

LET'S GET COOKING: *FINDING A RECIPE FOR SUCCESSFUL SERVICE DELIVERY IN THE SCHOOLS*

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DISCLOSURE STATEMENT

Financial:

- o Speaker did not receive any financial compensation from ArkSHA for the contents of this presentation

Nonfinancial Disclosures:

- o Member of ArkSHA
- o ASHA SEAL
- o SIG 16 (School Based Issues) Coordinating Committee member

LEARNER OUTCOMES

- o Participants will learn strategies and techniques to avoid/address stressful and contentious situations during conferences and meetings
- o Participants will learn counseling strategies and techniques that are relative to communication disorders.
- o Participants will identify components to include in documentation of service delivery and distinguish/describe differences between adequate/inadequate documentation.
- o Participants will be able to apply strategies taught in documentation of services in their work setting.



HOW DO YOU SEE YOURSELF ? WHAT IS YOUR ROLE IN THE SCHOOL?

STUDENT ADVOCATE

THE ROLE OF THE SPEECH-LANGUAGE PATHOLOGIST AS A CLINICIAN

- o Participate in Screenings
- o Conduct Evaluations
- o Determine Treatment Plan
- o Treat
- o Make Recommendations
 - Dismissal
 - Continued treatment plans
 - Outpatient
 - Home programs

THE ROLE OF THE SPEECH-LANGUAGE PATHOLOGIST AS A COUNSELOR

- Interviewing the client or family
- Presenting the handicapping condition
- Providing information related to the handicapping condition
- Discussing interventions
 - Clinical vs. Educational
 - Expectations and goals
- Dealing with reactions
- Transitional plans
- Creating a support system
- Fostering an interpersonal relationship with the client and/or family



KEY WORDS ASSOCIATED WITH COUNSELING

- Interpersonal skills
- Trust
- Self-understanding
- Listening
- Indirect - direct leading
- Reflecting
- Summarizing
- Confronting
- Interpreting
- Informing
- Clarifying



THE COUNSELING PROCESS



- Part of the treatment process
 - Should be consistent
 - Person centered – not disorder centered
 - Can occur every time you interact with clients
- Address emotions and behaviors
- Facilitate self-esteem
- Teach client to become empowered
- Involve family, teachers, peers
- Change preconceived notions

HOW DO WE USE COUNSELING?

- Gather and convey information
- Prevention
- Help clients adjust emotionally
- Help to correct the communication disorder
- Provide with setting for change
- Help with developing strategies



WHAT MAKES YOU FEEL STRESSED?



- Parents
- Teachers
- IEP meetings
- Evaluations
- RTI
- Screenings
- PLCs
- Scheduling
 - Outside agency providers
 - Tutoring


THERE ARE WAYS TO MANAGE STRESS

Stress Reduction Kit




- Directions:
1. Place kit on FIRM surface.
 2. Follow directions in circle of kit.
 3. Repeat step 2 as necessary, or until successful.
 4. If unsuccessful, cease stress reduction activity.

MANAGING STRESSFUL SITUATIONS




- o Understand the problem
- o Engage in meaningful conversation
- o See things from another's standpoint
- o Help the client and/or family to cope


"SUBTRACT BEFORE YOU ADD"

- + = 

Subtracting an activity, before adding another activity/commitment equals balance.



PRIORITIZE ACTIVITIES



Balance in Life is IMPORTANT!


It allows you more time for yourself and for what matters most.

If you take on too much, your bucket empties out

It's okay to take time for yourself.

It's okay to say, "NO!"

Look at your activities before taking on a new commitment.
(SUBTRACT before you ADD)




THE ROLE OF THE SPEECH-LANGUAGE PATHOLOGIST AS AN ADVOCATE

Why Advocate?

"Unless someone like you cares a whole awful lot, Nothing is going to get better. It's not."
- Dr. Seuss, The Lorax


- ♦ A liaison between teachers and parents
- ♦ Resource for support
- ♦ Conducts conferences
- ♦ Monitors student progress
- ♦ Maintains student confidentiality
- ♦ Communicates with parents and students



ADVOCACY OPPORTUNITIES

- o State Program Guidelines (ADE Program Standards 17.00)
 - Therapy Space
 - o Chapter 6 of Arkansas Public School Academic Facility Manual (2014)
 - o Elementary (p77)
 - o Middle School (p148)
- o Caseload (1:45)
 - o 17.08.3.5 Under no circumstances will a waiver be granted for an increase in maximum teacher/pupil caseloads for speech-language pathologists (SLP) unless the speech-language pathologist has an approved SLP assistant or SLP-aide.
 - o When a Speech/Language Pathologist has an approved Speech/Language Pathology Aide or Assistant the maximum caseload is left to the discretion of the Speech/Language Pathologist.
 - o 17.08.7.4 Half-time Direct/Half-time Indirect Speech/Language Pathologist
 - o The maximum teacher/pupil caseload for this split position is 45 children. The caseload composition is a maximum of 25 children on direct services and 20 children on indirect services. The following apply - The maximum caseload of 25 children receiving direct speech therapy services is a maximum, not a minimum.

STATE GUIDELINES (FACILITIES AND CASELOADS)



Program	Elementary					Middle School				
	SLP	SLP-A	SLP	SLP-A	SLP	SLP-A	SLP	SLP-A	SLP	SLP-A
Elementary	25	20	25	20	25	20	25	20	25	20
Middle School	25	20	25	20	25	20	25	20	25	20

ADVOCACY OPPORTUNITIES (CONT'D)

- o Therapy Materials
- o Treatment Recommendations
- o Professional Association Participation
 - ArkSHA
 - ASHA
 - Educational Organizations
- o Policies/Legislation
 - District
 - State
 - o Arkansas Department of Education Special Education link
 - National
 - o Office of Special Education Programs
 - o Dear Colleague Letters
 - FAPE
 - Missed speech-language therapy sessions
 - Treatment of Autism

FAQS SCHOOL-BASED CLINICIANS ASK

- o How do I write IEPs without missteps?
- o What should I include in reports?
- o What should I know about online/informal communication?
- o How do I respond to requests for records/test protocols?
- o How do I prepare for due process hearings, attorneys, or courts?

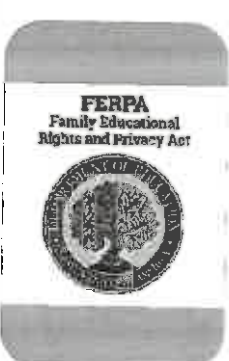
• *Barbara Moore, EdD, CCC-SLP and ASHA Schools Services*

DOCUMENTATION


- o "to give written information that is proof or support of something that has been done or observed."
- o the written account of observations, the information the client or family relates or states, the data you collect during service delivery, and the services provided.
- o A medical or educational record is a collection of information about the person for whom you are providing services. It is a legal and confidential record.
- o A legal document that can be used in court

STATE AND LOCAL REGULATIONS/POLICIES AND FEDERAL MANDATES:

- Family Educational Rights and Privacy Act (FERPA)
- IDEA and FERPA Confidentiality Provisions (2014)
- Health Insurance Portability and Accountability Act (HIPAA)
- Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004)
- Every Student Succeeds Act of 2015
- Protection of Pupil Rights Amendment (PPRA)
- Americans with Disabilities Reauthorization Act of 2009 (ADA)
- Section 504 of the Rehabilitation Act of 1973 (504)
- Medicaid



- o Federal Law that protects the privacy of students' educational records
 - Provides parents with certain rights with respect to their child's educational records
 - The availability of their child's school education records for review
 - The parent can seek to amend records they believe are inaccurate
- o Applies to educational agencies and institutions that receive funds from programs administered by US Department of Education
 - Private and religious schools generally do not receive funds from US DOE and are not subject to FERPA




HIPAA

- o Protects individuals health records and identifiable health information
- o Generally does not apply to elementary and secondary education institutions
 - Not HIPAA Covered entity
 - Is HIPAA Covered entity but contains health information in student education records
 - o Nurse records
 - o Healthcare provider notes (caseworkers, etc)

PROTECTION OF PUPIL RIGHTS AMENDMENT


- Ensures that schools make instructional materials accessible to parents – any evaluative measures
- Also ensures each student's personal information is private and not shared for marketing purposes



INDIVIDUALS WITH DISABILITIES EDUCATION ACT




- Ensures equity, accountability, and accessibility in education for children with disabilities
- It outlines and guides Special Education procedures
- Describes disability categories that make students eligible for services



IDEA DOCUMENTATION AND LEGALITIES

(IF IT ISN'T WRITTEN, IT DIDN'T HAPPEN)

- Email
- Certified mail
- Personally presented
- Phone calls
- Parent/Teacher Conferences
- Student Work Samples

SCHOOL RECORDS

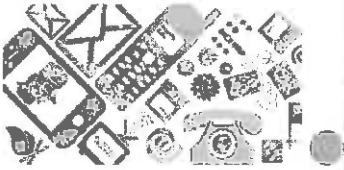
- o **Mandatory permanent pupil records**
 - required by state law
 - usually include identifying information about the pupil, when the student attended schools in the district, and records of subjects taken, grades, immunization, and date of graduation or exit
- o **Mandatory interim pupil records**
 - required by state law
 - held for a stipulated period of time
 - includes health information, special education information, language training records, progress reports, parental restrictions, parent/pupil challenges to records, parent authorizations/prohibitions for student participation in certain programs, results of standardized tests
- o **Permitted pupil records**
 - Counselor/teacher rating scales, standardized tests older than 3 years, routine discipline, behavioral reports, discipline notices, and attendance records

TYPES OF DOCUMENTATION (INCLUDING STATUS AS A RECORD)


- o Treatment notes, progress notes, 504 accommodation plans, and evaluation reports are **SCHOOL RECORDS**
- o Lesson plans are **NOT** school records
- o Notes taken as personal memory aids may be considered "sole possession" notes.
- o Notes to parents and personal notes may not be considered school records, unless copies are placed in the student's file.
- o e-mail or documents that include a student's personally identifiable information will be considered a student record. This documentation can be requested via a FOIA.

ELECTRONIC & OTHER MODES OF COMMUNICATION

- o Emails are generally not considered part of student record
- o Phone calls should be documented
 - Phone logs
 - Notebooks
 - Computer files



TIPS ON CONFIDENTIALITY AND DOCUMENTATION




- o To protect the confidentiality of students and student records, **consider.....**
 - **Who** is listening or reading the documentation?
 - **What** is discussed or documented?
 - **Where** is the discussion taking place or what mean of communication is used?
 - **Why** did the discussion take place?

DOCUMENTATION AND FOIA

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DOCUMENTATION IN SCHOOLS



- o Referrals
- o IDEA paperwork
 - IEP
 - Manifestation
 - Existing Data Review
 - Extended Year Services
- o Evaluation Reports
- o Test Protocols
- o Treatment Notes/Progress Reports
- o Data Collection
- o Electronic Communication
- o RTI

DO'S OF DOCUMENTATION


- o Make sure you are documenting on the right client
 - Check name on IEP
 - Re-read Reports
- o Write legibly
- o Include concise and accurate information
- o Document as soon as possible



DON'TS OF DOCUMENTATION

- o Don't alter a record--this is a criminal offense.
- o Don't use abbreviations that aren't widely accepted.
- o Don't write imprecise descriptions, such as "reluctant" or "a large amount."
- o Don't document what someone else said, heard, or felt unless the information is critical. In that case, use quotations and attribute the remarks appropriately.
- o Don't document ahead of time--something may happen and you may be unable to actually provide the services you've charted. Charting services that haven't been provided is considered fraud.
- o Don't cover up anything with white out. Draw one line through the inaccurate information, write the correction, indicate "error", and be certain to initial it.


IEP MEETINGS



- *REFERRAL
- *EVALUATION
- *PLACEMENT
- *ANNUAL REVIEW
- *PROGRESS CONFERENCE
- *RE-EVALUATION

- o The IEP team: parent, teacher, and special education representative (*minimum three members*)
- o Communication between teachers, parents, and special education is paramount
- o IEP meeting notes should be reviewed at the conclusion of the meeting to ensure all are in agreement and they accurately reflect what occurred in the meeting.

Progress Conferences and IDEA




According to State and Federal regulation 17.06.3.3, if a child under IDEA is in danger of failing a course, a formal conference must be scheduled immediately.

In order to hold a conference the following must be done:

1. The general education teacher will contact the parent regarding the grade/classroom performance.
 - * Edline does not serve as notification
2. The special education teacher will be notified by the teacher and/or team of the concern and need for a conference.
3. The special education teacher will send out the necessary paperwork/conduct the conference **with the academic team and parent.**
 - * 14 day notice must be provided to parents for progress conferences.
 - * Parents can "waive" the 14 days; however we have to show that it is offered and keep a notification log.
4. Conferences should *not* be scheduled the last week of the reporting period (unless in an extenuating situation)


PROGRESS CONFERENCES AND IDEA (CONT'D)

- o Students cannot receive a failing grade without a conference
 - Team members need to be present
 - Teachers must show proof of parent notification
 - Teachers need to bring copies of work samples and show documentation of modifications.
- o Conferences should be scheduled in a timely manner to allow student to be successful
 - Students need to be provided the opportunity to improve their grades/make up missing work as determined by the IEP team in the conference. This is usually 10 days (two weeks of school)
 - The team is able to not separate deadlines for each subject/activity
- o Only one conference per semester/class where at risk for failure
- o The student must meet the timelines agreed upon by the team.
 - If a student does not meet the timelines, he/she can receive a failing grade.



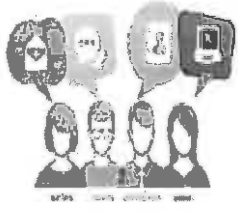
DUE PROCESS HEARINGS

- o Usually the result of a complaint that there has been a violation of FAPE.
 - Records will be requested
 - Staff will be deposed
 - Hearing officer will oversee the process
- o Note – parents cannot financially benefit from a hearing. It is related to the student – services, education...



<https://acksped.k12.or.us/document/policyAndRegulations/sections/10303DueProcessRevJuly2013.pdf>

TIPS TO DOCUMENT COMMUNICATION WITH PARENTS/GUARDIANS



- o Keep a record log
- o Document time/date of communication – including method
- o Note parent response
- o Certified mail provides a receipt
- o Document as soon as possible
- o Write legibly
- o Remember details

PROGRESS/THERAPY NOTES

- o The standard in schools is no different from that for any other work setting for SLPs or audiologists. Notes should document:
 - Services provided
 - Student performance.
- o Review requirements for billing Medicaid when writing notes.
- o The SOAP note format (Subjective/Objective/Assessment/Plan) is a good method to ensure notes include all appropriate information
- o Remember that whether it is an auditor or an attorney who reviews notes, what happened in the session should be clearly documented.
 - Ask yourself if another SLP could read the notes and accurately determine what to do next.
 - Think if you had to recreate the session for a hearing, could you do it based on what was written?

EVALUATION REPORTS/ASSESSMENTS

- o Reason
- o Background information
- o Assessments administered
 - standardized assessments or tests
 - observation in natural setting
 - non-standardized assessments or methods
 - activities within natural setting
- o Observed behaviors
- o Information on classroom assessments and statewide assessments, including classroom/academic performance
- o Information from others (teacher, parent, aide, other team members) and/or student
- o Diagnostic impressions
- o Summary, Conclusions, and Recommendations

EVALUATION AND REPORT COMPONENTS

- o **Standardized Scoring Key**
 - o Mild: Scores between 84-76; +1.0 standard deviation
 - o Moderate: Scores between 75-71; +1.5 standard deviation
 - o Severe: Scores between 70-64; +2.0 standard deviation
 - o Profound: Scores of 60 or lower; +2.5 standard deviation
- o **LANGUAGE:** To establish medical necessity, results from a comprehensive assessment in the suspected area of deficit must be reported. (Refer to Section 214.420, part 1), paragraphs 9-12 for required frequency of re-evaluations.) A comprehensive assessment for Language disorder must include:
 - o a. Date of evaluation.
 - o b. Child's name and date of birth.
 - o c. Diagnosis specific to therapy.
 - o d. Background information including pertinent medical history; and, if the child is 12 months of age or younger, gestational age. The child should be tested in the child's dominant language; if not, an explanation must be provided in the evaluation.
 - o e. Results from an assessment specific to the suspected type of language disorder, including all relevant scores, quotients and/or indexes, if applicable. A comprehensive measure of language must be included for initial evaluations. Use of one-word vocabulary tests alone will not be accepted. (Review Section 214.410 — Accepted Tests for Speech-Language Therapy.)
 - o f. If applicable, test results should be adjusted for prematurity (less than 37 weeks gestation) if the child is 12 months of age or younger, and this should be noted in the evaluation.
 - o g. Oral-peripheral speech mechanism examination, which includes a description of the structure and function of the oral-dental structures.
 - o h. Formal or informal assessment of hearing, articulation, voice and fluency skills.
 - o i. An interpretation of the results of the evaluation including recommendations for frequency and intensity of treatment.
 - o j. A description of functional strengths and limitations, a suggested treatment plan and potential goals to address such identified problems.
 - o k. Signature and credentials of the therapist performing the evaluation.

ULTIMATELY, IT'S ALL ABOUT THE KIDS!



THERAPY NOTES

(TOO MUCH, TOO LITTLE, JUST RIGHT)

- o Used Mrs. Smith's classroom vocabulary list for definitions and sentence formation. During the session, James wanted to talk about baseball. His team won last night. Tried to redirect him to the activity. Very difficult to get him to respond. Sent him to see the nurse so he could take his medicine. He returned after 10 minutes. Therapy resumed. He correctly created 9 sentences. He was given 15 vocabulary words.

THERAPY NOTE (EXAMPLE)

Student did not attend session secondary to participating in school field trip. Therapy will be rescheduled for Thursday afternoon.

Make-up therapy session from field trip absence. Today's session focused on pragmatics – being able to make inferences based on social cues. Used Social Inferences Double Dice deck to answer questions presented. Supplemented activity with video on body language using the Smart board. Student answered 16/25 questions correctly.


THERAPY/TREATMENT NOTES

- o When reading stories or playing games as a large group Sean participates 2 out of 5 opportunities. He does best when the stories are interactive and/or the games have a short wait time. He is making great improvement with his social/personal and self help skills.
- o Worked on Chipper Chat. Good session.
- o Presented with language tasks in conversation while sentence structure was addressed and redirected with skilled feedback. Completed goals: Regular Plural (85%), Regular Past Tense (75%), Homophones (35%), and Compound (40%).

THERAPY/TREATMENT NOTES

- o We wound up spending half of our therapy time discussing appropriate behavior to others (the golden rule, as one of the students said). Even then, she asked a classmate if she "was special". Then I had to address that statement.
- o Played Bingo – to work on listening skills.


EMAILS/MESSAGES (CONT'D)



- o A conference is scheduled for December 3rd at 11:30 a.m. with the team to discuss behavior and academic progress. Records show he is failing one core class (with documentation of parental contact). How is he doing in the rest of his classes? What about tardies or class attendance? Are there any disruptive behaviors or lack of participation? Please keep documentation on this for the next couple of weeks and bring to the meeting.


Thank you for continuing to help J.R. to be successful this year.

EMAILS/MESSAGES/NOTES



- o He is the most ADD kid I have ever been around! Sometimes I would explain one step for an activity that needed one answer and he would stare so deeply into space that I could say his name 3 times before I could get his attention. As you know...his writing is atrocious! We tried several approaches to that as well.

EMAIL CORRESPONDENCE



I have received your email concerning your daughter, Precious. I also have received your phone message. I am in the process of requesting information from the school in order to address your concerns.

The best way to address your concerns is by having another Team meeting. I will request that Mr. Jones contact you to schedule another meeting. I will also attend the meeting.

Thank you for your comments and concern.

Sincerely,
Ms. Darling

FINAL CONSIDERATIONS AS THEY RELATE TO DOCUMENTATION:

- o Can parents request access to notes?
 - o Yes - according to the PPRA, Protection of Pupil Rights Amendment and FERPA, parents can access instructional materials.
- o What can be accessed through FOIA request?
 - Progress/Therapy notes, emails, tests, reports, personal notes (included in student file as part of the file)
 - Anything that contains the student's personal identifiable information
- o Who might review my therapy notes or evaluation reports?
 - o Parents, MCD reviewers, auditors, other providers
 - o Attorneys, District Administration

FINAL CONSIDERATIONS AS THEY RELATE TO DOCUMENTATION:

- o The IEP meeting notes are not intended to be a verbatim transcript. They should be a summary which includes:
 - Parent input and participation
 - Areas of consensus or disagreement
 - The district's offer of a free appropriate public education (FAPE).
- o Can parents request a change in what is documented in meeting notes, assessments, or student records?
 - o According to FERPA, parents can request records be changed that they believe are inaccurate.
 - o Parents cannot change assessment reports if they disagree with the findings or interpretations. They can submit documentation for the file if they wish. (The district should have a policy on this.)

COLLABORATING AND ENGAGING OTHERS

- o Parents
- o Teachers
- o Administrators
- o Counselors
- o Outside Agency providers
 - Social Workers
 - Life Coaches
 - Private clinicians

RECOGNIZE A CLIENT'S ACCOMPLISHMENTS -
NOMINATE FOR ARKSHA POSTER
AMBASSADOR

SPECIAL EDUCATION

Exceptional Children,
need Exceptional Teachers

PROVIDE IN-SERVICE TRAINING

Annual Reviews and CCSS

- 28 average # of pages for a complete AR
- 236 average # of pages for Special Education AR
- 3 number of special education teachers assigned to Special Education AR

MY INSPIRATION – WHY I DO WHAT I DO

CREATE GREATNESS IN YOUR MIND, FIRST.
WHEN YOU DO – DOORS WILL OPEN.

THANK YOU

GRACIAS
ARIGATO
SHUKURIA
BOLZIN
MERCII

YASUKURU ATU
SUKSAMA
MEMBAIS
GRATIA
BIYAN
SUKSES