



Statement for the Record

of

Jeri A. Logemann, Ph.D., CCC-SLP

President

American Speech-Language-Hearing Association
(ASHA)

Submitted to the

Committee on Education and Workforce
U.S. House of Representatives

For the Field Hearing

“IDEA: Views of Teachers, School Administrators, and Parents”

August 24, 2000

Corryton, Tennessee

Thank you Chairman Bill Goodling and Congressman Van Hilleary for scheduling this field hearing on the Individuals with Disabilities Education Act (IDEA) and for this opportunity to submit testimony for the record. I am Dr. Jeri Logemann, President of the American Speech-Language Hearing Association (ASHA). Celebrating our 75th Anniversary this year, ASHA is the professional, scientific, and credentialing association for more than 98,000 audiologists, speech-language pathologists, and speech, language, and hearing scientists; some 1700 of whom are from Tennessee, over 900 who are Congressman Hilleary's constituents. The mission of ASHA is to promote the interests of and provide the highest quality services for professionals in audiology, speech-language pathology, and speech and hearing science, and to advocate for people, including infants, toddlers, and children, with communication disabilities.

Speech-Language Pathology & Audiology School Services

First, let me give you some background on our membership. ASHA's certified speech-language pathologist (SLP) members are the professionals primarily responsible for the speech-language program for preschoolers and students with communication disorders. This includes evaluation of all preschoolers and students with suspected or identified communication disorders, and the development, management, and coordination of a speech/language program. The SLP has the expertise to make decisions regarding the student's communication program, but may not be the person to make all the decisions or provide all the services to eligible students with communication disorders. Decisions regarding a student are based on the multidisciplinary team's evaluations.

SLPs are required to perform duties other than direct services that are essential to the appropriate management of each student. These duties may include, but are not limited to:

- conducting speech-hearing-language screening(s);
- carrying out comprehensive diagnostic evaluations;
- participating as a member of multidisciplinary teams and conferences;
- developing Individualized Education Programs (IEPs);
- participating in ongoing teacher and parent conferences;
- completing required documentation;
- participating in continuing professional education;
- coordinating assistive technology support services;
- planning curricular/instructional changes;
- supervising support personnel;
- serving on teacher assistance teams;
- serving as a mentor teacher; and
- meeting other school responsibilities.

Certified audiologists also play a critical role in recognizing that hearing loss affects a child's ability to learn language and achieve academically. Recent studies have found that 11.5% of school age children have hearing loss. Although the effects of hearing loss are variable depending on several factors including the nature and degree of the loss, it is

essential that infants, toddlers, and children with hearing impairments be provided comprehensive audiological services to reduce the possible negative effects of the loss and to maximize their auditory learning and communication skills. Furthermore, all infants, toddlers, and children can benefit from audiological services through the development of listening skills and the provision of adequate acoustic environments.

Specifically, ASHA's certified audiologists are uniquely qualified to perform the following activities with infants, toddlers, and children:

- ensure that all infants, toddlers, and youth with impaired hearing are promptly identified, evaluated, and provided with appropriate intervention services;
- collaborate with community resources to develop a high-risk registry and follow-up;
- develop and supervise a hearing screening program for preschool & school-aged children;
- train audiometric technicians or other appropriate personnel to screen for hearing loss;
- perform follow-up comprehensive audiological evaluations;
- assess central auditory function;
- make appropriate referrals for further audiological, communication, educational, psychosocial, or medical assessment;
- interpret audiological assessment results to other education professionals;
- serve as a member of the IDEA Individualized Education Program (IEPs) team in the evaluation, planning, and placement process, to make recommendations regarding placement, related service needs, communication needs, and modification of classroom environments for students with hearing impairments or other auditory problems;
- provide in-service training on hearing and hearing impairments and their implication to school personnel, children, and parents;
- educate parents, children, and school personnel about hearing loss prevention;
- make recommendations about use of hearing aids, cochlear implants, group and classroom amplification, and assistive listening devices;
- ensure the proper fit and functioning of hearing aids, cochlear implants, group and classroom amplification, and assistive listening devices;
- analyze classroom noise and acoustics and make recommendations for improving the listening environment;
- manage the use and calibration of audiometric equipment;
- collaborate with the school, parents, teachers, special support personnel, and relevant community agencies and professionals to ensure delivery of appropriate services;
- make recommendations for assistive devices (radio/television, telephone, alerting, convenience) for students with hearing impairment; and
- provide services, including home programming if appropriate, in the areas of speech-reading, listening, communication strategies, use and care of amplification, including cochlear implants, and self-management of hearing needs

Caseload and Paperwork Growth under IDEA

The focus of this testimony is on a subject not often discussed by policy-makers in Washington: the caseload sizes of special education professionals serving infants,

toddlers, and children with disabilities. The issues surrounding caseloads touch on all of the major critical points of IDEA: funding, identification, teacher qualifications and educational environment.

For ASHA members working in schools, caseloads are critically important to providing quality educational services to children with disabilities who need our services. Continuing concern over caseload issues is fueled by conditions that are prevalent across the country. School-based SLPs serve high numbers of children while faced with budget constraints and cuts that expand their work responsibilities and paper-work demands.

Paperwork

Each student added to the caseload of an SLP increases the amount of time needed not only for diagnosis and service, but also for paperwork, multidisciplinary conferences, parent and teacher contact, and many of the other responsibilities outlined above. For example, according to Dr. Diane L. Eger, a supervisor of a large school based Speech-Language program in Pennsylvania, the number of pages in an Individualized Education Program (IEP) to enroll one student for SLP services is a minimum of 9 pages. Dr. Eger further states that, "An IEP can extend up to 20 pages just for SLP services excluding the paperwork for: Permission to Evaluate the child, the Comprehensive Evaluation Report, the parental invitation(s) to the IEP, and the Notice of Recommended Assignment for the child." Ms. Ellen Estonim, an SLP in the Pittsburgh Public School System, states that in her school system an IEP, "is at least 11 pages." The pattern is the same across the country. In my home state of Illinois a colleague of mine, Mrs. Hearease Frazier of Chicago, a certified SLP, states that, "it takes 14 pages to complete to enroll a child in SLP services." Finally in Memphis, Tennessee, Ms. Susan Miller, another SLP in the Memphis Public School system has it even worse. Ms. Miller states that, "it takes 23 pieces of paper - minimum - to enroll a speech only child."

Number of Service Contact Hours

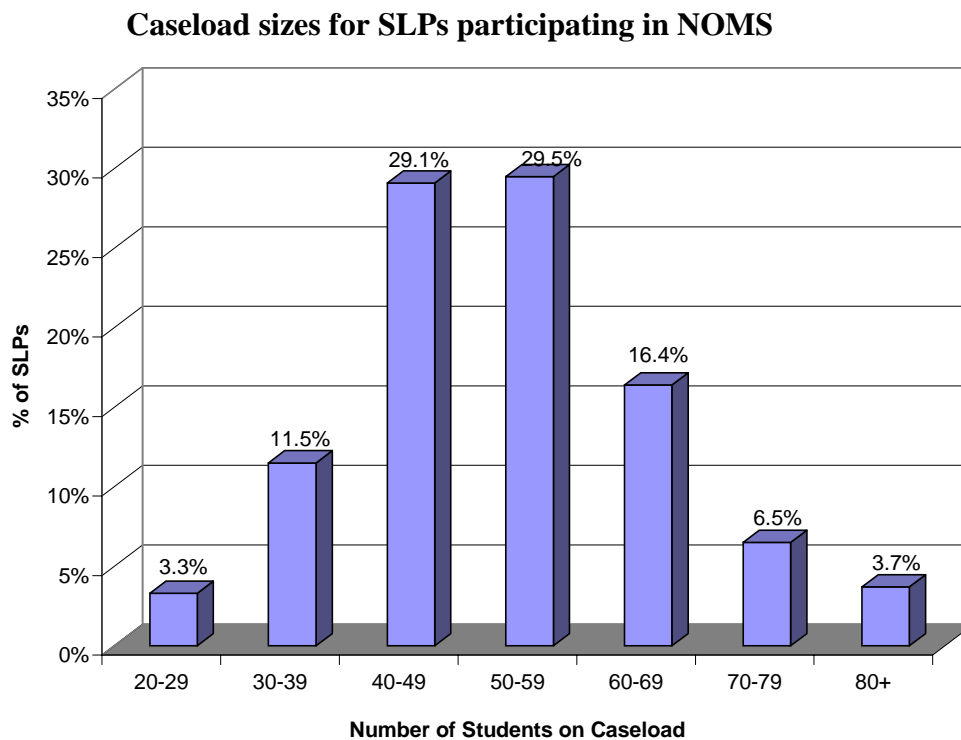
Multiplying the number of students on the speech-language caseload by the number of forms that must be completed per student and the number of meetings that must be attended gives an initial indication of the time implications of this variable. The number of students on the caseload must be considered in light of the number of contact hours with each student per week. The amount of time for service must be based on student service needs. For example, a multidisciplinary assessment may determine that a student will require 5 hours a week of speech-language service. Some school districts have developed eligibility criteria that provide guidelines for the amount of time students should be seen, depending on the severity of the disorder. These criteria may also assure consistency of services from school to school, especially within the same district. Eligibility criteria are usually available from speech-language divisions within state educational agencies.

Funding Issues

High caseloads can be a result of the fact that special education students generate extra financial burdens for local education agencies. There is also a growing trend toward school districts seeking funds to pay for SLP services from third-party payers, such as Medicaid, or private insurance companies, adding to an already difficult paperwork load of SLPs. To help alleviate this problem, ASHA has been a strong supporter of Chairman Goodling's efforts to increase the Federal share of special education funding, specifically the Chairman's efforts to achieve full funding of IDEA through his legislation, H.R.4055, the IDEA Full Funding Act.

Caseload Data

Recently, the National Center for Treatment Effectiveness in Communication Disorders released its National Outcomes Measurement System (NOMS), National Data Report for 1999-2000.



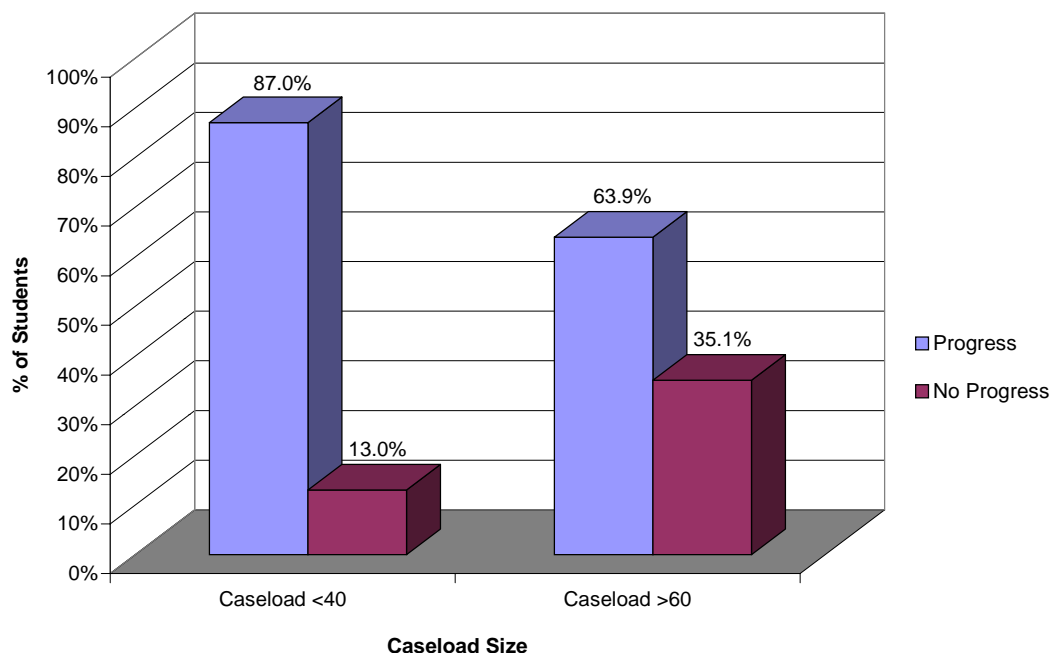
From the National Center for Treatment Effectiveness in Communication Disorders
National Outcomes Measurement System (NOMS), National Data Report for 1999-2000.

The bar chart above illustrates the caseload sizes of the SLPs who treated the 547 students in this report. Caseloads of part-time clinicians were converted to full-time equivalents on the basis of a 37.5-hour work week. Caseload sizes ranged from 25 to 104, with an average caseload of 52.4 students. These data are consistent with the findings of ASHA's 1999 Omnibus Survey, which found an average caseload size of 50 students.

The impact of caseload size on student outcomes is one of the most controversial issues facing school-based SLPs. As administrators and policymakers attempt to balance the need for efficient use of staff resources with the desire to maximize student outcomes; typically without the benefit of data on the relationship between the two factors.

The chart below illustrates the variation by caseload in the proportions of students making at least one level of progress on the most commonly used Functional Communication Measures (FCM)--speech sound production. FCMs are a series of disorder-specific, seven-point scales developed by ASHA and, are used to measure functional communication at the beginning and end of the IEP year. Based on these data, caseload characteristics appear to play a role in influencing student outcomes, but more than simply the size of the caseload must be considered. The severity of the students' problems, amount of paperwork and the impact of travel time on SLPs in rural areas must also be taken into consideration.

Progress on Speech Sound Production by Caseload Size



From the National Center for Treatment Effectiveness in Communication Disorders National Outcomes Measurement System (NOMS), National Data Report for 1999-2000.

Finally, abundant anecdotal data exist to suggest that one of the immediate impacts of increasing caseload size is a shift from individual disabled students to group treatment, and a correlative increase in the size of the treatment groups. For example, my Illinois colleague Mrs. Herease Frazier told ASHA:

“Speech is a motor act. It must be practiced. To improve, students must spend time on task...not wait their turn to speak or respond in large groups. Smaller class sizes with an emphasis on the individual and his/her needs are paramount in effecting change in his/her speech disorder and is cost effective because of shorter duration of services needed.”

Conclusion

On behalf of ASHA’s more than 98,000 members, I urge Congress to take the following actions in response to caseload concerns:

1. Congress should continue to aggressively pursue full funding of the Individuals with Disabilities Education Act and to provide financial support to states; and
2. When Congress reauthorizes IDEA, provisions should be considered to aid states in establishing guidelines for caseload size that reflect the full range of responsibilities of school-based clinicians (e.g., collaboration with classroom teachers, meeting with parents, documentation of progress).

Again, on behalf of America’s audiologists, SLPs, and speech, language, and hearing scientists I thank you for this opportunity to express our concerns about the Individuals with Disabilities Education Act. We look forward to working with the House Education and the Workforce Committee on this and other important issues facing our nation’s children.