



2012

Schools



SURVEY



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

SLP Caseload Characteristics

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Executive Summary

In the spring of 2012, 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.

Overall Findings

- ◆ 79% of clinical service providers used a caseload approach; 21% used a workload approach.
- ◆ Median caseload size was 47 students.
- ◆ The largest median caseload (72) was in Indiana, and the smallest (32) was in Connecticut and in New York.
- ◆ 44% of the students in a typical caseload had moderate impairment.
- ◆ Students with severe impairment were a majority (68%) of cases in day/residential schools.
- ◆ More SLPs served students with articulation/phonological disorders (93% of SLPs) and autism spectrum disorders (90% of SLPs) than any other disorder.
- ◆ Clinical service providers spent an average of 19 hours weekly providing services in a pull-out model.
- ◆ Providing consultation was the most frequently identified Response to Intervention (RTI) or pre-referral role.
- ◆ 64% of SLPs served English language learners (ELLs).

Caseload or Workload?

Speech-language pathologists (SLPs), as well as educational audiologists, were among the populations sampled for the 2012 Schools Survey. This report is limited to responses from SLPs.

For this survey, a *caseload* approach was defined as being one based only on the number of students served, whereas a *workload* approach was based on the number of students served PLUS one's additional 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 determine the number of students they served. Their responses varied by type of facility ($p = .003$) and state ($p = .035$) but not by population density ($p = .746$), years of experience in the schools ($p = .772$), or years of experience in the professions ($p = .525$).

- ◆ Workload approach was highest for SLPs who worked in a combination of types of facilities (29%) and lowest for those who worked in students' homes (12%).
- ◆ The percentage of SLPs who selected workload varied greatly by state, ranging from 9% in Arkansas to 41% in Delaware. See Table 1 for percentages of those selecting caseload or workload in states where sufficient numbers of SLPs responded (i.e., 25 or more).



Table 1. Caseload or Workload Approach by State

State	Caseload	Workload	State	Caseload	Workload
AK	(n < 25)		MT	(n < 25)	
AL	(n < 25)		NC	82.4%	17.6%
AR	91.2%	8.8%	ND	(n < 25)	
AZ	71.4%	28.6%	NE	78.6%	21.4%
CA	84.8%	15.2%	NH	(n < 25)	
CO	80.9%	19.1%	NJ	70.8%	29.2%
CT	83.3%	16.7%	NM	85.2%	14.8%
DC	(n < 25)		NV	(n < 25)	
DE	58.6%	41.4%	NY	73.8%	26.2%
FL	72.6%	27.4%	OH	87.1%	12.9%
GA	72.3%	27.7%	OK	88.2%	11.8%
HI	76.9%	23.1%	OR	75.8%	24.2%
IA	61.5%	38.5%	PA	89.5%	10.5%
ID	80.0%	20.0%	RI	(n < 25)	
IL	85.2%	14.8%	SC	81.8%	18.2%
IN	75.0%	25.0%	SD	(n < 25)	
KS	81.1%	18.9%	TN	70.6%	29.4%
KY	85.7%	14.3%	TX	72.8%	27.2%
LA	71.1%	28.9%	UT	(n < 25)	
MA	78.7%	21.3%	VA	77.1%	22.9%
MD	77.3%	22.7%	VT	81.3%	18.8%
ME	76.7%	23.3%	WA	85.7%	14.3%
MI	81.5%	18.5%	WI	78.3%	21.7%
MN	84.0%	16.0%	WV	83.9%	16.1%
MO	90.0%	10.0%	WY	86.2%	13.8%
MS	77.4%	22.6%			

n = 2,153

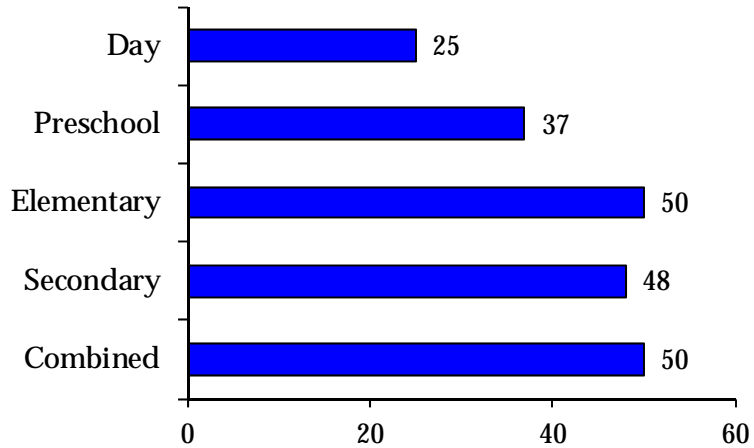


Caseload Size...

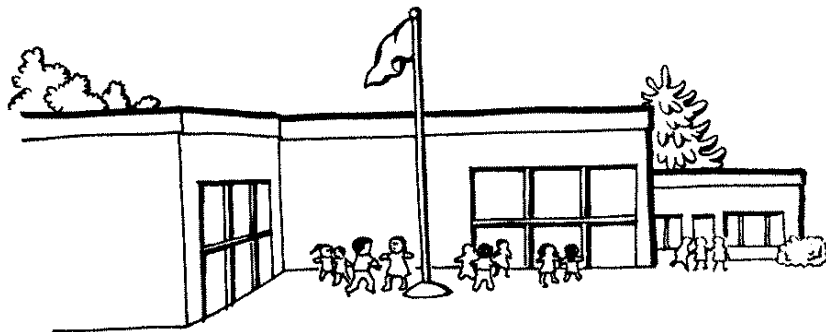
...by Facility

The median monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full-time was 47, with a range of 1 to 240. Caseload size was lowest in special day/residential schools (25) and highest in elementary schools and combined school settings (50; see Figure 1).

Figure 1. Median Caseload Size by Type of School



n = 1,760



...by State

Caseload size varied by geographic area of the country. Only half (51%) of the states had a sufficient number of respondents to warrant reporting their caseload sizes. The highest caseload size was in Indiana (72), and the lowest was in Connecticut and in New York (32; see Table 2).

Table 2. Median Caseload Size by State

State	Caseload	State	Caseload
AK	(n < 25)	MT	(n < 25)
AL	(n < 25)	NC	43
AR	42	ND	(n < 25)
AZ	57	NE	(n < 25)
CA	55	NH	(n < 25)
CO	55	NJ	40
CT	32	NM	(n < 25)
DC	(n < 25)	NV	(n < 25)
DE	(n < 25)	NY	32
FL	59	OH	60
GA	45	OK	50
HI	(n < 25)	OR	(n < 25)
IA	(n < 25)	PA	50
ID	(n < 25)	RI	(n < 25)
IL	48	SC	50
IN	72	SD	(n < 25)
KS	(n < 25)	TX	50
KY	52	UT	(n < 25)
LA	45	VA	53
MA	42	VT	(n < 25)
MD	45	WA	(n < 25)
ME	(n < 25)	WI	40
MI	55	WV	(n < 25)
MN	43	WY	(n < 25)
MO	39		
MS	(n < 25)		

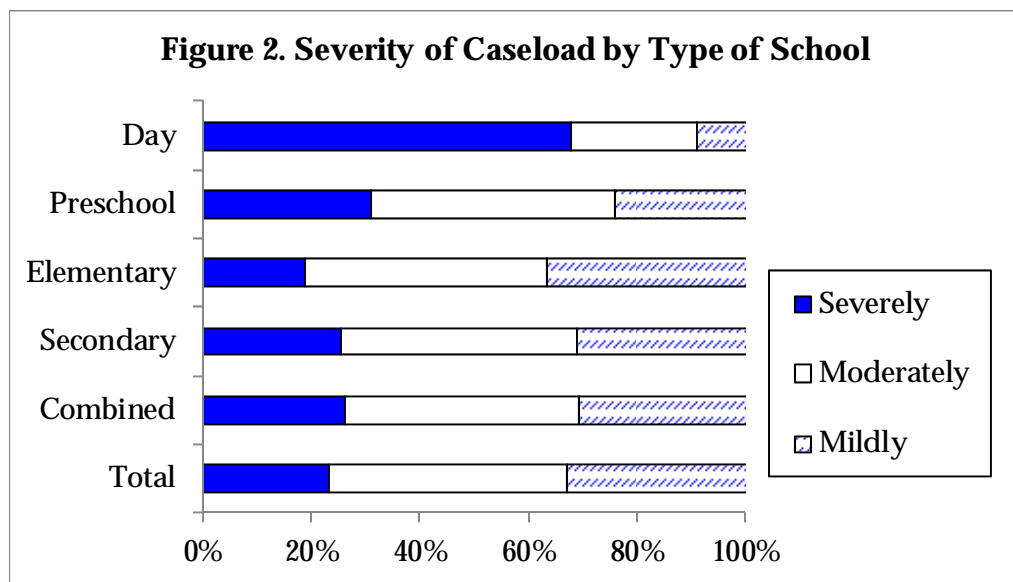
n = 1,760



Severity

Using their own state's or school district's definition for *degree of communication impairment*, SLPs identified 44% of their typical caseload as *moderately impaired*. Means ranged from 23% to 45% in the various types of schools.

An additional 33% of students were *mildly impaired*, and 24% were *severely/profoundly impaired*. The latter group showed variability across settings: 19% in elementary schools, 26% in secondary schools, 27% in combined school settings, 31% in preschools, and 68% in day/residential schools (see Figure 2).



n = 1,665

Areas of Intervention

The areas of intervention in which most of the school-based SLPs had students were articulation/phonological disorders (93%), autism spectrum disorders (90%), and pragmatics/social communication (83%). Only 11% of SLPs served clients in the area of dysphagia (swallowing; see Table 3).

The largest average number of students seen, grouped by area of intervention, was for articulation/phonological disorders (19), followed by other types of language disorders (18). The smallest number was for selective mutism (1) and traumatic brain injury (1).

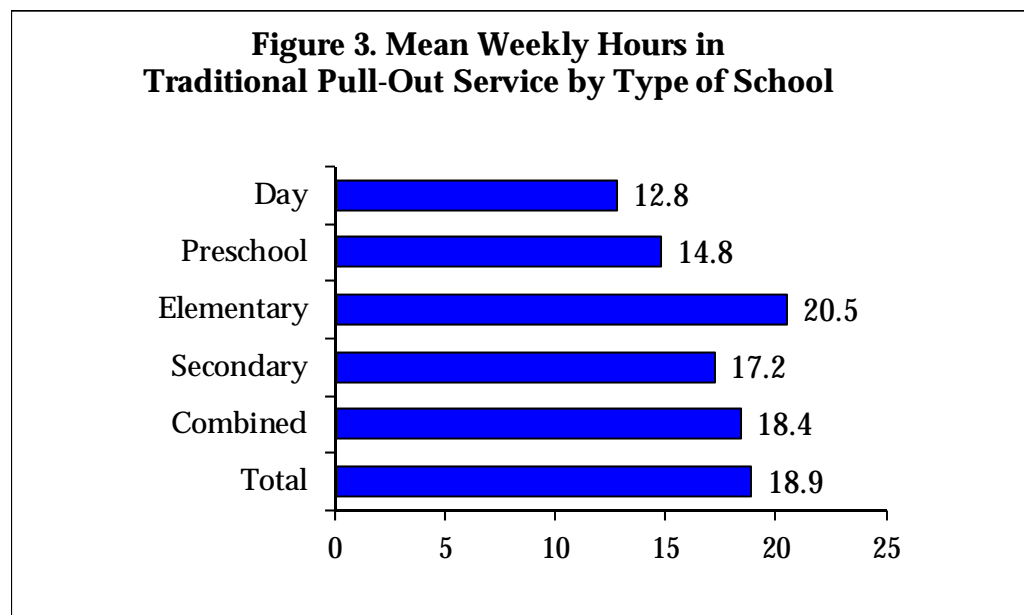
Table 3. Areas of Intervention		
Area of intervention	Percentage of SLPs who regularly serve clients in this area	Mean number served (includes only SLPs who <u>do</u> serve these clients)
Articulation/phonological disorders	92.6	19.3
Autism spectrum disorders, including pervasive developmental disorder (PDD), Asperger's	90.3	7.9
Childhood apraxia of speech (CAS)	56.9	3.0
Cognitive impairment/developmental disability	78.9	11.1
Dysphagia (swallowing)	11.4	2.6
Fluency disorders	66.5	2.5
Hearing disorders	45.4	2.7
Language disorders: auditory processing disorder (APD)	57.7	9.8
Language disorders: pragmatics/social communication	83.0	9.5
Language disorders: other	69.1	18.1
Learning disability	60.9	13.9
Nonverbal, augmentative/alternative communication	48.8	4.3
Reading and writing (literacy)	29.6	13.6
Selective mutism	16.7	1.4
Traumatic brain injury (TBI)	17.4	1.4
Voice/resonance	22.1	1.6

n = 1,760

Models

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 special day/residential schools (see Figure 3).

Overall, clinical service providers spent an average of 19 hours weekly in pull-out service, 6 hours in push-in direct intervention, and 5 hours each in record keeping and other indirect activities. Less time was spent in full-time speech and language classroom activities (3 hours), diagnostic evaluations (3 hours), early intervening or RTI activities (2 hours), and supervision (2 hours). The least amount of time was devoted to screenings, services to 504 students, and troubleshooting technology.



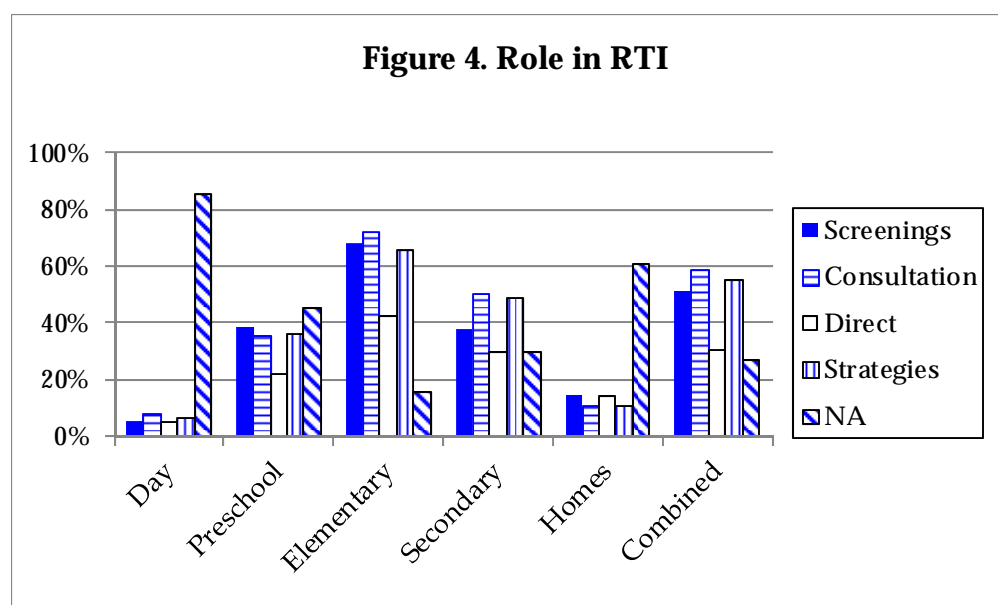
n = 1,641

SLPs reported that they changed service delivery models for an average (mean) of 21% of their students during the 2010-11 school year. Response varied by the type of facility in which the SLPs worked ($p = .002$). SLPs in elementary schools changed service delivery for only 19% of their students compared with SLPs in secondary schools who changed service delivery for 26% of their students.

RTI

More than half of the SLPs who worked in students' homes (61%) and more than three quarters of those in special day/residential schools (85%) did not participate in RTI or pre-referral activities.

Providing consultation was the RTI role most often selected by respondents working in special day/residential schools (8%), secondary schools (50%), combinations of schools (59%), and elementary schools (72%). Conducting screenings (38%) was the most common RTI activity in preschools, and conducting screenings (14%) and providing direct services within general education (14%) were the most common RTI activities for SLPs who worked in students' homes (see Figure 4).



n = 2,202

Emerging Trends

More than half (53%) of the SLPs said that they were not involved in common core standards, Universal Design for Learning (UDL), or value-added assessments. This response ranged from about half of those in secondary schools (46%), elementary schools (49%), and combined school settings (53%) to about three quarters of SLPs in preschools, special day/residential schools, and students' homes (72%, 75%, and 82%, respectively).

Of the three activities, common core standards was selected more often than the other two by SLPs in special day/residential schools (20%), preschools (21%), combined school settings (40%), and elementary and secondary schools (46%).

ELLs

More than half (53%) of the SLPs who were employed full-time or part-time reported that they provided services in English, while 36% reported that they had no ELL students (see Table 4).

%	Activity
36.2	I have no ELL students.
53.0	I provide services to them in English.
6.5	I provide services to them in their language.
4.6	A bilingual SLP is contracted.
2.1	Bilingual SLP assistants
7.8	Trained interpreters
3.4	Untrained interpreters (e.g., family members)

n = 2,420

Type of facility had a significant impact on four of the bilingual service delivery responses. Excluding SLPs in administration offices, findings were:

- ◆ SLPs in special day/residential day schools (63%) were more likely than those in other facilities to say they had no ELL students. For other types of schools, the range of SLPs who reported having no ELL students was between 31% and 40% (*p* = .000).
- ◆ Approximately one quarter of SLPs in students' homes (24%) and in special day/residential schools (26%) provided services to ELL students in English compared with 43% of SLPs in combined school settings, 54% in preschools, 56% in secondary schools, and 58% in elementary schools (*p* = .000).
- ◆ From a low of 3% of SLPs in secondary schools to a high of 13% of SLPs in students' homes provided services in the students' language (*p* = .000).
- ◆ From a low of 2% of SLPs in special day/residential schools to a high of 27% of those in students' homes used trained interpreters (*p* = .000).

ELL Caseload

Clinical service providers employed full-time reported an average (i.e., mean) of **8.7** ELL students in their caseloads. The median number of ELL students was 4.0.

The number of ELL students varied significantly by region of the country ($p = .000$) and by population density ($p = .000$).

- ◆ SLPs in western states had, on average, significantly more ELL students in their caseloads than did SLPs in other regions (see Table 5).

Table 5. ELL Students by Region of the Country		
Region	Mean	Median
Northeast	6.6	3.0
Midwest	6.0	3.0
South	7.5	4.0
West	14.8	8.0

$n = 1,047$

- ◆ SLPs in metropolitan/urban areas had significantly more ELL students in their caseloads than did SLPs in suburban or rural areas (see Table 6).

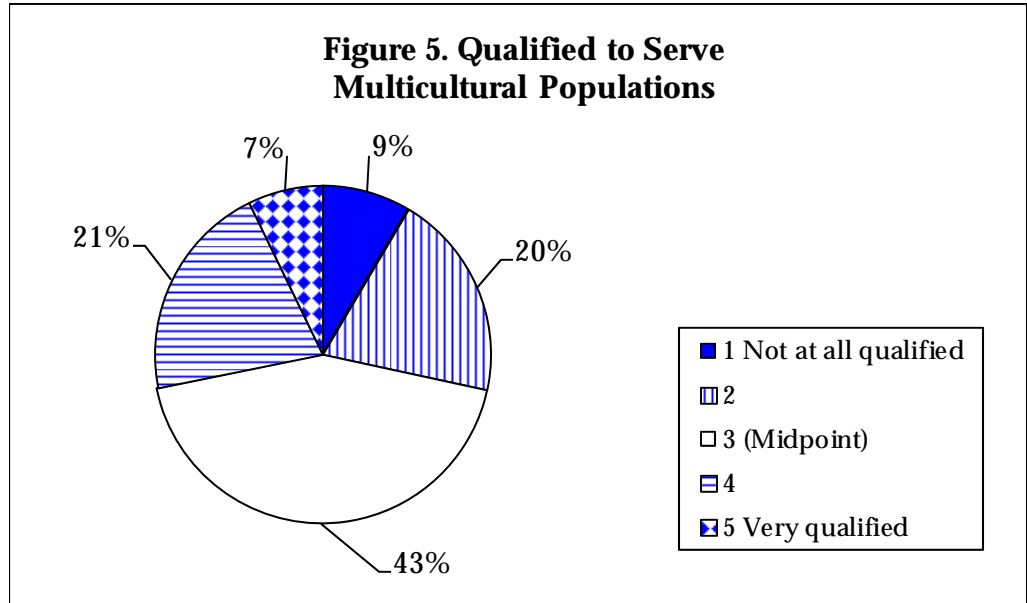
Table 6. ELL Students by Population Density		
Locale	Mean	Median
Metropolitan/urban	13.1	7.0
Suburban	6.8	3.0
Rural	6.3	3.0

$n = 1,033$



Qualified

Respondents were asked to indicate on a 5-point scale how qualified they were to provide services to multicultural populations. The number of SLPs judging themselves to be *very qualified* was nearly equal to the number responding *not at all qualified* (see Figure 5).



n = 2,474



Survey Notes and Method- ology

Response Rate

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 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 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 4,000 SLPs in the sample, 2 had bad mailing addresses, 17 had retired, and 59 were ineligible for other reasons, which left 3,922 possible respondents. The actual number of respondents was 2,539, a **64.7%** response rate among SLPs. The results presented in this report are based on responses from the 2,539 SLPs.

Other Reports

Results from the 2012 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.

Suggested Citation

American Speech-Language-Hearing Association. (2012). *2012 Schools Survey report: SLP caseload characteristics*. Available from www.asha.org/research/memberdata/schoolssurvey/.

Supplemental Sources

American Speech-Language-Hearing Association. (2001). *Roles and responsibilities of speech-language pathologists with respect to reading and writing in children and adolescents* [Guidelines, position statement, and technical report].

www.asha.org/docs/html/GL2001-00062.html

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

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

American Speech-Language-Hearing Association. (2002). *A workload analysis approach for establishing speech-language caseload standards in the schools* [Guidelines, position statement, and technical report]

www.asha.org/docs/html/GL2002-00066.html

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

www.asha.org/docs/html/TR2002-00160.html

American Speech-Language-Hearing Association. (2003).

[*Implementation guide: A workload analysis approach for establishing speech-language caseload standards in the schools.*](#)

Rockville, MD: Author.

American Speech-Language-Hearing Association. (2007).

[*Implementing IDEA 2004 Part I: Conducting educationally relevant evaluations—Technical assistance for speech-language pathologists.*](#)

Rockville, MD: Author.

American Speech-Language-Hearing Association. (2007).

[*Implementing IDEA 2004 Part II: Developing educationally relevant IEPs—Technical assistance for speech-language pathologists.*](#) Rockville, MD: Author.

American Speech-Language-Hearing Association. (2010). *Roles and responsibilities of speech-language pathologists in schools* [Position statement]. www.asha.org/docs/html/PS2010-00318.html

Additional Information

For additional information regarding the 2012 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 web page at www.asha.org/slp/schools/.