



ASHA
American
Speech-Language-Hearing
Association

August 29, 2019

Johnny Collett
Assistant Secretary
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue SW
Washington, DC 20202

RE: OSEP 2020 IDEA Determinations Feedback

Dear Assistant Secretary Collett:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the Office of Special Education Program's (OSEP's) request for feedback as it considers modifying factors that the U.S. Department of Education will use when making determinations for the Individuals with Disabilities Education Act (IDEA) in June 2020.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Audiologists and speech-language pathologists (SLPs) who work in educational settings help students access the general curriculum and collaboratively develop learning systems for students. ASHA members support students, families, and staff from early education through graduation in both general and special education. Over half of ASHA's members work in educational settings.

ASHA submits the following feedback regarding the questions posed by OSEP for your consideration.

State Systemic Improvement Plan (SSIP)

1. For FFY 2018, OSEP is proposing to use an SSIP score to award additional point(s) in the RDA matrix but not have it negatively impact a State's determination. How would your stakeholders react to the use of the SSIP as a supplemental data point that could improve but not lower a State's determination?

Comments: ASHA recommends that OSEP consider how implementation affects service providers, which could impact the delivery of services to children with disabilities. This proposal could have significant implications for audiologists and SLPs depending upon how they are expected to contribute to meeting state goals, such as those aligned with the Results Driven Accountability (RDA) matrix. The workload of service providers could increase if they are expected to collect these additional data. For example, some states that have statutes and associated policy focused on dyslexia may require the integration of speech-language pathology services to address spoken and/or written language disorders. ASHA recommends that OSEP provide guidance to states on examples of stakeholders to consult in the development of SSIP

and the RDA matrix to encourage states to seek feedback from professionals actively engaged in the achievement of those goals.

2. There is significant variability in the number and type of infrastructure improvement strategies and evidence-based practices implemented and evaluated by States. What are 3-5 critical elements or outcomes you think OSEP should consider when evaluating implementation progress (e.g., family engagement as a strategy or outcome, implementation of evidence-based practices with fidelity)?

Comments: ASHA recommends the following critical elements or outcomes for OSEP's consideration:

- Family engagement as an outcome (vs. a strategy): The inclusion of family outcomes tracks with the statutory intent that the Part C early intervention program enhance and support the capacity of families to meet the unique needs of their infants and toddlers with disabilities
- Implementing evidence-based practices with fidelity:
 - Using tools and service delivery models that:
 - support full participation of families;
 - provide enough functional information for ongoing assessment and outcome ratings; and
 - support high level of inter-rater reliability
 - Supporting parents in helping their child develop and learn evidence-based practices (EBPs) that focus on the early intervention (EI) provider coaching parents and other caregivers
- Serving children in their natural environment; using everyday routines and the materials, people, and places available to the family.
- Teams writing functional outcomes on quality, family-focused individualized family service plans (IFSPs) (assessment should be specific to family concerns/priorities)
- Implementing workforce training efforts and professional development
- Using qualified personnel, including those who can meet the needs of bilingual families
- Child outcomes data (e.g., numbers being served and discharged at age level; functional progress)

3. OSEP has always considered the SSIP the "State's plan." If specific elements or outcomes were to impact determinations more than others, how would this impact your State's flexibility and resource allocation?

Comments: ASHA recommends that states have input in determining appropriate factors for their state since plans vary from state-to-state, and are based upon individual needs. What one state can achieve may not be considered reasonable for another. Therefore, OSEP must consider each state's unique needs to ensure flexibility and variability in resource allocations.

Here are some examples of variable state needs:

- additional funding for interpreters, based on language(s) spoken in the state. Any resource allocation limitations might discourage use of interpreters or other services;
- resources to support services in rural vs. urban areas given personnel available and geographic and/or transportation challenges for service providers;

- different metrics for collecting and defining demographic, disproportionality, at-risk, and success; and
- variable eligibility criteria that affects child outcomes.

Family Outcomes

1. The two factors we are considering for representativeness are “race/ethnicity” and “family income.” Are these the right factors to include? Would you recommend other factors?

Comments: ASHA supports the inclusion of these two factors and recommends consideration of the following additional factors:

- Parent(s) – such as home language, education
- Child – such as age of enrollment, disability/eligibility category, length of time in services
- Geographic – such as rural v urban
- Service delivery – such as dosage, format, intensity
- Service providers – such as availability, qualifications

2. We are considering phasing in this data collection. What infrastructure or systems would you need to put into place to be able to collect and report data for this factor?

Comments: ASHA recommends that each state establish a comprehensive and efficient longitudinal data system, which includes integration of IDEA Part B and C data. The collection of data in this manner is important for transition points (such as from Parts C to B, preschool to elementary, high school to career and college).

4. What structures do you have in place that would allow meaningful family/stakeholder engagement to set targets for this factor?

Comments: ASHA recommends that data be collected through the existing IFSP/individualized education program (IEP) processes and aggregated into a system that reports specifically identified factors above.

Preschool Outcomes

2. Is the quality of your preschool outcome data a concern in your State? If so, what technical assistance do you anticipate needing in order to improve the data quality?

Comments: ASHA recommends additional technical assistance regarding transition services, including relevant timelines; particularly on the efficacy of transition processes from IDEA Part C to B and from preschool to kindergarten, and high school to career and college.

Participation and Performance of Children with Disabilities on Assessments

General Comments: ASHA views OSEP’s decision to review the results factors related to the participation and performance of children with disabilities on assessments as a necessary process. Comparing data when there are known differences in variables that mitigate results factors, such as state-to-state differences (e.g., entrance and exit criteria) and differences from

year-to-year within and across states (e.g., changes in the content, structure or normative sample for high stakes tests) raises understandable concerns. However, the presence of issues like significant disproportionality underscore the need to have structured, standardized, and evidence-based processes for deciding on metrics such as measuring year-to-year gains or declines, or for comparing gaps in performance across students with and without disabilities. Since states must implement the State Systemic Improvement Plan (SSIP), as well as reporting Results Driven Accountability (RDA) data, evaluation of the questions below, within the context of those initiatives, could inform how OSEP should move forward with evaluation of the results factors. In addition, evaluation of those questions within the context of states' SSIP and RDA data collection methods could inform states on different considerations for bolstering their instructional methods and targets to achieve better student outcomes for children with disabilities.

2. Rather than comparing each State's assessment performance with that of other States, OSEP is considering using other approaches (e.g., State-established targets, research/evidence-based thresholds). What approach do you prefer, and why?

Comments: ASHA suggests that eliminating performance standards across states fails to give poor performing states thresholds toward which to strive. OSEP should maintain a level of comparison across states and note whatever variability exists within states. This approach would allow for comparisons.

5. Is measuring year-to-year gains or declines in State assessment results important, and if so why; or if not, why not?

Comments: Yes, longitudinal results provide a better picture of success over time and don't penalize states that do not meet single year targets.

7. What are some potential mitigating factors that might heavily influence, up or down, assessment results (e.g., State changes its assessment and/or its achievement standards between school years—other mitigating factors)? What should OSEP do in such circumstances and why?

Comments: Factors for consideration should include:

- student participation rates
- utilizing all results; not just high performers
- use of alternative assessments with corresponding goals that stretch and motivate children with disabilities

In conclusion, ASHA maintains that states should have the flexibility they need to meet the unique needs of students with disabilities they serve. They may need different levels of support (federal and state) to provide appropriate services to their students.

August 29, 2019
Page 5

Thank you for the opportunity to provide feedback on these questions that will assist OSEP in making IDEA 2020 Determinations. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA's director of education policy, at cclarke@asha.org.

Sincerely,

A handwritten signature in black ink that reads "Shari B. Robertson". The signature is written in a cursive style with a large, sweeping initial "S".

Shari B. Robertson, PhD, CCC-SLP
2019 ASHA President