SLP Caseload and Workload Characteristics

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Executive Summary

In Spring 2020, the American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) and educational audiologists 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 report is based on responses from SLPs in special day/residential schools, preschools, elementary schools, secondary schools, and combined school settings. Data are not presented for table cells with fewer than 25 respondents.

Overall Findings

- 88% of the SLPs employed full time or part time were clinical service providers.
- 79% of clinical service providers used a caseload approach to determine the number of students they served.
- Median caseload size was 47 students.
- The median caseload sizes were highest in Arizona and Texas (65) and smallest in New York (30).
- Median caseload sizes were smallest in the Middle Atlantic states (34) and largest in the East South Central states (60).
- At least 85% of SLPs served students with autism spectrum disorder; language disorders: pragmatics/social communication; language disorders: semantics, morphology, syntax; and speech sound disorders.
- Clinical service providers spent an average of 19 hours weekly providing services in a pull-out model.
- 10% of the SLPs had used the ASHA Workload Calculator.
- 63% of the clinical service providers said they would need to make up a session any time that they missed one for any reason.
- 55% of the SLPs were very or extremely comfortable supervising assistants.
Most (88%) of the SLPs who were employed full time or part time were clinical service providers. The rest were diagnosticians (5%), special education teachers (3%), administrators/supervisors/directors (2%), consultants (1%), or filled some other role (1%).

Most of the clinical service providers who were employed full time or part time used a caseload approach to determine the number of students they served.

- 79% used a caseload approach
- 17% used a workload approach
- 4% used both a caseload approach and a workload approach.

The median monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full time was 47 (range of 5–214). Caseload size was lowest in special day/residential schools (27) and highest in elementary schools (50; see Figure 1).

![Figure 1: Median Caseload Size, by Type of School](image-url)

**Note.** $n = 1,279.$
Approximately one third \((n = 18)\) of the states had a sufficient number of respondents to warrant reporting their caseload sizes. The highest reportable caseload size was in Arizona and Texas \((65)\), and the lowest was in New York \((30\); see Table 1).

### Table 1: Median Caseload Size, by State

<table>
<thead>
<tr>
<th>State</th>
<th>Caseload</th>
<th>State</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama (AL)</td>
<td></td>
<td>Montana (MT)</td>
<td></td>
</tr>
<tr>
<td>Alaska (AK)</td>
<td></td>
<td>Nebraska (NE)</td>
<td></td>
</tr>
<tr>
<td>Arizona (AZ)</td>
<td>65</td>
<td>Nevada (NV)</td>
<td></td>
</tr>
<tr>
<td>Arkansas (AR)</td>
<td></td>
<td>New Hampshire (NH)</td>
<td></td>
</tr>
<tr>
<td>California (CA)</td>
<td>55</td>
<td>New Jersey (NJ)</td>
<td>35</td>
</tr>
<tr>
<td>Colorado (CO)</td>
<td></td>
<td>New Mexico (NM)</td>
<td></td>
</tr>
<tr>
<td>Connecticut (CT)</td>
<td></td>
<td>New York (NY)</td>
<td>30</td>
</tr>
<tr>
<td>Delaware (DE)</td>
<td></td>
<td>North Carolina (NC)</td>
<td>46</td>
</tr>
<tr>
<td>District of Columbia (DC)</td>
<td></td>
<td>North Dakota (ND)</td>
<td></td>
</tr>
<tr>
<td>Florida (FL)</td>
<td>60</td>
<td>Ohio (OH)</td>
<td>53</td>
</tr>
<tr>
<td>Georgia (GA)</td>
<td>48</td>
<td>Oklahoma (OK)</td>
<td></td>
</tr>
<tr>
<td>Hawaii (HI)</td>
<td></td>
<td>Oregon (OR)</td>
<td></td>
</tr>
<tr>
<td>Idaho (ID)</td>
<td></td>
<td>Pennsylvania (PA)</td>
<td>56</td>
</tr>
<tr>
<td>Illinois (IL)</td>
<td>45</td>
<td>Rhode Island (RI)</td>
<td></td>
</tr>
<tr>
<td>Indiana (IN)</td>
<td></td>
<td>South Carolina (SC)</td>
<td></td>
</tr>
<tr>
<td>Iowa (IA)</td>
<td></td>
<td>South Dakota (SD)</td>
<td></td>
</tr>
<tr>
<td>Kansas (KS)</td>
<td></td>
<td>Tennessee (TN)</td>
<td></td>
</tr>
<tr>
<td>Kentucky (KY)</td>
<td></td>
<td>Texas (TX)</td>
<td>65</td>
</tr>
<tr>
<td>Louisiana (LA)</td>
<td></td>
<td>Utah (UT)</td>
<td></td>
</tr>
<tr>
<td>Maine (ME)</td>
<td></td>
<td>Vermont (VT)</td>
<td></td>
</tr>
<tr>
<td>Maryland (MD)</td>
<td>41</td>
<td>Virginia (VA)</td>
<td>50</td>
</tr>
<tr>
<td>Massachusetts (MA)</td>
<td>43</td>
<td>Washington (WA)</td>
<td></td>
</tr>
<tr>
<td>Michigan (MI)</td>
<td>53</td>
<td>West Virginia (WV)</td>
<td></td>
</tr>
<tr>
<td>Minnesota (MN)</td>
<td>46</td>
<td>Wisconsin (WI)</td>
<td>42</td>
</tr>
<tr>
<td>Mississippi (MS)</td>
<td></td>
<td>Wyoming (WY)</td>
<td></td>
</tr>
<tr>
<td>Missouri (MO)</td>
<td>36</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. \(n = 927\) for the 18 states with reportable data. Blank cells indicate that fewer than 25 respondents provided data.*
The median caseload size was lowest in the Middle Atlantic states (34) and highest in the East South Central states (60; see Figure 2).

**Figure 2: Median Caseload Size, by Area**

- New England: 40
- Middle Atlantic: 34
- E. N. Central: 48
- W. N. Central: 45
- S. Atlantic: 50
- E. S. Central: 60
- W. S. Central: 55
- Mountain: 59
- Pacific: 53

*Note. n = 1,279. A list of states assigned to each area can be found in the Appendix.*
The four areas of intervention in which most of the school-based SLPs had students were (a) autism spectrum disorder (92%); (b) language disorders: semantics, morphology, syntax; (c) speech sound disorders (89%); and (d) language disorders: pragmatics/social communication (87%; see Table 2).

The largest average number of students seen, grouped by area of intervention, was for language disorders: semantics, morphology, syntax (22), followed by speech sound disorders (19). The smallest number was for selective mutism (1).

### Table 2: Areas of Intervention

<table>
<thead>
<tr>
<th>Area of intervention</th>
<th>Percentage of SLPs who regularly serve students in this area</th>
<th>Mean number of students regularly served*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired brain injury (ABI)</td>
<td>13.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Auditory processing disorder (APD)</td>
<td>30.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Autism spectrum disorder (ASD)</td>
<td>91.7</td>
<td>10.9</td>
</tr>
<tr>
<td>Childhood apraxia of speech (CAS)</td>
<td>57.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Cognitive communication disorders</td>
<td>51.5</td>
<td>10.2</td>
</tr>
<tr>
<td>Dysphagia (swallowing/feeding)</td>
<td>10.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Fluency disorders</td>
<td>67.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>45.4</td>
<td>3.0</td>
</tr>
<tr>
<td>Language disorders: pragmatics/social communication</td>
<td>86.5</td>
<td>12.5</td>
</tr>
<tr>
<td>Language disorders: semantics, morphology, syntax</td>
<td>89.9</td>
<td>21.7</td>
</tr>
<tr>
<td>Nonverbal, augmentative and alternative communication (AAC)</td>
<td>63.1</td>
<td>6.5</td>
</tr>
<tr>
<td>Reading and writing (literacy)</td>
<td>35.8</td>
<td>12.6</td>
</tr>
<tr>
<td>Selective mutism</td>
<td>22.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Speech sound disorders</td>
<td>88.9</td>
<td>18.5</td>
</tr>
<tr>
<td>Voice or resonance disorders</td>
<td>15.1</td>
<td>2.2</td>
</tr>
</tbody>
</table>

*Note. n = 1,279. SLP = speech-language pathologist.

*Includes only SLPs who do serve these students.
Weekly Activities

The SLPs who were clinical service providers and were employed full time reported spending an average (i.e., mean) of 36.6 hours in a typical week on a list of 10 activities. More of their time was spent in pull-out service than in any other activity (18.7 hours). Time spent on this activity was highest in elementary schools and lowest in special day/residential schools (see Figure 3). Respondents also reported that they spent a mean of

- 5.4 hours in classroom-based integrated services;
- 4.0 hours on diagnostic evaluations;
- 1.9 hours on collaborative consultation;
- 1.4 hours on Multi-Tiered System of Support/Response to Intervention (MTSS/RTI) activities;
- 0.9 hours on technological support;
- 0.9 hours on supervision;
- 0.2 hours on services to Section 504 students;
- 0.1 hours on telepractice; and
- 3.1 hours on other duties, as assigned.

Workload Calculator

When asked whether they had used the ASHA Workload Calculator that is on ASHA’s website, 10% of the SLPs said Yes; 38% said No, but I know what it is; and 52% said Don’t know what it is.

The type of facility where they worked was not related to their response ($p = .301$), but the region of the country where they worked was ($p = .000$). SLPs in the East North Central states were the most likely to reply Yes (20%) and least likely to say they did not know what the Workload Calculator was (35%). On the other hand, SLPs in the Middle Atlantic states were least likely to say Yes (4%) and most likely to say they did not know what it was (69%).
Survey respondents were asked to select which of the following four possible circumstances addressed whether they were required to make up missed sessions. (They could select multiple responses.)

- I am not required to make up missed sessions.
- When the student misses a session due to assembly or classroom activity.
- Any time a student misses a session for any reason.
- Any time I miss a session for any reason.

More than half (63%) of the clinical service providers who were employed full time or part time said they would need to make up a session any time that they missed a session for any reason. Fewer (32%) said that they were not required to make up missed sessions, 17% said that a session would need to be made up when the student missed a session due to assembly or classroom activity, and 9% said a makeup session was required any time a student missed a session for any reason (see Figure 4).

![Figure 4: Missed Sessions Made Up](image)

**Note.** $n = 1,496$. SLP = speech-language pathologist.

The type of facility where SLPs were employed had an effect on only one of the responses. The range of SLPs who were required to make up missed sessions due to assembly or classroom activity was between 10% in preschools and 24% in secondary schools ($p = .008$). Region of the country had an effect on all four responses ($p = .000$).

- The range of SLPs who were required to make up missed sessions any time they missed one for any reason ranged from 48% of those in New England to 76% in the West South Central states.
- When the student missed a session for any reason, 2% of SLPs in the Pacific states to 16% in the Middle Atlantic states were required to make up missed sessions.
- SLPs who reported that they were required to make up missed sessions when students were missing due to assembly or classroom activity was between 6% of those in the West North Central states and 32% in the South Atlantic states.
- Finally, from 22% of SLPs in the West South Central states to 47% in New England were not required to make up missed sessions.
When asked how comfortable they felt to supervise audiology or speech-language pathology assistants within their professional area (i.e., audiology or speech-language pathology), slightly more than half of the SLPs felt very or extremely comfortable (see Table 3).

### Table 3: Comfort With Supervising Assistants

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all comfortable</td>
<td>6</td>
</tr>
<tr>
<td>Slightly comfortable</td>
<td>9</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>30</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>37</td>
</tr>
<tr>
<td>Extremely comfortable</td>
<td>18</td>
</tr>
</tbody>
</table>

*Note. n = 1,752.*

...by Region

Type of school ($p = .346$) had no effect on their response, but both area of the country ($p = .011$; see Table 4) and years of experience in the schools ($p = .000$) did.

### Table 4: Comfort With Supervising Assistants, by Region (%)

<table>
<thead>
<tr>
<th>Response</th>
<th>Northeast</th>
<th>Midwest</th>
<th>South</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all comfortable</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Slightly comfortable</td>
<td>7</td>
<td>10</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>29</td>
<td>33</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>36</td>
<td>36</td>
<td>37</td>
<td>41</td>
</tr>
<tr>
<td>Extremely comfortable</td>
<td>20</td>
<td>14</td>
<td>18</td>
<td>20</td>
</tr>
</tbody>
</table>

*Note. n = 1,704.*

...by Experience

The more years of experience that SLPs had in the schools, the more likely they were to report that they were extremely comfortable with supervising assistants. Specifically, the percentages of SLPs who said they were extremely comfortable can be broken down as follows:

- 1–5 years of experience: 7%
- 6–10 years of experience: 13%
- 11–15 years of experience: 21%
- 16–20 years of experience: 22%
- 21–25 or 26–30 years of experience 26%
- 31 or more years of experience: 34%
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 and educational audiologists.

The survey was fielded on February 10, 2020, to a random sample of 4,500 ASHA-certified SLPs and 500 ASHA-certified audiologists who were employed in school settings in the United States. Everyone received an electronic “be-on-the-lookout-for” message 2 days later, and a second postal mailing followed on March 11. A third mailing was not sent because of the COVID-19 pandemic.

The sample was a random sample, stratified by state. Small groups, such as constituents in Wyoming, were oversampled. Weighting was used when presenting data to reflect the actual distribution of SLPs in each state based on ASHA’s membership database.

The original sample included 4,500 SLPs, with an additional survey returned by an SLP who had removed his identifying number, resulting in a total gross sample of 4,501. Of the original 4,501 SLPs, 17 were retired, 21 were employed in other types of facilities, 16 were not employed in the field, 8 had incorrect addresses, and 2 were ineligible for other reasons, leaving 4,437 possible respondents. The actual number of respondents was 1,779, resulting in a 40.1% response rate. The results presented in this report are based on responses from those 1,779 individuals.

Results from the 2020 Schools Survey are presented in a series of reports for SLPs:

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

Results from the educational audiologists are presented in a separate report: Survey Summary Report: Numbers and Types of Responses, Educational Audiologists.


If you would like to speak with a member of the ASHA School Services 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 2020 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