



SLP Caseload and Workload Characteristics

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Executive Summary

In Spring 2018, 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, combined school settings, and administrative offices. Data are not presented for table cells with fewer than 25 respondents.

Overall Findings

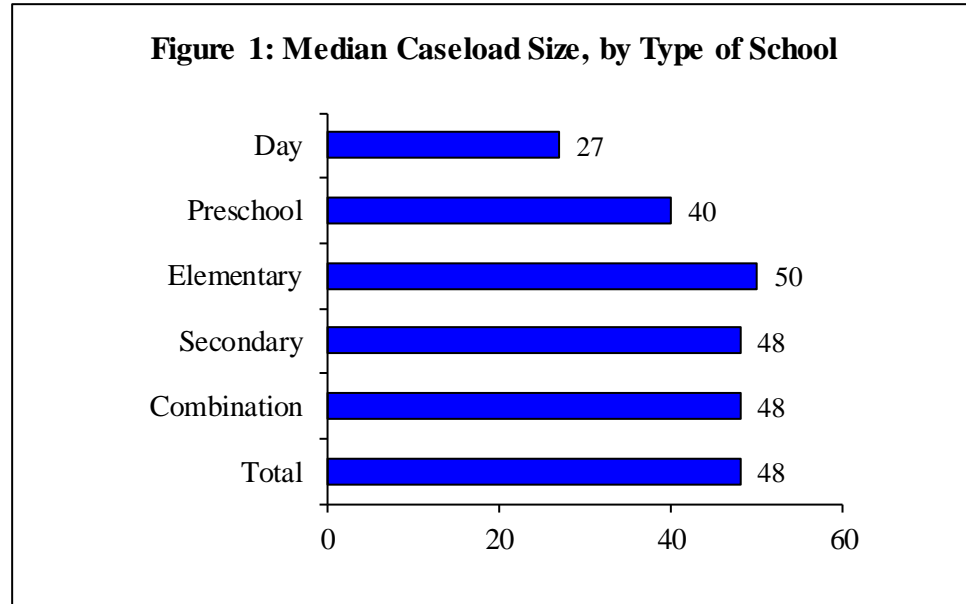
- ◆ Median caseload size was 48 students.
- ◆ The largest median caseload was in Indiana (76), and the smallest was in New York (30).
- ◆ At least 90% of SLPs served students with language disorders (semantics, morphology, syntax), speech sound disorders, and autism spectrum disorder.
- ◆ Most students receiving clinical services were seen for up to 1 hour per week.
- ◆ Clinical service providers spent an average of 20 hours weekly providing services in a pull-out model.
- ◆ Overall, in their role on the multi-tiered system of support (MTSS)/response to intervention (RTI) or pre-referral team, slightly more SLPs provided strategies to classroom teachers (57%) than provided consultation as a member of the pre-referral team (55%) or conducted screenings (54%).
- ◆ The most commonly reported impact of supervision was an increase in workload (46%) but a decrease in caseload (36%).
- ◆ 54% of the clinical service providers said they would need to make up a session any time that they missed a session for any reason.

Caseload Size...

...by Facility

Nearly all (99.5%) of the SLPs who responded to the survey provided clinical services either full or part time.

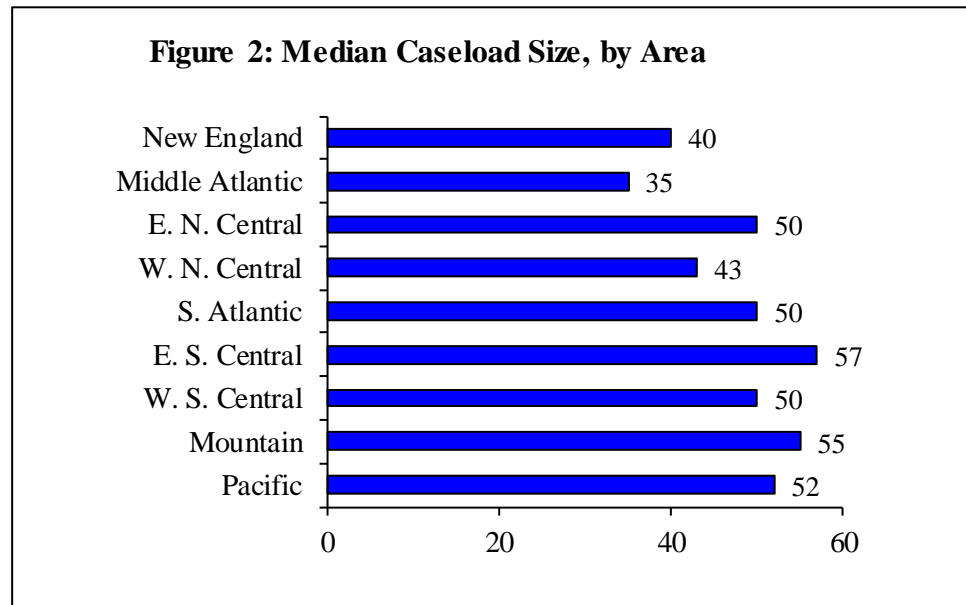
The median monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full time was 48 (range = 3–145). Caseload size was lowest in special day/residential schools (27) and highest in elementary schools (50; see Figure 1).



Note. n = 1,539.

...by Area

The median caseload size was lowest in the Middle Atlantic states (35) and highest in the East South Central states (57; see Figure 2).



Note. n = 1,539. A list of states assigned to each area can be found in the Appendix.

...by State

Fewer than half ($n = 23$) of the states had a sufficient number of respondents to warrant reporting their caseload sizes. The highest reportable caseload size was in Indiana (76), and the lowest was in New York (31; see Table 1).

Table 1: Median Caseload Size, by State

State	Caseload	State	Caseload
Alabama (AL)		Montana (MT)	
Alaska (AK)		Nebraska (NE)	
Arizona (AZ)	60	Nevada (NV)	
Arkansas (AR)	40	New Hampshire (NH)	
California (CA)	55	New Jersey (NJ)	40
Colorado (CO)		New Mexico (NM)	
Connecticut (CT)		New York (NY)	30
Delaware (DE)		North Carolina (NC)	48
District of Columbia (DC)		North Dakota (ND)	
Florida (FL)	60	Ohio (OH)	55
Georgia (GA)	43	Oklahoma (OK)	50
Hawaii (HI)		Oregon (OR)	
Idaho (ID)		Pennsylvania (PA)	54
Illinois (IL)	49	Rhode Island (RI)	
Indiana (IN)	76	South Carolina (SC)	
Iowa (IA)		South Dakota (SD)	
Kansas (KS)		Tennessee (TN)	
Kentucky (KY)	60	Texas (TX)	55
Louisiana (LA)		Utah (UT)	
Maine (ME)		Vermont (VT)	
Maryland (MD)	44	Virginia (VA)	49
Massachusetts (MA)	41	Washington (WA)	48
Michigan (MI)	54	West Virginia (WV)	
Minnesota (MN)	38	Wisconsin (WI)	40
Mississippi (MS)		Wyoming (WY)	
Missouri (MO)	42		

Note. $n = 1,231$ for the 23 states with reportable data. Blank cells indicate that fewer than 25 respondents provided data.

Areas of Intervention

The four areas of intervention in which most of the school-based SLPs had students were (a) language disorders: semantics, morphology, syntax (91%); (b) autism spectrum disorder (90%); (c) speech sound disorders (90%); and (d) language disorders: pragmatics/ social communication (85%; see Table 2).

The largest average number of students seen, grouped by area of intervention, was for language disorders: semantics, morphology, and syntax (21), followed by speech sound disorders (18). The smallest number was for selective mutism (1).

Area of intervention	Percentage of SLPs who regularly serve students in this area	Mean number of students regularly served*
Acquired brain injury (ABI)	14.6	1.6
Auditory processing disorder (APD)	31.9	5.3
Autism spectrum disorder (ASD)	90.2	9.6
Childhood apraxia of speech (CAS)	60.4	2.9
Cognitive communication disorders	48.1	9.3
Dysphagia (swallowing/feeding)	10.5	2.6
Fluency disorders	67.4	2.5
Hearing loss	44.8	2.3
Language disorders: pragmatics/ social communication	84.8	11.1
Language disorders: semantics, morphology, syntax	90.8	21.4
Nonverbal, augmentative and alternative communication (AAC)	60.3	5.3
Reading and writing (literacy)	30.5	13.6
Selective mutism	18.6	1.3
Speech sound disorders	89.9	18.0
Voice or resonance disorders	18.6	1.7

Note. $n = 1,539$. SLP = speech-language pathologist.

*Includes only SLPs who do serve these students.

Amount of Weekly Therapy

The survey respondents were asked to categorize the students in their caseload according to the amount of therapy that they received per week. Of the SLPs who were clinical service providers and who were employed full time,

- 1,351 reported that a median of 40 students were served up to 1 hour weekly;
- 890 reported that a median of 7 students were served between 1 and 5 hours weekly; and
- 31 reported that a median of 2 students were served more than 5 hours weekly.

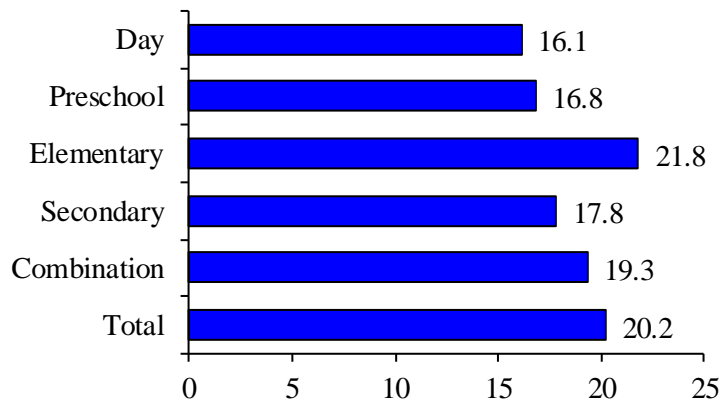


Activities

More of the clinical service providers' time was spent in pull-out service than in any other activity. 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 median of

- 7 hours in classroom-based integrated services;
- 4 hours on diagnostic evaluations;
- 4 hours on supervision;
- 2 hours on collaborative consultation;
- 2 hours on MTSS/RTI activities;
- 2 hours on services to Section 504 students; and
- 2 hours on technological support.

Figure 3: Mean Weekly Hours in Pull-Out Service, by Type of School



Note. *n* = 1,423.

MTSS/RTI

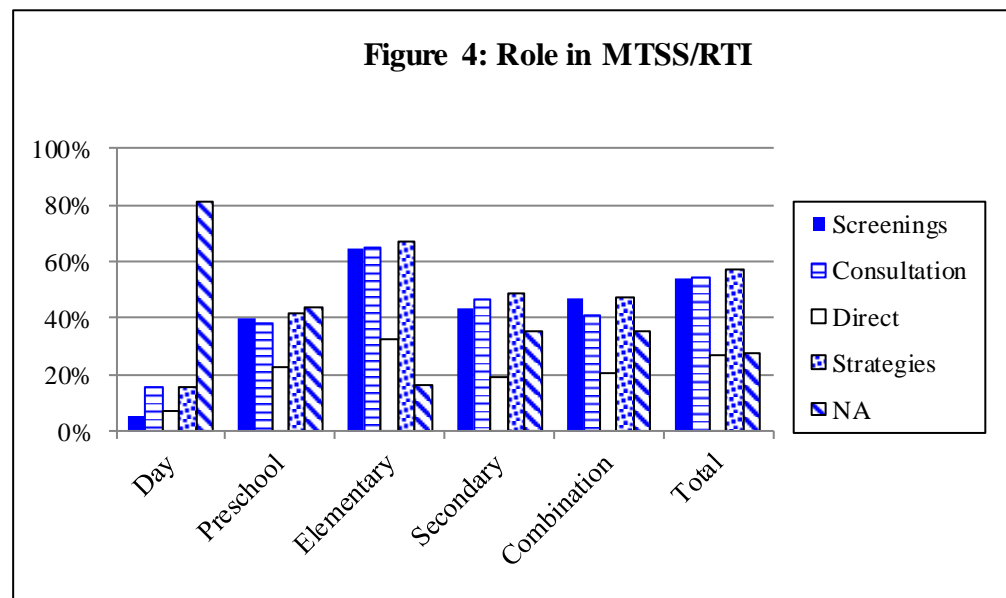
Overall, 28% of the SLPs who were clinical service providers said that they did not have a role in MTSS/RTI or pre-referral. The range was from 17% of SLPs in elementary schools to 81% of those in special day/residential schools ($p = .000$; see Figure 4).

Conducting screenings and providing strategies to classroom teachers were the most common RTI activities in combined school settings (47%). The range for this role was from 6% in special day/residential schools to 64% in elementary schools ($p = .000$).

The proportion of SLPs who provide consultation as a member of the pre-referral team ranged from 16% in special day/residential schools to 65% in elementary schools ($p = .000$).

Providing direct services within general education also varied by type of facility. Overall, 27% of SLPs selected this response, ranging from a low of 7% in special day/residential schools to 33% in elementary schools ($p = .000$).

Providing strategies to classroom teachers was the RTI role selected by 16% of SLPs working in special day/residential schools, 42% in preschools, 67% in elementary schools, 49% in secondary schools, and 47% in a combination of the above school types ($p = .000$).



Note. $n = 1,864$. RTI = response to intervention. NA = not applicable.



...by Area

Area of the country had a significant effect on each of the five responses to the MTSS/RTI participation question.

The range of SLPs who said that they did not have a role in MTSS/RTI or pre-referral was from 18% of clinical service providers in the West South Central and Mountain divisions to 47% of those in the Middle Atlantic states ($p = .000$).

The range of SLPs who said that they conduct screenings was from 43% in the Middle Atlantic states to 68% in the Mountain states ($p = .000$).

The proportion of SLPs who provide consultation as a member of the pre-referral team ranged from 36% in the Middle Atlantic area to 63% in both the East North Central and Pacific states ($p = .000$).

Providing direct services within general education also varied by type of area, ranging from a low of 16% in the East South Central states to 34% in New England ($p = .005$).

Providing strategies to classroom teachers was the MTSS/RTI role selected by 37% of SLPs working in the Middle Atlantic states and 66% of those in the East North Central and Mountain areas ($p = .000$).

Supervision

SLPs who were clinical service providers or diagnosticians, who worked full or part time, and who reported that they supervised at least one audiology or SLP assistant were asked what impact supervision had on their caseload and workload. *Caseload* was defined as being based only on the number of students served, whereas *workload* was based on ALL required and performed activities. Compared with 36% who said supervision *decreased* their *caseload*, nearly half (46%) said that supervision *increased* their *workload* (see Table 3).

Table 3: Impact of Supervision on Caseload and Workload		
Impact	Caseload	Workload
Increases	26.7%	46.3%
Decreases	35.9%	30.3%
No impact	33.3%	19.8%
Don't know, NA	4.0%	3.7%

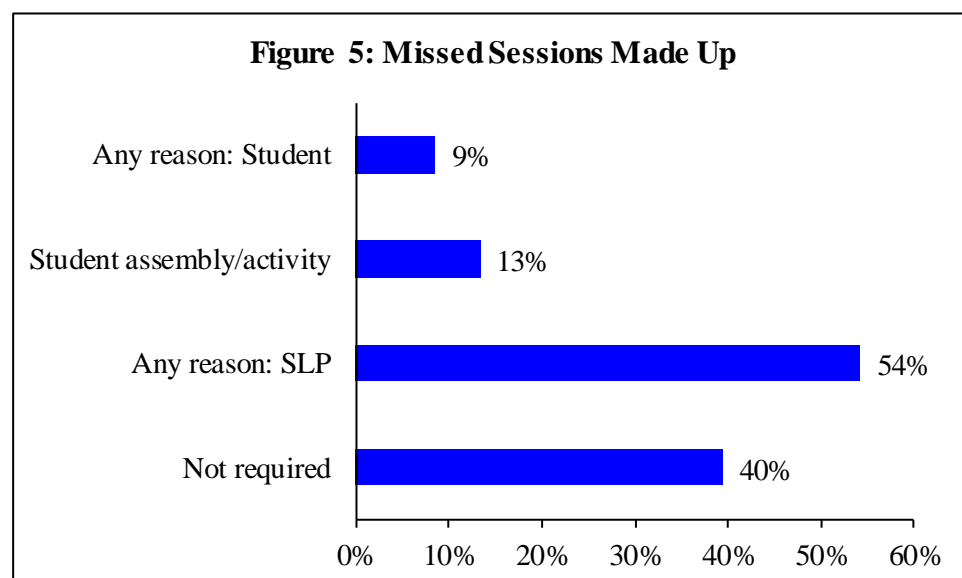
Note. $n = 238$.

Missed Sessions

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.
- Any time a student misses a session for any reason.
- When the student misses a session due to assembly or classroom activity.
- Any time I miss a session for any reason.

More than half (54%) of the clinical service providers said they would need to make up a session any time that they missed a session for any reason. Fewer (40%) said that they were not required to make up missed sessions, 13% 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 5).



Note. $n = 1,864$. SLP = speech-language pathologist.

The type of facility where SLPs were employed did not have an effect on their selection of any of the four responses. Geographic area, however, did ($p = .000$).

- The range of SLPs who were not required to make up missed sessions ranged from 27% of those in the South Atlantic states to 60% in New England.
- SLPs who reported that they were required to make up missed sessions when students were missing due to assembly or classroom activity was between 3% of those in the West North Central states and 25% in the West South Central states.
- When the student missed a session for any reason, 3% of SLPs in the West North Central area and 15% in the West South Central area were required to make up missed sessions.
- Finally, 35% of SLPs in New England and 66% of those in the South Atlantic states were required to make up sessions any time they missed a session for any reason.

Survey Notes and Methodology

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

Response Rate

The survey was fielded in February 2018 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. Half of each group was randomly assigned to a control group to receive standard cover letters, and half received shorter letters. Everyone also received an electronic “be-on-the-lookout-for” message at the time of the first mailing. Second (March) and third (April) postal mailings followed, at approximately 3- or 4-week intervals.

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 4 surveys returned by SLPs who had removed their identifying number, resulting in a total gross sample of 4,504. Of the original 4,504 SLPs, 9 were retired, 6 had incorrect addresses, 29 were employed in other types of facilities, 6 were not employed in the field, and 4 were ineligible for other reasons, leaving 4,450 possible respondents. The actual number of respondents was 2,170, resulting in a 48.8% response rate. The results presented in this report are based on responses from those 2,170 individuals.

Reports

Results from the 2018 Schools Survey are presented in a series of reports for SLPs:

- *SLP Caseload and Workload Characteristics*
- *SLP Workforce and Work Conditions*
- *SLP Practice Issues*
- *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*.

Suggested Citation

American Speech-Language-Hearing Association. (2018). *2018 Schools Survey report: SLP caseload and workload characteristics*. Available from www.asha.org/research/memberdata/schoolssurvey/.

Supplemental Resources

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

American Speech-Language-Hearing Association (n.d.-a). *2018 State-issued guidance for caseload chart*. Available from https://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Professional_Issues/Caseload_and_Workload/State-Caseload-Chart.pdf

American Speech-Language-Hearing Association (n.d.-b). *2016 State caseload and salary map*. Available from <https://www.asha.org/SLP/schools/State-Caseload-and-Salary-Data-Map/>

American Speech-Language-Hearing Association. (n.d.-c). *Spoken Language Disorders* [Clinical Topic]. Available from <https://www.asha.org/Practice-Portal/Clinical-Topics/Spoken-Language-Disorders/>

American Speech-Language-Hearing Association. (n.d.-d). *Written Language Disorders* [Clinical Topic]. Available from www.asha.org/Practice-Portal/Clinical-Topics/Written-Language-Disorders/

American Speech-Language-Hearing Association. (2010a). *Roles and responsibilities of speech-language pathologists in schools* [Position Statement]. Available from <https://www.asha.org/policy/PS2010-00318/>

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

American Speech-Language-Hearing Association. (2010c). *Working for change: A guide for speech-language pathologists and audiologists in schools*. Available from <http://www.asha.org/uploadedFiles/Working-Change-Schools-SLPs-Audiologists-Guide.pdf>

American Speech-Language Hearing Association (2013). *Reframing the professions of speech-language pathology and audiology*. Available from www.asha.org/Topics/Reframing-the-Professions-of-Speech-Language-Pathology-and-Audiology/

Additional Information

For additional information regarding the *2018 Schools Survey*, please contact Jaumeiko Coleman, director of ASHA's School Services, at 800-498-2071, ext. 8750 or JColeman@asha.org. To learn more about how the Association is working on behalf of school-based ASHA Certified Members, visit ASHA's Schools web pages at www.asha.org/slp/schools/.

Thank You

ASHA would like to thank the SLPs who completed the *2018 Schools Survey*. Reports like this one are possible only because people like *you* participate.

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