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# Schools Survey Report: Trends in Educational Audiology 2010–2016

Gail Brook, Surveys and Analysis  
American Speech-Language-Hearing Association  
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## Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the 2016 Schools Survey to gather information about professional issues related to school-based services. Results from this survey are presented in a series of reports, including this report on trends in educational audiology.

Findings from the 2010, 2012, and 2014 ASHA Schools Surveys are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for all survey years.

## Survey Report Highlights

### Workforce and Work Conditions

- In 2016, about half of audiologists (49%) reported that job openings for clinical service providers were *fewer* than job seekers in their types of school and geographic area, down from recent past years.
- In 2016, 66% of audiologists reported that *budget constraints* were their greatest professional challenge. From 2010 to 2016, other top challenges were *high workload/caseload size, large amount of paperwork, limited parental involvement and support, and limited understanding of my role by others*.
- In 2014 and 2016, about one third of audiologists (32%–36%) reported that special education directors completed their performance evaluations. About one quarter of audiologists (24% in both years) reported that their evaluations were completed by audiology program supervisors.

### Employment and Earnings

- From 2010 to 2016, most audiologist survey respondents (80%–85%) worked full time.
- From 2010 to 2016, most audiologist survey respondents (87%–95%) were salaried employees; a small percentage (3%–13%) were contractors.
- In 2016, most audiologists (86%) were paid an annual salary in their primary jobs, down slightly from recent past years. The remainder were paid at an hourly rate.
- In 2016, most audiologists (78%) who were paid an annual salary in their primary jobs worked 9 or 10 months per year (an academic year), about the same percentage as in recent past years.
- In 2016, audiologists earned a median *academic year salary* of \$70,038, a 5% increase from 2014.
- In 2016, audiologists earned a median *calendar year salary* of \$82,000, a 6% increase from 2014.
- From 2010 to 2016, more audiologists received a salary supplement for having their ASHA Certificate of Clinical Competence (CCC) than for any other reason.

## **Caseload/Workload**

- From 2010 to 2016, about half (50%–63%) of audiologists who provided clinical services to students indicated that a workload approach was used to determine the number of students they served.
- In 2016, audiologists had a median monthly caseload size of 60, up from 50 in 2010 and 2012 and up from 55 in 2014.
- From 2010 to 2016, most audiologists (63%–92%) treated students with hearing loss; 31%–46% treated students with autism spectrum disorder; and 31%–45% treated students with auditory processing disorders.
- From 2010 to 2016, audiologists' caseloads included a higher average number of students with hearing loss than students with other disorders.
- From 2010 to 2016, audiologists' monthly caseloads consisted of a somewhat higher percentage of students with moderate impairments than students with mild or severe/profound impairments.
- In 2014 and 2016, audiologists spent much of their time each week performing diagnostic evaluations, providing technological support, and completing paperwork.
- In 2016, 38% of audiologists did not participate in multi-tiered systems of support (MTSS)/response to intervention (RtI) or pre-referral, up from 26%–29% in recent past years.
- In 2014 and 2016, audiologists used a 5-point scale to rate how qualified they believe they are to address cultural and linguistic influences on service delivery and outcomes. Nearly half (45% in each year) rated themselves as 3—the middle score.

## **Member Satisfaction Ratings**

- In 2016, half of audiologists indicated that, overall, ASHA was doing a “good” or “excellent” job in serving its school-based members, about the same as in recent past years.
- From 2012 to 2016, about half of audiologists indicated that ASHA was doing a “good” or “excellent” job with advocacy and continuing education.
- From 2012 to 2016, more than half to three-quarters of audiologists indicated that ASHA was doing a “good” or “excellent” job in providing online resources.
- From 2012 to 2016, about half of audiologists indicated that ASHA was doing a “fair” or “good” job with professional consultation. About half of audiologists were unable to rate this service.

## Workforce and Work Conditions

### Job Market

In recent years, a survey item has been included on major ASHA data collection initiatives to assess the job market for audiologists. The question-and-response categories were patterned after definitions used by the U.S. Bureau of Labor Statistics. In 2016, about half of audiologists (49%) reported that job openings for clinical service providers were *fewer* than job seekers in their types of school and geographic area, down from recent past years (see Table 1).

**Table 1.** *Assessment of job market for audiologist clinical service providers, by year.*

Assessment	%			
	2010 ( <i>n</i> = 275)	2012 ( <i>n</i> = 260)	2014 ( <i>n</i> = 167)	2016 ( <i>n</i> = 210)
More job openings than job seekers	10	10	11	15
Job openings and job seekers in balance	23	22	34	37
Fewer job openings than job seekers	67	69	55	49

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. Because of rounding, percentages may not add to exactly 100%.

## Greatest Professional Challenges

In 2016, 66% of audiologists reported that *budget constraints* were their greatest professional challenge (see Table 2). From 2010 to 2016, other top challenges were *high workload/caseload size*, *large amount of paperwork*, *limited parental involvement and support*, and *limited understanding of my role by others*.

**Table 2.** *Greatest professional challenges of school-based audiologists, by year.*

Challenge	%			
	2010 (n = 280)	2012 (n = 266)	2014 (n = 183)	2016 (n = 214)
Budget constraints	—	—	—	66
Ethical challenges	—	—	—	14
High workload/caseload size	51	46	44	42
Inadequate work space and facilities	19	19	28	27
Incorporating optimal service delivery models	—	—	21	27
Large amount of paperwork	59	49	52	39
Limited parental involvement and support	41	42	42	43
Limited support from the administration	26	29	28	32
Limited time for collaboration	—	—	28	23
Limited understanding of my role by others	50	50	48	61
Low salary	29	29	25	36
Medicaid billing	—	—	—	12
Out-of-pocket professional expenses	33	34	28	25
Personnel shortage	—	—	—	17
Travel/distance between schools	—	—	29	23

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. Dash indicates that the item was not included in the survey.

## Performance Evaluations

In 2014 and 2016, about one third of audiologists (32%–36%) reported that special education directors completed their performance evaluations (see Table 3). About one quarter of audiologists (24% in each year) reported that their evaluations were completed by supervisors of audiology programs.

**Table 3.** *Summary of who completes school-based audiologist performance evaluations, by year.*

Evaluator	%	
	2014 (n = 173)	2016 (n = 209)
Building principal/administrator	12	10
Special education director	36	32
Supervisor of speech-language program	8	11
Supervisor of audiology program	24	24
None of the above	23	15

*Note.* These data are from the 2014 and 2016 ASHA Schools Surveys.

## Employment and Earnings

### Employment Status

From 2010 to 2016, most audiologist survey respondents (80%–85%) worked full time (see Table 4).

**Table 4.** *Employment status of ASHA Schools Survey audiologist respondents, by year.*

Employment Status	%			
	2010 ( <i>n</i> = 271)	2012 ( <i>n</i> = 250)	2014 ( <i>n</i> = 173)	2016 ( <i>n</i> = 209)
Employed full time	82	85	84	80
Employed part time	18	15	16	20
Not currently employed	Removed from analyses			

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys.

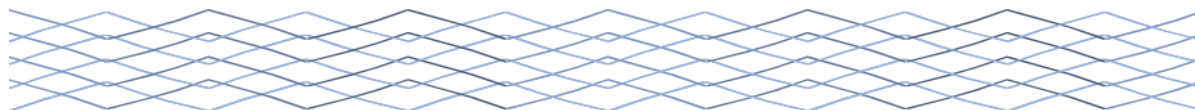
### Principal Employment Situation

From 2010 to 2016, most audiologist survey respondents (87%–95%) were salaried employees; a small percentage (3%–13%) were contractors (see Table 5.)

**Table 5.** *Principal employment situation of ASHA Schools Survey audiologist respondents, by year.*

Principal Employment Situation	%			
	2010 ( <i>n</i> = 268)	2012 ( <i>n</i> = 250)	2014 ( <i>n</i> = 204)	2016 ( <i>n</i> = 207)
Salaried employee, full time or part time	95	93	89	87
Contractor, full time or part time <sup>a</sup>	3	7	11	13
Owner (e.g., office-based or contract-based private practice)	2	—	—	—

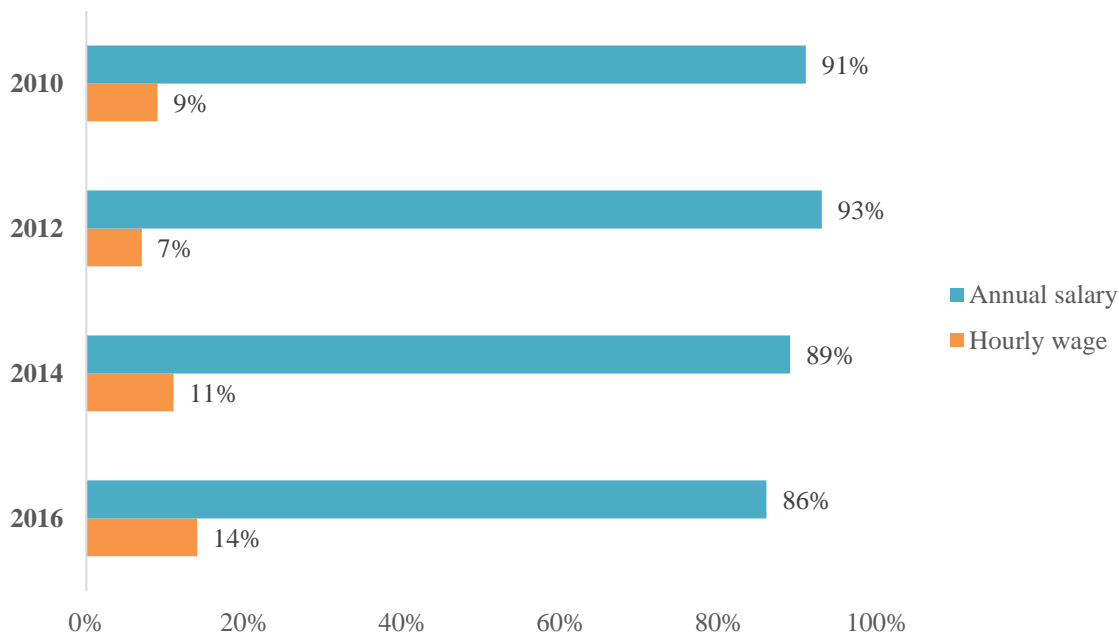
*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. <sup>a</sup>From 2010 to 2014, this item was *Contract employee (e.g., per diem or temporary)*. Dash indicates that the item was not included in the survey.



## Annual Salary or Hourly Wage

In 2016, most audiologists (86%) were paid an annual salary in their primary jobs, down slightly from recent past years (see Figure 1). The remainder were paid at an hourly rate.

**Figure 1.** Percentage of school-based audiologists who are paid an annual salary or an hourly wage in their primary jobs, by year.



*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys.  $n = 270$  (2010);  $n = 250$  (2012);  $n = 173$  (2014);  $n = 209$  (2016).

## Academic or Calendar Year

In 2016, most audiologists (78%) who were paid an annual salary in their primary jobs worked 9 or 10 months per year (an academic year), compared with 80% in 2010, 78% in 2012, and 71% in 2014. Most of the remainder (19%–29%) worked 11 or 12 months per year (a calendar year). In 2012, 1% of audiologists selected “worked other period” on the survey. (These data are not presented in any table.)



## Annual Salaries

In 2016, audiologists earned a median *academic year salary* of \$70,038, up from \$67,000 in 2014 (a 5% increase; see Table 6). They earned a median *calendar year salary* of \$82,000, up from \$77,157 in 2014 (a 6% increase).

**Table 6.** Median academic and calendar year salaries of school-based audiologists, by year.

Salary	Median salary (\$)			
	2010 (n = 194)	2012 (n = 186)	2014 (n = 128)	2016 (n = 151)
Academic year (9–10 months)	60,000	63,000	67,000	70,038
Calendar year (10–11 months)	70,239	69,836	77,157	82,000

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. The salaries are full-time gross salaries (salaries prior to deductions). They include salary supplements.

## Hourly Wages

In 2016, audiologists earned a median hourly wage of \$68.88. They worked a median of 16 hours per week. Sufficient data are not available to allow for the reporting of hourly wages and the number of hours worked per week for past survey years.

## Salary Supplements

In the 2010, 2012, 2014, and 2016 surveys, audiologists were asked whether they received a salary supplement, stipend, bonus, or other type of “salary upgrade” and, if so, why they received it. In these years, more audiologists received a supplement for having the ASHA CCC than for any other reason (see Table 7).

**Table 7.** Reasons why school-based audiologists receive a salary supplement, by year.

Reason	%			
	2010 (n ≥ 231)	2012 (n ≥ 222)	2014 (n ≥ 149)	2016 (n ≥ 193)
ASHA CCC	22	20	26	17
Bilingual services	1	2	2	1
Extra duties (e.g., Medicaid billing, supervision)	8	8	9	4
National Board Certification for teachers	—	—	—	5
Recruitment/retention bonus	3	3	4	1
Results of performance evaluation <sup>a</sup>	—	3	4	13

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. <sup>a</sup>In the 2012 and 2014 surveys, this item was *Results of value-added assessment*.

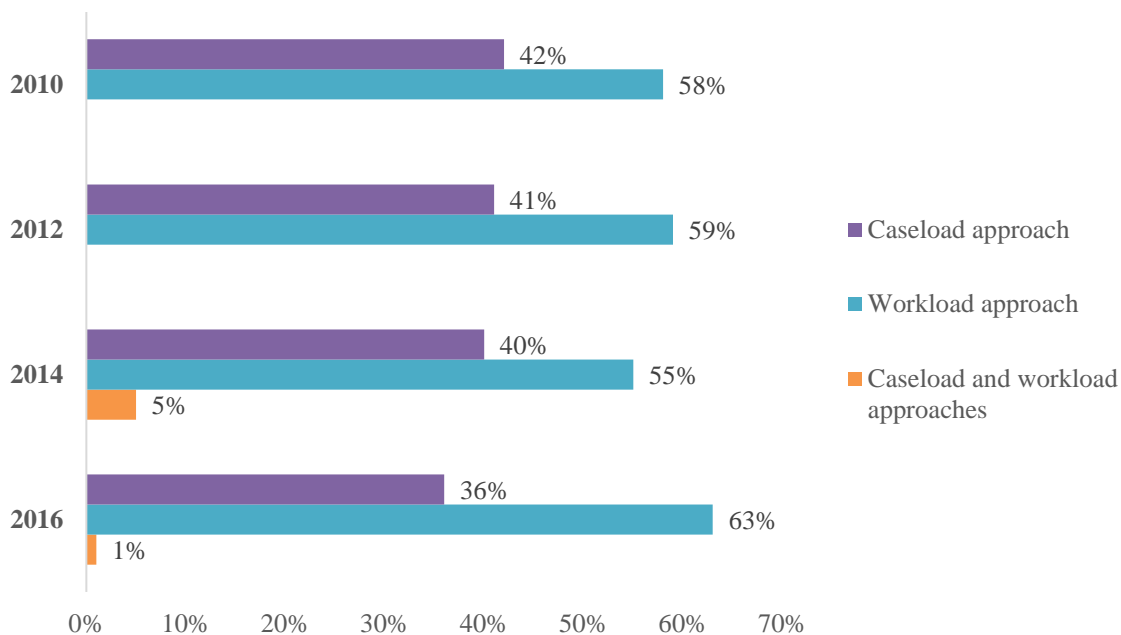
## Caseload/Workload

### Caseload Versus Workload Approach

As defined in the survey, a *caseload approach* is based on the number of students served; a *workload approach* is based on all activities required and performed.

From 2010 to 2016, about half of audiologists (50%–63%) who provided clinical services to students indicated that a workload approach was used to determine the number of students they served (see Figure 2).

**Figure 2.** Percentage of school-based audiologists who report that caseload and workload approaches are used to determine the number of students they serve, by year.



*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. In 2010 and 2012, *Caseload and workload approaches* (combined) was not included in the survey.  $n = 229$  (2010);  $n = 201$  (2012);  $n = 147$  (2014);  $n = 135$  (2016).

### Caseload Size

In 2016, audiologists had a median monthly caseload size of 60, up from 50 in 2010 and 2012 and up from 55 in 2014. In other words, in 2016, each audiologist treated about 60 different students in a typical month. (These data are not presented in any table.)

## Areas of Intervention

From 2010 to 2016, most audiologists (63%–92%) treated students with hearing loss; 31%–46% treated students with autism spectrum disorder; and 31%–45% treated students with auditory processing disorders (see Table 8).

**Table 8.** *Percentage of school-based audiologists treating students, by area of intervention and year.*

Area of intervention	%			
	2010 (n = 175)	2012 (n = 158)	2014 (n = 100)	2016 (n = 99)
Auditory processing disorders	44	31	43	45
Autism spectrum disorder <sup>a</sup>	32	33	31	46
Childhood apraxia of speech	9	8	9	14
Cognitive communication disorders	—	—	14	30
Dysphagia (swallowing/feeding disorders)	3	5	0	5
Fluency disorders	7	10	6	7
Hearing loss <sup>b</sup>	84	63	76	92
Language disorders: Pragmatics/social communication	15	18	17	31
Language disorders: Semantics, morphology, syntax	—	—	15	29
Nonverbal, augmentative and alternative communication (AAC)	18	15	12	23
Reading and writing (literacy) difficulties	15	9	9	17
Selective mutism	5	6	5	5
Speech sound disorders <sup>c</sup>	16	19	12	20
Traumatic brain injury	8	9	0	6
Voice or resonance disorders	3	4	1	0

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. <sup>a</sup>From 2010 to 2012, this item was *Autism spectrum disorders, including pervasive developmental disorder and Asperger's*. <sup>b</sup>From 2010 to 2012, this item was *Hearing disorders*. <sup>c</sup>From 2010 to 2014, this item was *Articulation/phonological disorders*. Dash indicates that the item was not included in the survey.

From 2010 to 2016, audiologists' caseloads included a higher average number of students with hearing loss than students with other disorders. Numbers ranged from 50 to 80 students (see Table 9).

**Table 9.** Average number of students on school-based audiologists' caseloads, by area of intervention and year.

Area of intervention	#			
	2010 ( <i>n</i> varies)	2012 ( <i>n</i> varies)	2014 ( <i>n</i> varies)	2016 ( <i>n</i> varies)
Auditory processing disorders	5	12	14	8
Autism spectrum disorder <sup>a</sup>	7	10	7	8
Childhood apraxia of speech	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Cognitive communication disorders	—	—	<i>n/r</i>	11
Dysphagia (swallowing/feeding disorders)	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Fluency disorders	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Hearing loss <sup>b</sup>	50	79	80	59
Language disorders: Pragmatics/social communication	8	20	<i>n/r</i>	27
Language disorders: Semantics, morphology, syntax	—	—	<i>n/r</i>	26
Nonverbal, AAC	7	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Reading and writing (literacy) difficulties	21	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Selective mutism	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Speech sound disorders <sup>c</sup>	27	34	<i>n/r</i>	<i>n/r</i>
Traumatic brain injury	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Voice or resonance disorders	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. *n/r* = not reported (to provide more certain results, we do not report data for groups of fewer than 25 survey respondents). <sup>a</sup>From 2010 to 2012, this item was *Autism spectrum disorders, including pervasive developmental disorder and Asperger's*. <sup>b</sup>From 2010 to 2012, this item was *Hearing disorders*. <sup>c</sup>From 2010 to 2014, this item was *Articulation/phonological disorders*. The numbers included in this table were provided by respondents who do treat students in the areas of intervention listed. The *n* values vary widely because respondents did not treat students in all areas. Dash indicates that the item was not included in the survey.

## Degree of Communication Impairment

From 2010 to 2016, audiologists had a somewhat higher percentage of students in their monthly caseloads with moderate impairments than with mild or severe/profound impairments (see Table 10).

**Table 10.** *Percentage of students on school-based audiologists' monthly caseloads, by degree of communication impairment and year.*

Degree of impairment	%			
	2010 (n = 158)	2012 (n = 134)	2014 (n = 90)	2016 (n = 87)
Severe/profound impairment	25	29	31	31
Moderate impairment	31	38	39	40
Mild impairment	24	33	30	30
Not IEP, RtI, or 504 <sup>a</sup>	20	—	—	—

*Note.* These data are from the 2010, 2012, and 2014 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. <sup>a</sup>Not Individualized Education Program (IEP), response to intervention (RtI), or Section 504 of the Rehabilitation Act of 1973. Respondents used their states' or school districts' definitions of *degree of communication impairment*. Because of rounding, percentages may not add to exactly 100%.

## Activities

In 2014 and 2016, audiologists spent much of their time each week performing diagnostic evaluations (12 hours), providing technological support (8–9 hours), and completing paperwork (7 hours; see Table 11).

**Table 11.** *Number of hours per week that school-based audiologists spend on activities, by year.*

Activity	# Hrs/wk	
	2014 (n = 92)	2016 (n = 76)
Direct intervention: Classroom-based/integrated services	2	2
Direct intervention: Pullout	3	3
Services to Section 504 students	1	1
Documentation/paperwork	7	7
Medicaid billing	—	1
Other indirect activities <sup>a</sup>	6	2
MTSS/RtI activities	1	0
Diagnostic evaluations (e.g., observation, screening, scoring, analysis)	12	12
Technological support (e.g., hearing aids/cochlear implants, AAC) <sup>b</sup>	8	9
Supervision	1	1

*Note.* These data are from the 2014 and 2016 ASHA Schools Surveys. <sup>a</sup>In 2014, this item was *Other indirect activities* (e.g., building activities, travel, IEP meetings, consultation). <sup>b</sup>In 2014, this item was *Troubleshooting technology* (e.g., hearing aids, AAC, cochlear implants, personal FM systems). Dash indicates that the item was not included in the survey. Analyses were limited to clinicians who were employed full time, worked a maximum of 52 hours per week, and had a caseload size of at least one student.

## Multi-Tiered Systems of Support/Response to Intervention

In 2016, more than one third of audiologists (38%) did not participate in MTSS/RtI or pre-referral, up from 26%–27% in recent past years (see Table 12).

**Table 12.** *Percentage of school-based audiologists participating in MTSS/RtI or pre-referral, by role and year.*

Role	%			
	2010 (n = 239)	2012 (n = 222)	2014 (n = 147)	2016 (n = 142)
Conduct screenings	38	44	45	37
Provide consultation as a member of the pre-referral team <sup>a</sup>	43	56	52	37
Provide direct services within general education	21	27	26	12
Provide strategies to classroom teachers	46	48	51	39
Not applicable: I don't participate in MTSS/RtI or pre-referral <sup>b</sup>	29	27	26	38

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. <sup>a</sup>In 2010, 2012, and 2014, this item was *Provide consultation*. <sup>b</sup>In 2010 and 2012, this item was *Not applicable: I don't participate in RtI*.

## Cultural and Linguistic Diversity

In 2014 and 2016, audiologists were asked to use a 5-point scale to rate how qualified they believe they are to address cultural and linguistic influences on service delivery and outcomes. As displayed in Table 13, nearly half (45% in each year) rated themselves as 3—the middle score.

**Table 13.** *Ratings for how qualified school-based audiologists believe they are to address cultural and linguistic influences on service delivery and outcomes, by year.*

Rating	%	
	2014 (n = 158)	2016 (n = 172)
1 = <i>Not at all qualified</i>	6	6
2	21	20
3 (Midpoint)	45	45
4	20	24
5 = <i>Very qualified</i>	7	5

*Note.* These data are from the 2014 and 2016 ASHA Schools Surveys. Because of rounding, percentages may not add to exactly 100%.

## Member Satisfaction Ratings

From 2010 to 2016, about half of audiologists (41%–62%) indicated that, overall, ASHA was doing a “good” or “excellent” job in serving its school-based members (see Table 14).

From 2012 to 2016, about half of audiologists indicated that ASHA was doing a “good” or “excellent” job with advocacy and continuing education. More than half to three-quarters of audiologists indicated that ASHA was doing a “good” or “excellent” job with online resources. About half of audiologists indicated that ASHA was doing a “fair” or “good” job with professional consultation.

**Table 14.** Ratings for what kind of job ASHA is doing in serving its school-based members, overall and with advocacy, continuing education, online resources, and professional consultation, by year.

Rating	%			
	Overall			
	2010 (n = 265)	2012 (n ≥ 257)	2014 (n ≥ 175)	2016 (n ≥ 197)
Poor	9	4	2	4
Fair	49	31	24	30
Good	38	42	56	45
Excellent	3	7	6	5
Don't know, not applicable	—	17	12	16
With Advocacy				
Poor	—	7	6	8
Fair	—	28	31	27
Good	—	32	33	35
Excellent	—	7	10	5
Don't know, not applicable	—	25	21	26
With Continuing Education				
Poor	—	8	3	6
Fair	—	30	24	32
Good	—	41	44	38
Excellent	—	10	18	11
Don't know, not applicable	—	10	11	14
With Online Resources				
Poor	—	4	1	2
Fair	—	21	15	24
Good	—	45	53	44
Excellent	—	16	22	16
Don't know, not applicable	—	15	9	14
With Professional Consultation				
Poor	—	5	4	5
Fair	—	20	20	25
Good	—	24	25	19
Excellent	—	5	4	2
Don't know, not applicable	—	45	48	49

*Note.* These data are from the 2010, 2012, 2014, and 2016 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. Because of rounding, percentages may not add to exactly 100%.

## Survey Methodology and Response Rates

The survey was mailed in February 2016 to a random sample of 500 ASHA-certified audiologists and 4,000 ASHA-certified SLPs 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, eight had incorrect mailing addresses, 21 had retired, and 24 were ineligible for other reasons, which left 4,447 possible respondents. The actual number of respondents was 2,108—a 47.4% response rate.

Of the *original 500 audiologists* in the sample, 493 were eligible to complete the survey. The actual number of respondents was 214—a 43.4% response rate. The results presented in this report are based on responses from those 214 individuals.

Past ASHA Schools Survey response rates were as follows:

- 2010: 64.8% (overall); 59.1% (among audiologists)
- 2012: 63.6% (overall); 54.4% (among audiologists)
- 2014: 46.0% (overall); 38.0% (among audiologists)

## Suggested Citation

American Speech-Language-Hearing Association. (2016). *Schools survey report: Trends in educational audiology, 2010–2016*. Available from [www.asha.org](http://www.asha.org).

## Additional Information

Companion reports are available on the ASHA website at [www.asha.org/research/memberdata/schoolssurvey/](http://www.asha.org/research/memberdata/schoolssurvey/).

## Questions?

For additional information regarding this report, please contact Pam Mason, director of audiology professional practices, at [pmason@asha.org](mailto:pmason@asha.org) or 800-498-2071, ext. 5790. To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit [www.asha.org/aud/](http://www.asha.org/aud/).

## Acknowledgment

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and the public. Thank you!