



Caseload Characteristics

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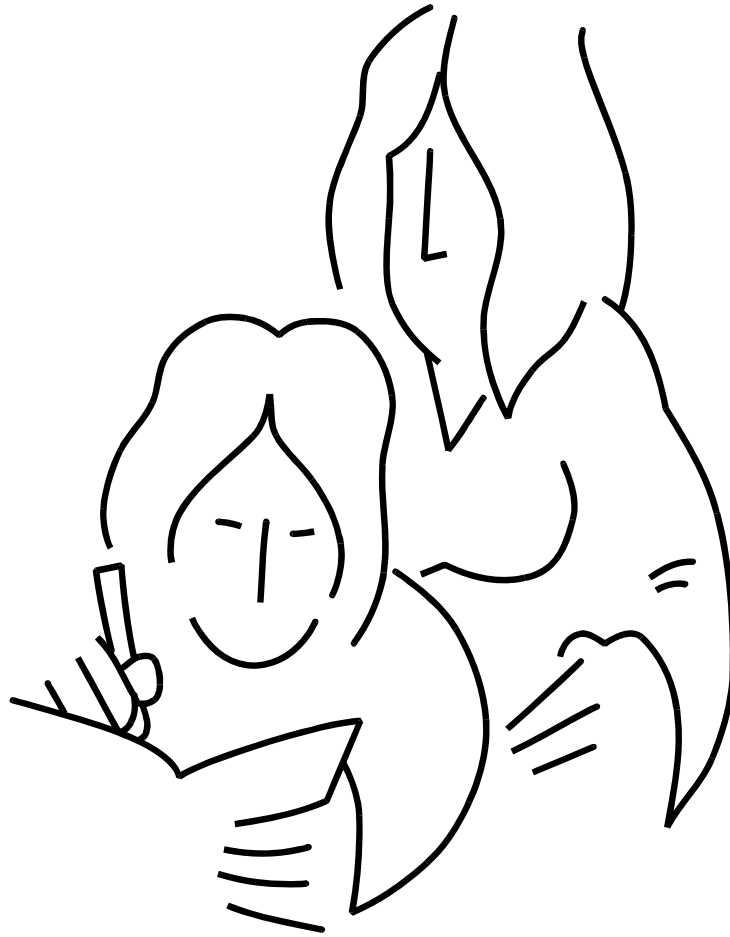
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Executive Summary

In the spring of 2008, the American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) 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, middle/junior high/secondary, and combined school settings.

Overall Findings

- ◆ 80% of clinical service providers used a caseload approach; 20% used a workload approach.
- ◆ Median caseload size was 50.
- ◆ The largest median caseload was in Indiana (75), and the smallest was in North Dakota (33).
- ◆ 45% of a typical caseload was moderately impaired.
- ◆ Severely impaired students were a majority (57%) of cases in day/residential schools.
- ◆ Articulation/phonological disorders (94% of SLPs) and language impairment (92%) were the most prevalent.
- ◆ Clinical service providers spent 22 hours weekly in traditional pull-out service.
- ◆ Clinical service providers spent 24 hours weekly in direct intervention services.
- ◆ 45% did not have any English language learners (ELL) in their caseloads.
- ◆ 35% used response to intervention (RTI) to address disproportionality or assessment of ELL students.

Demo- graphics

On certain characteristics, respondents to the 2008 Schools Survey were an exact representation of the population of ASHA-certified, school-based SLPs from which they were selected. The vast majority of both groups were female (97%–98%), non-Hispanic (97%), and White (95%–96%). Their median ages were nearly identical: 46 in the survey and 47 in the population.

The respondents differed from the population on other characteristics such as the *type of school* in which they worked. The largest differences were in elementary schools where 58% of the survey respondents worked compared with 47% in the population and in combined school settings where 16% of the survey respondents worked compared with 26% of the population. Among the respondents, 91% were *clinical service providers*; in the population, 84% reported this primary function. The respondents had more *experience* (17 years) than did the population from which they were drawn (10 years).

Caseload or Workload?

For this survey, *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.

Four clinical service providers out of five (**80%**) 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 ($p = .018$), years of experience ($p = .010$), and state ($p = .000$), but not by population density ($p = .827$).

- ◆ Caseload approach was highest in elementary schools (82%) and lowest in combined school settings (74%).
- ◆ Responses varied by years of experience, but not in a systematic way.
 - Caseload was selected by 85% of clinicians with 7–9, 19–21, and 22–24 years of experience.
 - The lowest percentage (74%) selecting the caseload approach were clinicians with 13–15 years of experience.
- ◆ The percentage who selected caseload varied greatly by state, ranging from 57% in Vermont to 98% in Oklahoma. See Table 1 for caseload sizes for states where sufficient SLPs responded (25 or more).

Table 1. Caseload or Workload Approach by State

State	Caseload	Workload	State	Caseload	Workload
AK	72%	28%	MT	77%	23%
AL	-	-	NC	84%	16%
AR	88%	12%	ND	74%	27%
AZ	74%	26%	NE	83%	17%
CA	84%	16%	NH	69%	31%
CO	71%	29%	NJ	78%	22%
CT	84%	16%	NM	68%	32%
DC	-	-	NV	81%	19%
DE	83%	17%	NY	71%	29%
FL	69%	31%	OH	88%	12%
GA	79%	21%	OK	98%	2%
HI	65%	35%	OR	91%	9%
IA	68%	32%	PA	86%	14%
ID	76%	24%	RI	90%	10%
IL	81%	19%	SC	-	-
IN	91%	9%	SD	81%	19%
KS	79%	21%	TN	69%	31%
KY	93%	7%	TX	73%	27%
LA	76%	24%	UT	87%	14%
MA	85%	15%	VA	87%	13%
MD	83%	18%	VT	57%	43%
ME	68%	32%	WA	85%	15%
MI	81%	19%	WI	90%	10%
MN	91%	9%	WV	91%	9%
MO	72%	28%	WY	79%	21%
MS	90%	10%			

n = 1,720

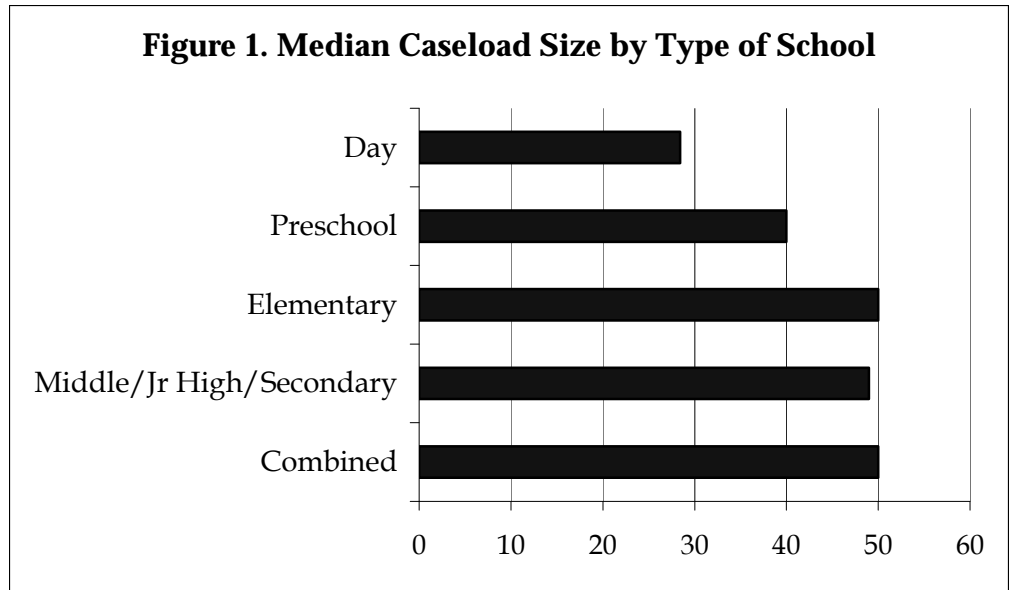


Caseload Size....

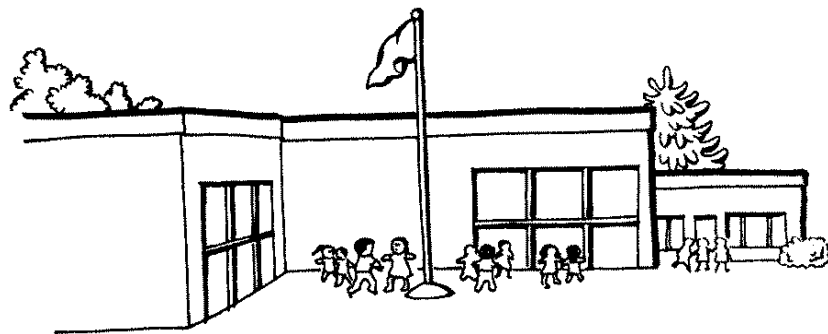
...by Facility

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 2 to 290. Caseload size was lowest in special day/residential schools (28) and highest in elementary schools and combined school settings (50; see Figure 1).

Figure 1. Median Caseload Size by Type of School



n = 1,688



...by State

Caseload size varied by geographic area of the country. The highest was in *Indiana (75)* and the lowest in *North Dakota (33)*; see Table 2).

Table 2. Median Caseload Size by State

State	Caseload	State	Caseload
AK	-	MT	43.0
AL	-	NC	50.0
AR	40.0	ND	33.0
AZ	57.0	NE	53.0
CA	55.0	NH	-
CO	48.0	NJ	41.5
CT	37.0	NM	35.0
DC	-	NV	-
DE	55.0	NY	40.0
FL	45.5	OH	60.0
GA	43.0	OK	54.5
HI	40.0	OR	-
IA	55.0	PA	53.0
ID	61.0	RI	-
IL	50.0	SC	-
IN	75.0	SD	40.0
KS	45.5	TN	57.0
KY	65.0	TX	50.0
LA	45.0	UT	65.0
MA	40.0	VA	55.0
MD	45.0	VT	-
ME	-	WA	52.0
MI	55.0	WI	40.0
MN	45.0	WV	50.0
MO	47.5	WY	45.0
MS	50.0		

n = 1,707

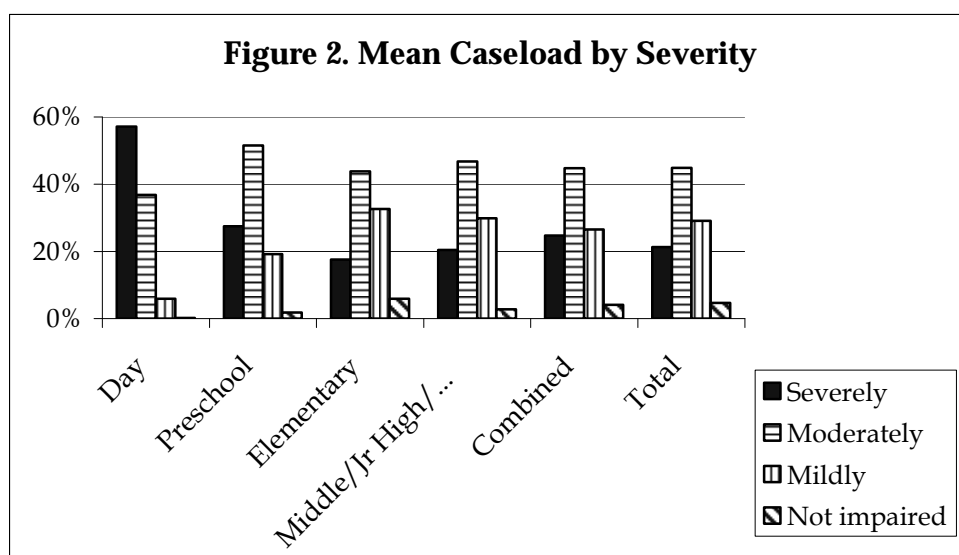


Severity

Using their own state or school district's definition for degree of communication impairment, SLPs identified **45%** of their typical caseload as *moderately impaired*. Means ranged from 37% to 52% in the various types of schools.

An additional 29% were mildly impaired, and 21% were severely/profoundly impaired. The latter group showed variability across settings: 18% in elementary schools, 20% in middle/junior high/secondary schools, 25% in combined school settings, 28% in preschools, and 57% in day/residential schools.

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



n = 1,578

Areas of Intervention

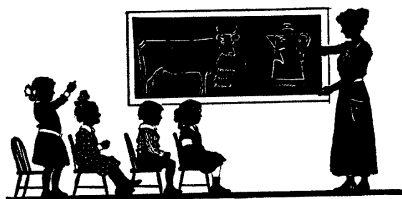
The areas of intervention in which most of the school-based SLPs had clients were *articulation/phonological disorders* (**94%**), language impairment (92%), autism/pervasive developmental disorder (84%), and pragmatics/social communication (75%). Only 2% served clients in the area of communication effectiveness.

The largest average *number of clients* seen by area of intervention was for *language impairment* (**23**), followed by articulation/phonological disorders (22), learning disabilities (15), and literacy (15). The smallest numbers were for traumatic brain injury (1) and voice/resonance (2).

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	94%	22
Attention deficit/hyperactivity disorder (ADHD)	61%	8
Auditory processing disorders	54%	8
Autism/pervasive developmental disorder (PDD)	84%	7
Childhood apraxia of speech (CAS)	58%	3
Communication effectiveness (e.g., accent modification)	2%	3
Dysphagia (swallowing)	9%	3
Fluency disorders	67%	2
Hearing disorders	44%	3
Language impairment	92%	23
Learning disabilities	63%	15
Mental retardation/developmental disability (MR/DD)	66%	8
Nonverbal, augmentative/alternative communication	45%	4
Pragmatics/social communication	75%	8
Reading and writing (literacy)	32%	15
Traumatic brain injury (TBI)	14%	1
Voice/resonance	24%	2

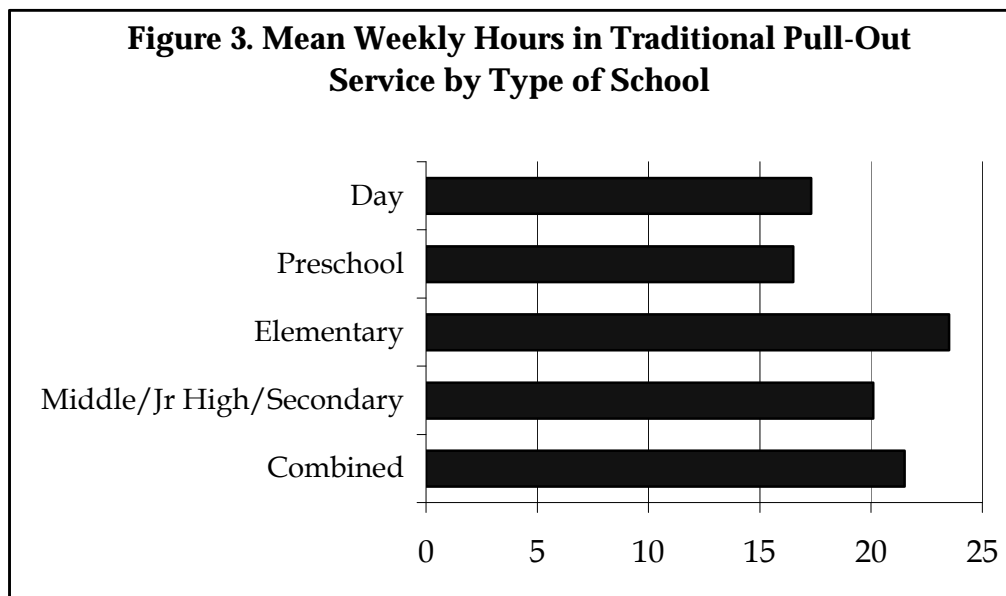
n = 1,718



Models

Overall, clinical service providers spent an average of **22** hours each week in traditional pull-out service, 5 in classroom- or curriculum-based classrooms, 4 in self-contained classrooms, 3 in collaborative consultation, and 1 in a resource room.

More of the clinical service providers' time was spent in *traditional pull-out service* than in any other model. Time spent in this model was highest in elementary schools and lowest in preschools (see Figure 3).



n = 1,574

Activities

More time was spent each week by clinical service providers in *direct intervention* than in any other type of activity (see Table 4).

Hours	Activity
24.2	Direct intervention
8.1	Indirect activities (e.g., bus duty, observations, meetings, referrals, record keeping, IEPs, planning, supervision)
4.0	Screenings/diagnostic evaluations, scoring, analyses
3.0	Consultation (e.g., parents, teachers)
1.6	Prereferral or Response to Intervention (RTI) activities
0.7	Troubleshooting technology (e.g., hearing aids, cochlear implants, personal FM systems)

n = 1,754

Bilingual Services

Nearly half (**45%**) of the SLPs who were employed full-time or part-time reported that they did not have any English language learners (ELLs), and a slightly smaller number (42%) said that they provided services in English only (see Table 5).

%	Activity
45.4	I have no ELL students.
42.4	Services provided in English only
9.4	Trained professional interpreters
7.9	Bilingual SLPs
6.6	Untrained interpreters (e.g., family members)
2.0	Bilingual SLP assistants

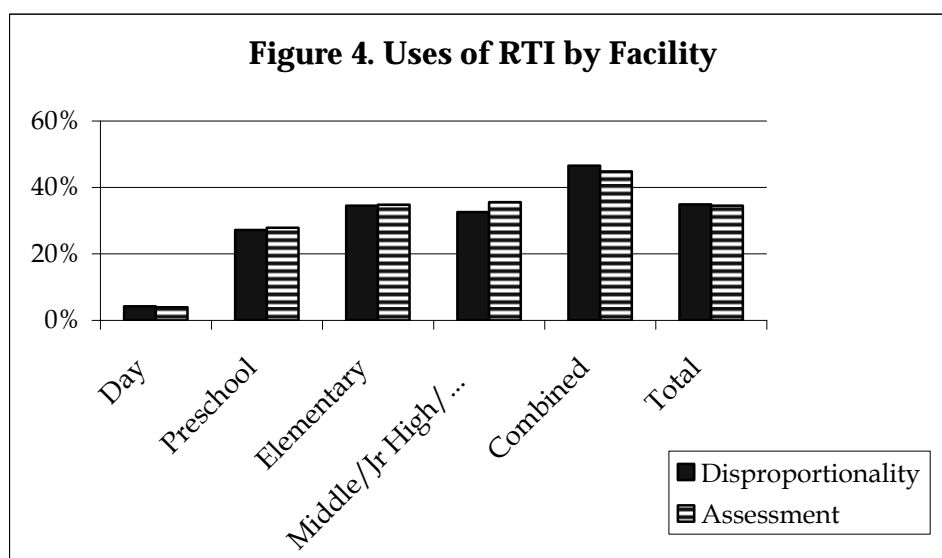
n = 2,420

ELL Caseload

Clinical service providers employed full- or part-time reported an average (i.e., mean) of **6.2** ELL students in their caseload. This number varied by *type of facility*, from **2.0** in day/residential schools to 3.3 in middle/junior high/secondary schools, 4.6 in preschools, 6.5 in elementary schools, and **8.5** in combined school settings (*p* = .000).

RTI

Response to intervention (*RTI*) was used by approximately one third of the SLPs to address disproportionality or assessment of ELL students (**35%** each). Neither population density (*p* = .375) nor years of experience (*p* = .235) affected responses, but facility did (*p* = .000; see Figure 4). SLPs in day/residential schools were least likely to use RTI, while those in combined school settings were most likely.



n ≥ 1,800

Survey Notes and Method- ology

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 2008 Schools Survey is one of the replacements and melds topics from both the Omnibus Surveys and previous Schools Surveys.

Response Rate

The survey was mailed in February 2008 to a random sample of 4,130 ASHA-certified SLPs 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 original 4,130 SLPs in the sample, 5 had bad mailing addresses, 17 were no longer employed in the field, 25 were retired, and 86 were ineligible for other reasons, leaving 3,997 possible respondents. The actual number of respondents was 2,556, resulting in a **64.0%** response rate. The results presented in this report are based on responses from those 2,556 individuals.

Other Reports

Results from the 2008 Schools Survey are presented in a series of reports:

- Caseload Characteristics
- Annual Salaries
- Workforce and Working Conditions
- Survey Summary Report
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2008). *2008 Schools Survey report: Caseload characteristics*. Rockville, MD: Author.

Supplemental Sources

American Speech-Language-Hearing Association. (2000). *Roles and responsibilities of speech-language pathologists with respect to reading and writing in children and adolescents*. [Guidelines, Position Statement, and Technical Report]. Available from www.asha.org/reference.

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Additional Information

For additional information regarding the 2008 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.