

## Discontinuation / Revocation of Speech-Language Services Checklist

*This document provides suggested considerations for discontinuation and/or revocation of speech-language services and should not be interpreted as mandatory or as a means to supplant or replace the IEP team decision-making process.*

<b>General Criteria for Discontinuation of Services</b>	<b>Consideration for Discontinuing Services</b>
<input type="checkbox"/> IEP Speech and Language Goals and Objectives have been met and data indicates no additional needs.	<input type="checkbox"/> The student no longer requires the specially designed instruction of a speech-language pathologist and an alternative/current instructional service or program setting is deemed appropriate to meet the student's current communication needs.
<input type="checkbox"/> Speech and/or Language impairment no longer exists. Student no longer needs special education or related services to participate in the general curriculum.	<input type="checkbox"/> The student's poor or limited attendance precludes progress through therapeutic intervention and/or the student is unwilling or unmotivated to participate in therapy and efforts to address these factors have been unsuccessful. <i>*Prior to discontinuation, the Michigan Department of Education (MDE) would want documentation supporting attendance and/or participation included in the IEP.</i>
<input type="checkbox"/> Speech-Language impairment no longer interferes with the student's educational performance including academic, social-emotional, and/or vocational functioning.	<input type="checkbox"/> Parent/Guardian or age of majority student requests that Speech-Language services be discontinued and documented appropriately.
<input type="checkbox"/> Extenuating circumstances such as medical, dental, social, etc. warrant suspension of services temporarily or permanently.	<input type="checkbox"/> The student has made minimal or no measurable progress over a period of one to two school years of consecutive management strategies. During this time, program modifications and varied approaches have been attempted and documented. Continued service offers limited to no benefit that can be reasonably expected.

<b>Specific Criteria for Discontinuation of Services</b>			
<b>Articulation</b>	<b>Language</b>	<b>Fluency</b>	<b>Voice</b>
<input type="checkbox"/> The student maintains a minimum of 75-80% correct production of error phonemes in spontaneous speech. <input type="checkbox"/> The student has achieved appropriate compensatory strategies. <input type="checkbox"/> Limited carry-over, self-monitoring, or generalization has been documented over a period of time.	<input type="checkbox"/> The student's scores are less than 1 ½ standard deviations below his/her expected language performance range on appropriate standardized tests AND the student has learned compensatory strategies to function successfully in the educational setting. <input type="checkbox"/> The student's communication skills are functional and effective within the student's current educational setting (special education and/or general education) as determined by informal measures. <input type="checkbox"/> The student with a disability which precludes normal expressive language can appropriately communicate through the use of augmentative communication systems.	<input type="checkbox"/> The student demonstrates fluency that is within normal limits for age, sex, and speaking situation(s) or exhibits some transitory disfluencies. <input type="checkbox"/> The student has achieved appropriate compensatory strategies and stuttering does not have a negative impact on the student's ability to participate in activities, interact with others and communicate messages.	<input type="checkbox"/> The modal pitch is optima, and/or the laryngeal tone is clear, and/or the intensity is appropriate, and/or nasality is within normal limits under a minimum of 75-80% of the time under varying conditions of use. <input type="checkbox"/> There is improved status of the laryngeal area, such as reduced thickening or reddening, or the reduction or elimination of additive lesions such as nodules. <input type="checkbox"/> The student and/or parent is satisfied with the voice changes and/or the student reports little or no irritation or discomfort in the laryngeal area.