

SPEECH

SPEECH - MTSS Procedures

Identify student that needs speech MTSS:

1. Contact counselor to add to roster for a formal MTSS meeting Complete Tier I
2. Referral Form *(for 1st time MTSS students)*
3. Collect data in the area of speech concern(s) for the first meeting *(see speech data form)*
4. Complete *teacher speech observation form (in this manual)*

Tier I Speech MTSS meeting:

1. Speech pathologist is invited to attend the MTSS meeting
2. Information and concerns are reviewed by the committee
3. Interventions are recommended and determined by the committee
4. Committee recommends action for the student *(Tier II interventions, speech screening, etc.)*

****Send home parent observation form and parent permission for speech screening if deemed necessary. (found in MTSS Handbook)**

Tier II Speech MTSS: (no meeting required)

1. *Speech screening is completed for student by speech department (with parent permission)*
2. Completed parent and teacher observations are given to speech department by counselor
3. Interventions are recommended by speech department based on data collected
4. Speech department communicates with Counselor and Teacher of recommendations

Possible recommendations from Speech Department	
No academic concern present in data	Academic concern is present in data
<ul style="list-style-type: none"> • Continue monitoring with current interventions as a Tier I student 	<ul style="list-style-type: none"> • Speech department contacts counselor to implement Tier II MTSS interventions
<ul style="list-style-type: none"> • Continue collecting data 	<ul style="list-style-type: none"> • Parent permission for Speech Intervention Pull Out Program is sent home (if recommended)
<ul style="list-style-type: none"> • If concern increases contact counselor for Tier II MTSS meeting 	<ul style="list-style-type: none"> • Student is served in pull out the program as recommended by speech department (with parent permission)

Progress Monitoring: (by speech department)

1. Progress is monitored in Tier II Speech MTSS (Pull Out Program)

Student progress made and goals met	No student progress made
<ul style="list-style-type: none"> • Dismissed from Speech pull out program (communicate with counselor so MTSS folder can be updated) 	<ul style="list-style-type: none"> • Speech department contacts counselor for Tier III speech MTSS meeting
<ul style="list-style-type: none"> • Student continues applying interventions learned independently 	<ul style="list-style-type: none"> • Continue collecting data for Tier III meeting
<ul style="list-style-type: none"> • If progress declines contact counselor for Tier II MTSS meeting 	

Tier III meeting is held with MTSS committee (or current placement)

1. Current information and concerns are reviewed by committee
2. Adjustments Interventions are recommended and determined by committee
3. Committee recommends action for student (TIER III (speech pull out), SpEd speech referral, etc.)

(Indicate TIER data was collected) TIER I___ TIER II___ TIER III___

SPEECH Data Collection Sheet

Student: _____ Teacher: _____

Grade: _____ School Year: _____

Speech Data:

Targeted Area <i>Indicate area of concern in this column</i>	Interventions	Frequency <i>(circle one used)</i>	Document Results of interventions used based on data or observations of Speech concern
Speech Production		Daily Weekly Other: _____	
Expressive Language		Daily Weekly Other: _____	
Receptive Language/ Comprehension		Daily Weekly Other: _____	
Speech Fluency		Daily Weekly Other: _____	
Voice Quality		Daily Weekly Other: _____	
Other:		Daily Weekly Other: _____	
Other:		Daily Weekly Other: _____	

(Indicate TIER data was collected) TIER I___ TIER II___ TIER III___

TEACHER ARTICULATION OBSERVATIONS

(See Speech Pictures to use with this Observation tool)

STUDENT_____ Date of Birth_____ Grade_____

Person Completing Form_____ Date_____

Directions: Listen as your child/student engages in conversations with you. Indicate which sounds you note the child is producing incorrectly. (+) indicates sound is produced correctly, (-) indicates incorrect sound. You may circle the words indicating the sound is said incorrectly in the beginning, middle, or end of the word. You may consider any word the child says with the indicated sound, not just the ones listed. Use the picture sheets to elicit the word from the child. If the child does not identify the picture, you may say, "Say pig" etc.

SOUND	+	-	SOUND	+	-
/p/ as in pig, apple, cup			/h/ as in hat, behind		
/b/ as in ball, baby, web			/f/ as in fish, coffee, leaf		
/t/ as in toy, water, bat			/v/ as in van, oven, glove		
/d/ as in doll, radio, bed			/s/ as in sock, dinosaur, ice		
/k/ as in king, pocket, rake			/z/ as in zebra, lizard, cheese		
/g/ as in goat, wagon, bag			/sh/ as in shoe, flashlight, fish		
/m/ as in mad, hammer, game			/ch/ as in chair, ketchup, witch		
/n/ as in nose, banana, fan			/j/ as in jump, engine, orange		
/ng/ as in finger, ring			/th/ as in throw, bathroom, tooth		
/r/ as in rope, carrot			/w/ as in watch, highway		
/er/ as in early, nurse, paper			/y/ as in yo-yo, onion		
/l/ as in lion, pillow, ball			Number of Missing Sounds		

Do you feel the sound errors you noted are typical for children who are the child's age: YES or NO

Please list at least 10 words the student has difficulty pronouncing:

Do you feel these sound errors adversely affect the student's educational performance: YES or NO

If YES, please comment: _____

About what percentage of the students speech is intelligible: _____

PARENT ARTICULATION OBSERVATIONS

(See Speech Pictures to use with this Observation tool)

STUDENT _____

Date of Birth _____

Campus _____

Grade _____

Parent _____

Date _____

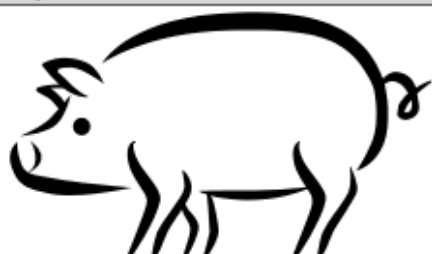
Phone # _____

Directions: Listen as your child/student engages in conversations with you. Indicate which sounds you note the child is producing incorrectly. (+) indicates sound is produced correctly, (-) indicates incorrect sound. You may circle the words indicating the sound is said incorrectly in the beginning, middle, or end of the word. You may consider any word the child says with the indicated sound, not just the ones listed. Use the picture sheets to elicit the word from the child. If the child does not identify the picture, you may say, "Say pig" etc.

SOUND	+	-	SOUND	+	-
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/b/ as in ball, baby, web			/f/ as in fish, coffee, leaf		
/t/ as in toy, water, bat			/v/ as in van, oven, glove		
/d/ as in doll, radio, bed			/s/ as in sock, dinosaur, ice		
/k/ as in king, pocket, rake			/z/ as in zebra, lizard, cheese		
/g/ as in goat, wagon, bag			/sh/ as in shoe, flashlight, fish		
/m/ as in mad, hammer, game			/ch/ as in chair, ketchup, witch		
/n/ as in nose, banana, fan			/j/ as in jump, engine, orange		
/ng/ as in finger, ring			/th/ as in throw, bathroom, tooth		
/r/ as in rope, carrot			/w/ as in watch, highway		
/er/ as in early, nurse, paper			/y/ as in yo-yo, onion		
/l/ as in lion, pillow, ball			Number of Missing Sounds		

Do you feel the sound errors you noted are typical for children who are the child's age: YES or NO

Please list at least 20 words your child has difficulty pronouncing: _____



Pig



Apple



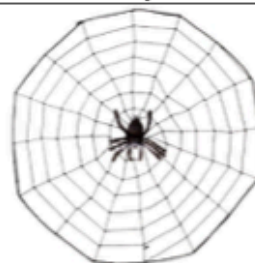
Cup



Ball



Baby



Web



Toy/Truck



Water



Bat



Doll



Radio



Bed



King



Pocket



Rake



Goat



Wagon



Bag



Mad



Hammer



Game



Nose



Banana



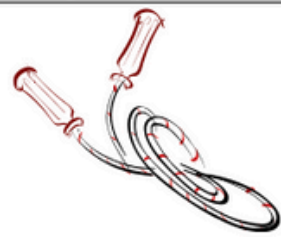
Fan



Finger



Ring



Rope



Carrot



Early



Nurse



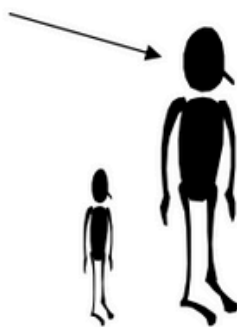
Paper



Lion



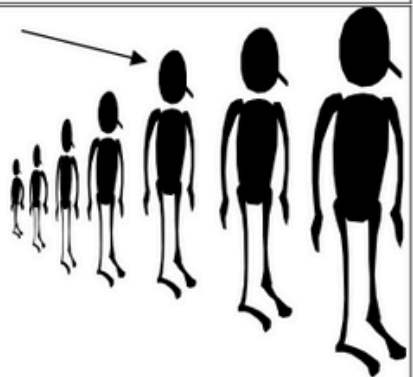
Pillow



Tall



Hat



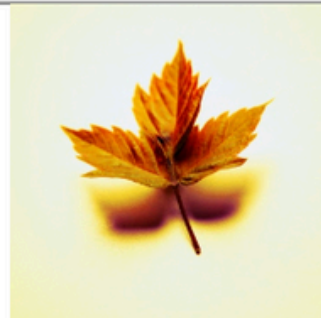
Behind



Fish



Coffee



Leaf



Van



Oven



Glove



Sock



Dinosaur



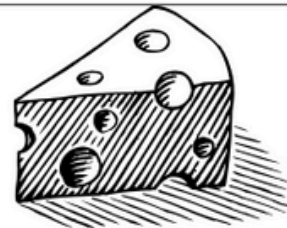
Ice



Zebra



Lizard



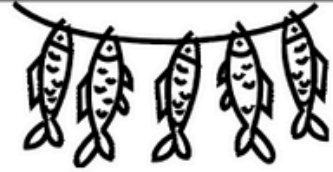
Cheese



Shoe



Flashlight



Fish



Chair



Ketchup



Witch



Jump



Engine



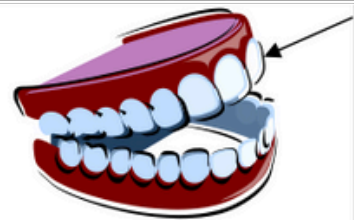
Orange



Throw



Bathtub



Tooth



Watch



Highway



Yo Yo



Onion

PARENT PERMISSION FOR SPEECH SCREENING

District _____

Student _____

Teacher _____

Campus _____

Grade _____

Date _____

____ I have discussed speech concerns with the classroom teacher.

____ I have completed the Parent Articulation Observation form with my child.

____ I give the speech therapist consent to screen my child in the areas of speech/language.

Parent/ Guardian Name _____

Address: _____

Phone Number: _____

Parent/Guardian Signature

Permission to Enroll in the Speech Intervention Pull-Out Program

_____ Independent School District offers a Speech Intervention Pull-Out Program under our Response to Intervention for students with mild speech differences that affect the way they pronounce a sound. Due to the concerns expressed by the teacher, and the Speech Language Pathologist, it is suggested that your child participates in the program.

About the Program

The program is offered to general education students who have speech differences that do not significantly affect communication, self-esteem, and educational achievement. The program is scheduled so that it does not interfere with general education instruction. The student is usually pulled out of class at least once a week for 10-15 minutes in a small group setting. While the SLP is responsible for planning and managing the curriculum, a Speech Language Pathology Assistant will apply the specific interventions geared for your child. Placement and practice methods are individualized for each student, as appropriate.

Students are expected to complete daily practice assignments at home. The Speech-Language Pathologist works closely with the classroom teacher to reinforce skills and to provide periodic progress updates.

If you have any questions, please contact the Speech-Language Pathologist, _____, at (_____) _____-_____.

Return this permission slip to your child's classroom teacher.

Student's Name _____ Teacher _____

_____ I am not interested in the class at this time.