[Year] [State] Speech-Language-Hearing Association Workload Advocacy Survey

Survey Introduction and Email Invitation

The [state] Speech-Language-Hearing Association is interested in hearing from educational audiologists and school-based speech-language pathologists regarding your workload/caseload. Please take a few minutes to complete this survey. Your individual responses will be kept confidential; only group data will be reported. Submit your responses by [response deadline]. Thank you for your participation.

Caseload Questions

For purposes of this survey, *caseload* is based only on the number of students served, whereas *workload* is based on ALL required and performed activities.

1.	Using the description above, which approach is used to determine the number of students you serve? (Check one.)
	☐ Caseload approach ☐ Caseload approach and workload approach ☐ Workload approach
	☐ I do not provide clinical services to students
	IF YOU SELECTED "I do not provide clinical services to students" in Question 1, please SKIP to Question 8.
2.	What is your average monthly caseload size? Count each student only once.
	Average monthly caseload size:
3.	How many students do you serve monthly in each of the following areas? Students who have overlapping areas of intervention may be counted more than once.
	Acquired brain injury (ABI)
	Auditory processing disorder (APD)
	Autism spectrum disorder (ASD)
	Childhood apraxia of speech (CAS)
	Cognitive communication disorders Dysphagia (swallowing/feeding)
	Fluency disorders
	Hearing loss
	Language disorders: pragmatics/social communication
	Language disorders: semantics, morphology, syntax
	Nonverbal, augmentative and alternative communication (AAC)
	Reading and writing (literacy)
	Selective mutism Speech sound disorders
	Voice or resonance disorders

4.	Have you used the ASHA Workload Calculator that is on ASHA's website?
	□ No, I don't know what it is.
	□ No, but I know what it is.
	□ Yes
5.	How many hours do you spend on each of the following activities in a typical WEEK? Enter "0" if none.
	Collaborative consultation Diagnostic evaluations (e.g., observation, screening, scoring, analysis)
	Direct intervention: classroom based/ integrated services
	Direct intervention: pullout
	MTSS/RTI activities
	Services to Section 504 students
	Supervision
	Technological support (e.g., hearing aids/ CIs, AAC)
	Telepractice
	Other duties as assigned
6.	Under what circumstances are you required to make up missed sessions? (Check all that apply.)
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	☐ Any time a student misses a session for any reason.
	☐ Any time I miss a session for any reason.
	☐ I am not required to make up missed sessions.
	☐ When the student misses a session due to assembly or classroom activity.
7.	What are your greatest challenges as a school-based professional? (Check all that apply.)
	☐ Budget constraints
	☐ Ethical challenges
	High workload/caseload size
	☐ Inadequate workspace and facilities
	 Incorporating optimal service delivery models Lack of funding to attend professional development programs
	☐ Lack of training to work with specific disorders or special populations
	Large amount of paperwork
	☐ Legal challenges (e.g., due process)
	☐ Limited family/caregiver involvement and support
	☐ Limited support from the administration
	☐ Limited time for collaboration
	☐ Limited understanding of my role by others
	☐ Low salary
	☐ Medicaid billing
	☐ Out-of-pocket professional expenses
	☐ Personnel shortage
	☐ Travel/distance between schools
	□ Volume of meetings

Demographic Questions

8.	Identify the degrees you have earned. Count only actual degrees—not equivalencies or certificates—and do not include degrees expected but not yet conferred. (Check all that apply.)
	 □ Master's □ CScD - doctor of communication science □ Other doctorate □ AuD - doctor of audiology □ PhD - doctor of philosophy □ SLPD - doctor of speech-language pathology
9.	In what year were you born?
	Year:
10.	How many years (a) have you been employed in the audiology or speech-language pathology profession, and (b) how many of those years were in schools? Round to the nearest full year. Enter "0" if you have neve been employed in the professions. (a) Number of years employed in profession:
11.	Which ONE of the following categories best describes your employment status?
	 □ Employed full-time □ Employed part-time □ On leave of absence □ Unemployed, seeking work □ Unemployed, not seeking work □ Retired
12.	Which ONE of the following best describes your principal employment situation?
	 □ Contractor □ Salaried employee □ Self-employed
13.	Although you may work in several types of facilities, select the ONE type of building that best describes where you work all or most of the time. For individuals who work in private practice or early intervention, select the type of building in which you deliver most of your services. Only ONE response can be accepted.
	 □ Elementary school □ Combination from the above list □ Secondary school (middle school, junior high, senior high) □ Administrative office □ Pre-elementary (preschool) □ Special day/residential school □ Student's home

	☐ Other (Specify.)
14.	Which one of the following best describes where you work?
	☐ Suburban area☐ City/urban area☐ Rural area
15.	In what state is your primary employment FACILITY located? Use standard post office two-letter code (e.g. LA for Louisiana).