



## Research paper

## Do the symptoms of language disorder align with treatment goals? An exploratory study of primary-grade students' IEPs



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## ABSTRACT

Individual Education Plans (IEPs) are legal documents that guide the treatment of students with language disorder (LD). This exploratory study investigated the extent to which students' symptoms of LD align with goals on their IEPs.

A total of 99 kindergarten and first-grade students receiving treatment for LD in the public schools participated. IEPs were collected and coded for each student and norm-referenced measures were used to assess students' grammar, vocabulary, listening comprehension, and literacy skills in the fall of the academic year.

Results showed there to be alignment between students' symptoms and IEP goals only in the area of vocabulary, such that students who had an IEP goal for vocabulary had lower scores on a vocabulary assessment than those without a goal.

In general, there is limited alignment between observed symptoms of LD and treated symptoms as identified on students' IEPs. The limited alignment found in this study suggests more investigation is needed to understand the extent to which IEP goals, as potential indicators of treatment foci, should map on to students' symptoms.

**Learning outcomes:** Readers will be able to: (1) explain the theoretical and practical relevance of treatment goals aligning to symptoms for children with language impairment; (2) identify three analytic methods used to investigate alignment between treatment goals and symptoms; and (3) describe the extent to which IEP goals align to children's symptoms in a sample of children receiving services in the public schools.

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## 1. Introduction

Approximately 1.4 million students with language disorder (LD; U.S. Department of Education, 2010) receive special education services in the public schools pursuant to the goals specified in Individualized Education Plans (IEPs). To date, limited research within the special education literature suggests that IEP goals lack valid representation of the specific areas of weakness students have with respect to the nature of their disorder (Fiedler & Knight, 1986; Pyecha et al., 1980; Smith & Simpson, 1989); however, no systematic study has investigated IEP goals specific to students with LD receiving services in the public schools. As IEPs are the gateway into specialized services aimed at improving the outcomes of students with LD, and presumably provide the short- and long-term goals that service providers address, it is important to systematically increase our understanding of the relation between areas of weakness and IEP goals for this population. In this study, we investigated the alignment between identified areas of weakness for students with LD, conceptualized as *symptoms*, and goals specified within the IEP, conceptualized as *treatment goals*.

### 1.1. Individualized education plans

The Individuals with Disabilities Education Act (IDEA) of 2004 sets forth specific regulations to ensure free and appropriate education for all students, including students diagnosed with LD. IDEA requires that eligibility for specialized services be based on students' academic outcomes and comprehensive assessments identifying each child's specific strengths and weaknesses. The outcomes of these evaluations are used to derive the student's Individualized Education Plan (IEP; IDEA, 2004). In turn, the IEP is the foundation of each student's appropriate education and presumably guides what is targeted in individual treatment sessions. During an IEP meeting, professionals convey specific assessment information to the IEP team (administrators, diagnosticians, educators, speech-language pathologists, caregivers); this information is then used to develop key aspects of the IEP including the student's present level of performance (strengths and weaknesses); goals related to those identified weaknesses; the services necessary to address identified goals; the frequency, duration, and provider for those services; and a plan for evaluating progress toward these annual goals (IDEA, 2004). As such, each IEP is a unique treatment plan specially designed for one particular student.

With this in mind, we would theoretically expect there to be substantial variability among the IEPs of students treated for LD within the public schools. Students with LD are a heterogeneous group in terms of their particular profile of strengths and weaknesses. For instance, some students may have problems with vocabulary, whereas others have problems in grammar (Conti-Ramsden, Crutchley, & Botting, 1997). Thus, we would expect there to be variability in the content areas addressed on an IEP. For example, a student who has problems in the area of vocabulary would likely have goals specific to vocabulary on his IEP, whereas a child with problems specific to grammar would not. To this end, we might expect that variability among IEPs would be best explained by *individual differences among students*, marked as specific areas of weakness, or symptoms, of LD.

However, empirical research on the state of IEP goals – as they relate to students' needs – suggests this may not be the case. Fiedler and Knight (1986) investigated IEP goals for 44 students diagnosed with behavioral disabilities. Of these 44 IEPs, 22 (i.e., exactly half) showed no alignment between identified needs, as determined from the school psychologist, and subsequent goals on the IEP. Of the remaining 22 IEPs, only 14–25% of all goals aligned with students' identified needs. Similarly, Smith and Simpson (1989) analyzed IEPs for 214 students with behavior disorders in elementary through high school. Their descriptive findings showed lack of alignment between assessment of behavioral needs and behavioral goals. Specifically, they noted lack of alignment when goals were written without evidence of student needs, per present levels of performance, as well as when students had identified needs without corresponding goals. These studies focused on students with behavioral disabilities, ranging in age from elementary through high school; it is unknown whether or not the symptoms for students with LD align with treatment goals on their IEP.

### 1.2. Symptoms of LD

Research suggests that certain domains of language have strong associations with academic achievement (Young et al., 2002) and as such, are of particular relevance to the individualized treatment of children with LD. Specifically, research has shown direct relations between students' academic progress and competencies in grammar (Nippold, Mansfield, & Billow, 2008), vocabulary (NICHD, 2000; Storch & Whitehurst, 2002), listening comprehension (Fraello et al., 2011; Karasinski & Weismer, 2010), and literacy (Senechal, LeFevre, Smith-Chant, & Colton, 2001; Whitehurst & Lonigan, 1998), which is defined in this study as code-based literacy skills. As a result, we attend to these four domains in the present study.

#### 1.2.1. Grammar

Grammar weaknesses are a defining deficit for many students with LD. Studies indicate that students with weak grammatical skills struggle with comprehending complex syntactic forms in both oral and written communication, which not only impacts their ability to understand instruction within the classroom, but to comprehend what they read (Windsor, Scott, & Street, 2000). Additionally, students with grammatical impairments often omit morphological markers, persist with younger-developing forms (e.g., use of -ed for irregular past tense verbs), and use a much simpler communication style, lacking in use of noun phrases, verb phrases, and complex structures (Bishop & Donlan, 2005). Such restricted forms of

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