



SLP Caseload and Workload Characteristics

For additional information, please contact
Jeanette Janota, Surveys and Analysis
American Speech-Language-Hearing Association
Rockville, MD 20850
800-498-2071, ext. 8738
surveys@asha.org
jjanota@asha.org

Contents

Executive Summary	1
Function	2
Caseload Size	2
Facility	2
State	2
Area	4
Population Size	4
Barriers	4
ASHA Workload Calculator	5
Facility	5
Area	5
Population Size	5
Experience in the Schools	5
Improving Workload	5
Areas of Intervention	6
Billing	7
Medicaid	7
Function	7
Area	7
Population Size	7
Experience in the Schools	7
Weekly Activities	8
Survey Notes and Methodology	9
Response Rate	9
Reports	9
Suggested Citation	9
Supplemental Resources	10
Additional Information	10
Thank You	10
Appendix: State Listings	11
Figures	
Figure 1: Median Caseload Sizes, by Type of School	2
Figure 2: Median Caseload Sizes, by Area	4

Figure 3: Mean Weekly Hours, by Activity 8

Tables

Table 1: Median Caseload Sizes, by State 3
Table 2: Areas of Intervention 6

Executive Summary

In Spring 2026, 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 *Schools Surveys*.

The results are presented in a series of reports. This caseload and workload characteristics report is based on responses from SLPs in special day/residential schools, preschools, elementary schools, secondary schools, students' homes, administrative offices, offices for telepractice, and combined settings.

Overall Findings

- ◆ 90% of the SLPs who were employed part- or full time were clinical service providers.
- ◆ Median *actual* caseload size was 50.
- ◆ Median *manageable* caseload size was 40.
- ◆ Median *actual* caseload size was highest for SLPs who worked in an office for telepractice (55) and lowest for those in day/residential schools (25).
- ◆ Median *actual* caseload sizes were highest in Indiana (75) and lowest in New York (30).
- ◆ The largest median *manageable* caseload size (60) was selected by SLPs in Indiana. The smallest *manageable* caseload size (29) was selected by SLPs in New York.
- ◆ 24% of respondents said that there was no barrier to their achieving a *manageable* caseload size.
- ◆ 28% of respondents identified excessive non-therapy workload as the single greatest barrier to achieving a *manageable* caseload size.
- ◆ 28% of clinical service providers in elementary schools used the ASHA Workload Calculator.
- ◆ 70% of respondents collaborated with other staff to help improve their workload.
- ◆ At least 90% of SLPs served students with autism spectrum disorder and speech sound disorders.
- ◆ 82% of respondents were involved in Medicaid billing.
- ◆ Clinical service providers spent an average of 21 hours weekly on direct intervention and 5 hours on documentation.

Function

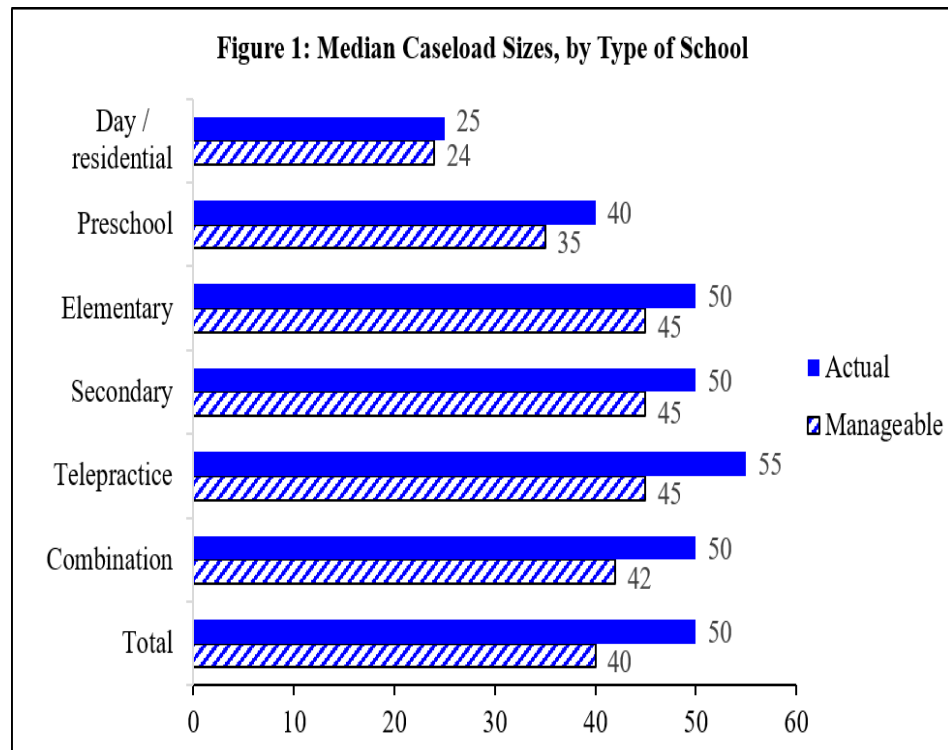
Most (90%) of the SLPs who were employed full time or part time were clinical service providers. The rest were diagnosticians (3%), administrators/supervisors/directors (3%), special education teachers (2%), or consultants (1%) or filled some other role (1%).

Caseload Size

We asked the SLPs about both their *actual* monthly caseload sizes and what they considered to be a *manageable* caseload size for their caseload. The median *actual* monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full time was 50 (range = 1–372; $n = 3,872$). This median statistic is shown in Figure 1. Clinical service providers who were employed full time and who reported an *actual* caseload size of at least 1 said that 40 was a *manageable* caseload size (range = 0–250; $n = 3,808$).

Facility

Actual (25) and *manageable* (24) caseload sizes were lowest in special day / residential schools. The highest *actual* caseload size was in offices for telepractice (55). Three facilities (i.e., elementary schools, secondary schools, and offices for telepractice) tied for highest *manageable* caseload size at 45 (see Figure 1).



Note. $n = 3,872$ for *actual* caseload sizes; $n = 3,808$ for *manageable* caseload sizes.

State

Slightly more than two-thirds ($n = 36$) of the states had a sufficient number of respondents to warrant reporting their *actual* caseload sizes. The highest reportable median *actual* caseload size was in Indiana (75), and the lowest was in New York (30; see Table 1). The smallest decreases in *manageable* caseload size from *actual* caseload size were in New York (1, from an *actual* caseload size of 30 to a *manageable* caseload size of 29) as well as in Kansas and West Virginia (2, from 42 to 40 and from 47 to 45, respectively). The largest decreases were in Florida and Indiana (15, from 65 to 50 and from 75 to 60, respectively).

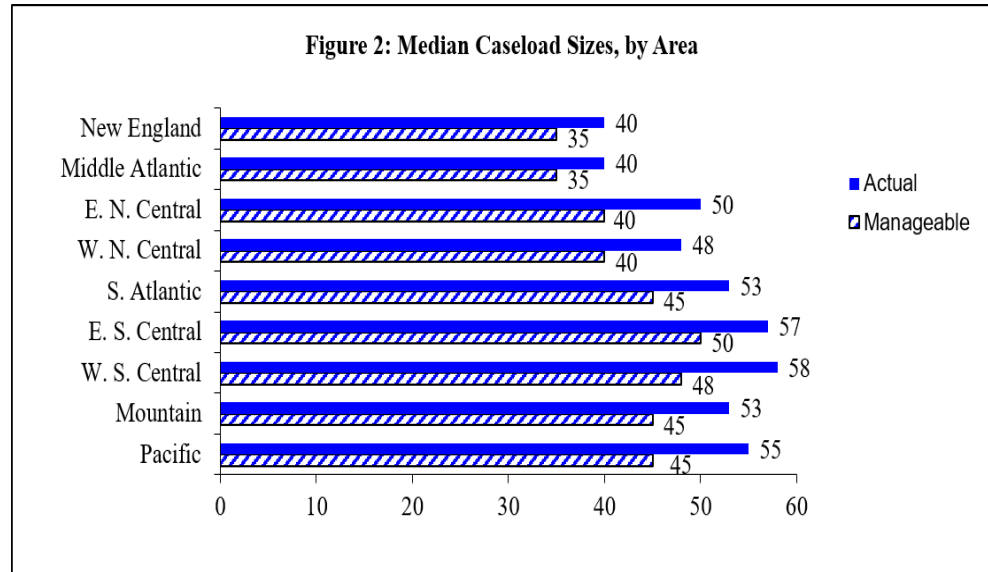
Table 1: Median Caseload Sizes, by State

State	Caseload		State	Caseload	
	Actual	Man- ageable		Actual	Man- ageable
Alabama (AL)	60	50	Montana (MT)		
Alaska (AK)			Nebraska (NE)	55	45
Arizona (AZ)	55	50	Nevada (NV)		
Arkansas (AR)	42	35	New Hampshire (NH)		
California (CA)	55	45	New Jersey (NJ)	43	35
Colorado (CO)	45	40	New Mexico (NM)	46	40
Connecticut (CT)	40	30	New York (NY)	30	29
Delaware (DE)			North Carolina (NC)	50	40
District of Columbia (DC)			North Dakota (ND)		
Florida (FL)	65	50	Ohio (OH)	55	45
Georgia (GA)	53	45	Oklahoma (OK)	55	45
Hawaii (HI)			Oregon (OR)	55	45
Idaho (ID)			Pennsylvania (PA)	55	45
Illinois (IL)	43	40	Rhode Island (RI)		
Indiana (IN)	75	60	South Carolina (SC)	50	40
Iowa (IA)			South Dakota (SD)		
Kansas (KS)	42	40	Tennessee (TN)	60	50
Kentucky (KY)	55	50	Texas (TX)	62	50
Louisiana (LA)	55	45	Utah (UT)	61	50
Maine (ME)			Vermont (VT)		
Maryland (MD)	50	40	Virginia (VA)	55	50
Massachusetts (MA)	40	35	Washington (WA)	45	40
Michigan (MI)	51	45	West Virginia (WV)	47	45
Minnesota (MN)	50	40	Wisconsin (WI)	40	35
Mississippi (MS)	47	40	Wyoming (WY)		
Missouri (MO)	45	40			

Note. $n = 3,651$ for the 36 states with reportable data in the *actual* column; 3,591 for the states with reportable data in the *manageable* column. Blank cells indicate that fewer than 25 respondents provided data.

Area

The median *actual* caseload sizes ranged from 40 in two regions to 58 in one region, whereas *median* manageable caseload sizes ranged from 35 in two regions to 50 in one region (see Figure 2).



Note. $n = 3,870$ reported *actual* caseloads; 3,870 reported *manageable* caseloads. These numbers are larger than those in Table 1 because they include the states that had fewer than 25 respondents. A list of states assigned to each area can be found in the Appendix.

Population Size

Clinical service providers who were employed full time reported median *actual* caseload sizes of 50 in city/urban, suburban, and rural areas. However, *manageable* caseload sizes did vary by population size. Clinical service providers suggested *manageable* caseload sizes of 40 in city/urban and suburban areas and 45 in rural areas ($p = .003$).

Barriers

We asked clinical service providers who were employed either part- or full time to identify their single greatest barrier to achieving a manageable caseload size. We presented them with a list of six options in addition to an option of *no barrier* and one that allowed them to go outside the list to specify a different barrier.

- Nearly one quarter (24%) of the SLPs said that they faced *no barrier*—that their caseload was manageable.
- Slightly more (28%) identified *excessive non-therapy workload* as the single greatest barrier.
- 19% identified *no enforceable caseload limits*.
- 10% identified *shortage of SLPs in their area*.
- 6% identified *difficulty with dismissal of students from services*.
- 5% selected *lack of administration support*.
- 4% chose *district or state policy*.
- Finally, 4% selected *other* as the single greatest barrier. (Those specified *other* responses appear in Appendix C of the 2026 Survey Summary Report: Numbers and Types of Responses, SLPs.)

ASHA Workload Calculator

Facility

We asked the clinical service providers who were employed part- or full time if they had used the new ASHA Workload Calculator app that is available to ASHA members. Approximately one quarter (26%) said yes.

Their responses varied by the type of facility where they were employed ($p < .001$). Those who said yes included the following:

- 28% in elementary schools
- 28% in combined school settings
- 25% in secondary schools
- 23% in offices for telepractice
- 18% in preschools
- 12% in students' homes
- 7% in special day/residential schools

Area

Clinicians' responses also varied by geographic area ($p < .001$), including the following who said yes:

- 37% in East North Central states
- 28% in South Atlantic states
- 27% in New England and Pacific states
- 25% in Mountain states
- 23% in West North Central and East South Central states
- 22% in West South Central states
- 16% in Middle Atlantic states

Population Size

Population size was another predictor of whether clinicians used the calculator. Clinicians in rural areas (29%) were the most likely group to say yes, followed by those in suburban (26%) and city/urban areas (22%; $p < .001$).

Experience in the Schools

Years of experience in the schools also predicted whether clinicians used the calculator ($p < .001$). In 5-year intervals, those who said yes included the following:

- 18% of clinicians with 1–5 years of experience
- 29% of clinicians with 6–10 years of experience
- 28% of clinicians with 11–15 years of experience
- 26% of clinicians with 16–20 or 21–25 years of experience
- 27% of clinicians with 26–30 years of experience
- 26% of clinicians with 31–35 years of experience
- 22% of clinicians with 36 or more years of experience

Improving Workload

We asked clinical service providers who were employed either part- or full time to identify what they had done to help improve their workload. We presented them with a list of four options—in addition to an option of *none of the above*—and asked them to select all that applied.

- 70% collaborated with other staff.
- 54% met with school leaders and made recommendations/requests.
- 53% tried a different service delivery model.
- 13% used a workload calculator other than ASHA's.
- 12% selected *none of the above*.

Areas of Intervention

The four areas of intervention in which most of the part- and full-time school-based SLPs served students were (a) *autism spectrum disorder* (93%); (b) *speech sound disorders* (90%); (c) *language disorders: semantics, morphology, syntax* (88%); and (d) *language disorders: pragmatics/social communication* (85%; see Table 2).

The largest average number of students served, grouped by area of intervention, was for *language disorders: semantics, morphology, syntax* (23), followed by *speech sound disorders* (20).

Table 2: Areas of Intervention		
Area of intervention	Percentage of SLPs who regularly serve students in this area	Mean number of students regularly served*
Acquired brain injury (ABI)	12.5	1.8
Augmentative and alternative communication (AAC)	78.2	8.3
Autism spectrum disorder (ASD)	92.5	16.5
Central auditory processing disorder	20.5	4.5
Childhood apraxia of speech (CAS)	59.3	2.8
Cognitive communication disorders	43.3	11.2
Dysphagia (swallowing/feeding)	8.8	3.0
Fluency disorders	63.1	2.4
Language disorders: pragmatics/social communication	84.8	15.6
Language disorders: semantics, morphology, syntax	88.3	22.9
Reading and writing (literacy)	28.3	16.3
Selective mutism	23.5	1.4
Speech sound disorders	89.7	20.0
Voice or resonance disorders	11.2	1.7

Note. $n = 3,872$. SLP = speech-language pathologist. *Includes only SLPs who do serve these students.

Billing

We asked SLPs who were employed part- or full time if they were involved in billing. A large majority were involved in Medicaid billing (82%), but only a few said the same about billing private insurance (4%).

Medicaid

The type of facility where SLPs were employed was a predictor of whether they were involved in Medicaid billing ($p = .047$).

- 83% in elementary and secondary schools said they were involved in Medicaid billing—as did
- 79% in preschools;
- 76% in combined school settings;
- 75% in special day / residential schools; and
- 74% in offices for telepractice.

Function

When we combined diagnostician, special education teacher, consultant, and administrator/supervisor/director into a single role of *other* and compared it to clinical service providers, we found that clinical service providers were more likely (82%) than SLPs in the combined *other* role (75%) to be involved in Medicaid billing ($p = .024$).

Area

SLPs' responses also varied by geographic area ($p < .001$), including the following who said that they were involved in Medicaid billing:

- 95% in East North Central states
- 87% in South Atlantic and Mountain states
- 85% in West North Central states
- 84% in West South Central states
- 78% in New England states
- 77% in Middle Atlantic states
- 71% in Pacific states
- 47% in East South Central states

Population Size

Population size was another predictor of whether SLPs were involved in Medicaid billing. Clinicians in suburban areas (84%) were the most likely group to say *yes*, followed by those in rural (80%) and city/urban areas (79%; $p = .006$).

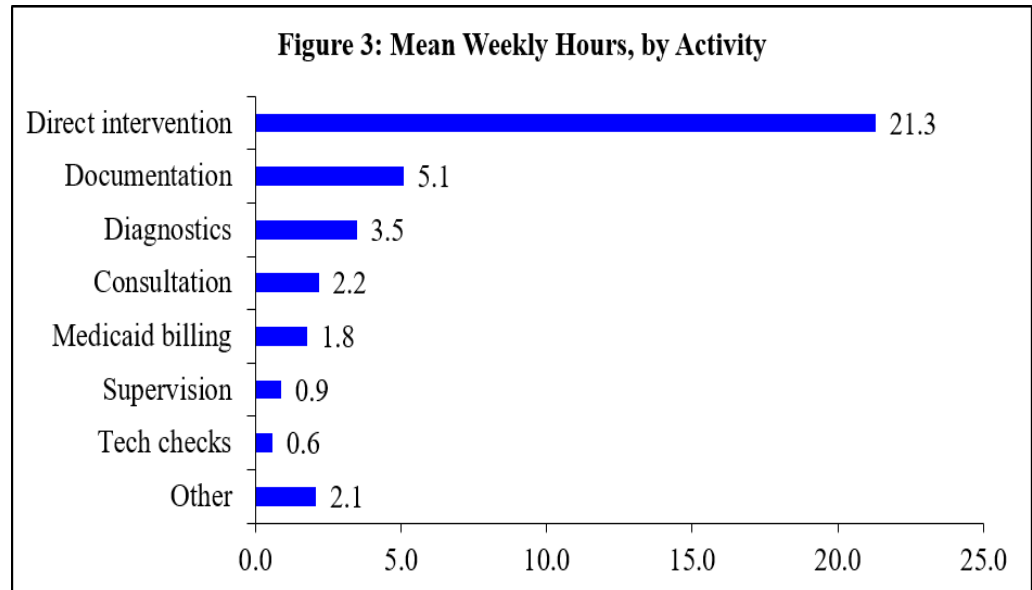
Experience in the Schools

Years of experience in the schools predicted whether clinicians used the calculator ($p = .024$). In 5-year intervals, those who said *yes* included the following:

- 78% of SLPs with 1–5 years of experience
- 85% of SLPs with 6–10 years of experience
- 83% of SLPs with 11–15 years of experience
- 79% of SLPs with 16–20 years of experience
- 85% of SLPs with 21–25 years of experience
- 81% of SLPs with 26–30 years of experience
- 74% of SLPs with 31–35 years of experience
- 76% of SLPs with 36 or more years of experience

Weekly Activities

The SLPs who (a) were clinical service providers, (b) were employed full time, and (c) had an *actual* caseload size of at least 1 student reported spending an average (i.e., mean) of 37.5 total hours in a typical week on a list of eight activities. More of their time was spent in direct intervention (21.3 hours) than in any other activity (see Figure 3).



Note. $n = 3,051$. Total number of weekly hours was limited to a maximum of 55, which captured 89% of respondents.

Respondents also reported that they spent a mean of

- 5.1 hours on documentation;
- 3.5 hours on diagnostic evaluations (e.g., observation, screening, scoring, analysis);
- 2.2 hours on collaborative consultation;
- 1.8 hours on Medicaid billing;
- 0.9 hours on supervision;
- 0.6 hours on technology checks; and
- 2.1 hours on other duties as assigned.

Survey Notes and Methodology

Since 2004, ASHA has fielded the *Schools Survey* in even-numbered years to gather information of interest to the professions. Members, volunteer leaders, and staff rely on data from the *Schools Survey* to better understand the priorities and needs of SLPs.

The survey was sent to a random sample of ASHA-certified SLPs, stratified by state, who were employed in school settings in the United States. The total sample size was 27,500, each of whom was sent a “be-on-the-lookout” email on February 16 telling them they would shortly receive a survey. Of the 27,500 individuals, 7,500 were randomly selected to be surveyed via postal mail. Their first mailing was on February 19, 2026, followed by subsequent mailings on March 19 and April 23 to anyone who had not yet responded. Of this group of 7,500 in the postal sample, 13 were retired, 61 had incorrect addresses, and 75 were removed for other reasons—leaving 7,351 possible respondents. The actual number of postal respondents was 2,079, resulting in a **28.3%** response rate for this group.

Response Rate

The remaining 20,000 SLPs in the sample were emailed surveys electronically (using SurveyMonkey), beginning on February 19. Fieldings continued through May 11, with up to five messages sent to SLPs who had not responded by the time of each follow-up email. Of this group, 208 had email addresses that bounced and 219 opted out of SurveyMonkey, leaving 19,573 possible respondents. The actual number of SurveyMonkey respondents was 2,490, resulting in a **12.7%** response rate for this group.

The combined response rate for the postal and electronic modes was **17.0%** $(2,079 + 2,490) / (7,351 + 19,573)$. In addition to these stratified sample members, we announced the survey on various social media platforms. We received 954 responses across all platforms, 446 of which were valid, unique ASHA-certified SLP responses. The total number of usable responses to the survey was 5,015.

Reports

We have presented results from the 2026 *Schools Survey* in a series of reports for SLPs:

- *Survey Summary Report: Numbers and Types of Responses*
- *SLP Annual Salaries and Hourly Wages*
- *SLP Annual Salary and Hourly Wage Trends*
- *SLP Caseload and Workload Characteristics*
- *SLP Caseload and Workload Characteristics Trends*
- *SLP Workforce and Work Conditions*
- *SLP Workforce and Work Conditions Trends*
- *Survey Methodology, Respondent Demographics, and Glossary*

Suggested Citation

American Speech-Language-Hearing Association. (2026). *2026 Schools Survey report: Caseload and workload characteristics*.
www.asha.org/Research/memberdata/Schools-Survey/

Supplemental Resources

Additional Information

Thank You

American Speech-Language-Hearing Association. (n.d.-a). *The Practice Portal*. www.asha.org/Practice-Portal/

American Speech-Language-Hearing Association. (n.d.-b). *ASHA Workload Calculator*. www.asha.org/SLP/Schools/Workload-Calculator/

American Speech-Language Hearing Association. (n.d.-c). *Advocating for change*. www.asha.org/siteassets/slp/schools/advocating-for-change.pdf

American Speech-Language-Hearing Association. (2002). *A workload analysis approach for establishing speech-language caseload standards in the school* [Position Statement]. www.asha.org/policy/PS2002-00122/

American Speech-Language-Hearing Association. (2010a). *Roles and responsibilities of speech-language*

pathologists in schools [Position Statement]. www.asha.org/policy/PS2010-00318/

American Speech-Language-Hearing Association. (2010b). *Roles and responsibilities of speech-language pathologists in schools* [Professional Issues Statement]. www.asha.org/policy/PI2010-00317/

American Speech-Language-Hearing Association. (2010c). *Working for change: A guide for audiologists and speech-language pathologists in schools*. www.asha.org/slp/schools/working-for-change/

If you would like to speak with a member of the ASHA School Services in Speech-Language Pathology Team about the survey, please send a message to schools@asha.org or call ASHA's Action Center (800-498-2071) and ask to be connected to a School Services staff member. To learn more about how the Association is working on behalf of school-based ASHA Certified Members, visit the ASHA Schools webpages at www.asha.org/slp/schools/.

ASHA would like to thank the SLPs who completed the *ASHA 2026 Schools Survey*. Reports like this one are possible only because people like *you* participate.

Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.



Appendix:

State Listings

Regions of the Country

Northeast

- ◆ Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- ◆ New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont

South

- ◆ East South Central
 - Alabama
 - Kentucky
 - Mississippi
 - Tennessee
- ◆ South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- ◆ West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas

Midwest

- ◆ East North Central
 - Illinois
 - Indiana
 - Michigan
 - Ohio
 - Wisconsin
- ◆ West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota

West

- ◆ Mountain
 - Arizona
 - Colorado
 - Idaho
 - Montana
 - Nevada
 - New Mexico
 - Utah
 - Wyoming
- ◆ Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington