An Issue Hiding in Plain Sight: When Are Speech-Language Pathologists Special Educators Rather Than Related Services Providers?

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ABSTRACT: Purpose: Under the Individuals With Disabilities Education Act (IDEA; as amended, 2004), speech-language pathology services may be either special education or a related service. Given the absence of guidance documents or research on this issue, the purposes of this clinical exchange are to (a) present and analyze the IDEA definitions related to speech-language pathologists (SLPs) and their roles, (b) offer a rationale for the importance of and distinction between their roles, (c) propose an initial conceptualization (i.e., flow chart) to distinguish between when an SLP should function as a related services provider versus a special educator, and (d) suggest actions to develop and disseminate a clearer shared understanding of this issue.

Method: Federal definitions of special education and related services as related to SLPs are discussed in terms of determining special education eligibility, meeting student needs, ensuring SLPs are following their code of ethics and scope of practice, and facilitating appropriate personnel utilization and service delivery planning. Conclusion: Clarifying the distinction between special education and related services should lead to increased likelihood of appropriate services for students with disabilities, improved working conditions for SLPs, and enhanced collaboration among team members. This clinical exchange is meant to promote dialogue and research about this underexamined issue.

KEY WORDS: special education, related services, IDEA
shared understanding of this issue and its potential corollaries. In presenting this information and our perspectives, we are not offering our conceptualization as an end, but rather as a jumping-off point to encourage professional dialogue designed to further clarify this issue in the hope of improving educational services for students with disabilities.

Definitions

There are two sources of law relating to the definition and roles of SLPs. One source is IDEA; the other is the set of any applicable implementing regulations. Distinctions about SLPs’ roles providing supports for students with disabilities are grounded in these two sources of law, for each provides the framework within which SLPs and other educators work.

IDEA defines special education as “specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability” (20 U.S.C. 1401(29)). The regulations then define “specially designed instruction” to mean “adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction (i) to address the unique needs of the child that result from the child’s disability; and (ii) to ensure access of the child to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children” (34 C.F.R. Sec. 300.39(b)(3)). The implementing regulations make clear that special education includes “speech-language pathology services, or any other related service, if the service is considered special education rather [italics added] than a related service under state standards” (34 C.F.R. Sec. 300.39(a)(2)(i)). The word “rather” infers that there is a distinction between speech-language pathology services as special education as distinguished from speech-language pathology as a related service and that states may define speech-language pathology services either as special education or as a related service.

IDEA defines related services (20 U.S.C. Sec. 1401 (26)(A)) as follows:

The term “related services” means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.

The implementing regulation (34 C.F.R. Sec. 300.34) tracks the statutory definition; there is no substantive difference between the statute and the regulations. The regulation (34 C.F.R. Sec. 300.34(c)(15)) states that speech-language pathology services include the following:

(i) Identification of children with speech or language impairments;
(ii) Diagnosis and appraisal of specific speech or language impairments;
(iii) Referral for medical or other attention necessary for the habilitation of speech or language impairments; (iv) Provision of speech and language services for the habilitation or prevention of communicative impairments; and (v) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.
ASHA (2000) offers a related list of 15 “core roles” (pp. 12–15) for school-based SLPs that provide additional detail to the broadly stated federal definition and include other roles (e.g., prevention, case management, transition, supervision). The advent of response to intervention (RTI) has heightened the importance and extended the roles of SLPs in screening, prevention, and intervention efforts for struggling learners who have not been identified as eligible for special education (Ehren, Montgomery, Rudebusch, & Whitmire, 2006). Within the RTI framework, SLPs can make significant contributions given their expertise in language and literacy to students in early childhood, elementary, and secondary settings (Ehren & Whitmire, 2009; Justice, McGinty, Guo, & Moore, 2009; Roth & Troia, 2009). Core roles of SLPs may be provided through a range of service delivery options (e.g., collaborative consultation, classroom-based, community-based, pullout, combination) that are responsive to individual students’ needs (ASHA, 2000) and are consistent with the least restrictive environment (LRE) provisions in IDEA (34 C.F.R. Sec. 300.114).

In the process of seeking clarification on this issue, ASHA personnel reviewed state special education regulations for speech-language pathology in schools (ASHA, 2009) and provided us with a summary of their findings. Currently, 47 states and the District of Columbia identify speech-language pathology as both special education and a related service. Thirty-seven of those states have explicitly designated both roles for SLPs; 11 have simply adopted the federal language that allows for both roles—seeming to infer that both roles are allowable. Currently, Rhode Island is the only state that considers speech and language services as a related service only, after age 9. Colorado and Indiana recently clarified their regulations to ensure that children requiring speech-language pathology services would be identified as special education only and be eligible to receive services under Part B of the IDEA.

Because the vast majority of states include speech-language pathology services in their definitions of both special education and related services, it is in these states where the issue of appropriately distinguishing between the two roles becomes most relevant at the individual student level. In other words, the question for an individual student receiving speech-language pathology services is whether the SLP is functioning as the special educator or as a related services provider and what exactly that means in practice. Although this distinction is unlikely to have an impact on specific methods for planning, managing, delivering, and evaluating interventions used by SLPs, it is likely to have an impact on the scope of their core roles as well as the number and nature of interactions they have with other team members in reference to those roles. Understanding the definitional aspects of IDEA are critical to moving toward a shared understanding of the distinctions between the roles of SLPs as related services providers and special educators.

Rationale and Importance

Under IDEA, approximately 22% of all children with disabilities, more than 1.48 million, ages 3–21, are identified as eligible for special education under the category “speech or language impairment” (U.S. Department of Education, 2007b, 2007c). Many of the remaining IDEA-eligible students, some 5.2 million, also have speech or language impairments but are classified under IDEA disability categories other than speech or language impairment. In fact, more than 90% of ASHA-certified, school-based SLPs have students on their caseloads with primary diagnoses of learning disabilities (92.4%), intellectual disability/developmental disability (90.3%), or attention deficit hyperactivity disorder (90.1%); nearly 83% have caseloads that include students with autism/pervasive developmental disorders (Whitmire & Eger, 2003). Given the large percentage of students with speech and language impairments, one might reasonably expect that IDEA and its implementing regulations would be clear about when SLPs are related services providers and when they are special educators; however, that is not the case. Although both the federal regulations and ASHA documents such as the Code of Ethics (ASHA, 2003) and the Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist (ASHA, 2000) provide a series of key points that imply the appropriate distinctions, this information is far from explicit or clear. The importance of making a distinction between the two roles for SLPs relates to eligibility, service delivery expectations, case management, workload assignments, and, most importantly, providing services to ensure that students with disabilities receive a free, appropriate education.

Currently, data do not exist regarding the level of knowledge SLPs have concerning the distinction between special education and related services, nor are there data about administrators’ understanding of this distinction. In their study of special education service delivery, however, Suter and Giangreco (2009) noted confusion in the role of an SLP designated as a special educator resulting in concern by the SLP. Clinically, the second author and her interdisciplinary collaborators, who represent a range of health and educational professionals, have found that the lack of clarity about their roles is particularly challenging for SLPs who are assigned as primary case managers and special educators for students with disabilities whose needs extend beyond communication. We have observed that some skilled SLPs have been assigned to manage the development and implementation of educational plans that involve academic skills across content areas, activities of daily living, and vocational skills for children with complex needs in areas beyond their scope of practice and expertise. The absence of clear guidelines sometimes has resulted in school administrators interpreting the potential roles of SLPs in ways that may not appropriately meet students’ needs or use SLPs within an appropriate framework (ASHA, 2000, 2003).

Clarifying the distinction between speech-language pathology as special education and speech-language pathology as a related service is important for at least four key reasons: (a) determining eligibility for special education, (b) appropriately meeting student needs, (c) ensuring that SLPs are following their code of ethics and scope of practice in the delivery of services, and (d) facilitating appropriate personnel utilization and special education service delivery planning.

Determining eligibility for special education. The distinction between speech-language pathology services as special education or as a related service has implications for eligibility under IDEA. According to the IDEA regulation (34 C.F.R. Sec. 300.8) that defines a “child with a disability” and the U.S. Department of Education (2007a) in their reply to a request from ASHA (2006) seeking clarification about when speech-language impairments adversely affect educational performance, if a child is determined to have a disability “but only needs a related service and not special education, the child is not a child with a disability.” Conversely, if the child with an identified disability needs special education
and “the related service required by the child is considered special education rather than a related service under state standards, the child would be determined to be a child with a disability.” Accordingly, when a child with speech, language, or communication challenges needs only speech-language pathology services, and the nature of those services does not meet the definition of special education (i.e., specially designed instruction to meet the child’s unique educational needs), the child is not considered a “child with a disability” and is ineligible for special education and related services. Although the U.S. Department of Education (2007a) did clarify that an adverse affect on educational performance “is not limited to academic performance” and “must be determined on a case-by-case basis” (p. 1), they did not offer any specific guidance regarding the circumstances of when it is appropriate for an SLP to be the special educator versus a related services provider for an eligible student with a disability.

For example, when a student has an identified articulation problem that may be appropriately addressed by speech-language pathology services, but that articulation problem does not require intervention that rises to the level of necessitating special education or “specially designed instruction,” namely, adaptation to the content, methodology, or delivery of instruction, or to ensure access to the general curriculum, then the child is not eligible for IDEA benefits. That child may be classified as “disabled” under Sec. 504 of the Rehabilitation Act of 1973 (amended) and be entitled to reasonable accommodations in general education or may receive other general education supports—but the child is ineligible for support under IDEA. To be eligible for IDEA, students must both have an identified disability and require special education.

** Appropriately meeting student needs.** If a child is determined to have a disability and need special education, whether that special education is provided by an SLP or another special educator depends on the child’s educational needs. If the child’s special education needs are exclusively in the speech, language, or communication arena, then it may be appropriate for the SLP to function as the sole or primary special educator. Although a child may be identified as “speech-language impaired” and need speech-language pathology services, the mere labeling of the child is, itself, insufficient to determine whether an SLP alone is appropriately the special educator. For example, students with speech-language impairments often demonstrate language-based learning disabilities as they tackle the language-rich educational curriculum. As expectations for curriculum demands increase and the language of the content areas becomes more abstract, students who were initially diagnosed with a specific language impairment may demonstrate a specific learning disability or other impairment. These students’ educational needs for support across multiple academic subjects (e.g., language arts, reading, science, history) by highly qualified teachers in those areas are likely to extend beyond the skill areas of the SLP. Even in situations where the SLP’s skills match or partially match a student’s support needs (e.g., reading, spelling), the question remains whether the SLP is the most appropriate service provider in cases where the area of expertise overlaps those present in other team members (e.g., classroom teacher, reading specialist, special educator). In all cases, decisions under IDEA should be individually determined.

In cases where an SLP is determined by the team to be the appropriate special educator (i.e., all special education needs are appropriately addressed by the SLP), other related services may still be required to support the special education function of the SLP. For example, occupational or physical therapy as related services may be required to support the work of an SLP (as a special educator) for a student with an orthopedic impairment to access an augmentative communication device (e.g., seating equipment, optimal positioning, adaptive switch interface).

If a student’s educational needs include, but extend beyond, speech, language, or communication issues, then typically it is not appropriate for the SLP to serve as the special educator. An SLP would not necessarily have, or be expected to have, the same range and types of training, experiences, or skills as a special educator to deliver specially designed instruction appropriate to meet the student’s educational needs. For example, if a student with an intellectual disability has communication problems, and also has special education needs related to academics, daily living skills, behavior, or vocational preparation, then it is most likely appropriate for the student to receive special education services from a special educator. If the student’s communication problems extend beyond the skills of the special educator, then the student may require additional support from an SLP as a related service to assist the student in benefiting from special and regular education.

At an individual student level, having a shared understanding of SLP roles, as well as those of other team members, is essential for effective collaboration among team members, in part to avoid undesirable or unnecessary gaps or overlaps in services (Giangreco, 1995, 2000). This shared understanding of roles should be clearly documented in the student’s IEP and can be especially important for parents, who need an accurate understanding of what services their child will receive, who will be providing them, and how the work of those service providers supports their child’s education. Although it is beyond the scope of this article, for a more in-depth discussion regarding when potential supports reach the standard of being educationally relevant and necessary related services, see Giangreco, 1995, 2000, and Giangreco, Edelman, Luiselli, & MacFarland, 1996, 1998.)

** Ensuring that SLP services are consistent with the SLP code of ethics and scope of practice.** Closely related to appropriately meeting students’ needs is ensuring that SLPs are not inappropriately asked to undertake special educational duties that are outside their areas of competence. Just because an SLP can appropriately function as a special educator under certain conditions for a subset of students with disabilities does not mean that SLPs should be considered interchangeable with special educators under all circumstances for students with any constellation of disability characteristics or special educational needs. The ASHA Code of Ethics states that SLPs “shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience” (II B, p. 2). Code-compliance problems arise when SLPs are asked to undertake aspects of special education that are beyond the scope of their expertise. For example, in a recent study (Suter & Giangreco, 2009), an SLP reported being assigned as the sole special educator for a student with autism and “being expected to be the lead person addressing all of his educational needs” (p. 89). She reported “feeling positive about providing communication support, yet ill equipped to support this student’s full range of academic and behavioral supports.” (p. 89). Further complicating their roles is the fact that some SLPs are asked by school administrators to provide primary case management for some students with disabilities (beyond case management of speech-language pathology-related aspects of a student’s program) when they are not functioning as the primary special educator for the students.
When overall case management gets parsed out to an SLP or other team member who is functioning as a related services provider, concerns are heightened about fragmentation and whether the related services provider has sufficient time to fulfill this role given his or her existing caseload responsibilities. It is essential to recognize that case management does not equate to special education. In other words, just because an SLP has been asked to serve as the case manager for a student with a disability does not mean that the SLP is necessarily the special educator for that student.

**Facilitating appropriate personnel and special education service delivery planning.** Whether SLPs are considered special educators or related services providers can have a substantial impact on special education service delivery at the school level, especially in light of special educator staffing levels. For example, due to wide variations in service delivery configurations and students served (e.g., on IEPs, on 504 plans, at risk), it can be challenging to accurately calculate special educators’ average caseloads. To augment average caseload size, Suter and Giangreco (2009) introduced special educator school density (i.e., the ratio of special educator full time equivalents [FTEs] to total school enrollment) as a related measure to assist in determining adequate special educator staffing levels. Under this approach, if SLPs who actually serve as related services providers are counted in the special educator FTE, the resulting data may suggest that a school is more heavily staffed than it actually is. This can result in inadequate staffing if the data are used to either reduce special educator FTE staffing or as a rationale for not hiring additional special educator FTEs. Conversely, not counting portions of the SLP’s FTEs that are accurately special educator time undercounts special educator FTEs. An accurate count of special educator FTEs depends on accurately counting only the portion of an SLP’s FTE that is devoted solely to special education and not as a related service. The potential impact for SLPs is (a) a lack of access to sufficient and highly qualified special educators to support the students requiring special education and related services, (b) inaccurate assessment of caseload numbers and workload responsibilities for SLPs and special educators, and (c) inefficient and ineffective use of time to meet the needs of students with disabilities.

Because some SLPs may have mixed roles—as a related services provider for some students and as the special educator for others—the distinction and time implications have an impact on SLPs’ workloads (ASHA, 2000). Inaccurate assignments of time and case management responsibilities, however, may decrease opportunities for SLPs to collaborate with educators to be proactive in efforts to facilitate language and literacy learning for all students. Whether it pertains to an individual SLP’s caseload/workload or to school-based staffing, ASHA (2000) encourages school-based SLPs to demonstrate support for students by advocating for “adequate staffing levels to maintain manageable caseloads and for the financial resources necessary to provide a sufficient number of qualified personnel” (p. 60). Thus, understanding the SLP’s role as a special educator, rather than as a related services provider, has implications for maintaining and enhancing effective and efficient special education for all students with disabilities.

**Initial Conceptualization**

When the definitions of special education and related services are considered together, it is clear that some students are appropriately supported by special education services only, with no accompanying related services. These students can receive the educational benefits of special education via the support of a special educator, without the need for additional related services (e.g., speech-language pathology, occupational therapy, physical therapy). In most cases, the professional responsible for delivering that special education service is solely a special education teacher. Further, the federal regulations (Code of Federal Regulations, 2006, 300 C.F.R. 300.156) require those individuals providing special education, namely, special education teachers, to meet highly qualified standards detailed in the Elementary and Secondary Education Act of 2001 (known as No Child Left Behind). It is important to note that although SLPs are required to meet high standards in their profession, those standards differ from those required of special educators to be considered highly qualified. For example, students with disabilities are entitled to access instruction from highly qualified teachers or special educators in the academic content areas. The special educator must be sufficiently qualified to equitably meet the needs of special education students in those content areas (e.g., language arts, math, science, history) if they are not receiving that instruction directly from a highly qualified general education teacher. In most cases of students with disabilities, the appropriate role for SLPs is as a related services provider working collaboratively with special educators and teachers.

In a subset of cases, the special education service may be delivered solely by an SLP if the nature of the service he or she is providing meets the definition of special education and also reflects an exclusive match between the student’s educational needs and the competencies of the SLP. In these cases, where the SLP functions as the special educator, another special education teacher is not needed to meet the student’s special educational needs as the SLP is the only professional required to meet the student’s special educational needs. For example, if a student has difficulty finding the right words to express his understanding because of weak concept development, inefficient language comprehension, and poor expressive organization, this difficulty is likely to impact his ability to successfully ask and respond to questions during academic instruction. His language deficit is impacting his ability to access the curriculum and will require specially designed instruction by the SLP. In this instance, the SLP appropriately serves as the student’s special educator, using her competence in language understanding and use to facilitate the student’s access and response to the academic curriculum. When a student has a primary diagnosis of a specific language impairment or other communication disorder, SLPs are likely in the best position to manage the special education needs of that student related to speech, language, and hearing, so the designation fits.

When the language impairment or communication disorder is part of a broader profile for students with complex learning and behavioral needs, however, the SLP does not necessarily have the range of expertise needed to address the curricular, learning, and behavioral needs of those students, nor would any single discipline. In such cases, the students require the cross-disciplinary supports of highly qualified special education teachers and disciplines authorized to provide related services. The education of these students becomes a combination of special education and individually determined related services that are required for the students to benefit from special education in the least restrictive environment, including access to the general education curriculum.

Figure 1, which is based on relevant IDEA regulations, provides a small set of questions that can be used to help school personnel
determine whether speech-language pathology services are appropriately offered as special education or as a related service. It is meant to offer practical guidance for persons who are interested in clarifying the distinction. The flow chart can be used to enhance clarity and collaboration regarding appropriate services among SLPs, special educators, parents, administrators, and other team members.

Three examples are provided here that apply the process proposed in Figure 1.

Example 1: A student with a hoarse voice is referred to the school’s SLP. After an assessment, the SLP confirms a voice disorder and refers the student to an otolaryngologist with suspicions of bilateral vocal nodules. The student, however, does not qualify for special education services because his hoarse voice is not interfering with his ability to access the general education curriculum. Instead, the SLP places the student on a 504 plan with strategies to decrease vocal abuse and increase vocal health.

Example 2: A student is referred to the SLP because of difficulty following directions and poorly constructed sentences. Following a comprehensive language assessment, the SLP identifies that the student has a receptive and expressive language disorder. It is determined that the language disorder is interfering with the student’s ability to access the general education curriculum and requires the SLP to see the student individually to develop some basic language skills and to make curricular modifications in collaboration with the classroom teacher to increase the student’s success in understanding classroom instructions and using grammatically accurate sentences both orally and in written form. In this case, the student does qualify for special education and the SLP is qualified to be the sole provider addressing the

Figure 1. Determining when speech-language pathology services are “special education” or “related services.”
student’s special education needs because they are exclusively language based. Therefore, the SLP’s role is as the sole special educator for this student; other special educator supports that extend beyond the SLP’s skill set are not needed.

Example 3: A preschooler is referred to the SLP because he is not speaking. When the SLP completes the evaluation, she confirms that the child exhibits a significant communication disorder but also recognizes some unusual restricted and repetitive behaviors and notable challenges in social interaction. The parents report that the child eats only a few different foods, is not sleeping through the night, is not toilet trained, and has frequent staring spells. The parents are worried their child is having seizures. Behavior at home and school is also a challenge. The SLP suspects autism and refers the child for a more comprehensive interdisciplinary assessment, including the expertise of a developmental pediatrician. A diagnosis of autism is confirmed. As the child is unable to function in a regular preschool classroom with typical supports, the child qualifies for special education and receives individualized supports in the regular preschool classroom. Although the child exhibits a significant communication problem, he also exhibits delays in activities of daily living, behavior problems, and some health concerns requiring further referral. In this case, the SLP is not the most appropriate person to serve as the child’s special educator addressing all of his educational, adaptive, behavior, and health needs. The SLP is, however, highly qualified to address the child’s communication needs and best serves as a related services provider for this child on a team that includes a highly qualified special educator, the parents, and other related services providers determined to be necessary.

In each of these three examples, the role of the SLP is guided by the individual needs of the student, the student’s need for specially designed instruction, and a determination of who is best qualified to address the special education needs of the student.

Summary and Call to Action

Distinguishing between when SLP services are appropriately special education or a related service is important to (a) establish student eligibility under IDEA, (b) meet students’ needs, (c) ensure ethical practices, and (d) assist with a school’s service delivery planning and staffing patterns. Based on our understanding of IDEA, we suggest that the law implies (though does not explicitly state) that SLP services are appropriately special education, rather than a related service, only when the student who is eligible for special education has special education needs that are appropriately addressed by an SLP alone, without any other special educator required to meet the child’s educational needs. Clarifying this distinction holds the potential to improve communication among team members and working conditions for SLPs. In turn, improved communication and working conditions contribute to collaboration among team members designed to ensure appropriate supports for students with disabilities.

From a practical perspective, SLPs might use the information presented in this exchange to have a dialogue with their school administrators about their service delivery model and the most appropriate way to meet the needs of students with communication impairments as a special education service versus a related service. It would be important for SLPs to clearly understand the distinction to define the needs of the students being served. SLPs need to collaborate with special and general educators to provide ongoing assessment of student needs not only in speech, language, and communication, but also academic and vocational skills as well as activities of daily living. When the complexity of needs for students on the caseloads of SLPs is beyond their scope of practice, it is critical that the SLPs access the support and expertise required to provide highly qualified instruction for their students. This may also mean that the SLP no longer serves as the special educator for a particular student, but adjusts her role to a related services provider if the student’s needs require more than a special educator alone. SLPs need to be effective consumers of service delivery options. The better they understand the position they are in to advocate for SLP services for individual students—whether related services or special education—the more likely they will be involved in practices for which they are prepared.

With the next reauthorization of IDEA on the horizon, the time is ripe to initiate a set of actions to develop and disseminate a clearer shared understanding of the distinction between SLPs as special educators and as related services providers. First, we need more intra- and interdisciplinary dialogue about the roles of SLPs as special educators and as related services providers—we hope this article contributes to these conversations. Second, it would be helpful for national organizations with missions that include supporting the education of students with disabilities and the related professions to request clarification on these issues from the U.S. Department of Education’s Office of Special Education Programs. Third, ASHA might consider developing explicit guidelines addressing the issue and recommend changes in IDEA that would provide clarification. Finally, we need descriptive research to gain a better understanding of the extent to which service providers (e.g., SLPs, special education teachers), administrators, and families understand this issue and how these provisions currently are interpreted and implemented. We also need case examples in schools where the distinctions are clear, appropriate, and working effectively for students with disabilities and their service providers. For years, this issue has been hidden in plain sight. We hope that this exchange has encouraged you to notice this issue, start clarifying it for yourself and your teammates, and apply it in ways to ensure that students with disabilities are the beneficiaries of the vital supports offered by qualified SLPs.

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