

Introduction

Clinical Forum Prologue: Speech Sound Disorders in Schools: Who Qualifies?

Holly L. Storkel^a

Purpose: The purpose of this clinical forum is to provide guidance on which children with speech sound disorders should qualify for services in the public schools. The articles in the forum consider how to define impaired articulation (viewed more broadly as referring to articulation and phonology), adverse effects, and educational performance.

Conclusion: The take-home message across articles is that determining eligibility for speech-language services is

complex, requiring a comprehensive understanding of a child's skills with speech sounds but also the impact of their speech errors on written language and social-emotional well-being. These decisions cannot be made quickly with minimal information. Speech-language pathologists may need to advocate for a realistic allotment of time to conduct a comprehensive assessment, including time to think about the results and implications of that assessment.

Speech sound disorders is an umbrella term that refers to a variety of disorders that can impact the perception, production, and representation of speech sounds (American Speech-Language-Hearing Association, n.d.b). One of the challenges of serving children with speech sound disorders in the public schools is determining eligibility for special education services. According to the Individuals with Disabilities Education Act, "speech-language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance" (Individuals with Disabilities Education Act, 2004(c)(11)). Determining the criteria for "impaired articulation," "adverse effects," and even "educational performance" is surprisingly complex, generating almost daily discussion among speech-language pathologists in schools about which children should be receiving treatment for speech sound disorders. As shown in Table 1, does a 6-year-old child with multiple errors on late-acquired sounds (e.g., /ŋ s z r/), or a single sound error (e.g., /r/), or only distortion errors (e.g., lateralized /s z ʃ ʒ dʒ/) have impaired articulation that adversely affects their educational performance? This series of articles tackles these complexities and these simulated

cases to highlight best practices in making these difficult, but common, eligibility decisions.

The first article in this forum (Fabiano-Smith, 2019) outlines the pros and cons of standardized tests and considers how to supplement these tests with criterion-referenced measures. Fabiano-Smith outlines a step-by-step comprehensive assessment plan for phonology that can be used with either monolingual or bilingual children. The message from this article is that multiple measures are needed to accurately evaluate a child's phonological skills and arrive at a correct diagnosis. Thus, the answer to the clinical scenarios from the perspective of this article is that the question can only be answered when more details are provided about each scenario.

The second article in this forum (Storkel, 2019) looks at one particular measure that often is used to determine eligibility for services: developmental norms. Here, it is suggested that state and local guidelines encourage improper use of developmental norms by suggesting that normal development can be reduced to a single age and that a single measure can be used to determine eligibility. This article illustrates how a more nuanced approach to the use of developmental norms, one that is more sensitive to the variability inherent in normal acquisition, can be integrated with other diagnostic measures to address each of the three clinical scenarios.

The third article (Farquharson, 2019) helps us understand what is meant by educational performance and the connection between speech sound disorders and written language. This article makes the case that more than just speech sounds need to be considered when determining eligibility for services. Thus, the answer to the clinical scenarios

^aDepartment of Speech-Language-Hearing: Sciences & Disorders, University of Kansas, Lawrence

Correspondence to Holly L. Storkel: hstorkel@ku.edu

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Table 1. Three hypothetical clinical scenarios.

Scenario	Age (years;months)	Sounds in error	Arizona Articulation and Phonology Scale–Fourth Edition (Fudala & Stegall, 2017) simulated scores
1	6;0	/ŋ s z r/	Standard score: 61 Percentile rank: 1
2	6;0	/r/	Standard score: 85 Percentile rank: 16
3	6;0	lateralized /s z ʃ tʃ dʒ/	Standard score: 78 Percentile rank: 7

from the perspective of this article is that we need to know more than just what is happening with individual sounds in single-word productions to determine whether these children have impairments that impact educational performance.

The fourth and final article (Krueger, 2019) further reinforces the need to look beyond speech sounds in determining eligibility for services. This article considers the social impact of speech sound disorders and the methods that can be used to evaluate social impact. This article reminds us that communication is a human right and that we need to consider how a speech sound disorder influences how others view a child and how the child views themselves. This article argues that all three clinical scenarios could need services if there is a social impact.

Ultimately, the four articles in this forum converge on the conclusion that addressing these three common clinical scenarios is complicated but not impossible. The take-home message across articles is that determining eligibility is complex, requiring a comprehensive understanding of a child's skills with speech sounds but also the impact of their speech errors on written language and social-emotional well-being. These decisions cannot be made quickly with minimal information. I hope that this message is not discouraging to speech-language pathologists with high workloads but rather can be viewed as ammunition to advocate for a realistic allotment of time to conduct a comprehensive assessment, including time to think about the results and implications of that assessment. More information about determining workload and advocating for change is available from the American Speech-Language-Hearing Association (n.d.a, 2000).

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