



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 DIVISION OF LEARNING SERVICES - OFFICE OF SPECIAL EDUCATION

**SPEECH IMPLEMENTER MODEL DISTRICT PLAN**

SCHOOL DISTRICT NAME		COUNTY-DISTRICT CODE
SUPERVISING SPEECH/LAGUAGE PATHOLOGIST	SPEECH IMPLEMENTER	SCHOOL YEAR

**INSTRUCTIONS**

Please read and fully complete each section below. Failure to complete this document or obtain the required signature will result in **non-approval** of the Speech Implementer Model Application. Once this document is completed and signed, it must be submitted along with the Speech Implementer Model Application.

**MAIL or FAX the completed form to:** Special Education Compliance  
 Missouri Department of Elementary and Secondary Education  
 P.O. Box 480  
 Jefferson City, MO 65102 or Fax 573-526-5946.

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

**SECTION A - SPEECH IMPLEMENTER ACTIVITIES**

List specific activities assigned to the Speech Implementer (SI)

Activity Description	Date of Training for Activity	Training Provided By

**SECTION B - SUPERVISING SPEECH/LANGUAGE PATHOLOGIST SPECIFIC ACTIVITIES**

I understand that as the supervising speech/language pathologist (SLP) only I can conduct or interpret evaluations; determine eligibility; determine how speech/language services will be provided to individual students; refer a student to other professionals, agencies or individuals for services; write, develop or modify individualized education programs (IEP); interpret data; serve as a required member of the eligibility determination team when speech and/or language disabilities are considered and serve as a required participant for **all** IEP meetings for students who may receive speech/language services. **Initials:** \_\_\_\_\_

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 C - SPEECH IMPLEMENTER SUPERVISION PLAN**

The Speech Implementer Supervision Plan must include the following:

- a) Description of how the required direct supervision (real-time observing/viewing of SI and student) for initial student contact will occur.
- b) Description of how the continuing supervision of a minimum of one hour per week or one out of every three sessions thereafter for each student will be accomplished and documented.
- c) Description of how supervision shall be distributed across the student caseload as appropriate to ensure adequate oversight.

**SECTION D - PROGRAM EFFECTIVENESS MONITORING**

The Program Effectiveness Monitoring Plan must describe how the periodic direct therapy sessions to monitor progress, assess current needs and evaluate the effectiveness of the program by the supervising SLP will be conducted and documented.

**SECTION E - ADJUSTMENTS OF JOB RESPONSIBILITIES**

Written description of adjustments to supervising SLP's job responsibilities to allow for supervision duties required by speech implementer model.

SIGNATURE OF SUPERVISING SLP

DATE

**DESE USE ONLY**

REVIEWER SIGNATURE

DATE

Approved

Not Approved