

### **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.