, based on assessment results,
• comply with federal, state, and local laws, rules, policies, guidelines, and/or procedures, and relevant case law,
• be accountable, through the collection of timely and appropriate data, and the maintaining of accurate and timely records,
• identify and gain access to sources of, and synthesize and translate common principles of, research and documented evidence-based and proven best practices, as related to the planning for, and the implementation of, intervention plans and strategies,
• adapt general and special education curriculum to meet the requirements of individual students, with regard to Colorado content standards and access skills,
• work collaboratively with students, general education teachers, school personnel, community, and families, to provide integrated communication services,
• provide culturally- and developmentally-appropriate curriculum-relevant intervention, based on identified needs, and proven effective research and practice,
• develop setting-appropriate intervention plans, with measurable and achievable goals, to meet identified children's/students' need(s),
• maintain a safe and effective learning environment, conducive to student achievement,
• implement current state-of-the-art technology, to maximize students' communication skills, and
• model and demonstrate the use of augmentative/alternative/assistive technology.
The school speech-language pathologist is knowledgeable about ethical conduct and professional development, and is able to:

- articulate the role of the speech-language pathologist, as an integral part of the special education services team and the learning community.
- collaborate with teachers, parents and related personnel, in case management, in a flexible and professional manner.
- communicate effectively with families, to maintain their involvement with the children/student's assessment and intervention team.
- 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 children/students with suspected or identified communication disabilities.
- mentor and supervise speech-language pathology assistants, graduate student interns, and other support personnel, so that the communication needs of children/students are addressed effectively and confidentially.
- participate in professional development opportunities, which can improve skills, and educate other professionals regarding risk factors to children/students, involving all means of communication.
- conduct research, initiate requests, or network with related professionals, to acquire support, as needed.
- 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, which leads to increased knowledge and growth in skills and abilities.

This CDE guidance document is meant for clarification, is not legally binding, and is not to be confused with legal advice. This guidance reflects CDE’s recommendations, but Administrative Units (AUs) may have developed their own policies or procedures that differ from those described herein. Be sure to refer to your local AU’s policies and procedures through the Director of Special Education. If you are seeking legal advice, please contact your legal counsel.

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