

SAT - Articulation Steps

Date **TIER 1**

	1. Classroom Teacher completes Identifying the Problem Worksheet (A-D)
	2. Classroom Teacher contacts the Parent
	3. Classroom Teacher sends home the Parent Permission to Conduct Screening
	4. Permission screening form is signed and returned giving
	5. If parent gives permission, SLP screens and completes the Identifying the Problem
	6. If parent DOES NOT give permission for SLP screen, teacher and parent meet
	7. Classroom teacher and SLP meet to plan intervention. Parent may/may not attend.
	a. Plan is developed using the Planning the Intervention Worksheet
	or
	b. Move to Tier II - SLP will work with student, teacher, and parent
	8. Plan is implemented by Classroom Teacher and Parent for 4 weeks.
	9. Progress is reviewed on date established.
	a. Progress made - problem solved, discontinue intervention
	b. No Progress made-revise plan, move to Tier II, or if more concerns refer back to SAT
	TIER II
	1. Parent is provided results of Tier I intervention/understands that Tier II is indicated
	2. SLP plans intervention for 8 weeks, using the Planning for Intervention Worksheet
	3. Intervention plan is implemented by SLP with teacher and parent involvement
	4. Progress is reviewed at the end of 8 weeks.
	a. Progress made -problem solved, discontinue intervention, revise plan, increase intensity
	b. No Progress made-revise plan, more intense Tier III, if additional concerns refer to SAT
	TIER III
	1. Parent and Teacher provided results of Tier II intervention
	2. SLP plans more intense intervention for 8-12 weeks on single sound
	3. Intense intervention is implemented SLP, Teacher and Parent. Record data
	4. Progress made- discontinue intervention, continue with plan, revise plan
	b. No progress made-refer to MDT for evaluation

**Problem-Solving for Articulation
Identifying the Problem Worksheet**

Date: _____

Student _____ **School** _____
Date of Birth _____ **Age** _____ **Grade** _____ **Teacher** _____
Parent(s) _____
Phone _____ **Other Contact** _____

A. What are the concerns?

This student currently....

Typical peers....(See Iowa Nebraska Articulation Norms chart on the back of this form)

B. Background Information

___ Checked results of hearing screening (date of screening/notes): _____
 ___ Checked cumulative file for speech information (notes): _____

C. Give examples of words spoken incorrectly	<u>How Student Says It</u>	<u>Word Attempted</u>
Example: "wabbit" for rabbit	_____	_____
Example: "tar" for car	_____	_____
Example: "top" for stop	_____	_____
	_____	_____

D. Checklist to Describe Concerns Regarding Articulation **Often** **Sometimes** **Always** **Don't Know**

- | | | | | |
|---|-------|-------|-------|-------|
| • Seems aware of own speech errors | _____ | _____ | _____ | _____ |
| • Speech errors distract listener from what student is saying. | _____ | _____ | _____ | _____ |
| • Student distorts sounds. The sound is close, but not quite right. | _____ | _____ | _____ | _____ |
| • Sound errors affect student's educational or social development or performance: | | | | |
| ➤ Sound/symbol association, spelling | _____ | _____ | _____ | _____ |
| ➤ Counting | _____ | _____ | _____ | _____ |
| ➤ Sight word reading, oral reading fluency | _____ | _____ | _____ | _____ |
| ➤ Conversational speech | _____ | _____ | _____ | _____ |
| ➤ Class participation, hesitates to talk in group | _____ | _____ | _____ | _____ |
| ➤ Student is teased by others because of speech | _____ | _____ | _____ | _____ |

E. Notified parent/s of teacher concerns (date): _____ **Summarize parent comments:**

F. Optional: Summary of Screening Results

(completed by SLP with Parent Permission for Screening, received on date _____)

Iowa Nebraska Articulation Norms

Age	Males	Females
3 years	m, n, h, w, p, b, d	m, h, w, p, b, d
3 1/2 years	t, d, k, f-	k, g, n, f-
4 years	g	t, y, tw, kw
4 1/2 years		voiced th
5 years	y-	l-
5 1/2 years	tw, kw, -f, v	v, -f, pl, bl, kl, gl, fl
6 years	l-, pl, bl, kl, gl, fl	sh, ch, j, -l, voiceless th
7 years	voiced th, z, s, spl, sp, sm, st, sn, sk, skw, sw, sl, sh, ch, j, -l, -ng	z, s, sp, st, sk, sm, sn, sw, sl, skw, spl, sp, -ng
8 years	voiceless th, r-, pr, br, tr, dr, kr, fr, gr, -er	r-, pr, br, kr, fr, tr, dr, gr, -er
9 years	thr, str, spr, sk	thr, spr, str, skr

This chart shows at what age males and females should be using correctly articulated consonant sounds. Vowel sounds are currently considered intact by age three (3).

**Problem-Solving for Articulation
Planning the Intervention Worksheet—Tier I**

Student _____ **Date of Planning Meeting:** _____

Team members: _____

A. What is going to be done? (Tier I Intervention to be completed by classroom teacher and/or parent)

- Ask student to repeat what he/she said.
- Model the problem sound and give specific direction about how to say it (see **Sound Production Descriptions and Descriptive Labels** on the back of this form)
- Draw attention to sound production as you teach phonics
- Encourage student to watch you
- Give student feedback about his/her sound production
- Use conversational recasts (repeat what a child said with a good model, not a correction)
- Word specific cards and phrases
- Websites, ex. www.mommyspeechtherapy.com or www.Do2Learn.com or www.speechwithmilo.com
- Other—Describe below: _____

B. Date of next meeting to review results of the plan: _____

Reviewing the Plan

Date of Review: _____

Team members: _____

C. Was the intervention plan implemented as written? Yes No (explain): _____

D. Describe the student's progress (attach data from rescreening, progress monitor graphs, anecdotal notes, etc.):*

*Is there any new information that has impacted progress (positively or negatively)?

E. Has adequate progress been made? (Check all that apply)

- | <u>Yes</u> | <u>No</u> |
|---|---|
| <input type="checkbox"/> Discontinue intervention | <input type="checkbox"/> Additional concern/s identified |
| <input type="checkbox"/> Continue plan as is | <input type="checkbox"/> Refer for academic or behavior problem-solving |
| <input type="checkbox"/> Revise plan (below) | <input type="checkbox"/> Revise plan (below) |
| <input type="checkbox"/> Modify goal | <input type="checkbox"/> Modify goal |
| <input type="checkbox"/> Modify intervention | <input type="checkbox"/> Modify intervention |
| <input type="checkbox"/> Modify monitoring | <input type="checkbox"/> Modify monitoring |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Move to Tier 2 Intervention |
| | <input type="checkbox"/> Other: _____ |

F. Plan Revisions (optional)

G. Date of next meeting to review results of the plan: _____

H. If parent is not present at the meeting, parent informed of these results on date _____.

Sound Production Descriptions and Descriptive Labels

Sounds	Brief Description	Lindamood-Bell Labels
All vowels are voiced (noisy)	Vocal tract changes (soft palate, tongue, lips, jaw without making contact or restricting air flow)	
/p/ voiceless (quiet) /b/ voiced (noisy)	Lips are placed together and air escapes with an explosion	Lip Popper; p=popping b=bouncing
/t/ voiceless (quiet) /d/ voiced (noisy)	Tip of the tongue is placed against the upper gums and dropped as breath escapes	Tip Tapper; t=tick-tock, d=drumming
/k/ voiceless (quiet) /g/ voiced (noisy)	Back part of tongue is pressed against the front part of the soft palate, tongue is dropped and air escapes	Tongue Scrapper; k=coughing, g=gurgling
/f/ voiceless (quiet) /v/ voiced (noisy)	The lower lip is drawn upward and slightly inward and placed lightly against the ridges of the upper teeth.	Lip Cooler; f=angry Kitty, v=vacuum
/th/ voiceless (quiet) /ð/ voiced (noisy)	The tip of the tongue, wide and thin, with a small central opening is placed against the inner edges of upper teeth.	Tongue Cooler; tongue sandwich
/s/ voiceless (quiet) /z/ voiced (noisy)	Front of tongue touches upper teeth and gums with turbulent air passing through central groove	Skinny Air; s=snake, z=buzzing bee
/sh/ voiceless (quiet) /zh/ voiced (noisy)	Forefront & sides of tongue pressed against upper molar like /s/ but drawn back slightly farther	Fat Air; sh=quiet, zh=drill
/ch/ voiceless (quiet) /j/ voiced (noisy)	Forepart of tongue is raised as for /t/ but slightly farther back, then dropped as air escapes	Fat Pushed Air; ch = choo-choo, j=jumping
/m/ voiced (noisy)	Lips are shut tightly, voiced breath passes up through the nose	Nose Sound; humming
/n/ voiced (noisy)	The tip of the tongue is pressed tightly against the upper gum and breath passes up through the nose	Nose Sound
/ŋ/ voiced (noisy)	The back of the tongue is raised against the soft palate, air passes through nose.	Nose Sound; bell ringing
/l/ voiced (noisy)	The broadened tongue tip is pressed against the teeth-ridge, air passes along both sides of the tongue	Front Tongue Lifter; singing
/r/ voiced (noisy)	Sides of tongue touch upper molars and tip is pointed slightly backward.	Back Tongue Lifter; bear
/h/ voiceless (quiet)	Breath is emitted in a continuous stream through vocal cords tense enough to cause friction but not voicing	Wind Sound; laughing
/wh/ voiceless (quiet)	Lips are slightly rounded and air flows through	Wind Sound
/w/ voiced (noisy)	Semi-vowel, much like /wh/ but vocal cords vibrate	Wind Sound; blowing
/y/ voiced (noisy)	Long vowel /e/ is quickly produced then the tongue glides to position of the vowel that follows	y=yoyo

**Problem-Solving for Articulation
Planning the Intervention Worksheet—Tier II or Tier III (circle one)**

Student _____ **Date of Planning Meeting:** _____

Team members: _____

See Identifying the Problem Worksheet dated: _____

A. What is going to be done? (Intervention to be completed by SLP):

B. How often will the intervention be implemented?

C. How will progress monitoring data be collected?

____ Data Form ____ Intervention Log ____ Other (describe):

D. Date of next meeting to review results of the plan: _____

Reviewing the Plan

Date of Review: _____

Team members: _____

E. Was the intervention plan implemented as written? ____ Yes ____ No (explain):

F. Describe the student's progress (attach data from progress monitor graphs, anecdotal notes, etc)*:

*Is there any new information that has impacted progress (positively or negatively)?

G. Has adequate progress been made? (Check all that apply)

Yes

____ Discontinue intervention
____ Continue plan as is
____ Revise plan (below)
 ____ Modify goal
 ____ Modify intervention
 ____ Modify monitoring
____ Other:

No

____ Additional concern/s identified
 ____ Refer for academic or behavior problem-solving
____ Revise plan (below)
 ____ Modify goal
 ____ Modify intervention
 ____ Modify monitoring
____ Move to Tier III by increasing intensity of intervention
____ Refer for MDT speech language evaluation in the area
 of articulation after Tier III intervention
____ Other:

H. Plan Revisions (optional)

I. Date of next meeting to review results of the plan: _____

J. If parent is not present at the meeting, parent informed of these results on date _____