SLP Caseload Characteristics

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Executive Summary

In the spring of 2014, the American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) and educational audiologists in school settings. The survey was designed to provide information about school–based service delivery and to update and expand information gathered during previous Schools Surveys.

The results are presented in a series of reports. This caseload report is based on responses from SLPs in special day/residential schools, preschools, elementary schools, secondary schools, and combined school settings.

**Overall Findings**

- 79% of clinical service providers used a caseload approach; 16% used a workload approach; 5% used both approaches.

- Median caseload size was 48 students.

- The largest median caseload (60) was in Florida, and the smallest (35) was in New York.

- 44% of the students in a typical caseload had moderate impairment.

- Students with severe impairment were a majority (71%) of cases in day/residential schools.

- At least 90% of SLPs served students with articulation/phonological disorders, language disorders (semantics, morphology, syntax), and autism spectrum disorders.

- Clinical service providers spent an average of 18 hours weekly providing services in a pull-out model.

- 69% of the SLPs said that they were involved in Common Core State Standards.

- Providing consultation was the most frequently identified Response to Intervention (RTI) or pre-referral role for SLPs in special day/residential, secondary, elementary, and combinations of schools.

- SLPs in the Pacific United States (Alaska, California, Hawaii, Oregon, and Washington) had more ELL students in their caseloads than did SLPs in other areas.
Speech-language pathologists (SLPs), as well as educational audiologists, were sampled for the 2014 Schools Survey. This report is limited to responses from SLPs.

As defined in this survey, a *caseload* approach is based only on the number of students served, whereas a *workload* approach considers not just the number of students served but all of the SLP’s duties.

Nearly four out of five clinical service providers (79%) who worked either full-time or part-time reported that they used a caseload approach to describe their work; 16% used a workload approach, and 5% used both caseload and workload approaches. Their responses varied by type of facility \( (p = .000) \) and population density \( (p = .035) \) but not by division of the country \( (p = .357) \), years of experience in the schools \( (p = .066) \), or years of experience in the professions \( (p = .081) \).

- Use of the workload approach was highest for SLPs who worked in special day or residential schools (27%) and lowest for those who worked in elementary schools (14%).
- The percentage of SLPs who selected workload ranged from 13% of clinical service providers in rural areas to 15% of those in suburban areas and 20% of those in urban areas.

The median monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full-time was 48, with a range of 1 to 170. Caseload size was lowest in special day/residential schools (24) and highest in combined school settings (52; see Figure 1).

![Figure 1. Median Caseload Size by Type of School](image-url)
Fewer than one third (31%) of the states had a sufficient number of respondents to warrant reporting their caseload sizes. The highest caseload size was in Florida (60), and the lowest was in New York (35; see Table 1).

### Table 1. Median Caseload Size by State

<table>
<thead>
<tr>
<th>State</th>
<th>Caseload</th>
<th>State</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>(n &lt; 25)</td>
<td>MT</td>
<td>(n &lt; 25)</td>
</tr>
<tr>
<td>AL</td>
<td>(n &lt; 25)</td>
<td>NC</td>
<td>46</td>
</tr>
<tr>
<td>AR</td>
<td>(n &lt; 25)</td>
<td>ND</td>
<td>(n &lt; 25)</td>
</tr>
<tr>
<td>AZ</td>
<td>(n &lt; 25)</td>
<td>NE</td>
<td>(n &lt; 25)</td>
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<tr>
<td>CA</td>
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<tr>
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<td>(n &lt; 25)</td>
<td>NM</td>
<td>(n &lt; 25)</td>
</tr>
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<td>(n &lt; 25)</td>
<td>NV</td>
<td>(n &lt; 25)</td>
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<td>FL</td>
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<td>OH</td>
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<td>(n &lt; 25)</td>
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<td>41</td>
<td>VA</td>
<td>55</td>
</tr>
<tr>
<td>MD</td>
<td>47</td>
<td>VT</td>
<td>(n &lt; 25)</td>
</tr>
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</tr>
<tr>
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<td>58</td>
<td>WI</td>
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<td>WV</td>
<td>(n &lt; 25)</td>
</tr>
<tr>
<td>MO</td>
<td>40</td>
<td>WY</td>
<td>(n &lt; 25)</td>
</tr>
<tr>
<td>MS</td>
<td>(n &lt; 25)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n = 1,224
Severity

Using their own state’s or school district’s definition for degree of communication impairment, SLPs identified 44% of their typical caseload with having a moderate impairment. Means ranged from 24% to 47% in the various types of schools.

An additional 30% of students had mild impairments, and 26% had severe or profound impairments. The latter group showed variability across settings: 21% in elementary schools, 29% in secondary schools, 33% in combined school settings, 32% in preschools, and 71% in day/residential schools (see Figure 2).

![Figure 2. Severity of Caseload by Type of School](image)

Areas of Intervention

The areas of intervention in which most of the school-based SLPs had students were articulation/phonological disorders (93%), language disorders (semantics, morphology, syntax; 92%), and autism spectrum disorders (90%). Fewer than 1% served children with TBI, and only 14% served clients in the area of dysphagia (swallowing/feeding; see Table 2).

The largest average number of students seen, grouped by area of intervention, was for semantics, morphology, and syntax (22), followed by articulation/phonological disorders (21). The smallest number was for TBI (1) and selective mutism (1).
<table>
<thead>
<tr>
<th>Area of intervention</th>
<th>Percentage of SLPs who regularly serve clients in this area</th>
<th>Mean number served (includes only SLPs who do serve these clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulation/phonological disorders</td>
<td>92.7</td>
<td>20.5</td>
</tr>
<tr>
<td>Auditory processing disorder (APD)</td>
<td>45.5</td>
<td>6.9</td>
</tr>
<tr>
<td>Autism spectrum disorders</td>
<td>89.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Childhood apraxia of speech (CAS)</td>
<td>62.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Cognitive communication disorders</td>
<td>60.8</td>
<td>9.9</td>
</tr>
<tr>
<td>Dysphagia (swallowing/feeding)</td>
<td>13.9</td>
<td>2.6</td>
</tr>
<tr>
<td>Fluency disorders</td>
<td>67.6</td>
<td>2.5</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>50.5</td>
<td>2.9</td>
</tr>
<tr>
<td>Language disorders: pragmatics/social communication</td>
<td>89.1</td>
<td>11.0</td>
</tr>
<tr>
<td>Language disorders: semantics, morphology, syntax</td>
<td>92.2</td>
<td>22.1</td>
</tr>
<tr>
<td>Nonverbal, AAC</td>
<td>54.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Reading and writing (literacy)</td>
<td>35.8</td>
<td>14.6</td>
</tr>
<tr>
<td>Selective mutism</td>
<td>18.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Traumatic brain injury (TBI)</td>
<td>0.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Voice or resonance disorders</td>
<td>22.0</td>
<td>1.5</td>
</tr>
</tbody>
</table>

$n = 1,224$
More of the clinical service providers’ time was spent in pull-out service than in any other activity. Time spent in this model was highest in elementary schools and lowest in preschools (see Figure 3).

Overall, clinical service providers spent an average of 18 hours weekly in pull-out service, 7 hours in recordkeeping and paperwork, and 4 hours each in classroom-based direct intervention and other indirect activities. Less time was spent on diagnostic evaluations (3 hours), while up to an hour was spent on MTSS/RTI activities, screenings, troubleshooting technology, supervision, and services to 504 students.

More than half (69%) of the SLPs said that they were involved in activities related to the Common Core State Standards. This response varied with the type of facility ($p = .000$):

- 75% of SLPs in elementary schools,
- 71% of SLPs in secondary schools,
- 67% of SLPs in combination of facility types,
- 60% of SLPs in special day/residential schools and administrative offices,
- 51% of SLPs in preschools.

Overall, 23% said that they were involved in Universal Design for Learning (UDL)/Differentiated Instruction, with the rate being highest among SLPs in administrative offices (56%) and lowest for SLPs in preschools (12%; $p = .006$).

Additionally, 15% were involved in Value Added Assessments (VAA). Their responses varied by type of facility ($p = .001$), ranging from 7% of SLPs in preschools to 30% of those in administrative offices.

One quarter (25%) were not involved in Common Core, UDL, or VAA activities.
Overall, 23% of the SLPs said that they did not have a role in Multi-Tiered System of Support (MTSS)/Response to Intervention (RTI) or pre-referral. The range was from 13% of SLPs in elementary schools to 68% of those in special day/residential schools ($p = .000$; see Figure 4).

Providing consultation was the RTI role most often selected by respondents working in special day/residential schools (26%), secondary schools (60%), combinations of schools (66%), and elementary schools (74%; $p = .000$).

Conducting screenings (43%) was the most common RTI activity in preschools. The range for this role was from 19% in special day/residential schools to 71% in elementary schools ($p = .000$).

Providing direct services within general education also varied by type of facility. Overall, 41% of SLPs selected this response, compared with 14% of those in special day/residential schools and 47% in elementary schools and combinations of schools ($p = .000$).

Finally, providing strategies to classroom teachers also varied by type of facility. Overall, 61% of SLPs selected this response, but the range was from 23% for those in special day/residential schools to 70% of those in elementary schools ($p = .000$).
Clinical service providers employed full-time reported an average (i.e., mean) of 8.4 English Language Learner students on their caseloads. The median number of ELL students was 4.0. Type of facility had no effect on the number of ELL students who were reported ($p = .604$). However, region of the country ($p = .000$) and population density ($p = .000$) did have an effect.

SLPs in the East South Central United States reported, on average, the fewest ELL students on their caseloads compared with SLPs in the Pacific area who reported the highest number (see Figure 5; see Appendix for states in each division).

SLPs in cities or urban areas had the highest average number of ELLs on their caseloads (13.2), followed by SLPs in suburban areas (7.2). SLPs in rural areas had the lowest number (5.4).
Respondents were asked to indicate on a 5-point scale how qualified they were to provide services to multicultural populations. More SLPs selected the midpoint than any other option (see Figure 5).

SLPs in secondary schools (13%) and administrative offices (11%) were the most likely ones to consider themselves to be very qualified to address cultural and linguistic influences on service delivery and outcomes, followed by SLPs in preschools (10%), SLPs in special day/residential schools (9%), SLPs in elementary schools (8%), and those in combined school settings (5%; p = .014).
Since 2004, ASHA has fielded the Schools Survey in even-numbered years to gather information of interest to the professions. Members, volunteer leaders, and staff rely on data from the Survey to better understand the priorities and needs of SLPs and educational audiologists.

The survey was mailed in February 2014 to a random sample of 4,000 ASHA-certified SLPs and 500 ASHA-certified audiologists employed in school settings in the United States. Second and third mailings followed, at approximately 3- or 4-week intervals, to individuals who had not responded to earlier mailings.

Of the total sample, 14 had bad addresses, 59 had retired, and 145 were ineligible for other reasons, which left 4,282 possible respondents. The actual number of respondents was 1,969, which represents a 46.0% response rate.

Of the original 4,000 SLPs in the sample, 11 had bad mailing addresses, 53 had retired, and 135 were ineligible for other reasons, which left 3,801 possible respondents. The actual number of respondents was 1,786, a 47.0% response rate among SLPs. The results presented in this report are based on responses from the 1,786 SLPs.

Results from the 2014 Schools Survey are presented in a series of reports for SLPs:
- SLP Caseload Characteristics
- SLP Annual Salaries and Hourly Wages
- SLP Workforce and Work Conditions
- Survey Summary Report—SLPs
- Survey Methodology, Respondent Demographics, and Glossary, SLPs

Results from the educational audiologists are presented in a separate report: Survey Summary Report—Educational Audiologists.


www.asha.org/docs/html/PS2001-00104.html
www.asha.org/docs/html/TR2001-00148.html


American Speech-Language-Hearing Association (2014). *Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (PACE).*


For additional information regarding the 2014 Schools Survey, please contact Deborah Dixon, director of ASHA’s School Services, at 800-498-2071, ext. 5690 or ddixon@asha.org. To learn more about how the Association is working on behalf of school-based ASHA-certified members, visit ASHA’s Schools webpages at www.asha.org/slp/schools/.

ASHA would like to thank the SLPs who completed the 2014 Schools Survey. Reports like this one are only possible because people like you participate.

**Is this information valuable to you?** If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit you.
Appendix:
State Listings
Regions of the Country

Northeast

- Middle Atlantic
  - New Jersey
  - New York
  - Pennsylvania
- New England
  - Connecticut
  - Maine
  - Massachusetts
  - New Hampshire
  - Rhode Island
  - Vermont

South

- East South Central
  - Alabama
  - Kentucky
  - Mississippi
  - Tennessee
- South Atlantic
  - Delaware
  - District of Columbia
  - Florida
  - Georgia
  - Maryland
  - North Carolina
  - South Carolina
  - Virginia
  - West Virginia
- West South Central
  - Arkansas
  - Louisiana
  - Oklahoma
  - Texas

Midwest

- East North Central
  - Illinois
  - Indiana
  - Michigan
  - Ohio
  - Wisconsin
- West North Central
  - Iowa
  - Kansas
  - Minnesota
  - Missouri
  - Nebraska
  - North Dakota
  - South Dakota

West

- Mountain
  - Arizona
  - Colorado
  - Idaho
  - Montana
  - Nevada
  - New Mexico
  - Utah
  - Wyoming
- Pacific
  - Alaska
  - California
  - Hawaii
  - Oregon
  - Washington