



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Schools Survey Report: Trends in Educational Audiology 2010–2012

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

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Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the 2012 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 ASHA Schools Survey are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for both survey years.

Survey Report Highlights

Workforce and Work Conditions

- From 2010 to 2012, more than half (67%–69%) of audiologists reported that job openings for clinical service providers were fewer than job seekers.
- From 2010 to 2012, audiologists who reported there was a shortage of clinical service providers were asked to indicate the impact of the shortage. Most (67%–83%) indicated “increased caseload or workload.”
- In 2012, nearly three quarters (73%) of audiologists reported that “budget cuts” were their greatest professional challenge. Other top challenges were “high amount of paperwork,” “high caseload or workload size,” and “lack of others’ understanding of my role.”

Employment and Earnings

- From 2010 to 2012, the majority (80% in both years) of audiologists worked full-time; 14%–18% worked part-time. The remainder were on leave of absence, not employed, or retired.
- From 2010 to 2012, the majority (93%–95%) of audiologists were salaried employees; 3%–7% were contract employees.
- From 2010 to 2012, the majority (91%–93%) of audiologists were paid an annual salary in their primary job. The remainder were paid at an hourly rate.
- From 2010 to 2012, the majority (78%–80%) of audiologists who were paid an annual salary in their primary job worked 9 or 10 months per year.
- In 2012, the median *academic year salary* of audiologists was \$63,000, up from \$60,000 in 2010 (a 5% increase). The median *calendar year salary* of audiologists was \$69,836, down slightly from \$70,239 in 2010 (a 1% decline).
- From 2010 to 2012, more audiologists received a salary supplement for having their ASHA Certificate of Clinical Competence (CCC) than for any other reason.

- In 2012, 15% of audiologists had unpaid student debt. The median amount owed was \$25,000, down slightly from \$26,000 in 2010.

Caseload Characteristics

- From 2010 to 2012, more than half (56%–57%) of audiologists indicated that a workload approach, as opposed to a caseload approach, was used to determine the number of students they served.
- From 2010 to 2012, audiologists had a median monthly caseload size of 50.
- From 2010 to 2012, most (63%–84%) audiologists served students with hearing disorders. About one third served students with autism spectrum disorders, cognitive impairments/developmental disabilities, or auditory processing disorders.
- From 2010 to 2012, the monthly caseload of audiologists included a higher average number of students with hearing disorders than students with other disorders. (Numbers ranged from 50–79 students each month.)
- From 2010 to 2012, audiologists had a somewhat higher percentage of students in their caseload with moderate impairments than with mild or severe/profound impairments.
- In 2012, 20% of audiologists reported that they had no English Language Learner (ELL) students in their caseload, down from 25% in 2010. Of those who did, the median number of ELL students in their caseload was eight, up from five in 2010.
- From 2010 to 2012, audiologists provided services to ELL students mostly in English or with the assistance of trained interpreters.
- From 2010 to 2012, audiologists used a 5-point scale to rate how qualified they believe they are to provide services to multicultural populations. More than one third (37%–42%) rated themselves as 3, the middle score.
- From 2010 to 2012, audiologists increasingly became engaged in Response to Intervention (RTI). About half currently conduct screenings, provide consultation, and offer strategies to classroom teachers.

Member Satisfaction Ratings

- From 2010 to 2012, most (73%–88%) audiologists indicated that overall, ASHA was doing a “fair” or “good” job in serving its school-based members.

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. From 2010 to 2012, more than half (67%–69%) of audiologists reported that job openings for clinical service providers were fewer than job seekers (see Table 1).

Table 1. Based on your own observations and experiences, rate the current job market for clinical service providers in your type of employment facility and in your geographic area.

	2010	2012
Job openings more numerous than job seekers	10%	10%
Job openings in balance with job seekers	23%	22%
Job openings fewer than job seekers	67%	69%

n = 275 (2010); *n* = 260 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Impact of Shortage of Clinical Service Providers

Audiologists who reported there was a shortage of clinical service providers in their type of school setting and geographic area were asked to indicate the impact of the shortage. From 2010 to 2012, most (67%–83%) indicated “increased caseload or workload” (see Table 2).

Table 2. What is the impact of the shortage of clinical service providers?

	2010	2012
Decrease in job satisfaction	52%	37%
Decreased opportunities for appropriate service delivery	31%	64%
Decreased quality of service	28%	44%
Increased caseload or workload	67%	83%
Increased use of support personnel/contracted service providers, or noncertified audiologists	—	28%
Increased use of telepractice services	0%	5%
Less opportunity for networking and collaborating	44%	27%
There is no impact.	6%	4%

Note. Dash indicates that item was not included in survey.

n = 27 (2010); *n* = 25 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Greatest Professional Challenges

In 2012, nearly three quarters (73%) of audiologists reported that “budget cuts” were their greatest professional challenge. Other major challenges were “high amount of paperwork,” “high caseload or workload size,” and “lack of others’ understanding of my role” (see Table 3).

Table 3. What are your greatest challenges as a school-based professional?

	2010	2012
Budget cuts	—	73%
High amount of paperwork	59%	49%
High caseload or workload size	51%	46%
Implementing RTI	14%	8%
Inadequate work space and facilities	19%	19%
Lack of support from administration	26%	29%
Lack of materials, assessment tools, and technology ^a	16%	19%
Lack of others’ understanding of my role	50%	50%
Lack of parental involvement and support	41%	42%
Lack of time for appropriate service delivery models	31%	32%
Lack of time for planning, collaboration, and meeting with teachers	31%	33%
Lack of training for ELLs, hearing-related technology, augmentative and alternative communication (AAC) technology, low-incidence disorders, or curriculum-based instruction	12%	12%
Low salary	29%	29%
Out-of-pocket professional expenses	33%	34%
Value-added assessments	—	3%

^a In 2010, this item was “Lack of materials and assessment tools.”

Note. Dash indicates that item was not included in survey.

n = 280 (2010); *n* = 266 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Employment and Earnings

Employment Status

From 2010 to 2012, the majority (80% in both years) of survey respondents worked full-time; 14%–18% worked part-time. The remainder were on leave of absence, not employed, or retired (see Table 4).

Table 4. Which one of the following categories best describes your employment status?

	2010	2012
Employed full-time	80%	80%
Employed part-time	18%	14%
On leave of absence	1%	0%
Not employed but actively seeking employment	0%	2%
Not employed and not seeking employment	1%	1%
Retired	1%	3%

n = 280 (2010); *n* = 265 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Principal Employment Situation

From 2010 to 2012, the majority (93%–95%) of respondents were salaried employees; a small percentage (3%–7%) were contract employees (see Table 5.)

Table 5. Which one of the following best describes your principal employment situation?

	2010	2012
Salaried employee, full-time or part-time	95%	93%
Contract employee (e.g., per diem or temporary)	3%	7%
Owner (e.g., office-based or contract-based private practice)	2%	—

Note. Dash indicates that item was not included in survey.

n = 268 (2010); *n* = 250 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Salary Basis

Annual Salary or Hourly Wage

From 2010 to 2012, the majority (91%–93%) of audiologists were paid an annual salary in their primary job; the remainder were paid at an hourly rate.

Academic or Calendar Year

From 2010 to 2012, the majority (78%–80%) of audiologists who were paid an annual salary in their primary job worked 9 or 10 months per year (an academic year). Most (19%–21%) of the remainder worked 11 or 12 months per year (a calendar year). One percent or less selected “work other period” in each survey year.

Annual Salaries

In 2012, audiologists earned a median *academic year salary* of \$63,000, up from \$60,000 in 2010 (a 5% increase.) In 2012, they earned a median *calendar year salary* of \$69,836, down slightly from \$70,239 in 2010 (a 1% decline). These salaries are full-time gross salaries (salaries prior to deductions). They include payment for extra duties and responsibilities.

Salary Supplements

From 2010 to 2012, 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 both years, nearly one quarter (20%–22%) of audiologists indicated they received a supplement for having the ASHA CCC; 8% for doing extra work (Medicaid billing, supervision, etc.); 3% as a recruitment/retention bonus; and 1%–2% for providing bilingual services. In 2012, 3% received a supplement as a result of value-added assessment.

Student Debt

In 2012, a small percentage (15%) of survey respondents had unpaid student debt. The median amount owed was \$25,000, down slightly from \$26,000 in 2010.



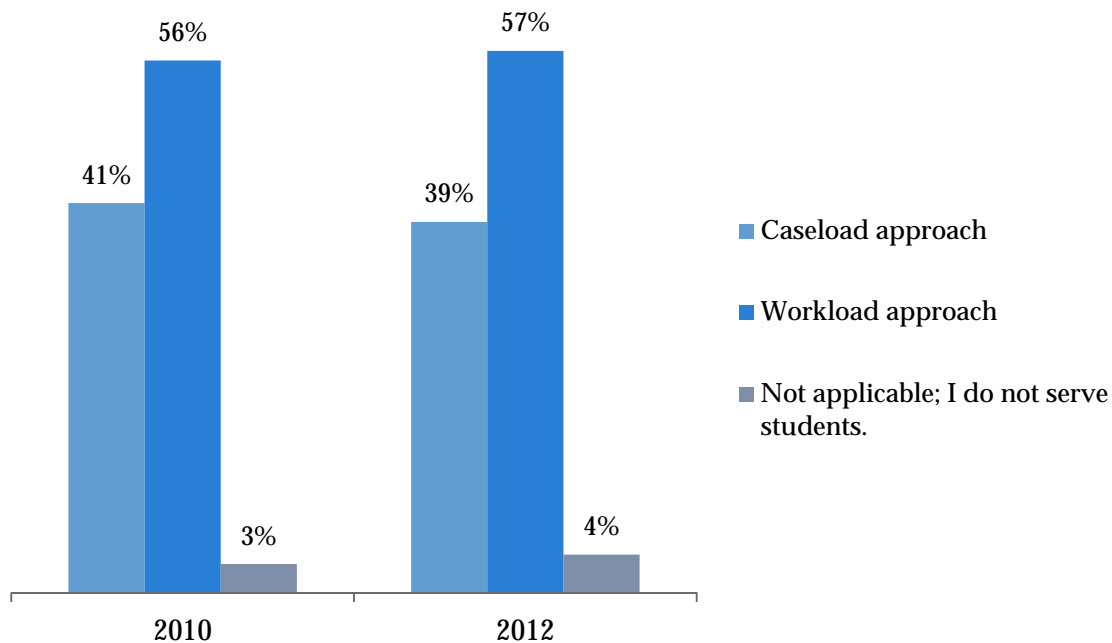
Caseload Characteristics

Caseload vs. Workload Approach

A caseload approach is based on the number of students served; a workload approach is based on the number of students served plus additional responsibilities.

From 2010 to 2012, more than half (56%–57%) of audiologists indicated that a workload approach was used to decide the number of students they served (see Figure 1).

Figure 1. Which approach is used to determine the number of students you serve?



$n = 229$ (2010); $n = 209$ (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Caseload Size

From 2010 to 2012, audiologists had a median monthly caseload size of 50. In other words, each audiologist treated on average about 50 different students in a typical month.

Areas of Intervention

From 2010 to 2012, most (63%–84%) audiologists served students with hearing disorders (see Table 6). About one third served students with autism spectrum disorders, cognitive impairments/developmental disabilities, or auditory processing disorders.

The monthly caseload of audiologists included a higher average number of students with hearing disorders than students with other disorders. (Numbers ranged from 50–79 students each month.) Audiologists also consistently served a relatively high number of students in the area of articulation/phonological disorders. (Numbers ranged from 27–34 students each month.)

Table 6. Percentage of school-based audiologists serving students in areas of intervention and number of students served in a typical month

	2010		2012	
	Percentage	Number	Percentage	Number
Articulation/phonological disorders	16%	27	19%	34
Autism spectrum disorders, including pervasive developmental disorder and Asperger's	32%	7	33%	10
Childhood apraxia of speech	9%	<i>n</i> < 25	8%	<i>n</i> < 25
Cognitive impairment/developmental disability	40%	16	32%	16
Dysphagia (swallowing disorders)	3%	<i>n</i> < 25	5%	<i>n</i> < 25
Fluency disorders	7%	<i>n</i> < 25	10%	<i>n</i> < 25
Hearing disorders	84%	50	63%	79
Language disorders: auditory processing disorder	44%	5	31%	12
Language disorders: pragmatics/social communication	15%	8	18%	20
Language disorders: other	—	—	13%	<i>n</i> < 25
Learning disability	29%	17	25%	19
Nonverbal, AAC	18%	7	15%	<i>n</i> < 25
Reading and writing (literacy) difficulties	15%	21	9%	<i>n</i> < 25
Selective mutism	5%	<i>n</i> < 25	6%	<i>n</i> < 25
Traumatic brain injury	8%	<i>n</i> < 25	9%	<i>n</i> < 25
Voice or resonance disorders	3%	<i>n</i> < 25	4%	<i>n</i> < 25

Note. To preserve confidentiality and provide more certain results, data are not reported for groups of fewer than 25. Dash indicates that item was not included in survey.

n = 175 (2010); *n* = 158 (2012) for “Percentage” columns

Source. 2010 and 2012 ASHA Schools Surveys

Degree of Communication Impairment

From 2010 to 2012, audiologists had a somewhat higher percentage (31%–38%) of students in their caseload with moderate impairments than with mild or severe/profound impairments (see Table 7).

Table 7. What are the approximate percentages of students in your caseload in each of the following categories?

	2010	2012
Severe/profound impairment	25%	29%
Moderate impairment	31%	38%
Mild impairment	24%	33%
Not IEP, RTI, or 504*	20%	—

*Not IEP, RTI, or 504 = Not Individualized Education Program (IEP), Response to Intervention (RTI), Section 504 of the Rehabilitation Act of 1973.

Note. Respondents used their state’s or school district’s definition of degree of communication impairment. Dash indicates that item was not included in survey.

n = 158 (2010); *n* = 134 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

English Language Learner Students

In 2012, 20% of audiologists had no ELL students, down from 25% in 2010. Of those who did, the median number of ELL students in their caseload was eight, up from five in 2010.

From 2010 to 2012, audiologists provided services to ELL students mostly in English or with the assistance of trained interpreters (see Table 8).

Table 8. Who provides services to children who are ELLs with speech, language, or hearing disorders?

	2010	2012
I have no ELL students.	25%	20%
I provide services to them in English.	34%	50%
I provide services to them in their language.	10%	12%
A bilingual SLP is contracted.	5%	7%
A bilingual audiologist is contracted.	2%	4%
Bilingual SLP assistants are used.	1%	2%
Bilingual audiology assistants are used.	3%	4%
Trained interpreters are used.	33%	39%
Untrained interpreters (e.g., family members) are used.	17%	16%

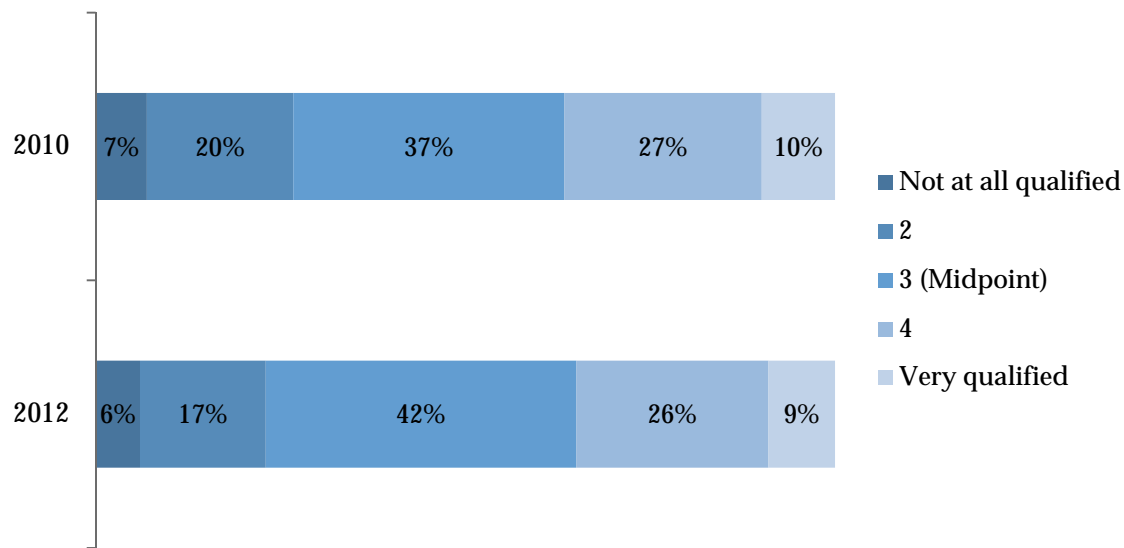
n = 271 (2010); *n* = 250 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Multicultural Populations

From 2010 and 2012, audiologists were asked to use a 5-point scale (from *not at all qualified* to *very qualified*) to rate how qualified they believe they are to provide services to multicultural populations. As displayed in Figure 2, more than a third (37%–42%) rated themselves as 3, the middle score.

Figure 2. How qualified do you believe you are to provide services to multicultural populations?



n = 262 (2010); *n* = 253 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Response to Intervention

From 2010 to 2012, audiologists increasingly participated in RTI or pre-referral. More than half (56%) currently provide consultative services. Nearly half conduct screenings and provide strategies to classroom teachers. About one quarter (27%) do not participate in RTI (see Table 9).

Table 9. What is your role in RTI or pre-referral?

	2010	2012
Conduct screenings	38%	44%
Provide consultation	43%	56%
Provide direct services within general education	21%	27%
Provide strategies to classroom teachers	46%	48%
Not applicable: I don't participate in RTI.	29%	27%

n = 239 (2010); *n* = 222 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Member Satisfaction Ratings

From 2010 to 2012, most (73%–88%) audiologists indicated that ASHA was doing a “fair” or “good” job in serving its school-based members (see Table 10).

Table 10. In your opinion, what kind of job is the Association doing in serving its school-based members?

	2010	2012
Poor	9%	4%
Fair	49%	31%
Good	38%	42%
Excellent	3%	7%
Don't know, Not applicable	—	17%

n = 265 (2010); *n* ≥ 257 (2012)

Source. 2010 and 2012 ASHA Schools Surveys

Survey Methodology

The survey was mailed in February 2012 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, 3 had bad mailing addresses, 22 had retired, and 64 were ineligible for other reasons, which left 4,411 possible respondents. The actual number of respondents was 2,805, which represents a 63.6% response rate.

Of the original 500 audiologists in the sample, 489 were eligible to complete the survey. The actual number of respondents was 266, which represents a 54.4% response rate. The results presented in this report are based on responses from those 266 individuals.

Survey Response Rates

The biennial Schools Survey response rates were:

- **2010:** 282 out of 477 (59%)
- **2012:** 266 out of 489 (54%)

Suggested Citation

American Speech-Language-Hearing Association. (2012). *Schools Survey report: Trends in educational audiology 2010–2012*. Available from www.asha.org.

Additional Information

Companion reports are available on the ASHA website at www.asha.org/research/memberdata/schoolssurvey/:

- *Survey Summary Report (Educational Audiologists)*
- *Survey Methodology, Respondent Demographics, and Glossary*

Questions?

For additional information regarding this report, please contact Pam Mason, director, Audiology Professional Practices, at 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 <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 public. Thank you!