

Title 6. Education

Chapter I. Division of Elementary and Secondary Education

Subchapter E. Special Education

Part 132. Program Guidelines

Subpart 1. Criteria for Dismissal from Speech or Language Therapy Services

6 CAR § 132-101. Generally.

Speech and language therapy services may be terminated when one (1) or more of the following criteria have been met and it is the decision of the IEP team that:

(1) The speech/language problem is no longer a disability as demonstrated by norm-referenced and/or criterion-referenced assessment results and/or clinical procedures;

(2) The child's IEP goals have been attained and no adverse effect on educational performance is present;

(3) The acquisition of expected academic, behavioral, social, vocational, and/or functional performance goals is no longer affected by the child's communication (an adverse effect on educational performance no longer exists);

(4) The child has attained a level of performance commensurate with expectations given his or her clinical condition such as, but not limited to:

- (A) Limited cognitive functioning;
- (B) Structural anomalies;
- (C) Neurological disabilities; and/or
- (D) Hearing impairment; or

(5)(A) The child has maintained the same level of performance as measured by standardized tests and/or procedures over a period of time, indicating to the IEP team that the child cannot reasonably benefit from continued treatment at the present time.

(B) Throughout the period of speech/language therapy service, the speech-language pathologist must demonstrate documented use of a variety of intervention strategies attempted to stimulate progress.

6 CAR § 132-102. Use of criteria for dismissal from speech or language therapy services.

(a)(1) The criteria for dismissal from speech or language therapy services address those circumstances that result in the termination of speech/language services, either permanently or for some specified time period, provided to a student by the speech-language pathologist.

(2) Many speech-language pathologists subscribe to the Code of Ethics of the American Speech-Language-Hearing Association.

(3) Two (2) rules of ethics that should be taken into account when contemplating the initiation or continuation of interventions include:

(A) Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected; and

(B)(i) Individuals shall not guarantee the results of any treatment or procedure, directly or by implication.

(ii) However, they may make a reasonable statement of prognosis.

(b)(1) It is important for the speech-language pathologist to use sound professional judgment and competency in recommending that services are no longer warranted.

(2) In some instances, intervention can be redirected through a resource room, a self-contained classroom, community-based instruction, or the regular classroom to enhance overall communicative effectiveness and maintenance of acquired skills.

(3) The IEP team may also make provisions to monitor progress of a student dismissed from speech/language therapy services.

(c)(1) Prior to recommending dismissal from speech/language services, the IEP team should review the factors to consider in dismissal.

(2) Justification for dismissal from speech/language services should be:

(A) Determined using the criteria for dismissal from speech or language therapy services; and

(B) Documented in narrative form on the conference decision form used for dismissal purposes.

(3) When dismissal is based on more than one (1) criterion, all applicable criteria should be noted on the decision form.

(d)(1) Even if speech/language therapy services are discontinued, a student can be re-referred at a later date until he or she has successfully completed an educational program or he or she reaches age twenty-one (21).

(2) If a student is re-referred, the referral committee should compare the reason or reasons for referral with information on the previous termination of speech/language therapy services provided to the student.

(3) The referral committee must then determine on an individual student basis the appropriate course of action to be taken.

(4) This may result in:

(A) Reevaluation of the student;

(B) A reinstatement of speech/language therapy services; or

(C) A decision that no further consideration for speech/language therapy services is necessary.

6 CAR § 132-103. Factors to consider in dismissal from speech or language therapy services.

(a) Duration of services.

(1) What has been the duration of speech therapy service?

(2) What has been the duration of therapy for current goal or goals/objective or objectives?

(b) Intensity of service.

(1) How frequently does the student receive such therapy?

(2) Have alternative intensity levels of treatment been utilized?

(c) Mode of service.

(1) Have alternative modes of service (individual therapy, group therapy, integrated therapy, etc.) been utilized to stimulate progress?

(2) Have various modes of service been used for a sufficient time period?

(d) Review of evaluation data.

(1) Does review of the evaluation data reflect an accurate diagnosis?

(2) Were appropriate goals/objectives established?

(e) Focus of service.

(1) Have treatment methods been appropriate for the diagnosed disorder?

(2) What has been the student's level of response to the treatment method or methods?

(3) Within the scope of the treatment program, has the student been able to progress to the next level of the program or a branch of that program?

(4) Has treatment been at an appropriate level for the child?

(f) Setting.

(1) Have a variety of therapy settings been utilized (individual, group, integrated)?

(2) What is the student missing in the regular classroom during speech therapy?

(3) Have alternative therapy times (different time of day, etc.) been tried?

(4) Is the SLP working with regular and/or special education teachers to ensure curricular and/or instructional modifications are implemented if they are needed?

(g) Individualization. Has the SLP truly individualized instruction for the student?

(h) Pattern of service delivery.

(1) How has therapy been provided in the past?

(2) What has been the focus of therapy in the past?

(3)(A) Have there been gaps in service?

(B) Has child moved frequently?

(C) Frequent absences?

(i) Capacity of student for change (longitudinal view).

- (1)(A) Has student been more responsive to therapy at times?
 - (B) Has there been a pattern of regression and/or progression?
 - (C) When has he or she been most responsive?
- (2)(A) How do other service providers regard the child's progress to date?
 - (B) His or her responsiveness to therapy?
- (3) Does therapy and/or the IEP provide motivational incentives?
- (4) Has the SLP maximized therapy when progress is being achieved?

(j) Analysis of dynamics of the situation.

- (1) Is the SLP basing recommendation for dismissal on child's personality traits, etc.?
 - (2) Is the SLP dismissing child due to dislike of child, parent, situation with teacher, etc.?
 - (3) Have other situational dynamics influenced recommendation for dismissal?

(k) **Second opinion.** Has the SLP sought the assistance of another qualified provider to furnish a second opinion?

(l) **Continuity.** Are other service providers consistently reinforcing what the SLP is doing in therapy or is the SLP working in isolation?

Subpart 2. Guidelines for Registration, Training, Scope of Responsibilities, Supervision, and Review of Speech-Language Assistants and Aides

6 CAR § 132-201. Definitions.

As used in this subpart:

(1) "Direct supervision" means on-site, in-view observation and guidance by a speech-language pathologist while an assigned clinical activity is performed by a speech-language assistant or speech-language pathology aide;

(2) "Indirect supervision" means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include:

- (A) Demonstration;
- (B) Record review;

- (C) Review and evaluation of audio-taped or video-taped sessions; and/or
- (D) Interactive television;

(3) "Screening" means a pass-fail procedure to identify people who may require further assessment;

(4) "Speech-language pathology aide (SLP-aide)" means an individual with a high school diploma/equivalent (GED) and on-the-job training who performs tasks as prescribed, directed, and supervised by master's level speech-language pathologists certificated/licensed by the Department of Education or licensed by the Board of Examiners in Speech-Language Pathology and Audiology;

(5) "Speech-language pathology assistant (SLP-assistant)" means an individual who, following academic and on-the-job training, performs tasks as prescribed, directed, and supervised by master's level speech-language pathologists certificated/licensed by the Department of Education or licensed by the Board of Examiners in Speech-Language Pathology and Audiology; and

(6)(A) "Supervising speech-language pathologist" means a speech-language pathologist who holds a current Board of Examiners in Speech-Language Pathology and Audiology license or a valid certificate/license initially issued by the Department of Education prior to August 1, 1997, and has two (2) years of full-time professional speech-language pathology experience, after completion of the paid professional experience.

(B) Thereafter, individuals who are issued initial speech-language pathology certification/licensure by the Department of Education after August 1, 1997, shall be required to hold Board of Examiners in Speech-Language Pathology and Audiology licensure.

(C)(i) In geographic areas of the state where there is a documented shortage of speech-language pathologists, school districts must submit a proposal and receive approval to allow a speech-language pathologist who holds the required credentials but does not meet the requirement for professional speech-language pathology experience to supervise speech-language pathology assistants and aides.

(ii) See requirements for a supervising speech-language pathologist, 6 CAR § 132-203.

6 CAR § 132-202. Requirements for a speech-language pathology assistant/aide.

(a) A speech-language pathology assistant must:

(1) Complete a:

(A) Bachelor's degree in speech-language pathology; or

(B)(i)(a) Speech-language pathology assistant training program culminating in an associate degree from an institution accredited by the Division of Higher Education.

(b) Programs must meet the specified curriculum content and fieldwork experience listed below.

(c) Applicants from out of state will be reviewed on a case-by-case basis to ensure equivalency.

(ii) Curriculum content.

(a) The curriculum must be consistent with the ASHA-approved Criteria for the Registration of Speech-Language Pathology Assistants (6 CAR § 132-203(a)).

(b) The curriculum content must include sixty (60) semester credit hours with the following content:

(1) Twenty (20) to forty (40) semester credit hours in general education;

(2) Twenty (20) to forty (40) semester credit hours in technical content areas; and

(3) A minimum of one hundred (100) clock hours fieldwork experience.

(iii) General education (twenty (20) to forty (40) semester credit hours). The general education sequence should include, but is not limited to, the following:

- (a) Oral and written communication;
- (b) Mathematics;
- (c) Computer applications; and
- (d) Social and natural sciences.

(iv) **Technical knowledge (twenty (20) to forty (40) semester credit hours).** Course content must provide students with knowledge and skills to assume the job responsibilities and core technical skills for speech-language pathology assistants, and must include the following:

- (a) Overview of normal processes of communication;
- (b) Overview of communication disorders;
- (c) Instruction in assistant-level service delivery practices;
- (d) Instruction in workplace behaviors;
- (e) Cultural and linguistic factors in communication;
- (f) Observation; and
- (g) Fieldwork experiences.

(v) The program describes how course content provides instruction in the following workplace behaviors of the speech-language pathology assistant:

- (a) Relating to clients/patients in a supportive manner;
- (b) Following supervisor's instructions;
- (c) Maintaining confidentiality and other appropriate workplace behaviors;
- (d) Communicating in oral and written forms; and
- (e) Following health and safety precautions.

(vi) **Fieldwork experience.**

(a) The minimum of one hundred (100) hours of field work experience must provide the student with opportunities for carrying out speech-language pathology assistant responsibilities.

(b) This training must be supervised by a speech-language pathologist who holds a current and valid license from the Board of Examiners in

Speech-Language Pathology and Audiology or the ASHA Certificate of Clinical Competence in Speech-Language Pathology.

(c) These experiences are not intended to develop independent practice; and

(2) Meet continuing education requirements of ten (10) clock hours annually pertaining to the designated duties of the SLP-assistant.

(b) A speech-language pathology aide must:

(1) Hold a high school diploma or equivalent (GED);

(2) Demonstrate competency in oral and written communication skills;

(3) Complete a minimum of forty (40) clock hours of in-service training during the initial year of employment pertaining to the duties of the SLP-aide; and

(4) During subsequent years of employment, complete continuing education requirements of ten (10) clock hours annually pertaining to the designated duties of the SLP-aide.

6 CAR § 132-203. Requirements for a supervising speech-language pathologist.

(a) A supervising speech-language pathologist:

(1)(A) Must hold a master's degree in speech-language pathology, have two (2) years of full-time professional speech-language pathology experience after completion of the paid professional experience, and hold a current Board of Examiners in Speech-Language Pathology and Audiology license or a valid certificate/license initially issued by the Department of Education prior to August 1, 1997.

(B) Thereafter, individuals who are issued initial speech-language pathology certification/licensure by the department after August 1, 1997, shall be required to hold board licensure in order to supervise speech-language pathology assistants and aides;

(2)(A) May not supervise more than two (2) full-time or three (3) part-time assistants/aides.

(B) Three (3) part-time assistants/aides may not exceed the number of work hours for two (2) full-time assistants/aides or eighty (80) hours;

(3)(A) Must institute a training program for each assistant/aide encompassing all the procedures to be performed.

(B) Documentation of such training in format substance acceptable to the department shall be retained in the assistant's or aide's file;

(4) Must inform the parent or legal guardian about the use of an assistant/aide and document informed consent;

(5) Must provide and document appropriate supervision of the assistant/aide;
and

(6) Is required to maintain original documents related to supervision and training for three (3) years and submit documents upon request by the department within thirty (30) days of the request.

(b)(1) In geographic areas of the state where there is a documented shortage of speech-language pathologists, school districts must submit a proposal and receive approval to allow a speech-language pathologist who holds the required credentials but does not meet the requirement for professional speech-language pathology experience to supervise speech-language pathology assistants and aides.

(2) The local education agency must document that a good faith effort has been made to recruit and hire appropriately and adequately trained speech-language pathologists.

(3) Subsequent to approval by the department, the state consultant for speech-language pathology or a speech-language pathologist who provides training for supervisors and support personnel will monitor and provide additional training for the supervising speech-language pathologist.

(4)(A) Monitoring activities will include at least four (4) on-site visits and monthly review of supervision documentation.

(B) After initial group training for supervisors, the supervising speech-language pathologist will be provided individualized on-site training sessions that address the use of a speech-language pathology assistant/aide.

(C) The supervising speech-language pathologist must provide the following for review monthly:

- (i) Direct supervision record;
- (ii) Indirect supervision log;
- (iii) Treatment plans/reliability checks; and
- (iv) Summary of training activities for the speech-language pathology assistant/aide.

(c)(1) Although the speech-language pathologist may delegate specific tasks to the speech-language pathology assistant or speech-language pathology aide, the legal (i.e., professional liability) and ethical responsibility to the patient/client for all services provided or omitted cannot be delegated.

(2) It must remain the full responsibility of the supervising speech-language pathologist.

6 CAR § 132-204. Supervision guidelines for a speech-language pathology assistant.

(a)(1)(A) A total of at least thirty percent (30%) direct and indirect supervision is required and must be documented for the first ninety (90) workdays.

(B) For a forty-hour work week, this would be twelve (12) hours for both direct and indirect supervision.

(2) Documented direct supervision shall be required no less than twenty percent (20%) of the actual student contact time weekly for each speech-language pathology assistant.

(3) During each week, data on every student seen by the speech-language pathology assistant must be reviewed by the supervisor.

(4) In addition, the twenty percent (20%) direct supervision must be scheduled so that all students seen by the assistant are directly supervised in a timely manner.

(5) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct contact with the speech-language pathologist at least once every two (2) weeks.

(6) Information obtained during direct supervision must include data relative to:

(A) Agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior;

(B) Accuracy in implementation of screening and treatment procedures;

(C) Accuracy in recording data; and

(D) Ability to interact effectively with the student.

(b)(1) Indirect supervision is required no less than ten percent (10%) of the actual student contact time and may include:

(A) Demonstration;

(B) Record review;

(C) Review and evaluation of audio-taped or video-taped sessions;

(D) Interactive television; and/or

(E) Supervisory conferences that may be conducted by telephone.

(2) Treatment data must be reviewed at least weekly or every five (5) sessions for each student.

(3) The speech-language pathologist will review each session plan as needed for timely implementation modifications.

(c)(1) After the initial ninety-day work period, the amount of supervision may be adjusted depending on the:

(A) Competency of the assistant;

(B) Needs of the students served; and

(C) Nature of the assigned tasks.

(2)(A) The minimum is twenty percent (20%) documented supervision, with no less than ten percent (10%) being direct supervision.

(B) For a forty-hour work week, this is eight (8) hours of supervision, at least four (4) of which is direct supervision.

(3) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct contact with the speech-language pathologist at least once every two (2) weeks.

(d)(1) A supervising speech-language pathologist must be able to be reached by personal contact, phone, pager, or other immediate means at all times when direct student care is being rendered.

(2) If, for any reason (i.e., extended leave, illness, change of jobs), the supervisor is no longer available to provide the level of supervision stipulated, the speech-language pathology assistant may not perform direct student care until:

(A) A speech-language pathologist has been designated as the speech-language pathology assistant's supervisor; and

(B) The Department of Education has been notified.

(e) Whenever the SLP-assistant's performance is judged by the supervising speech-language pathologist to be unsatisfactory over two (2) consecutive observations, the SLP-assistant shall be retrained in the necessary skills and direct observations shall be increased to fifty percent (50%) of all clinical sessions until the SLP-assistant's performance is judged to be satisfactory over two (2) consecutive observations.

6 CAR § 132-205. Scope of responsibilities of the speech-language pathology assistant.

(a) Provided that the training, supervision, documentation, and planning are appropriate (i.e., consistent with these guidelines), the following tasks may be designated to a speech-language pathology assistant:

(1) Conduct speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist;

(2)(A) Provide routine maintenance/generalization tasks as prescribed by the supervising speech-language pathologist.

(B) The SLP shall be solely responsible for:

(i) Performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders;

(ii) Designing all intervention plans; and

(iii) Directly implementing such plans through the acquisition stage of intervention;

(3) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist, not to exceed the activities delineated in subdivision (a)(2) of this section;

(4) Perform pure-tone hearing screenings (without interpretation);

(5) Document student progress toward meeting established objectives as stated in the treatment plan and report this information to the supervising speech-language pathologist;

(6) Assist the speech-language pathologist during assessment of students, such as those judged to be difficult to test;

(7) Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist;

(8) Perform checks and maintenance of equipment; and

(9) Participate with the speech-language pathologist in research project, in-service training, and public relations programs.

(b)(1)(A) There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist.

(B) Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

(2) An individual's communication or related disorder or other factors may preclude the use of services from anyone other than the licensed/certificated speech-language pathologist.

- (3) The SLP-assistant may not:
- (A) Perform standardized or nonstandardized diagnostic tests, formal or informal evaluation, or interpret test results;
 - (B) Perform intervention tasks associated with skill acquisition;
 - (C) Participate in parent conferences, case conferences, or in any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist;
 - (D) Provide student or family counseling;
 - (E) Write, develop, or modify a student's individualized education program (IEP) in any way;
 - (F)(i) Assist with students without following the IEP as prepared by the speech-language pathologist or without access to supervision.
 - (ii) See 6 CAR § 132-204;
 - (G)(i) Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports).
 - (ii) The assistant may sign treatment notes for review and co-signature by the supervising professional;
 - (H) Select students for services;
 - (I) Discharge a student from services;
 - (J) Disclose clinical or confidential information, either orally or in writing, to anyone not designated by the supervising speech-language pathologist;
 - (K) Make referrals for additional services;
 - (L) Communicate with the student, family, or others regarding any aspect of the student status regarding:
 - (i) Diagnosis;
 - (ii) Prognosis;
 - (iii) Treatment; and
 - (iv) Progress; or
 - (M) Represent himself or herself as a speech-language pathologist.

6 CAR § 132-206. Supervision guidelines for a speech-language pathology aide.

(a) One hundred percent (100%) direct on-site, in-view supervision is required for the first ten (10) hours of direct student contact.

(b)(1)(A) A total of at least fifty percent (50%) direct and indirect supervision is required and must be documented for the next ninety (90) workdays.

(B) For a forty-hour work week, this would be twenty (20) hours for both direct and indirect supervision.

(2) Documented direct supervision shall be required no less than thirty percent (30%) of the actual student contact time weekly for each speech-language pathology aide.

(3) During each week, data on every student seen by the speech-language pathology aide must be reviewed by the supervisor.

(4)(A) In addition, the thirty percent (30%) direct supervision must be scheduled so that all students seen by the aide are directly supervised in a timely manner.

(B) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct contact with the speech-language pathologist at least once every two (2) weeks.

(5) Information obtained during direct supervision must include data relative to:

(A) Agreement (reliability) between the aide and the supervisor on correct/incorrect recording of target behavior;

(B) Accuracy in implementation of screening and treatment procedures;

(C) Accuracy in recording data; and

(D) Ability to interact effectively with the student.

(c)(1) Indirect supervision is required no less than twenty percent (20%) of the actual student contact time and may include:

(A) Demonstration;

- (B) Record review;
- (C) Review and evaluation of audio-taped or video-taped sessions;
- (D) Interactive television; and/or
- (E) Supervisory conferences that may be conducted by telephone.

(2) Treatment data must be reviewed at least weekly for each case.

(3) The speech-language pathologist will review each session plan as needed for timely implementation of modifications.

(d)(1) After the initial ninety-day work period, the amount of supervision may be adjusted depending on the:

- (A) Competency of the aide;
- (B) Needs of the students served; and
- (C) Nature of the assigned tasks.

(2) The minimum is forty percent (40%) documented supervision, with no less than thirty percent (30%) being direct supervision.

(3) For a forty-hour work week, this is sixteen (16) hours of supervision, at least twelve (12) of which is direct supervision.

(4) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct contact with the speech-language pathologist at least once every two (2) weeks.

(e)(1) A supervising speech-language pathologist must be able to be reached by personal contact, phone, pager, or other immediate means at all times when direct student care is being rendered.

(2) If, for any reason (i.e., extended leave, illness, change of jobs), the supervisor is no longer available to provide the level of supervision stipulated, the speech-language pathology aide may not perform direct student care until:

(A) A speech-language pathologist has been designated as the speech-language pathology aide's supervisor; and

(B) The Department of Education has been notified.

(f) Whenever the SLP-aide's performance is judged by the supervising speech-language pathologist to be unsatisfactory over two (2) consecutive observations, the

SLP-aide shall be retrained in the necessary skills and direct observations shall be increased to fifty percent (50%) of all clinical sessions until the SLP-aide's performance is judged to be satisfactory over two (2) consecutive observations.

6 CAR § 132-207. Scope of responsibilities of the speech-language pathology aide.

(a) Provided that the training, supervision, documentation, and planning are appropriate (i.e., consistent with these guidelines), the following tasks may be designated to a speech-language pathology aide:

(1) Conduct speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist;

(2)(A) Conduct routine activities for the purpose of reinforcement of previously learned material/skills, carried out under a plan of treatment developed and monitored by the supervising speech-language pathologist.

(B) The SLP shall be solely responsible for:

(i) Performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders;

(ii) Designing all intervention plans; and

(iii) Directly implementing such plans through the acquisition stage of intervention;

(3) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist, not to exceed the activities delineated in subdivision (a)(2) of this section;

(4) Perform pure-tone hearing screenings (without interpretation);

(5) Document student progress toward meeting established objectives as stated in the individualized education program (IEP) and report this information to the supervising speech-language pathologist;

(6) Assist the speech-language pathologist during assessment of students, such as those judged to be difficult to test;

(7) Assist with formal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist;

(8) Perform checks and maintenance of equipment; and

(9) Participate with the speech-language pathologist in:

(A) Research projects;

(B) In-service training; and

(C) Public relations programs.

(b)(1) There is a potential for possible misuse of the speech-language pathology aide, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist.

(2) Therefore, the speech-language pathology aide should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

(3) An individual's communication or related disorder or other factors may preclude the use of services from anyone other than a licensed speech-language pathologist.

(c) The SLP-aide may not:

(1) Perform standardized or nonstandardized diagnostic tests, formal or informal evaluation, or interpret test results;

(2) Perform intervention tasks associated with skill acquisition;

(3) Participate in parent conferences, case conferences, or in any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist;

(4) Provide student or family counseling;

(5) Write, develop, or modify a student's IEP in any way;

(6)(A) Assist with students without following the IEP prepared by the speech-language pathologist or without access to supervision.

(B) See 6 CAR § 132-206;

(7)(A) Sign any formal document (e.g., treatment plans, reimbursement forms, or reports).

(B) The aide may sign treatment notes for review and co-signature by the supervising professional;

(8) Select students for services;

(9) Discharge a student from services;

(10) Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

(11) Make referrals for additional services;

(12) Communicate with the student, family, or others regarding any aspect of the student status regarding:

(A) Diagnosis;

(B) Prognosis;

(C) Treatment; and

(D) Progress; or

(13) Represent himself or herself as a speech-language pathologist.

6 CAR § 132-208. Exclusive responsibilities of the speech-language pathologist.

(a) Complete initial supervision training prior to accepting an assistant/aide for supervision and upgrade supervision training on a regular basis.

(b) Participate significantly in hiring the assistant/aide.

(c) Document preservice training and credentials of the assistant/aide.

(d) Inform students and families about the level (professional vs. support personnel), frequency, and duration of services, as well as supervision.

(e)(1) Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports.

(2) This would not preclude the assistant/aide from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and reports for editing, approval, and signature by the speech-language pathologist.

. (f) Make all clinical decisions, including:

(1) Determining a student selection for inclusion/exclusion in the case load;
and

(2) Dismissing students from treatment.

(g) Communicate with students, parents, and family members about:

(1) Diagnosis;

(2) Prognosis;

(3) Treatment; and

(4) Progress.

(h) Conduct diagnostic evaluation, assessments, or appraisals and interpret obtained data in reports.

(i)(1) Review each treatment plan with the assistant at least weekly or every five (5) sessions.

(2) Review each treatment plan with the aide at least weekly.

(j) Delegate specific tasks to the assistant/aide while retaining legal and ethical responsibility for all student services provided or omitted.

(k) Prepare an individualized treatment plan and make modifications prior to or during implementation.

(l) Discuss the case with or refer the students to other professionals.

(m)(1) Sign all formal documents (e.g., treatment plans, reimbursement forms, reports).

(2) The supervisor should indicate on documents that the assistant/aide performed certain activities.

(n) Review and sign all informal progress notes prepared by the assistant/aide.

(o) Provide ongoing training to the assistant/aide on the job.

(p) Provide and document appropriate supervision of the assistant/aide.

(q) Ensure that the assistant/aide only perform tasks that are within the scope of responsibility of the speech-language pathology assistant/aide.

(r) Participate in the performance appraisal of the speech-language pathology assistant/aide.

6 CAR § 132-209. Registration of speech-language pathology assistants, speech-language pathology aides, and supervising speech-language pathologists.

(a) Individuals desiring to register as a speech-language pathology assistant, speech-language pathology aide, or supervising speech-language pathologist under this part must submit a completed registration application to the Department of Education (see 6 CAR § 132-301 et seq.), including all required attachments.

(b) This registration application must be approved in writing by the department before any personnel employed for the purposes established in this part may be engaged in activities associated with a program of speech-language pathology services delivery.

(c)(1) Notification of approval/disapproval of the registration application will be forwarded in writing by the department to the chief operating officer of the public agency, as well as to the individual designated on the registration application as the local contact person.

(2) In programs where this individual is not the supervising speech-language pathologist, notification of approval/disapproval of the registration application will also be forwarded to the supervising speech-language pathologist.

6 CAR § 132-210. In-service training and continuing education opportunities provided by or through the Department of Education.

(a)(1) The Department of Education will ensure that all individuals participating in approved programs for the use of speech-language pathology assistants/aides operating in conjunction with these guidelines shall participate in appropriately designed

training prior to the use of support personnel in the delivery of speech-language pathology services.

(2) It shall be the responsibility of the public agency to ensure the participation of such personnel in all required training activities.

(3) Documentation of each individual's participation must be maintained for review by the department.

(b) The department will provide for, or cause to be provided, appropriate training opportunities for individuals employed as speech-language pathology assistants/aides and supervising speech-language pathologists.

6 CAR § 132-211. Oversight monitoring by the Department of Education of speech-language pathology assistants/aides and supervising speech-language pathologists.

(a) The Department of Education shall review and approve all requests by public agencies providing special education services to children and youth to initiate and/or continue to use appropriately supervised SLP assistants and/or aides.

(b) The department shall, as a part of its regular schedule of monitoring public agencies' compliance with special education program standards, rules, and guidelines, review the compliance status of speech-language pathology services (i.e., the use of appropriately supervised SLP assistants and/or aides).

(c)(1) The department shall aggressively investigate reports of violations of these guidelines, and shall take appropriate action, consistent with its scope of authority under federal and state statute and regulation or rule, in the event that any individual employed for the purposes of working under this part is found to be acting in a manner that violates this part.

(2) Furthermore, if an individual who holds Board of Examiners in Speech-Language Pathology and Audiology licensure as a speech-language pathologist is found by the department to be in violation of this part, the department will notify the board of the complaint and findings for consideration under its investigative process.

Subpart 3. Guidelines for Preparation of Proposals for Use of Speech-Language Pathology Assistants and Speech-Language Pathology Aides in Public Agencies Providing Educational Services

6 CAR § 132-301. Generally.

(a)(1) Written proposals should be developed collaboratively by the supervising speech-language pathologist and the administrator or administrators who will be directly involved with the program (i.e., LEA supervisor, EC coordinator, superintendent, or building principal).

(2) Districts/cooperatives/DDS programs may design a service delivery model that best meets the needs of the students and professionals involved.

(3) Proposals will likely vary because of the diversity among students needing services and the qualifications and training of the assistants/aides.

(b)(1) Sharon Ross, Coordinator of the SLP Support Personnel Program, will provide consultation upon request to assist applicants in designing a model.

(2) Plans should maximize the potential to produce positive outcomes for students in an effective and efficient manner.

(3) All programs must be in compliance with the guidelines disseminated by the Department of Education.

6 CAR § 132-302. Proposal requirements.

Proposals must include the following:

- (1) Identifying information:
 - (A) District/cooperative/DDS program;
 - (B) Contact information (phone number, fax number, address);
 - (C) LEA supervisor/EC coordinator/center director and email;
 - (D) Supervising speech-language pathologist and email (include resume and documentation of certification/licensure); and
 - (E) SLP assistant/aide;
- (2) Signed statement of Assurances and Agreements (copy attached);

(3)(A) Job description for SLP assistant/aide or aides (sample format attached).

(B) Include the specific tasks to be performed under the direction of the supervising SLP;

(4) Qualifications of the SLP assistant/aide or aides (resume, transcript);

(5)(A) Description of caseload to be served.

(B) Include:

(i) Total caseload size;

(ii) Severity of students served; and

(iii) Number of students served at each school/site.

(C) Caseload will be reported on the registration list provided to the Department of Education, you should report anticipated caseload to be served;

(6)(A) Service delivery/supervision plan.

(B) Include:

(i) The settings in which services will be provided;

(ii) Employment status (FTE) of personnel;

(iii) The anticipated schedule of service by supervising SLP and assistants/aides; and

(iv) A description of how the supervising SLP will provide both direct and indirect supervision required; and

(7)(A) Training plan.

(B) A description of training aimed at assuring that the speech-language pathology assistant/aide possesses the competencies to conduct tasks described.

6 CAR § 132-303. Contact information.

For assistance in proposal development, contact:

Ms. Sharon Ross, Arch Ford Ed. Cooperative

Phone: (501) 354-2269

Email: sharon.ross@archford.org

101 Bulldog Dr.
Plumerville, AR 72127

Ms. Lisa Haley
Phone: (501) 682-4221
Arkansas Department of Education
Special Education Unit

6 CAR § 132-304. Supervision and evaluation.

(a) Supervision.

(1)(A) Proper supervision requires effective planning and communication among all individuals concerned.

(B) Supervision should be the joint responsibility of the supervising speech- language pathologist, school principal, and/or designated administrator and the supervisor for special education for the district.

(C) It is important that supervision be well organized and consistent.

(D) If the speech-language assistant/aide works at a school when the supervising speech-language pathologist is not present, the individual school principal or a certified designee shall be responsible for the supervision of the assistant.

(2)(A) If, at any time, a question or problem should arise relating to the supervision of the speech-language assistant, all concerned with the supervision of the assistant should be available for consultation.

(B) If resolution of the problem or question cannot be informally attained, then any personnel involved in the matter should follow the established chain of command until a final resolution is reached.

(C) It is suggested that formal communication between the assistant/aide and speech-language pathologist and any other involved in supervision of the assistant/aide be documented in writing.

(3)(A) The chain of command should be clearly delineated to supervisors and assistants.

(B) In the event that complaints, comments, suggestions, or any other relevant input are necessary, all team members will know with whom to discuss these issues.

(b) Evaluation.

(1)(A) Evaluation of the on-the-job performance of the assistant/aide is an essential component of the program.

(B) While the supervising speech-language pathologist is a primary source of supervisory information as to the assistant's/aide's performance, the evaluation is the primary responsibility of each school principal or person so designated by the local school board to be in charge of education personnel evaluation.

(2)(A) The supervisory checklists completed by the supervising speech-language pathologist during observation activities will form the basis for job performance evaluation of assistants/aides.

(B) While the supervisory checklists will be reviewed, a formal evaluation should be scheduled and conducted according to the policy and procedures of the local school district.

(3)(A) The evaluation can be an excellent source of data related to appropriate topics for inservice training.

(B) Skills that may need to be expanded or updated can be identified.

(C) Duties or responsibilities that may not be well understood can be targeted for review.

(D) In addition, this is an opportunity for supervisors and assistants to review the job description and discuss any changes that may assist in clarifying expectations, as well as limitations, of the position.

6 CAR § 132-305. Training overview.

(a) Speech-language pathology assistant/aide training should include the following:

(1) Orientation:

(A) Required introductory training (S.O.S. Managing Support Personnel):

(i) History of use of support personnel;

- (ii) ASHA policies/Code of Ethics;
- (iii) Registration procedures;
- (iv) Roles and responsibilities of SLP and support personnel;
- (v) Caseload and scheduling;
- (vi) Supervision of support personnel;
- (vii) Developing training plan; and
- (viii) Documenting supervision; and

(B)(i) Training by supervising speech-language pathologist:

- (a)* Review of support personnel regulations/Code of Ethics;
- (b)* Policies and procedures of school/co-op;
- (c)* Due process procedures;
- (d)* Charting, daily record keeping, lesson plans;
- (e)* How to use available therapy materials; and
- (f)* Other clerical tasks.

(ii) **Format for ongoing training.** Subsequent to the speech-language pathologist selecting students for individual or group drill and practice sessions directed by the assistant/aide, students' IEPs and lesson plans are reviewed and activities discussed;

(2) Observation (SLP and support personnel on-site):

(A) SLP provides services and interacts/directs observations of the SLP-A;

and

(B) Ensures understanding, models service delivery;

(3)(A) Participation (SLP and support personnel on-site).

(B) SLP and assistant/aide work together during drill and practice sessions as the assistant/aide practices the following under the supervision of the SLP:

- (i) Monitoring correct and incorrect productions;
- (ii) Recording responses;
- (iii) Appropriate methods to correct incorrect productions;
- (iv) Providing directions to students regarding activities;

(v) Behavior management for individual students and small groups of students;

(vi) Techniques that can be used to elicit improved sound, word, phrase, or sentence production;

(vii) Methods of positive reinforcement; and

(viii) Reliability checks; and

(4) Implementation (SLP-A provides therapy while SLP observes):

(A) SLP supervises and provides feedback to SLP-A;

(B) Reliability checks completed frequently at first;

(C) Periodic reliability checks completed;

(D) Discusses issues relevant to directing successful drill and practice sessions; and

(E) SLP determines need for additional training.

(b)(1) Each time the speech-language pathologist assigns new groups or individual students, changes therapy approach, or modifies therapy targets, the above training format should be utilized.

(2) Training should emphasize competency-based skill acquisition.

(3) Speech-Language Pathology Assistant/Aide Competency Checklist can be used to facilitate training of tasks assigned to the assistant/aide.

6 CAR § 132-306. Development of training plan.

(a)(1) A training plan for the assistant/aide must be developed and maintained each year.

(2) The speech-language pathologist and assistant/aide should determine training needs.

(3) This training should include:

(A) Formal workshops;

(B) Observation of the SLP during implementation of therapy; and

(C) Participation in therapy activities with the SLP, including reliability checks.

(4) The SLP must ensure that the assistant/aide has had adequate training before the assistant/aide provides direct treatment assistance.

(b)(1) Speech-language assistants must participate in ten (10) hours of training annually in formal workshops provided by ArkSHA, school district, etc.

(2) Training must be related to the job description of the SLP-assistant.

(c)(1) Speech-language aides must participate in forty (40) hours of training during the first year and ten (10) hours of training in subsequent years.

(2) This training must be formal workshops and may include paraprofessional training, workshops provided by the district, etc.

(3) Training must be related to the job description of the SLP-aide.

(d) On-the-job training should also be documented on the initial training plan.

(e) **Review session — September.**

(1) Required training session for speech-language pathologists, assistants, and aides who are in their second year of implementation of the support personnel model.

(2) This workshop will provide a brief review of the Department of Education guidelines and an update on the status of this service delivery model.

(3)(A) Participants will have the opportunity to share information about:

- (i) Designing a schedule;
- (ii) Developing lesson plans; and
- (iii) Documenting supervision.

(B) This session will also provide a forum to discuss strategies to improve the implementation of this service delivery model.

Subpart 4. Guidelines for Determining Central Auditory Processing Disorder

6 CAR § 132-401. Definitions.

As used in this subpart:

(1)(A) "Central auditory processing" means the auditory system mechanisms and processes responsible for the following behavioral phenomena:

- (i) Sound localization and lateralization;

- (ii) Auditory discrimination;
- (iii) Temporal aspects of audition, including:
 - (a) Temporal resolution;
 - (b) Temporal masking;
 - (c) Temporal integration; and
 - (d) Temporal ordering;
- (iv) Auditory performance decrements with competing acoustic

signals; and

- (v) Auditory performance decrements with degraded acoustic signals.

(B)(i) These mechanisms and processes are presumed to apply to nonverbal as well as verbal signals and to affect many areas of function, including speech and language.

- (ii) They have neurophysiological as well as behavior correlates.

(C)(i) Many neurocognitive mechanisms and processes are engaged in recognition and discrimination tasks.

(ii) Some are specifically dedicated to acoustic signals, whereas others (e.g., attentional processes, long-term language representations) are not.

(iii) With respect to these nondedicated mechanisms and processes, the term "central auditory processes" refers particularly to their deployment in the service of acoustic signal processing; and

(2)(A) "Central auditory processing disorder (CAPD)" means an observed deficiency in one (1) or more of the above-listed behaviors.

(B)(i) Central auditory processing disorder is not a standalone category for receipt of special education services.

(ii) However, students with CAPD may be eligible for special education services under an existing category of disability if the CAPD manifests itself in such a way as to result in an adverse effect on educational performance.

(C)(i) For students with CAPD, a multidisciplinary evaluation is necessary.

(ii) Although audiology may be the primary discipline involved in the diagnosis, it will be important for the speech-language pathologist, classroom teacher,

and psychological examiner to be involved in determining the manner in which a student's CAPD impacts educational performance.

(iii) Based on this information and the required evaluations for any disability category considered, the student's evaluation committee must make a decision about eligibility and services needed, if any.

(D)(i) Students with CAPD may meet the eligibility requirements for speech or language impairment when the language area of perception and processing is considered.

(ii) Please refer to 6 CAR § 131-110.

(iii) The student may also qualify for special education services if the CAPD manifests as a specific learning disability.

(E)(i) For some persons, CAPD is presumed to result from the dysfunction of processes and mechanisms dedicated to audition.

(ii) For others, CAPD may stem from some more general dysfunction, such as an attention deficit or neural timing deficit, that affects performance across modalities.

(iii) It is also possible for CAPD to reflect coexisting dysfunctions of both sorts.

(iv) The clinician should attempt to determine the factors that contribute to the disturbance of auditory behaviors (e.g., auditory, cognitive, linguistic), as these may influence clinical decision making (ASHA, 1995).

(F) Individuals with CAPD exhibit language-related academic deficits with no observable explanations with regard to:

(i) Hearing status;

(ii) Intellectual functioning;

(iii) Articulation disorder;

(iv) English as a primary language; or

(v) Emotional disturbance.

(G)(i) CAPDs have been reported for persons manifesting a large and diverse set of clinical problems.

(ii) In some cases, CAPD is observed in students who show clear evidence of central nervous system (CNS) pathology.

(iii) CAPD may also be associated with conditions where CNS pathology is uncertain (e.g., developmental language disorder or learning disability).

(iv) Although the links between them are complex, CAPD has a potential impact on both language learning and language use for clients with and without clear evidence of neuropathology.

6 CAR § 132-402. Possible referral characteristics.

(a)(1) Central auditory processing disorders may specifically fall into one (1) of the following subprofiles.

(2) A definition and characteristics of each subprofile are presented.

(b) Auditory decoding deficits involve:

(1) The inability to:

(A) Discriminate fine acoustic differences in speech with poor auditory discrimination or poor auditory closure; and

(B) Hear differences between speech sounds;

(2) Poor auditory closure abilities;

(3)(A) Poor performance on tests of monaural low-redundancy speech and speech in noise.

(B) Right ear performance is often poorer than left ear performance.

(C) Errors tend to be phonemically similar to the target ("bite" for "bike");

(4) Listening difficulties in situations where:

(A) External redundancy is reduced;

(B) Child is unfamiliar with vocabulary;

(C) Information is presented without sufficient contextual or visual cues;

(D) Noise is excessive;

(E) Environment is highly reverberant (i.e., large auditoriums, lunchroom, playground); or

- (F) Child is engaged in group activities (e.g., sports) or social communication;
- (5) Becomes fatigued much more quickly than their peers;
 - (6) Demonstrates poor listening habits;
 - (7) Report that they cannot or did not hear what was said;
 - (8) Misunderstands common words;
 - (9) Frequently requests to have information repeated;
 - (10) Processes information slowly and inaccurately;
 - (11) Reaches auditory overload quickly;
 - (12) May perform well in subjects where phonemic decoding is not required, such as math computation;
 - (13) Difficulty with:
 - (A) Development of vocabulary;
 - (B) Syntax;
 - (C) Semantics; and
 - (D) Second language acquisition;
 - (14) Difficulty with reading, particularly when an auditory phonics approach is applied;
 - (15) Difficulty with:
 - (A) Spelling;
 - (B) Note taking;
 - (C) Following directions; or
 - (D) Answering simple questions; and
 - (16) May demonstrate problems with retention, discrimination, and/or sound blending of phonemes.
- (c) Auditory integration deficits involve:
- (1) The inability to perform tasks that require intersensory or interhemispheric communication resulting in the inability to synthesize pieces of information into a useable whole;

(2)(A) Difficulty with tasks that require interhemispheric communication, within and/or across modality.

(B) For example, integrating auditory with visual functions or linguistic-based auditory information with nonlinguistic auditory information, such as rhythm and pattern perception;

(3) Demonstrates abnormal left ear suppression on dichotic listening tasks, combined with bilateral deficits on tests of temporal patterning which require a verbal report;

(4) Difficulty determining how to do some tasks;

(5) Difficulty with multimodality tasks, such as:

(A) Note taking;

(B) Drawing a picture from verbal or written instructions;

(C) Dancing to the beat of music; or

(D) Singing/playing an instrument;

(6)(A) Asks many task-related questions.

(B) Requires task parameters;

(7) Difficulty putting parts into whole;

(8) Tends to watch and wait;

(9) Difficulty getting started on or moving quickly from task to task;

(10) Requires more time to complete the same task as peers;

(11) Easily overwhelmed and often gives up or responds "I don't know" if given lengthy assignments or instructions;

(12) Processes slowly, but may eventually reach the correct answer;

(13) May do poorly in some situations where noise is present;

(14) Difficulty with:

(A) Sound symbol association;

(B) Reading recognition; and

(C) Use of symbolic language (e.g., math application);

(15) Difficulty with:

(A) Sight word recognition;

- (B) Spelling;
- (C) Writing skills; and
- (D) Other sensory integrative tasks;

(16)(A) Inability to perceive and/or use the prosodic aspects of speech, including:

- (i) Rhythm;
- (ii) Stress; and
- (iii) Intonation.

(B) Spoken sentences may sound like strings of unrelated words, with no relative stress to emphasize key words and other cues; and

(17) Possible problems with visual motor tasks.

(d) Auditory association deficits involve:

(1) The inability to:

- (A) Apply the rules of language to incoming acoustic signal; and
- (B) Receive pieces of auditory information, analyze them, and attach

meaning to them;

(2) Demonstrates bilateral deficits on dichotic listening tasks;

(3) Performance on tests of temporal patterning is often good;

(4)(A) Speech sound discrimination typically is quite good.

(B) However, word recognition itself may be poor;

(5)(A) Exhibits receptive language deficits in:

- (i) Vocabulary;
- (ii) Semantics; and
- (iii) Syntax.

(B) Pragmatic and social communication skills may be poor;

(6) Often exhibits difficulty with:

(A) Sentences presented in the passive voice (e.g., The ball was thrown by the girl.);

- (B) Compound sentences; and
- (C) Other linguistically complex messages;

- (7) Inability to attach linguistic meaning to phonemic units of speech;
- (8) Often requests clarification, saying "I don't know what you mean", or "I don't understand";
- (9) Difficulty with:
 - (A) Vocabulary;
 - (B) Word naming;
 - (C) Syntax;
 - (D) Semantics; or
 - (E) Verbal/written expression;
- (10) Problems with pragmatic language/social communication;
- (11) Demonstrates errors of:
 - (A) Punctuation;
 - (B) Grammar;
 - (C) Verb tense; and
 - (D) Capitalization;
- (12) Written work may contain stilted language across sentences (e.g., "We went to the park. We went to the store. We went to the movies.");
- (13) Does not understand jokes, idioms, multiple meanings, etc.;
- (14) Adequate reading recognition (decoding) with poor comprehension;
- (15) Difficulty with word problems in math;
- (16)(A) Demonstrates increased academic difficulties with increased linguistic demands.
 - (B) Difficulties become more apparent about third, fourth, or fifth grade;
- (17) Difficulty with:
 - (A) Independent work;
 - (B) Whole language approaches; and
 - (C) Self-monitoring of learning behavior;
- (18) Often able to repeat verbatim instructions given, but does not necessarily comprehend; and
- (19) Possible early problems with phonology.

(e) Output-organization deficits involve:

(1) The inability to:

(A) Organize, sequence, plan, or recall appropriate responses resulting in difficulty on tasks where success is dependent on efficient motor pathway transmission or motor planning skills; and

(B) Sequence, organize, and recall what is heard;

(2) Poor performance on tests that require the child to report on multiple elements because of inability to formulate the appropriate response;

(3) Demonstrates abnormal contralateral acoustic reflexes and extremely poor speech-in-noise skills;

(4) Performance on monaural low-redundancy speech tasks will be unaffected;

(5)(A) Demonstrates expressive language problems that involve syntax and articulation.

(B) Errors often consist of perseverative responses of previously heard words.

(C) Sequencing errors and sound blending difficulties are not uncommon;

(6)(A) Demonstrates poor performance on any task that requires report of more than two (2) critical elements.

(B) Poor memory-based skills, such as word recall or sequential memory;

(7) Demonstrates poor organizational skills, reversals, poor recall and word retrieval abilities, and difficulty:

(A) Following directions;

(B) Taking notes; or

(C) Remembering assignments that have several parts;

(8)(A) Listening behaviors are disorganized and impulsive.

(B) Poor planning may look like attention deficit disorder;

(9) Spelling, writing, and sound blending are often poor, with good reading comprehension; and

(10) Possible difficulty with fine or gross motor skills.

6 CAR § 132-403. Components of an assessment for central auditory processing.

(a) When an evaluation committee is considering a student's need for special education based upon CAPD, there are some basic criteria that the student must meet.

(b) The student must:

- (1) Be three (3) years of age or older;
- (2) Have normal or near normal cognitive functioning;
- (3) Have normal or near normal hearing sensitivity;
- (4) Have normal middle ear functioning;
- (5) Have no primary emotional disturbance; and
- (6) Be a native English speaker.

(c) Other components that should be considered by the student's evaluation committee consist of:

(1) Audiometric assessment that includes:

- (A) Pure-tone;
- (B) Speech audiometry; and
- (C) Impedance audiometry;

(2) CAPD assessment component, including:

- (A) Auditory attention;
- (B) Auditory figure ground or selective listening;
- (C) Binaural separation;
- (D) Binaural integration; and
- (E) Temporal sequencing; and

(3)(A) Speech and language assessment, including information on phonological awareness.

(B) The language assessment should also provide information concerning the student's:

- (i) Auditory perception;
- (ii) Auditory discrimination;
- (iii) Auditory memory/recall;

- (iv) Auditory reasoning/association; and
- (v) Auditory comprehension.

6 CAR § 132-404. Programming.

(a)(1) Management of CAPD should involve a team of professionals that can include:

- (A) Speech-language pathologists;
- (B) Psychologists;
- (C) Learning disabilities specialists;
- (D) Audiologists;
- (E) Neurologists; and
- (F) Physicians.

(2) The amount of each member's involvement depends on:

- (A) What the specific disorder is;
- (B) Its practical effects on the child's daily life; and
- (C) How necessary medical treatment is.

(b) Management can be divided into three (3) main categories:

(1) Environmental modifications.

(A) Adjusting the environment to minimize noise and improve the child's ability to process auditory information.

(B) Examples of environmental modifications are:

- (i) Preferential classroom seating;
- (ii) Reduction of extraneous noise; and
- (iii) Repeating or rephrasing information;

(2) Direct intervention.

(A) Techniques used to improve auditory discrimination, integration skills, and associative skills, as well as teaching specific language or academic skills.

(B) Examples of direct intervention are:

- (i) Training the child to hear differences in sounds or words;

(ii) Teaching the child to pick out sounds or words when there is background noise; and

(iii) Teaching the child to use rhythm and tempo cues in speech; and

(3) Compensatory strategies.

(A) Allowing the child to use or teaching the child strategies to compensate for the auditory deficit and strategies for coping in daily life.

(B) Examples of compensatory strategies are:

(1) Allowing a child to tape record class lectures;

(2) Teaching the child how to ask for repetition; and

(3) Encouraging the child to use visual cues to enhance the auditory signal.

(c)(1) Regardless of the specific type of CAPD, every child should have a management plan that includes intervention techniques from each of these categories.

(2) However, programming must be individualized based on the specific type of CAPD and the specific education, communicative, and social-emotional problems being experienced by the child.

(d) Environmental modifications, direct interventions, and compensatory strategies, consistent with subprofile characteristics, may include:

(1) Auditory decoding deficits:

(A) Consonant and vowel training, as well as specific training of speech-to-print skills;

(B) Vocabulary building and other auditory closure activities designed to teach the child to use contextual cues;

(C) Therapy to improve auditory discrimination, listening, and noise tolerance skills;

(D) Preferential seating with line of vision to primary speaker emphasized over distance;

(E) Improve signal-to-noise ratio through acoustic modifications and/or use of assistive listening devices;

(F) Minimize noise in classroom;

- (G) Use clear, concise, and explicit language;
- (H) Repeat if you can say the message acoustically clearer;
- (I) Rephrase information only if sufficient information is added to clarify the original message;
- (J) Use an attention getting device, such as calling the child's name or using tag words to mark key points (first, last, before, after, this, that, etc.);
- (K) Give instruction, information, and assignments in writing;
- (L) Preteach new and/or unfamiliar vocabulary;
- (M) Use visual and contextual cues;
- (N) Avoid or modify oral tests;
- (O) Give spelling words in sentences;
- (P) Tape record class lectures;
- (Q) Consider use of:
 - (i) A computer;
 - (ii) Books on tape; or
 - (iii) A note taker/classroom "buddy";
- (R) Improve lip reading skills; and
- (S) Allow use of sign language as foreign language requirement;
- (2) Auditory integration deficits:
 - (A) Preferential seating with line of vision to primary speaker emphasized over distance;
 - (B) Because the quality of sound is not the issue, the use of assistive listening devices is not recommended;
 - (C) Management approaches designed to improve interhemispheric transfer of information;
 - (D) Linguistic labeling of tactile stimuli, music, singing, and dance activities, and following verbal instructions to complete art projects;
 - (E) Training in the use of prosodic aspects of speech, including key word extraction reading aloud daily while emphasizing rhythm, stress, and intonational patterns is a good home-based activity;

(F) Playing "Simon Says", identifying the who, what, when, and where from a story, newspaper, or magazine article, playing with a Simonâ toy, cooking with a recipe, doing household chores that have a specific order/pattern, working jigsaw puzzles, or building models;

(G) Placement in a well-structured, "hands-on" learning environment with a teacher who is animated rather than:

- (i) Quiet;
- (ii) Reserved; or
- (iii) Monotonous;

(H)(i) Use of multi-modality cues, such as visual and tactile aids, may result in confusion rather than clarification.

(ii) Effective only if concrete examples and repeated modeling of the desired outcome are provided;

(I)(i) Repeat information with:

- (a)* Related gestures;
- (b)* Demonstration; or
- (c)* Emphasis on key points.

(ii)*(a)* Never rephrase.

(b) This confuses the child, who may think it is a new message;

(J) Provide extra time and practice to complete tasks;

(K) Give tests that are not timed, including standardized tests;

(L) Provide an alternative way to complete tasks;

(M) Provide regular review of learned material;

(N) Consider use of:

- (i) Tape recorders;
- (ii) Note takers; or
- (iii) Books on tape; and

(O) Use of behavioral contracts that define the task and the time or number of items necessary for completion;

(3) Auditory association deficits:

(A)(i) Language intervention and speech-language services are often a key component metacognitive techniques designed to strengthen the memory and aid in item recall.

(ii) Training the child to utilize:

- (a) Verbal rehearsal;
- (b) Chunking;
- (c) Tag words;
- (d) Paraphrasing;
- (e) Outlining; and
- (f) Other organizational aids.

(iii) Therapy to improve:

- (a) Problem solving;
- (b) Decision making; and
- (c) Semantic mapping.

(iv) Teach:

- (a) Categories and labels;
- (b) Multiple-meaning words;
- (c) Negative questions;
- (d) Antonyms;
- (e) Synonyms; and
- (f) Homonyms.

(v) Teach use of linguistic rules to the sounds a child hears;

(B) Preferential seating with line of vision to primary speaker emphasized over distance;

(C) Because the quality of sound is not the issue, the use of assistive listening devices is not recommended;

(D) Adjust environment to minimize noise;

(E)(i) Placement in an educational environment that uses a systematic, logical, multisensory, rule-based approach to language and learning.

(ii) A whole language classroom is not appropriate;

- (F) Provide frequent opportunities to learn and practice language rules;
- (G)(i) Use multiple choice or closed set fill-in-the-blank tests.
 - (ii) Avoid open-ended test questions;
- (H) Encourage child to:
 - (i) Draw diagrams;
 - (ii) Highlight; and
 - (iii) Make notes in the margin;
- (I) Teach use of a dictionary and/or thesaurus;
- (J) Waive foreign language requirement;
- (K) Use clear, concise, and explicit language;
- (L) Preteach new or unfamiliar vocabulary;
- (M)(i) Rephrasing information using simpler language rather than repeating.
 - (ii) Comprehension should be checked by asking the child to paraphrase or demonstrate what is expected; and
- (N) Impose external organization within the classroom to guide independent work and self-monitoring; and
- (4) Output-organization deficits:
 - (A) Language intervention and speech-language services are often a key component;
 - (B) Management strategies designed to improve organization;
 - (C)(i) Improve signal-to-noise ratio through acoustic modifications.
 - (ii) Use of assistive listening devices may be useful.
 - (iii) Audiologist should confirm true noise intolerance;
 - (D) Preferential seating with line of vision to primary speaker emphasized over distance;
 - (E) Impose external organization within the classroom;
 - (F) Emphasize metacognitive techniques;

(G) Use both repetition and rephrasing of critical messages and instructions, but only if the message and required response is broken down into smaller linguistic units of no more than two (2) critical elements;

(H) Teach use of:

(i) Outlines;

(ii) Checklists; and

(iii) Assignment notebooks;

(I) If demonstrating poor written expression, allow dictation of child's answers by a parent or use of a tape recorder when completing assignments;

(J) Allow use of a computer in the classroom;

(K) Teach the use of:

(i) Specific order or sequence, verbal rehearsal, and mnemonic devices; and

(ii) Story retelling, picture sequencing, and describing the action in cartoon strips box by box; and

(L) Teach the use of visualization and visual imagery.

Subpart 5. Procedures for Hearing Screening and Follow-up Early Childhood Special Education Hearing Screening

6 CAR § 132-501. General.

(a)(1) Hearing disorders of varying types are prevalent in the preschool population.

(2) Studies have reported that up to eighty percent (80%) of children attending daycare centers may exhibit frequent ear infections and resulting hearing loss.

(3) A hearing screening program for the three-year-old to five-year-old population can assist in identifying the at-risk children.

(b)(1) The following guidelines apply when establishing an early childhood hearing screening program.

(2) Initial screening of children ages three (3) to five (5) should be completed by appropriately trained personnel.

(3) Such personnel may include trained volunteers or school personnel.

(4) For assistance in establishing the hearing screening process, contact the Department of Health.

(c)(1) Children who fail the initial screening should be rescreened in two (2) to four (4) weeks, due to the many false results of hearing screening that occur at this young age.

(2) This second screening should be completed by individuals with increased knowledge of hearing loss.

(3) These may include school nurses, speech language pathologists, area services consultants for the hearing impaired, etc.

(d)(1)(A) Failure of the second screening constitutes an automatic referral for consideration for early childhood special education services.

(B) Prior to the referral conference, informal observation of the child should be conducted with attention to the following presenting characteristics.

(C) The area services consultant for the hearing impaired can provide assistance in this process.

(2) **Behavior.**

(A) Frequently uses neutral response, smiling, saying "yes", and periodically nodding in situations where he or she lacks understanding.

(B) Has difficulty following verbal directions or does not respond.

(C) Frequently asks to have statements repeated.

(D) May appear hyperactive, if he or she is dependent upon monitoring the environment visually and tactually.

(E) Is inattentive in group activities.

(F) Appears to be confused, especially in noisy situations.

(G) Gives inappropriate answers to simple questions.

(H) Has complete or partial misunderstanding of conversation.

(I) Is overly dependent on visual clues.

(J) May have a low tolerance for frustration.

(K) Often speaks too loudly or too softly.

(3) Communication abilities.

(A) Language:

(i) Difficulty expressing ideas;

(ii) Words frequently omitted from sentences;

(iii) Limited vocabulary;

(iv) Incorrect sentence structure; and

(v) Difficulty following directions.

(B) Speech:

(i) Voice quality harsh, breathy, nasal, and/or monotone; and

(ii) Developmentally appropriate sounds distorted and/or omitted from words (i.e., "I caught a fish" may be spoken as "I cau-fi-").

(C) Auditory:

(i) Turns head to one (1) side to hear better;

(ii) Has difficulty in locating source of sounds or speech;

(iii) Responds better to environmental noises than to voice; and

(iv) Has problems understanding speech after a head cold subsides.

(4) Physical/medical.

(A) History of frequent earaches or ear discharge, nasal obstruction with associated mouth breathing, or other nasal symptoms, such as frequent colds, sneezing, allergies, history of viral infections, high fever, etc.

(B) Family history of hearing loss and/or ear diseases.

(C) History of dizziness and balance problems.

(D) Deformity of oral facial structure (i.e., cleft palate).

(e) If the referral conference decision is that the child is not experiencing developmental difficulties, the conference decision form should reflect that evaluation is not necessary at this time, but that the child's hearing will be screened annually.

(f) If the referral conference decision is that the child is experiencing developmental difficulties, an evaluation is required, including an otological examination for a child with a history of frequent ear infections.

Subpart 6. Arkansas Standards for Educational Interpreters and Transliterators

6 CAR § 132-601. Introduction.

(a)(1) Public agencies employing educational interpreters for the deaf, deaf-blind, hard of hearing, or oral deaf must comply with the legal standards established by the Department of Education.

(2) See 6 CAR § 130-2402(b)(3).

(b)(1) The standards for educational interpreters and transliterators in Arkansas, as well as the timelines to meet the standards for those educational interpreters/transliterators under provisional status, are set forth in this subpart.

(2) All educational interpreters and transliterators employed by a school district prior to the beginning of the 2015–2016 school year must obtain the minimum standards within the applicable required timeframe starting from the beginning of the 2015-2016 school year.

(c)(1) Also included in this subpart is guidance for professional development, roles and responsibilities, and professional conduct of those involved in the educational interpreting process.

(2) Administrators, classroom teachers, and educational interpreters/transliterators can use this information to understand the professional role of the educational interpreter/transliterator as part of the educational team.

(d) This subpart does not replace or take away any responsibilities of other federal and state statutes that are to be adhered to by the public school institutions and/or the individuals employed as educational interpreters.

(e)(1) The communication preference of a student should be determined prior to enrollment in the educational setting if possible, and that determination will drive the selection of appropriate related services.

(2) The Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq., states that interpreting services are related services (Individuals with Disabilities Education Act, 20 U.S.C. § 1401(26), 34 C.F.R. § 300.34(c)(4)).

(3) These services could include:

- (A) Oral transliterations;
- (B) Cued speech transliterations;
- (C) Manual codes of English; or
- (D) American Sign Language (ASL) interpreting.

(4) ASL services are typically referred to as interpreting and other English-based sign systems or visual representations of English are referred to as transliteration.

(f)(1) The fundamental role of an interpreter, regardless of specialty or place of employment, is to facilitate communication between persons who are deaf and/or hard of hearing and others.

(2) Educational interpreters facilitate communication between students who are deaf and/or hard of hearing and others, including:

- (A) Teachers;
- (B) Service providers; and
- (C) Peers within the educational environment.

(3) The educational interpreter/transliterator is a member of the educational team and should attend meetings where educational issues are discussed concerning students for whom services are provided by that interpreter.

6 CAR § 132-602. Definitions.

(a)(1) The following terms may be used in relation to interpreting for students who are deaf and hard of hearing within a classroom.

(2) It is important that the educational interpreter/transliterators be familiar with these terms and how they may apply to his or her particular setting.

(b) As used in this subpart:

(1)(A) "American Sign Language (ASL)" means a visual language used by the majority of persons who linguistically and culturally identify themselves as part of the Deaf community.

(B) ASL is a distinct language with its own set of:

- (i) Rules;
- (ii) Grammar; and
- (iii) Syntax;

(2) "Cued speech" means a system for visual representation of spoken language utilizing eight (8) handshapes and four (4) hand locations near the face to supplement speech;

(3) "D/deaf":

(A) The uppercase "D" in "Deaf" is used for a group of deaf people who share a common language (ASL) and culture; and

(B) The lowercase "d" in "deaf" is used for the audiological condition of not being able to hear;

(4) "Educational team" means a group of individuals within the educational setting who work together to plan and implement the individualized education program for the student who is deaf or hard of hearing;

(5) "Fingerspelling" means the representation of the twenty-six (26) letters of the alphabet through specific hand shapes and an essential part of ASL;

(6) "Interpreter" means a generic term used to describe individuals in the profession of interpreting and transliterating;

(7) "Interpreting" means listening to spoken English and rendering the equivalent message in American Sign Language or processing an ASL message and voicing the equivalent message in spoken English;

(8) "Oral interpreting" means a visual reproduction of what is being said in order to speechread the communication;

(9) "RID" means the Registry of Interpreters for the Deaf, Inc.;

(10) "Transliterating" means listening to spoken English and signing in English word order using either a manually coded English system/contact language variety or watching signs in a manually coded sign system/contact language variety and voicing into spoken English; and

(11) "Voice interpreting/voicing" means a rendition of another person's signs into spoken English.

6 CAR § 132-603. Standards for sign language interpreters/transliterators.

(a) Sign language/spoken English interpreters are highly skilled professionals that facilitate communication between hearing individuals and individuals who are deaf or hard of hearing.

(b) Minimum standards:

(1) Must hold a valid interpreter's license issued by the Department of Health;

(2) Must have a high school diploma or equivalent; and

(3) Either a:

(A) 3.0 on the Educational Interpreter Performance Assessment (EIPA); or

(B) Quality Assurance Screening Test (QAST) 3/3

(transliterating/interpreting).

(c) **Provisional standards.**

(1) Provisional standard timelines are cumulative for all employment within educational settings and may not be repeated from school district to school district.

(2) Must obtain minimum standards within two (2) academic years of employment if, at the time of employment, he or she:

(A) Is either:

(i) A qualified interpreter licensed by the Department of Health; or

(ii) Eligible to apply to be a qualified interpreter licensed by the Department of Health and applies within one (1) month of employment to obtain licensure; and

(B) Holds at least a:

- (i) 2.5 EIPA; or
- (ii) QAST 2/2 (transliterating/interpreting).

(3) Must obtain minimum standards within three (3) academic years of employment if, at the time of employment, he or she:

(A) Is either:

- (i) A qualified interpreter licensed by the Department of Health; or
- (ii) Eligible to apply to be a qualified interpreter licensed by the Department of Health and applies within one (1) month of employment to obtain licensure; and

(B) Holds at least a:

- (i) 2.0 on EIPA; or
- (ii) QAST 1/1 (transliterating/interpreting).

(d) **Preferred standards.** The preferred standard of educational interpreters for all employment within educational settings exceeds the minimum standard:

- (1) Meet minimum standards;
- (2) Possess a baccalaureate or associate's degree;
- (3) Obtain a passing score on the EIPA written assessment; and
- (4) Holds credentials with the Registry of Interpreters for the Deaf.

6 CAR § 132-604. Standards for oral transliterators.

(a)(1) Oral transliterators, also called oral interpreters, facilitate spoken communication between individuals who are deaf or hard of hearing and individuals who are not.

(2) Individuals who are oralists use speech and speechreading as their primary mode of communication and may or may not know or use manual communication modes or sign language.

(b) Minimum standards:

- (1) Must hold a valid interpreter's license issued by the Department of Health;
- (2) Must have a high school diploma or equivalent; and

(3) Must have an oral interpreter or transliterator certificate from the Registry of Interpreters for the Deaf.

(c) Provisional standards.

(1) Provisional standard timelines are cumulative for all employment within educational settings and may not be repeated from school district to school district.

(2) Must obtain minimum standards within two (2) academic years of employment if, at the time of employment, he or she is a qualified licensed interpreter by the department or is eligible to apply to be a qualified licensed interpreter and applies within one (1) month of employment.

6 CAR § 132-605. Standards for cued language transliterators.

(a) Cued language transliterators provide individuals who are deaf or hard of hearing with access to the auditory information by using a visual representation of spoken language utilizing eight (8) handshapes and four (4) hand locations near the face.

(b) Minimum standards:

(1) Must hold a valid interpreter's license issued by the Department of Health;
(2) Must have a high school diploma or equivalent; and
(3) Must have a Transliterator Skills Certificate from the Testing, Evaluation, and Certification Unit.

(c) Provisional standards.

(1) Provisional standard timelines are cumulative for all employment within educational settings and may not be repeated from school district to school district.

(2) Must obtain minimum standards within two (2) academic years of employment if, at the time of employment, he or she is a qualified licensed interpreter by the department or is eligible to apply to be a qualified licensed interpreter and applies within one (1) month of employment.

6 CAR § 132-606. Professional development.

(a) Interpreters/transliterators licensed by the Department of Health are required to complete continuing education units according to Rules Governing the Advisory Board for Interpreters between Hearing Individuals and Individuals who are Deaf, Deafblind, Hard of Hearing, or Oral Deaf and Rules Governing the Licensure of Provisional and Qualified Interpreters, 20 CAR pt. 10.

(b) Planned professional development activities should be made available to educational interpreters/transliterators just as they are to teachers and other school employees.

(c) Professional development can be provided in a variety of ways, including:

- (1) In-service training programs;
- (2) Workshops;
- (3) Tutoring;
- (4) Conferences; and
- (5) Online.

(d) Possible areas for professional development opportunities may include, but are not limited to:

- (1) Higher certification level as an interpreter/transliterator;
- (2) Professional interpreting knowledge;
- (3) Knowledge in foundations of education and/or in education of students who are deaf;
- (4) Proficiency in English, e.g., vocabulary, spelling, reading, writing, literature;
- (5) Public speaking;
- (6) Child growth and development;
- (7) Language development;
- (8) Common expressions, spoken or signed, popular in school setting;
- (9) Deafness and its psychological, social, and cultural considerations;
- (10) Overview of philosophies, techniques, legislation, and regulations in education;
- (11) Speech production and speech reading factors;
- (12) Cued speech;

- (13) Sign systems;
 - (14) Cognitive development;
 - (15) Tutoring;
 - (16) Guidelines for professional conduct;
 - (17) Culture, multiculturalism, cultural literacy, and literacy;
 - (18) Linguistics;
 - (19) Interpreting roles and responsibilities;
 - (20) Medical aspects of deafness;
 - (21) Technology; and
 - (22) Content area terminology.
- (e) Possible sources for obtaining professional development activities include:

(1) Arkansas Registry of Interpreters for the Deaf.

(A) Contact:

Arkansas Registry of Interpreters for the Deaf

P.O. Box 46511

Little Rock, AR 72214-6511

<http://www.arkansasrid.org/>

(B) To access the listserv, contact John West at tsewnhoj@gmail.com;

(2) Outreach Program Support System for the Hearing Impaired.

Contact:

Outreach Program Coordinator

Arkansas School for the Deaf and Blind

2400 W. Markham

Little Rock, AR 72201

(501) 324-9522

<http://www.arschoolforthe deaf.org/education/components/scrapbook/>

; and

(3) University of Arkansas at Little Rock.

(A) Contact:

Program Coordinator

UA Little Rock Interpreter Education Program

2801 South University

Little Rock, AR 72204-1099

(501) 569-3169

<http://ualr.edu/care/index.php/home/programs/interpretation-education/>

(B) The University of Arkansas at Little Rock Interpreter Education Program provides the following:

- (i) Associate of Science degree in American Sign Language Studies;
- (ii) Bachelor of Arts degree in Interpretation: ASL/English;
- (iii) Sign Language Studies minor; and
- (iv) Educational Interpreting minor.

6 CAR § 132-607. Guidance — Pyramids of responsibility.

(a)(1) It is the goal of every education program to prepare students to become independent, including becoming knowledgeable consumers of interpreting services.

(2) A common legitimate concern is a student developing an inappropriate dependency on the interpreter/transliterater.

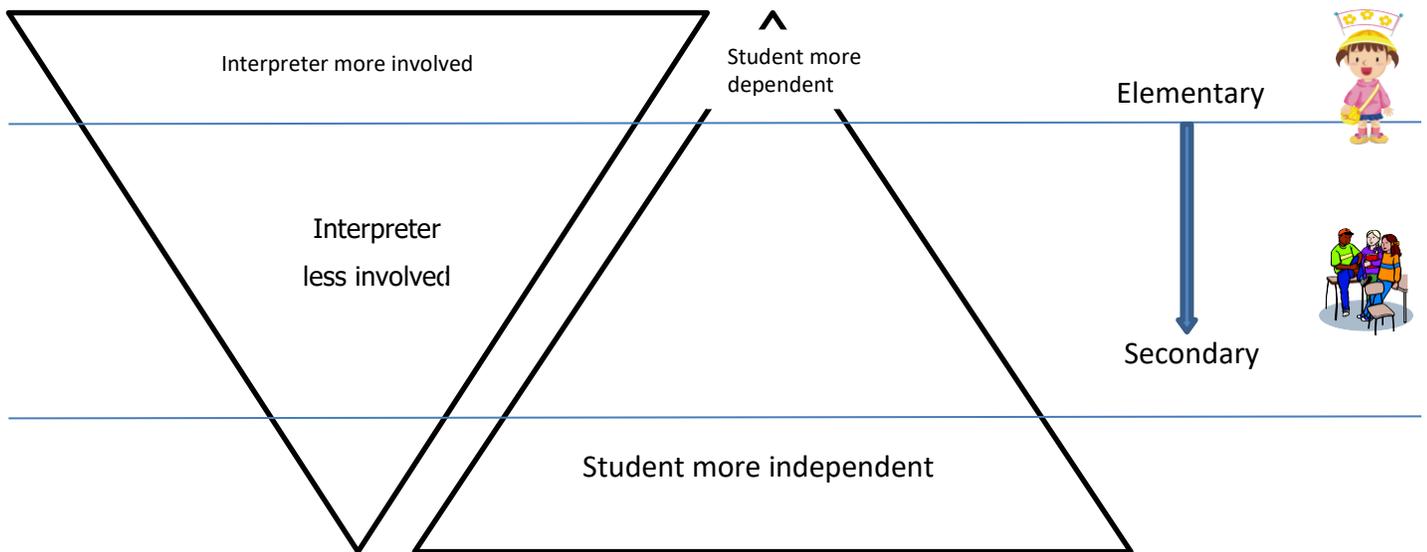
(3) Therefore, roles and responsibilities for the interpreting process are to be clearly outlined and explained.

(b)(1) The model below provides a visual representation of the student's increasing independence.

(2) As the student learns to be a good consumer of support services, the responsibilities of the educational interpreter and/or transliterater change.

(3) For example, the interpreter/transliterators for a student in kindergarten may sit closer to the student and share more responsibilities with the teacher for keeping the student on task.

(4) Conversely, the interpreter and/or transliterator in the high school setting may sit closer to the teacher and assume no responsibility for the student staying on task.



6 CAR § 132-608. Legal situations and educational interpreters — Legal interpreting.

(a)(1) Only highly qualified interpreters/transliterators are to be utilized in legal interpreting.

(2) This not only includes courtroom interpreting, but also all related investigations and contact with police or juvenile authorities.

(3) Potential legal ramifications may include the entire case being dismissed if the quality of the interpreting service is questionable.

(b)(1) Most educational interpreters/transliterators do not have the experience or expertise to interpret in these situations.

(2) In addition, these situations are regarded as a conflict of interest.

(3) School districts are not to place them in such assignments.

(c) For information and technical assistance regarding legal interpreting, contact the Office of Court Interpreter Services at the Administrative Office of the Courts (501-682-9400).

6 CAR § 132-609. Roles, responsibilities, and issues.

(a)(1) The roles and responsibilities for the educational interpreter/transliterators, classroom teacher, administrator, and student in the interpreting situation are to be clearly outlined and explained.

(2) A district administrator is to assign responsibilities to the individuals prior to initiation of services.

(3) If the interpreter/transliterators is newly hired, the administrator is to provide orientation regarding the job.

(4) The interpreter/transliterators is an employee of the school district, and all rules and regulations must be followed.

(b)(1) A clear job description for educational interpreters/transliterators is to be developed by the school district and understood by all parties involved in the interpreting process.

(2) A job description provides clarification on employment issues, and it needs to be written prior to initiation of services.

(3) Minimally, the job description is to include:

(A) Job title;

(B) Roles and responsibilities;

(C) Qualifications; and

(D) Skill requirements.

(c)(1) The role of an educational interpreter/transliterater in a high school setting may be vastly different from that of an interpreter/transliterater in an elementary setting.

(2) In addition, some issues may be unique to the interpreting position and require special consideration and clear communication to relevant parties.

(3) Examples include the following:

(A) Educational day.

(i)(a) The primary responsibility of the interpreter/transliterater is to provide access to communication when needed by the student who is deaf, and additional duties should not conflict with this role.

(b) It is essential that the educational interpreter/transliterater have sufficient knowledge of the content to interpret its concepts and vocabulary accurately and meaningfully.

(c) Preparation time to meet with the instructor, read lecture outlines, skim required reading in textbooks, and preview instructional videos may need to be scheduled.

(ii)(a) Interpreters/transliteraters are to provide services from the location that best allows the student full visual access to instruction.

(b) In some cases, changes of placement are required during the instructional period.

(c) All staff members should be aware that the student will need access to information in other activities of the school, assemblies, field trips, dramatic presentations, etc.

(d) A plan needs to be developed and implemented in case the interpreter/transliterater is absent;

(B) Physical conditions.

(i) Continuous interpreting cannot be sustained over a prolonged period of time without producing fatigue and reduction of effectiveness on the part of both interpreter/transliterater and student.

(ii) Prolonged interpreting without a break also introduces a health risk for the interpreter/transliterators in a variety of overuse syndromes (e.g., carpal tunnel syndrome).

(iii) Therefore, consideration is to be given when assigning additional tasks (e.g., bus or cafeteria duty);

(C) Tutoring.

(i) With proper training and level of knowledge about the subject matter, interpreters/transliterators may provide tutoring services for students who are deaf.

(ii) If tutoring is part of an educational interpreter's/transliterators' responsibilities, it must be carried out under the direct supervision of the teacher.

(iii) The teacher ultimately is responsible for teaching and assessing student progress.

(iv) It is not appropriate for the interpreter/transliterators to provide classroom instruction in the absence of the teacher or to take on the responsibility of the teacher for management of the class;

(D) Dress code.

(i) Interpreters/transliterators are to follow dress codes established for other professionals in the school.

(ii)(a) Additional requirements are made to avoid eyestrain for the student who is deaf.

(b) Interpreters/transliterators need to wear solid colors contrasting to skin tones or subdued prints rather than bright, busy patterns;

(E) Educational team.

(i) The interpreter/transliterators is an important member of the student's educational team.

(ii) With that duty the interpreter/transliterators actively participates in programming committee meetings, especially regarding decisions related to communication issues.

(iii) When participating in these meetings, the interpreter/transliterators cannot simultaneously provide interpreting services for any participant who is deaf.

(iv) When the student who is deaf is included in the meeting, another interpreter/transliterators is needed to allow the student's interpreter/transliterators to fully participate as a committee member.

(v) If another interpreter is not available, the interpreter should submit information in writing and may then act as interpreter for the meeting;

(F) After school hours.

(i)(a) Interpreters/transliterators may be contracted for flexible work hours.

(b) If this is a condition of the job, it must be discussed at the earliest possible date.

(ii)(a) School districts have the responsibility of providing equal access to school-sponsored extracurricular activities.

(b) When a student who is deaf elects to participate in such programs, districts are responsible to provide interpreting services.

(c) An administrator may choose to contract with the district interpreter/transliterators or with another qualified community interpreter/transliterators; and

(G) When the student who is deaf is not present.

(i) The district needs to prepare a plan for the interpreter/transliterators when the student is absent, and the plan needs to be clearly communicated to all relevant parties, principal, teachers, school secretaries, special education supervisor, interpreter/transliterators, etc.

(ii) This may include plans to improve interpreting skills or to perform other assignments.

(iii) It is not appropriate for an interpreter/transliterators to take notes for the student in his or her absence.

6 CAR § 132-610. Role and responsibilities of the interpreter/transliterater.

(a) **Role.** The interpreter/transliterater facilitates communication by interpreting lectures, discussions, demonstrations, dramatic presentations, announcements, etc., accurately.

(b) Responsibilities:

(1) Meet the classroom teacher or teachers and the student or students and explain the role of an interpreter/transliterater prior to providing services;

(2) Obtain teacher's editions of textbooks, course outlines, and other related materials prior to providing services;

(3) Set aside time for planning with the teacher to discuss course content, lessons plans, upcoming tests, tutoring assignments, etc.;

(4)(A) Position oneself so the student can easily see the:

(i) Interpretation;

(ii) Teacher; and

(iii) Visual instruction.

(B) Consideration should be given to appropriate seating and lighting arrangements for the benefit of the student or students;

(5) Voice the student's questions, comments, responses, and presentations accurately;

(6) Ask for clarification when information is not clear;

(7) Remind the teacher or teachers and student or students to communicate directly with each other;

(8) Follow the Code of Professional Conduct for interpreters as well as school district policies and procedures;

(9) Seek technical assistance from the Outreach Program Support System for the Hearing Impaired;

(10) Provide input regarding communication issues during programming meetings;

- (11) Provide tutoring services only under the guidance of the classroom teacher or teachers;
- (12) Wear solid colors contrasting to skin tones or subdued prints rather than bright, busy patterns;
- (13) Refrain from having personal conversations that interfere with the educational process; and
- (14) Maintain an interpreter's license issued by the Department of Health.

6 CAR § 132-611. Role and responsibilities of the teacher.

(a) **Role.** The teacher plans/provides classroom instruction and makes/enforces rules.

(b) Responsibilities:

(1) Meet the interpreter/transliterater and the student or students to discuss communication needs prior to the interpreter/transliterater providing services;

(2) Provide the interpreter/transliterater with teacher's editions of textbooks, course outlines, and other related materials prior to the interpreter/transliterater providing services;

(3) Introduce the interpreter/transliterater to the class and explain his or her role prior to the interpreter/transliterater providing services;

(4) Set aside time for planning with the interpreter/transliterater to discuss course content, lesson plans, upcoming tests, tutoring assignments, etc.;

(5)(A) Speak directly to the student or students, not the interpreter/transliterater.

(B) For example, do not say, "Tell him to open his book", or "Ask her if she understands";

(6) Treat the student or students who are deaf or hard of hearing just as you would other students in your class;

(7)(A) Pause for the student who is deaf to answer questions or make comments.

(B) Be aware of additional time needed by the student or students.

- (C) Be aware that the interpreting process will be delayed due to the time required to process spoken English into signs;
- (8) Know the Code of Professional Conduct for interpreters;
- (9) Seek technical assistance from the Outreach Program Support System for the Hearing Impaired;
- (10) Provide management, materials, and objectives to the interpreter/transliterators for tutoring services;
- (11) Use a moderate rate of speech that will allow the interpreter/transliterators to process and present information accurately;
- (12)(A) Develop and implement classroom management procedures.
- (B) The interpreter/transliterators are not responsible for disciplining any student or students, including students who are deaf; and
- (13) Notify the interpreters/transliterators of changes in the school schedule, substitute teachers, guest speakers, field trips, etc.

6 CAR § 132-612. Role and responsibilities of the administrator.

- (a) **Role.** The administrator ensures that the teacher, educational interpreter, and student adhere to their individual roles and responsibilities.
- (b) Responsibilities:
 - (1) Develop a job description for the interpreter/transliterators;
 - (2) Provide supervision and periodic evaluation of technical competencies and overall job performance of the educational interpreter/transliterators;
 - (3) Provide the educational interpreter/transliterators:
 - (A) A mailbox;
 - (B) Access to email;
 - (C) Desk space in the classroom or classrooms for preparation purposes;and
 - (D) A location to preview classroom or professional development materials;

(4) Provide another qualified educational interpreter/transliterators for the student or students who are deaf or hard of hearing for school conferences, allowing the educational interpreter/transliterators to participate;

(5) Monitor and encourage professional development of the educational interpreter/transliterators;

(6) Explain school policies regarding dress code, chain of command, attendance requirements, and child abuse reporting procedures, etc.;

(7) Know the Code of Professional Conduct for interpreters;

(8) Seek technical assistance from support services;

(9) Provide interpreter/transliterators services for parents/guardians, students, staff, and other individuals who are deaf, to participate in all school activities, including extracurricular activities and school related conferences, in accordance with state and federal laws; and

(10) Notify the interpreters/transliterators of changes in the school schedule, substitute teachers, guest speakers, field trips, etc.

6 CAR § 132-613. Code of Professional Conduct.

(a)(1) RID, along with the National Association of the Deaf, coauthored the ethical code of conduct for interpreters.

(2) Both organizations uphold high standards of professionalism and ethical conduct for interpreters.

(b)(1) At the core of this code of conduct are the seven (7) tenets.

(2) The tenets are to be viewed holistically and as a guide to complete professional behavior.

(3) When in doubt, one should refer to the explicit language of the tenet.

(c) Tenets.

(1) Interpreters adhere to standards of confidential communication.

(2) Interpreters possess the professional skills and knowledge required for the specific interpreting situation.

(3) Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.

(4) Interpreters demonstrate respect for consumers.

(5) Interpreters demonstrate respect for colleagues, interns, and students of the profession.

(6) Interpreters maintain ethical business practices.

(7) Interpreters engage in professional development.

(d) See Appendix for the full version of the Code of Professional Conduct.

Subpart 7. Early Childhood Special Education to Kindergarten Transition Process

6 CAR § 132-701. Early childhood special education to kindergarten transition process.

(a) The transition process is designed to support collaboration between early childhood special education (ECSE) programs and local education agencies (LEA) to:

(1) Ensure that children and families experience a seamless transition from ECSE programs to kindergarten; and

(2) Provide children and families with a point of contact and support to ensure a successful transition.

(b) The transition process shall be conducted for all students articulating to kindergarten, regardless of age.

(c)(1) The following is a suggested timeline and can be adjusted, if necessary.

(2) Conferences can be combined if convenient for the participants and if they adhere to Procedural Requirements and Program Standards, 6 CAR pt. 130.

(3) However, the transition process must be completed prior to the child entering kindergarten.

Timeframe	Objective	Activity	Participants
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January	To provide families information regarding the transition process and local school district programs.	Special Education (SE) Supervisor informs families of local school programs through a letter and/or meeting.	<ul style="list-style-type: none"> • EC Coordinator/ EC representative • SE Supervisor/ Local Education Agency (LEA) representative*
February-March	To encourage parents to become informed about options and begin to build a relationship with local school district programs.	Early Childhood (EC) Coordinator encourage families to visit public schools by providing Kindergarten Round-up dates, setting up group meeting between families and local school district staff, assist with transportation, & classroom visits, etc.	<ul style="list-style-type: none"> • EC Coordinator/ EC representative • Families
March-April	Determine if additional testing will be needed to determine school age eligibility.	<ul style="list-style-type: none"> • Existing Data Review process • Existing Data Review/Notice (EDR) of Decision form 	<ul style="list-style-type: none"> • EC Coordinator/ EC representative • Families • SE Supervisor/ designee/ LEA representative • Child's general education teacher • Child's special education teacher • Individual to

			interpret instructional implications of evaluation results
April-May	<ul style="list-style-type: none"> Determine if the child meets the Arkansas Special Education Eligibility Criteria School age requirements. Review and revise the child's IEP, including the completion of Childhood Outcome Summary (COS). 	<ul style="list-style-type: none"> Evaluation/Programming Conference Decision process Evaluation/Programming Conference Decision Form and Notice of Decision (EPC) Individual Education Program (IEP) conference process Early Childhood IEP ADE COS guidance ECTA COS guidance 	<ul style="list-style-type: none"> EC Coordinator/ EC representative Families SE Supervisor/ designee/ LEA representative Child's general education teacher Child's special education teacher Individual to interpret instructional implications of evaluation results <p>*If the family applied to a charter school, it is recommended that the resident LEA representative</p>

			and the charter school representative be invited to the transition process.
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Subpart 8. School-based Day Treatment Programs Guidelines

6 CAR § 132-801. Description.

(a)(1) Day treatment is the most intensive nonresidential program that can be provided over an extended period of time.

(2) School-based day treatment permits access to community-based mental health services in conjunction with and integrated into the child’s educational program.

(3) Day treatment brings together at one (1) site, and in a coordinated manner, a broad range of services designed to strengthen individual and family functioning and prevent youngsters from requiring more restrictive services.

(b)(1) A student identified as eligible for special education and related services must have an individualized education program (IEP) developed to meet his or her unique needs.

(2) This IEP is designed to provide special education and related services necessary for the student to benefit from his or her education and is to be implemented in the least restrictive environment determined to be appropriate by an IEP team.

(3) For some students, the least restrictive environment for implementing an IEP is an approved school-based day treatment program.

6 CAR § 132-802. Definitions.

(a) Specific features of a school-based day treatment program vary, but typically include the following core components:

- (1) Education provided in small classes with a strong emphasis on individualized instruction;
 - (2) Child and family services, such as:
 - (A) Family counseling;
 - (B) Parent training;
 - (C) Short-term individual counseling with parents; and
 - (D) Assistance with specific tangible needs (housing, transportation, and medical care);
 - (3) Age-appropriate vocational training;
 - (4) Crisis intervention;
 - (5) Social skills development;
 - (6) Behavior management, with emphasis on positive behavioral supports;
 - (7) Physical education, art, music, and other electives, as deemed appropriate;
- and
- (8) Transitional services into general education class, etc.

(b)(1) A student's treatment team should be representative of a multidisciplinary, community-based approach combining educational and mental health elements and other services as needed, which may include:

- (A) Social work;
- (B) Psychological testing; and
- (C) Case management.

(2) An appropriately credentialed mental health professional is an integral part of an effective school-based day treatment program.

(3) This treatment team will be responsible for designing behavior support plans.

(c)(1) A school-based day treatment program shall operate consistent with state standards for length of instructional day.

(2) However, the length of time a student will participate is based upon the individual student's needs.

(3) For students identified as eligible to receive special education services, such participation is determined in accordance with an IEP.

6 CAR § 132-803. Program description/requirements.

(a) Teacher–pupil ratio.

(1)(A) Each school-based day treatment classroom will maintain a staff-to-student ratio of 1:3.

(B) No classroom shall exceed nine (9) students per classroom, which requires a ratio of three (3) adults to nine (9) students.

(C) The 1:3 classroom shall utilize, at a minimum, the services of one (1) full-time teacher and one (1) full-time paraprofessional.

(D) In the day treatment model, additional staffing would include a full-time mental health paraprofessional.

(2) Each 1:3 class will be staffed by a certified/licensed bachelor's-level or master's-level instructor with evidence of competency in areas that include, but are not limited to:

(A) Knowledge of child and/or adolescent development;

(B) Ability to diffuse critical situations;

(C) Ability to design and implement positive behavioral support plans;

(D) Ability to maintain cooperative relationship with coworkers as well as other agencies; and

(E) Ability to design and provide educational instruction.

(b) **Classroom size.** See self-contained classroom requirements in 6 CAR § 130-1701 et seq.

(c) Instructional program.

(1)(A) The instructional program should be designed to address a student's social, psychological, educational, and vocational needs.

(B) Important aspects of the instructional program include, at a minimum:

(i) A curriculum that accommodates students according to their needs;

(ii) Appropriate sequences of activities designed to facilitate learning;

(iii) An environment that provides positive behavioral supports; and

(iv) The provision of a social skills component.

(C) A close relationship between the instructional program and the clinical program is demonstrated through the integration of clinical treatment into the student's instructional day.

(2)(A) Interventions and goals will vary according to the ages and needs of the students.

(B) The program should be designed to enable these students to experience success in academic and social endeavors.

(C) The degree to which each student will participate in the general education program will be determined by the treatment team/IEP team.

(D) Participation in the mainstream will assist students in maintaining ties to the general school program/community and facilitate interaction/integration.

(d) Roles and responsibilities.

(1) Teacher/instructor.

(A) The certified/licensed instructor will serve as a member of the treatment team for designated students.

(B) The certified/licensed instructor will serve as the primary source of direct instruction to designated students.

(C)(i) The certified/licensed instructor will develop the instructional plan for each student.

(ii) For students with disabilities determined eligible under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq., this will include the formal review and/or revision of the IEPs.

(iii) Instructional plans of students not eligible under the Individuals with Disabilities Education Act, but who are determined eligible for this program in accordance with DSM-IV-R criteria, must be reviewed and revised on a schedule similar to that used in the review and revision of IEPs.

(D)(i) The certified/licensed instructor will be responsible for all assignments and tests, grade all material, and issue all grades to the students.

(ii) At a minimum, grades will be issued each nine (9) weeks.

(iii) Progress notes will be maintained consistent with administrative policy.

(E) The certified/licensed instructor, as well as staff she or he supervises as part of the treatment team, will assist in the design and implementation of positive behavioral supports for each student.

(F) The certified/licensed instructor will directly supervise paraprofessionals, tutors, and/or volunteers who are assigned to the instructor.

(2) Paraprofessional.

(A) The paraprofessional will implement activities to reinforce instruction for designated students, as determined by the certified/licensed instructor.

(B) The paraprofessional, under the direction of the certified/licensed instructor, will implement positive behavioral supports for designated students.

(C) The paraprofessional may assist the certified/licensed instructor in data collection and maintenance.

(D) The paraprofessional, under the direction of the certified/licensed instructor, may assist in grading and/or checking student work.

(E) The paraprofessional must be appropriately trained and supervised in accordance with Department of Education policy and guidelines.

(e) Case management or targeted case management.

(1) Personnel responsible for case management shall ensure that:

(A) Students receive services needed;

(B) All assessments are coordinated;

(C) Plans are based on these assessments and executed by brokering necessary services;

(D) Adequacy of services is reviewed through student progress; and

(E) Cooperation among agencies providing services is achieved.

(2) Providers of targeted case management services must meet requirements established by the Arkansas Medicaid Program to qualify for Medicaid reimbursement.

(f) Counseling/therapy.

(1) The need for individual and/or group therapy shall be determined by the treatment team and provided by a mental health professional.

(2) For students identified as eligible for services under the Individuals with Disabilities Education Act, any therapies addressing individual and/or family needs will be considered a component of the school-based day treatment program and not a related service.

(3) Family therapy based on family needs and issues will be offered to the student and his or her family.

(4) The treatment team will determine the frequency and intensity of sessions.

(g) Crisis management. Emergency and crisis intervention will be provided as needed.

(h) Coordination with educational services. Treatment personnel will be systematically included in classroom activities for program integration.

(i) Parental/family involvement.

(1)(A) Consistent with special education regulations, parents must have the opportunity to participate in the development and implementation of their child's educational program.

(B) In addition, mental health standards provide that family needs and strengths should be considered as services are developed and provided for students with emotional problems.

(C) Moreover, research has shown that working with the family can positively impact the student's in-school behavior.

(D) Maximum parental and family involvement, therefore, must be a goal of day treatment.

(E) Each program should convey that family participation is both desired and expected.

(2) Family involvement is promoted through setting clear expectations for such involvement during the intake process and during conferences in which the treatment plan and the educational program are updated.

(3) Additional opportunities for family involvement may include:

- (A) Family counseling;
- (B) Parent training; and
- (C) Family support groups.

(4) In-home counseling and contact through case managers may be used to ensure family participation.

(j) Planning and implementation team.

(1) A planning and implementation team representing all participating agencies must be formed at the local level to develop and implement the school-based day treatment program.

(2) Responsibilities of the team include, but are not limited to:

- (A) Providing staff with appropriate credentials;
- (B) Locating the building site for the program;
- (C) Applying for grants and other financial assistance;
- (D) Designing the program, including the referral process;
- (E) Developing a general definition of the roles and responsibilities of each participating agency;
- (F) Developing and implementing an ongoing professional development program for school-based day treatment staff and other staff members at the building site where the program is located; and

(G) Evaluating the effectiveness of the day treatment program.

(3) Team members may be selected from the following:

- (A) Local school district:

- (i) Superintendent;
- (ii) Special education supervisor;
- (iii) Director of Finance;
- (iv) School social worker or counselor;
- (v) Educational examiner;
- (vi) School nurse;
- (vii) Early childhood coordinator;
- (viii) Transition specialist;
- (ix) School psychologist;
- (x) Psychological examiner; and
- (xi) School psychology specialist;

(B) Local mental health:

- (i) Director;
- (ii) Program director;
- (iii) Psychiatrist;
- (iv) Clinical director;
- (v) Psychologist;
- (vi) Licensed professional counselor;
- (vii) Licensed social worker;
- (viii) Psychological examiner; and
- (ix) Psychiatric nurse;

(C) Department of Human Services:

- (i) Division of Children and Family Services representative;
- (ii) County administrator or representative;
- (iii) Division of Developmental Disabilities Services field counselor;
- (iv) Division of Aging, Adult, and Behavioral Health Services of the

Department of Human Services representative (state level); and

- (v) Division of Aging, Adult, and Behavioral Health Services of the

Department of Human Services representative; and

(D) Department of Education:

- (i) Area special education supervisor (planning only); and
- (ii) Area behavior intervention consultant.

(k) **Community resources.** City and county officials who may be considered as possible resources to assist the school-based day treatment program staff with funding, provision of related services, transportation, materials, volunteers, community public relations, and awareness are:

- (1) Mayor;
- (2) City manager;
- (3) Director of Parks and Recreation;
- (4) Law enforcement officials;
- (5) Youth services provider;
- (6) Youth shelter director; and
- (7) Juvenile justice representative.

6 CAR § 132-804. Administration.

(a)(1) The provision of school-based day treatment services is a cooperative effort between a local school district and mental health service providers.

(2) Therefore, the planning and implementation team, which includes representatives of the participating agencies and/or organizations, will define roles and responsibilities of each agency/organization.

(3) In a school-based program, however, the local school superintendent retains administrative responsibility for final decision making.

(b) Local school district responsibilities:

(1) Developing and providing an appropriate educational program for students in the day treatment program;

(2) Providing related services for identified special education students;

(3) Funding all educational costs or accessing other funding sources for these costs;

(4) Maintaining compliance with applicable rules and regulations governing the provision of educational services;

- (5) Supervising designated staff; and
- (6) Cooperating with mental health professionals to coordinate the educational and treatment programs.

(c) Local mental health responsibilities:

- (1) Developing and providing an appropriate treatment program for students in the day treatment program;
- (2) Assisting with accessing funding for mental health services that are specified in the student's treatment plan;
- (3) Maintaining compliance with applicable rules and regulations governing the provision of mental health services;
- (4) Supervising designated staff; and
- (5) Cooperating with educational professionals to provide a coordinated treatment and educational program.

6 CAR § 132-805. Eligibility criteria.

Any student can be deemed eligible for day treatment if the following criteria are met:

(1) Admission criteria (must meet either subdivisions (1)(A), (B), (D), and (E) or subdivisions (1)(A), (C), (D), and (E) of this section).

(A) Student presents psychological symptomatology consistent with DSM-IV-R (Axis 1-2) diagnosis and that requires, and is likely to respond to, therapeutic intervention.

(B) Treatment at a less restrictive level of care has been attempted within the last three (3) months and failed, despite student's active participation in treatment and optimal involvement by family or primary custodian.

(C) Behavior has stabilized as a result of treatment in a more restrictive level of care, but current level of stability continues to require qualitative level of programming to maintain progress.

(D) Student has been identified as eligible to receive services under any Individuals with Disabilities Act, 20 U.S.C. § 1400 et seq., disability category or Section 504 of the Rehabilitation Act of 1973.

(E) Risk to self, others, or property may be present, but can be adequately managed within the design of the school-based day treatment program.

(F)(i) Not currently meeting basic expectations of school relative to attendance and academic and behavioral functioning.

(ii) Less restrictive placement options within the school system do not meet the client's needs at current time;

(2) Medical/educational/social/family (must meet all).

(A) Client is medically stable but may require occasional medical observation and care.

(B)(i) Client demonstrates impaired educational functioning arising from a psychiatric disorder or exacerbation of a chronic psychiatric condition requiring active treatment to resume an adequate level of functioning.

(ii) Prior efforts to remediate have failed despite optimal family participation.

(C) Less restrictive educational setting in the public schools will not meet client's needs at this time.

(D)(i) Client demonstrates significantly impaired interpersonal functioning arising from a psychiatric condition that requires active treatment to resume an adequate level of interpersonal/family functioning.

(ii) Prior efforts to remediate the condition have failed, despite full family participation; and

(3) Exclusionary criteria.

(A) A primary diagnosis of substance abuse or developmental disability does not, in and of itself, qualify a student to participate in a school-based day treatment program.

(B) However, this is not to exclude a student who has a dual diagnosis of substance abuse or developmental delay and otherwise meets the eligibility criteria.

6 CAR § 132-806. Funding.

(a)(1) Eligible students with disabilities under the Individuals with Disabilities Education Act who are receiving special education and related services in an approved school-based day treatment program in accordance with their IEPs may be counted on the December 1 child count to generate federal special education funds.

(2) The student or students must have an IEP and be receiving special education and related services on December 1.

(b)(1) Federal funds that a district receives under Part B of the Individuals with Disabilities Education Act may be used to implement any or all of the day treatment program.

(2) This includes not only the district's child count funds, but also any sliver funds under Part B that a district may receive.

(c)(1) State funding for education is based on an amount per student referred to as the base local revenue per student.

(2) These dollars incorporate previous funding for special education.

(3) Thus, for a district to establish a day treatment program, it will need to restructure its state/local expenditures for special education and related services.

(d)(1) In accordance with 6 CAR § 130-1706, districts may include a limited number of students who are not eligible under the Individuals with Disabilities Education Act, but who have been properly diagnosed with emotional disturbance and who need school-based day treatment services.

(2) These students may not be counted in the December 1 child count for federal funds.

(e)(1) A school district that is enrolled as a Medicaid provider for speech therapy, physical therapy, occupational therapy, and targeted case management may bill Medicaid for the provision of these services to Medicaid-eligible students who are in the day treatment program.

(2) If the district chooses not to enroll as the provider, it may seek an enrolled provider for these services, which would then bill Medicaid.

(f)(1) The mental health providers working with the district in the provision of services in the day treatment program may be eligible to bill Medicaid for certain mental health services.

(2) The district and the mental health provider should work together to determine the extent of billing that is available.

(g)(1) In some cases, special education and related services provided to a student in the day treatment program may be so costly as to qualify for reimbursement under the category of "catastrophic occurrences".

(2) See 6 CAR § 130-2201 et seq., for details.

6 CAR § 132-807. Guidelines for evaluation/reevaluation.

(a)(1) Reevaluations are to be conducted if conditions warrant a reevaluation or if the child's parent or parents or teacher requests an evaluation, but at least once every three (3) years.

(2) Additionally, the local educational agency shall evaluate a child with a disability before determining that the child is no longer a child with a disability.

(b) As part of an initial evaluation (if appropriate) and as part of any reevaluation, the IEP team and other qualified professionals, as appropriate, shall:

(1) Review existing evaluation data on the child, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and teacher and related services providers observations; and

(2) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine:

(A) Whether the child has a particular category of disability or, in the case of a reevaluation of a child, whether the child continues to have such a disability;

(B) The present levels of performance and educational needs of the child;

(C) Whether the child needs special education and related services or, in the case of a reevaluation of a child, whether the child continues to need special education and related services; and

(D) Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the individualized education program of the child and to participate, as appropriate, in the general curriculum.

(c)(1) All decisions reached by the IEP team must be documented on an appropriate conference decision form.

(2) Each area that is to be assessed must be clearly specified, and the person or persons responsible must be designated.

(3) It is the responsibility of the LEA to ensure that all parental notice requirements are observed.

(d) Informed parental consent also must be obtained for reevaluations, except that such informed consent need not be obtained if the LEA can demonstrate that it has taken reasonable steps to obtain consent and the child's parents have failed to respond.

(e) **Note.**

(1) According to the Office of Special Education Programs of the United States Department of Education, a reasonable effort on behalf of a school district would include some combination of the following:

(A) Documented phone calls;

(B) Letters;

(C) Certified letters with return receipts; and

(D) Visits to the parents' last known address.

(2)(A) The certified letter is a good tool for this process, but it alone is not sufficient.

(B) Experience in the field indicates that many people will not sign for certified mail fearing summons or collection agencies.

(3) The return of a certified letter should be followed by a visit to the last known address of the parent.

(4) Contact should also be made with neighbors, relatives, and other agencies in an effort to locate the parent.

(5) If these attempts are unsuccessful, all efforts should be carefully documented.

(f) In conducting reevaluations, the IEP team will choose from the following procedures:

(1)(A) If the IEP team's decision is to conduct a comprehensive evaluation, all procedural safeguards concerning testing must be observed.

(B) In addition, the LEA must use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that may assist in determining whether the child is a child with a disability and the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities.

(C) Further, the LEA shall use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors;

(2)(A)(i) The Individuals with Disabilities Education Act amendments of 1997 suggest that a child should not be subjected to unnecessary tests and assessments if a child's disability has not changed over the three-year period.

(ii) The LEA must administer such tests and other evaluation materials as are needed to produce the data identified by the IEP team.

(iii) However, if there is no need to collect additional information about a child's continuing eligibility for special education, any necessary evaluation activities should focus on collecting information that directly assists persons in determining the educational needs of the child, as well as how to teach and assist the child in the way he or she is most capable of learning.

(B) Note.

(i) If the IEP team's decision is to conduct an evaluation, either comprehensive or partial, the same due process timelines must be followed as for an initial evaluation.

(ii) Also, the results of any evaluation activities must be contained in the body of a written report.

(iii) A copy of the evaluation report and documentation of determination of eligibility will be given to the parent; or

(3) If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability, the local educational agency shall:

(A) Notify the child's parents of:

(i) That determination and the reasons for it; and

(ii) The right of such parents to request an assessment to determine whether the child continues to be a child with a disability; and

(B) Not be required to conduct such an assessment unless requested to by the child's parents.