

**PHILADELPHIA COUNTY  
INFANT TODDLER EARLY INTERVENTION  
SPEECH LANGUAGE PATHOLOGY, TACT & COMMUNICATION PRACTICE GUIDELINES:**

August 2013

Speech and Language Pathologists (SLP)	Teachers with Additional Communication Training (T/ACT)	Primary Service Provider (often with a SLP consult)
<ol style="list-style-type: none"> <li>1. Child not developing a typical pathway to form speech sounds, language, grammar, vocabulary and functional use of language.</li> <li>2. Cleft palate, cleft lip and other or facial anomalies</li> <li>3. Augmentative and alternate means of communicating</li> <li>4. Aural rehabilitation (helping communication skills in children with temporary hearing deficits and mild hearing loss) *see note 1</li> <li>5. Voice- (hoarse, coarse, soft, high, or no voice)</li> <li>6. Children with breathing problems- that interfere with their ability to produce speech-physical therapists are also trained in this area</li> <li>7. Feeding (occupational therapist or other professional with specialized training may also be used in this area) *see note 3</li> <li>8. Fluency- stuttering</li> <li>9. Praxis- (motor planning for speech)</li> <li>10. Sound production (the silent child) * see note 2</li> <li>11. Phonological and Articulation (child producing word- child can't be understood)</li> </ol> <p><b>Notes:</b></p> <p><b>Note 1:</b> Teacher of the Deaf and Hard of Hearing or an SLP with specialized training with children who are deaf or have a severe hearing impairment, may need to be used with children who have sensorineural hearing loss, deafness or children with cochlear implant.</p> <p><b>Note 2:</b> Children along the Autism Spectrum may need to be assessed for other risk factors for ASD.</p>	<ol style="list-style-type: none"> <li>1. Child developmentally behind but developing a typical path for language development</li> <li>2. Work with children whose communication development is behind that of other developmental skill areas.</li> <li>3. Work with infants and very young children to prevent developmental speech and language concerns by encouraging sound production and promoting a child's comprehension of language.</li> <li>4. If the communication concerns identified are found to be environmental in nature, T/ACT may work with the family to ameliorate these issues towards the achievement of the communications outcomes. A T/ACT will participate in clinical collaboration with a Hanen Certified SLP at their agency to determine the child and family's greatest need, strategies for intervention, etc. The team may want to consider the use of a social worker to assist the family to eliminate some of the identified environmental risk factors.</li> <li>5. Provide language stimulation for all children. Materials and methods used to capture a child's attention and support communication development may need to be reviewed by an SLP.</li> <li>6. If language is progressing at the same level (or slightly behind) as other skills (especially cognitive skills) and no specialized issues are present, the T/ACT could address communication concerns.</li> </ol> <p align="center">❖ The materials that a T/ACT uses to capture a child's attention and support communication development will be reviewed by a SLP through their clinical collaboration.</p>	<ol style="list-style-type: none"> <li>1. Work with infants and very young children to prevent developmental speech and language concerns by encouraging sound production and promoting a child's comprehension of language.</li> <li>2. If the communication concerns identified are found to be environmental in nature, any primary service provider may work with the family to ameliorate these issues towards the achievement of the communications outcomes. A SLP may be consulted to determine the child and family's greatest need, strategies for intervention, etc. The team may want to consider the use of a social worker to assist the family to eliminate some of the identified environmental risk factors.</li> <li>3. Provide language stimulation for all children. Materials and methods used to capture a child's attention and support communication development may need to be reviewed by a SLP through consultation.</li> <li>4. If language is progressing at the same level (or slightly behind) as other skills (especially cognitive skills) and no specialized issues are present, the primary service provider could address communication concerns, with consultation from a SLP, as needed.</li> </ol>

**Note 3:** Certain types of feeding issues such as picky eaters, basic positioning, behavioral concerns for feeding may be assessed, implemented or monitored by other professionals such as OT, PT, Nutritionist or Nutrition Support. T/ACT or SI who has an educational background (a Bachelors' Degree) in Speech Therapy or Behavior Development can address these issues with ongoing consultation (SI) or Clinical Collaboration (T/ACT) with a SLP.

**Writing it on the IFSP**

SLP	T/ACT	Primary Service Provider (with SLP Consult)
<p><b>Same</b></p>	<ol style="list-style-type: none"> <li>1. Team decides on frequency and duration for T/ACT only</li> <li>2. Usually 4 units of SLP per 90 day period with end date of 6 months, based on discussion with family and documentation of delay as "family reason."</li> <li>3. Use designated Z8 coding.</li> <li>4. The T/ACT and SLP <u>must</u> be from the same agency</li> <li>5. The agencies that can receive this referral are *pre designated by the County.</li> </ol> <p><small>*The designated T/ACT agencies as of 8/13 are Classic Rehab, KenCrest, Kutest Kids, RHD, Rescare, SPIN, Sunny Days, Sunshine Therapy Club II, Therapy Solutions, Village Care.</small></p>	<ol style="list-style-type: none"> <li>1. Team decides on the frequency and duration of the SI <u>and</u> consulting SLP</li> <li>2. A special Instructor from any provider agency in Philadelphia County has training in enhancing communication and can work with a child on the areas identified above</li> <li>3. SI and SLP should be from same agency</li> </ol>