



2016 Schools SURVEY



SLP Caseload Characteristics

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Executive Summary

In Spring 2016, 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, students' homes, and combined school settings. Data are not presented for table cells with fewer than 25 respondents.

Overall Findings

- ◆ 81% of clinical service providers used a caseload approach; 15% used a workload approach; 4% used both approaches.
- ◆ Median caseload size was 48 students.
- ◆ The largest median caseload (64) was in Florida, and the smallest (31) was in New York.
- ◆ 43% of the students in a typical caseload had moderate impairment.
- ◆ Students with severe impairment were a majority (67%) of cases in day/residential schools.
- ◆ At least 90% of SLPs served students with language disorders (semantics, morphology, syntax), language disorders (pragmatics/social communication), and autism spectrum disorder.
- ◆ Clinical service providers spent an average of 19 hours weekly providing services in a pull-out model.
- ◆ Providing strategies to classroom teachers was the most frequently identified Response to Intervention (RtI) or pre-referral role for SLPs in special day/residential, preschool, elementary, and secondary schools.
- ◆ More than half (54%) of the SLPs said that they were required to make up missed sessions any time they missed a session for any reason.
- ◆ SLPs in cities or urban areas (42%) were more likely than those in suburban (33%) or rural areas (24%) to identify themselves as qualified to address cultural and linguistic influences on service delivery and outcomes.

**Caseload
or
Workload?**

SLPs as well as educational audiologists were sampled for the 2016 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 required and performed activities.

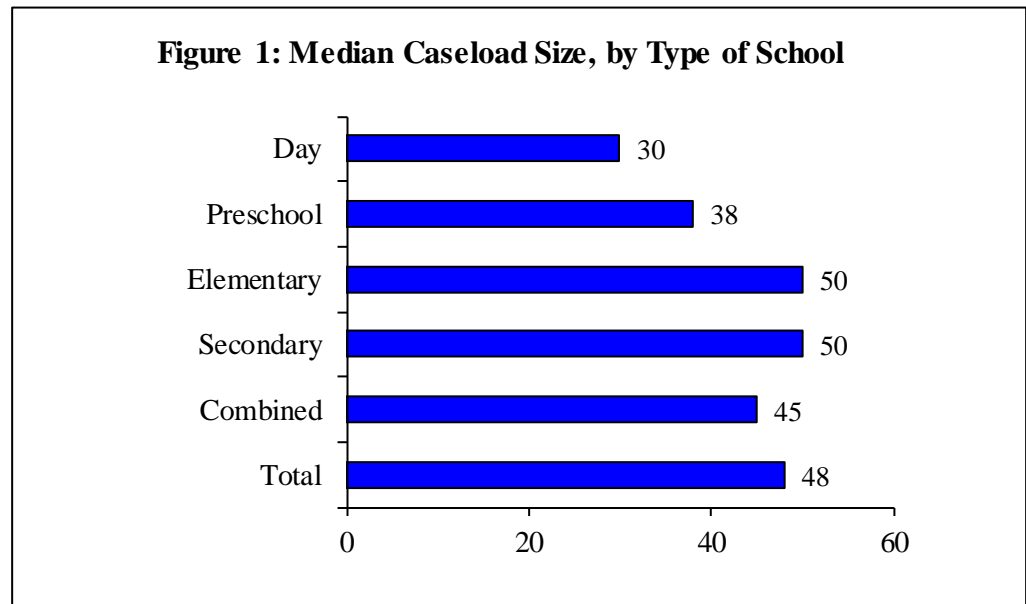
Four out of five clinical service providers (81%) who worked either full time or part time reported that they used solely a caseload approach to describe their work; 15% used a workload approach, and 4% used both caseload and workload approaches. Their responses varied by type of facility ($p = .010$) and division of the country ($p = .015$) but not by population density ($p = .962$), years of experience in the schools ($p = .293$), or years of experience in the professions ($p = .152$).

- ◆ Use of the workload approach was highest for SLPs who worked in combined school settings (22%) and lowest for those who worked in elementary and secondary schools (13%).
- ◆ The percentage of SLPs who selected workload ranged from 10% of clinical service providers in the East North Central states to 21% of those in the West North Central states.

**Caseload
Size...**

...by Facility

The median monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full time was 48 (range = 3–150). Caseload size was lowest in special day/residential schools (30) and highest in elementary and secondary schools (50; see Figure 1).



Note. $n = 1,328$.

...by State

Fewer than 40% ($n = 19$) of the states had a sufficient number of respondents to warrant reporting their caseload sizes. The highest reportable caseload size was in Florida (64), and the lowest was in New York (31; see Table 1).

Table 1: Median Caseload Size, by State

State	Caseload	State	Caseload
AK		MT	
AL		NC	48
AR		ND	
AZ		NE	
CA	55	NH	
CO		NJ	40
CT	35	NM	
DC		NV	
DE		NY	31
FL	64	OH	55
GA	42	OK	
HI		OR	
IA		PA	50
ID		RI	
IL	50	SC	
IN		SD	
KS		TN	
KY	60	TX	51
LA		UT	
MA	40	VA	55
MD	45	VT	
ME		WA	
MI	50	WI	40
MN	36	WV	
MO	40	WY	
MS			

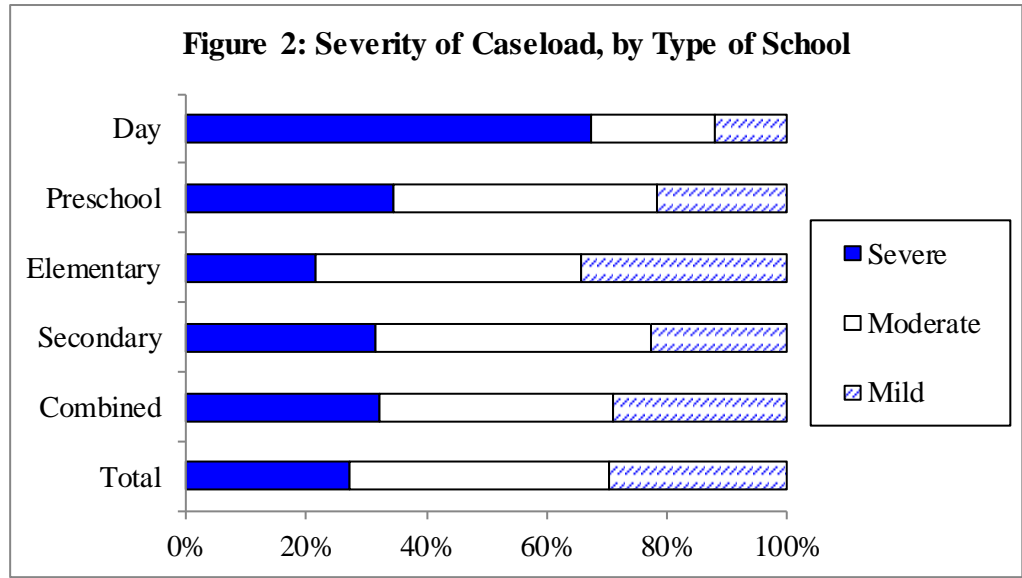
Note. $n = 1,328$. Blank cells indicate fewer than 25 respondents provided data.



Severity

Using their own state’s or school district’s definition for *degree of communication impairment*, SLPs identified 43% of their typical caseload as having a *moderate impairment*. Means ranged from 21% to 46% in the various types of schools.

An additional 30% of students had *mild impairments*, and 27% had *severe or profound impairments*. The latter group showed variability across settings: 22% in elementary schools, 31% in secondary schools, 32% in combined school settings, 35% in preschools, and 67% in day/residential schools (see Figure 2).



Note. $n = 1,283$.



Areas of Intervention

The four areas of intervention in which most of the school-based SLPs had students were autism spectrum disorder (91%); language disorders: semantics, morphology, syntax (91%); language disorders: pragmatics/social communication (90%); and speech sound disorders (89%; see Table 2).

The largest average number of students seen, grouped by area of intervention, was for semantics, morphology, and syntax (22), followed by speech sound disorders (18). The smallest number was for voice or resonance disorders (1) and selective mutism (1).

Table 2: Areas of Intervention		
Area of intervention	Percentage of SLPs who regularly serve students in this area	Mean number served (includes only SLPs who <u>do</u> serve these students)
Auditory processing disorder (APD)	37.0	6.1
Autism spectrum disorders (ASD)	91.3	9.5
Childhood apraxia of speech (CAS)	63.4	3.2
Cognitive communication disorders	60.1	9.5
Dysphagia (swallowing/feeding)	10.5	2.3
Fluency disorders	68.6	2.6
Hearing loss	46.4	3.0
Language disorders: pragmatics/ social communication	89.5	12.4
Language disorders: semantics, morphology, syntax	90.8	21.8
Nonverbal, AAC	55.1	4.8
Reading and writing (literacy)	33.0	15.2
Selective mutism	17.6	1.4
Speech sound disorders	88.7	18.2
Traumatic brain injury (TBI)	17.1	1.5
Voice or resonance disorders	17.5	1.4

Note. $n = 1,328$. SLP = speech-language pathologist; AAC = augmentative and alternative communication.

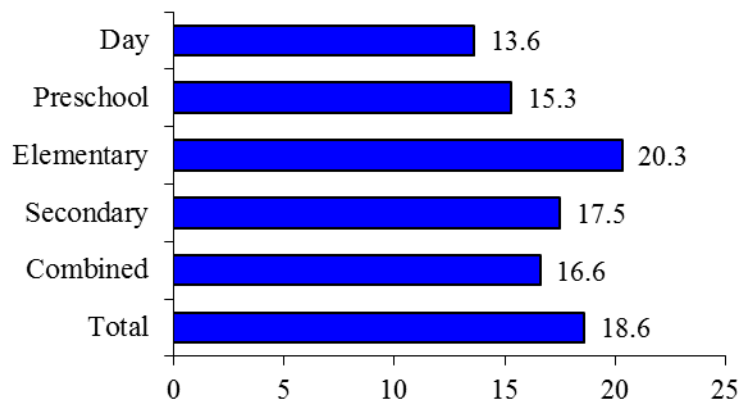
Activities

More of the clinical service providers' time was spent in pull-out service than in any other activity. Time spent on this activity was highest in elementary schools and lowest in special day or residential schools (see Figure 3).

Overall, clinical service providers spent an average of less than 1 hour weekly on services to Section 504 students, technological support, and supervision as well as nearly

- 19 hours weekly in pull-out service for direct intervention;
- 7 hours in documentation and paperwork;
- 5 hours in classroom-based integrated services;
- 3 hours on diagnostic evaluations;
- 2 hours on Medicaid billing;
- 2 hours on other indirect activities; and
- 1 hour on MTSS/RtI activities.

Figure 3: Mean Weekly Hours in Traditional Pull-Out Service, by Type of School



Note. n = 1,033.



MTSS/RtI

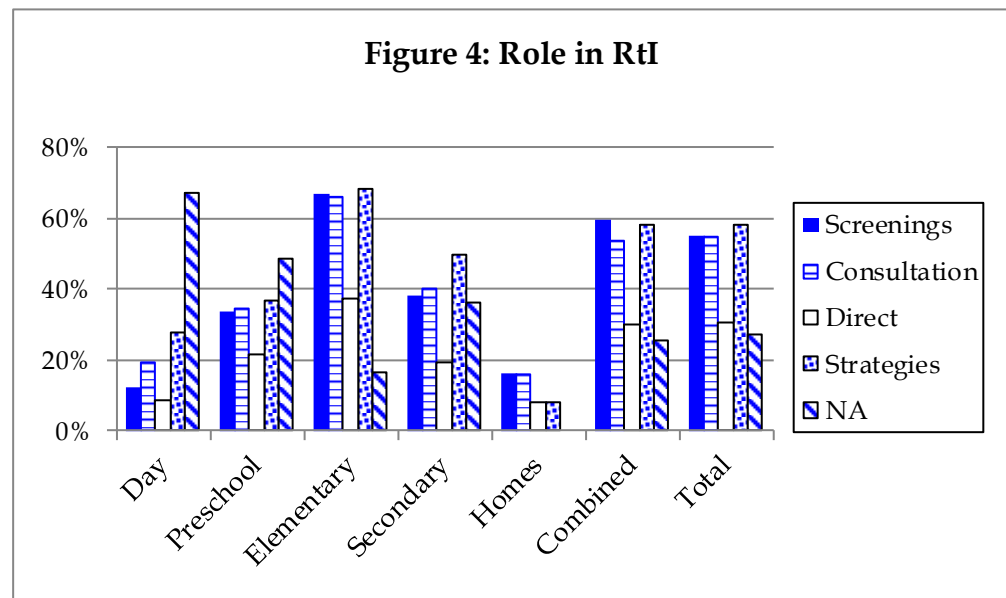
Overall, 27% of the SLPs said that they did not have a role in multi-tiered systems of support (MTSS)/response to intervention (RtI) or pre-referral. The range was from 16% of SLPs in elementary schools to 67% of those in special day/residential schools ($p = .000$; see Figure 4).

Conducting screenings was the most common RtI activity in combined school settings (60%), and it tied with pre-referral consultation as the most common RtI activity in students' homes (16). The range for this role was from 12% in special day/residential schools to 67% in elementary schools ($p = .000$).

The proportion of SLPs who provide consultation as a member of the pre-referral team ranged from 16% in students' homes to 66% in elementary schools ($p = .000$).

Providing direct services within general education also varied by type of facility. Overall, 30% of SLPs selected this response, ranging from a low of 8% in students' homes to 38% in elementary schools ($p = .000$).

Providing strategies to classroom teachers was the RtI role most often selected by respondents working in special day/residential schools (28%), preschools (37%), elementary schools (69%), and secondary schools (50%; $p = .000$).



Note. $n = 1,597$. RtI = response to intervention; NA = not applicable.

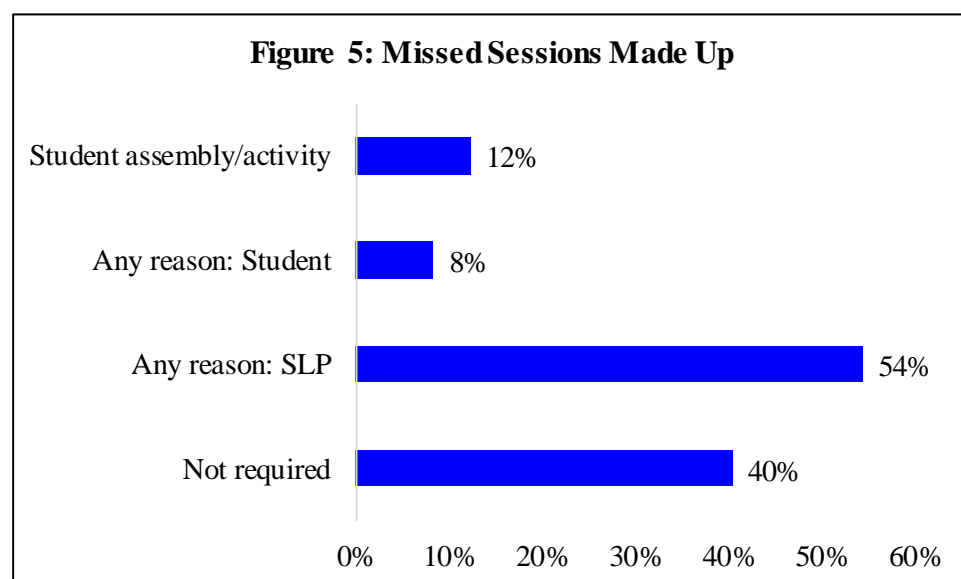


Missed Sessions

Survey respondents were asked to select which of four possible circumstances addressed whether they were required to make up missed sessions. They could select multiple responses.

- I am not required to make up missed sessions.
- When the student misses a session due to assembly or classroom activity.
- Any time a student misses a session for any reason.
- Any time I miss a session for any reason.

More than half (54%) said they would need to make up a session any time that they missed a session for any reason. Fewer (40%) said that they were not required to make up missed sessions. Between these two extremes, 12% of the SLPs said that a session would need to be made up when the student missed a session due to assembly or classroom activity, and 8% said a makeup session was required any time a student missed a session for any reason (see Figure 5).



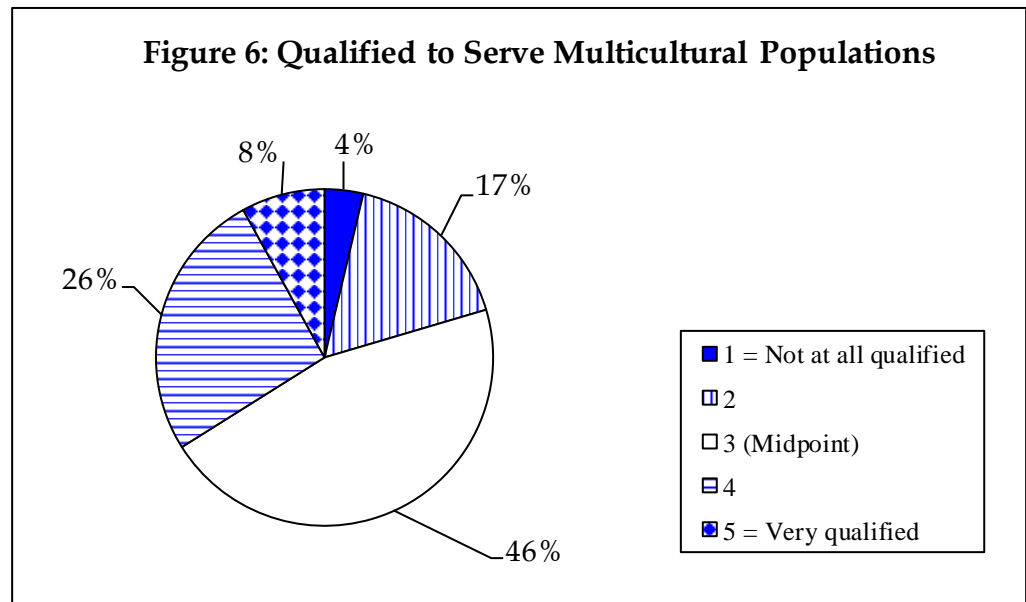
Note. $n = 1,597$. SLP = speech-language pathologist.

Three predictor variables affected the likelihood of SLPs reporting that they were not required to make up missed sessions.

- *The facility mattered.* Not surprisingly, none of the SLPs who provided services in students' homes were required to make up a session when the student missed because of an assembly or classroom activity, whereas 14% of SLPs in elementary and 15% in secondary schools were required to make up a session under those circumstances ($p = .003$).
- *Geographic area also had an effect.* Fewer than one third of the SLPs in West South Central (27%), Pacific (30%), and South Atlantic states (31%) said they were not required to make up missed sessions, compared with more than half in West North Central (52%) and New England states (57%; $p = .000$).
- *Population density was influential as well.* Thirty-four percent of SLPs in city or urban areas, 42% in suburban areas, and 45% in rural areas were not required to make up missed sessions ($p = .002$).

ELL
Qualified

Respondents were asked to indicate how qualified they were to address cultural and linguistic influences on service delivery and outcomes on a 5-point scale. More SLPs selected the midpoint than any other option (see Figure 6).

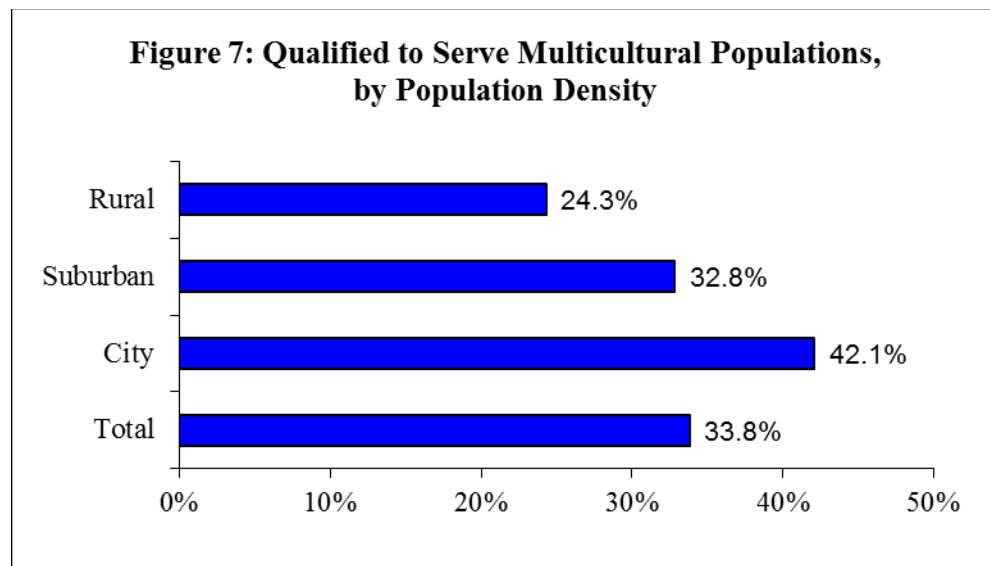


Note. n = 1,689.

Identification as *very qualified* varied by area of the county. SLPs in New England (14%) and the South Atlantic states (12%) were among the most likely to state that they were very qualified whereas those in the East South Central (1%) and West North Central states (2%) were among the least likely to do so ($p = .000$).

...by Population
Density

Population density also had an effect on the responses that SLPs gave to this question ($p = .000$). SLPs in city or urban areas were the most likely to select points above the middle (4 or 5 on a 5-point scale).



Note. n = 1,670.

Survey Notes and Methodology

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 Schools Survey to better understand the priorities and needs of SLPs and educational audiologists.

Response Rate

The survey was mailed in February 2016 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, eight had undeliverable 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, which represents a 47.4% response rate.

Of the original 4,000 SLPs in the sample, eight had undeliverable mailing addresses, 18 had retired, and 21 were ineligible for other reasons, which left 3,953 possible respondents. The actual number of respondents was 1,894, a **47.9%** response rate among SLPs. The results presented in this report are based on responses from those 1,894 SLPs.

Reports

Results from the 2016 Schools Survey are presented in a series of reports for SLPs:

- *SLP Caseload Characteristics*
- *SLP Workforce and Work Conditions*
- *SLP Practice Issues*
- *SLP Annual Salaries and Hourly Wages*
- *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*.



Suggested Citation

American Speech-Language-Hearing Association. (2016). *2016 Schools Survey report: SLP caseload characteristics*. Available from www.asha.org/research/memberdata/schoolsurvey/.

Supplemental Sources

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American Speech-Language-Hearing Association. (2002). *A workload analysis approach for establishing speech-language caseload standards in the school* [Position Statement]. Available from www.asha.org/policy.

Additional Information

For additional information regarding the 2016 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/.

Thank You

ASHA would like to thank the SLPs who completed the 2016 Schools Survey. Reports like this one are possible only because people like *you* participate.

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