

Re: Rationale for caseload/workload caps - school districts

Cal. Code Regs. Title 2, § 56363.3 (Average caseload for LS&H Specialists) [CA Educ Code § 56363.3 \(2021\)](#)

Cal. Code Regs. Title 5, § 3051.1 (LS&H Development and Remediation) [5 CA Code of Regs 3051.1](#)

Statement of the Problem:

Increasingly in California, Speech, Language, and Hearing Specialists, also known as Speech-Language Pathologists (SLPs) are concerned for their students and feel that they may not be providing a Free Appropriate Education (FAPE) for their students due to high caseload numbers in combination with high workloads. Communication skills are essential for educational progress. Adequate language comprehension and expression skills are needed throughout the school day, both for academics and for socialization. Speech disorders occur when a person is unable to produce speech sounds correctly or fluently or has problems with their voice. Language disorders occur when a person has trouble understanding others (receptive language) or sharing thoughts, ideas and feelings completely (expressive language). Characteristics¹ associated with Developmental Language Disorder (DLD) vary widely. Some children are mislabeled as shy, hesitant, or aloof. Conversely, some children with DLD have strengths in social skills and reading, for example, that mask their language deficits. Untreated DLD can have adverse effects:

- Many children with DLD fail academically, especially after third grade when the language of the classroom and texts become increasingly challenging.²
- Children with DLD are at high risk for emotional problems that impact peer relations.³
- Girls with DLD are three times more likely to experience sexual abuse; boys are four times more likely to engage in delinquent behavior.⁴
- Adults with DLD are twice as likely to be unemployed for more than a year.⁵

According to the National Institute on Deafness and Other Communication Disorders, nearly 1 in 12 children⁶ has a disorder related to voice, speech, language, or swallowing. An estimated 12.5 percent of children⁷ in the U.S. ages 6 to 19 show evidence of noise-induced hearing loss. Approximately 55% of students with dyslexia have speech/language impairment (McArthur, et. al., 2000). About 1/3 of the students identified as having speech/language impairment in kindergarten or younger are later found to also have dyslexia (Catts, et. al., 2005). In addition to the percentage of children with speech or language disorders, the CDC estimates that 1 in 36 children have autism, of which speech/language impairment is part of the definition per CCR Title 5, §3030 (*Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction*). Language, speech and hearing specialists, also known as speech-language pathologists (SLPs) are the school employees that evaluate and treat these disorders.

As noted above, SLPs provide services for students with a variety of communication disorders (see [CA Educ Code § 56333](#)). Students with such disabilities as autism, cerebral palsy, intellectual disability, traumatic brain injuries, learning disabilities, dyslexia, hearing loss, apraxia, speech sound disorders, etc. are educated with the specialized support of highly trained SLPs to gain value from their curriculum and participate in their school communities (see Appendix A for a

¹ Hogan, P., Farquharson, K., & McGregor, K. (2023) New IDEA Guidance Includes Developmental Language Disorder as a Qualifying Category. *Perspectives Of The Asha Special Interest Groups*, Sept. 2023. Retrieved from: <https://leader.pubs.asha.org/doi/10.1044/2023-0911-slp-dld-advocacy>

² Ziegenfusz, S., Paynter, J., Flückiger, B., & Westerveld, M. F. (2022). A systematic review of the academic achievement of primary and secondary school-aged students with developmental language disorder. *Autism & Developmental Language Impairments*, 7, 239694152210993. <https://doi.org/10.1177/23969415221099397>

³ St Clair, M., Forrest, C. L., Yew, S. G. K., & Gibson, J. L. (2019). Early risk factors and emotional difficulties in children at risk of developmental language Disorder: a population cohort study. *Journal of Speech Language and Hearing Research*, 62(8), 2750–2771. https://doi.org/10.1044/2018_jslhr-l-18-0061

⁴ Brownlie, E. B., Jabbar, A., Beitchman, J. H., Vida, R., & Atkinson, L. (2007). Language Impairment and Sexual Assault of Girls and Women: Findings from a Community Sample. *Journal of Abnormal Child Psychology*, 35(4), 618–626. <https://doi.org/10.1007/s10802-007-9117-4>

⁵ Law, J., Rush, R., Schoon, I., & Parsons, S. (2009). Modeling developmental language difficulties from school entry into adulthood: literacy, mental health, and employment outcomes. *Journal of speech, language, and hearing research : JSLHR*, 52(6), 1401–1416. [https://doi.org/10.1044/1092-4388\(2009/08-0142\)](https://doi.org/10.1044/1092-4388(2009/08-0142))

⁶ Black LI, Vahratian A, Hoffman HJ. Communication disorders and use of intervention services among children aged 3–17 years: United States, 2012. NCHS data brief, no 205. Hyattsville, MD: National Center for Health Statistics. 2015.

⁷ *Hearing Loss: By the Numbers*. (2023). Hearing Health Foundation. <https://hearinghealthfoundation.org/hearing-loss-tinnitus-statistics>

breakdown of the types of students served by SLPs in schools). SLPs are often the first educational specialist that children encounter in preschool, and early speech and language interventions is one of the primary ways to ameliorate dyslexia.

IDEA was signed into law in 1975. California's education code pertaining to speech and language caseload sizes was written at some time before 1980. These outdated education code sections denote **average** caseload size of 55 for SLPs per Special Education Local Plan Area. 1980, however, was a very different time in the field of special education. In 1980 IEPs were about 3 pages long. There were 3 or 4 speech and language assessments available for SLPs to use for school-age children in contrast with the dozens currently available. Children with severe disabilities either did not survive, or attended special schools or institutions. Parents rarely, if ever, had advocates or attorneys. The rate of autism was approximately 1 in 2500⁹ (it is now approximately 1 in 36). Since 1980, identification of communication disorders has gotten more sophisticated and students with more complex communication challenges are now enrolled in public schools. Therefore, with increased caseloads the dosage of treatment that can be provided has significantly decreased and the size of the groups has significantly increased. Parent demand for speech and language services remains strong.

Caseload refers to the number of students who receive direct speech and language services. This current caseload averaging in California law yields actual caseloads that are frequently over 60 and can exceed well over 70 students. A 2010 study found that 60%-70% of SLPs with caseloads of 56-90, and 100% of those with caseloads over 90 students considered their caseload unmanageable. In addition, the higher the caseload, the more likely SLPs plan to leave their school-based job as soon as possible. According to the American Speech-Language-Hearing Association (ASHA) Schools Survey conducted in 2022⁸

- California has some of the highest caseload sizes in the country
- The median **manageable** caseload size was 40.
- Median caseload size in the New England states is 36
- Median caseload size in New York is 30

A 2002 study indicated that with a median caseload of 59.7 students, SLPs said they planned to leave their school-based speech-language pathology job as soon as possible. This is because with added caseload comes added workload.

Workload refers to all activities required and performed by school based SLPs. It includes the time spent providing face-to-face direct therapy to students as well as the number of evaluations conducted, and the time spent performing other activities necessary to support students' education programs and ensure compliance with IDEA and other mandates. The 2022 Schools Survey indicated that less than 60% of the SLP's work week is devoted to direct intervention. The other 40+% is devoted to documentation; assessment (review of records, testing, scoring, analysis, report writing), indirect service (collaborative consultation, technological support (e.g., hearing aids/CIs, AAC), observations, etc.), supervision, clerical work (email, filing), lesson preparation, progress reporting, and other duties as assigned. See Appendix B for a sample list of activities.

Reduced caseload will allow SLPs to create models of service delivery to address students with unique needs, implement evidence-based intervention, and collaborate with teachers in order to improve services to students, thereby improving student outcomes.

Our professional organization, ASHA, recommends considering more than just a maximum caseload number because the needs of students receiving speech-language services vary greatly. For example, a caseload of 40 students with very mild communication disorders could be manageable, whereas a caseload of 40 students at multiple schools that include students with severe/complex communication needs is not likely to support the provision of a Free and Appropriate Public Education (FAPE). (For the impact of higher caseloads, see Key Issues at https://www.asha.org/practice-portal/professional-issues/caseload-and-workload/#collapse_1) It is recommended that for

⁸ American Speech-Language-Hearing Association. (2022). <https://www.asha.org/siteassets/surveys/2022-schools-survey-slp-caseload>

⁹ National Center for Biotechnology Education (2008) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859841/>

SLPs with a high workload, reduced caseload and/or SLPA support be provided. Possible considerations for workload might include

- Number of high-profile cases that involve multiple parent conferences or extended IEP meetings.
- Number of sites served
- Whether CF/RPE supervision is involved (state requires a minimum of 8 hours/month direct supervision for 36 weeks)
- Number of students who are seen individually more than once a week.
- Complexity of communicative needs (e.g., AAC, non-oral communication, severity of disability) requiring extra time
- Number of students who are seen 90 minutes or more per week.
- Number of students for whom the SLP is the case manager (students who have only speech and language services take considerably more work than students who are also receiving specialized academic instruction because the SLP is responsible for all the mandated activities, including but not limited to, set-up and organization of meetings, follow-up, filing, etc.)
- Number of assessments typical at the site

ASHA has a [workload calculator](#)⁹ that could be used to determine workload.

We believe that lower caseloads would bring many California SLPs into or back into school settings. *(If your district uses contract agencies to fill shortages, you could talk about the cost of that here)*

We need to help the students with communication delays and disorders in California to become better students, happier people, and productive adults. We need to provide them with the early intervention that they so clearly need. The parents want the services, the students need the services, and the SLPs, who want the best for families, deserve better working conditions

⁹ American Speech-Language-Hearing Association. (n.d.-a). *ASHA Workload Calculator*. <https://www.asha.org/slp/schools/workload-calculator/>

Appendix A – Areas of Intervention

Area of intervention	Percentage of SLPs who regularly serve students in this area
Acquired brain injury (ABI)	13.7
Auditory processing disorder (APD)	28.6
Augmentative and alternative communication (AAC)	71.2
Autism spectrum disorder (ASD)	93.7
Childhood apraxia of speech (CAS)	59.9
Cognitive communication disorders	47.5
Dysphagia (swallowing/feeding)	8.1
Fluency disorders	71.2
Gender affirming voice	0.9
Hearing loss	41.6
Language disorders: pragmatics/ social communication	88.8
Language disorders: semantics, morphology, syntax	93.4
Reading and writing (literacy)	27.5
Selective mutism	20.1
Speech sound disorders	91.8
Voice or resonance disorders	13.8

Appendix B - workload duties of SLPs

Direct Services

- face-to-face pull-out services
- face-to-face in class or other settings
- face-to-face initial evaluations
- reevaluations (administer tests, observe student in class for evaluation purposes)

Indirect Services

- analyze environment
- analyze curriculum (Gen Ed)
- attend student team meetings
- score and interpret test results
- write evaluation reports
- conduct research on evidence-based practices
- develop and provide professional development
- troubleshoot sound system and hearing aid problems
- consult with parents/caregivers
- design lesson plans
- do specific student-related planning (e.g. creating visual aids, binder, etc.)
- design transition plans
- train teachers/paraprofessionals/parents
- program AAC devices
- maintain AAC or hearing equipment

Indirect Services in Gen Ed Setting

- observe students in classrooms (for purposes other than evaluations)
- pre-referral activities, including teacher consultation and attendance at meetings
- RTI/MTSS activities
- adapt gen ed curriculum and materials
- connect standards to Education Plan (including becoming familiar with general education standards, materials, lessons, texts and projects)
- consult with teachers

Compliance to Support Federal, State and District Mandates and Case Management Duties

- attend staff meetings
- attend IEP team meetings
- attend other student support meetings
- attend other compliance-related meetings
- attend annual review meetings
- develop IEP present levels, goals and benchmarks, progress, accommodations, modifications
- complete daily service logs
- complete progress reports at report card periods
- complete MediCal billing
- copying/filing logs, progress reports, evals, IEPs, etc.
- supervise support personnel
- write exit summaries and notices for exiting students
- obtain permission and send notices for evaluations
- obtain parent/team signatures on IEPs
- communicate with other school team members
- follow-up with tasks from IEP meetings, etc.
- keep due process files up to date and in compliance
- participate in professional development
- schedule interpreters and translators
- other case management tasks
- completing DRDP for PK, TK students

Other Activities

- travel between assignments
- school duties as assigned
- district emails, phone calls, etc.
- participate in school committees
- work on district-wide initiatives
- supervise CF/RPE or graduate students

Appendix C - SLP Math

- Most school-based SLPs work a 30 - 40 hour week.
- Most SLPs in California have a caseload of about 65 students, more or less
- Many SLPs have 1 or 2 schools, but may have more depending on the population density of the area and size of the schools.

Per California Education Code sections 46207, 46208, 47612(d)(3), 47612.5, and California Code of Regulations, Title 5, 11960, class time for students in California is a little over 23 hours a week for grades 1-3, 25 hours/week in grades 4-8, and 30 hours per week in high school. For the sake of this math example, let's say our SLP has 1 elementary school (25 hours of class time), 65 students, no special classes on site, and a 35-hour paid work week.

Direct services to students

Commonly, students are seen twice a week for 30 minutes per session, though this can vary. In a clinical setting, it would take over 60 clinical hours to get this done, and the client would get 45-60 minutes of undivided attention. In a school setting, students are seen according to their IEP. Most are grouped, but some have individual sessions, depending on need. Let's say our SLP puts the students in groups of 3 (groups generally vary from 2 - 4 students). So, now we have 22 groups, and 22 of the 25 classroom hours (22 of the 35 work hours) are dedicated to direct therapy. This leaves 3 classroom hours and 10 non-class hours (student lunch, recess, before and after school).

22/25 class hours: 3 remaining

0/10 non-student hours: 10 remaining (except it took at least 8 hours to make the schedule, negotiate and confirm with teachers, re-work the schedule because the teacher's schedule changed, etc. - and this can recur throughout the year as teacher schedules change)

Medi-Cal billing/documentation

Every session needs to be documented, so all data that has been taken during the session must be entered into the computer for each student. This will take about 30 minutes per day because our SLP is experienced, fast and very organized.

22/25 class hours: 3 remaining (no change)

.5/10 non-class hours: 9.5 remaining

IEPs: Every student has at least one IEP meeting every year, but may have more. There are about 36 weeks in a school year. With 65 students, plus extra meetings for students whose parents request extra meetings, that means a minimum of 2 IEPs per week (this does not include any new referrals, which come frequently at the elementary level). On average, it takes a minimum of 45 minutes to prepare for each IEP (IEP paperwork, document present levels, write progress on goals, and write new goals), 60 minutes to run the meeting and at least 30 minutes following the meeting to wrap up, make copies, get accommodation/modification info out to teachers and send the paperwork home, equalling 2.25 hours x 2 IEPs per week. Hopefully this is all done during non-classroom time.

But wait: teachers may have a shorter contract day, so some of the IEPs were done during classroom time, because the PE teacher could cover the teacher's class for an hour. But our SLP had to miss an hour of therapy time, which by law may need to be made up, so somehow those 6 students have to be fit into other groups during the coming week (which compromises the learning environment for our students), or more class time needs to be used to add back those 2 groups. Let's split the difference.

23/25 class hours: 2 remaining

4.5/10 non-student hours: 5.5 remaining

Assessments: Students need to be reassessed every 3 years by law. In addition, because our SLP is in an elementary school, TK, kindergarten and primary-grade referrals are coming in. Once a referral is made, the SLP must develop an assessment plan, contact the parent, and get permission to assess the child. This will take about 30 minutes each. Elementary SLPs generally have about 2 evaluations per week. An uncomplicated articulation-only assessment takes about 30 minutes to administer. In addition, the student must be observed in multiple settings, and a spontaneous speech sample must be taken. So this basic assessment will take about an hour and a half. For a student with more complex communication needs, this assessment may take 3-4 hours or more. Let's average and say 2 hours of classroom time and ¼ hour of non-classroom time (recess - no break for our SLP) x 2 assessments.

25/25 class hours: 0 remaining

6/10 non-class hours: 4 remaining

But now our SLP has to score all the tests, analyze the results, interview the parents and the teacher, talk with the other IEP team members about their findings, review any past reports, and write the report. Again, this time may vary from a minimum of an hour to about 5 hours, depending on the complexity of the student's needs. Let's average and say 2.5 hours x 2 assessments/week.

25/25 class hours: 0 remaining (no change)

11/10 non-class hours: 0 remaining and we took some work home, not too bad.

It looks like we made it, except for a few other things that we have not factored in:

- We haven't planned any lessons! This SLP has 22 groups for students ranging from 4-12 years old (TK - 6th grade). Each group has 6-10 goals that need to be addressed in the areas of speech sound development, grammar, vocabulary, stuttering, social skills/pragmatics, phonological awareness, inferencing, etc. Some union contracts do allow SLPs to have prep time during the week. This means that the groups will need to be larger to allow for prep time. This will affect the learning environment and progress for the students.
- We haven't checked voicemail, e-mail, or done any necessary follow-up with teachers, parents, or administrators
- The younger children cannot be expected to walk to the SLP class on their own. We haven't accounted for the time it takes the SLP to walk to the far end of campus to get the children and walk them to the speech room, then back again to their class at the end of the session. This reduces the class time actually available.
- We haven't accounted for holidays or sick days. IEPs are often written with sessions per week. If there is a holiday, or if the SLP is ill and must stay home, the SLP needs to see all those students some other time during the week, or be out of compliance. There are no SLP substitutes.
- We didn't account for eating lunch or using the bathroom.
- If teachers have special programs or tests, or there's a school assembly, their students cannot be seen during their usually scheduled time. These hours must be made up some time during the week.
- We have not consulted with general education teacher, special education teachers, school nurse, school psychologist, or other DIS providers.
- We have not accounted for supervision and consultation time if we work with an SLP Assistant or a student intern.
- Progress reports must be sent out at the same time that teachers send report cards. We need to report the progress on every goal for every one of our students at every reporting period. This requires compiling and reporting data on approximately 125-200 separate goals.
- We have not factored in the time that we, like teachers, spend in faculty meetings (not only for each school site, but also for our site special education teams and SLP department meetings), student study team meetings, bus duty, and other supervision.
- We haven't factored in the time an administrator may have scheduled us as part of the MTSS used in the school, a vital part of distinguishing the students who need a bit more support from those with a true disability.
- We have not factored in travel time for SLPs serving more than one site.

- Some IEPs can last 2 hours or more. At some schools, IEPs are scheduled during class time, especially at middle and high schools when teachers have prep periods. Or IEPs last well past contracted work hours. General education teachers are often dismissed at the end of their contracted day, but special education providers must stay for the entire meeting. General education teachers are often dismissed after they have shared their observations but the SPED providers must stay for the entire meeting, often lasting up to 3 hours or more for complex cases.
- Unlike teachers, who are teaching 30 students math at the same time, SLPs often need to address goals for speech sound disorders, fluency, narrative skills, grammar, and social pragmatics while taking data and maintaining discipline, all within the 30 minute period. It affects student learning. (Teachers get data from written tests. SLPs are taking data on oral responses in the moment, often through audio recordings that need to be transcribed.)
- SLPs (and all special educators) are accountable for student progress and for providing students with a Free and Appropriate Public Education (FAPE). Mistakes and/or lack of progress and/or general parental lack of follow-through or satisfaction may lead to due process. This means more time spent preparing for meetings and/or hearings, and less time for students. It also causes stress among SLPs.

This is a systems problem. California school systems are not set up in a manner that

1. yields substantial progress for students with speech/language impairment (a.k.a. a service delivery problem),
2. facilitates compliance for school districts, or
3. supports the emotional health and safety of speech-language pathologists.

Therefore, I and many others, are advocating for a change in the law stated above, that sets an average caseload at 55. The American Speech-Language Hearing Association recommends using a workload model instead of caseload when calculating limits for SLPs. We in California feel this is a worthwhile consideration. SLPs got into this profession to support the communication journeys of our students and their families. We love the work we do, and only want to better the outcomes for our students, to retain talented SLPs, and to avoid burnout. If your child had communication needs, would you be satisfied that their needs can be adequately addressed with the current model? Think ahead - how do communication disorders impact literacy, the ability to make and keep friends? Mental health? Future employment potential? SLP services are not superfluous, quality services can and do make a difference.

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