



2010

Schools



SURVEY



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

SLP Caseload Characteristics

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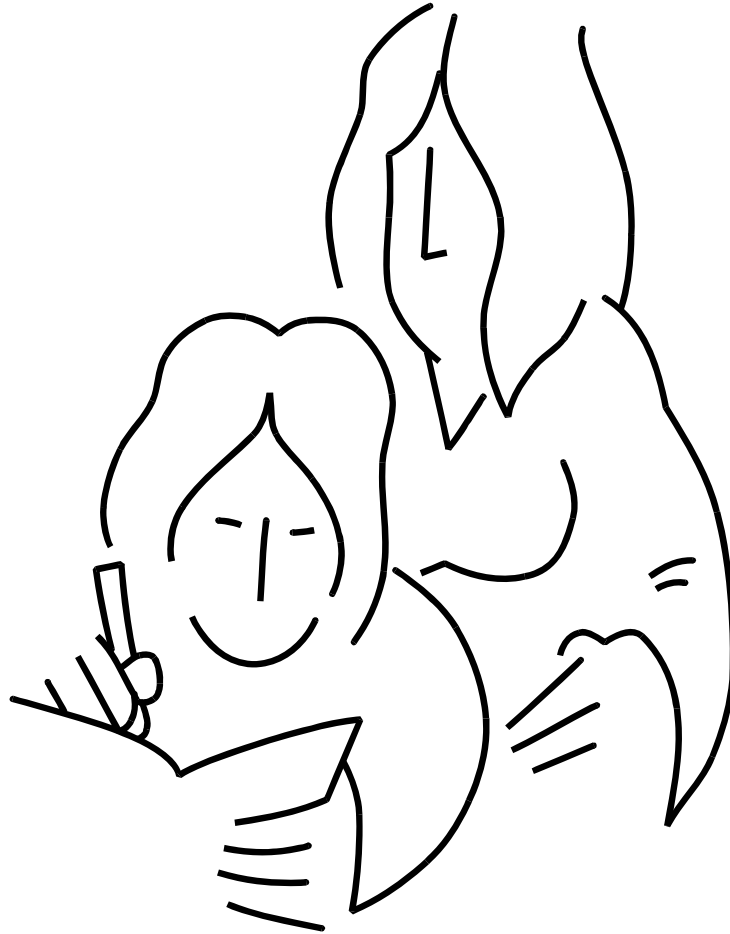
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Executive Summary

In the spring of 2010, 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 Omnibus and Schools Surveys.

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

Overall Findings

- ◆ 82% of clinical service providers used a caseload approach; 18% used a workload approach.
- ◆ Median caseload size was 50.
- ◆ The largest median caseload was in Indiana (80), and the smallest was in Maine (30).
- ◆ 42% of a typical caseload was moderately impaired.
- ◆ Severely impaired students were a majority (57%) of cases in day/residential schools.
- ◆ More SLPs had students with articulation/phonological disorders (92% of SLPs) and language impairment (90%) than any other area of intervention.
- ◆ Clinical service providers spent 71% of their time in traditional pull-out service.
- ◆ Clinical service providers spent 24 hours weekly in direct intervention services.
- ◆ 52% of clinical service providers provided consultation and/or strategies to classroom teachers in their role in response to intervention (RTI).
- ◆ 40% did not have any English language learners (ELLs) in their caseloads.

Caseload or Workload?

SLPs as well as educational audiologists were among the populations sampled for the 2010 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 *workload* was based on the number of students served PLUS one's additional duties.

More than four clinical service providers out of five (82%) 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 ($p = .000$) and state ($p = .000$) but not by population density ($p = .193$), years of experience in the schools ($p = .241$), or years of experience in the professions ($p = .663$).

- ◆ Workload approach was highest in special day or residential schools (32%) and lowest in elementary schools (16%).
- ◆ The percentage who selected workload varied greatly by state, ranging from 0% in West Virginia to 44% in New Hampshire. See Table 1 for percentages selecting caseload or workload in states where sufficient SLPs responded (25 or more).



Table 1. Caseload or Workload Approach by State

State	Caseload	Workload	State	Caseload	Workload
AK	75%	25%	MT	91%	9%
AL	77%	23%	NC	82%	18%
AR	84%	16%	ND	79%	21%
AZ	78%	23%	NE	88%	12%
CA	89%	11%	NH	56%	44%
CO	79%	21%	NJ	66%	34%
CT	90%	10%	NM	92%	8%
DC	-	-	NV	89%	12%
DE	74%	26%	NY	80%	20%
FL	84%	16%	OH	85%	15%
GA	80%	20%	OK	93%	7%
HI	76%	24%	OR	78%	22%
IA	62%	38%	PA	88%	12%
ID	76%	24%	RI	70%	30%
IL	89%	11%	SC	80%	20%
IN	79%	21%	SD	94%	7%
KS	78%	23%	TN	80%	20%
KY	91%	9%	TX	76%	24%
LA	79%	21%	UT	73%	27%
MA	73%	27%	VA	85%	15%
MD	68%	32%	VT	73%	27%
ME	86%	14%	WA	96%	4%
MI	86%	15%	WI	89%	11%
MN	88%	12%	WV	100%	0%
MO	74%	26%	WY	90%	10%
MS	90%	10%			

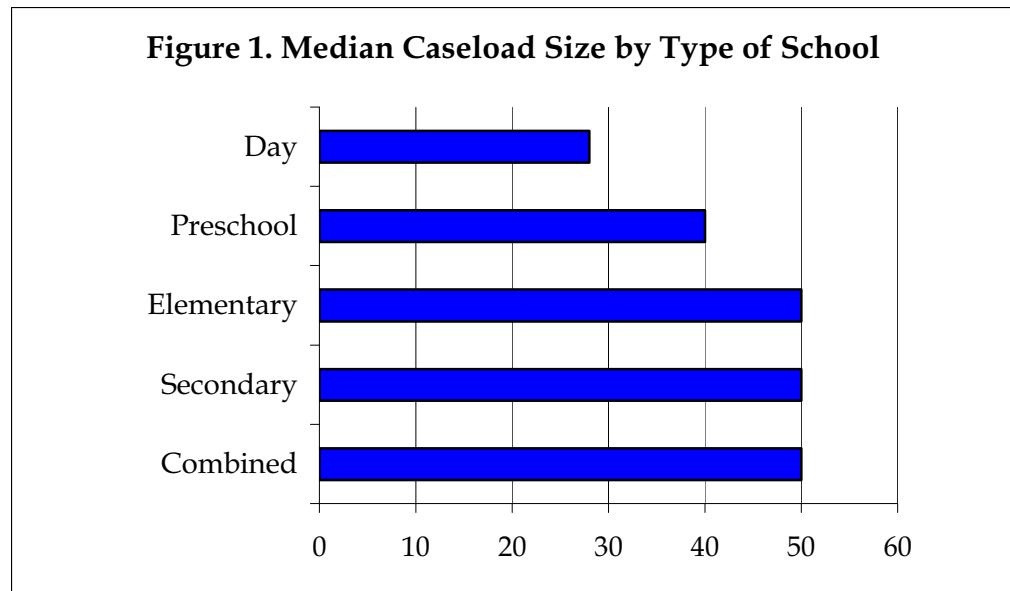
n = 2,196



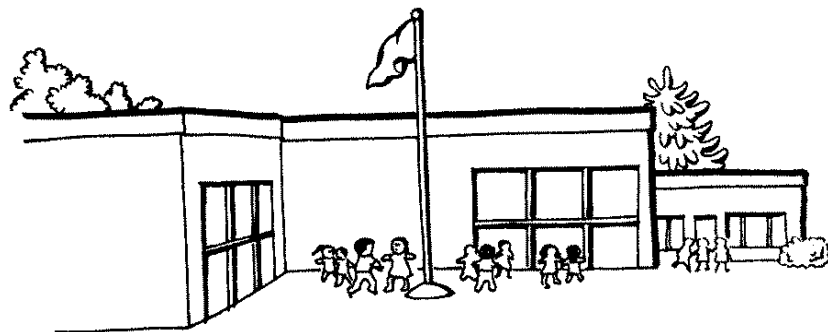
Caseload Size...

...by Facility

The median monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full-time and who had a caseload size of at least 1 was **50**, with a range of 1 to 500. Caseload size was lowest in special day/residential schools (28) and highest in elementary schools, secondary schools, and combinations of school settings (50; see Figure 1).



$n = 1,734$



...by State

Caseload size varied by geographic area of the country. The highest was in *Indiana* (80) and the lowest in *Maine* (30; see Table 2).

Table 2. Median Caseload Size by State

State	Caseload	State	Caseload
AK	49	MT	45
AL	-	NC	47
AR	40	ND	35
AZ	60	NE	55
CA	55	NH	31
CO	-	NJ	40
CT	40	NM	45
DC	-	NV	60
DE	54	NY	32
FL	65	OH	61
GA	46	OK	50
HI	40	OR	50
IA	50	PA	60
ID	58	RI	-
IL	50	SC	48
IN	80	SD	-
KS	45	TN	60
KY	59	TX	50
LA	46	UT	60
MA	43	VA	56
MD	43	VT	31
ME	30	WA	53
MI	60	WI	38
MN	42	WV	49
MO	45	WY	-
MS	45		

n = 1,785

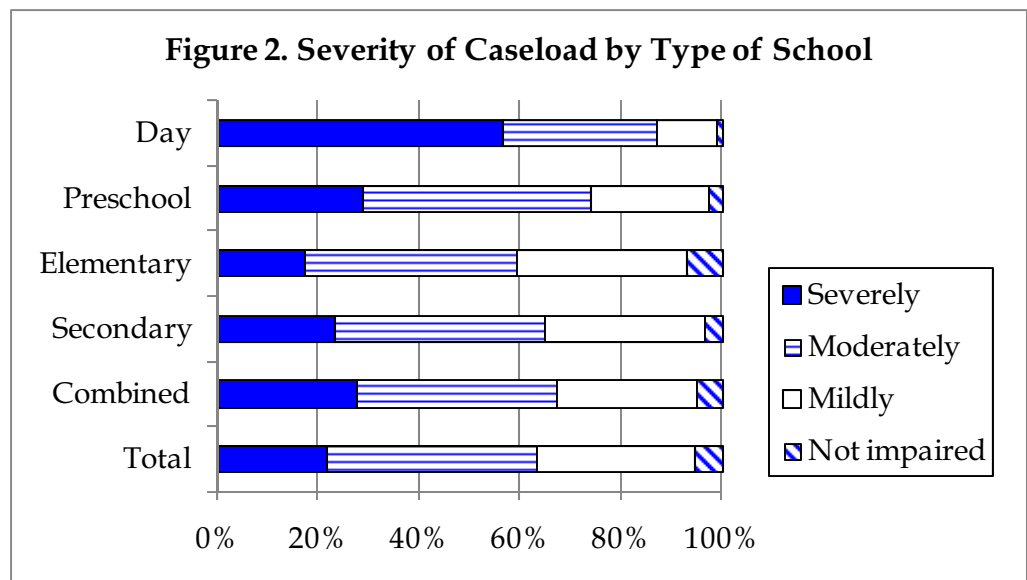


Severity

Using their own state or school district's definition for degree of communication impairment, SLPs identified **42%** of their typical caseload as *moderately impaired*. Means ranged from 30% to 45% in the various types of schools.

An additional 31% of students were mildly impaired, and 22% were severely/profoundly impaired. The latter group showed variability across settings: 18% in elementary schools, 23% in secondary schools, 28% in combined school settings, 29% in preschools, and 57% in day/residential schools.

The remaining 5% were not impaired (see Figure 2).



n = 1,661

Areas of Intervention

The areas of intervention in which most of the school-based SLPs had students were *articulation/phonological disorders* (92%), language impairment (90%), autism spectrum disorders (88%), and pragmatics/social communication (81%). Only 9% served clients in the area of dysphagia (swallowing; see Table 3).

The largest average number of students seen by area of intervention was for *language impairment* (24), followed by articulation/phonological disorders (21), learning disability (16), and literacy (14). The smallest number was for selective mutism (1).

Table 3. Areas of Intervention

Area of intervention	Percentage who regularly serve clients in this area	Mean number served (includes only those who <u>do</u> serve these clients)
Articulation/phonological disorders	91.6	20.8
Auditory processing disorders (APD)	47.4	7.4
Autism spectrum disorders, including PDD, Asperger's	88.0	7.5
Childhood apraxia of speech (CAS)	58.8	2.8
Cognitive impairment/developmental disability	76.4	11.4
Dysphagia (swallowing)	9.4	2.5
Fluency disorders	66.9	2.4
Hearing disorders	46.4	2.6
Language impairment	89.9	24.1
Learning disability	65.3	15.8
Nonverbal, augmentative/alternative communication	53.2	4.6
Pragmatics/social communication	81.0	8.3
Reading and writing (literacy)	32.3	14.1
Selective mutism	16.1	1.2
Traumatic brain injury (TBI)	16.9	1.5
Voice/resonance	23.3	1.7

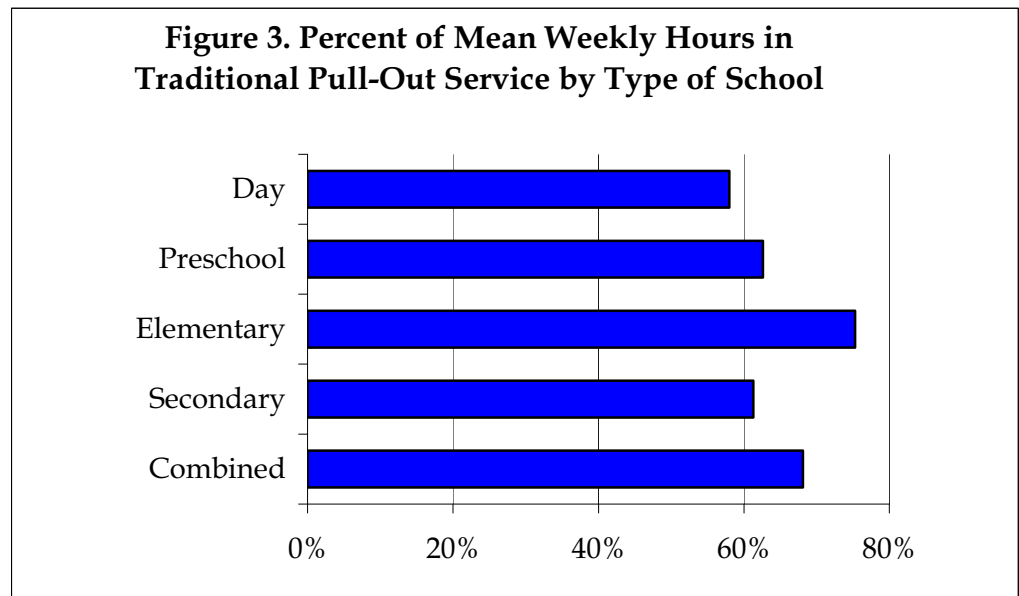
n = 1,747



Models

Overall, clinical service providers spent an average of 71% of their time each week in traditional pull-out service, 21% in classroom- or curriculum-based services, 8% in collaborative consultation, 6% in RTI services, 4% in team teaching, and 0.1% in telepractice.

More of the clinical service providers' time was spent in *traditional pull-out service* than in all other models combined. Time spent in this model was highest in elementary schools and lowest in special day/residential schools (see Figure 3).



$n = 1,629$



Activities

More time was spent each week by clinical service providers in *direct intervention* than in all other types of activities combined (see Table 4).

Table 4. Mean Weekly Hours in Various Activities

Hours	Activity
24.1	Direct intervention
9.3	Indirect activities (e.g., record keeping, building activities, travel, IEP meetings, consultation, and other indirect interventions)
1.8	Supervision
1.8	Prereferral or RTI activities
3.8	Diagnostic evaluations (e.g., observation, scoring, analysis)
1.0	Screenings
1.0	Troubleshooting technology (e.g., hearing aids, AAC, cochlear implants, personal FM systems)

n = 1,773

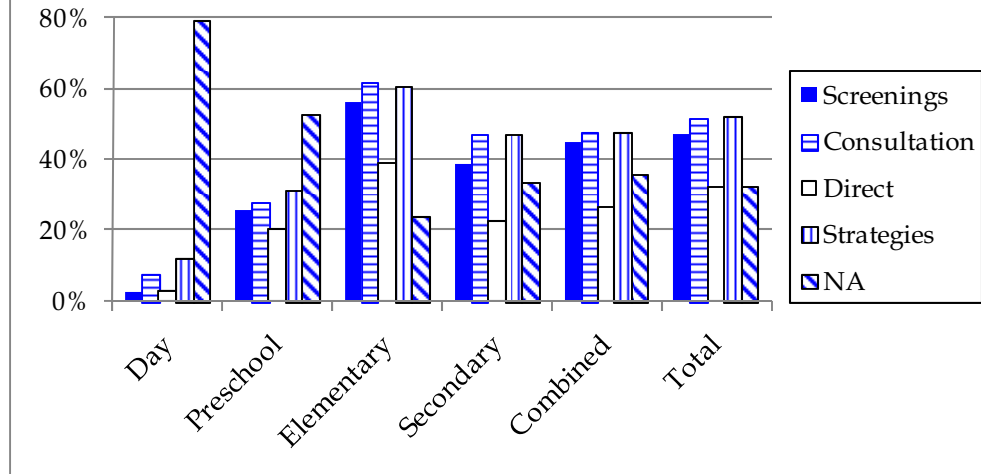


RTI

More than half of the SLPs in preschools (53%) and three quarters (79%) in special day/residential schools did not participate in RTI.

SLPs in special day/residential schools (12%) and in preschools (31%) were more likely to provide strategies to classroom teachers than any other RTI activity. In elementary and secondary schools, providing consultation and providing strategies to classroom teachers were the most often selected RTI roles; in combinations of schools, providing consultation was the most frequently acknowledged RTI activity (see Figure 4).

Figure 4. Role in RTI



n = 2,198

ELLs

Half (50%) of the SLPs who were employed full-time or part-time reported that they provided services in English, and 40% reported that they had no ELL students (see Table 5).

Table 5. Bilingual Service Provision

%	Activity
40.4	I have no ELL students.
49.5	I provide services to them in English.
6.2	I provide services to them in their language.
5.2	A bilingual SLP is contracted.
2.0	Bilingual SLP assistants
8.2	Trained interpreters
3.7	Untrained interpreters (e.g., family members)

n = 2,064

Type of facility had a significant impact on the first three responses.

- ◆ SLPs in preschools (36%) were least likely to say they had no ELL students, whereas those in special day or residential schools (61%) were most likely ($p = .000$).
- ◆ SLPs in special day or residential schools (25%) were least likely to provide services in English; those in elementary schools (54%) were most likely ($p = .000$).

- ◆ SLPs in secondary schools (3%) were least likely to provide services in the students' languages. At the other extreme, SLPs in preschools (10%) were most likely to do this ($p = .015$).

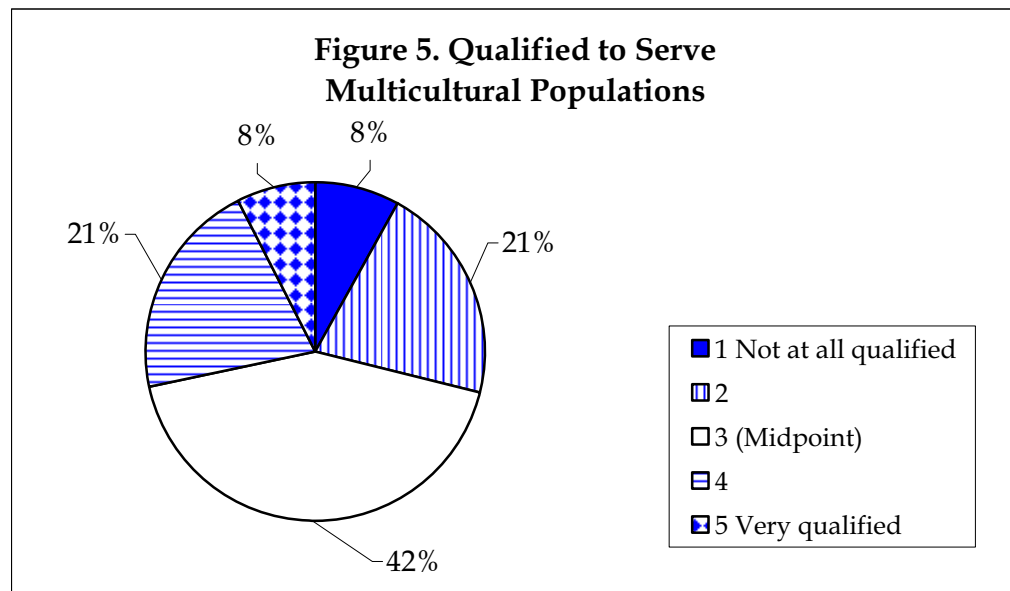
ELL Caseload

Clinical service providers employed full-time reported an average (i.e., mean) of **6.9** ELL students in their caseload. The median number of ELL students was 3.0.



Qualified

When asked to describe on a 5-point scale how qualified they were to provide services to multicultural populations, an equal number of SLPs judged themselves to be very qualified as not at all qualified (see Figure 5).



$n = 2,413$

Survey Notes and Method- ology

Response Rate

The 20-year-old ASHA Omnibus Survey has been retired, replaced by surveys specific to work settings and/or professions to better meet affiliates' needs. This 2010 Schools Survey is one of the replacements and melds topics from both the Omnibus Surveys and previous Schools Surveys.

The survey was mailed in February 2010 to a random sample of 4,000 ASHA-certified SLPs and 500 ASHA-certified audiologists who were 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, 5 had bad addresses, 21 were retired, and 115 were ineligible for other reasons, leaving 4,359 possible respondents. The actual number of respondents was 2,826, resulting in a 64.8% response rate.

Of the original 4,000 SLPs in the sample, 5 had bad mailing addresses, 17 were retired, and 96 were ineligible for other reasons, leaving 3,882 possible respondents. The actual number of respondents was 2,544, resulting in a **65.5%** response rate among SLPs. The results presented in this report are based on responses from the 2,544 SLPs.

Other Reports

Results from the 2010 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

and one for educational audiologists:

- Survey Summary Report-Educational Audiologists

Suggested Citation

American Speech-Language-Hearing Association. (2010). *2010 Schools Survey report: SLP caseload characteristics*. Available from www.asha.org/research/memberdata/SchoolsSurvey.htm.

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Additional Information

For additional information regarding the 2010 Schools Survey, please contact Deborah Adamczyk, Director of ASHA's School Services, at 800-498-2071, ext. 5690; e-mail: dadamczyk@asha.org. To learn more about how the Association is working on behalf of school-based ASHA-certified members, visit ASHA's Web site at www.asha.org/members/slp/schools.