ABSTRACT: Many changes have occurred in school-based speech and language programs in recent years. An analysis of program effectiveness is critical to maintain and enhance best practice. This survey research was conducted to determine parental experiences with, and opinions of, best practices in school-based speech-language services in order to improve service delivery in rural western North Carolina. Further, school-based speech language pathologists were interviewed on the best practices as determined by the American Speech-Language-Hearing Association.

KEY WORDS: school service delivery, collaboration, best practice, public school, speech-language pathologist.
speech-language pathologists with some children on their caseload (Sanger, Hux, & Griess, 1995).

Today’s speech-language pathologist also faces challenges related to the curriculum and alternative service delivery models. Many speech-language pathologists feel overwhelmed by the inherent difficulties posed by alternative treatment models. These include, but are not limited to, a lack of training time, administrative support, and collaboration.

One solution to the problems and fears is the creation of truly effective school-based intervention teams. Ogletree, Fischer, and Schultz (1999) described a team as two or more persons working together for the good of children and families. Central to most team models is the honest, inclusive problem solving that involves parents and families as team members. One can easily see how an active and effective school-based team (including parents and families) might lessen speech-language pathologists’ concerns regarding their expanding caseloads by sharing knowledge and collaborating on practice innovations.

IDEA recognizes the centrality of parents and families in effective practices through mandating the procedural due process that ensures parent participation in all aspects of service delivery, including prereferral, referral, assessment, evaluation, and intervention (American Speech-Language-Hearing Association [ASHA], 1999b). Although parents and families appear to be key components of effective speech-language and other services for children with disabilities, one might question the degree to which they are included in and satisfied with service delivery.

Several studies have considered parent participation in, and satisfaction with, school-based speech and language services. McKinney and Hocutt (1982) noted that parents of children with special needs may not value speech and language services or, more likely, are not prepared to participate actively. Interestingly, however, researchers stated that parents generally are pleased with their children’s speech and language programs, including their degree of participation. Leyser (1988) investigated 338 parents from rural communities and reported general parent satisfaction with services in their children’s program and related services. Although satisfied, parents stated that communication with school personnel was limited, and that conferences with educational staff often were unproductive. Andringa and Suddick (1997) analyzed the satisfaction of parents regarding school district practices in terms of special services. Of the 585 parents polled, 86% found the school districts to be supportive and well meaning. Although this finding is positive, parents reported resentment specific to their need to monitor their child’s services, their limited opportunities to learn about their child’s disability, and their inconsistent participation opportunities with service providers. Other research has suggested that parents want more information about their child’s impairment than they currently receive (Andrews, Andrews, & Shearer, 1989), including information pertaining to developmental milestones, academic expectations, and home activities (Farber & Goldstein, 1998).

It seems reasonable that parent participation/satisfaction may vary according to the child or other variables. For example, parents of children with more severe disabilities may have worked closely with school personnel, forging productive and reciprocal relationships. Likewise, parents with children in services for extended periods of time may have built close working relationships with allied health and educational staff.

One can argue that the effective school-based intervention teams mentioned earlier should be built around participating, informed, and collaborative parent/family members. Unfortunately, this may not be happening in today’s schools. Most likely, the failure to create effective teams is attributable to perceived and actual time limitations. The majority of the school-based speech-language pathologist’s time, as expected, is spent on activities revolving around the implementation of therapy (such as intervention, evaluation, screening, referrals, and therapy planning/preparation), whereas only 4% (an average of 8 hours a month) of the speech-language pathologist’s time is spent in parent/staff meetings (Peters-Johnson, 1998). Speech-language pathologists state that they are dedicated to parent/staff collaboration, which is the essence of effective team building. The limited time spent in parent meetings is surprising when noting the ASHA (1999b) directive that time should be made available in the weekly schedule for collaboration/consultation with parents, general educators, special educators, and other service providers.

If school-based speech-language pathologists of the 21st century are to be effective, additional research is needed to evaluate levels of parent satisfaction/participation in service delivery and speech-language pathologist factors that potentially contribute to parent involvement. This study evaluated parent satisfaction with speech-language services offered throughout public schools in rural western North Carolina. Two child variables (i.e., length of time in therapy or severity of impairment) were analyzed to determine their impact on satisfaction. In addition, speech-language pathologist’s perceptions of service and best practices involving collaborative service delivery were assessed.

**METHODOLOGY**

**Participants**

Participants in this study included parents of children in kindergarten through fifth grade who were receiving speech and language services in four public elementary schools in western North Carolina. The four speech-language pathologists serving these parents and children served as interviewees. Each speech-language pathologist had worked at her respective school for an average of 9.75 years (range 2 to 27). Each had been practicing for an average of 12.5 years (range = 4 to 27). Each was certified through ASHA and was licensed by the state of North Carolina.

It should be noted that three other speech-language pathologists from three other schools were invited to participate; however, they subsequently withdrew from the study prior to the distribution of surveys. One declined participation in the study due to survey content. She was
“afraid of opening a can of worms” and receiving questions from parents, and she did not want to involve parents in speech-language programs. Another indicated that she was concerned that the researcher would be able to identify which surveys came from the individual schools and negative responses would reflect on her abilities. The third stated that she did not have the time needed to follow through with the distribution. It should be noted that these initial comments suggest a lack of compliance with best practice and legal mandates.

**Instruments**

A survey questionnaire was developed and sent to the target population (see Appendix). Questions were based on best practices determined by ASHA (ASHA, 1999b). Questions required a 5-point Likert scale rating response. The questionnaire was accompanied by a cover letter that explained the study’s purpose, noted the sponsors of the study, and encouraged parents to return it promptly and completely. The letter ensured confidentiality and expressed appreciation for participating.

In order to get an appropriate depiction of school-based speech-language services, interview questions were compiled from the research of best practice. All interview questions were open-ended and responses to the questions were to be derived from a conversation with each speech-language pathologist.

The questionnaire and interview were field-tested for ambiguities, misunderstandings, and inadequacies through review by nine certified speech-language pathologists with public school experience and 20 graduate students in the field of speech-language pathology. Recommendations were considered and necessary changes were made. To further field-test the survey, it was administered to 15 parents of children who receive speech-language services in a school in one of the targeted counties. These parents were given a modified version of the cover letter and asked to complete the survey and indicate any problems with particular questions. Eight of these surveys were returned, and no need for changes was indicated.

While the questionnaire was being prepared, permission to conduct the study at each school was obtained from the speech-language pathologists and principals. The speech-language pathologists also were given the opportunity to contribute to and analyze the survey during the preparation process. Several agreed to participate in the study, but declined the opportunity to participate in the survey preparation.

The speech-language pathologist at each school sent the surveys home with the children on her caseload. A total of 160 surveys were sent to parents. The researcher had no contact with participating children or parents, thereby ensuring confidentiality. To follow up on non-returned questionnaires, each speech-language pathologist maintained a list of potential participants. Once a survey was returned, the name was checked off the list. Parents who failed to return the survey were sent a reminder card. Each speech-language pathologist was interviewed at her respective school after the surveys had been distributed.

**Data Analysis**

Data from surveys were reviewed for characteristic similarities and differences with regard to parent satisfaction and perception of services received. Specifically, parent satisfaction was analyzed relative to the length of time the child was in therapy and the severity of impairment. Responses from the professional interviews were evaluated qualitatively to determine methods of school-based service delivery in rural western North Carolina and the degree of inclusion of parents in the process of decision-making perceived by the speech-language pathologist.

**RESULTS**

**Parent Questionnaire: Demographics**

A total of 65 of the 160 surveys were returned, providing a response rate of 41%. The majority of the surveys were completed by mothers (83%), followed by fathers (13%) and other caregivers (5%). A parent’s handbook was received by 97% of the parents. Thirteen percent of parents were not given the opportunity to participate in the evaluation of their child’s speech-language ability. Of those who reported being given an opportunity, 68% participated. The majority of parents (72%) often attended individualized education plan (IEP) meetings and parent conferences; others responded that they sometimes attended (26%), and few seldom attended (2%). In response to attending special activities, 54% reported that they often attended, 34% reported that they sometimes attended, and 12% reported that they seldom attended. Only one parent reported dissatisfaction with the public school system; all other parents reported some degree of satisfaction.

According to the parents, treatment for articulation errors was the main reason for speech-language services (62%). This was followed by treatment for articulation and language (7%), hearing impairment (9%), and fluency (4%). Some children were receiving speech-language services secondary to other impairments. These impairments included attention deficit disorder (7%), learning disabilities (5%), cerebral palsy (2%), Down syndrome (2%), and autism (2%).

The number of years the children had been receiving speech-language services ranged from less than 1 year to 10 years, with a mean of 2.35 years. The majority of children (56%) were receiving speech-language services for 60 minutes per week. Other children were receiving services 90 minutes per week (15%), 150 minutes per week (15%), 30 minutes per week (7%), 130 minutes per week (5%), and 120 minutes per week (2%). Thirty-seven percent of the parents were not certain how frequently their children were receiving services.

All children were being served through a pullout service delivery model. Fifty-three percent of the children had a moderate severity level based on parent judgement, followed by mild (34%). Few parents perceived their child’s impairment as severe or profound (13%). Thirty-four
percent required special services in addition to speech-language services. These services included math and reading, reading and writing, math, personal aid, physical or occupational therapy, visual aids, and Title 1 services.

Parent responses were overwhelmingly positive regarding their experiences and opinions on the items relating to best practices. Items parents most often disagreed or strongly disagreed with were the reception of useful suggestions and activities (2%), the amount of therapy time (8%), information about progress (9%), consideration of thoughts and suggestions at IEP meetings (3%), the area in the school building where therapy takes place (3%), progress made by the child (2%), and happiness with regard to the amount of progress made (2%). Figure 1 demonstrates the percentages of total responses of “strong agreement” to “strong disagreement” for these seven items.

Surveys showing disagreement to items based on best practices as described above were separated from those that showed agreement (i.e., survey question #16, 19, 20, 21, 24, 25, and 26). Surveys were reviewed to determine common characteristics across the surveys. No characteristic patterns were found among the group. Each question that parents showed disagreement with was then analyzed to determine whether or not common characteristics exist between parents that disagreed with the individual questions.

Parent Questionnaire: Summary of Parent’s Comments

Parents were given the opportunity to express any comments they had concerning their child’s speech-language services. Eleven parents chose to make additional comments. The majority of these comments praised their child’s speech-language services. For example, one parent wrote “If it wasn’t for the school, and the special time they took for my child, he wouldn’t be where he is at today.” Other parents explained why they disagreed with certain items. A parent who disagreed with the item concerning the area in which the child receives services commented that it was “too little.” Another reported that she disagreed with the item because “[the child] does not like to be taken out of class.” One parent, who disagreed with items concerning “happiness” with the child’s school and amount of therapy, expressed that “because of school politics, I often feel that the professionals involved with my child are not supported properly and are therefore unable to perform according to their full capabilities.”

Statistical Analysis of Severity of Impairment and Length of Treatment

To determine the potential effects of severity of impairment and length of time in treatment on survey rating, data were analyzed using Mann Whitney U tests for independent samples. Student severity was determined using parental ratings provided in the demographic data of the survey and clinical judgements based on prevalence/complexity of student conditions. Group 1 (n = 15) consisted of surveys from families with more severely involved students (e.g., those with mental retardation, autism, hearing impairments, fluency disorders); Group 2 (n = 42) consisted of surveys from families with children with more limited impairments (e.g., articulation disorders, mild language disorders). Group comparisons of all survey items generating Likert-scaled responses revealed no significant differences in ratings.

Length of time in treatment was analyzed as a potential contributing variable to survey ratings by dividing the sample into two groups. Group 1 included surveys received from families whose children had been in treatment 2 years or less (n = 27). Group 2 consisted of surveys from families whose children had been in treatment more than 2 years (n = 35). Once again, group comparisons revealed no significant difference.

**Figure 1.** Survey items showing disagreement.
It is possible that student severity and length of time in treatment may relate to each other, thus confounding the information presented above. To account for this, surveys from the two time conditions (i.e., short and long treatment) were examined according to the effects of severity using Mann Whitney U tests for independent samples. That is, the short and long conditions were divided into two groups based on severity. No significant statistical findings were observed.

Results of the Interviews With the Speech Language Pathologists

Each speech-language pathologist was interviewed in her speech-language classroom. The speech-language pathologists will be referred to as P1, P2, P3, and P4. The interview questions follow.

- **Please describe your caseload.** The average caseload was 34 children ranging from preschool to sixth grade, with a range of 21 to 65 children. The impairments represented in each caseload varied. Caseloads primarily consisted of children in kindergarten through second grade with moderate speech and/or language impairments. The caseloads had an average of 4 children with cognitive impairments and severe communication disabilities. Two caseloads had a small number (2–3) of children with hearing impairments, one of whom had a cochlear implant.

- **Please describe your typical day.** All of the speech-language pathologists described their day as having back-to-back treatment sessions. They all had time set aside in their week for potential evaluations, meetings, and planning, which they stated was almost always used. Meetings referred mainly to IEP conferences.

- **Please describe how you conduct a speech and language evaluation and an IEP meeting.** All of the speech-language pathologists reported that they send the appropriate paperwork for evaluation and placement. P1 and P2 included a questionnaire asking for parental input during evaluation. It was noted that few parents attend evaluations or IEP meetings, and P4 reported that the parents are not included in the evaluation process. It should be noted that this is not in compliance with legal mandates.

- **What type(s) of service delivery do you use and why? Are there any you would like to try?** All of the speech-language pathologists used pullout as their main service delivery method with small group formats. Although all of the speech-language pathologists indicated that they felt that classroom intervention would be most ideal for children with language disorders, they felt that lack of teacher support and large caseloads made such service delivery difficult.

- **Under what circumstances and how often do you consult with a child’s teacher?** All of the speech-language pathologists had some contact with teachers to discuss progress and concerns, but no comments were made about requesting information about classroom lessons so that they could be implemented in treatment.

- **Under what circumstances and how often do you consult with a child’s parent(s)?** All of the speech-language pathologists stated that they consult with parents during the annual review. To ensure contact, P3 reported that she sends a member of social services to the child’s house if the parents do not attend the IEP meeting. P4 reported that she simply sends a copy of the IEP home with a note saying that the parents can call her if there are any questions. Exercises often are sent home, though it was reported that many of the parents do not complete the homework consistently with their children.

- **How do you contribute to the development of literacy in the children you serve?** P1 and P2 reported that they use story books heavily in their treatment sessions. P1 is involved in teaching two reading groups and occasionally uses the computer in treatment sessions.

- **What enables you to serve the children on your caseload effectively?** All of the speech-language pathologists reported that they receive ample support from the teachers and the administration, which greatly aids them in serving the children. P2 and P3 said that their caseload was appropriate for providing the necessary services.

- **What impedes your ability to serve the children on your caseload more effectively?** P1 and P2 stated that they could better serve the children if they had a smaller caseload. P4 reported that it would be easier to serve the children on her caseload effectively if she did not have to travel to two schools. Small room size, paperwork, and scheduling complications also were listed as reasons that impede effective service delivery.

- **What changes, if any, would you like to see made that would enable you to serve the children on your caseload more effectively?** Suggestions included a secretary for “the mountains of paperwork,” an assistant, a larger room, a larger budget, and more support from parents.

**DISCUSSION**

The purpose of this study was to determine how effectively school-based speech-language services are meeting the needs of the children and parents they serve based on parent satisfaction and understanding of speech-language programs in rural western North Carolina. Speech-language pathologists serving these families were interviewed to establish an understanding of how best practices are carried out. Findings are discussed with respect to implications for service delivery, and future research directions are proposed.

With regard to the first question concerning parents’ perception of their participation and the speech-language pathologist serving their children, it was clear that the majority of parents who returned the survey were satisfied with the speech-language services their children are receiving, as well as with their participation in the process. These findings are consistent with those of McKinney and Hocutt (1982), Lersay (1988), and Andringa and Suddick (1997). It may be that high parental satisfaction in light of concerns about services children are receiving in school-based settings (ASHA, 1999a) may relate to the participating speech-language pathologist. Those speech-language pathologists who participated in this study were positive....
about their service delivery, suggesting that they felt that
the management of caseload was effective and successful.
Clearly, several speech-language pathologists decided not to
participate due to concerns about poor practice with regard
to parents, as noted by one comment by a speech-language
pathologist that she did not want to include parents and
another comment by another speech-language pathologist
that she did not want negative results reflected on her
service delivery. Parents from these schools may not have
responded with high degrees of satisfaction.

On the other hand, the discrepancy in parental satisfac-
tion and professional concerns may be attributed to parents’
lack of awareness of their children’s area of difficulty and
best practices with which to meet their children’s needs.
Parents demonstrated an understanding of their children’s
speech-language program by completion of the “general
characteristics” items on the questionnaire. Accurate and
clear responses to these questions varied. For example,
responses to the question “Why is your child receiving
speech-language services?” included “pronunciation
problems” and “can’t speak.” A majority of the responding
parents reported that their children were receiving services
for articulation disorders. However, three of the speech-
language pathologists reported that their caseloads primarily
consisted of children with articulation and language
impairments or only language impairments. It is suspected
that many more of the children in the responding sample
also have language impairments; however, this cannot be
verified by parental responses. Therapy environment and
methods are another area in which parents’ understanding is
lacking. Forty percent of the parents responding to the item
“My child’s speech-language program incorporates class-
room content into treatment” responded “no opinion.” Five
parents did not respond to this item. This indicates that
some parents may have a marginal understanding of why
their children are receiving services as well as what occurs
during treatment sessions.

Further support for lack of awareness comes from the fact
that many of the parents do not attend evaluations or IEP
meetings according to the speech-language pathologists.
More than half of the parents indicated that they participated
in the evaluation of their children’s speech and language;
however, the speech-language pathologists reported that few
parents participate. This is consistent with findings from
McKinney and Hocutt (1982), who found that parents either
do not value participation or are not prepared to participate
actively. Survey data from their study indicated that parents
were satisfied with their participation as well as with the
speech and language programs.

With regard to the second question concerning the
influence of other factors on parent satisfaction, there
appears to be no statistical significance between parents
who are not satisfied with certain aspects of best practices
and length of time in therapy or degree of severity. Parents
having children with more severe impairments and parents
with children in services for a long period of time did not
show greater degrees of dissatisfaction than parents who
did not have children with severe impairments or parents
who did not have children in services for a long period of
time. It should be noted that 17% of children with speech

Speech-Language Pathologist Interview

The responses given during the interviews verified that
the school-based speech-language pathologists have
considerable knowledge of the mandates they must follow
and how to adhere to them effectively. This is evidenced
by their following procedures for evaluations and IEPs
and attempting to include the parents in this process,
which is considered a best practice according to ASHA.
The speech-language pathologists clearly have made
attempts to gain from and provide support to the parents
of the children they serve. The speech-language patholo-
gists have provided parents with opportunities to consult,
attend meetings and conferences, give periodic progress
notes, and provide materials.

Even though the consultation between the speech-
language pathologists and the teachers varies, there is
evidence that there is communication between the two.
However, this communication generally pertains to the
child’s progress, carryover into the classroom, and new
concerns about the child. There was little mention of
incorporating classroom content into speech-language
services, another suggested best practice from ASHA.
Including classroom content into services would be done
most easily through classroom-based intervention. Further,
this would provide students with the least restrictive
environment and facilitate the promotion of literacy using
the students’ curricular materials. Unfortunately, although the
speech-language pathologists felt that classroom-based
service delivery is an excellent way to serve many of the
children on their caseload, it is rarely done. They stated that
teachers offer support, but not enough for effective collabo-
ration. Comments also were made about how some teachers
were hesitant about having their children removed from the
classroom to receive therapy. These conflicting views suggest
that both the speech-language pathologists and the teachers
are unsure how to go about collaboration effectively.

IMPLICATIONS

Findings in this study are consistent with much of the
review of literature. The vast majority of parents surveyed
were satisfied with services, as indicated in Leyser (1988).
However, as Andrews, Andrews, and Shearer (1989) and
Farber and Goldstein (1998) found, there is still a need to
provide parents with additional information in order to improve speech-language services. Speech-language pathologists are attempting to increase parental knowledge by providing them with the opportunity to participate in evaluations and the development of IEPs. They also are providing parents with an open invitation to contact them whenever questions arise, as well as with homework activities to promote carryover and family involvement.

To help increase parents’ understanding of what occurs during therapy sessions, it might be beneficial to invite parents to attend sessions. Videotaping sessions and allowing parents to view the videotapes in their own home at their own discretion may be a way to increase parent awareness of speech-language services if they are unable to attend sessions. Additionally, a summary of the activities the children participated in can be included in the progress note, which also may increase parents’ awareness of what occurs during therapy sessions. Such activities may facilitate awareness as well as generalization of child abilities because parents may follow through with some activities and clinical strategies at home.

Providing functional activities for home practice, rather than worksheets, may promote more involvement. For example, parents who have busy schedules may not have the time or energy to work on a speech-language worksheet, but can incorporate articulation drills into setting the table by having the child name the items with target sounds as he or she puts each item on the table. Parents may feel that such activities are more useful because they pertain to real life and do not take additional time from their already busy schedule.

One clear pattern across these schools was the lack of inclusive service delivery. This points to the need for increased resources and inservices in rural communities. It also may be that different forms of inservice are needed to facilitate the use of varied models of service delivery. Innovations in distance education may allow for speech-language pathologists and teachers in rural school districts to participate in conferences with people exhibiting expertise in this area. Questions may be answered to decrease the feelings of insecurity about experimenting with collaboration. The provision of services through a collaborative model also may lessen the number of children assigned to special classrooms in selective schools. Rather, with adequate classroom support, educational needs may be met in an inclusive setting.

**FUTURE RESEARCH**

Findings in the present study are limited in that only parents who had children whose speech-language pathologists were willing to participate in the study were surveyed. Willingness by speech-language pathologists to participate played a factor in the study’s results because these therapists had no reservations about the services they provide and therefore were confident about their adherence to best practices. It also was limited in that the four schools serve children in rural western North Carolina. In order to gain a better picture of parent understanding and satisfaction of school-based speech-language services, specifically in rural communities, it is necessary to survey a larger number of parents within such communities. More information is needed regarding service delivery and caseload descriptions in rural areas.

Additional research is needed to ensure ample parent support, understanding, participation, and satisfaction of school-based speech-language services. Additional research includes determining why parents feel that the suggestions and activities they receive are not helpful. Parents may be able to give suggestions on what they would consider helpful. Investigation into how parents want to be involved and a means in helping school-based speech-language pathologists determine this desire also may be beneficial in meeting parents needs.

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APPENDIX. PARENT SURVEY

The following questions relate to general information about you and your child. Please briefly fill in the blanks.

1. What is your relationship to the child receiving services?
   Mother       Father       Other_____________________

2. Why is your child receiving speech-language therapy?

3. How old and in what grade is your child?
   Age___________       Grade_____________________

4. How long has your child been receiving speech-language therapy?

5. How often does your child receive speech-language therapy during the week?
   __________times a week for ___________minutes

6. Where in the school building does your child receive speech-language therapy?

7. How would you rate your child’s speech-language impairment?
   Mild       Moderate       Severe       Profound

8. Please list any special needs your child has in addition to speech-language.

   ____________________________________________________________

Please answer the following questions by circling your response.

9. I was given a parent’s rights handbook.
   YES        NO

10. I was given the opportunity to participate in the evaluation of my child’s speech-language abilities.
    YES        NO

11. I participated in the evaluation of my child’s speech-language.
    YES        NO

12. I attend my child’s IEP meetings and parent conferences.
    Often       Sometimes       Seldom

13. I attend special activities at my child’s school.
    Often       Sometimes       Seldom

14. My child likes to be read to.
    Often       Sometimes       Seldom
15. I am happy with my child’s public school.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

The following questions relate to your experiences and opinions concerning your child’s school-based speech-language therapy program. Please circle your response.

16. My thoughts and suggestions were considered at my child’s IEP meeting.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

17. I understand my child’s speech-language program.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

18. I have had an adequate amount of opportunities to discuss my child’s speech-language therapy program.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

19. I receive useful activities/suggestions for use at home to help with my child’s speech-language.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

20. I am happy with the amount of time my child receives speech-language therapy.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

21. I am happy with the area in the school building where my child receives speech-language therapy.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

22. My child’s speech therapist consults with my child’s classroom teacher.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

23. My child’s speech-language program incorporates classroom content in therapy.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

24. I am kept informed about my child’s progress in therapy.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

25. My child has made progress since he/she began speech-language therapy.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

26. I am happy with the amount of progress my child has made in speech-language therapy.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree

27. I am happy with the speech-language services my child is receiving at school.
   Strongly Agree  Agree  No Opinion  Disagree  Strongly Disagree