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Speech-Language Pathology Guidelines

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Introduction

In Nova Scotian schools speech-language pathologists contribute to educational programming by assessing, treating, and/or promoting the prevention of language, speech, voice, and fluency disorders. In addition, speech-language pathologists may assist their education colleagues with the selection and use of assistive technology in classroom settings. The expertise of speech-language pathologists in these varied areas is an important component of educational programming for many Nova Scotian students.
Background

In 1983 the Department of Education released a document entitled *Speech and Language Services: A Special Education Handbook*. This handbook was designed to assist school boards, education administrators, teachers, and speech-language pathologists in providing programs for students who have communication disorders. In 2001 the Special Education Implementation Review Committee (SEIRC) completed a comprehensive report on the status of the implementation of the provincial *Special Education Policy*, which came into effect in 1996. While the committee found that significant improvements had been made in many areas of inclusive schooling, it also identified the need for more resources and supports to fully implement the policy. Included in the committee report were 34 recommendations that pertained to a wide range of educational programming and supports, including speech-language pathology services.

In 2003 the Department of Education published its response to the SEIRC report, entitled *Effective Special Education Programming and Services*. It addressed the 34 SEIRC recommendations and described how the department was working on each item. Speech-language pathology services were highlighted in several areas, including the need for guidelines to clarify the roles and responsibilities of partners in the program planning process. These guidelines for the provision of educational speech-language pathology services embody the ongoing work of the Department of Education, in partnership with school boards, to address this need.
Purpose

As part of the Nova Scotia Department of Education Student Services Series, *Speech-Language Pathology Guidelines*, is intended to provide guidance to school boards on the roles of speech-language pathologists and their expected competencies, the development of related policy and procedures, and the delivery of speech-language pathology services within the collaborative program planning process.
Context

These guidelines reflect the philosophy, legislation, goals, policies, and best practices embodied in the Education Act and regulations under the act, the Public School Programs document, the Special Education Policy, and professional codes of ethics.

Education Act and Regulations under the Act

The Education Act outlines the roles and primary responsibilities of school boards (Section 64), teachers (Section 26), students (Section 24), administrators (Section 38), and parents/guardians (Section 25) concerning the education of all students, including those with special needs. Speech-language pathologists operate under the legal framework of this Act, including the regulations, ministerial directives, and all related policies enacted by the Department of Education and school boards. It is the responsibility of speech-language pathologists working in Nova Scotian schools to adhere to all such legal parameters of their employment with the school boards.
Public School Programs

The mandate of the public school system in Nova Scotia, as defined in *Public School Programs*, is to provide education programs and services for students to enable them to develop their potential and acquire the knowledge, skills, and attitudes needed to contribute to a healthy society and a prosperous and sustainable economy.

The following seven principles of learning, upon which the public school programs are based, set a clear direction for teachers, administrators, and professional support staff for the educational experiences that they plan for their students:

- Learning is a process of actively constructing knowledge.
- Students construct knowledge and make it meaningful in terms of their prior knowledge and experiences.
- Learning is enhanced when it takes place in a social and collaborative environment.
- Students need to continue to view learning as an integrated whole.
- Learners must see themselves as capable and successful.
- Learners have different ways of knowing and representing knowledge.
- Reflection is an integral part of learning.

Public school education in Nova Scotia has two major goals: to help all students develop to their full potential cognitively, affectively, physically, and socially and to help all students acquire the knowledge, attitudes, and skills necessary for them to continue as thinking, learning, physically active, and valued members of society.
The department believes that these goals can best be reached if school communities help students to develop in certain areas of learning, called essential graduation learnings. These areas cross traditional subject boundaries and are not the monopoly of any one discipline. These learning areas, which bridge subject and specific curriculum boundaries, are

- aesthetic expression
- citizenship
- communication
- personal development
- problem solving
- technological competence

**Special Education Policy**

Under the provisions of the *Special Education Policy*, each school board is responsible for establishing a process of identification, assessment, program planning, and evaluation for students with special needs. The program planning process (detailed in Policy 2.2 of the *Special Education Policy*) provides a process for building collaborative support networks designed to address a student’s identified education needs. Speech-language pathologists and the programming and services they provide are important components of the program planning process for students with special needs.

**Professional Codes of Ethics**

Speech-language pathologists employed in the public school system in Nova Scotia are members of the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) and the Nova Scotia Teachers Union (NSTU). All members of the NSTU who hold a Nova Scotia teacher’s certificate must adhere to the Nova Scotia Teachers Union Code of Ethics. This code of ethics is a guide to members in maintaining, at all times, the high standards of their profession.

The CASLPA, as the national professional organization for speech-language pathologists, requires that all CASLPA members abide by the code of ethics, by-laws, and policies of the association.
Qualifications of Speech-Language Pathologists

The qualifications of speech-language pathologists, as set forth in the certification requirements of the CASLPA, include a master’s degree in speech-language pathology or equivalent, which includes course work in designated topics and supervised clinical practicum experience.
Speech-language pathologists working in the public school system are required to demonstrate competency in a range of areas, including developmental articulation/phonological disorders, neurologically based speech disorders, developmental language disorders, acquired language disorders, voice disorders, resonance disorders, fluency disorders, augmentative and alternative communication, hearing disorders and related speech-language disorders, and dysphagia. For a comprehensive overview of the competencies of speech-language pathologists see the CASLPA document Assessing and Certifying Clinical Competency: Foundations of Clinical Practice for Audiology and Speech-Language Pathology (2010), which is available at caspla.ca. A background in education and experience as a classroom teacher are considered assets as they assist in understanding curriculum, pedagogy, and classroom organization and practices.
Certification of Speech-Language Pathologists

All speech-language pathologists practising in Nova Scotian schools require a teacher’s certificate issued by the Nova Scotia Department of Education. This does not mean that all speech-language pathologists working in Nova Scotian schools require a teaching degree. For those who do not possess a teaching degree, the Registrar of Teacher Certification may issue a specialist teaching certificate as per the Governor in Council Education Act Regulations, 30P(1):

The Minister may grant a special certificate of the appropriate class in the fields of testing services, social services related to education and school library services, to a person who does not otherwise qualify for a teacher’s certificate and who has completed the minimum qualifications as determined by the Minister in the field for which the application is made.

The intention of the regulation is to enable speech-language pathologists to practise speech-language pathology with students in the public school system. In order to receive this special certificate, speech-language pathologists must be certified by or eligible for certification with the CASLPA. The CASLPA certification program has two components: the certification exam and a continuing education program. In order to maintain their certification status, CASLPA members must complete mandatory continuing education equivalents (CEEs) within a prescribed time limit and document these CEEs in accordance with CASLPA regulations.
Speech-language pathologists are valuable members of student services teams. They contribute to program planning for students in the areas of communication and social-skills development. Speech-language pathologists work with students individually and in groups. They also advise and assist teachers, teacher assistants, and parents/guardians regarding effective strategies in the area of communication skills. To address students’ communication needs, consultation with professionals from outside agencies may be required, including consultation with physiotherapists, occupational therapists, and other rehabilitation professionals.

As part of a collaborative service delivery model, speech-language pathologists may be members of several different teams. At the regional level they may belong to school board student services teams and/or lead teams targeting specific initiatives such as autism and assistive technology. At the school level they may belong to school-wide planning teams that oversee the provision of student services in the school, including the identification of staff professional development needs and prioritizing referrals. At the individual student level they may belong to program planning teams that focus on the individualized program planning provided for a given student. In this capacity, the speech-language pathologist contributes to the student’s program in a variety of ways, including the provision of assessment information, the provision of direct therapy to the student, consultation with parents/guardians and teachers on communication, and the provision of professional development for school staff.
The principles of inclusive education and respect for diversity provide the framework within which the roles and responsibilities of the speech-language pathologist are delivered. Speech-language pathologists working in Nova Scotian schools serve students from many cultural and linguistic backgrounds. Multicultural issues such as social dialects, the need for bilingual services, and bias in assessment and instructional materials must be considered in the design and delivery of speech-language pathology services. Several Department of Education publications may assist speech-language pathologists in addressing multicultural issues in service delivery, such as Guidelines for English as a Second Language Programming and Services (2003) and Racial Equity Policy (2002).

The roles and responsibilities of speech-language pathologists include, but are not limited to, the following:

- prevention
- consultation
- assessment
- intervention
- professional development and research
- conflict of interest
Prevention

- Increase awareness of communication challenges.
- Teach parents/guardians and educators strategies to address communication challenges.
- Collaborate with school staff and community agencies to provide services aimed at facilitating the early intervention and development of students’ speech and language skills.
- Promote the understanding and appreciation of diversity in language acquisition (e.g., cultural, learning, gender, sexuality, socio-economic, race, religion).
- Participate in school-level committees, as required.
- Participate in board/provincial committees, as required.

Consultation

- Work collaboratively with teachers, administrators, parent(s)/guardian(s), and other professionals to find effective solutions to communication challenges.
- Provide teachers and parent(s)/guardian(s) with specific information about students’ speech and language development.
- Consult with and participate in program planning teams.
- Consult with classroom teachers regarding intervention strategies in the areas of speech and language.
- Assist parents/guardians and educators in the interpretation of speech-language pathology reports. (See Appendix A: Glossary of Speech-Language Pathology Terms and Diagnoses.)
- Help others understand the relationship between child development and communication skills.
Assessment

- Review pre-referral information.
- Conduct assessments that identify students’ strengths and challenges in the area of communication skills, which may include the following:
  - collection of relevant data on case history
  - observation across a variety of settings (e.g., classroom, gym, music room)
  - informal assessments
  - formal assessments
  - interpretation of data
  - formation of specific recommendations for programming and intervention
  - communication of the outcomes of the assessment process, including (a) feedback sessions at the school site with parent(s)/guardian(s) and school personnel and (b) preparation and dissemination of a written report that interprets and summarizes assessment results and includes recommendations
- Contribute to the development of individual learner profiles of strengths and challenges through the formal, individualized assessment of communication skills in the school setting. (See Appendix B: Key Steps in the Assessment Process.)

Intervention

- Contribute to program planning for individual students.
- Develop strategies/interventions/instructional materials to support educational programming.
- Support school personnel and parent(s)/guardian(s) in the implementation of programming recommendations.
- Work directly with students and their families on speech-language intervention programs.
- Provide teaching in phonological development, language facilitation, and other areas of expertise.
- Assist with the selection, use, and generalization of assistive technology as it relates to speech and language development across home and school settings.
Professional Development and Research

- Provide individual and group information sessions for parents/guardians and educators on a variety of topics related to communication.
- Share expertise with members of program planning teams and others, as appropriate.
- Conduct and/or collaborate on research.
- Be knowledgeable about current speech-language and educational research and how it applies to educational practices.

Conflict of Interest

- Be aware of and follow the provincial conflict of interest regulations, policies, and guidelines of school boards. (See Appendix C: Conflict of Interest Policy—Ministerial Education Act Regulations, s.70.)
Speech-Language Pathologists and the Program Planning Process

Programming and services provided by speech-language pathologists are intended to support students in achieving the learning outcomes of the Nova Scotia public school program. For students with an individual program plan this may be accomplished through participation in the program planning process.

As outlined in Policy 2.2 of the Special Education Policy, before a student is referred to a speech-language pathologist, it is expected that a number of pre-referral strategies have been attempted and documented at the school level. If it is determined that a referral is appropriate, such a referral will be made according to board policy. (See Appendix D: Sample Referral Form.)

The information below outlines the potential roles that speech-language pathologists may have in the program planning process as outlined in Policy 2.2 of the Special Education Policy.
Identification, Assessment, and Program Planning

Stage 1 Screening and Identification
Stage 2 Exploration of Instructional Strategies by Classroom Teacher(s)
Stage 3 Referral to Program Planning Team Meeting
Stage 4 Program Planning Team Meeting
Stage 5 Individual Program Plan (IPP) Development
Stage 6 Implementation of Individual Program Plan (IPP)
Stage 7 Monitoring of Individual Program Plan (IPP)
Stage 8 Review of Individual Program Plan (IPP)

Ongoing Evaluation and Monitoring
Documented Adaptations
Referral for Further Assessment When Needed
Documented Adaptations
Stage 1: Screening and Identification
• Consult with teachers and administrators about communication issues.

Stage 2: Exploration of Instructional Strategies by Classroom Teacher(s)
• Consult, as requested, with teachers about the possible strategies and/or resources to be used with a given student.

Stage 3: Referral to Program Planning Team Meeting
• Provide information to support the referrals and information gathering process.

Stage 4: Program Planning Team Meeting
• Provide assessment services, upon receipt of written referral and parental consent forms. (See Appendix D: Sample Referral Form and Appendix E: Sample Parental Consent Form.)

Stage 5: Individual Program Plan (IPP) Development
• Contribute to the different components of an IPP, as a member of the program planning team, including the learner profile of strengths and challenges, annual individualized outcomes, specific individualized outcomes, recommended services, responsibility areas, review dates, and signatures.

Stage 6: Implementation of the IPP
• Implement the communication interventions specified in the IPP.
• Evaluate the student’s progress on the designated communication outcomes.
• Share the findings regarding the student’s progress on the communication outcomes with other members of the program planning team, which always includes parent/guardian.
Stage 7: Monitoring of the IPP

- Participate in the ongoing monitoring of the appropriateness of the communication outcomes and strategies in the IPP.
- Share the findings of the ongoing monitoring with other members of the program planning team.

Stage 8: Review of the IPP

- Participate, when appropriate, as a member of the program planning team in the reviews of student IPPs.
- Participate in the revision of communication outcomes in the IPP in accordance with the program planning team’s findings during the reviews.
- Participate in the adjustment of IPP communication outcomes as they are achieved.
Speech-Language Pathology Assessments

The purpose of a speech-language pathology assessment is to assist with the development of individual learner profiles by evaluating a student’s communication strengths and challenges relative to his or her education program and by monitoring changes and progress in the student’s communication skills. Different members of the student’s program planning team may contribute to the speech-language pathology assessment process. For example, parents/guardians may provide background information on the student’s developmental and medical history, while teachers may be asked to complete checklists and/or anecdotal reports documenting the student’s communication skills in the classroom. After gathering background information from a variety of sources, the speech-language pathologist may decide to complete a formal, standardized assessment of speech and language skills. An assessment battery may include a screening of hearing, voice production, fluency, and oral-motor functioning. The speech-language pathologist may also complete student observations in various school settings in order to assess communication skills in different contexts. The information collected by all parties contributes to the formulation of a learner profile of strengths and challenges in the area of communication skills, for the purpose of educational programming and speech-language pathology service delivery.

When standardized testing is included in the assessment of communication skills, several factors must be considered. These include the type of information sought regarding the student’s communication skills, the age of the student, and the links between the standardized test results and the programming needs of the student. Other key considerations include the cultural and linguistic diversity of the student being tested and the extent to which the standardized test instruments reflect this diverse background. Also, the qualifications of the test administrator must be considered, as outlined in the Special Education Policy.
There are two broad categories of assessment, both requiring specific qualifications to complete. These two categories are informal assessment and formal assessment. (See Policy 2.5, Special Education Policy.) Standardized tests are commonly divided into three tiers: Levels A, B, and C. (See Appendix H: Test Information.) However, Levels A and B are the two tiers most relevant to speech-language pathology services in Nova Scotia Schools. A specific responsibility of speech-language pathologists is the ethical requirement to protect test security and to ensure that access to standardized tests is restricted to qualified test administrators.
Written Speech-Language Pathology Reports

Speech-language pathologists need to ensure that written assessment reports and feedback sessions are completed in a timely manner and according to board guidelines and procedures. The speech-language pathologist communicates with the parent(s)/guardian(s), the student (if appropriate), and the program planning team to explain the nature of the assessment and the results. A copy of the written report will be provided to the parent(s)/guardian(s) upon request, to the student (if appropriate), and to the school of current attendance. The speech-language pathologist may retain a copy of the report. However, maintaining a copy of the report should be done in accordance with Section 24(3) of the Freedom of Information and Protection of Privacy Act, which states, “The head of the public body shall protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, or disposal.” In practice, this would mean that the staff of school boards should be protecting personal information by keeping paper files in locked cabinets, putting passwords on electronic files, being cautious around the dissemination of e-mails containing personal information, using a shredder rather than a recycling bin, and following recommended procedures when there is a breach of personal information.
Templates for speech-language pathology reports are determined by individual school boards. However, while the format of written assessment reports may differ among the school boards, there are categories that should be included in every report. These include the following:

- student’s personal information
  (e.g., date of birth, grade, provincial student number)
- dates of assessment
- reason(s) for referral
- assessment instruments and procedures used
- relevant background information
- school history (i.e., review of existing student records)
- previous assessment results
- test/assessment results
- student’s strengths and challenges
- summary/interpretation of information
- recommendations

In addition to assessment reports, speech-language pathologists prepare several other types of written reports, including, but not limited to, treatment summaries, file notes, reassessment reports, and discharge summaries. (See appendices F and G.) As well, they use a variety of informal progress reports to continuously update parents/guardians on student progress in therapy, changes in communication skills, home practice assignments, and many other aspects of individual student programming. These reports facilitate ongoing dialogue regarding student programming.
Storage and Release of Speech-Language Pathology Reports

A copy of speech-language pathology reports must be securely stored in the student’s confidential record, with access limited, as per the provincial Student Records Policy (2006). The original reports and all test protocols must be stored in a secure manner at the board level, as per board policies and procedures. Release of speech-language pathology reports must be completed in accordance with all provincial and board policies governing student records.
In Nova Scotia, speech-language pathologists working in the public school system are employed by school boards. Working within an educational environment, speech-language pathologists deliver services in a flexible way, often across large geographical areas. Variations in school schedules, attendance at team meetings, the type and level of interventions delivered, and fluctuating student needs all impact service delivery.

The focus of speech-language pathology services is to meet the speech-language pathology needs of individual students and to provide support for educational planning and programming. The services provided may be direct or indirect, depending on the identified needs of the student. Direct services may include, but are not limited to, speech-language pathology therapy and assessment. Indirect services may include, but are not limited to, prevention initiatives, consultation, and professional development activities. Procedures for speech-language pathology services referrals are developed and implemented at the school board level in accordance with the provincial Special Education Policy.

Service-Delivery Models

Service-delivery models for speech-language pathology services in Nova Scotia vary across school boards, depending on a variety of factors, including geographical area, the number of speech-language pathologists, and the needs and priorities established by the school board and schools served by the speech-language pathologists. School priorities will be determined by each school according to board policies and procedures and the Special Education Policy.
In designing models of service delivery, the goal of inclusive schooling articulated in the *Special Education Policy* should also be considered:

The goal of inclusive schooling is to facilitate the membership, participation, and learning of all students in school programs and activities. The support services that are designed to meet students’ diverse educational needs should be co-ordinated within the neighbourhood school and to the extent possible, within grade level/subject area classrooms.

Speech-language pathology services should include classroom-based service delivery and staff training models that enhance the capacity of schools to address communication needs within the classroom setting. For example, phonological-awareness initiatives may enhance educational programming for all students and provide staff with training opportunities in the areas of assessment and instruction. While services to individual students will continue to be required for some forms of speech-language pathology intervention, opportunities for increased classroom-based intervention should also be explored.

In planning adequate workspaces, significant considerations include

- room acoustics, including soundproofing for assessment purposes
- a location within the school that is conducive to student services activities
- sufficient electrical outlets and Internet access
- doors with windows
- adequate, secure storage for student records and materials
- ongoing maintenance, upgrading, and/or calibration of equipment (e.g., audiometers)
Appendix A:
Glossary of Speech-Language Pathology Terms and Diagnoses

**Apraxia (verbal):** Difficulty sequencing and organizing the motor or muscle movements necessary for accurate speech production, in spite of the ability to perform all non-speech functions accurately.

**Articulation:** The movement of the mouth, lips, tongue, etc. (the articulators), to produce speech sounds.

**Articulation disorder:** An inability to produce individual speech sounds clearly and difficulty combining sounds correctly for words. Misarticulations may include substitutions, distortions, or omissions.

**Asperger’s Syndrome:** A mild form of autism characterized by challenges in social and motor skills and an intense interest in a narrow range of topics.

**Assessment:** Formal (e.g., standardized tests) and informal procedures used to identify a person’s unique needs, strengths, weaknesses, and learning style and the nature and extent of the intervention services needed.

**Assistive devices:** Technical tools and devices that are used to help individuals who have communication disorders perform actions, tasks, and activities.

**Auditory processing:** The ability to listen to, analyze, or make sense of information taken in through the ears (auditory information). Difficulties with auditory processing do not affect what is heard by the ear but do affect how information is decoded, remembered, interpreted, or processed by the brain.

**Autism:** A neuro-developmental condition characterized by challenges in social, behavioural, and communication skills.

**Central auditory processing disorder (CAPD):** Difficulty listening to or making sense of sounds heard (in spite of normal hearing), especially under less optimal listening conditions (e.g., background noise). There may be difficulties with the following: sound localization and lateralization, auditory discrimination, auditory pattern recognition, temporal aspects of audition, and auditory performance with competing acoustic signals.
Cleft palate: A musculoskeletal-system disorder in which bone and muscle tissues do not fuse during the prenatal period, causing a cleft in the lip and/or palate. This may interfere with feeding and speech development.

Delay: When a child is following the typical path of speech/language development but at a slower rate compared to his or her age peers.

Disorder: When a child does not have the same speech or language skills as his or her age peers and is not following a typical path. Some skills may be age-appropriate, while others that should have been learned at a younger age are absent.

Dysarthria: A motor-speech disorder that is due to a paralysis, weakness, altered muscle tone, or incoordination of the speech muscles. Speech is slow, weak, effortful, imprecise, or uncoordinated. Voice and breathing for speech may also be affected.

Dysfluency: Also known as stuttering, is a disruption in the smooth, easy flow of speech, measured by sound/word/phrase repetitions, prolongations, interjections, silent pauses, a struggle to get words out, etc.

Expressive language: The ability to express oneself—what we say and how we say it.

Intelligibility: The ease with which an individual’s speech is understood.

Language: Any means of conveying or communicating ideas and thoughts from one person to another.

Language sample: A collection of utterances (words, sentences) recorded as part of the assessment, as an indication of a child’s functional language abilities.

Mean length of utterance: An average of the meaningful parts of speech (morphemes) per utterance, taken in a language sample.

Morphemes: A word or part of a word that carries meaning (e.g., verb tense markers, plural endings).

Pervasive developmental disorders (PDDs): Neurological disorders characterized by a triad of impairments in socialization, behaviour, and communication. Autism Spectrum Disorder falls under this heading.
**Phonological awareness:** The explicit understanding that language is made up of a system of individual sounds (phonemes) that go together to form the words that we speak and write.

**Phonological disorder:** Difficulty with the development of speech sounds and the rules for the sound system such that the pattern of errors indicates inappropriate development of phonological processes or rules.

**Pragmatics:** The use, function, or purpose of communication and the rules for how we use communication in different contexts or situations.

**Receptive language:** The ability to understand or comprehend language and to understand what someone says to you.

**Resonance:** Vibration of the air in cavities near the source of a sound, such as the throat and nasal passages.

**Semantics:** The meaning of language at the word, sentence, narrative, and conversation levels.

**Syntax:** The order in which words are put together in phrases, clauses, sentences, etc., to form meaning.

**Vocabulary:** The words that one has knowledge about and can use in communication.

**Voice:** The sound produced by vibration of the vocal cords.

**Voice disorder:** Abnormal vocal pitch, loudness, quality, and/or nasality that interferes with communication.
Appendix B:
Key Steps in the Assessment Process

**Pre-assessment**

☐ The teacher has explored and documented a variety of strategies; however, further intervention is needed.

☐ The teacher has been in contact with the parent(s)/guardian(s).

☐ School personnel have recommended a referral for speech-language pathology assessment.

☐ Cumulative and confidential records have been reviewed.

☐ A school-based assessment of academic achievement, if appropriate, is completed.

☐ A speech-language pathologist is consulted regarding the referral.

☐ A referral form is completed.

☐ An informed, written consent form is signed by the parent(s)/guardian(s).

☐ Pertinent information is gathered from all sources, including information and/or referrals from outside agencies such as public health nurses and the Nova Scotia Hearing and Speech Centres.

**Assessment**

☐ The speech-language pathologist will choose appropriate procedures and assessment batteries to address the referral question (e.g., observation, formal standardized testing).

☐ The speech-language pathologist meets with the student in a suitable place at the student’s school and completes the assessment.

**Post-assessment**

☐ The speech-language pathologist will evaluate the data, write a report with recommendations, and communicate feedback to the staff and parent(s)/guardian(s) in a timely manner.

☐ These recommendations will be incorporated on an ongoing basis, as per the program planning process.
Appendix C:  
Conflict of Interest Policy—  
*Ministerial Education Act Regulations* (70)

70 (1) In this section,

(a) “conflict of interest” means any situation in which a school board staff person, either on their own behalf or on behalf of another person, attempts to promote a private or personal interest in a manner that results in

(i) interference with the objective exercise of the staff person’s school board duties, or

(ii) a gain or advantage to the staff person or other person by virtue of the staff person’s position with the school board;

(b) “Provincial conflict of interest policy” means this Section;

(c) “school board conflict of interest policy” means a conflict of interest policy established by a school board for their staff;

(d) “staff” or “staff person” means staff or a staff person of a school board.

(2) The superintendent, director of education and chief executive officer of each school board must promote and ensure compliance with the school board's conflict of interest policy, and are responsible for

(a) administering the policy with respect to their staff, other than the superintendent and the director of education;

(b) ensuring that staff are informed of the requirements of the policy;

(c) determining whether a conflict of interest exists in cases where a staff person and the person’s supervisor disagree, and what actions, if any, are to be taken; and

(d) establishing procedures for staff to report a conflict of interest to their supervisors.

(3) A school board must prepare information and educational materials for staff about the school board conflict of interest policy and arrange for the communication of it to staff.
(4) A school board must provide each staff person with a copy of the school board conflict of interest policy.

(5) A disagreement about compliance with a school board conflict of interest policy
   (a) between a staff person and the staff person’s supervisor must be referred to the superintendent, chief executive officer or director of education; and
   (b) between a superintendent or director of education and a school board must be referred to the Deputy Minister of Education or the Deputy Minister’s designate.

(6) A staff person who does not comply with a school board conflict of interest policy may be disciplined.

(7) A school board conflict of interest policy must be based on the principles that a staff person should
   (a) perform their duties and functions impartially, responsibly, diligently, efficiently and with integrity;
   (b) arrange their private interests in a manner that will prevent a conflict of interest, with any doubt in this respect to be resolved in favour of the public interest;
   (c) not solicit or accept directly or indirectly a fee, gift or benefit from a person or an organization that has dealings with the school board or, when the Department of Education is acting as agent for the school board or on behalf of the school board, with the Department of Education;
   (d) benefit from school board and school board-related programs, services or initiatives only to the extent that a member of the public benefits from them;
   (e) benefit from information that is obtained in course of employment only to the extent that a member of the public may benefit from it;
   (f) not benefit from, use or permit the use of school board property, including leased property, or services, other than in the course of the performance of official duties and functions, and otherwise only to the extent that a member of the public may use or benefit from the property or services;
(g) in the course of the performance of official duties and functions involving
the public, assist all members of the public fairly and reasonably;

(h) maintain appropriate confidences;

(i) observe all laws and rules;

(j) not use their position, office or school board affiliation or school board
information or property to pursue personal interests;

(k) act in a manner that will bear the closest public scrutiny, an
obligation that is not fully discharged by simply acting within the
law;

(l) take care to avoid being placed, or appearing to be placed, under
any obligation to any person or organization that might profit from
special consideration by the employee, and not accord preferential
treatment in relation to any official matter to any person or
organization in which the employee, family members or friends have
an interest; and

(m) if the staff person's spouse, partner or dependent child has a contract
or agreement with the school board that has not been awarded
by open public tender, disclose information about the contract or
agreement to the superintendent, director of education or chief
executive officer or, if the staff person is a superintendent or director
of education, to the school board.

(8) A school board conflict of interest policy must

(a) be consistent with the Provincial conflict of interest policy as set out
in this Section;

(b) include a statement setting out the purpose of the policy and
explaining that the policy sets out general principles and is not
intended to set out every possible situation that may raise a conflict
of interest;

(c) include a statement of policy objectives, including the objective
to ensure that staff avoid conflicts of interest and act in the public
interest at all times while discharging official duties and functions;

(d) include the definition of “conflict of interest” set out in clause (1)(a);

(e) include a statement that the policy applies to all staff;
(f) outline policy directives, including
   (i) a statement of principles consistent with the principles set out in subsection (7),
   (ii) the criteria, including legality, fairness and defensibility, to be used for resolving cases where it is uncertain that a conflict of interest exists,
   (iii) a list of the types of employment and other activities that are not permitted to be carried on by a staff person outside employment with the school board and a requirement that the staff person make a confidential report regarding any outside employment or activities to their supervisor,
   (iv) how staff can receive notice of the policy,
   (v) how a staff person can get clarification or interpretation of the policy, and
   (vi) how the educational material on the policy prepared by the school board in accordance with subsection (3) is to be communicated;

(g) explain the accountability of
   (i) staff, and
   (ii) the superintendent, Chief Executive Officer and director of education, in accordance with subsection (2);

(h) set out the procedures for administering the policy as required by subsection (2);

(i) include a statement of the confidentiality requirement set out in subsection (9);

(j) explain the procedure for resolving disagreements about compliance with the policy, in accordance with the requirements of subsection (5); and

(k) explain the consequences of failing to comply with the policy.

(9) Any information concerning a private interest of a staff person that is provided to a supervisor must be kept confidential, except as required by law.
Appendix D: Sample Referral Form

Referral for Speech-Language Pathology Services

Student’s legal name: ____________________________  Teacher: ____________________________

Date of birth (d/m/y): _______________________  Provincial student number: ______________________

School: _________________________________________________________________  Grade: __________

Date of referral: _____________________________

Parental contact information:

Parents/guardians names: ____________________________________________________________________

Address: __________________________________________________________________________________

___________________________________________________________________________________________

Phone number(s): ________________________

Checklist of student challenges that prompted this speech-language pathology referral
(please check all that apply):

☐ Experiencing difficulty meeting grade-level outcomes (academic challenges)

☐ Articulation difficulties (difficulty pronouncing sounds and/or words)

☐ Language difficulties (difficulty understanding and/or producing language, including written work)

☐ Listening and attending challenges (difficulty following classroom instruction and/or staying on task)

☐ Voice/fluency issues (difficulty with hoarseness, stuttering, etc.)

☐ Other ________________________________________________________________________________

Reason for referral: What is the main challenge that you want the speech-language pathology assessment to address?

_________________________________________________________________________________________
1. Previous testing and/or assessments (instruments administered and dates):
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

2. Date of last hearing/vision checks:
Hearing: ____________________________________________________________________________________
Vision: _____________________________________________________________________________________

3. Are there any physical/health concerns? Yes _____ No _____
If yes, please describe: _________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

4. Is the student on any medications? Yes _____ No _____
If yes, please describe: _________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

5. Briefly outline the student’s performance (e.g., class tests, assignments, project work) and work habits.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
6. Check the classroom/school/program interventions that have been implemented to date:

☐ Adaptations (please attach current adaptations form to this document)

☐ Individual program plan (IPP) (please attach current IPP to this document)

☐ Reading Recovery® outcome status:
  ☐ Successfully discontinued  ☐ Referred for further support  ☐ Program incomplete

☐ Resource teacher/learning centre support (please attach progress report)

☐ Specialist services:
  ☐ Guidance counsellor
  ☐ Behavioural specialist
  ☐ Alternative program
  ☐ Other: ______________________________________________________________________________

☐ Classroom strategies (please list):
  ____________________________________________________________________________________
  ____________________________________________________________________________________

☐ Outside agencies (specify):
  ____________________________________________________________________________________
  ____________________________________________________________________________________

☐ Other (please describe):
  ____________________________________________________________________________________
  ____________________________________________________________________________________

7. Is school attendance a factor? Yes _____ No _____

If yes, please explain:
  ____________________________________________________________________________________
  ____________________________________________________________________________________
### Strengths (academic/social/behavioural)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
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</table>

### Challenges (academic/social/behavioural)

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</tbody>
</table>

### Additional comments:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

To be completed by the school planning team.

- Discussed at school planning team meeting on (date): ________________________________
- Signature of school principal or designate: _________________________________________
- Copies of referral sent to: _________________________________________________________
- Parental consent form provided to parents on (date): ________________________________
- Written parental consent: ☐ Granted    ☐ Declined
Appendix E: Sample Parental Consent Form

Note: Upon receiving parental response, one copy of the form is placed in the student’s confidential record and an additional copy is provided to the parent(s)/guardian(s).

Consent for Speech-Language Pathology Services

(On school letterhead)

School
Address
Phone
E-mail

Date: _________________________________

Dear _________________________________,

The following speech-language pathology services have been recommended for your child,
______________________________________, by school personnel:

☐ Assessment
☐ Direct therapy
☐ Consultation for programming
☐ Other: _______________________________

If you have any questions about this referral, please contact the school at ____________________________
and ask for ________________________________.

Signature: _______________________________ Date: _______________________________

Principal/Vice-principal

Please sign below to indicate your consent for these services. Thank you.

☐ YES, I/We hereby give consent.

Signature: _______________________________ Date: _______________________________

☐ NO, I/We do not give consent.

Signature: _______________________________ Date: _______________________________
Appendix F: Sample Speech-Language Pathology Services Assessment Report

(For professional use only. Not to be duplicated without permission.)

Student: _____________________________ Date of birth: _____________________________

Parents/guardians: _____________________________ Phone: _____________________________

School: _____________________________________________________________________________________

Teacher: _____________________________________________________________________ Grade: _________

Date(s) of assessment: __________________________ Date of report: ________________________________

Speech-language pathologist: ___________________________________________________________________

Background Information

Referral source: ______________________________________________________________________________

Reason for referral: ___________________________________________________________________________

Strengths and challenges: ______________________________________________________________________

Previous speech-language pathology contact: ______________________________________________________

Student history considerations:

• parent report
• teacher report
• medical history
• family history
• developmental milestones

• communication milestones
• resides with
• prior to school entry
• other agencies involved

Summary of cumulative record: ________________________________________________________________
                                                                                           
                                                                                           
                                                                                           
                                                                                           

Assessment Checklist

☐ Hearing screening  ☐ Observations of communication in school settings
☐ Oral-motor examination  ☐ Speech and language samples
☐ Voice screening  ☐ Standardized tests (please see attached Summary of Test Scores)

Assessment

General Observations

Speech skills:

☐ Articulation: ____________________________________________________________

...........................................................................................................................

☐ Intelligibility: ___________________________________________________ 

...........................................................................................................................

☐ Fluency: ___________________________________________________________

...........................................................................................................................

☐ Voice: ______________________________________________________________

...........................................................................................................................

☐ Oral peripheral examination: __________________________________________

...........................................................................................................................

Hearing: ______________________________________________________________

...........................................................................................................................

Language skills:

☐ Receptive language: __________________________________________________

...........................................................................................................................

☐ Expressive language: _________________________________________________

...........................................................................................................................
Impressions and Recommendations:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Learner Profile of Strengths and Challenges in Communication Skills

<table>
<thead>
<tr>
<th>Communication Skill</th>
<th>Strengths</th>
<th>Areas of Difficulty</th>
<th>Impact on Achievement of Curriculum Outcomes</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
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<td></td>
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<tr>
<td>Language</td>
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<td></td>
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</tr>
<tr>
<td>Voice</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Fluency</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
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</tbody>
</table>

Speech-language pathologist signature: __________________________________________________________

Note: Upon receiving parental response, one copy of the form is placed in the student’s confidential record and an additional copy is provided to the parent(s)/guardian(s).
## Summary of Test Scores

Student: ___________________________________________  Date of birth: ________________________  
School: ___________________________________________  Date of assessment: ___________________

<table>
<thead>
<tr>
<th>Test</th>
<th>Standard Score or Percentile Rank</th>
<th>Description of Skills</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Appendix G: Sample Speech-Language Pathology Service Summary Report

(For professional use only. Not to be duplicated without permission.)

Student: ______________________________________ Date of birth: ______________________

Parents/guardians: __________________________________________ Phone: ______________________

School: _____________________________________________________________________________________

Teacher: _______________________________________________________________ Grade: __________

Speech-language pathologist: ________________________ Therapy term: _______________________

Date of report: __________________________

Presenting difficulty: _____________________________________________________________

S-LP service provided: _____________________________________________________________

Home/school support:
☐ Home follow-up program: ________________________________________________
☐ School follow-up program: ________________________________________________

Program outcomes and progress: ________________________________________________

Impressions and recommendations: ______________________________________________

Speech-language pathologist signature: ____________________________________________

Note: Upon receiving parental response, one copy of the form is placed in the student’s confidential record and an additional copy is provided to the parent(s)/guardian(s).
Appendix H: Test Information

This information does not apply to classroom and provincial assessments administered as a part of the provincial public school program, research studies, and/or provincially administered assessments.

<table>
<thead>
<tr>
<th>Description</th>
<th>Level A Tests</th>
<th>Level B Tests</th>
<th>Level C Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>These are tests that can be adequately administered, scored, and interpreted with the help of the test manual, a familiarity with the client population, and a general knowledge of measurement principles.</td>
<td>These are tests that require specific training for administration, scoring, and interpretation. These tests are more complex than Level A tests. Level B tests require formal training in the areas of statistics and measurement.</td>
<td>These are tests that require advanced training in designated specialty areas, such as school psychology.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>• Classroom-wide screening of phonological awareness skills</td>
<td>• Language-assessment batteries • Fluency measures • Voice assessments • Articulation tests • Auditory-processing Tests • Oral-motor examinations • Feeding and swallowing assessments</td>
<td></td>
</tr>
<tr>
<td><strong>Training and Administration Requirements</strong></td>
<td>• Valid Nova Scotia teacher’s certificate • Currently working within the Nova Scotian public school system as a teacher and/or consultant • Familiarity with the specific instrument used • Knowledge about the topic of the test • Ability to follow the administration procedures set out in the test manual</td>
<td>• Valid Nova Scotia teacher’s certificate • Currently working within the Nova Scotian public school system as a speech-language pathologist • Fulfillment of the qualifications, competencies, and certification requirements for speech-language pathologists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Level A Tests</td>
<td>Level B Tests</td>
<td>Level C Tests</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Purchaser Eligibility</strong></td>
<td>The test must be ordered by the school, school board, or person directly responsible for administration.</td>
<td>These tests are available to individuals meeting the above training standards and to agencies where qualified test users are employed.</td>
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</tr>
<tr>
<td><strong>Storage and Access</strong></td>
<td>Protocols and reports generated from criterion-referenced tests must be securely stored according to board direction. Access to reports is limited as per the Student Records Policy (2006).</td>
<td>Any reports generated from these tests must be securely stored in the student’s confidential record with access limited as per the Student Records Policy (2006). All protocols are to be stored, at school level, in a secure manner according to board policy.</td>
<td></td>
</tr>
<tr>
<td><strong>Parental Consent</strong></td>
<td>Parental consent is not required for Nova Scotia public school program curriculum/classroom-based assessment (e.g., observation survey, Active Young Readers assessments). However, norm-referenced assessments require informed written parental consent prior to test administration.</td>
<td>Parent(s)/guardian(s)’ informed written consent must be received prior to the administration of Level B tests, as described in Policy 2.4 of the Special Education Policy.</td>
<td></td>
</tr>
</tbody>
</table>
Bibliography


