

**PRACTICE ISSUES:
MANAGEMENT OF SPEECH-LANGUAGE CASELOADS IN
CALIFORNIA'S PUBLIC SCHOOLS**

This Practice Issues in Public Schools document is an official statement of the California Speech-Language-Hearing Association (CSHA). It was developed by the Task Force on Caseloads: Beth Nishida and Jean Piette (co-chairs) Robin Laverty-Reeve, and Barbara Moore-Brown. (Authors: Moore-Brown, Nishida, Laverty-Reeves). For further information, refer to the Position Statement prepared by the Task Force on Caseloads.

INTRODUCTION/STATEMENT OF PURPOSE

Speech-language pathologists (SLPs) working in public schools seek to provide effective services to children with communication disorders. Although caseload concerns seem to have been ever present in the history of school-based services, evolving issues within education have changed the way in which caseload issues are viewed. Historically, public school speech - language caseloads have been examined in terms of number of students on the caseload. The California Speech-Language-Hearing Association (CSHA) has taken the position that at the beginning of the 21st century public school caseloads should be viewed as being influenced by a combination of factors, including the numbers of students served, the severity of student needs, increasing legislative mandates, and changing roles and responsibilities of SLPs in a school reform environment. (See CSHA Position Statement on Management of Speech-Language Caseloads in California's Public Schools, 2002).

The purpose of this document is to discuss the current issues surrounding caseload in public schools in California, as specified in the CSHA Position Statement. This discussion will incorporate information regarding school reform, the changing student population, legislative requirements for special education, professional association resources, and caseload management strategies, including identification, eligibility and the delivery of educationally relevant services. The discussion is timely as both state and national attention has been given to the issue of recruitment and retention of special educators over the course of the past few years, including a national study on working conditions sponsored by the Council for Exceptional Children (CEC, 2001), a national study on this topic commissioned by the Congress (Study of Personnel Needs in Special Education; SPeNSDE), and inclusion of the issue in the last two reports to the Congress on IDEA (USDE, 2001; 2000). The California Commission on Teacher Credentialing (CTC) has a task force examining the issue of recruitment and retention in this state. In all reports thusfar, caseload is one of the top considerations in recruitment and retention.

CALIFORNIA SCHOOLS IN THE 21ST CENTURY

California is the most populous state in the nation, and therefore, has the largest school enrollment. California educates approximately 1 in 12 children in this country, with a total of 6,147,375 students enrolled in the K – 12 public school system in the 2001-2002 school year. California's child population is reported to be growing faster than the overall population. School enrollment has increased by over 1.1 million students in the past ten years. California's diversity is reflected in the student population, with the Hispanic student population (44%) surpassing White Non-Hispanic (34%) as the largest ethnic group in the state. More than 25% of California's student population is reported to be English Language Learners (ELLs), and approximately 11% qualify for special education services (California Department of Education (CDE), 2002a; EdSource, 2002).

Nationally, 6,361,857 children were served under the Individuals with Disabilities Education Act (IDEA, Part B) in 2000-2001. Interestingly, the total number of children served under IDEA in the United States is nearly equal to the number of children educated in California's total system. Approximately 10% of the students served under IDEA nationally are California's students (U.S. Department of Education, 2002). Of the 663,220 children receiving special education services in California during the 2001-2002 school year, 167,892 were identified as having speech and language impairments as their primary disability. (CDE, 2002b). This number does not reflect, however, the total number of children who receive speech-language services, since communication impairments often are manifested with other disabling conditions, resulting in the provision of these services to children with all types of disabling conditions. One-third of students with disabilities who receive special education and related services have co-occurring disabilities; most commonly, specific learning disabilities and speech-language impairment or specific learning disabilities and emotional disturbance (USDE, 2000).

California's student population, like the student population of the rest of the nation has changed in profile and need over the course of the last ten years. Today's children are not only more diverse, with complex cultural and linguistic backgrounds, but also increasingly come from poverty. In 2000-01, 47% of all students in California participated in the free and reduced price lunch program (EdSource, 2002). Increases in the diagnoses of autism and medically fragile conditions in children, as well as the focus on literacy impact how students are served in special education including the delivery of speech and language programs. Changes in student needs, changes in the knowledge base of the field, and an increase in parent involvement all lead to constant evolutions of service delivery, which ultimately affect caseload (Moore-Brown, 2000; Moore-Brown & Montgomery, 2001; Whitmire, 2001).

School reform efforts since the 1990s have extended requirements for accountability of student learning results to include students with special needs.

All educators, including special educators, are keenly involved in accountability for student learning. IDEA 1997 focused on the importance of students receiving special education services within the general education environment. Additionally, students receiving special education services are expected to participate in state and district assessments. The requirements contained in the No Child Left Behind Act (P.L. 107-110, 2001), heightened the federal demands for accountability. These legislative mandates make it important for all educators, including special educators, to be involved in accountability for student learning. The impending reauthorization of IDEA in 2003 will likely include many of the same types of requirements for special education (Presidents Commission on Excellence in Special Education (PCESE), 2002). This will result in additional regulations that will impact all those providing services under these programs.

Federal and state legislation impacts caseload in as much as these are the regulations that not only enable service to students but also provide the legal outline for the provision of services. Requirements for procedural and educational accountability often lead to increasing documentation requirements. Focus on educational results for students with disabilities also means that all of the factors contributing to student success must be considered and analyzed in order to ensure that positive outcomes can be realized.

LEGISLATIVE REQUIREMENTS FOR SPECIAL EDUCATION

FEDERAL

Federal law provides the foundation for the education of children with disabilities in the United States. Two major pieces of legislation provide educators with the regulatory mandates for the education of children with disabilities in this country. These laws are the Individuals with Disabilities Education Act (IDEA 1997) and Section 504 of the Rehabilitation Act of 1973. Both laws are considered civil rights laws and guarantee the right to a free appropriate public education (FAPE) in the least restrictive environment (LRE) for students who are eligible under these acts.

Federal mandates for special education are issued through the Individuals with Disabilities Education Act Amendments of 1997 (IDEA; P. L. 105-17). Special education has been legislated in the United States since 1975, when the Education for All Handicapped Children Act was signed into law as P.L. 94-142. Since that time, the requirements for special education have been expanded, with several additions to the law. The primary focus of the law concerns the right of students with disabilities to receive an individualized education similar to that of their non-disabled peers. The foundation of IDEA includes due process rights and procedures, and provision of a free appropriate public education (FAPE) to eligible students in the least restrictive environment (LRE). IDEA provides that students who are disabled under this act are entitled to receive special education

and related services that will assist them in meeting goals and objectives/benchmarks designed to allow them to succeed in the general education curriculum.

The concepts of FAPE and LRE may seem deceptively simple. In reality, they are frequently complex. Federal regulations state: "The services and placement needed by each child with a disability to receive FAPE must be based on the child's unique needs and not on the child's disability" (34 CFR SS 300.300).

Speech and language services are provided as related services under IDEA. (*NOTE: related services are referred to as Designated Instructional Services in California.*) Most often, speech and language services are offered to students who are identified as having a disorder in the areas of speech, language, voice, fluency or articulation. Such communication impairments may be a primary disability or may be related to another disabling condition.

Because the concept of FAPE is based on the unique strengths and needs of each child, the IDEA requires a multi-disciplinary assessment in all areas of suspected disability. Upon completion of the assessment, the team meets to determine eligibility, identify areas of need, and establish goals and benchmarks/objectives for each area of need. The team then determines which special education and/or related services are needed to assist the child in achieving these goals. Through this process, the Individualized Education Program (IEP) is developed for the child. By following this process, FAPE in the LRE should be achieved. (For further in-depth discussion see Moore-Brown & Montgomery, 2001).

When engaged in the IEP process, IEP teams are required to design a program that is calculated to confer educational benefit to the child (Board of Education of Hendrick Hudson Central School District v. Rowley; 458 U.S. 176; 1982). Under IDEA 1997, the concept of meaningful benefit relates to designing an IEP that is outcome-oriented, designed to allow the student to achieve in the general education curriculum, and prepare them for employment and independent living. (Albanese, 2000; Moore-Brown & Montgomery, 2001).

Due process rights and protections under IDEA are guaranteed to children and families in the form of procedural safeguards that include consent, timelines and appeal processes. The assurance of these rights and protections are obligations of local education agencies and their employees. Violations of these requirements can result in due process actions or findings of non-compliance through the state complaint system. Districts may be required to pay for compensatory education services for a student if procedural violations are found to have denied FAPE to the child.

When P.L. 94-142 became law in 1975, special education focused mainly on issues of access for students with disabilities. This meant that not only were

services available, but also that children with disabilities would receive their education in the proximity of their non-disabled peers. The reauthorization of IDEA in 1997 increased federal requirements for special education to focus on the educational outcomes, or the educational results, of students receiving special education services. In doing so, requirements were enacted to address increased emphasis on the following areas: 1) raising expectations for children with disabilities, 2) increased parental involvement; 3) ensuring involvement of general education teachers in the IEP process, 4) including children with disabilities in public accountability systems, and 5) supporting professional development for personnel involved in educating children with disabilities. Professionals working in school settings should be familiar with activities and requirements related to these regulations in their work environment (Moore-Brown & Montgomery, 2001). As reauthorization looms, significant changes are anticipated in the way that business is done in special education. Such changes may include how students are identified as having a specific learning disability or language disorder, accountability requirements, funding and increased parental involvement (PCESE, 2002). With changes in the federal law, speech-language pathologists, the special education community and the education community at large will look toward new mandates for implementation.

Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) is a non-discrimination law. This act stipulates that all agencies receiving federal funding may not discriminate based upon disability. Interpretation of disability is broader under Section 504 than it is under IDEA. Students who are disabled under IDEA are automatically protected under Section 504. However, other students may also be entitled to 504 protections. Determination of eligibility under 504 is somewhat different than under IDEA. A written plan, called an Accommodation Plan, is developed for students who are eligible to receive accommodations or services under 504. A student would be considered 504 eligible if it is determined that the student is substantially limited in a major life activity because of a physical or mental impairment (CASE, 1999). Students who are 504 eligible are entitled to receive special education and related services. However, speech-language pathologists should check with their local educational agencies regarding guidelines for placement of 504 students into special education and related services programs (Moore-Brown & Montgomery, 2001). While regulations specify timelines and due process procedural safeguards, 504 Accommodation Plans are a function of general education and do not have specific timeline requirements, although due process is guaranteed. Again, local policies should be considered when developing 504 Accommodation Plans.

An IEP is a portable document, meaning that when a student moves from district to district or state to state, federal requirements allow for the automatic provision of services in the new system. The same is true of a 504 Accommodation Plan. When a student moves into a district, the new districts is required to review the student's program within a month, to insure that it is appropriate for that system.

Speech and language is both an eligibility category and a related service in the federal law. For a student to be identified as a student with a speech or language disorder, a multi-disciplinary assessment team will complete an assessment and determine that the student meets the state criteria. The assessment team must include a speech-language pathologist as the individual with knowledge in the area of speech and language. The IDEA requires that competent assessors conduct evaluations in areas of suspected disability (34 CFR SS 300.532 (c)(1)(ii)). Students whose primary disabling condition is other than speech and language may also be determined to have needs in the areas of speech and language. These students will likely have goals and benchmarks/objectives in the areas of speech, language and/or communication, so may also benefit from speech and language services.

STATE

The state of California has aligned the California Education Code and California Code of Regulations with the federal mandates required by the IDEA 1997 with the passage of AB 1818. IDEA does not contain language regarding the size of caseloads or classes of special education personnel. The authority to establish caseloads rests with states or localities as the primary financial responsibility for special education funding comes from state and local dollars.

The caseloads of speech-language pathologists, referred to as language, speech and hearing specialists in California, are specifically addressed in the California Education Code and California Code of Regulations. The following codes and regulations specify the legal caseload maximums for language, speech and hearing specialists employed in the California public schools.

ED Code 56363.3 states that:

[t]he average caseload for language, speech, and hearing specialists in districts, county offices, or special education local plan areas shall not exceed 55 cases, unless the local comprehensive plan specifies a higher average caseload and the reasons for the greater average caseload.

Title V California Code of Regulations 3051.1 also addresses caseloads:

(b) Caseloads of full-time equivalent language, speech, and hearing specialists providing instruction and services within the district, special education local plan area, or county office shall not exceed a district-wide, special education local plan area-wide, or county-wide average of fifty-five (55) individuals unless prior written approval has been granted by the State Superintendent of Public Instruction.

The averaging of caseloads allows for a range within a district, county office or Special Education Local Plan Area (SELPA).

While the caseload requirements for speech-language pathologists working with school-aged students includes the use of averages, ED Code 56441.7 (a) provides specific caseload clarification regarding preschool services.

The maximum caseload for a speech and language specialist providing services exclusively to individuals with exceptional needs, between the ages of three and five years, inclusive, as defined in Section 56441.11 or 56026, shall not exceed a count of 40.

If a speech-language pathologist serves a mixed preschool and school age caseload, the caseload numbers are pro-rated.

The use of paraprofessionals as support personnel to speech-language pathologists in the public schools is specifically addressed in the Education Code with respect to caseload only. Issues such as supervision and duties are not addressed in the Title V code.

(c) Services may be provided by an aide working under the direct supervision of a credentialed language, speech, and hearing specialist. No more than two aides may be supervised by one credentialed language, speech, and hearing specialist. The caseloads of persons in subsection (b) shall not be increased by the use of non-certificated personnel.

Additional Education Code language and funding factors may affect the number of students to which a SLP provides services. Education Code-Part 28 describes School Based Coordination Programs and specifies that a school district or school may choose to include funds allocated for special education. This section of the education code states that resource specialists, designated instruction and services, and team teaching for special day classes may be provided to pupils who have not been identified as individuals with exceptional needs, provided that all identified individuals with exceptional needs are appropriately served and a description of the services is in the school site plan.

The approval for higher speech-language caseloads could also be granted through the SELPA Local Plan, and required annual service delivery plan that SELPAs must send to the California Department of Education.

SPECIAL EDUCATION FUNDING

Funding of special education programs is generated from a combination of federal, state and local revenues. Special education funding is distributed to school districts through the state to SELPAs. On October 10, 1997, Governor Wilson signed AB 602, which provided a new funding model for special education in the state of California. Under the new law, the base of the funding system for special education in California was changed from the prior pupil count system to a flat grant system. This formula means that school district allocations for special education are based upon K-12 average daily attendance (ADA) rather than special education pupil count.

The new funding model was intended to equalize funding formulas throughout California, and also to prevent any incentive for a school district to identify students in more restrictive categories. Both of these issues were problematic under the prior funding model.

AB 602 brought significant change to the funding for special education in this state. AB 602 requires each SELPA to develop an Annual Service Plan and an Annual Budget Plan, and to hold public hearings on these plans. These plans are intended to be understandable to the general public, and are intended to describe how the funds in each SELPA are utilized to meet the needs of students with special needs in that particular SELPA. A combination of federal and state entitlement grants still provide funding for program specialist support, low incidence programs, infant and toddler programs and staff development. Illustrations of these entitlement grants can be found in the SELPA's Annual Budget Plan. Each SELPA's Funding Exhibit, which is a summary illustration of the SELPA's allocations, are also available on the Internet on the web-site of the California Department of Education (www.cde.gov).

Another source of income to speech and hearing programs in public schools may also be realized through third party billing, primarily through Medi-Cal. This program has been available to school districts that choose to participate since 1993, following federal approval in 1989. Under the Medi-Cal reimbursement program, Language Speech and Hearing Specialists may bill for LEA (local education agency) Medi-Cal Services, which include evaluation, treatment services and case management. In order to be able to bill for treatment services, the LSH Specialist must hold a state license in speech-language pathology issued from the Department of Consumer Affairs. LSH specialists who do not hold a state speech pathology license may still bill for evaluation and case management services. Each school district manages Medi-Cal billing in a slightly different way. Income received from the Medi-cal billing program must be allocated back into the service programs which generated the funds. Determination of how these dollars are spent must be overseen by a collaborative established for this purpose.

The funds allocated to provide educational services to students in California were historically inequitable across the state. AB 602 implemented a simplified funding model in an attempt to address this problem. An important change in the special education funding model is that neither type of disability nor placement/services result in an increase in special education funding. There is no fiscal incentive to identify students as needing special education services nor to place identified students in a particular special education program. What this means is that increasing the speech-language pathologists' caseload does not result in funding for additional personnel.

PROGRAM IMPLEMENTATION

Federal laws and regulations delineate nationally mandated requirements. Each state adopts legislation for the implementation of federal requirements within that state. The Local Education Agency (LEA, i.e. district or county system) then interprets and implements state and federal requirements in ways that meet the needs of the student population in their district. For this reason, the provision of special education and related services may vary somewhat from state to state and district to district.

It is not within the scope of the federal mandate to establish caseload restrictions; this responsibility falls to the state, since the state is responsible for implementation. Federal requirements identify regulations for students, not professionals. States are required to implement the federal law. The outline of professional restrictions falls to the state. States vary on their mandates regarding caseload, just as they vary on requirements for training and certification (Moore-Brown, 2000).

The 2000 Schools Survey compiled by the American Speech-Language-Hearing Association (ASHA) reports the average median caseload average as 53 nationally in their survey of ASHA certified SLPs, ranging from 15 to 110 (ASHA, 2000a). In 1993, ASHA's Legislative Council (LC) adopted a position statement recommending a caseload maximum of 40 (ASHA, 1993). In June of 2002, the LC adopted a new document, "A Workload Approach for Establishing Speech-Language Caseload Standards in the Schools" (ASHA, 2002c), which replaced the 1993 policy statement. This document, along with the results of the ASHA National Outcomes Measurement System (NOMS) (ASHA, 2000c), provides important information for consideration about caseload.

CASELOAD MANAGEMENT

Speech-language pathologists in schools must be actively involved in strategies to manage their caseload/workload. A major challenge is how to work toward achieving student outcomes while completing paperwork requirements. One of the most effective ways is to ensure that all practices and procedures engaged in by the team and the individual are functional and efficient. When considering the provision of services to any student, team members and service providers should take guidance from IDEA. That is, special education and related services are to be provided to assist the child to "(a) advance appropriately toward the attainment of annual goals, (b) be involved and progress in the general curriculum and participate in extracurricular and other nonacademic activities, and (c) be educated and participate with other children with and without disabilities in regular classes and in those activities" (34CFR Sections 300.346 – 300.347; Brannen, et al, 2000). If services cannot assist a child in these ways, or if some other method of assisting the child to achieve these requirements can be found, services may be contraindicated. Conversely, if speech and language

services are indicated, then the service delivery and clinical methods must focus on the indicated purpose, demonstrating that the IEP is designed to confer educational benefit.

In recent years, caseload management has been viewed in different ways. In the past, caseload size was measured solely by numbers of students served. An alternative method of measuring the way we view a caseload is to consider characteristics of students, such as the age and the severity of the needs of the students. This method is more sensitive to workload demands on the clinician than just the number of students served. Along this line, weighted systems have been developed in some school districts to better account for how the needs of students impact the work of the clinician. For example, a student who is enrolled in speech-language services for an articulation error may require less service time, less paperwork, less consultation and less preparation than a student who has an augmentative device and is physically and cognitively impaired. To count these two students equally on a caseload does not reflect the amount of time involved in addressing each student's needs. However, simply assigning a weighted number to students based on their disabling condition is also not a perfect system. The scenario above may be in reverse if the student has a severe intelligibility problem, requiring intense therapy, versus a student with significant disabilities who is a proficient augmentative user, and only requires consultation to monitor the equipment. For this reason, weighted systems are not perfect systems. The concept of considering student need, however, is important to caseload considerations, and is incorporated into the caseload/workload concept.

CASELOAD/WORKLOAD

The ASHA NOMS system is designed to provide data regarding speech and language services. The K-6 Schools Component of NOMS demonstrated that student outcomes appear to be influenced by caseload size (Schooling, 2000). Specifically, students who are served on caseloads greater than 60 are less likely to receive individual treatment than students on caseloads less than 40. In addition, students on smaller caseloads are more likely to make measurable progress than those on larger caseloads (ASHA, 2000c, Schooling, 2000)

The report of the ASHA AdHoc Committee on Caseloads (ASHA, 2002c) proposed that "Caseload must be conceptualized as only one part of a school SLP's total workload" (p. 1). The guidelines recommend shifting to a conceptual framework of "workload" as a more appropriate way to consider service delivery to children with disabilities under IDEA 1997. This shift is intended to incorporate many of the issues described previously in terms of paperwork demands, changing student population, school reform issues and training and administrative requirements. The shift is recommended in order to include all of the professional activities required under IDEA 1997. In the document "*workload*" is defined as "the amount of work across all areas of responsibility

required in a given amount of time (e.g. in a workday, workweek, work month, or school year)” (p. 7). The workload approach considers four activity clusters:

- Direct instruction/intervention (e.g. identification, evaluation, and direct intervention/instruction)
- Curriculum-related activities (e.g. classroom observations, teacher interviews, prereferral interventions)
- Associated activities that involve management or administrative tasks in support of direct services to students (e.g. student evaluation reports, progress reports, third party billing statements, etc.)
- Associated activities that involve application of clinical skills on behalf of the student to support implementation of the student’s educational program (e.g. design, maintenance, programming, staff training for assistive technology and AAC systems, data collection, transition planning).

Individuals interested in learning more about the ASHA Workload approach should contact ASHA at 1-800-498-2071. This document is free to ASHA members or can be accessed on the ASHA Website at www.professional.asha.org.

It is notable that the ASHA AdHoc Committee on Caseload Size did not recommend a specific caseload number. In fact, in the document *A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in Schools* (ASHA,2002c), a statement is made that:

These documents do not include a recommended maximum caseload number. Without consideration of the myriad of factors that affect an SLP’s workload, and consideration of the expanded roles and responsibilities of school-based SLPs, a specific caseload maximum cannot be determined and makes little sense (pp. 2- 3).

ELIGIBILITY AND DISMISSAL CRITERIA

Utilization of appropriate identification procedures and criteria are the first steps towards ensuring that only students who are in need of services ultimately are identified. Keys to appropriate identification include:

- A fully operational student study team (SST) or child study team (CST), trained to consider all of the student’s needs during the prereferral process.
- Use of the necessary processes and available resources at the school when addressing student needs. (See Moore-Brown & Nishida, 2002)
- A multi-disciplinary assessment team (MDAT) that:
 - understands their own role as well as the role of other team members
 - understands eligibility criteria for all areas of suspected disability, and when a student can/should be considered for identification/enrollment in a service

- consults with one another regarding their findings
- makes recommendations for service based on identified student need.

The other side of eligibility or entry criteria is dismissal. After working on their goals, some students may eventually no longer require speech and language services. It is important to discuss exit or dismissal with parents and teachers when a student is enrolled in service. Everyone must know the purpose of treatment as well as how to recognize when the need no longer exists.

The education code is used as the entry criteria for speech and language services. Meeting the criteria is required to demonstrate educational need. This is standardized across districts. It is the responsibility of the SLP to make recommendations for service and to set the goals and benchmarks for students on the caseload. It is recommended that criteria for goal achievement should be set at 75 – 80%. Exit or dismissal criteria should be established upon entrance (Merced County Office of Education, 1998; Moore-Brown, 2001). Students should be dismissed when they meet criteria. A key factor in caseload management is making appropriate decisions regarding entry and exit.

ASHA (1999) provides the following recommendations for dismissal criteria:

- Child has met objectives
- Parent requests exit
- Intervention no longer results in measurable benefits, despite documented use of a variety of appropriate use of a variety of appropriate approaches and strategies
- Child is unwilling or unmotivated
- Extenuating circumstances
- No longer has an adverse affect
- No longer in need of services.

While these recommendations are beneficial for dismissal consideration, SLPs in California should note that a parent's request for dismissal may not be reason enough alone to dismiss a student from service. In California, school districts have an affirmative duty to provide FAPE to a child. If a parent states he/she wants his/her child dismissed, an IEP meeting should be held to consider the request. Dismissing a student who is still in need of service could later result in a due process action where the district is ordered to provide compensatory education. Determination of a student's need for service is an IEP function. These issues must be resolved through the IEP process (Moore-Brown, 2001; Moore-Brown & Montgomery, 2001).

Once a student is enrolled in special education and/or speech and language services, documentation of outcomes and the achievement of results is part of accountability to federal and state agencies, as well as to students, parents and the local educational system. Progress on IEP goals must be reported to parents

at least as often as parents of non-disabled students are informed of their student's progress, usually at report card periods. According to Shulman and Apel (Moore, 2000), there must be a relationship between eligibility criteria, dismissal criteria, assessment procedures and intervention approaches. This perspective is all related to the IDEA requirements of focusing on student progress in the general education curriculum. They comment: "Eligibility and dismissal criteria drive caseload size"(p. 6).

SERVICE DELIVERY

Service delivery has evolved over the course of the last four decades, based upon changes in the educational system, the needs of students, and legislative requirements (Blosser & Kratcoski, 1997; Whitmire 2001). In order to meet the requirements of accountability and educational reform, speech and language service delivery in 2002 must be:

- tied to curriculum
- outcome oriented
- integrated
- designed to confer educational benefit related to the student's specific disabling condition
- fluid
- research based
- defensible (Moore-Brown, 2001).

Several of the ASHA documents discuss roles and responsibilities of SLPs in public schools. ASHA's (1999a) document on "Roles and Responsibilities of School-Based SLPs" made the following statements regarding service delivery:

- Service delivery is a dynamic concept and changes as the needs of the students change.
- No one service delivery model is to be used exclusively during intervention.
- For all service delivery models, it is essential that time be made available in the weekly schedule for collaboration with parents, general educators, special educators and other service providers (p. 37).

The ASHA documents on literacy (2001c, 2002a) give guidance about the work that SLPs are expected to do in schools. In addition, the ASHA scope of practice statement, reviews general responsibilities for the profession (2001d). By outlining roles and responsibilities, these documents define how SLPs should perform their jobs and provide services to students.

Brannen, et al (2000) stated:

IDEA's focus on *access to the general curriculum for all students* should result in a change in the traditional role of the school-based

speech-language pathologist. The clinical model of exclusive pull-out therapy focusing on discrete speech or language skills should now be replaced by a comprehensive intervention program that supports student's involvement in academic, nonacademic, and extracurricular programs. Recent trends toward collaborative consultation, authentic assessment, and curriculum-based services are now being required of all speech-language pathologists in order to ensure effective implementation of the new evaluation and IEP provisions of IDEA. The team approach inherent in the implementation of this type of intervention should result in specific responsibilities being shared by various professionals. As speech-language pathologists provide educationally relevant services, they need to clearly define their role within the educational process. The following questions can serve as a guideline for this differentiation of role:

- Am I making maximum use of my discipline-specific knowledge and skills as related to this school setting?
- Am I promoting school success within the context of intervention?
- Am I providing in-service training to regular and special educators on the language-learning connection?
- Is my role defined on the basis of what a speech-language pathologist should be doing, rather than on what others are not willing or able to do?
- Am I providing speech-language services in the least restrictive environment appropriate for each child? (p. 6)

Service delivery must include the use of intervention approaches that are appropriate for the specific needs of the students. These approaches should be provided within a range of service delivery models, resulting in a continuum of services within the program. Services must be educationally relevant, and directed toward assisting students in achieving standards, which are the core of the general education curriculum. IDEA 1997 requires a statement documenting how the student's disability prevents him/her from progressing in the general education curriculum. This consideration can assist the SLP in determining which type of service delivery will best meet the student's needs.

By keeping service delivery flexible and fluid, the SLP will have greater control over his/her own schedule. ASHA's (1999b) document "Secret of My Success: Strategies for Creative Caseload Management and Successful Intervention Models in Schools" is a collection of anecdotes from SLPs throughout the county who managed their caseload through service delivery. Participation in prevention activities at the school site, collaborating with teachers and administrators, participating in system problem solving and effective utilization of para-professionals are all keys to effective caseload management (Moore-Brown, 2001).

Frequency and duration of service, as well as setting and method of delivery, can be varied on IEPs, under given circumstances. It is recommended that SLPs be cautious about restricting themselves to “two times a week for 30 minutes.” Providing the same frequency and duration to each student leaves little room for flexibility and creativity within a schedule and is in violation of IDEA which requires that children receive an individualized program based on his or her needs. Flexibility in service can be built into an IEP. For example, intense services can be provided early in the year, with the amount of time reduced later in the year. Additionally, when students improve, their needs have changed and services should be adjusted. Providing services in class also allows for greater variation on frequency and duration. Whatever is written on the IEP, however, must be followed. Writing ranges of service (i.e. 30 – 40 minutes) on an IEP is typically not considered acceptable, as the service provider leans toward the minimum while the parent and teacher may expect the maximum. As a result, this would not be defensible in a due process hearing. The ASHA Caseload/Workload documents suggest using minutes per month as another option or other schedule options instead of minutes per week. Check with local administration before engaging in this practice. Finally, in some districts, statements are made on IEPs regarding limitations of service related to the school calendar (i.e. “*Note: Services will not be provided on school holidays, student free days or during testing periods.*”)

SLPs and administrators are all aware of issues related to disputes in special education. In order to effectively provide services to students with communication disabilities, SLPs must keep current on the research-based practices for each particular disability area they serve. SLPs must be able to implement these diagnostic and intervention methods using service delivery models that are defensible, which simply means that educational benefit is documented. Thinking of these responsibilities can provide the foundation of professional considerations of various types of service delivery models and interventions.

Examples of service delivery models are available in many professional publications (ASHA, 199b; Moore-Brown & Montgomery, 2001; Pritchard Dodge, 2000). Service delivery is likely the most powerful way that a SLP can control caseload.

RELATED INFLUENCES AND CONSIDERATIONS

PROFESSIONAL RESPONSIBILITIES

In addition to student needs, legal requirements, entry/exit considerations and service delivery, caseloads are also affected by other professional and system-wide influences. Continuing professional development is required in most educational systems in order to maintain certification or licensure, and is also

needed to remain current. Time is needed during the workday-week-month-year, in order to attend continuing education programs. This need is reflected in the ASHA Workload concept. However, SLPs must be aware of requirements regarding “making up” missed sessions with students. Most districts require SLPs to “make up” missed sessions with students, so that IEPs are not out of compliance. These “make up” sessions do not apply if the reason a session is missed is due to a student absence or other school requirement for the student.

Many SLPs have been impacted by shortages. California has experienced severe shortages in staffing, which have sometimes resulted in existing staff being assigned additional students or schools to serve. It is recommended that SLPs meet with administrators to clarify expectations, and to brainstorm strategies for providing services and for finding/hiring SLPs. Clear understandings of priorities are necessary in these situations. Recruitment and retention of SLPs and all special educators is key to operating a quality program. It is recommended that existing staff and SLPs should work with administration as well as teachers associations to improve recruitment and retention strategies for both. (ASHA, 2002b)

Another factor to consider with regard to caseload and service delivery is speech-language pathology assistants (SLPAs). California graduates of assistant programs are ready to enter the workforce. School districts will need to develop job descriptions for this new category of employees. Since SLPAs can work with less supervision than an instructional aide, it is likely that these positions will help to relieve some of the caseload burden of SLPs while providing needed services to students.

On the local level, several issues may impact caseload management. These can include: local leadership, administrative support, due process activity, geographic location, staffing and general support for the program (Moore-Brown, 2000), facilities and the experience and cooperation of team members. Organizing a speech and language job-alike group (i.e. the group of all of the SLPs in the district or consortium), if one does not exist, can provide a vehicle for strategizing solutions and discussing clinical issues.

PROFESSIONAL ASSOCIATION RESOURCES

The professional association of speech-language pathologists and audiologists at a national level is the American Speech-Language-Hearing Association (ASHA). The California Speech-Language-Hearing Association (CSHA) is the association for the professions in our state. Both ASHA and CSHA provide professionals in all work settings with efforts for advocacy, professional education, marketing and networking. Notably ASHA awards certification to members who meet the criteria for the Certificate of Clinical Competence (CCC). ASHA and CSHA are autonomous associations. It is not necessary to be a member of ASHA in order to be a member of CSHA, or vice versa. However, when dealing with

professional issues, guidance from both a state and national perspective may be beneficial to an individual or group.

In order to assist members in their daily work, professional associations provide guidance through a number of different venues. The following areas may be of assistance to members who are seeking information in the area of caseload management and the provision of speech-language services in a public school setting.

Code of Ethics

Speech-language pathologists and audiologists who are members of state and national professional associations are bound to uphold the code of ethics of those associations. Both the American Speech-Language-Hearing Association (ASHA) and the California Speech-Language-Hearing Association (CSHA) have such codes (ASHA, 2001b; CSHA, 1979). (*NOTE: CSHA Code of Ethics is currently undergoing revision.*) These codes provide principles that guide ethical behavior in the work setting. Speech-language pathologists and audiologists (SLP/A) working in school-based settings may find ethical dilemmas in issues involving compliance, recommendations for service, provision of service, conflicts in related directives from administrators or requests from parents). Other ethical dilemmas may be related to a colleague's behavior, which may be considered unethical.

The most recent revision of the ASHA Code of Ethics was adopted by the ASHA Legislative Council on November 16, 2001, and is available at http://www.asha.org/resources/ethics_index.cfm. The code sets forth both principles of ethics as well as rules of ethics for each principle.

SLP/As working in educational settings must remember that they have many resources to assist them when ethical or legal conflicts occur. First, a code of ethics provides guidance regarding professional behavior. Both ASHA and CSHA have resources for members who need guidance in given situations. At the same time, SLP/As should also consult their local resources: principals, program specialists, special education administrators at the local level, SELPA or county level administrators.

ASHA Preferred Practice Patterns

Effective caseload management is facilitated by the use of good practices in the field. The ASHA Preferred Practice Patterns (ASHA, 1997) identifies recommended procedures in assessment and intervention in the following areas: speech screening, language screening, language assessment for infants and toddlers, language assessment for children and adolescents, augmentative and alternative communication assessment, articulation/phonology, voice, fluency, and consultation. For each area, expected outcomes, clinical indications, clinical

process, setting/equipment specifications, safety and health precautions, and documentation are identified. This document is available at:
<http://www.asha.org/library/images/pppslp.pdf>.

Advocacy

Speech-language pathologists and audiologists who work in school settings will find that it is necessary to participate in advocacy activities on several levels: personal, at the school site level, at the district level, and at the professional and legislative level. They will find themselves meeting, at times, to advocate on behalf of themselves in their own specific situation, advocating for the program within the district or local education agency, and also advocating at both the state and national levels. Advocacy at these levels does not have to be difficult. Both CSHA and ASHA have resources available to members to assist in personal and professional advocacy (ASHA, 2000c; ASHA, 1998; CSHA, 1996; CSHA, 2003) Individuals will find that their own representation of the profession to parents and other educators can greatly increase awareness of the field.

Caseload limits are set through both legislation and local policy in California. As previously noted, there is no state law that provides a caseload limit for individual speech-language caseloads. Local bargaining units may negotiate caseload limits within a particular school district.

There is no doubt that the number of children on a caseload is one of the important factors for clinician effectiveness. This is clearly supported in the ASHA NOMS data report (ASHA, 2000c), which found that students who were on a caseload of less than 40 improved much more quickly and were dismissed earlier than students who were on higher caseloads. This information is critical to speech-language pathologists in schools who are trying to advocate for caseload size restrictions.

At the state level, California has implemented programs for class size limits in grades K – 3 and 9 as part of the effort toward improving student achievement, specifically in the area of literacy. Special education programs have not realized legislative benefit of class size/caseload limitations at this point, regardless of significant legislative efforts over the course of the past decade. The sole exception to this is the caseload limit of 28 for resource specialists. Coordinated efforts at all levels continue in order to achieve some relief in this area through legislative mandates.

CONCLUSION

In order to serve students in public schools, speech-language pathologists must have an extensive array of clinical skills in addition to the ability to

complete and attend to the legal requirements and demands of the educational system. Burdensome caseloads can adversely affect the delivery of effective services. While legislation may help in relieving overwhelming caseloads, the school-based SLP may be able to facilitate some relief by engaging in specific strategies designed to manage their caseload/workload. Strategies and practices that will assist in effective management of caseloads include:

- 1) Implement a plan to ensure that all educational teams, including student study teams and multi-disciplinary assessment teams, understand the procedural requirements of their responsibilities, the role of the team and of each member, and have in-depth knowledge of how to assist students.
- 2) Use best practices for assessment and intervention.
- 3) Focus services on educational benefit.
- 4) Consider the caseload according to the student population being served, not solely in terms of a number.
- 5) Establish eligibility and dismissal criteria, and utilize these criteria for moving students on and off the caseload.
- 6) Set goal(s) attainment at 75% - 80%.
- 7) Utilize a variety of service delivery models.
- 8) Participate in prevention activities at the school site.
- 9) Collaborate with teachers, administrators and parents.
- 10) Involve others in the delivery of communication intervention.
- 11) Participate in system problem solving.
- 12) Utilize paraprofessionals to extend services to students, as appropriate.
- 13) Hold IEP meetings to adjust students' services when frequency can appropriately be decreased.
- 14) Document outcomes.
- 15) Use available resources at the state and national level.
- 16) Serve as an advocate for yourself, your students, your program, and your profession.

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