



PENNSYLVANIA SPEECH-LANGUAGE-HEARING ASSOCIATION

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To: Pa. Office of Child Development and Early Learning (OCDEL)  
From: Pennsylvania Speech-Language Hearing Association  
Date: September 24, 2012  
Re: Eligibility Determinations for Infants, Toddlers and Preschool Children

We would like to present the opinion of the Pennsylvania Speech-Language Hearing Association (PSHA) membership concerning the recent proposal for determining eligibility for IDEA services for Infants, Toddlers and Preschool Children. PSHA Early Intervention Task Force members developed this joint response after gathering information from a full membership survey, and meeting via teleconference.

We were surprised and dismayed to read the following in the OCDEL proposal:

*"The overall score of the developmental domain establishes eligibility not a subtest score. While a standardized evaluation tool may provide scores for subtests in a developmental area, those subtest scores may not be used in the determination of the child's eligibility for the EI program under the criteria of developmental delay. A delay of 25% or 1.5 standard deviation below the mean in two aspects of a single developmental domain, such as communication development or cognitive development, as measured on subtests of a standardized test, or using clinical procedures, does not in and of itself constitute eligibility for the EI program.*

***For example, a child with a score of 1.5 standard deviations below the mean in expressive language and 1.5 standard deviations below the mean in receptive language, and no other developmental delays, would not be eligible for the EI program. Similarly, a child with a score of 2 standard deviations below the mean in expressive language development, who shows no (or less significant) delay in receptive language development would not be eligible for the EI program."***

We strongly object to these parts of the proposal for the following reasons:

1. Eligibility determinations are defined in IDEA 2004. Specific eligibility for children under the speech-language impaired category define speech or language impairment as a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

According to the OCDEL proposal, evaluation of a communication disability would combine both receptive and expressive scores on a standardized test, and, if just one of these two aspects of communication were not less

than a 1.5 standard deviation or 25% delay, services would not be provided. This appears to be contradictory to determinations specified in IDEA 2004.

2. It would be a fallacy to consider communication skills as a total area, and not separate receptive and expressive skills. If a child demonstrates typical receptive language scores but has a diagnosis of apraxia of speech, is nonverbal or utilizes low verbal communication, has unintelligible speech, or exhibits phonological processing disorders, he or she is severely challenged in the means for effective communication. These characteristics constitute a communication impairment that needs to be addressed with a comprehensive evaluation and therapy service delivery plan.

3. Currently utilized developmental tools may be better at capturing delayed, versus atypical, development in communication. Informed clinical opinion, in addition to other avenues of assessment, leads to better identification of children with atypical development who demonstrate the need for Early Intervention services. Children with impaired social communication skills, in particular, may not demonstrate eligibility for services when mandatory total language scores are the only required criteria.

4. Research and professional literature in both the Communication Disorders and Literacy fields provide evidence that children with typical receptive language skills and delayed or disordered expressive speech communication skills may be at risk for literacy failure. As licensed speech-language pathologists, we believe that Early Intervention speech and language services for those youngsters, who would not be eligible under the new proposal, are crucial for preventing reading difficulties in later years. There is further scientific evidence that the long term effects of "late talking" may include persistent lags in vocabulary, grammar, and spelling. OCDEL has recognized the great need for Early Intervention to address future reading difficulties, and we ask you if denying speech-language impaired students with documented phonology disorders would be in line with that vision.

5. Data have been collected and analyzed by members of our Task Force for children who had recent evaluations and were determined eligible for EI services. These data show that 50% of those identified children would be found non-eligible under the new proposal. These data were collected and discussed, as well as verified, by the PSHA Task Force members.

6. Communication skills, both receptive and expressive, are crucial for cognitive development. If services to develop expressive language and speech sound production skills were not provided, these children would be denied rights guaranteed under IDEA 2004. The Commonwealth of Pennsylvania would pay the price in future years with literacy and cognitive development problems.

7. Families would no longer have clear avenues to help them understand their child's communication difficulties, and the implications of those for their child's future. Families may be misled into thinking that their children's communication skills are developing along normal lines. Without the services of the speech-language pathologist and other IFSP/IEP team members, these families would not have resources to guide them in instructional strategies to lead their own children toward better communication skills. They may have to wait for several months before seeing a developmental specialist to begin a diagnosis, and crucial time would be lost.

8. Families with a strong history of communication disorders, literacy and learning difficulties may need to seek out private therapy sources, causing undue financial stress. According to the proposed OCDEL standards, these families would not be able to receive services for their children if they demonstrate typical receptive language skills but poor expressive language skills.

We urge OCDEL to reconsider the specific portion of this proposal that blends the two major components of communication (receptive and expressive), and just considers the sum of the whole, not the parts, in these eligibility determinations.

A total language score on a standardized test does not tell an accurate story. Standardized testing is just one piece of the diagnostic puzzle. Furthermore, many standardized instruments are not normed for culturally and linguistically diverse populations.

Receptive language (auditory comprehension) and expressive language (phonology, syntax, grammar, semantics, pragmatics) are not meant to be combined, but must be considered as separate parts of the communication skills of Infants, Toddlers and Preschool Children in the Commonwealth of Pennsylvania.

Thank you for your attention to this important matter. We look forward to hearing from the Office of Child Development and Early Learning (OCDEL). We remain committed to advocating for the best possible communication skills of all individuals in Pennsylvania.

Sincerely,

The Executive Board of the Pennsylvania Speech-Language Hearing Association (PSHA)

PSHA Early Intervention Task Force

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