1975

Report on the combined roles: Speech and language clinicians special services consultants
School District #1 Missoula Montana

Patricia Ann Carr

The University of Montana

Let us know how access to this document benefits you.

Follow this and additional works at: https://scholarworks.umt.edu/etd

Recommended Citation
https://scholarworks.umt.edu/etd/7756

This Thesis is brought to you for free and open access by the Graduate School at ScholarWorks at University of Montana. It has been accepted for inclusion in Graduate Student Theses, Dissertations, & Professional Papers by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.
A REPORT ON THE COMBINED ROLES: SPEECH AND LANGUAGE
CLINICIANS / SPECIAL SERVICES CONSULTANTS
SCHOOL DISTRICT # 1
MISSOULA, MONTANA

BY
Patricia A. Carr
B.A., University of Montana, 1967

Professional paper presented in partial fulfillment of
the requirements for the degree of
Master of Arts in Speech Pathology and Audiology
University of Montana
1975

Approved by:

[Signatures]

Chairman, Board of Examiners
Date

Dean, Graduate School

Aug. 20, 1975
ACKNOWLEDGEMENTS

The author would like to express her appreciation and thanks to the committee members and friends who guided, supported and assisted in the writing of this paper.
TABLE OF CONTENTS

ACKNOWLEDGEMENTS ......................................................... ii
LIST OF TABLES ................................................................. iv

CHAPTER

I. INTRODUCTION ............................................................... 1
II. BACKGROUND INFORMATION ........................................ 2
III. PRESENT PROGRAM ..................................................... 4
IV. PROBLEMS AND CONCERNS .......................................... 10
V. EVALUATION OF PROGRAM ........................................... 21
VI. PROJECTIONS FOR THE FUTURE ................................. 30
VII. SUMMARY AND CONCLUSIONS ................................... 33

APPENDICES

APPENDIX A ................................................................. 36
APPENDIX B ................................................................. 38
APPENDIX C ................................................................. 39
APPENDIX D ................................................................. 40
APPENDIX E ................................................................. 41

iii
LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Special Services Consultants' Assignments</td>
<td>5</td>
</tr>
<tr>
<td>II.</td>
<td>Spontaneous Comments of Principals</td>
<td>22</td>
</tr>
<tr>
<td>III.</td>
<td>Current Concerns Expressed by SLCs</td>
<td>29</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

The role of the Speech and Language Clinician (SLC) combined with the role of Special Services Consultant (SSC) in Missoula's School District #1 is a unique staffing arrangement for an innovative Special Services program in the State of Montana. The new program, adopted in 1973, is evolving through various stages of growth. It has provided an opportunity for expansion from the public school Speech and Language Clinician's previous role as "speech therapist" to a more complete utilization of this person who has been trained to co-ordinate the remediation of elementary school-aged children exhibiting problems in learning. Such a program has not evolved without a variety of problems---some of which have already been resolved and others which remain unresolved.

The purpose of this paper is to describe the unique Special Services Program in School District #1 during the past two school terms, emphasizing the roles of the district's Speech and Language Clinicians.
The author was initially employed in September of 1967 by Missoula's School District #1 as a Speech and Language Clinician for the hearing-impaired program where she worked for four years. In Fall, 1971, the author assumed a position of Speech and Language Clinician for the more general school population of speech and language-impaired children, an assignment she has retained to date.

Prior to the 1973-1974 school term (at which time the new program was implemented) the various programs offered for students needing special services in School District #1 were typically independent from each other, lacking continuity of programs or even communication between the personnel of the programs. For instance, during the 1972-1973 term there existed classes for the physically-handicapped whose personnel included teachers and one Occupational Therapist, classes for the hearing impaired which had one full-time Speech and Language Clinician in addition to the teachers, and classes for the developmentally retarded. Each program was housed in one or more classrooms within the district depending upon space available. Two School Psychologists were employed for the entire school population of seven thousand students. Their offices were centrally located at the School District #1 Administration Building and they traveled to each school to administer psychological tests upon teacher or principal referral. The hearing testing and conservation programs in the district's eighteen schools were the responsibility of two full-time and three one-third-time Speech and Language Clinicians. These
Clinicians, in addition to providing follow-up (medical referrals, parent and teacher counseling, etc.) for hearing problems, also screened the schools for speech and language impairments and provided as much remedial therapy as possible. They worked typically independently from each other, each within assigned schools, and had no systematic opportunities for intra-staff communication.
CHAPTER III

PRESENT PROGRAM

Two years ago the district hired Dr. Jack Rudio as Director of Special Services. Dr. Rudio had previously served as Montana State Supervisor of Special Education. Dr. Rudio saw a need to integrate the separate programs into one, with opportunities for communication between personnel in each program. Additional personnel were hired such as basic skills specialists who were placed in "Resource Rooms." These teachers provided academic tutoring for any child within that building who might possess learning difficulties.

Since these various programs were scattered throughout each building Dr. Rudio contended there was a need for one person in each school to assume the responsibility for co-ordinating all special service programs within that school. The district employed additional personnel for the myriad of Special Services which were required within each building, including Speech and Language Clinicians, School Social Workers, Guidance Counselors and School Psychologists. These, along with the Occupational Therapist whose office was subsequently placed in that school which housed the physically-handicapped classes, comprised the eighteen "Special Services Consultants". A complete tabulation of SSC assignments is presented in Table I. Each consultant was assigned to a school and provided an office (some renovated broom closets or shower rooms) which included a desk and a file cabinet. A telephone on an interchange greatly facilitated intercommunication between the offices of the Special Services Consultants. These telephones, which were furnished with a cut-off switch for confiden-
<table>
<thead>
<tr>
<th>ZONE I</th>
<th>School Psychologist</th>
<th>Speech &amp; Language Clinician</th>
<th>Occupational Therapist</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rattlesnake/Lincoln Schools</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescott School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paxson School</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZONE II</th>
<th>School Psychologist</th>
<th>Speech &amp; Language Clinician</th>
<th>Occupational Therapist</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roosevelt School</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lewis and Clark School</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russell School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZONE III</th>
<th>School Psychologist</th>
<th>Speech &amp; Language Clinician</th>
<th>Occupational Therapist</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.S. Porter School</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawthorne School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meadow Hill School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold Springs School</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZONE IV</th>
<th>School Psychologist</th>
<th>Speech &amp; Language Clinician</th>
<th>Occupational Therapist</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jefferson School</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emma Dickinson School</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZONE V</th>
<th>School Psychologist</th>
<th>Speech &amp; Language Clinician</th>
<th>Occupational Therapist</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowell School</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whittier School</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central School</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Willard School</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
tiability, were also available to the general school population through an extension elsewhere in the school.

Placement of the offices of the Special Services Consultants within the schools provided several benefits. It decentralized personnel, placing them in the schools and giving them an opportunity for being more visible to their service consumers and enabled the principals and teachers to perceive them as part of the building staff and true "Case Managers" for all children and youth within that building having any type of learning handicap. The Special Services Consultants were to maintain close communication with the building principals and teachers to enhance the program of identification, diagnosis, prescription, remediation and follow-up. Specific objectives are clearly stated in Appendices A, B and C.

The Special Services Consultants, then, each working out of an office in a separate school, were personnel with various backgrounds and training. In order to best utilize the special training of each and to promote synchronization of their expertise a "zone" concept was adopted. The eighteen schools in the district were divided geographically into five zones. Each zone contained three or four schools and had a representation, from the schools therein, of a variety of personnel from which to draw knowledge in a "team" approach.

The regular classroom teachers in each school were provided forms entitled "Referral for Special Services". (See Appendix E.) These referrals included any problem such as the following: behavior, academic achievement, motivation, speech, hearing, language, vision,
general health and/or motor control. These were submitted to the SSC in that building. The SSC, working closely with the building principal, assessed the diagnostic needs of each referral and arranged subsequent testing, calling upon the expertise of all or part of those specialists in his zone and/or requesting outside help as indicated. For instance, if the Special Services Consultant were a Speech and Language Clinician and a referral was received for a child having problems with reading the SSC might obtain additional background information from parents, the referring source and/or previous teachers. He might give standardized academic achievement tests to assess the child's present abilities and assess receptive, expressive and/or psycholinguistic language abilities through appropriate testing. He might solicit the help of his zone's School Psychologist for determining learning aptitudes and for more information concerning the child's learning style and/or his auditory or visual perceptual abilities. Or, if indicated, the Occupational Therapist might be called upon to assess the child's motor skills.

Once the diagnostic workup was completed, the SSC would arrange a team staffing which might include those personnel involved with the testing, the building principal, the teacher and/or previous teachers, the Resource Room teacher, possibly the parents and any other involved personnel. Following the remedial recommendations made by this team the SSC would provide follow-up of the case by determining that the remediation was being carried through, proper records were current, communication was maintained with parents and teachers regarding
progress or problems and that further staffings were scheduled when need indicated.

This expansion of the Speech and Language Clinician's role as compared to the previous role of speech and hearing testing and follow-up therapy (a role which he maintained in the school where he served as SSC plus typically one or two other schools in his zone) initiated a need for expansion of knowledge and skills. To identify and assess effectively the diagnostic needs of all referrals with their variety of problems a broad knowledge of mental, motor, environmental, social, behavioral, health and specific learning difficulties was required. The SSC needed awareness of the vast number of diagnostic tools upon which to draw and/or the personnel qualified to give such tests. An understanding of community agencies and specialists in related fields was demanded.

An attempt at meeting this expansion of knowledge in all of the Special Services Consultants was made through weekly or bi-monthly two-hour inservice training sessions. These sessions were held throughout the lunch hour and extended an hour into the afternoon. They were followed by hour-long intradisciplinary meetings when the SLCs and School Psychologists met separately.

The inservice meetings for all SSCs provided opportunity for intercommunication between SSCs and with the supervisor, dispensing of new information and for handling the many problems which constantly arose. In addition, various experts in a multitude of related areas provided training sessions in their specialties. Some were brought in from the University of Montana and some from agencies in other states.
Among the workshops offered were: four sessions on behavior modification techniques; four sessions on group achievement and aptitude testing and interpretation; two sessions on remedial reading; three sessions on the Title III "Smile Early" Program in District #1 and two sessions on behavioral research implications of reading from a linguistic point of view. In addition, there were single-session workshops on each of the following topics: the Gifted and Talented Child; Social Work in the Public Schools; Interpersonal Relations; Precision Teaching; the Role of the Speech and Language Clinician in the Public Schools; "Mainstreaming"; Learning Disabilities; Psycho-educational Evaluation; Alternative Educational Approaches in Education; the views of the Superintendent of School District #1 on Special Services; School Health Problems in the San Antonio, Texas, Public Schools; Special Projects (Title I, Part B) in Missoula's School District #1; Behavioral Characteristics Progression; Epilepsy; the "Systems 4" Management System; the SARI Reading Management System; School District #1 Volunteer and Foster Grandparent Programs; the services available in the region for all blind and hearing-impaired children; the Special Education Instructional Materials Center; the Prescriptive Materials Retrieval System and Missoula's Head Start Program.
CHAPTER IV

PROBLEMS AND CONCERNS

As with any new program, growing pains were experienced. Throughout the past two years, various concerns have been voiced by personnel involved with the program. Among the first were contentions by some school principals that some of their responsibilities were being assumed by the Special Services Consultant. Some principals viewed this idea negatively, some positively. At the minimum, it did constitute a revolutionary idea to consider.

The idea of placing each SSC in a building appeared to be well accepted. The building principals seemed to welcome the fact that the SSC would be more easily accessible if problems arose. This in itself created the question of to whom the SSC was responsible and how and by whom he should be evaluated. It appeared obvious to the Special Services personnel that the Director of Special Services, their supervisor by title, should supervise and evaluate them. Most principals seemed to believe that since the SSC was working and housed in his building the principal should be responsible. An attempt to remedy this concern was accomplished by writing specific objectives and job descriptions (fully described in Appendices A, B and C), a task collectively undertaken by the Director and SSCs and based on the assumption that once the objectives had been specified it would not matter who evaluated. The Special Services staff, however, were in the main somewhat apprehensive of this method of evaluation, believing that the objectives were too complex and left little room for subjective evaluation in such areas as interpersonal rapport—a most important
criterion for gaining communication and building confidence within the building's staff. Some administrators questioned the advisability of having the concept of evaluation by objectives introduced anywhere within the school district as it had suggested overtones of merit pay. It should be recognized that teachers in the district are typically evaluated using the form presented in Appendix D.

The problem was finally resolved by the SSCs being evaluated by both principal and supervisor, each using whichever method he chose. This caused some anxiety in the SSCs during the first year but it appears to have been alleviated through the gaining of rapport and developing confidence in those with whom they worked.

Each Special Services Consultant was to check in each morning at his school before going to other schools for therapy, testing, etc. The teachers gradually appeared to increasingly accept the SSC as part of building staff and coffee-room discussions provided vital follow-up of cases. SSCs were encouraged to spend as much time in their home building as possible. One of the first obligations of the SSC, then, appeared to be gaining the confidence of the principal and teachers so that he could contribute to the total education of the children needing special help.

The Speech and Language Clinicians in particular encountered a definite concern voiced by building principals. Previous to the transition the SLCs held a definite role of providing speech and hearing services to students. With the addition of the SSC responsibilities, the principals could only surmise that less time would be devoted to specific speech and hearing problems in their schools and therefore
these services would for their particular school be diminished. The School Psychologists, on the other hand, did not encounter this opposition. Their previous role had included testing, diagnosing and some remedial co-ordination through teacher counseling. Their role, therefore, would continue essentially as before. Furthermore, the School Psychologists typically did not have specific daily case loads. This gave them more time to devote to Special Services Consultation. It was explained to the principals that some of the previous goals of the Speech and Language Clinician was to provide remediation in such areas as visual and auditory perception which were directly and/or indirectly related to language skills and that these remediations could be relegated to the responsibility of others, co-ordinated by the SSC. The same number of children could therefore be served by the various personnel in that district's Special Services team.

It was pointed out by the Director of Special Services that the Speech and Language Clinicians actually were to wear three hats---one being that of the Special Services Consultant in his or her home school, the second being that of Speech and Language Clinician in the home school and at least one other assigned school (a list of the number of schools assigned for speech and language services for each clinician is noted in Table II), and the third being that of assuming responsibility for a special project such as co-ordinating the hearing-conservation program or compiling a Behavioral Characteristics Progression Program for various phases of therapy. In addition, the SLCs as a group carried out the hearing screening program for the entire district. Percentages of time spent with each obligation varied with
Clinicians according to the needs in their individual schools, with the time of year, with the expectations of the principals, teachers and parents and with varying personal interests of each clinician.

During the fall, time was devoted to screening and handling medical/parent/teacher follow-up of children found to have hearing and/or speech problems. In addition, it was during the autumn months that the remedial programs in each school were initiated for children needing special help, making it necessary for immediate diagnosis, evaluations, team staffings, etc.

Another long-standing problem which the clinician's additional responsibilities accentuated was the length of time it took to complete the screening program and delay in beginning therapy. To many principals, therapy appeared to provide a more obvious service than the identification of speech and hearing problems. This was especially true when one of their teachers had a child, for instance, with a severe speech or language disorder, making him unintelligible and/or impeding all language arts skills. These teachers wanted help immediately, voiced this to their principal, and it was not deemed realistic that the screening should take up to two full months at the beginning of the school term.

The hearing screening, which was the most time-consuming of the screening programs, was delayed partly due to limited accommodations and equipment. Schools were typically too noisy for hearing screening and the best alternative available for threshold testing for bone and air conduction appeared to be the lease of the University of Montana Speech and Hearing Clinic's specially constructed sound-treated trailer.
The trailer was used for audiological testing at each of the eighteen schools. Many small, seemingly insignificant (if taken singly) incidences arose which slowed the process of threshold testing. Qualified drivers for the van were often unavailable. At times the trailer/van wouldn't start. It took time to heat up the rooms (the weather was typically chilly) each morning. Parking facilities were limited to areas large enough for maneuvering the van, to accessibility of electrical outlets and avoidance of street noises. A 220 electrical outlet was required and sometimes not available since it was used before lunch for the hot lunch program. Parking was usually on the playground which eliminated testing during recess periods (sometimes up to three fifteen-minute periods before and after lunch). The sound-treated facilities could not withstand the high noise levels at recess time. Two additional delays occurred when students closed the heavy entrance doors, locking clinicians inside the trailer.

An Impedance Bridge was leased from the University of Montana Speech and Hearing Clinics and each clinician took it to the schools in which he or she served as SLC. Although it was considered extremely beneficial in confirming middle-ear involvement in students being considered for medical referrals, the additional testing did further slow the entire hearing-testing program.

The speech and language screening testing program, on the other hand, had been accelerated by the addition of five Speech and Language Clinicians to the staff over the previous two years. This also lightened the caseloads of each clinician.
The Speech and Language Clinicians' acceptance of the newly-combined roles varied. Some resisted, feeling that their time could be better spent in their specialty for which they had been trained. Five were recently graduated, holding their first jobs, and had not yet had the experience to feel secure in the role of Speech and Language Clinician much less an additional co-ordinating responsibility concerning all types of problems. Others welcomed the opportunity to broaden their knowledge through diversified obligations and responsibilities, finding the unprecedented experience of dealing with other remedial areas stimulating and motivating and one which they would not have otherwise ordinarily received. A survey of each SLC's current preference indicates all SLCs are now generally satisfied with their combined role. (Note Table III)

From the Speech and Language Clinician's viewpoint, one item which might have hindered rather than hastened their progress into the role of Special Services Consultants was the fact that too much responsibility was thrust upon them too fast. There was an obvious need for more and varied knowledge. There was also a need for new programs in the district. Additional programs were accordingly implemented and became the SSC's eventual responsibility to oversee in his school. These responsibilities included the Homebound Program, the Foster Grandparent Program, the Resource Room, Group Achievement and Learning Aptitude testing, knowledge for the testing and interpretation of reading and other academic achievement tests and the orientation of intern Field Social Workers.
The SLCs were at times convinced that they were becoming glorified bookkeepers, leaving less time for their trained specialty. Specific forms to be completed by the SSCs for each case are presented in Appendix E.

A seemingly minor consideration but one which ultimately consumed a great deal of time, thought and alteration was the vision-testing program. This had previously been co-ordinated by the building principals who solicited the help of parents to do the actual screening. The first year that the responsibility was assumed by the Special Services Program, the vision screening was coupled with the hearing screening, the intent being that the students would need to be taken from the classroom only once and two screenings could be accomplished at the same time. This would have increased the Speech and Language Clinicians' responsibilities since he or she would obviously have assumed responsibility for the hearing screening. To alleviate this the School Psychologists were trained in hearing screening as well as vision screening so that each Special Services Consultant could co-ordinate the vision/hearing screenings in his own school. The School Psychologists resisted, stating that hearing testing was not their specialty of training and the Speech and Language Clinicians resisted, stating that hearing testing was included in their training. Discontinuity resulted across the district regarding the screening program: several School Psychologists enlisted the aid of the Speech and Language Clinician serving their school for the hearing screening; several attempted to co-ordinate the program themselves; several Special Services Consultants tried to enlist the help of their school nurses, who were usually
too busy; and several principals simply continued their previous roles as vision-screening co-ordinator. In addition, the follow-up for visual problems lacked continuity. Before referring for medical examinations it was advisable to give at least two tests; and ultimately most of the SSCs asked the school nurse serving their building to give the results to an optometrist for assessment and to report back to them which should receive medical referrals, resulting in delayed follow-up and referrals.

The second year the vision testing program was specified as the responsibility of each zone's School Psychologist. Again, various personnel—the principals, each school's Special Services Consultant or the school nurse co-ordinated the program. Most used volunteer mothers to do the actual testing.

Another concern regarded the group achievement and learning aptitude testing co-ordinated by the SSC in each school. Previously the principals' responsibility, each SSC now required training for administration and interpretation of the tests, which were each given once or twice a year. These tests included the Science Research Associates Achievement Test and the Cognitive Abilities Test and Diagnostic Aptitude Test learning aptitude tests. Each SSC then held similar inservice training for teachers within his building. Objections arose when the SLC/SSC cancelled speech therapy in order to co-ordinate the original testing as well as give make-up tests for students who were absent during initial testing. Many SSCs stated that, while performing the time-consuming task of sorting test booklets and answer sheets, they were merely assuming responsibilities of the school secretary.
Another minor concern (in that it was reported in only two buildings) was that initially some referrals were not channeled through the school's SSC but went directly to the School Psychologist, the Speech and Language Clinician serving that school or the school's principal who subsequently initiated programs and failed to apprise the SSC. This appears to have been eliminated through increased rapport between all personnel and gradual understanding of the program structure.

There was also concern that the zone concept appeared to limit inter-zone exchange of personnel. An SSC might at times have preferred to call in an expert from another zone but felt obliged to use the expert of the same title who served his zone. On the other hand, it was convenient to have at least one expert in each zone whose relegated obligation was to serve each school.

Ultimately "mini-zones" began to exist. Typically staffings included those personnel within each building---Principals, Resource Room Teachers, classroom teachers, the SSC, and possibly an outsider not necessarily from within the zone but one specializing in the particular problem. Staffings were typically held outside regular school hours to enable all personnel to attend and to avoid disruption of schedules.

Another concern arising mainly from building principals was that one or two weekly hours of school time was spent in inservice meetings for Special Services Consultants. The objection was that this time should be spent in the schools in contact with children, adding that classroom teachers cannot dismiss students for inservice
meetings. The Director of Special Services as well as the Special Services personnel contended that the meetings were a vital part of co-ordinating their total services for children. The second year the meetings were held bimonthly and apparently will be held bimonthly during the coming school term.

One of the constant major concerns voiced by principals, teachers and clinicians alike concerned cancellation of therapy. In addition, the principals preferred that the Speech and Language Clinicians provide more scheduled time for speech therapy. The SLCs stated they needed less scheduled time—that becoming fully scheduled increased chances for unexpected problems to force cancellation of already-scheduled cases.

This presented a direct conflict of views: the SLCs asking for more unscheduled time in order to do their SSC work; the principals stating that the SLCs should have more scheduled time and adhere to that schedule. The problem was that once a schedule had been set up with the teachers it was disruptive when changed. Many times SSC problems such as unanticipated interruptions of schedules due to parent visitations arose. For instance, if a parent had previously avoided conferences and then arrived unexpectedly the clinician might consider consultation with the parent priority over therapy. Scheduling fewer speech cases was further complicated by state requirements of minimum cases per clinician. Furthermore, no clinician felt obligated to ignore speech and language problems if time permitted inclusion into case load, even at the expense of SSC needs. Additional disfavor arose, again, when administrators viewed competency as direct-contact
hours, excluding time for reports, research related to specific diagnosis or planning of special projects such as inservice meetings for teachers.
CHAPTER V

EVALUATION OF PROGRAM

In order to assess to some degree the opinions concerning the combined role of the Speech and Language Clinician as Special Services Consultant, the principals of the eight schools (of a total of eighteen schools in the district) in which SLCs also served as SSCs were interviewed. They were asked 1) with what phases of the combined-role program were they content, 2) with what phases were they disturbed and 3) suggestions for improvement. A synopsis of their spontaneous comments is provided in Table II.

Of the eight principals interviewed, all but one expressed a generally positive attitude toward the program. The remaining principal was not dissatisfied with the program but rather contended that preventive programs might alleviate the need for remedial programs. This principal believed that hiring less remedial personnel and using the funds to acquire more classroom teachers would reduce the average teacher-pupil ratio and some of the problems could be handled in the regular classroom, thus preventing some children from ever needing remedial services.

None of the principals interviewed expressed the earlier concern that the SSCs had taken over some of the principals' duties. On the contrary, three specifically commented on the advantages of having a referral source within the building to co-ordinate learning problems as they arose. It should be noted, however, that in one school the principal was satisfied with the combined role as long as the SSC duties interfered in no way with the speech therapy schedule. In this
TABLE II

SPONTANEOUS COMMENTS OF PRINCIPALS

<table>
<thead>
<tr>
<th>Comments</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1) with what phases of combined SLC/SSC role are you content</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generally content with service</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;System works&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liked referral source within building to handle learning problems</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech/language background advantageous in handling other problem areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>&quot;Zone&quot; concept facilitates obtaining personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapport good between teachers and SSC</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question 2) with what phases of combined SLC/SSC role are you disturbed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disliked title</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question 3) suggestions for improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use less time hearing/vision screening</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eliminate screening (teacher referral)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLC adhere to speech therapy schedule</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More communication between principals and Director of Special Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SLC/SSC spend more time in SSC building</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hire additional SLCs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hire additional Guidance Counselors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hire less Special Services personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Concentrate on &quot;prevention&quot;</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid duplication of staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SLCs also obtain guidance credentials</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use volunteer parents for hearing/vision screening; hire audiologist</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for hearing referrals</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More inservice for group testing &amp; interpretation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Spend less time on paper work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spend less time in inservice meetings</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have more communication between SSC/SP/SLC working with same cases</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of schools assigned SLC/SSC for speech and language therapy

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
school the duties of group testing and teacher inservice as well as vision testing are not the responsibilities of the SSC.

One principal thought a specific advantage of having the Speech and Language Clinician serve as Special Services Consultant was that students with speech and language problems often have other learning problems as well, particularly with reading, and that a good background in speech and language development was an important advantage for the SSC to deal with other problem areas.

The advantages voiced concerning housing the SSC offices within the schools varied. They included giving the SSC opportunities for gaining rapport with the teachers, opportunities for informal "coffee-break" discussions concerning individual cases and opportunities for the students to get used to seeing the SSC in the school. This gave the SSC an opportunity to get acquainted with the students even before problems arose, thus speeding the rapport-building process when and if testing, etc., became necessary.

One stated advantage was that the "zone" concept had opened avenues for obtaining personnel of various disciplines and resulted in faster services.

Specific concerns included, again, the amount of time that the vision and hearing screening takes away from scheduled therapy. Four principals questioned the feasibility of having an organized screening program for vision and hearing, stating that the small numbers which are found with problems are not worth the amount of time spent. They would prefer to test these children individually based on teacher referrals.
One principal was dissatisfied with the title of Special Services Consultant, stating that it does not define the role but did not comment further.

The principals voiced several suggestions for improvement of the program. Two commented that more communication between the Director of Special Services and the principals was necessary so that the principals would have been informed of forthcoming services for their students before their own SSC informed them.

Two principals specifically and adamantly requested that their SSC spend more time in their building. Two volunteered that the district needs more guidance counselors and felt it would be ideal if the Speech and Language Clinicians also had counseling credentials and could provide the counseling and speech and language services, thus remaining within the building where he was Special Services Consultant. Another felt that having the SLC spend more time in his SSC building might be accomplished by the district's hiring more SLCs for SSCs, thus placing Speech and Language Clinicians in each building so they could serve the speech, hearing and language needs in that building and freeing those SLCs previously serving that school.

While three principals expressed a need for increasing the Special Services staff, particularly for more counselors for the emotionally-disturbed child, two voiced concern over the staff being too large and that various individual programs in some schools had duplicated personnel due to state and/or federal regulations forbidding personnel in federally-funded programs from working with other school populations. For instance, one school had four speech and language clinicians working...
in it. Two served the retarded population, one served those children qualifying for a federally-funded Title III program and one, being employed by the school district, served the general school population.

One principal stated that he would prefer sacrificing the numbers of speech cases seen in his school, perhaps reducing the number to five or six, but these specific students would be seen regularly with no interruption in schedule.

One principal suggested more inservice training for teachers on group testing and interpretation, one suggested less time spent on paper work, one voiced a concern that the Special Services meetings wasted time which could be more efficiently spent in actual contact with children and one requested more co-ordination and communication between the School Psychologist, the Speech and Language Clinician, the Guidance Counselor and the intern Field Social Worker when working with the same cases within his building.

One principal specifically suggested that in order to reduce the amount of SLC time necessary for the vision and hearing screening volunteer parents might be used, with an audiologist employed for follow-up on hearing problems.

The current concerns of the Speech and Language Clinicians who also serve as SSCs (one of whom was an intern from the University of Montana Speech and Hearing Clinic) were surveyed through a questionnaire prepared by Dr. Rudio in June, 1975. The survey does not include three Speech and Language Clinicians also employed in School District #1 who do not serve as SSCs.

One of the most obvious concerns, stated by all eight clinicians,
related to the amount of time necessary for the hearing and vision screening and the disruption in therapy that it causes. Principals and clinicians alike are anxious to get the therapy schedule underway as early as possible during the school term. However, once therapy schedules are set, their disruptions are so obvious and met with such opposition that in some instances it has seemed more practical to postpone scheduling until the testing has been completed, making initiation of therapy later than it ordinarily would have been.

There were five requests for more time to give group tests and for the testing schedule to be set up sufficiently in advance so that principals, teachers and students could be notified of the need for disruption in therapy long before it actually occurred. One clinician expressed a desire to be assigned fewer schools (one was assigned to five different buildings last year since one of the three major schools housed its primary classes and its kindergarten classes in buildings separate from the main school). The typical number of buildings, however was two to three per clinician. (see Table II) There was one request for working space free from distractions and interruptions. One of the eight clinicians believed that one inservice meeting per month would suffice, while two requested returning to weekly meetings. The remaining five clinicians favored continuing with two per month. There were three requests that, for the Speech and Language Clinicians per se, inservice meetings in their specialty might be more beneficial than time spent with Special Services inservice training in general. Specific suggestions included bringing in specialists, perhaps from the University of Montana Speech and Hearing Clinics, to offer knowledge
on latest developments in diagnosis of language disorders or possibly budgeting for viewing of video tapes intermittently produced by the clinic concerning latest therapeutic trends in various speech and language disorders. Seven out of the eight clinicians stated a specific request for inservice on latest trends in diagnosis and remediation of language disorders.

Other clinician requests included increasing services for emotionally-disturbed children and slow learners (three requests), five requests for more aides for the Resource Rooms, four requests for more concise forms for (and therefore less time spent on) reports, and one request for more systematic use of and inservice training on methods of behavior modification techniques. There was also one suggestion that the budget include the services of an otolaryngologist perhaps one or two days each year. He might travel to the schools to diagnose voice disorders (i.e., chronic hoarseness) which had been referred by the Speech and Language Clinicians.

Another current request from two SLCs was that they have a choice of conventions which they might attend annually, and that more released time be available for attending conventions, workshops or meetings which would lend valuable information and ultimately help the children attending the district's schools. One clinician also suggested that improved communications between school nurses and SSCs might improve the total program since Special Services typically is not utilizing the nursing expertise.

The final suggestion for improvement regarded two clinicians' concern over the school district's contract with the Child Development
Center, a community resource providing diagnostic services for children in the western Montana area. Children who had been referred to CDC from School District #1 often received duplicated services because typically CDC personnel administered a routine battery of tests despite the fact that similar tests had been administered by school personnel. It was thought a more feasible and economical use of school money to contract for specific services available through CDC but not offered through the school district such as those provided by pediatricians or social workers. A more complete assessment could be requested when individual case needs indicated but duplications such as those in assessments of psychological and/or speech, language and hearing should be minimized.

A complete synopsis of the clinicians concerns are shown in Table III.


<table>
<thead>
<tr>
<th>Comments</th>
<th>SLCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce need for cancellation of therapy</td>
<td>X X X X</td>
</tr>
<tr>
<td>Revamp hearing/vision screening program</td>
<td>X X X X X X X</td>
</tr>
<tr>
<td>Revamp group achievement/aptitude testing (increase time allotted, more test booklets available)</td>
<td>X X X X X</td>
</tr>
<tr>
<td>More SSC inservice training on group achievement/aptitude testing</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Request inservice - language</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Request fewer inservice meetings</td>
<td>X X X X</td>
</tr>
<tr>
<td>Request more inservice meetings</td>
<td>X X X X</td>
</tr>
<tr>
<td>Continue bimonthly inservice meetings</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Request intra-disciplinary meetings</td>
<td>X X X</td>
</tr>
<tr>
<td>Request workshops - behavior modification</td>
<td>X X X</td>
</tr>
<tr>
<td>Additional Resource Room Aides</td>
<td>X X</td>
</tr>
<tr>
<td>Increased services for emotionally disturbed child</td>
<td>X X X</td>
</tr>
<tr>
<td>Increased services for the slow learner</td>
<td>X X X</td>
</tr>
<tr>
<td>Contract for otolaryngologist</td>
<td>X X X</td>
</tr>
<tr>
<td>Smaller caseloads</td>
<td>X X X</td>
</tr>
<tr>
<td>Fewer buildings</td>
<td>X X X X</td>
</tr>
<tr>
<td>Reduce paper work</td>
<td>X X X X</td>
</tr>
<tr>
<td>Avoid duplication of services - schools</td>
<td>X X X</td>
</tr>
<tr>
<td>Improve SSC/school nurse communication</td>
<td>X X X</td>
</tr>
<tr>
<td>Hire aides for SLCs</td>
<td>X X X X</td>
</tr>
<tr>
<td>Choice of conventions</td>
<td>X X X</td>
</tr>
<tr>
<td>Increase parent education/involvement</td>
<td>X X X</td>
</tr>
<tr>
<td>Increase awareness of &quot;gestalt&quot; approach to helping children</td>
<td>X X X</td>
</tr>
<tr>
<td>Generally positive toward SLC/SSC role</td>
<td>X X X</td>
</tr>
</tbody>
</table>


CHAPTER VI

PROJECTIONS FOR THE FUTURE

Changes needed: As with any program and particularly with new ones, constant revisions are demanded as needs arise. Obviously, a thorough revamping of the hearing and vision testing program is in order. The author has considered the feasibility of performing the major tasks of hearing and vision testing at the end of the school term rather than at the beginning. Advantages might include the freeing of the clinician so that his or her time could be spent on beginning-of-year diagnosis, prescription, staffing, etc., as Special Services Consultant. In addition, initiation of therapy could begin immediately in the fall, following the brief speech-screening program. New students, and the specific hearing and vision referrals from classroom teachers, could be handled during those hours specified for Special Services consultation by the SSC or SLG servicing that building. Then, toward the end of the school term the speech and language cases could be dismissed and screening could be administered.

It would appear that possible changes regarding the group achievement and aptitude testing might include more complete inservice training for administration and interpretation of each test and subsequently more complete inservice training provided for each teacher. The teachers need to realize the importance of standardized procedures and time limits since the results ultimately are used to measure aptitude and sometimes even used as a rough estimate of mental abilities. This, of course, is less than optimal; however, since it is unrealistic for each student to have received individual mental assessments, the
Group aptitude tests have to suffice until further individual assessment is obtained if indicated. The teachers also have to be fully aware of the limitations imposed by such testing or any single test without comparison with other similar assessments. They should realize that the scores typically represent a fairly valid screening indication only as long as the student can read according to his grade level.

It seems that an increased effort should be made to decrease the amount of time needed for return of test scores. Teachers are extremely anxious to have them returned before the parent-teacher conferences in the fall.

Regarding the group testing, the Speech and Language Clinicians might increase attempts to develop a workable agreement with the principals of their SSC schools as well as with the principals of the schools in which they provide speech and language therapy, for cancellation of therapy during the testing days.

More complete communication between the Special Services Consultants and teachers and principals in general might alleviate some of the problems which have been previously mentioned. The problems could be stated and worked out together at the level of each individual building.

According to the Director of Special Services, Dr. Rudio, there are several changes anticipated for the 1975-1976 school term. The budget will allow for an Impedance Bridge and a one-fourth-time audiologist, shared with the Missoula County High School, and contracted possibly through the Community Rehabilitation Center or similar
community resource. The audiologist would be responsible for all hearing referrals, following the initial screening, and their follow up.

Dr. Rudio anticipates that Special Services' inservice-training sessions will continue to promote broad knowledge for the Special Services Consultants—emphasizing the multi-disciplinary, gestalt, "whole-child" approach and including academic, environmental and the entire "social milieu" areas of learning. He does, however, anticipate that more appropriate sessions such as those on language development, diagnosis and remediation will also be available for the Speech and Language Clinicians.

Growth Possibilities: Beginning next year the Special Services available for the school district will also be available for the preschool population in Missoula. Dr. Rudio stated that Special Services personnel will need to concentrate on providing communications for community awareness of these services. Specific programs provided by Speech and Language Clinicians might include promoting parent involvement on speech improvement, listening and discrimination skills, etc. Each Special Services Consultant will be responsible for those preschool children residing within his building's area.

During the 1975 Summer Program offered by School District #1 and offering programs in enrichment and remediation, the first attempt is being made to integrate all handicapped students into classes with the regular student population. Even the severely handicapped will be integrated to the extent possible, utilizing classes of arts and crafts or physical education for this purpose.
CHAPTER VII
SUMMARY AND CONCLUSIONS

The paper describes a unique staffing arrangement for an innovative Special Services Program in the State of Montana, emphasizing the role of the Speech and Language Clinician which is combined with the role of Special Services Consultant. The author has been employed by the Missoula School District #1 as a Speech and Language Clinician during the past eight years. The paper discusses problems which have evolved thus far in the program's two years of existence. Some of the problems have already been resolved; others remain unresolved.

Described are programs existing in the school district prior to implementation of the new program under the guidance of Dr. Jack Rudio who had been employed as Director of Special Education in School District #1.

Offices of various Special Services personnel, including Speech and Language Clinicians, were placed in each of the district's eighteen schools in order to serve those schools as Special Services Consultants. That responsibility required co-ordination of a program of identification, diagnosis, prescription, remediation and follow-up for each student referred for any problem by the classroom teachers. The "zone" concept was adopted to promote interdisciplinary team staffings.

Problems encountered included those regarding the shift of responsibilities once the principals' to the Special Services Consultants and the relegation of supervision and hierarchy of responsibility and evaluation of the Special Services Consultants. For the
Speech and Language Clinicians, disruptions of therapy schedules due to Special Services Consultant duties became a major concern. There was also disfavor among building principals regarding the amount of time spent by Special Services Consultants in inservice meetings when time could be spent in actual contact with students.

Also discussed are various problems and possible solutions for specific annual tasks such as the hearing and vision screening programs as well as group achievement and aptitude testing.

Current evaluation of the program and concerns regarding same were assessed through personal interview with administrators and the Speech and Language Clinicians themselves. Their concerns and suggestions for improvement of the program are reported.

Finally, changes anticipated for the future are mentioned as well as are possible projections of future growth of the program.

If one considers the goal of Special Services Consultants in School District #7 to be that of "helping teachers to help children learn", then the author feels great strides have been taken to achieve this goal during the past two years. Undoubtedly a larger percentage of students with speech, physical and/or any type of learning problem is now being serviced than were previous to implementation of the current program. This is partly due to additional personnel who are able to provide more services and partly due to better co-ordination, follow-up and continuity (through improved record-keeping) of those services being offered.

Undoubtedly the placement of Special Services Consultants in each building, thus relegating to one person the responsibility for
co-ordinating all Special Services in that building, has promoted faster and more complete services for the students. Advantages stemming from promoting the Special Services personnel to be "a part of rather than apart from" regular classroom teachers are also evident.

The combined role of Speech and Language Clinician/Special Services Consultant appears to be compatible. Clinicians and administrators alike have expressed endorsement. Competent background in general speech and language development appears to provide advantageous training for dealing with other learning problems.

It appears obvious to the author that interpersonal rapport between Special Services personnel, administrators, teachers and parents is a basic requirement for the success of a program ultimately endeavoring to serve the children. Underlying the acquisition of good rapport is continual communication. Many of the problems now existing and those to arise in the future can only be resolved through sufficient communication between all personnel. Many of the problems arising in individual schools will be resolved at the building level as they occur, provided that communication is adequate.

The program after two years is obviously very new. It will continue to progress through stages of readjustment and growth. Progress continues to be hampered, of course, by conflicting opinions and budget limitations. One trend appears to be an increased awareness of the "whole child", gestalt approach to helping children with problems.

Although the program might still be considered an "infant" it does appear to be gaining enough acceptance that it will continue to expand.
GOAL: To perform case management responsibilities for every young handicapped person identified within the assigned school.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME</th>
<th>SUGGESTED STANDARDS OF PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide inservice training to teachers, principals, and parents concerning the identification and nature of children and youth with learning handicaps.</td>
<td>Throughout the school year.</td>
<td>Present a minimum of three school staff and/or parents programs. Distribute informational materials concerning children with learning handicaps to principals, teachers and parents.</td>
</tr>
<tr>
<td>Provide and/or provide for speech, language, vision and hearing screening and follow-up for every student intended to receive such services.</td>
<td>Throughout the year.</td>
<td>All students for which the program is intended must receive the screening program and appropriate follow-up to the extent parental cooperation is reasonable.</td>
</tr>
<tr>
<td>Assist with group achievement and learning aptitude tests administration, scoring and interpretation.</td>
<td>Testing activities will occur at any time during the school year.</td>
<td>Successful management of the testing program will be indicated in the building principal and teachers show no unfavorable responses to the SSC's assistance when it is requested.</td>
</tr>
<tr>
<td>Solicit and respond to building staff referrals of children identified as possibly possessing handicaps.</td>
<td>Throughout the year SSC will respond to referrals as soon as possible and apprise referral agent of case progress at least monthly.</td>
<td>All students referred within the building will be acknowledged by the SSC and oral or written communication will be provided to the referral agent concerning the case management status of every student referred.</td>
</tr>
<tr>
<td>Provide and/or provide for diagnostic evaluations and learning prescriptions for handicapped students within the SSC's assigned building.</td>
<td>Throughout the year this will be a daily activity.</td>
<td>A minimum of 50% of the students referred within the building will receive these services from SSC.</td>
</tr>
<tr>
<td>ACTIVITY</td>
<td>TIME</td>
<td>SUGGESTED STANDARDS OF PERFORMANCE</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Provide and/or provide for treatment and follow-up programs for learning handicapped students within the assigned building.</td>
<td>Throughout the year this will be a daily activity.</td>
<td>Satisfactory performance will be determined if maximum number of cases time allows receives these services and an accurate estimate of future need for treatment and follow-up services is determined.</td>
</tr>
<tr>
<td>Arrange for Special Services staff to participate in case conferences for learning handicapped students within the assigned building.</td>
<td>Throughout the year.</td>
<td>Performance satisfactory if SSC has met the diagnostic/prescriptive needs of learning handicapped students in a comprehensive manner as indicated by the building principal and teaching staff.</td>
</tr>
<tr>
<td>Maintain continuous and current communication with Building Principals concerning the programs for handicapped students within assigned building.</td>
<td>Throughout the year this will be a weekly activity.</td>
<td>Appropriate communication will constitute oral communication and memoranda concerning learning handicapped students within the building.</td>
</tr>
<tr>
<td>Confer individually with parents and teachers concerning learning problems students possess.</td>
<td>Throughout the year confer bi-monthly with teachers and quarterly with parents (minimum).</td>
<td>Sufficient communication if not more than ten parents and/or teachers express dissatisfaction with the management of their student's learning program.</td>
</tr>
<tr>
<td>Adhere to Building Principals' &amp; School Dist. #1 instructional-staff policy with exception of performing noon &amp; recess duty. (SSC's may leave their assigned building for SS duties as they arise.)</td>
<td>Daily activity.</td>
<td>Violations of building and school district policy not to exceed those expected of any person on the instructional staff.</td>
</tr>
<tr>
<td>Be jointly responsible to Building Principal &amp; Director of Special Services for successful performance of these activities.</td>
<td>Daily activity.</td>
<td>Report weekly to Building Principals &amp; at least monthly to Special Services Director concerning performance of these duties.</td>
</tr>
</tbody>
</table>
GOAL: To perform Speech, Hearing and Language services for young communicatively-handicapped persons referred within the assigned building(s) and zone center.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering, scoring and interpreting speech, hearing and language tests.</td>
<td>Daily</td>
<td>Successful performance will be determined if referred students receive these services according to their needs.</td>
</tr>
<tr>
<td>Development and implementation of therapeutic programs for speech and language handicapped persons.</td>
<td>Daily</td>
<td>A minimum of fifteen hours of therapy contact time each week will be acceptable for successful performance with students showing noticeable improvement in communication skills relative to their own abilities and individual limitations.</td>
</tr>
<tr>
<td>Participate in case conferences to develop prescriptive programs for young learning-handicapped persons.</td>
<td>Daily</td>
<td>All case conferences will be participated in as requested.</td>
</tr>
<tr>
<td>Consulting teachers, principals, and parents in working with communicatively disordered children.</td>
<td>Daily</td>
<td>Satisfactory performance will be determined if teachers, principals and parents receive these consultation services as needed.</td>
</tr>
<tr>
<td>Participate in the development of projects and proposals to improve the district Special Services Program.</td>
<td>Yearly Activity</td>
<td>Satisfactory performance will be determined if the SLC will participate in the development of at least one major project or proposal throughout the school year.</td>
</tr>
</tbody>
</table>
**GOAL:** To perform school psychological and guidance services for young handicapped persons referred within the assigned building and zone center.

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Frequency</th>
<th>Performance Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer, score and interpret individual tests of learning aptitude and achievement.</td>
<td>Daily activity.</td>
<td>Successful performance will be determined if test protocols and reports are accurate and appropriate as determined by the Director of Special Services.</td>
</tr>
<tr>
<td>Assist classroom teachers, parents and principals with the understanding and management of deviant behavior in classroom.</td>
<td>Daily activity.</td>
<td>Successful performance will be determined if deviant behavior exhibited from students significantly decreases.</td>
</tr>
<tr>
<td>Participate in case conferences as a &quot;consultant on call&quot; to develop diagnostic prescriptive programs for young learning handicapped persons.</td>
<td>Weekly activity.</td>
<td>A minimum or four diagnostic-prescriptive programs with or without case conferences will be completed each month.</td>
</tr>
<tr>
<td>Consulting teachers and principals in developing individualized learning programs.</td>
<td>As requested and deemed necessary.</td>
<td>Successful performance will be determined when these services are requested and provided.</td>
</tr>
<tr>
<td>Management of case records for assigned school (referral forms, staffing formats and case summaries).</td>
<td>Yearly activity.</td>
<td>Successful performance will be denoted when records of each student receiving services answer all questions of case management from identification through follow-up.</td>
</tr>
<tr>
<td>Participating in the development of projects and proposals to improve the district Special Services Program.</td>
<td>Yearly activity.</td>
<td>Satisfactory performance will be determined if the SP will participate in the development of at least one major project or proposal throughout the school year.</td>
</tr>
</tbody>
</table>
CLASSROOM TEACHER APPRAISAL

Name ___________________________ Date ___________________________

Month Year

Grade ________ School ___________________________ Date Employed ___________________________

Mo. Yr.

A. PERSONAL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Needs ATT'n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Personal appearance
2. Apparent physical health
3. Industry and initiative
4. Emotional stability
5. Quality of voice
6. Use of English
7. 

B. PROFESSIONAL QUALITIES

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Needs ATT'n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Ethical deportment
2. Response to supervisory suggestions
3. Relationship with associates
4. Participation in extra-curricular
5. Professional attitude
6. Punctuality, care in record keeping
7. Response to District regulations
8. Communication and relationship with community

C. INSTRUCTIONAL SKILL

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Needs ATT'n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Knowledge of subject matter
2. Effort toward improving technique
3. Judgment in pupil evaluation
4. Attention to individual differences
5. Effective lesson planning and preparation
6. Student management
7. Sympathetic understanding of children
8. Physical environment
9. Use of instructional media
10. Enthusiasm for teaching
11. Student motivation
12. 

WHITE - TEACHER'S COPY
YELLOW - SCHOOL'S COPY
BLUE - DISTRICT'S COPY

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
I hereby give my permission to qualified Special Services staff
of Missoula School District #1 to provide the following service(s)
for my child, ________________________________________________________:

Personal counseling and/or guidance ____________________________
Classroom behavior management _________________________________
Special resource teachers ________________________________
Special classroom teacher ________________________________

I understand these services will be explained to me in detail if I
request this information.

__________________________________  ____________________________
Parent or Guardian                   Date
I hereby give my consent for my child, ____________________
to be administered individual tests by qualified personnel in
Missoula School District #1.

I understand these tests will be used to acquire information
concerning one or more of the following skills: (1) rate and
style of learning, (2) scholastic achievement, (3) communication
and (4) motor coordination.

I understand that these test results will be interpreted to me
if I request this information.

____________________________   __________
Parent or Guardian                Date
I am aware that individual test results for my child, ____________
_____________, are on file with School District #1. I
hereby give my consent for this information to be used by qualified
personnel to assist in determining a special program for my child.

_________________________   _____________
Parent or Guardian           Date
REFERRAL FOR SPECIAL SERVICES

Student's Name: ________________________________ Birth Date: ________________________________

Teacher: _____________________________________ Grade: ____ School: ______________________

Parent's Name: ______________________________ Address: ______________________ Phone: __________

Referring is for: ___ Reading ___ Other

Reason for Referral (Please be as specific as possible):

History of the Problem:

What previous tests and evaluations are in the child's folder?:

Please attempt to identify the primary problem area with a double check (✓✓), and then note any contributing factors with a single check (✓). (Optional)

Health: ___ Vision ___ Hearing ___ Nutrition ___ Other (Specify___________________________)

Speech and/or Language: ___

Academic: ___ Reading ___ Math ___ Other (Specify___________________________)

Motivation: ___ (Specify___________________________)

Behavioral/emotional: ___ (Specify___________________________)

Family environment: ___ (Specify___________________________)

Other: ___ (Specify___________________________)

Can you provide any additional information, observations, or impressions?

If a reading problem, please:

Estimate competency in _______ Sight word recognition

________________ Word attack skills

________________ Comprehension

________________ Rate of reading

Materials and methods previously used:

Specific suggestions?:

44
SPECIAL SERVICES CASE SUMMARY

Student's Name: ___________________________ Birth Date: __________ Age: __________

Teacher: ___________________________ Grade: __________ School: __________

Parents: ___________________________ Address: __________ Phone: __________

Referring Source: ___________________________ Referral Date: __________

Reason for Referral (Brief): ___________________________

Primary Special Services Clinician: ___________________________

Case Manager: ___________________________

NOTE: Please sign and date all entries below.

Diagnostic impression (refer to staffing summary if staffing involved):

Treatment plan and objectives:

Treatment summary:

Follow-up recommendations:

Test results (whenever applicable, list pre and post criterion measures first):
SPECIAL SERVICES STAFFING FORMAT

SCHOOL ___________________ SPECIAL SERVICES CONSULTANT ___________________

DATE ___________________ TEACHER ___________________ ROOM ___________

STUDENT'S NAME ___________________ REFERRED BY ___________________ POSITION ___________

BIRTHDATE ___________________

1. Staff members present (name, position):

2. Reason For Referral:

3. Social and Family History:

4. School Psychological Evaluation:
   Intelligence Tests:

   Achievement Tests:

   Other Behavioral Observations:

5. Major Medical Difficulties;

6. Speech, Hearing & Language Evaluation:

   Speech:

   Hearing:

   Language: 46
Other Behavioral Observations:

7. Teacher Evaluation:
   A. Academic Behavior (Specific skill levels in each of the following):
      1. Reading
         a. Skill Strengths
         b. Skill Weaknesses
      2. Mathematics
         a. Skill Strengths
         b. Skill Weaknesses
      3. Spelling
         a. Skill Strengths
         b. Skill Weaknesses
      4. Writing
         a. Skill Strengths
         b. Skill Weaknesses
      5. Other Content Areas (Science, Social Studies, etc.)
         a. Skill Strengths
         b. Skill Weaknesses
B. Social Behavior

1. Interaction with teacher (follows directions, communicates openly, cooperative, etc):

2. Interaction with students (gets along well with others, aggressive, withdrawn, cooperative, etc.):

3. Additional Comments:

C. Instructional Materials and Equipment Currently Used (Subject area, publisher, and series)

1. Reading

2. Math

3. Spelling

4. Writing

5. Other Content Areas

8. Case Conference Conclusions (specific behavior strengths and/or weaknesses)

9. General Prescriptive Intervention

A. Academic and/or Social Behavior Intervention
10. Staff Responsibilities (who, where, when, how frequently, for how long)

A. Who

B. Where

C. When

1. How Frequently

2. How Long