IMPLEMENTATION MANUAL

How to complete the Treatment Outcome Summary Form

The Treatment Outcome Summary Form is to be completed by the Speech-Language Pathologist (SLP), based on information obtained on the date of initial assessment, re-assessment, or when service is resumed.

Identifying information: Fill in the individual’s name, gender, and date of birth in the appropriate columns.

Date: Fill in the date when service is initiated and/or resumed beside “I” (Initial). Fill in the date of dismissal or break in service beside “F” (Final). Refer to the Treatment Outcome Summary Form for a list of reasons for a break in service, and record the reason beside the asterisk (*). Note: The “I” and “F” dates should be a maximum of one year apart.

Facility: Fill in the code describing the setting where intervention takes place, whereby:

H Health
FS Family Services
S/ School/Grade

Intervention mode: The Intervention Mode describes:

Provider: The person responsible for providing the intervention
Provider Mode: The type of intervention the individual is receiving
SLP Mode: The type of intervention provided to the individual by the SLP

Provider: Fill in the code describing the primary and secondary (if applicable) person(s) providing intervention. The primary provider implements the majority of intervention; the secondary provider may be involved to a lesser degree or in another setting.

CCW Child Care Worker
CDW Child Development Worker
CT Classroom Teacher
O Other
P Parent/Caregiver
RT Resource Teacher
SLP Speech-Language Pathologist
SUP Support Personnel
V Volunteer

Note: A maximum of two providers may be included on the form. The secondary provider section may be omitted if there is only one service provider.
**Provider mode:** Fill in the code describing the mode of intervention the individual is receiving. Only one mode may be assigned to a provider.

- **DI** Direct Individual: direct intervention to an individual in any setting
- **DG** Direct Group: direct intervention to a group of individuals in any setting
- **DD** Direct Diagnostic: assessment, ongoing diagnostics by the SLP exclusively
- **CC** [Consultative Collaborative](#): intervention goals are integrated into daily activities (home, school, daycare, and work). Functional intervention is provided. The SLP periodically follows up to review the program and carry over goals, and may be involved in Individual Education Plan (IEP) development.

**SLP mode:** Fill in the code describing the mode of intervention the SLP is providing.

- **DI** Direct Individual: the SLP provides direct intervention to an individual in any setting
- **DG** Direct Group: the SLP provides direct intervention to a group of individuals in any setting
- **DD** Direct Diagnostic: assessment, ongoing diagnostic by the SLP exclusively
- **CC** [Consultative Collaborative](#): intervention goals are integrated into daily activities (home, school, daycare, work). Functional intervention is provided. The client is not singled out for intervention. The SLP will periodically follow-up to review program and carry over goals and may be involved in IEP development.
- **M** Monitor: periodic observation to evaluate the need for speech-language pathology services. The individual’s biographical information is recorded on the Treatment Summary Form. The individual does not have a specific treatment goal, therefore Functional Communication Measure and Priority Rating scales are not scored.
INTERVENTION MODE EXAMPLE

a) Jonathan is a pre-school child. A Child Care Worker (CCW) is assigned to him at daycare, which he attends on a full-time basis. The Speech-Language Pathologist (SLP) designs programming for the CCW. Parents are encouraged to follow up on the goals as much as they can by incorporating them into daily activities. Jonathan is seen by the SLP approximately monthly.

b) Diana sees a Teaching Assistant (TA) in her school for 20 minutes three times a cycle, on a pull-out basis. Her program is designed by the SLP.

c) Eric sees the SLP once a week at the pre-school clinic. His parents have minimal involvement in home programming.

d) Brian has goals for him within the classroom, to be targeted by the Classroom Teacher (CT). For two weeks in the fall and two weeks in the spring, the SLP works directly with Brian in a small group.

e) Lisa is an Augmentative/Alternative Communication (AAC) user. The SLP is evaluating various ACC devices to determine which one works best. Lisa has a TA who works with her daily on the various devices.

<table>
<thead>
<tr>
<th>Client</th>
<th>Primary PROVIDER</th>
<th>Primary MODE</th>
<th>Primary SLP MODE</th>
<th>Secondary PROVIDER</th>
<th>Secondary MODE</th>
<th>Secondary SLP MODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonathan</td>
<td>CCW</td>
<td>DI</td>
<td>CC</td>
<td>P</td>
<td>CC</td>
<td>CC</td>
</tr>
<tr>
<td>Diana</td>
<td>SUP</td>
<td>DI</td>
<td>CC</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Eric</td>
<td>SLP</td>
<td>DI</td>
<td>DI</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Brian</td>
<td>CT</td>
<td>CC</td>
<td>CC</td>
<td>SLP</td>
<td>DG</td>
<td>DG</td>
</tr>
<tr>
<td>Lisa</td>
<td>SUP</td>
<td>DI</td>
<td>CC</td>
<td>SLP</td>
<td>DD</td>
<td>DD</td>
</tr>
</tbody>
</table>
**Severity:** The severity of the communication disorder(s) targeted by current intervention for an individual is described by the **Functional Communication Measure** (FCM) level (refer to the Functional Communication Measures section on pages 23-36). FCMs are a series of seven-point rating scales that have been developed to measure different aspects of an individual’s functional communication or related disorders. There are 12 possible FCMs:

- Articulation/Phonology
- Augmentative/Alternative Communication Comprehension
- Augmentative/Alternative Communication Production
- Cognitive Orientation
- Pragmatics
- Feeding/Swallowing
- Fluency/Rate/Rhythm
- Language Comprehension
- Language Production
- Voice Production
- Deaf and Hard of Hearing: Communication Strategies
- Hearing Aids/Assistive Listening Devices: Operation and Management

Each scale ranges from most functional or independent (level 0) to least functional (level 6). Fill in the severity level (0-6) for each area to be targeted in current intervention.

Only score those aspects of the communication or swallowing disorder which are specifically addressed by the individual’s intervention goals. For example: An individual has articulation, expressive language, and pragmatic difficulties, but for the present time, intervention will only focus on expressive language. Therefore, under “Severity” fill in FCM: Language Production.

Total the FCM levels and record the number in the FCM Total column. Convert this number to a severity score using the **Severity** scale (refer to page 37). A total greater than six (6) converts to a severity score of three (3). Fill in the severity score in the severity column of the Priority Classification Section.

**Note:** Scoring of the FCMs should always be determined based on expected performance for the individual’s chronological age. Cultural background may also be a factor in scoring FCMs.

**Urgency:** This number describes the urgency with which intervention is needed for the communication or swallowing disorder(s) identified in assessment. Refer to the **Urgency** levels (page 38) to fill in this column.

**Related Factors:** The related factors describe:

- the impact of a communication or swallowing disorder on an individual’s life
- the individual or caregiver’s reaction to the disorder
- the individual’s motivation
- the degree of support for intervention
- the effect of concomitant factors on the communication or swallowing disorder

Refer to the **Related Factors** chart (page 39) to fill in a score for each of the five related factors in the appropriate columns.
**Average Related Factors:** To determine the the Average Related Factors score, add up the values for the related factors and divide by five (5) (e.g., if the total of related factors is 10, divide by 5 for a total of 2). Round this number to the nearest whole number, then fill in the rating in the appropriate column.

**Prognosis:** This number describes the long-term expected prognosis for an individual receiving intervention. Refer to the Prognosis chart (page 40) to fill in this column.

**Priority Total:** Add up the severity, urgency, average related factors, and prognosis ratings to determine the priority total. Fill in the rating in the appropriate column.

**Priority Classification:** This number describes an individual’s priority for service. Convert the priority total to a priority classification. Refer to the Priority Classification Summary (page 41) to fill in this column.
CASE STUDIES

Case Study 1

James Jones, born June 30, 1991, is an eight-year-old boy in Grade 2. His assessment on October 1, 1999 reveals language delay, articulation difficulties, and poor pragmatic skills. The goals of intervention focus on language comprehension. The Speech-Language Pathologist (SLP) designs a program for the Teaching Assistant (TA) to provide. The TA sees James in a small group three times per cycle.

The summary form would be completed as follows (see Treatment Outcomes Summary Form: Case Studies).

<table>
<thead>
<tr>
<th>Name</th>
<th>Jones, James</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male (M)</td>
</tr>
<tr>
<td>Birth Date</td>
<td>June 30, 1991</td>
</tr>
<tr>
<td>Date of Assessment</td>
<td>October 1, 1999</td>
</tr>
<tr>
<td>Facility</td>
<td>School Grade 2 (S/2)</td>
</tr>
<tr>
<td>Mode</td>
<td>Direct Group (DG)</td>
</tr>
<tr>
<td>Primary Provider</td>
<td>Support Personnel (SUP)</td>
</tr>
<tr>
<td>Speech-Language Pathology Mode</td>
<td>Consultative Collaborative (CC)</td>
</tr>
<tr>
<td>FCM</td>
<td>Language Comprehension = 3</td>
</tr>
<tr>
<td>FCM Total</td>
<td>3</td>
</tr>
<tr>
<td>Severity</td>
<td>2</td>
</tr>
<tr>
<td>Urgency</td>
<td>2</td>
</tr>
<tr>
<td>Impact</td>
<td>2</td>
</tr>
<tr>
<td>Reaction</td>
<td>1</td>
</tr>
<tr>
<td>Motivation</td>
<td>2</td>
</tr>
<tr>
<td>Support</td>
<td>2</td>
</tr>
<tr>
<td>Concomitant Condition</td>
<td>0</td>
</tr>
</tbody>
</table>

**Related Factors Average**  \(7 \div 5 = 1.4\) rounded to whole number = 1

**Prognosis:** 2

**Priority Total:** Severity + Urgency + Related Factors Average + Prognosis
\[2 + 2 + 1 + 2 = 7\]

**Priority Classification:** Total of 7 = 2nd
Case Study 2

Susan Smith, born March 15, 1993, is a five-year-old girl with multiple disabilities. Her diagnosis is cerebral palsy, global development delay, cortical blindness, and hard of hearing. She is tube-fed. Ongoing assessment reveals severe difficulties in the areas of cognition, language production, hearing, and feeding/swallowing. The goals of intervention focus on pre-speech skills, auditory awareness, and assessment of feasibility of an Augmentative/Alternative Communication (AAC) system.

The summary form would be completed as follows (see Treatment Outcomes Summary Form: Case Studies).

<table>
<thead>
<tr>
<th>Name</th>
<th>Smith, Susan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female (F)</td>
</tr>
<tr>
<td>Birth Date</td>
<td>March 15, 1993</td>
</tr>
<tr>
<td>Date of Assessment</td>
<td>October 1, 1999</td>
</tr>
<tr>
<td>Facility</td>
<td>School/Kindergarten (S/K)</td>
</tr>
<tr>
<td>Primary</td>
<td>Provider: Speech-Language Pathologist (SLP)</td>
</tr>
<tr>
<td>Mode</td>
<td>Direct Diagnostic (DD)</td>
</tr>
<tr>
<td>SLP Mode</td>
<td>Direct Diagnostic (DD)</td>
</tr>
<tr>
<td>Secondary</td>
<td>Provider: Support Personnel (SUP)</td>
</tr>
<tr>
<td>Mode</td>
<td>Direct Intervention (DI)</td>
</tr>
<tr>
<td>SLP Mode</td>
<td>Consultative Collaboration (CC)</td>
</tr>
<tr>
<td>FCM AAC Comprehension</td>
<td>6</td>
</tr>
<tr>
<td>Cognitive Orientation</td>
<td>5</td>
</tr>
<tr>
<td>Deaf and Hard of Hearing – Communication Strategies</td>
<td>5</td>
</tr>
<tr>
<td>FCM Total:</td>
<td>16</td>
</tr>
<tr>
<td>Severity</td>
<td>3</td>
</tr>
<tr>
<td>Urgency</td>
<td>3</td>
</tr>
<tr>
<td>Impact</td>
<td>3</td>
</tr>
<tr>
<td>Reaction</td>
<td>3</td>
</tr>
<tr>
<td>Motivation</td>
<td>0</td>
</tr>
<tr>
<td>Support</td>
<td>2</td>
</tr>
<tr>
<td>Concomitant Condition</td>
<td>3</td>
</tr>
<tr>
<td>Related Factors Average</td>
<td>11 ÷ 5 = 2.2 rounded to whole number = 2</td>
</tr>
<tr>
<td>Prognosis:</td>
<td>1</td>
</tr>
<tr>
<td>Priority Total:</td>
<td>Severity + Urgency + Related Factors Average + Prognosis = 9</td>
</tr>
<tr>
<td>Priority Classification:</td>
<td>Total of 9 = 1st</td>
</tr>
</tbody>
</table>
Case Study 3

John Davis, born May 6, 1989, is a 10-year-old boy in Grade 5. He has received speech-language pathology intervention for two years for /r/ distortion and an interdental lisp. He produces sounds correctly in a variety of situations. The goal is maintenance of articulation skills acquired. The SLP periodically interacts with John to evaluate his speech skills. He does not receive intervention.

The summary form would be completed as follows (see Treatment Outcomes Summary Form: Case Studies).

Name: Davis, John
Gender: Male (M)
Birth Date: May 6, 1989
Date of Assessment: October 1, 1999
Facility: School/Grade 5 (S/5)
Primary Provider: Speech-Language Consultant (SLP)
Mode: Consultative Collaborative (CC)
Speech-Language Pathologist Mode: Consultative Collaborative
FCM Articulation/Phonology = 1
FCM Total = 1
Severity = 1
Urgency = 0
Impact = 0
Reaction = 0
Motivation = 2
Support = 2
Concomitant Condition = 0
Related Factors Average = $4 \div 5 = .8$ rounded to whole number = 1
Prognosis = 0
Priority Total = Severity + Urgency + Related Factors Average + Prognosis

1 + 0 + 1 + 0 = 2

Priority Classification: Total of 2 = Not a current priority for service.
### TREATMENT OUTCOMES SUMMARY FORM: CASE STUDIES

**Provider**
- Child Care Worker (CCW)
- Child Development Worker (CDW)
- Classroom Teacher (CT)
- Other (O)
- Parent/Caregiver (P)
- Resource Teacher (RT)
- Speech-Language Pathologist (SLP)
- Support Personnel (SUP)
- Volunteer (V)

**Severities**
- **Severity Priority**
  - 0
  - 1
  - 2
  - 3
  - >5

**Severity**
- **Severity**
  - 0
  - 1
  - 2
  - 3
  - >5

**Functional Communication Measures**
- Articulation/Phonology
- AAC Comprehension
- AAC Production
- Cognitive Orientation
- Pragmatics
- Fluency/Rate/Rhythm
- Language Comprehension
- Language Production
- Voice Production
- Deaf and Hard of Hearing
- Hearing Aids/Assistive Listening Devices
- FCM

**Total**
- 0
- 1-2
- 3-4
- >5

**Related Factors**
- Impact
- Reaction
- Motivation
- Support
- Concomitant Condition
- Average Related Factors
- Prognosis
- Priority Total
- Priority Classification

**Facility Code**
- Health (H)
- Family Services (FS)
- School/Grade: (S/____)

**Priority Classification**
- 9/12 . . . 1st Priority
- 6-8 . . . 2nd Priority
- 3-5 . . . 3rd Priority
- 0-2 . . . Not a current priority for service

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Facility</th>
<th>INTERVENTION MODE</th>
<th>Primary</th>
<th>Secondary</th>
<th>FCM Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, James</td>
<td>M/F</td>
<td>99/10/01</td>
<td>S/2</td>
<td>SUP DG DD CC</td>
<td>3</td>
<td>3</td>
<td>2 2 2 1 2 0 1 2 7 2nd</td>
</tr>
<tr>
<td>Case Study #1</td>
<td></td>
<td>91/06/30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith, Susan</td>
<td>M/F</td>
<td>99/10/01</td>
<td>S/K</td>
<td>SUP DD DD CC</td>
<td>0 5</td>
<td>16</td>
<td>3 3 3 3 2 2 2 1 9 1st</td>
</tr>
<tr>
<td>Case Study #2</td>
<td></td>
<td>93/03/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davis, John</td>
<td>M/F</td>
<td>89/05/06</td>
<td>S/5</td>
<td>SUP CC CC</td>
<td>1</td>
<td>1</td>
<td>1 0 0 2 2 0 1 0 2 N/A</td>
</tr>
<tr>
<td>Case Study #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Dismissal/Break In Service
  1) Goals met and no further intervention needed
  2) Parent/Caregiver (P)
  3) Support Personnel (SUP)
  4) Volunteer (V)

**MODE**
- Direct Individual (DI)
- Direct Group (DG)
- Direct Diagnostic (DD)
- Consultative Collaborative (CC)
- Monitor (M)

**Note:**
- * Dismissal/Break In Service
  - 1) Goals met and no further intervention needed
  - 2) Parent/Caregiver (P)
  - 3) Support Personnel (SUP)
  - 4) Volunteer (V)
  - * Dismissal/Break In Service
    - 1) Goals met and no further intervention needed
    - 2) Parent/Caregiver (P)
    - 3) Support Personnel (SUP)
    - 4) Volunteer (V)
    - 5) Deceased
    - 6) Illness or medical complications
    - 7) Kindergarten enrollment
    - 8) Other

<table>
<thead>
<tr>
<th>Date</th>
<th>Date of Birth</th>
<th>Facility</th>
<th>INTERVENTION MODE</th>
<th>Primary</th>
<th>Secondary</th>
<th>FCM Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>99/10/01</td>
<td>S/2</td>
<td>SUP DG DD CC</td>
<td>3</td>
<td>3</td>
<td>2 2 2 1 2 0 1 2 7 2nd</td>
</tr>
<tr>
<td>F</td>
<td>91/06/30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>99/10/01</td>
<td>S/K</td>
<td>SUP DD DD CC</td>
<td>0 5</td>
<td>16</td>
<td>3 3 3 3 2 2 2 1 9 1st</td>
</tr>
<tr>
<td>F</td>
<td>93/03/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>89/05/06</td>
<td>S/5</td>
<td>SUP CC CC</td>
<td>1</td>
<td>1</td>
<td>1 0 0 2 2 0 1 0 2 N/A</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## TROUBLE SHOOTING

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the intended user of this tool?</td>
<td>This tool is to be used by a <a href="#">Speech-Language Pathologist</a> (SLP) for clinical decision making.</td>
</tr>
<tr>
<td>Should this tool be used for job justification?</td>
<td>No. This tool is intended only for treatment outcomes (see <a href="#">Purpose</a>).</td>
</tr>
<tr>
<td>What if an individual does not match all criteria within a given <a href="#">Functional Communication Measure</a> (FCM) level?</td>
<td>Individuals do not need to match all criteria in an FCM level. Choose the level that best describes the individual’s functional communication.</td>
</tr>
<tr>
<td>How should I assess related factors for a new client?</td>
<td>You should review former records, contact personnel involved with the individual, and utilize transition protocols and contact logs (if applicable). Use your best clinical judgement.</td>
</tr>
<tr>
<td>Can there be more than one person delivering service?</td>
<td>Yes, but you should only record primary and secondary providers.</td>
</tr>
<tr>
<td>What does “other” under “Dismissal/Break in Service” include?</td>
<td>This includes: individuals dismissed due to caseload reduction, transient clients, absentee support workers, poor attendance, behavioural issues, new assessment goals, no request for service, or parental caregiver request for dismissal.</td>
</tr>
<tr>
<td>What should I do if an individual’s intervention goals change and are in new FCMs?</td>
<td>You should score their FCMs, close them under “Dismissal/Break in Service,” then re-enter indicating the new FCMs with the new starting date.</td>
</tr>
<tr>
<td>What should I do if an individual’s goals within a FCM area change?</td>
<td>As long as a goal changes within an FCM, you do not need to record anything until the individual is dismissed.</td>
</tr>
<tr>
<td>What is the Initial (I) date?</td>
<td>The Initial date is the date the assessment or reassessment was completed, or service was resumed.</td>
</tr>
<tr>
<td>Do I need to formally assess each individual prior to scoring?</td>
<td>No. Only individuals who require assessment or reassessment need to be formally assessed.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How often do I need to score each individual?</td>
<td>Treatment outcomes are measured when FCMs are changed or individuals are dismissed. However, individuals are tracked and scored yearly (from September 1-August 31).</td>
</tr>
<tr>
<td>What if an individual is also receiving private practice services?</td>
<td>Private practice services would be captured under “Secondary Provider.”</td>
</tr>
<tr>
<td>What is the “Final” (F) date?</td>
<td>This is the dismissal/break in service date, or the end of a designated period of time (e.g., September 1-August 31).</td>
</tr>
<tr>
<td>If I am only observing an individual periodically to determine appropriateness of SLP involvement, do I enter the client on the form?</td>
<td>Yes. Periodic observation to evaluate the need for speech-language pathology services is considered Monitoring (M), and the individual’s biographical information is recorded on the Treatment Outcomes Summary Form. The individual does not have a specific treatment goal, and is not on the Severity or Priority Rating scales.</td>
</tr>
<tr>
<td>How do I include individuals who I am following for carryover purposes?</td>
<td>These individuals fall under the Consultative Collaborative (CC) mode.</td>
</tr>
<tr>
<td>How do I include individuals I am currently monitoring?</td>
<td>The intervention mode is determined by whether there are intervention goals for the individual. Individuals who have assigned intervention goals and are observed periodically to evaluate progress toward intervention goals fall under the CC mode. Individuals who do not have assigned intervention goals and are observed periodically to evaluate the need for speech-language pathology services fall under the Monitoring (M) mode.</td>
</tr>
</tbody>
</table>
GLOSSARY

**Average Related Factor:** An average score designed to reflect the effect of related factors (impact, reaction, motivation, support, concomitant conditions) on outcome.

**Child Development Worker (CDW):** A person employed and trained by the Department of Family Services to provide developmental programs to children who qualify for Children Special Services programming (e.g., a child with a diagnosis of developmental delay, a syndrome, or multiple handicaps).

**Child Care Worker (CCW):** A person specifically trained and certified under the Manitoba Child Care Worker Standards Act to work in a daycare or nursery setting.

**Concomitant Conditions:** Factors that exist concurrently with a communication delay/disorder and may or may not be causal (e.g., autism, deafness, emotional disturbance).

**Consultative Collaborative (CC):** An approach in which intervention goals are integrated into daily activities (e.g., home, school, daycare, work) and functional intervention is provided. The Speech-Language Pathologist periodically follows-up to review program and carry-over goals, and may be involved in Individual Education Plan (IEP) development.

**Direct Diagnostic (DD):** Primarily assessment and ongoing diagnostics by the Speech-Language Pathologist (i.e., voice case awaiting Ear Nose and Throat (ENT) assessment, evaluating Alternative/Augmentative Communication devices).

**Direct Group (DG):** Direct treatment to a group of individuals in any setting. Intervention may be provided by a teaching assistant, classroom teacher, parent, volunteer, child development worker, child care worker, Speech-Language Pathologist, and/or resource teacher.

**Direct Individual (DI):** Direct treatment to an individual in any setting. Intervention may be provided by teaching assistant, classroom teacher, parent, volunteer, child development worker, child care worker, Speech-Language Pathologist, and/or resource teacher.

**Functional Communication Measure (FCM):** A series of seven-point rating scales that have been developed to measure different aspects of an individual’s functional communication or swallowing abilities.

**Intervention Mode:** A section on the Treatment Summary Form where the person responsible for providing the intervention (Provider) the type of intervention the individual is receiving (Provider Mode) and the type of intervention provided to the individual by the SLP (SLP Mode) is recorded.

**Monitor (M):** Periodic observation to evaluate the need for speech-language pathology services.
Other (O): Other staff implementing speech-language intervention (e.g., consultants for the Deaf and Hard of Hearing).

Outcome Measure: Results identified in measurable terms after the provision of speech-language pathology services.

Parent/Caregiver (P): The parent or caregiver who works with the child on a home program provided by the Speech-Language Pathologist.

Priority: The ranking of factors to determine the greatest need. Priority is based on severity, urgency, related factors, and prognosis.

Priority Classification: The scale based on severity, urgency, related factors, and prognosis which is used to identify how individuals will be prioritized for service.

Priority Total: The sum of numbers found in the severity, urgency, related factors, and prognosis columns used to determine the priority classification.

Prognosis*: The potential for intervention to effect a positive outcome, i.e., the potential to enhance an individual’s quality of life by improving their ability to: function at home, school, work, or play; live independently; or cope with an impairment.

Provider: The person(s) responsible for providing intervention. There are nine provider types: Child Care Worker, Child Development Worker, Classroom Teacher, Other, Parent/Caregiver, Resource Teacher, Speech-Language Pathologist, Support Personnel, Volunteer.

Provider Mode: The type of intervention the individual is receiving. Provider mode includes: Direct Individual, Direct Group, Direct Diagnostic, and Consultative Collaborative.

Related Factors: Other factors impacting treatment and progress.

Severity: The level of impairment (e.g., independent, mild, mild-moderate, moderate, moderate-severe, or severe-profound).

SLP: Speech-Language Pathologist.

SLP Mode: The type of intervention provided to the individual by the SLP. SLP mode includes: Direct Individual, Direct Group, Direct Diagnostic, Consultative Collaborative, and Monitor.

SUP: A support person specifically trained to carry out speech-language intervention, which may include a para-professional, educational assistant, teaching assistant, or instructional assistant. A specific portion of the day is designated to conducting speech-language intervention. The individual is supervised by the Speech-Language Pathologist.

Urgency: The immediacy with which treatment is required.
