



**SPEECH IMPLEMENTER MODEL APPLICATION**

SCHOOL DISTRICT NAME		COUNTY-DISTRICT CODE	
DISTRICT CONTACT		DISTRICT PHONE NUMBER	DISTRICT FAX NUMBER

**IMPORTANT INFORMATION REGARDING REQUIRED DOCUMENTATION**

- Documentation of required speech language pathologist (SLP) and speech language pathology – assistant (SLP-A) recruiting efforts must be submitted to the Department of Elementary and Secondary Education (DESE). Continuous advertising of the position is required until the position is filled; include postings of where the position is advertised.**
- Speech Implementers (SI)** must hold a valid Missouri teaching certificate. If current certification is not held, application must include copies of college transcripts and a copy of the application for the Temporary Authorization Certificate (TAC).
- Supervising SLPs** must include a current copy of their license from the Missouri Board of Healing Arts or DESE SLP certification.
- No other credentials are required if the SI holds a valid Missouri teaching certificate, including a valid TAC, and if the supervising SLP holds a valid Missouri Board of Healing Arts license or valid DESE SLP certification. Please ensure that the name and educator identification (ID) number listed below match the information on his/her certificate/license and he/she is entered into DESE’s Missouri Student Information System (MOSIS) – October Educator and Assignment Files with that same name and educator ID combination.
- The supervising SLP must develop and submit a written plan describing specific activities that both parties perform, the training and supervision for the SI, how program effectiveness will be monitored, and any adjustments of the SLP’s job responsibilities due to using the SI Model.
- Use extra paper if needed to complete the questions below and submit with form.

**MAIL the completed form to:** Special Education Compliance  
 Missouri Department of Elementary and Secondary Education  
 P.O. Box 480  
 Jefferson City, MO 65102

**Or FAX the completed form to:** 573-526-5946

**QUESTIONS:** Contact Special Education Compliance at 573-751-0699 or [secompliance@dese.mo.gov](mailto:secompliance@dese.mo.gov).

**SECTION A: VERIFICATION PROCESS**

BEGINNING AND ENDING DATES SLP POSITION ADVERTISED	BEGINNING AND ENDING DATES SLP-A POSITION ADVERTISED
<input type="checkbox"/> YES <input type="checkbox"/> NO WAS SLP AND SLP-A AVAILABILITY DATA PROVIDED BY DESE USED TO RECRUIT LOCAL SLPs AND SLP-As? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS CONSIDERATION GIVEN TO CONTRACTING WITH A COOPERATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE LOCAL MEDICAL INSTITUTIONS, CLINICS OR PRIVATE PRACTITIONERS CONTACTED FOR POSSIBLE SLPs AND SLP-As AVAILABLE IN THE AREA?	
DID AN SLP OR SLP-A APPLY FOR THE POSITION? IF SO, HOW MANY APPLIED?	
DID THE PUBLIC AGENCY INTERVIEW AN SLP OR SLP-A FOR THE POSITION? IF NOT, PLEASE PROVIDE AN EXPLANATION.	
IF A SI WAS SELECTED OVER AN SLP OR SLP-A, INCLUDING CONTRACTUAL ARRANGEMENT, <b>PROVIDE THE DETAILED RATIONALE</b> FOR THAT DECISION.	
IF A SI WAS SELECTED OVER USING TELEPRACTICE, <b>PROVIDE THE DETAILED RATIONALE</b> FOR THAT DECISION.	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

SECTION B: SI	SECTION C: SUPERVISING (SLP)
SCHOOL YEAR IN WHICH THIS SI WILL BE WORKING FOR AGENCY	SCHOOL YEAR IN WHICH THIS SLP WILL BE WORKING FOR AGENCY
SI NAME (INCLUDE MAIDEN NAME IF APPLICABLE)	SUPERVISING SLP NAME (INCLUDE MAIDEN NAME IF APPLICABLE)
EDUCATOR ID NUMBER	EDUCATOR ID NUMBER OR LICENSE NUMBER
<p>1a. SI has a Bachelor's Degree in Communication Disorders and a valid Missouri teaching certificate. (May <b>not</b> be a substitute certificate.)</p> <p><input type="checkbox"/> Yes - Stop here for SI.</p> <p><input type="checkbox"/> No - Proceed to question 2a.</p>	<p>1b. SLP has an appropriate Missouri license issued by the State Board of Registration for the Healing Arts or has valid certification as a SLP issued by the State Board of Education.</p> <p><input type="checkbox"/> Yes - Attach current copy of license or certificate, proceed to question 2a.</p> <p><input type="checkbox"/> No - Stop here; <b>not</b> qualified to supervise SI.</p>
<p>2a. SI has a Bachelor's Degree in Elementary or Secondary Education and a valid Missouri teaching certificate. (May include TAC, but <b>not</b> a substitute certificate.)</p> <p><input type="checkbox"/> Yes - Attach copies of transcripts AND copy of application for TAC.</p> <p><input type="checkbox"/> No - Stop here; not qualified to be SI.</p>	<p>2b. Supervising SLP has submitted signed written description of how SI Model will be implemented.</p> <p><input type="checkbox"/> Yes - Written district plan is attached.</p> <p><input type="checkbox"/> No - Stop here; district plan must be written and attached before proceeding with submission.</p>
ASSURANCES	
<p><b>I, as superintendent, assure DESE the following concerning the SI Model:</b></p> <ul style="list-style-type: none"> <li>▪ The public agency continues efforts to recruit a qualified SLP/SLP-A on an annual basis. Continuous advertising of the position is required until the position is filled; include postings of where the position is advertised.</li> <li>▪ The public agency collected appropriate information to consider the use of telepractice to provide speech and language services.</li> <li>▪ Trainings for the SI(s), supervision of SI(s) and periodic therapy provided by the SLP, as described in the SI Model District Plan that has been submitted to DESE, will be documented.</li> <li>▪ Evaluations and attendance at Individualized Education Plan (IEP) meetings by the SLP(s) will be documented.</li> <li>▪ SI will attend state-developed training for the SI. This may be done using regional trainings and/or webinars.</li> </ul>	
SIGNATURE OF SUPERINTENDENT	DATE
DESE USE ONLY	
REVIEWER SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	