CONTINUING EDUCATION
for Speech-Language Pathologists

ALL IN: AN INTRODUCTION TO PUSH-IN SPEECH THERAPY

PDH Academy Course #1601 (1.5 CE HOURS)

APPROVED PROVIDER ASHA CONTINUING EDUCATION AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

PDH Academy is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for .15 ASHA CEUs (Introductory level, Professional area)

Course Abstract

This introductory course familiarizes the novice with the basics of push-in speech therapy, as well as serving as a refresher for those who have been working primarily with pull-out.

NOTE: Links provided within the course material are for informational purposes only. No endorsement of processes or products is intended or implied.

Learning Objectives

By the end of this course, learners will be able to:

- ❑ List the conclusions drawn regarding push-in speech therapy by three Evidence-Based Systematic Reviews
- ❑ List the factors that make up the reason-based case for push-in speech therapy
- ❑ Explain ways to identify student needs, with attention to how they vary at different age levels
- ❑ Identify nine different methods or types of push-in speech therapy, with attention to when each is appropriate
- ❑ Discuss four different methods of data collection during push-in speech therapy, enumerating advantages and disadvantages

Timed Topic Outline

I. The Case for Push-in Speech Therapy (15 minutes)

II. Choosing Targets (10 minutes)

III. Choosing the Correct Type of Therapy (40 minutes)

IV. Data Collection during Push-in Therapy (10 minutes)

V. Handouts, References, and Exam (15 minutes)

Delivery Method

Correspondence/internet self-study with interactivity, including a provider-graded final exam. *To earn continuing education credit for this course, you must achieve a passing score of 80% on the final exam.*

Course Author Bio and Disclosure

Carrie Clark, CCC-SLP, is a speech-language pathologist from Columbia, Missouri. After graduating with her Master's degree from Truman State University in Kirksville, Missouri, Carrie worked as a speech-language pathologist in the schools and later in her own private practice. Through Carrie's work, she saw an ever-growing need for accessible information about speech and language therapies and research to be available for parents as well as for speech-language pathologists. Carrie created the website www.SpeechAndLanguageKids.com to fill that need, sharing information and resources with other speech-language pathologists and parents of children with speech and language delays. Speech and Language Kids now serves thousands of visitors every day by providing easy-to-follow, step-by-step activities and guides for teaching a variety of speech and language skills to children with speech and language delays and disorders.

DISCLOSURES: Financial - Carrie Clark received a stipend as the author of this course. Ms. Clark sells her materials on www.TeachersPayTeachers.com. Nonfinancial - No relevant nonfinancial relationship exists.

Accessibility and/or Special Needs Concerns?

Contact customer service by phone at (888)564-9098 or email at support@pdhacademy.com

Introduction

SCENARIO A: Imagine being in the shoes of the SLP who recently posted to a Speech-Language Pathology discussion board that several teachers at her school had requested push-in therapy for particular students. The catch was, she wasn't sure how to provide it – her background was all in pull-out. "How do I collaborate?" she asked. "How did I spend so much money on school yet feel like I am totally unprepared?!"

SCENARIO B: Now, imagine walking into a school feeling cool, calm, collected, and ready to do some speech therapy in the classroom. You know exactly what you're going to do, how you're going to do it, and how you're going to collect data on it. You are confident that this is the BEST therapy you could be doing for your students… and the classroom teacher is happy to see you.

This course is all about moving you from scenario A to scenario B: giving you the tools to understand push-in speech therapy, and helping you figure out how to do it in ways that will maximize the time you have with your students.

Part I – The case for push-in speech therapy

Evidence-Based Practice

ASHA lists three Evidence-Based Systematic Reviews (EBSRs) examining push-in among its research resources.

Schooling, Venediktov & Leech (2010) avoided drawing any conclusion at all, stating, "At this time... the existing research is inadequate and too compromised by qualitative and methodological limitations. Therefore, the results of this EBSR offer little direction to SLPs seeking to understand the implications of service delivery on treatment outcomes."

However, Cirren et al (2010) found: "Some evidence suggests that classroom-based direct services are at least as effective as pullout intervention for some intervention goals…." McGinty and Justice (2006) tentatively agreed, finding "… an advantage for classroom-based inclusive models in which the SLP and classroom teacher team-taught language lessons," but also warning, "Limitations in the number of studies included in this review, the strength of effect-size estimates, and weaknesses in study quality require that these review findings are interpreted cautiously."

All three EBSRs strongly recommended that future studies specifically address this issue: "The fact that only three studies were able to meet design-based evidence standards for inclusion in this review highlights the dearth of evidence regarding various service delivery models, and the lack of a clear effect for classroom-based over pull-out intervention in one of the three studies suggests the need for future, rigorous evaluations of classroom-based models of therapy for more conclusive answers (McGinty & Justice, 2006)."

But in the meantime, what are SLPs interested in, and getting requests for, push-in supposed to do? Wait for more data to become available?

No. Per Schooling, Venediktov & Leech (2010), "Clinicians… should not consider a lack of considerable and compelling evidence as a reason for inaction (Petticrew, 2003). Instead, SLPs must consistently and conscientiously evaluate not only the effects of the intervention they provide but also the framework in which it is delivered."

McGinty & Justice (2006) agree, saying, "…clinicians can integrate the evidence presented in this review with other sources of information, such as child and family preferences, their own experiences with various models of service delivery, and the culture in which they work, to make the best decisions concerning the models of service delivery they use to meet the needs of the children with whom they work."

And Cirren et al (2010) put it even more bluntly: "Lacking adequate research-based evidence, clinicians must rely on reason-based practice and their own data until more data become available concerning which service delivery models are most effective."

Reason-Based Practice

First, it is our legal obligation to ensure that children are receiving services in their least restrictive environment: The Individuals with Disabilities Education Act (IDEA) mandates that we provide services in a less restrictive environment whenever possible, saying, "To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." 20 U.S.C. §1412(a)(5)(A).

Push-in therapy is considered a less restrictive environment than the speech therapy room, in that it allows the student to spend more time in the classroom with his/her typically-developing peers. It is very important for children to spend time learning from their peers: peer modeling can go a long way towards helping the students make faster progress and learn more naturally.

Inclusion has long been a watchword in the education of children with special needs. From the 7-year case study that documented a student's improved relationship with literacy after inclusion (Ryndak, Morrison, and Sommerstein, 1999), to the positive correlation between stronger results in independent living and employment and time spent in the general education classroom for students with disabilities (Wagner, Newman, Cameto, Levine, & Garza, 2005), to an increase in both communication skills and overall social competence (Fisher & Meyer, 2002), research has shown that the benefits of inclusion range from academic to social to improved post-school outcomes.

Now, this doesn't mean that we have to provide speech therapy in the classroom if it's not appropriate for a child, but we must at least consider it before deciding to do pull-out therapy instead.

Second, it is widely accepted that classroom-based services:

- Help students to generalize communication skills and show academic progress.
- Allow both the SLP and the classroom teacher to be aware of and respond to students' varying responses to different settings and communication partners—

and to collaborate in their responses.

- Enable SLPs to change the type, frequency, amount and location of services throughout the school year, based on student needs.

(Dixon, 2013)

In other words, doing speech therapy in the classroom can greatly improve a child's ability to generalize learned skills to a natural setting – by immediately allowing them to practice in a natural setting. (This especially benefits our children on the autism spectrum, many of whom don't easily generalize learned skills from one setting to another.)

Also, doing therapy in the classroom gives SLPs the chance to work closely with a child's other educators. While initially this may feel challenging, keeping the lines of communication open, and proactively discussing roles and responsibilities, will go a long way to ensure that no one feels like their toes are being stepped on. Ideally, an SLP will be able to provide models for other team members, giving them access to strategies they can use going forward: often the teaching assistants, paras, and staff are unfamiliar with how they can best help our students improve their communication skills, and even lead classroom teachers are not as experienced as we are in overcoming communication difficulties. Giving them the chance to see and learn from our models allows them to actively help our students make progress. Likewise, regularly working with our students in a classroom environment in cooperation with other team members gives us the on-the-spot awareness and flexibility necessary to address specific social and academic needs as they arise.

Finally, having push-in therapy in your toolkit gives YOU the flexibility necessary to adapt the "where" of services to the changing needs of the students on your caseload.

Part II – Choosing targets

Now, we absolutely do not want to start by saying "I'm going to do push-in therapy. What can I work on?" This approach does not make the needs of the child the top priority. Rather, the first thing you need to do is to look at the whole child and determine what areas the child needs help with. Then, you'll decide which type of therapy is best based on the child's individual needs.

Identifying needs at different age levels

While assessing what a child needs to work on, it's important to make sure you're getting a whole picture of that child instead of just one glimpse during a standardized testing situation (where, more often than not, the child is under the added pressure of an unfamiliar location). While the weight given to each will change depending on the age of the child, you should ideally gather data using a combination of the following methods:

- Observation in the natural environment
- Communication with teachers, caregivers, and the student
- Standardized testing (including tests given to every student in the school as well as tests that you administer as the speech-language pathologist)

There are many tools available to speech therapists and educators that can be used to help you determine which skills the child is struggling with in the regular education environment. In fact, there are even some standardized assessments that use observational data and will then provide standard scores.

Here are a few resources to get you started, as well as information on where to find more:

- *DAYC-2: Developmental Assessment of Young Children–Second Edition*
  This standardized assessment for children aged birth-5 years allows you to assess a child's developmental level through observation, interview of caregivers, and direct assessment. This assessment can be valuable for obtaining a standard score for qualification purposes as well as for choosing developmentally appropriate therapy goals. http://www.proedinc.com/customer/productview.aspx?id=5157

- *DP-3: Developmental Profile–Third Edition*
  This assessment for children aged birth-12 years evaluates children's functioning in 5 key areas by allowing the respondent to simply state if the child has mastered certain skills. Therapists can fill out this assessment through the use of observation and parent questionnaires. Like the DAYC-2, this test will also give standardized scores to help with qualifications and can be used to identify areas of weakness that need to be addressed in therapy. http://www.proedinc.com/customer/productView.aspx?ID=3553

- *Developmental Checklists*
  Though they are not norm-based, developmental checklists can also be used to help determine which skills a child is missing compared to other children of the same age. One very helpful developmental checklist is the "Linguisystems Guide to Communication Milestones" which can be downloaded for free. https://www.linguisystems.com/pdf/Milestonesguide.pdf

  Other developmental checklists can be found in speech and language textbooks, online, or through

the Department of Education. (Resources available through the Dept. of Ed. will cover skills that are expected of children in specific grades as opposed to certain ages.)

Now let's talk specifically about how needs assessment looks at each age level.

Preschool

Preschoolers are probably the most difficult school-age population to diagnose using standardized testing alone: children at this age don't necessarily test well so it can be difficult to get a good sense of what the child can do based on one session.

On the other hand, one of the best ways you can get a feel for what a preschooler needs to work on is by observing classroom activities to determine what the child is struggling with functionally (following directions, answering questions, maintaining attention, peer interactions, etc.). By doing this, you will see exactly how those communication deficits look in the classroom.

Hint: When observing these classroom activities, try to look for skills that impact the child all day long, as opposed to only during one activity. Choose skills to target in therapy that will help the child the most in the classroom (for example "following directions" will help all day long).

Another good way to select target skills at this age is identifying times when the child is exhibiting challenging behaviors, honing in on their causes, and choosing the communication skills you can teach to replace those behaviors. This tactic, while still allowing you to use direct observation, also gives you the chance to begin to collaborate with other classroom professionals: if you ask "What's the biggest challenge you have with Johnny's behavior at school?" you'll likely get a very specific answer about both what he's doing and when he's doing it. Now that you know what you're looking for and when, you've got a head start on figuring out the need behind it (escape, avoidance, to get something, to get attention, self-stimulating, etc.), and you can plan to teach more appropriate ways for the child to communicate that need (for example, a child who throws a tantrum to escape an activity can be taught to say "break" or use a break card to request a break appropriately).

Hint: While an extended discussion on dealing with challenging behaviors is beyond the scope of this course, more information is available in this article: http://www.speechandlanguagekids.com/how-to-deal-with-challenging-behaviors-in-the-classroom-and-speech-therapy-room/

Special Considerations for the ECSE Classroom:

The Early Childhood Special Education (ECSE) classroom is an entirely different beast than the rest of the preschool population that we are discussing here. An ECSE classroom is typically comprised almost entirely of children who have been identified as having delays. Most children in an ECSE classroom will be on IEPs for communication difficulties of some kind (often severe). There may be a few typically-developing peers introduced into the classroom to help with peer interactions, but by-in-large this is a special education classroom and not a regular education environment. Keep this in mind when you are writing your IEPs as this will not technically be a less restrictive environment than your speech therapy pull-out room.

In the ECSE classroom, you can expect that the teachers and aides will be more familiar with the methods of teaching children with special needs, and should therefore be better able to implement techniques and strategies that you model during your push-in therapies. Keep in mind, however, that their training will have been different from yours: you should continue to model and explain techniques thoroughly in order to avoid miscommunication.

You must also consider the shortage of typically-developing peers as a factor to your push-in therapy in an ECSE classroom. This can be a double edged sword: since you will have fewer peers to pull from, this may limit your ability to use peers during your push-in therapies; however, it may also mean that the peers you do have are better trained on how to work with children with special needs. Be certain that you are fully aware of what peers are available and their skill levels before counting on the use of peers in your therapies.

(An extended discussion of the ECSE classroom is beyond the scope of this course.)

Elementary School

For elementary-school students, while direct observation in the classroom is still useful to determine which social interactions or learning behaviors the child is having trouble with, the best way to figure out what a child needs help with is to speak with the classroom teachers – they spend more educational time with these kids than anyone else so they will know exactly what the child is struggling with and what language skills need improving. Ask them what skills or times of the day the child is struggling, and get a feel for what communication skills they think would improve the child's ability to interact and participate at school.

At this age, it makes sense to also look at school testing scores for language and communication skills – or use standardized tests to find out which age-appropriate skills are missing – and compare those scores with

the expectations in that child's classroom and school system. Likewise, state academic standards may also be used to choose targets for this age group. This will help you identify skills to work on that will be relevant to the child's current educational expectations.

Middle and High School

For middle schoolers and high schoolers, the big emphasis for speech therapy is educational impact. For this reason, you'll definitely want to look at the student's grades and school testing results to determine the areas of weakness for the child. Standardized tests will also help you determine which skills are missing as long as you prioritize those skills as therapy targets by importance to the child's school work. And again, state academic standards will be relevant to your target-setting as well.

At this age, while input from teachers and information gathered through direct observation remain useful, you can also speak with the child about what part of school is the most challenging for him/her – students are now old enough to have a sense of what is difficult for them and how it impacts their education. You will also get better buy-in if the student feels like you are listening to his/her concerns. And the ability to self-advocate will be increasingly important for each child – so why not let it begin with you?

Part III – Choosing the correct type of therapy

You've identified a child's needs, and formulated goals to target those needs. Great! *Now* you can choose the best type of therapy to go with each goal. (It bears repeating: we should always start with the goal and then decide on the therapy, not the other way around.)

When setting the location for a child's therapy, one big factor to consider is how distractible the child is in relation to their current level of mastery on the skill you want to address. For example, a student who is highly distractible and is not even stimulable for a particular skill should probably practice that one in the speech therapy room before trying to generalize it in the regular education setting.

You'll also want to take into account whether the child tends to generalize new skills easily between settings. For example, if you have a child who will learn a skill in one location (like the speech therapy room) but rarely demonstrates it in another location (like the classroom) until it is specifically taught there, you might want to teach all new skills in the classroom instead of in the speech therapy room. This will save you and your student time in the long run because you won't have to address every skill twice.

- *Hint: Keep in mind that push-in therapy will not be appropriate for every child and for every goal. Each child is individual, and certain children will need pull-out services for some or all of their goals: examples include children who are easily distracted and need a quiet environment to learn new skills, as well as those who need highly specific therapy methods – such as motor learning for children with Childhood Apraxia of Speech – that are not easily conducted in the classroom environment.*

After deciding that a goal can and should be worked on in the classroom as opposed to in a pull-out therapy session, then you'll need to consider all of the different types of push-in therapy/co-teaching models available to you. In this course, I am presenting nine models – the result of combining my own experience of working in classrooms and observing other co-teaching relationships.

1. Therapist-Led Lessons
2. Co-Teaching with Co-Planning
3. Therapist Takes a Center/Station
4. Therapist Leads Routine Activity
5. Therapist Leads Unique Activity
6. Therapist Adapts Materials and Supplements Instruction
7. Therapist Assists with Routine Activity
8. Therapist Assists with Unique Activity
9. Pull-Aside Therapy in Classroom

(There are sure to be other models that may work for you as well – plus, you can always combine two models to use a hybrid approach.)

- *Hint: In addition to your professional opinion, I suggest also getting the classroom team's input as to which model will work best for each goal for each student. One easy way to do this is to write out a list of the models that you would recommend (based on the child's needs) and present them to the team with brief descriptions. Ask them to look the list over and set up a time when you can get together to discuss which method(s) will be most beneficial to everyone involved.*

1. Therapist-Led Lessons

In this model, the therapist plans a lesson to give to the whole class, teaching something that will benefit all the learners as well as specifically targeting one of the goals for the child with special needs.

When to Use it:

- When the skill being taught also needs to be practiced by the whole class

Hint: This model works particularly well on social skills: if you tell the teacher "Johnny needs to work on sharing," and the teacher's response is "Yeah, him and every other kid in the class!" then you've got your lesson plan handed to you. (After all, Johnny will do a lot better at learning to share if he has good sharing models all around him!)

- When the teacher needs demonstrations of how specific teaching/modeling strategies

Hint: Focus on something that you and the classroom team have agreed to continue to do or use when you are not around, such as getting your student's attention before giving directions, or asking follow-up questions to make sure he/she understood.

How it Works:

During this type of model, the speech therapist leads the group while the classroom team assists with any students who need help during the lesson, such as those who are off task or are exhibiting challenging behaviors.

Examples:

- **Preschool:** The speech therapist brings the class together to listen to a story about sharing. She then leads a classroom discussion about sharing and writes down a list of classroom rules about sharing. Next, the speech therapist demonstrates proper sharing procedures with a volunteer, and then helps the children practice asking for a turn and sharing materials.
- **Elementary:** The speech therapist teaches a lesson about story elements like "setting," "characters," "conflict," and "resolution." The therapist defines the elements, asks for examples, and works with the class to make a poster that outlines how to create a story map. Then, the therapist and class read a fairy tale, and complete the story map together as they read.
- **Middle/High:** The speech therapist introduces the class to all of the vocabulary words that will be included in an upcoming unit on volcanoes, defining the words and providing demonstrations of concepts when possible. The therapist guides the students to restate the definitions of the new vocabulary in their own words, and creates a poster based on their definitions which will hang in the classroom to remind students as needed.

2. Co-Teaching with Co-Planning

In this model, the speech therapist and lead teacher plan a lesson together, choosing appropriate targets for students with special needs. The therapist suggests specific language or teaching strategies that will benefit the students on her/his caseload, and augments instruction for students with special needs post-lesson.

When to Use it:

- When the teacher needs to lead the lesson
- When the student needs work on processing teacher-led instruction and activities
- When the student needs additional practice beyond the scope of the normal lesson

How it Works:

During the session, the teacher leads the lesson; the therapist remains nearby to add information, use strategies, or elaborate as necessary. Once the main lesson is over, the class breaks into groups (the students with special needs are in the half that will be monitored by the therapist). In each group, the monitor helps the students review what was taught in the lesson and practice any skills learned. The speech therapist keeps close watch on the students with special needs in particular, to make sure they are understanding the information and don't need additional instruction.

Examples:

- **Preschool:** While planning a teacher-led classroom lesson about the grocery store together, the therapist chooses five words to target heavily for her students, and empowers the teacher to model those words more frequently. After the lesson, the class divides into groups and role plays grocery shopping. The therapist reinforces the five main vocabulary words with the students with special needs, asking them questions about those words, modeling their use in many different ways, and creating communication temptations to elicit the words.
- **Elementary:** The therapist and the lead teacher plan an activity about irregular past tense verbs. The therapist chooses ten targets for her students, and instructs the teacher as to how to model those words with actions (acting them out). After the lesson, students break into groups to practice; the therapist works with the students with special needs to target the ten words in more detail by providing additional examples, showing videos of those particular actions, and modeling the use of the irregular past tense verbs throughout the activity in a variety of contexts.
- **Middle/High:** The speech therapist and classroom teacher plan an activity about the water cycle. The therapist chooses ten vocabulary words to target and asks the teacher to write those words on the board with definitions when they come up. The students then break into groups to redefine the new terms in their own words. The therapist uses visual aids with her students to reinforce the new vocabulary; she may also provide physical demonstrations or videos when they are confused about a term.

3. Therapist Takes a Center/Station

This model allows the therapist to combine the tactics of "working with the student with special needs in a small group" and "allowing him/her to practice the target skill in the regular education setting with his/her peers."

When to Use it:

- When the student benefits from learning in a small group but also benefits from being around peers
- When a skill needs to be practiced in the regular education setting, but will also require direct speech-language pathologist assistance or intervention

How it Works:

While the whole class is doing centers or rotating through stations, the therapist in this model works at one of those stations. The therapist plans the activity at that station to both address the goals of students with special needs, and incorporate typically-developing students in order to facilitate peer modeling and promote carry-over.

Examples:

- **Preschool:** The speech therapist sets up a craft activity at one station to target following directions, also creating a visual recipe that outlines the steps of the activity with accompanying pictures. The therapist verbally describes the steps to the directions to all the students at the station, and shows them the visual aid. Then, the therapist assists the students with special needs as needed with following the directions in order.
- **Elementary:** At the speech therapist's station, students work on parts of speech; the therapist gives additional assistance to special needs students as the specific parts of speech that they are having difficulty with come up. For example, knowing that a special needs student is targeting adjectives, the therapist asks the students fill out mad libs, and works with the student with special needs when an adjective is needed.
- **Middle/High:** During study hall, the therapist sets up a station where students with special needs can receive assistance with reading comprehension. The therapist monitors comprehension and progress towards goals by asking questions about the subjects covered during the assistance session.

4. Therapist Leads Routine Activity

In this model, the therapist takes control of the classroom for a single activity that is part of the normal routine, such as snack time, group time, circle time, etc. During the activity, the therapist leads just as the regular teacher would do, but uses additional strategies and instructional methods that are helpful to students with special needs.

When to Use it:

- When students with special needs have difficulty transferring functional communication skills from one environment to the other, and need to practice doing so
- When the teacher needs examples of strategies and teaching techniques that can be used to address the goals of students with special needs, and ease their transitions from environment to environment

How it Works:

Throughout the activity, the therapist targets goals of students with special needs, and models teaching strategies for the teacher: providing smaller portions at snack to increase communication opportunities, asking yes/no questions to a student during story time, and drawing out steps on a white board that correspond with directions given aloud, for example.

Hint: The key to this model is collaboration: ideally, while the speech therapist is leading the activity, the teacher will be assisting with students as needed (e.g. behaviors) in addition to watching the demonstrations of the teaching strategies. It's therefore important for the therapist and teacher to meet ahead of time to discuss which strategies will be modeled so the teacher knows what to watch for, and a follow-up discussion should occur after the session to answer any questions that the teacher has about when and how the demonstrated strategies can be used.

Examples:

- **Preschool:** The speech therapist leads circle time/ story time, modeling good out-loud reading strategies and asking the students frequent questions that are tailored to their language levels. After the story, she helps the students retain the information by drawing the three main events in order on the white board.
- **Elementary:** The speech therapist leads the daily large group activity. She models obtaining the students' attention before asking questions and highlighting/defining important vocabulary words as they come up.
- **Middle/High:** The speech therapist leads the opening activity of English class, which is a language prompt warm-up that the classroom teacher usually does. The speech therapist models how to elicit responses to the prompt from the students on her caseload using strategies such as asking leading questions, offering clues, and encouraging deeper thinking.

5. Therapist Leads Unique Activity

In this model, the therapist designs a new activity which will become part of the entire class's daily routine, enhancing some part of their education: for example, an enrichment time when a new skill is practiced (outside of typical instruction time), or a

"getting ready to learn" activity that will put students in the right mindset to benefit more fully from the upcoming lesson.

When to Use it:

- When students with special needs and typically-developing students would benefit from additional enrichment or learning prep activities within the classroom
- When both teacher and therapist are looking for novel ways to integrate speech work into the day

How it Works:

Throughout the activity, the therapist targets goals of students with special needs, and models teaching strategies for the teacher.

*Hint: As above, collaboration is very important here. The new activity should not only have the desired effect (*all *the students are ready to learn or more able to retain skills), but also fit well into the classroom culture and schedule.*

Examples:

- **Preschool:** The speech therapist designs a sensori-motor activity that is performed before circle time each day: for example, she sets up a small obstacle course and gives three directions to get across it, highlighting specific verbs. The classroom teacher then repeats this activity each day for the rest of the week. Every few weeks, the therapist comes up with a new activity and demonstrates it on the first day.
- **Elementary:** The speech therapist designs a "waiting game" that will be conducted whenever the children are waiting for something, such as standing in line for lunch: for example, students are asked a multiple-choice question that reviews information recently presented in class, and must hold up a hand to indicate their choice using sign language letters. The speech therapist models this activity for the teacher a few times; the teacher then takes over.
- **Middle/High:** The speech therapist models a pre-lesson warm-up activity where the students are provided a list of words to define (or look up) that will be used that day. The speech therapist leads the warm-up the first few times; the teacher then takes over.

6. Therapist Adapts Materials and Supplements Instruction

In this model, the teacher plans the lessons as normal and gives the materials to the therapist in advance of the lesson. The therapist then adapts the materials to suit the children with special needs (adding visuals, simplifying text, etc.).

When to Use it:

- When students with special needs are attending regularly-scheduled classes but are struggling to learn from them without additional help
- When it is not practical or possible for the therapist and teacher to teach at the same time

Hint: Scheduling conflicts should never be your only reason for choosing this method. Student needs must also drive this choice.

How it Works:

In addition to adapting the materials that will be provided to the students with special needs, the therapist may pre-teach the required skills before the lesson in the classroom occurs (either as a breakout session in the classroom, or in the speech therapy room) via direct instruction, demonstration, and other relevant strategies. After the lesson in the classroom, the therapist may again pull the students with special needs aside and review the material taught, providing them with additional instruction and time to practice as needed until the skill is mastered.

Hint: Keep in mind that these additional speech therapy sessions do not need to take place immediately before and after the lesson in the classroom. In fact, it is often more helpful for there to be a gap of time between the therapy sessions and the lesson so that the student has opportunities for distributed practice of the new skill.

Examples:

- **Preschool:** The teacher is planning a lesson using the book *Brown Bear, Brown Bear, What Do You See?* Prior to the "Brown Bear" lesson, the speech therapist teaches a session for the students with special needs, giving each student a color wheel with the animals on it. The children work on naming the animals in the book, naming the colors associated with each animal, and using the repeating lines "what do you see" and "looking at me." After the "Brown Bear" lesson, the therapist pulls the group aside for review, showing the pictures again while asking the students what each animal saw to determine if they have retained the color names and the animal names, and providing additional instruction for any that were not retained.
- **Elementary:** The teacher is planning a lesson on tornadoes. The speech therapist picks out key vocabulary and teaches the words to the students with special needs ahead of time, using videos, photographs, and demonstrations with props. Each student takes a list of target vocabulary with him/her to use as a reference during the lesson. After the teacher teaches the lesson, the group meets again and the therapist quizzes the students on the definitions of the key vocabulary from the unit. Any words that are missed are re-taught.

- **Middle/High:** The teacher is planning a lesson on writing hypotheses. The speech therapist creates a visual aid that helps students identify the parts of a good hypothesis, teaches the related vocabulary words (independent variable, dependent variable, etc.), and uses the visual aid to help the students practice writing hypotheses. Each student takes a copy of the visual aid with him/her to use as a reference during the lesson. After the lesson, the therapist brings the group back together, provides the student with information, and asks them to write hypotheses based on it. The therapist then re-teaches any parts of the skill that are not understood.

7. Therapist Assists with Routine Activity

In this model, the teacher leads a routine activity as normal and the therapist sits near one or more students with special needs to assist as needed: for example, helping a student demonstrate skills from his/her IEP goals by providing necessary supports (and fading supports when possible).

Hint: This model also provides the therapist with an excellent opportunity to demonstrate strategies to the classroom team. Whether you do so before or after a specific session, it is important to discuss any strategies being demonstrated so that the team completely understands when and how to use them.

When to Use it:

- When students with special needs need to work on using skills functionally in the classroom
- When the teacher needs modeling of strategies that can be used to assist the students to achieve goals

How it Works:

For this model, no specific lesson plan is used; rather, the therapist prepares a list of goals to be targeted (for instance, goals from the child's IEP that lend themselves well to push-in), then waits for the opportunity to use one of those skills in the classroom to arise. For example, the therapist may plan to work on a particular student's ability to follow directions, answer questions, and use words to greet friends instead of hitting. Not all of those skills may come up in every classroom situation, but as they do, instruction and reinforcement can take place.

Examples:

- **Preschool:** The speech therapist sits behind a student with special needs during snack time. When the child runs out of snack, the therapist uses prompting to help the child use his AAC device to request more. The therapist models fading supports as the child becomes more independent with the skill: physical, to verbal, to visual.
- **Elementary:** The speech therapist sits behind a student with special needs during a class discussion and provides appropriate prompts to help the student answer the teacher's questions, trying various types of prompts to find out the least amount of prompting that can be used effectively (such as showing a picture that says "use your words" instead of saying it out loud), and fading prompts as possible to encourage the child to answer independently.
- **Middle/High:** The speech therapist sits behind a student with special needs during a lecture, helping the student determine which items to write down when taking notes and how to organize them.

Hint: If a student doesn't respond well to having someone hover over him/her, the therapist could roam about the class or stand in the back and only step in when needed.

8. Therapist Assists with Unique Activity

In this model, the therapist accompanies students with special needs during a non-routine activity, such as a special class or a field trip, assisting as needed: for example, helping a student demonstrate skills from his/her IEP goals by providing necessary supports (and fading supports when possible).

When to Use it:

- When a student is working on generalizing skills beyond the classroom
- When a student struggles with performing a skill outside of the set times that she/he is used to working on it
- When the classroom team needs additional support during a non-routine activity

Hint: Classroom team needs should never be your only reason for choosing this method. Student needs must also drive this choice.

How it Works:

This model allows the therapist to work with students with special needs on generalizing learned skills – like following directions or using complete sentences – to new settings. Just as in the previous model, no specific lesson plan is used; the therapist offers the students support when an opportunity to use a skill arises.

Examples:

- **Preschool:** The speech therapist works with students with special needs during a field trip, highlighting relevant vocabulary words as they occur and helping students follow directions and stay with the group.

Hint: If you take pictures during the trip, you can use them for follow-up vocabulary review and practice recalling past events.

- **Elementary:** The speech therapist works with students with special needs during physical education class, helping them follow directions and use words to complete cooperative activities with peers.

  Hint: Just as in the regular classroom, you can reinforce learning by demonstrating strategies for the physical education teacher to use in support of future opportunities for cooperation, participation, and increasing verbal output.

- **Middle/High:** The speech therapist assists students with writing a short story to submit to a writing contest: for example, helping student create an outline that contains all the story's elements, or guiding them to break their story into paragraphs with topic sentences.

9. Pull-Aside Therapy in Classroom

In our final model, the therapist pulls children with special needs to a designated area of the classroom and works on skills as she would in the therapy room – a breakout session, but within the classroom environment.

When to Use it:

- When students are able to demonstrate a skill in the speech room but are not carrying it over to the classroom
- When the work that needs to be done does not fit easily into a regular classroom activity (like working on speech sounds during math practice)

How it Works:

This model can serve as a transition between doing a skill in the therapy room and generalizing it to the classroom, allowing for increased opportunities for practice: peers and other children can join the breakout group (as possible) to stimulate peer interaction and peer modeling.

Examples:

- **Preschool:** The speech therapist joins the classroom during free play and instructs a peer to hold a novel toy and not give it to the student with special needs until he/she uses his/her words. The therapist then guides the student to the peer with the toy, prompting the student to use words when he tries to take it away.
- **Elementary:** The therapist joins the classroom during reading time and works with a student with special needs at a small table in the corner. The therapist works on speech sounds or reading fluency while the student reads the book aloud. Peers may be pulled in to serve as models for correct speech sound production or for choral reading for fluency.
- **Middle/High:** The therapist joins study hall and pulls a student with special needs aside to target IEP goals (which likely involve completing school-related assignments).

Part IV – Data collection during push-in therapy

You've gone from having zero to having nine options for ways that you can conduct push-in therapy – but what about collecting data? How are you supposed to track quantitative results in the middle of a whole lot of activity? Don't worry, it CAN be done!

Some schools allow the 3:1 model: students get three weeks of direct therapy, and the fourth week is spent doing indirect therapy to collect data, working with the classroom team on teaching strategies that can be used when you're not around, and modifying the classroom environment for optimal success. If that's the case, you can refrain from collecting data during your direct therapy days; you'll do an observation during your fourth week that will allow you to collect data.

If compiling your data during a single week isn't an option, don't worry – there are other ways to get the data you need.

First, decide up front what goal you're targeting for data collection during each session. If there are many skills you could target, choose only one per session for data collection purposes: for example, if you're using models seven or eight, you'll want to pick just one of those IEP goals to *collect data on* before you begin a session (even though you'll *work on* the others if they come up).

Once you've chosen a goal to track for that session, you must choose a method of data collection. In my experience, there are four main styles of data collection typically used during push-in therapy:

1. Anecdotal Notes
2. Percentage Data
3. Tally Data
4. Rubric-Style

1. Anecdotal Notes

In this type of data collection, you write out a paragraph (or more) about what happened during each session. This is obviously a highly qualitative method, which can be both an advantage and a disadvantage. On the plus side, documentation can take place at your convenience, rather than during or right after a session. On the negative side, the time lag may mean that your recollection of events is not at its most accurate – particularly if you've worked with several students in a row – and it doesn't give you any numeric data to track.

2. Percentage Data

This type of data collection is the first that I feel is practical for use in-session: you simply mark every trial

as correct or incorrect, and take a percentage at the end of the session. In contrast to the anecdotal notes method, you do end up with a numeric score with which to track progress; however, now you're dealing with a pause after every trial as you jot down the result (of course, there are little hacks that address that issue, like using clickers or laying cards into piles for correct and incorrect).

3. Tally Data

This is the first method that I would consider suited to (as opposed to do-able for) push-in therapy. During this type of data collection, you frame the goal for each session as "skill will be demonstrated x number of times in y number of minutes of activity." For example, a goal might be that "Sue will spontaneously make requests 4 times during 5 minutes of snack," or "Steve will produce the /r/ sound correctly 15 times during 2 minutes of drill of single words." Then, any time the child demonstrates the skill correctly within the time range, you mark a tally on paper or push a button on a clicker/counter. Again, as in the percentage data method, you're tracking results numerically; in addition, you're dictating the time frame within which you're tracking. It does, however, provide more of a "snapshot" of one aspect of a session, rather than describing the session as a whole.

4. Rubric Style

This method is ideal for push-in therapy because you don't have to collect data on every trial but you still get a numeric score – and it covers the session as a whole. During this type of data collection, you rate the student's performance on a specific goal on a scale of 1-5 (determining ahead of time the value of each rating – see Examples below).

You can do this in one of two ways:

1. Collect data on the child's performance overall

   When you finish the session, select the number that best describes how the student did the majority of the time.

2. Collect data at the beginning and again at the end of the session

   This is my preferred method, because you get a sense of how the child did both pre-therapy and post-therapy.

   Hint: You can also take an average of the first three trials and the last three trials. This will give you a more accurate idea of how the child did pre- and post-therapy.

When you create your rubric, you can assign each number whatever variable best suits each student's goals: as long as you're consistent with your scoring, it doesn't matter. The numeric values are just used to show that the child is (or is not) making progress.

Hint: if you want to measure finer distinctions of progress, just use more numbers as you make your rubric: a scale of 1-10, for example. A 1-10 scale makes percentages easier to track as well – simply multiply your student's score by 100.

Now, keep in mind that in order to use this method, you'll need to re-write your goals with this system in mind: for example, "In this session, the child will _____ with an accuracy of 4 or higher on the following scoring rubric: (and include your rating system here)."

Examples:

PROMPTING

Rubric:

1	2	3	4	5
Full Physical Assistance	Partial Physical Assistance	Gestural and Verbal Assistance	Verbal Reminders Only	No Assistance Needed

SPEECH SOUNDS

Rubric:

5 = Correct, Clear Production

4 = Very close approximation but not quite there

3 = Approximated Independent Production

2 = Cued Production

1 = Incorrect Production

Hint: If you really need a percentage, you can divide your student's score by five, then multiply it by 100: for example, a rating of 4 / 5 x 100 = 80%.

Data Collection Sheets

Please see the Handouts section for a selection of data collection sheets. Each is presented first blank, then with a sample entry. Depending on the system(s) you end up using, some may work better than others – feel free to try them all!

Part V – Dealing with Reluctance

You've done the legwork, you've considered all your options, and you've made a case that push-in therapy is the best option for a specific child. Despite your due diligence, you may still encounter resistance or reluctance from parents or teachers.

Teachers may feel that you will disrupt their classroom by coming into their rooms, or that your presence in their room indicates that you are judging or evaluating them – that you don't feel they are doing their job correctly.

Parents who are very comfortable with the pull-out model of speech therapy may not as readily see the benefits of push-in, or understand how it may help their child. They may also not understand exactly how it works, and even may think that you're trying to get out of doing more work!

Although a full discussion on how to improve the relationships between you and reluctant parents/teachers is beyond the scope of this course, let's talk about a few key tactics.

Share Information

The first thing you can do to ease reluctance is to simply share your knowledge: explain why you want to use push-in therapy, explain exactly what would be involved, and explain the potential benefits to the child. When speaking to teachers, you can further discuss how you both can benefit from your presence in the classroom, particularly in terms of ease of collaboration and on-the-spot troubleshooting, among others. And here's where reason-based practice comes into play: you can support your explanations by citing your own experience, as well as the experiences of other speech therapists.

Ask for Input

Another method of easing reluctance is asking for input: speak to both parents and teachers about the types of push-in therapy, and get their feedback as to which they think would be most beneficial to the child. With parents, you can present a few push-in options that you've already identified as potentially beneficial (avoid offering them those options you've already discarded as unsuitable), and work with them make an educated decision about which model is best. With teachers, you can share the outcomes you're seeking for each child, then visit your list of push-in therapy models, getting their feedback as to which ones they see as helping you achieve your goals with minimal disruption to the class or the classroom environment.

Set a Check-In

Establishing a date for a check-in before push-in therapy even begins can encourage parents and teachers to give it a try: they have confidence that data is being compiled, results will be reviewed, and – if the therapy is not working – it will be changed. As you know, like all things we do in speech therapy, we will be taking copious amounts of data during push-in therapy sessions. Explain to the parents and teachers what the goals are for the sessions, and how you will measure progress toward those goals. Set check-in dates with each when you will talk again to see what the data shows in terms of the child's progress. At that time, ask the parent/teacher how the child has been performing without you as well. Compare all of that data and include the parent/teacher in the decision on whether or not the push-in therapy will continue or whether a different type of therapy will be used moving forward.

Conclusion

For the right student, in the right situation, push-in therapy can lead to faster progress and an increased ability to generalize new skills. It's an important tool to have in our arsenals, and it is vital that we at least consider this option for every student on our caseloads. That's not to say that all children should receive push-in therapy because it is definitely not right for every child.

Push-in therapy can also be a great way to build strong, beneficial relationships with classroom teachers. Sure, doing therapy in someone else's classroom can also damage a relationship – but if you consider the needs of the classroom team, and work hard to keep the lines of communication open, you'll end up a member of a solid classroom team, to the benefit of your students.

We have an ethical and legal obligation to make sure our students are getting the services they need, in the least restrictive environment possible. And some students need push-in therapy.

Client's Name: Date of Birth: Review By Date:

Goal/Skill Write one goal/skill per box below	**Data Collection:** Write the date in the left-most box beside each goal when you work on that skill. Then, take your data in the box.				
	Date:	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:

Client's Name: Date of Birth: Review By Date:

Goal/Skill Write one goal/skill per box below	**Data Collection:** Write the date in the left-most box beside each goal when you work on that skill. Then, take your data in the box.				
Produce he/ She in sent 80%	Date: 1/6/15 +o++ooo+ o+ooo+oo 6/16=(37%)	Date: 1/15/15 +o++oo+++ o++oo++ 10/16=(62%)	Date: 2/8/15 ++o+++++o ++++++ 11/13=(84%)	Date:	Date:
Label 10 vehicles 10	Date: 1/6/15 III (3)	Date: 1/20/15 IIII (5)	Date: 1/30/15 IIII I (6)	Date: 2/8/15 ~~IIII~~ III (8) played w/ bike	Date:
Answer who questions about a story 80% 1 repeat	Date: 1/8/15 ++ooo+oo o+ooo++ 6/15= (40%)	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:	Date:

Data Collection Sheets

Child's Initials: _____ Session Date:_____

Plan: _____

_____

_____

_____

_____

_____

_____

Data: _____

_____

_____

_____

_____

_____

_____

Data Collection Sheets

Child's Initials: _____ Session Date:_____

Plan: _____

_____

_____

_____

_____

_____

_____

Data: _____

_____

_____

_____

_____

_____

_____

Data Collection Sheets

Child's Initials: C.C. Session Date: 2/8/15

Plan: (1) Produce he/she in sentences when describing pics in a book (80%)
(2) Label 10 vehicles from yellow flashcards. Practice the ones he misses
(3) Answer who questions about 3 Little Pigs (80%)

Data:
(1) ++o++++o+++++ 11/13 = 84% (Thomas book)
(2) labeled boat, car, truck, plane (4)
(3) ++ooo+ooo+ooo++ 6/15 = 40% (Able to do if I pointed to character)

Data Collection Sheets

Child's Initials: C.C. Session Date: 2/15/15

Plan: (1) Ride bike outside & have him request bike periodically, model bike
(2) Who ?'s about 3 Little Pigs again (80%)

Data:

Client's Name: Date of Birth: Review By Date:

Goal 1:		
Goal 2:		
Goal 3:		
Goal 4:		
Date/Time	**Description**	**Homework/Plan**

Data Collection Sheets by Carrie Clark, CCC-SLP www.SpeechAndLanguageKids.com/Productive

Client's Name: Date of Birth: Review By Date:

Goal 1: Produce He/She in sentences w/80% accuracy		
Goal 2: Label 10 vehicles in one session		
Goal 3: Answer who questions about story 80% accuracy		
Goal 4:		
Date/Time	**Description**	**Homework/Plan**
1/6/15	① +o++ooo+o+ooo+oo 6/16/ =(37%)	use verb cards
	② IN II ⑦ missed boat, bike, helicop	practice bike
	③ ++ooo+ooo+ooo++ 6/15=(40%)	3 Little Pigs

Client's Name: Date of Birth: Review By Date:

Goal: _____

_____

Date:							
Date:							

Notes: _____

_____

Goal: _____

_____

Date:							
Date:							

Notes: _____

_____

Data Collection Sheets by Carrie Clark, CCC-SLP www.SpeechAndLanguageKids.com/Productive

Client's Name: Date of Birth: Review By Date:

Goal: Produce He/She in sentences with 80% accuracy

Date: 1/6/15	1/15/15						
+0++000+ 0+000+00 6/16 = 37%	+0++00+++ 0++00++ 10/16 = 62%						
Date:							

Notes: _____

Goal: _____

Date:							
Date:							

Notes: _____

Writing SOAP notes Quickly and Painlessly Using Phrase Express

Step One: Go to www.phraseexpress.com and download and install the phrase express software.

Step Two: Highlight and copy one of the phrases below.

Step Three: Click on the phrase express icon in your task tray near the clock on your computer. It looks like a speech bubble with an exclamation mark in it.

Step Four: Select "New Phrase" at the bottom of the pop-up menu.

Step Five: In the box that says "autotext", type the shortcut listed next to the phrase you have selected and select "OK".

Step Six: Now, any time you want to type that phrase or sentence (or several sentences) in any program, just type the shortcut and then hit the space bar. Your full text will appear.

Suggested Phrases (or make up your own):	**Shortcut:**
S Section:	
was cooperative and compliant throughout the session	Soap
A Section:	
increased accuracy on all goals since the last session.	increaseall
increased accuracy on the goal since the last session.	increaseone
decreased accuracy on all goals since the last session.	decreaseall
decreased accuracy on the goal since the last session.	decreaseone
had about the same accuracy on all goals as the last session.	sameall
had about the same accuracy on the goal as the last session.	sameone
P Section:	
Therapy will continue as planned.	asplanned
Therapy will proceed to the next difficulty level.	nextlevel

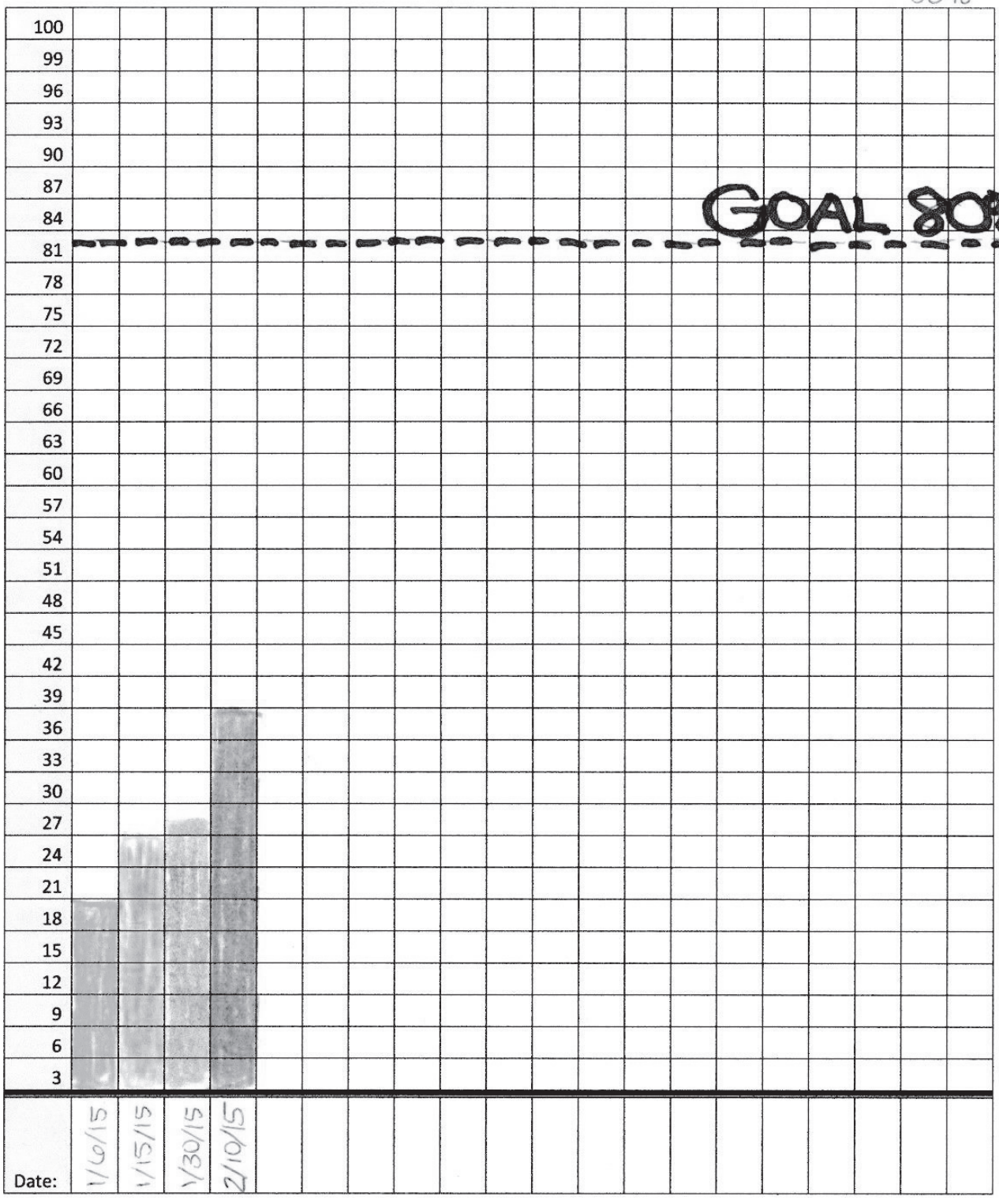
Example: If you type "Johnny increaseall", then your SOAP note will automatically read "Johnny increased accuracy on all goals since the last session."

Name: **My Progress!** Goal:

100																				
99																				
96																				
93																				
90																				
87																				
84																				
81																				
78																				
75																				
72																				
69																				
66																				
63																				
60																				
57																				
54																				
51																				
48																				
45																				
42																				
39																				
36																				
33																				
30																				
27																				
24																				
21																				
18																				
15																				
12																				
9																				
6																				
3																				
Date:																				

Data Collection Sheets by Carrie Clark, CCC-SLP www.SpeechAndLanguageKids.com/Productive

Name: **My Progress!** Goal: /r/ in single words w/ 80%



Data Collection Sheets by Carrie Clark, CCC-SLP www.SpeechAndLanguageKids.com/Productive

Client's Name: Date of Birth: Review By Date:

Rubric Style Data Sheet

Goal: _____

_____

Rubric (Describe each level of performance):

1	2	3	4	5
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5

Data Collection Sheets by Carrie Clark, CCC-SLP www.SpeechAndLanguageKids.com/Productive

Client's Name: Date of Birth: Review By Date:

Rubric Style Data Sheet

Goal: _____

_____

Rubric:

1	2	3	4	5
Full Physical Assistance	Partial Physical Assistance	Gestural and Verbal Assistance	Verbal Reminders Only	No Assistance Needed

Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5
Date:	**Setting/Context:**	1 2 3 4 5

Data Collection Sheets by Carrie Clark, CCC-SLP www.SpeechAndLanguageKids.com/Productive

Client's Name: Date of Birth: Review By Date:

Rubric Style Data Sheet

Goal: Push button on talker to request more snack at level 4 or higher

Rubric:

1	2	3	4	5
Full Physical Assistance	Partial Physical Assistance	Gestural and Verbal Assistance	Verbal Reminders Only	No Assistance Needed

Date: 1/6/15	Setting/Context: speech room - crackers	**1**	2	3	4	5
Date: 1/8/15	Setting/Context: " " cookies	**1**	2	3	4	5
Date: 1/10/15	Setting/Context: " " grapes	1	**2**	3	4	5
Date: 1/17/15	Setting/Context: " " crackers	1	2	**3**	4	5
Date: 1/30/15	Setting/Context: classroom - Ms. Johnson	1	**2**	3	4	5
Date: 2/15/15	Setting/Context: " "	1	2	3	**4**	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5
Date:	Setting/Context:	1	2	3	4	5

Data Collection Sheets by Carrie Clark, CCC-SLP www.SpeechAndLanguageKids.com/Productive

References

Cirrin, Frank M., et al (2010). Evidence-Based Systematic Review: Effects of Different Service Delivery Models on Communication Outcomes for Elementary School–Age Children. LANGUAGE, SPEECH, AND HEARING SERVICES IN SCHOOLS • Vol. 41 • 233–264 • July 2010 * American Speech-Language-Hearing Association

Dixon, D. (2013, August 1). Push-In Services: Making the 'Impossible' Possible. The ASHA Leader, 56-57.

Fisher, M., & Meyer, L. (2002). Development and social competence after two years for students enrolled in inclusive and self-contained educational programs. Research and Practice for Persons with Severe Disabilities, 27,165-174.

McGinty, A. S., & Justice, L. M. (2006). Classroom-based versus pullout speech-language intervention: A review of the experimental evidence. EBP Briefs, 1(1), 1-25. (Last accessed 12/9/15 at http://www.speechandlanguage.com/ebp/pdfs/1-1-apr-2006.pdf)

Ryndak, D., Morrison, A., & Sommerstein, L. (1999). Literacy before and after inclusion in general education settings: A case study. Journal of the Association for Persons with Severe Handicaps, 24(1), 5–22.

Schooling, Tracy, Venediktov, Rebecca, & Leech, Hillary (2010). Evidence-Based Systematic Review: Effects of Service Delivery on the Speech and Language Skills of Children From Birth to 5 Years of Age. National Center for Evidence-Based Practice in Communication Disorders, American Speech-Language-Hearing Association, Rockville, MD (Last accessed 12/9/15 at http://www.asha.org/uploadedFiles/EBSR-Service-Delivery.pdf)

Wagner, M., Newman, L., Cameto, R., Garza, N., & Levine, P. (2005). After high school: A first look at the postschool experiences of youth with disabilities. A report from the National Longitudinal Transition Study-2(NLTS2). Menlo Park, CA: SRI International.

ALL IN: AN INTRODUCTION TO PUSH-IN SPEECH THERAPY FINAL EXAM

(1.5 CE HOURS)

1. **"Lacking adequate research-based evidence, clinicians must rely on reason-based practice and their own data until more data become available concerning which service delivery models are most effective."**
   a. Cirren et al, 2010
   b. Petticrew, 2003
   c. Schooling, Venediktov & Leech, 2010
   d. McGinty and Justice, 2006

2. **Per Dixon, classroom-based services _____.**
   a. Detract from students' ability to generalize communication skills and show academic progress
   b. Pose a barrier to SLP/classroom teacher collaboration
   c. Allow both the SLP and the classroom teacher to be aware of and respond to students' varying responses to different settings and communication partners
   d. Limit SLPs' ability to change the type, frequency, amount and location of services throughout the school year

3. **One of the best ways you can get a feel for what a preschooler needs to work on is _____.**
   a. School-based standardized testing
   b. Observing classroom activities
   c. Language drills
   d. Interviewing the child

4. **When setting the location for a child's therapy, one big factor to consider is _____.**
   a. The size of your caseload
   b. How distractible the child is in relation to their current level of mastery on the skill you want to address
   c. Your personal preferences
   d. The amount of buy-in demonstrated by members of the classroom team

5. **"The therapist and the lead teacher plan an activity about irregular past tense verbs. The therapist chooses ten targets for her students, and instructs the teacher as to how to model those words with actions (acting them out). After the lesson, students break into groups to practice; the therapist works with the students with special needs to target her ten in more detail by providing additional examples, showing videos of those particular actions, and modeling the use of the irregular past tense verbs throughout the activity in a variety of contexts," is an example of _____.**
   a. Therapist Assists with Unique Activity
   b. Therapist Adapts Materials and Supplements Instruction
   c. Therapist Takes a Center/Station
   d. Co-Teaching with Co-Planning

6. **When a student benefits from learning in a small group but also benefits from being around peers, and when a skill needs to be practiced in the regular education setting, but will also require direct speech-language pathologist assistance or intervention, _____ is likely to be a good fit.**
   a. Therapist-Led Lessons
   b. Pull-Aside Therapy in Classroom
   c. Therapist Takes a Center/Station
   d. Therapist Leads Unique Activity

7. **_____ allows the therapist to work with students with special needs on generalizing learned skills – like following directions or using complete sentences – to new settings. Just as in "Therapist Assists with Routine Activity," no specific lesson plan is used; the therapist offers the students support when an opportunity to use a skill arises.**
   a. Therapist Adapts Materials and Supplements Instruction
   b. Therapist Leads Unique Activity
   c. Therapist-Led Lessons
   d. Therapist Assists with Unique Activity

8. **"The teacher is planning a lesson on tornadoes. The speech therapist picks out key vocabulary and teaches the words to the students with special needs ahead of time, using videos, photographs, and demonstrations with props. Each student takes a list of target vocabulary with him/her to use as a reference during the lesson. After the teacher teaches the lesson, the group meets again and the therapist quizzes the students on the definitions of the key vocabulary from the unit. Any words that are missed are re-taught," is an example of _____.**
   a. Therapist Assists with Routine Activity
   b. Therapist Adapts Materials and Supplements Instruction
   c. Therapist-Led Lessons
   d. Therapist Takes a Center/Station

9. **In the _____ method of data collection, the SLP marks every trial as correct or incorrect, and take a percentage at the end of the session.**
   a. Percentage Data
   b. Rubric-Style
   c. Anecdotal Notes
   d. Tally Data

10. **During the _____ method of data collection, the SLP rates the student's performance on a specific goal on a scale of 1-5 (determining ahead of time the value of each rating).**
   a. Tally Data
   b. Anecdotal Notes
   c. Rubric-Style
   d. Percentage Data

ANSWER SHEET

First Name: _____ Last Name: _____ Date: _____

Address: _____ City: _____

State: _____ ZIP: _____ Country _____

Phone: _____ Email: _____

ASHA membership #: _____

Other: License/certification # and issuing state/organization _____

Clinical Fellow: Supervisor name and ASHA membership # _____

Graduate Student: University name and expected graduation date _____

** See instructions on the cover page to submit your exams and pay for your course.

By submitting this final exam for grading, I hereby certify that I have spent the required time to study this course material and that I have personally completed each module/session of instruction.

All In: An Introduction to Push-In Speech Therapy
Final Exam

1.	Ⓐ Ⓑ Ⓒ Ⓓ	6.	Ⓐ Ⓑ Ⓒ Ⓓ
2.	Ⓐ Ⓑ Ⓒ Ⓓ	7.	Ⓐ Ⓑ Ⓒ Ⓓ
3.	Ⓐ Ⓑ Ⓒ Ⓓ	8.	Ⓐ Ⓑ Ⓒ Ⓓ
4.	Ⓐ Ⓑ Ⓒ Ⓓ	9.	Ⓐ Ⓑ Ⓒ Ⓓ
5.	Ⓐ Ⓑ Ⓒ Ⓓ	10.	Ⓐ Ⓑ Ⓒ Ⓓ

Accessibility and/or special needs concerns?
Contact customer service by phone at (888) 564-9098
or email at support@pdhacademy.com.

Refund and general policies are available online at
http://pdhacademy.com/policies/