"This Speech/Language Eligibility Criteria Matrix is a revised version of the Severity Ratings Unit Matrix which appeared in the August 1993 Speech/language Technical Assistance Manual which was published by the Illinois State Board of Education. This revision (2007-08) is the result of the collaborative efforts of members of the School Affairs Committee of ISHA, with contributions by Kevin Eldridge, PhD-CCC/SLP-Fluency. Major changes were made primarily to the fluency ratings. As we identify other areas needing revisions, this matrix will be updated. We would be happy to consider suggestions for revision from the membership."

# SPEECH/LANGUAGE ELIGIBILITY CRITERIA MATRIX

**NOTE:** Clinical judgment may necessitate modification of these guidelines.

| | **MILD**<br>**1** Service Delivery Unit<br>Minimum of 15-30 mpw | **MODERATE**<br>**2** Service Delivery Units<br>Minimum of 31-60 mpw | **SEVERE**<br>**3** Service Delivery Units<br>Minimum of 61-90 mpw | **PROFOUND**<br>**5** Service Delivery Units<br>Minimum of 91+ mpw |
|---|---|---|---|---|
| **SEVERITY OF DISORDER** | Impairment minimally affects the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener, such as teacher, parent, sibling, or peer. | Impairment interferes with the individual's ability to communicate in school learning and/or other social situations as noted by at least one other familiar listener. | Impairment limits the individual's ability to communicate appropriately and respond in school learning and/or social situations. Environmental and/or student concern is evident and documented. | Impairment prevents the individual from communicating appropriately in school and/or social situations. |
| **ARTICULATION/ PHONOLOGICAL PROCESSING DISORDERS** | Intelligible over 80% of the time in connected speech.<br><br>No more than 2 speech sound errors outside the developmental guidelines. Students may be stimulable for errored sounds. | Intelligible 50-80% of the time in connected speech.<br><br>Substitutions and distortions and some omissions may be present. There is limited stimulability for errored phonemes. | Intelligible 20-49% of the time in connected speech. Deviations may range from extensive substitutions and many omissions to extensive omissions. A limited number of phoneme classes are evidenced in a speech/language sample. Consonant sequencing is generally lacking.<br><br>Augmentative communication systems may be warranted. | Speech is unintelligible without gestures and cues, and/or knowledge of the context. Usually there are additional pathological or physiological problems, such as neuro-motor deficits or structural deviations.<br><br>Augmentative communication systems may be warranted. |
| **LANGUAGE** | The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by two or more diagnostic procedures/ standardized tests. Performance falls from 1-1.5 standard deviations below the mean standard score. | The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by two or more diagnostic procedures/ standardized tests. Performance falls from 1.5-2.5 standard deviations below the mean standard score. | The student demonstrates a deficit in receptive, expressive, or pragmatic language as measured by two or more diagnostic procedures/ standardized tests (if standardized tests can be administered). Performance is greater than 2.5 standard deviations below the mean standard score.<br><br>Augmentative communication systems may be warranted. | The student demonstrates a deficit in receptive, expressive, or pragmatic language which prevents appropriate communication in school and/or social situations.<br><br>Augmentative communication systems may be warranted. |
| **FLUENCY** | 2-4% atypical dysfluencies[4] within a speech sample of at least 100 words.<br><br>Majority of dysfluencies are less than 250 ms in duration.<br><br>No tension to minimal tension; secondary characteristics are absent.<br><br>Disturbances in rate and/or prosody rarely interfere with communication.<br><br>Student rarely chooses to avoid communicative opportunities.<br><br>The student rarely makes decisions of daily life based on the possibility of stuttering. | 5-8% atypical dysfluencies[4] within a speech sample of at least 100 words.<br><br>Majority of dysfluencies are less than 1 second in duration.<br><br>Noticeable tension and/or secondary characteristics are present.<br><br>Disturbances in rate and/or prosody often interfere with communication.<br><br>Student often chooses to avoid communicative opportunities.<br><br>The student often makes decisions of daily life based on the possibility of stuttering. | 9-12% atypical dysfluencies[4] within a speech sample of at least 100 words.<br><br>Majority of dysfluencies are between 1-5 seconds in duration.<br><br>Excessive tension and/or secondary characteristics are present.<br><br>Disturbances in rate and/or prosody usually interfere with communication.<br><br>Student usually chooses to avoid communicative opportunities.<br><br>The student usually makes decisions of daily life based on the possibility of stuttering. | More than 12% atypical dysfluencies[4] within a speech sample of at least 100 words.<br><br>Majority of dysfluencies are greater than 5 seconds in duration.<br><br>Excessive tension and/or secondary characteristics are present and interfere significantly with communication.<br><br>Disturbances in rate and/or prosody always interfere with communication.<br><br>Student always chooses to avoid communicative opportunities.<br><br>The student always makes decisions of daily life based on the possibility of stuttering. |
| **VOICE** | Voice difference including hoarseness, nasality, denasality, pitch or intensity inappropriate for the student's age is of minimal concern to parent, teacher, student or physician.<br><br>Medical referral may be indicated. | Voice difference is of concern to parent, teacher, student, or physician. Voice is not appropriate for age and sex of the student.<br><br>Medical referral may be indicated. | Voice difference is of concern to parent, teacher, student, or physician. Voice is distinctly abnormal for age and sex of the student.<br><br>Medical referral is indicated. | Speech is largely unintelligible due to aphonia or severe hypernasality. Extreme effort is apparent in production of speech.<br><br>Medical referral is indicated. |

**A FEW NOTES:**

1. By the age of 7 years, the student's phonetic inventory is completed and stabilized. (Hodson, 1991 ASHA Convention)
2. Adverse impact on the student's educational performance must be documented.
3. If the collaborative consultation model of intervention is indicated at the IEP meeting, the student receives one additional service delivery unit.
4. Sound/syllable repetitions, sound prolongations (audible or inaudible [blocks]), monosyllabic whole word repetitions.
5. Add one additional service delivery unit for each child/student for whom you are case manager.