

INTRODUCTION

The objective sequences that form the basis for this book are designed to assist in the development of individualized language, speech, and hearing programs for persons of a variety of ages and abilities who experience communicative disorders. Some states provide free appropriate public education to all handicapped children from birth through age 25. In fact, with the advent of Public Law 99-457, "The Education of the Handicapped Amendments of 1986," most states have begun to provide services to handicapped infants and toddlers. Therefore, the objective sequences were constructed with infants, children, adolescents, and young adults in mind. The terms "student" and "child" are used interchangeably throughout the book to indicate the individuals who will receive the services.

Although most of the individuals being served in their preschool, schoolage, and young adult years for remediation of communicative handicaps have disorders that are developmental in nature, some have such acquired conditions as neurological insults, hearing impairments, or voice disorders. These individuals have also been considered in preparing the objective sequences. Nevertheless, the sequences in this volume are not exhaustive and will not be appropriate for all communicatively impaired individuals of all ages and all etiologies. However, an effort has been made to provide appropriate measurement points for most of the communicative behaviors one might expect to target in the range of persons covered by the federal laws.

The objective sequences are not "programs" in and of themselves to be followed from beginning to end, but are to be used in constructing programs and providing measurement points when other, more structured programs are adopted. In planning individualized programs, thoughtful evaluation by qualified speech-language pathologists and other evaluation team members is needed to determine the appropriateness of sequences, to select individual objectives within those sequences, and to select or adjust the content and criteria for meeting the needs of particular communicatively impaired individuals.

The goal areas in the book are organized by communicative behaviors that are to be altered in the intervention process, rather than by the etiological conditions that are associated with them. For example, clinicians using this book will find sequences for "reducing hypernasality" rather than for working on "cleft palate speech." Although one goal area in the current edition is designed for addressing speech and language problems associated with "hearing impairment," hearing impaired children might also benefit from any of the other sequences designed to address problems of speech and language acquisition. The major category headings in the second edition are: Prespeech (PS), Prelanguage (PL), Augmentative Communication (AC), Early Language (EL), Articulation (A), Language Form (LF), Language Content (LC), Language Use (LU), Written Language (WL), Information Processing (IP), Hearing Impairment (HI), Voice (V), Resonance (R), and Fluency (FL). Within each major goal area, a variety of objective sequences are included which address more specific behaviors.

General Suggestions

Although this book is appropriate for use in a variety of settings, it was originally designed to assist with the implementation of Public Law 94-142, The Education for All Handicapped Children Act, in the nation's schools. The Rules and Regulations for the law, published in the *Federal Register*, August 23, 1977, and first implemented in 1978, specify in section 121a.346 that:

The individual education program for each child must include:

- (a) A statement of the child's present levels of education performance;
- (b) A statement of annual goals, including short-term instructional objectives;
- (c) A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular education programs;
- (d) The projected dates for initiation of services and the anticipated duration of the services; and
- (e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

The objective sequences in this book contribute to the development of subcomponents (a) "A statement of the child's present levels of education performance," (b) "A statement of annual goals, including short-term instructional objectives," and (e) "Appropriate objective criteria" for determining "whether the short-term instructional objectives are being achieved." The objective formats presented here are not inclusive enough to comprise the child's total I.E.P.

The major function of a written I.E.P., at least in the minds of many parents, is (c) above, "A statement of the specific special education and related services to be provided to the child." In order to meet this requirement, each child must have *one* coordinated I.E.P. that includes the five elements outlined above for *all* of the services to be provided to the child. Most school districts have forms and procedures for meeting the requirement providing an I.E.P., but it is difficult for a single I.E.P. to be concise enough to outline the major elements of the program in an easily retrievable manner while at the same time providing sufficient detail in each of the student's areas of needed service, especially for students who exhibit multiple impairments. It is the responsibility of each participating specialist to provide input into the child's total I.E.P. and to maintain additional records as needed for effective planning, often in the form of more detailed diagnostic reports and instructional plans.

It is intended that the objective sequence recording forms provided in this book be reproduced as often as necessary for use with individual children. In some cases, copies of entire objective sequences may be attached to a student's I.E.P. However, it often will be more appropriate to select two or three short-term objectives under each goal to write on the I.E.P. or to attach to it. The recording form with the entire set of objectives can then be kept in the student's clinical file. Although copies of the forms usually are not given to the parents unless requested, they provide a vehicle for recording progress and sharing it with the parents at the annual I.E.P. review meeting.

Suggestions for Planning Individualized Programs Using these Objectives

Prior to the initial I.E.P. meeting, a student being considered for special education services should already have been evaluated in all areas related to the suspected impairment(s). Language, speech and hearing assessments provide important information in the evaluation of the majority of handicapped students in any category, not just those whose major handicapping condition is a speech and language impairment. If it is determined that a child with another handicapping condition needs speech and language services *after* the initial I.E.P. meeting has been held, another meeting must be called. It is much more efficient to complete a comprehensive evaluation in the initial stages of a child's identification (Nelson 1985).

The *evaluation* should yield two types of information. First, it should provide sufficient evidence—through the use of formal and informal multiple nondiscriminatory procedures—that the student does indeed have a speech-language or hearing impairment that justifies a special education program or service; and second, it should be detailed enough to suggest major areas of emphasis for the intervention program.

If the evaluation has been complete, and if the child does need a special program, it should then be possible to select communicative goals in one to three or four areas for direct intervention programming. The *Index of Goals* (pages 7-10) can be consulted to select areas of intervention that correspond with a particular child's need. The Goals are written in general terms that define normal targets for each of the 47 sets of objectives under the 14 category headings.

Each objective sequence includes a series of *short-term objectives*. Some of the short-term objectives require insertion of specific target content for individual students. For these sequences, the same short-term objectives, but with differing target content, may be used appropriately in a series of I.E.P. revisions for the same student. Some students might be expected to accomplish all of the short-term objectives in a sequence within the year or less that an I.E.P. is to be in effect. Other students may not be expected to move through a complete set of objectives to the final short term objective within that time frame. In such instances, two or three intermediate objectives in the sequence would be selected to be written as part of the student's overall I.E.P.

Space is provided at the top of each set of objectives for entering information on *Present Levels of Performance*. [This information was termed "Diagnostic" in the first edition of the book, but the current terminology is more consistent with I.E.P. requirement to provide "(a) A statement of the child's present levels of education performance."] Information on a child's entry level or baseline functioning in areas targeted for intervention can be important in making plans and measuring progress. Brief notes may be made on the results of pertinent formal and informal assessment procedures, baseline data may be gathered over several days, or a pre- and post-test format may be used. Such procedures could be utilized to partially meet the I.E.P. requirement to provide "(e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved."

The *Short-Term Objectives* associated with each goal are presented in the vertical sequence that has been found to be most effective in the intervention process or to be consistent with a particular theoretical viewpoint or developmental ordering. Occasionally, it may be appropriate to design a horizontal program with several performance objectives from one objective sequence being implemented in the same session. More often, the horizontal program will be made up of performance objectives from more than one sequence. For example, a language impaired child may require help in acquiring a syntactic or morphological structure (using sequence LF2), new conceptual vocabulary (using sequence LC1) and accurate articulation skills (using one of the sequences A1-A4). Direct intervention sessions and support experiences can be constructed with a balance of activities directed toward achieving performance objectives from each of these sequences.

In order to decide which short-term objective within a sequence is the appropriate starting place for a particular child in a particular I.E.P. year, professionals should consider carefully the child's existing abilities and skills in the specific area of intervention and use that information to determine which objective within that sequence should be targeted first. The *Date Initiated* ("Date In.") can then be entered for the desired objective. Vertically, each time a *Date Accomplished* ("Date Accom.") is entered for an objective on the form, the following objective may be initiated. In many instances, it is helpful to continue to use activities related to completed objectives as a warm-up to activities for training new behaviors. Conversely, one might want to begin to introduce upcoming objectives as probes prior to their actual implementation.

Children with communicative disorders learn at different rates, and it is occasionally necessary to break each objective into smaller steps for some students and possible to skip some objectives for others. These are decisions the speech-language pathologist and other team members must make on an individual basis as a part of the ongoing intervention program. The open columns for description of *Intervention Content and Context* and for *Comments/Techniques/Evaluation* are also to be used in the process of individualizing a sequence of objectives for a particular student.

Since these objectives are not intended to be prepackaged programs, but rather are designed for the purpose of marking progress toward the acquisition of desired communication skills, it should be possible to adapt the speech-language pathologist's own materials for insertion into the appropriate portions of each plan. For example, if a child is severely communicatively impaired, one might substitute use of Bliss Boards, signed language or other communication augmentation methods or equipment for the modality printed in an objective sequence. (This edition of *Planning Individualized Speech and Language Intervention Programs* also includes a special section for addressing *Augmentative Communication (AC)* needs.)

Individualization is perhaps the most important consideration in planning for all handicapped children. Using this book as a resource, the speech-language pathologist, the child, and others who know the child well, can tailor a communicative intervention program by first determining the combination of goal areas that will best suit the child's particular needs and then selecting the specific short term objectives, the program content and intervention settings that will be the most meaningful and pragmatically useful. It is intended that the individual objective sequence formats be reproduced as needed to aid in that process.

Summary

Steps that must be taken in planning and implementing individualized language, speech and hearing programs in accordance with P.L. 94-142, accompanied by suggestions for using these objective sequences for assistance, are summarized as follows:

1. Obtain informed parental consent to evaluate (see Section 121a.504(b,1) of P.L. 94-142 Rules and Regulations).
2. Conduct a full and nondiscriminatory evaluation that can identify:
 - a. whether a child is "handicapped" (defined in terms of need for a special education program in the federal law, and defined more specifically in many state and local regulations); and, if so,
 - b. which areas of communicative disability should be addressed in the intervention program.
3. Make a tentative selection of recommended goal areas for the first I.E.P. meeting. Enter available information regarding present levels of performance in the appropriate sections of the corresponding objective sequence recording forms, and project the point in each objective sequence that the child might be expected to reach within the one year (or shorter) duration of the I.E.P.
4. Hold the initial I.E.P. meeting. At that time, obtain parental consent to place the child in a special program and, together with the parents, child (if appropriate) and other I.E.P. team members, determine actual goals and short-term objectives to be written in the child's I.E.P. along with the details of the appropriate delivery model. The "goals" from the objective sequences in this book can usually serve as I.E.P. goals, and two or three selected "short-term objectives" can often serve as I.E.P. short-term objectives.

5. Implement the child's intervention program and enter ongoing results on the recording form. Results may be recorded as sample responses or numerical data as well as dates when specific objective criteria are met. Programming revisions can also be indicated on the recording forms. In many cases, it will be helpful to select or design supplementary materials, charts, or recording forms to assist in meeting objectives, determining when objectives have been met and providing feedback to the child, parents, teachers and other specialists.
6. Conduct and record results of other activities designed to measure progress, such as post-testing, which are outlined in the evaluation plan of the I.E.P.
7. At least annually, come together with other I.E.P. meeting participants to review the appropriateness of the child's program by using the evaluation plan to determine:
 - a. the child's progress;
 - b. whether the child needs continued language, speech and hearing programming; and, if so,
 - c. what revisions should be made in the I.E.P.
8. At least every three years, conduct a formal reevaluation to determine whether the child continues to demonstrate a handicapping condition, as well as to obtain a broader estimate of the degree to which special programming has improved the child's overall abilities.

References

- Nelson, N. W. 1985. Language intervention in school settings. In *Language and communication disorders in children*, edited by D. K. Bernstein and E. Tiegerman, 330-370. Columbus, OH: Charles E. Merrill Publishing Co.
- Public Law 99-457 (Oct. 8, 1986). *Education of the Handicapped Act Amendments of 1986*. Rules and Regulations for P.L. 94-142. *Federal Register*, Tuesday, August 23, 1977.

Additional Readings and Materials

- Berryman, J., R. Johnson, and T. Toman. 1984. *Planning individualized speech and language intervention programs: Computer software adaptation*. Tucson, AZ: Communication Skill Builders, Inc.
- Dublinske, S. 1978. P.L. 94-142: Developing the Individualized Education Program (IEP). *Asha* 20:380-393.
- Dublinske, S., and W. C. Healey. 1978. P.L. 94-142: Questions and answers for the speech-language pathologist and audiologist. *Asha* 20:188-205.
- Nelson, N. W., and E. L. Lockwood. 1979. *Steps in implementing P.L. 94-142 with speech and language impaired children*. Evanston, IL: Institute for Continuing Professional Education.