

## Dismissal Consideration Worksheet for Speech-Language Services

**Student:**

**Date:**

School:

Teacher:

Parent:

Speech-Language Pathologist:

### Rate of Progress

### Comments

1. Does the student show a potential for change?
2. Has the student made minimal or no measurable progress, or has progress shown a lengthy plateau during the past year?
3. Has the student met all the speech-language goals?
4. Having met his/her speech-language goals, can he/she make progress within his/her current educational setting without further services?
5. Given the student's current medical or other conditions, is his/her speech-language performance within the expected, maximum compensatory skill level?
6. Is there documented carry-over or generalization of speech-language skills in one or more environments?
7. Have program modifications and/or a variety of approaches been attempted?

### Discrepancy From Peers/Standards

1. Does the student exhibit language

differences as a result of a bilingual environment?

2. Does the speech-language concern still exist?
3. Does the speech-language concern continue to interfere with the student's educational performance including academic, vocational, and social functioning?
4. Is the student less discrepant from peers and ready for reintegration into the general educational classroom?
5. Are the student's communication skills functional and effective within the student's current educational setting?

### **Instructional Need**

1. Can the student's communication needs be met by the efforts of teachers and other professionals?
2. Is the student unmotivated to participate in treatment?
3. Are the student's communication skills functional and effective within his/her current educational setting?
4. Has the student's progress been limited due to poor therapy attendance, school attendance, school transfers etc.?
5. Has the student's parent/guardian requested speech-language services be discontinued?
6. If services are not maintained, is there a potential for regression?