Schools Frequently Asked Questions (FAQ's)

Q. What are the responsibilities and scope of practice of a school based speech pathologist?

A. The American Speech Language Hearing Association (ASHA) created a policy statement in regards to the many roles and responsibilities of a school based speech language pathologist. For more detailed information, please visit:  http://www.asha.org/policy/PI2010-00317/

1. Critical Roles include the following: The ability to work across all grade levels and serve a variety of disorders, ensure educational relevance of eligibility and goal selection, provide unique contributions to curriculum, contribute to the language and literacy in the classrooms for qualified and at-risk students, and provide culturally competent services.

2. Range of Responsibilities include: Prevention, Assessment, Intervention, Program Design, Data Collection & Analysis, and Compliance.

3. Collaboration occurs with Other School Professionals, Universities, Communities, Families, and Students.

4. Leadership roles within the district may include: Advocacy, (professional, student, or family), Supervision & Mentorship, Professional Development, Parent Training, and Research.

Q. What is the current workload/caseload of a school based speech pathologist?

A. According to the current Operating Standards for Ohio Educational Agencies Serving Children with Disabilities 2014, the current workload/caseload is comprised using a Two Prong Approach:

   The school district shall determine workload for an individual service provider based upon all of the factors set forth in subsections 1, 2, and 3 below.

   (1) Workload for an individual service provider shall be determined by following process, which incorporates the following components:

   (a) All areas of service provided to children with and without disabilities, including, but not limited to: school duties, staff meetings, professional development, supervisions, travel/transitions, screening, assessment, evaluation, progress documentation and reporting, secondary transition service planning, conference/consultation pertaining to individual students, documentation for individual students, and third party billing requirements.

   (b) The severity of each eligible child’s need, and the level and frequency of services necessary to provide a free and appropriate public education (FAPE).

   (c) Time needed for planning in accordance with paragraph (A)(9) of rule 3301-35-05 of the Administrative Code, including statutory and/or contractual agreements applicable to the educational agency.

*(2) Not applicable to SLPs

(3) Related service providers for preschool and school-age children with disabilities shall provide specially designed instruction in accordance with the following requirements limiting the number of students per licensed professional: A speech and language pathologist shall provide services to no more than: Eighty school-age children with disabilities, or No more than fifty school-age children with multiple disabilities, hearing impairments, autism, or orthopedic/other health impairments, or No more than fifty preschool children with disabilities, or A combination of preschool and school-age children with disabilities or children with multiple disabilities, hearing impairment, autism, or orthopedic/other health impairments proportionate to the ratios set forth in (I)(3)(f)(i), (ii), and (iii).

Each school district shall provide speech and language pathology services at a ratio of one speech and language pathologist per two thousand children as required by division (F) of section 3317.15 of the Revised Code
Q. What are the Supervision requirements for the following speech language titles?

A. Supervision requirements vary based on your licensure status from the Ohio Board of Licensure for Speech-Language Pathology and Audiology.

**Clinical Fellowship Year (CFY):** This is defined as the first year after an SLP graduates from his/her Masters Program.

*Supervision Requirements:* The new SLP must be assigned a licensed supervisor and submit a Professional Experience Plan to the Ohio Board reflecting 36 weeks of full time employment. Licensure requirements for both Ohio Board Certification and ASHA certification are completed simultaneously. Contacts log must reflect a total of 18 on-site conferences with at least (6) of the on-site conferences held during each third of the professional experience. A monthly evaluation conference must take place. Lastly, documentation of clinical strengths and goals must be reported each trimester.

**Licensed SLP:** In the state of Ohio, school based SLPs must have both their Ohio Board Licensure (OBSSLPA) and licensure from the Ohio Department of Education. SLPs must renew licensure at the appropriate renewal cycle and complete professional contact hours to maintain professional certification. OBSSLPA renewal is every two years. ODE renewal is every five years. The American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence (CCC) is optional for school-based practice but should be renewed every 3 years.

*Supervision Requirements:* None for maintaining professional certification; however, districts may develop individual policies and procedures.

Q. What are the requirements for an SLP to document for Medicaid purposes?

Fully licensed SLPs are able to document Medicaid services for the purpose of reimbursement. In addition, services provided by conditional speech-language pathologists are also eligible for full reimbursement under Medicaid in their work settings. SLPs who supervise the conditional licensee for completion of their professional experience are not required to co-sign any documents for services provided by the conditional licensee. The supervisor must maintain a copy of the licensure board’s approved professional experience year plan on file.

**What do School-Based SLPs need to know?**

Q. What are the salary and benefits?

A. Salary schedules and benefits are determined by individual school districts. Base pay can be comparable to other settings when considering sick leave, personal leave, vacation time, and retirement benefits.

Q. What is the caseload size?

A. See Question 2 above. Same answer applies.

Q. What is the caseload demographic?

A. Caseload demographics vary considerably across school districts, and even school buildings. School districts serve all individuals with varying diagnosis. When interviewing for a position, this question should be asked to ensure a proper and professional fit.

Q. What are the licensure requirements for a School Based SLP?

A. See Question 3 ("Licensed SLP" section). Same answer applies.

Q. What are the Supervision requirements for the following speech language titles?-This question is answered above.

A. Supervision requirements vary based on your licensure status from the Ohio Board of Licensure for Speech-Language Pathology and Audiology.

**Clinical Fellowship Year (CFY):** This is defined as the first year after an SLP graduates from his/her Masters Program.
Supervision Requirements: The new SLP must be assigned a licensed supervisor and submit a Professional Experience Plan to the Ohio Board reflecting 36 weeks of full time employment. Licensure requirements for both Ohio Board Certification and ASHA certification are completed simultaneously. Contacts log must reflect 18 onsite conferences during each third of the professional experience. A monthly evaluation conference, as well as a quarterly report of clinical strengths and goals should be reflected.

Licensed SLP: In the state of Ohio, school based SLPs must have both their Ohio Board Licensure (OBSSLPA) and licensure from the Ohio Department of Education. SLPs must renew licensure at the appropriate renewal cycle and complete professional contact hours to maintain professional certification. OBSSLPA renewal is every two years. ODE renewal is every five years. ASHA (American Speech Language Hearing Association) Certification is optional for school based practice.

Supervision Requirements: None for maintaining professional certification; however, districts may develop individual policies and procedures.

Q. What is the scope of practice?

A. Speech Pathologists provide a variety of services within the school setting. Speech language pathologists are an integral resource within the schools. The role of the speech therapist is to evaluate and diagnose articulation, language, fluency, cognitive-communication, assistive technology, and swallowing disorders in students of all ages. Within the school setting, speech pathologists treat and diagnose disorders of communication given a variety of disabilities. The students served quality under the following areas of eligibility autism; deaf-blindness; deafness; Developmental disability, emotional disturbance; hearing impairment; intellectual disability; multiple disabilities; orthopedic impairment; other health impairment; specific learning disability; speech or language impairment (i.e. stuttering, impaired articulation, a language impairment, or a voice impairment); traumatic brain injury; or visual impairment (including blindness) Therapists are also becoming a key figure in implementing Response to Intervention Strategies to assist students within the regular education environment. For a complete list, go to [http://www.asha.org/policy/SP2007-00283.htm#sec1.9](http://www.asha.org/policy/SP2007-00283.htm#sec1.9)

Q. What is the service delivery model in the school districts?

A. The role of speech language pathologists is an ever-changing one within the school setting. Because students must be provided instruction within the least restrictive environment, therapists are finding that the service delivery model is changing in all environments. Preschool students are often served in their daycare, classroom, or home based environments. Regular education students may be pulled out of the classroom; however, the speech therapist must create relationships with classroom staff to ensure carry-over of goals and objectives. In order for this to be successful, therapists are often assisting in providing testing modifications for the language impaired students, as well as pushing into the classroom in order to provide support and services to the student within his/her natural environments. Students placed within a separate setting are often receiving services on vocational job sites as well as special area classes to assist with social language skills as well as incorporating functional communication across environments. Students within a separate setting also require consistent teacher and aide consult, and sometimes require an intensive assistive technology component.

SERVICE DELIVERY MODELS:
The following are models for service delivery and descriptions for each model.

1. **Pull-out, Individual or Small Group sessions:** Student(s) are removed from the classroom and seen within the speech and language room targeting IEP goals and objectives.
2. **Classroom lessons, Whole group instruction:** The speech therapist goes into the classroom (regular education or special education) and conducts a language based activity to encourage carry-over of goals and objectives within the classroom environment: academic based activities, social language groups, or leading a classroom exercise expanding a specific language topic.
3. **Consultative Services/Indirect Services:** Therapist consults with classroom teacher(s), parent(s), and the individual student to determine specific needs. Consults may include the following: provide classroom strategies to assist in student success, observe classroom situations to provide feedback, provide suggestions for classroom modifications, construct strategies for RtI, develop social stories to increase a student’s pragmatics within the classroom environment, provide materials for at-risk students to increase their success within the classroom, and develop effective communication systems by collaborating with teachers and parents.
In addition, therapists who have a high caseload size of low incidence populations report that consultative services are on-going. These therapists report frequent communication with classroom teachers, school psychologists, parents, job coaches, community supports, other related service personnel (OT, PT, etc.) and paraprofessionals to aid in successful carry-over of speech and language practices to a student’s daily environment. Because a student’s ability to communicate is an essential daily living component, consultation needs to occur frequently. The result of these consults often lead to increased workload to ensure success; such as making materials, reprogramming AAC devices, making additional contacts, and scheduling follow-up meetings to reassess student performance.

4. **Other:** This could include the following: co-teaching a lesson with another professional (paraprofessional or assigned teacher), providing support for the student during inclusion classes by observing and determining specific areas to target during pull-out services.

Q. **What are some additional roles and responsibilities filled by a school based speech pathologist?**

A. In addition to completing paperwork, evaluating, and participating in meetings, speech pathologists facilitate a variety of other tasks within the total school setting. These include:

1. **Documenting services for the purpose of Medicaid reimbursement:** Serving a role in statewide assessments, alternate assessments, or with classroom testing modifications by:
   - Administering testing modifications during statewide assessments,
2. **Assisting with alternate assessments by aiding intervention specialists in designing tasks or providing necessary documentation towards objective targeted for assessment to complete evidence sheets/documentation:**
   - Meeting with classroom teachers to aid in selection of vocabulary,
   - Providing useful tips in modifying curriculum assessments for students who qualify for these modifications,
   - Incorporating academic goals within context of speech and language targets, requiring increased knowledge of all grade level curriculum content;
   - Training new special education personnel on IEP software within building;
   - Testing students at local parochial schools and serving homebound students;
   - Completing speech/language screenings on all kindergarten students;
   - Conducting hearing screenings on students in kindergarten, 1st, 3rd, 5th, and 9th grades;
   - Leading social ‘lunch bunch’ groups for children to increase social skill awareness;
   - Conducting weekly whole class lessons in all kindergarten classrooms, regardless of eligibility;
   - Serving non-qualifying students with speech and language needs via informal groups or developing classroom interventions for student success;
   - Attending IAT or RtI meetings as requested;
   - Creating accommodated lessons for special needs students;
   - Attending monthly staff meetings, evening Open Houses, and/or parent conferences as scheduled;
   - Completing English Language Learner assessments and interventions (if eligible);
   - Attending transition meetings;
   - Contacting agencies to fix broken assistive technology communication devices;
   - Designing home programs for parent interventions and involvement.
Q. What is the role of the SLP in the Response to Intervention (RtI) Process?

A. “Response to Intervention (RtI) is the practice of providing high-quality instruction and interventions matched to student needs, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions.” ([www.nasdse.org](http://www.nasdse.org)) RtI follows a three tier approach. Tier 1 is Primary Instruction, Tier 2 is Targeted Intervention, and Tier 3 is Intensive Intervention. See the Ohio Department of Education website for more information.

Therapists are often asked to assist regular education professionals during the Response to Intervention (RtI) process. Speech pathologists are a key member to these intervention structures. Many therapists have reported supporting regular education students by suggesting classroom modifications, suggesting teacher resources, observing students to make suggestions, providing screenings, supplying classroom teachers with materials or intervention strategies to assist student needs, or developing home programs. Some therapists have also provided direct intervention to at-risk students or for students demonstrating mild articulation deficits that do not negatively affect academic instruction. The goal of RtI is for the student to self-correct errors by learning effective strategies to become more active learners and retain information. Interventions are monitored for a selected time period (e.g. 4-6 weeks). If progress has not been made, then the student may be referred for an Initial Evaluation to determine eligibility for services using IDEA regulations.

Q. What is the process for determining if students are eligible for services?

A. School based SLPs utilize the rules and regulations as designated by the Individuals with Disabilities Education Improvement Act of 2004. This law discusses the education of school-aged and preschool children, the funding formula, evaluations for services, eligibility determinations, Individualized Education Programs (IEPs) and educational placements. It also outlines detailed procedural safeguards, discipline provisions, as well as the withholding of funds, and judicial review. More information on compliance and paperwork requirements can be found at [http://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance](http://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance)

When determining eligibility and/or goals for school based services, speech language pathologists must look at the area of disability and how it impacts the student’s participation in the total school environment. The deficit must negatively impact academic performance.

Q. What are the Common Core State Standards and how does it affect my role as a school based SLP?

A. According to ASHA, the Common Core State Standards (CCSS) provide a consistent, clear understanding of what students are expected to learn, so teachers and parents know what they need to do to help them. The standards are designed to be robust and relevant to the real world, reflecting the knowledge and skills needed for success in college and careers. SLPs have a direct role in implementing the CCSS with students-some of whom have communication disorders-who struggle with language/literacy and in supporting classroom teachers. For students with severe disabilities, SLPs may collaborate with the educational team to work on appropriate curriculum and functional goals to help each student reach his or her individual potential.

In order to implement these roles effectively, SLPs must have or acquire

- Knowledge of the CCSS;
- Understanding of the typical developmental processes and stages of listening, speaking, reading, and writing;
- Understanding of the needs of students with diverse abilities and needs.

Ohio has recently developed the Extensions to the Common Core State Standards. These extensions were created specifically for the 1% of the population considered to have a significant cognitive disability. These Extensions serve as a modified curriculum to meet the diverse needs of the students within this population.

It is imperative that a school SLP remain current with curriculum at all grade levels as it drives eligibility and goals/objectives. Collaboration with teachers and intervention specialists is a necessity to ensure that student goals align with curriculum needs to progress with the Common Core State Standards.
Q. What does the communication/collaboration look like with other professionals?

A. When working within a school environment, communication and collaboration with professionals is essential to student growth. Frequent communication between occupational therapists, physical therapists, vision specialist, hearing specialist, classroom teachers, job coaches, and families is beneficial to student generalization.

Q. What are the data collection responsibilities?

A. Evidence based practice is used across all settings. Data collection is essential to determining appropriate goals and objectives and providing beneficial services.

Q. What is FERPA?

A. FERPA is the Family Educational Rights and Privacy Act. FERPA is a Federal law that protects the privacy of student education records. It also gives the parents certain rights with respect to their child’s education records, such as, the right to inspect and review records and the right to request that a school correct misleading information in records.

The answers to our FAQ’s are heavily reliant on current laws and best practices in the state of Ohio and may be subject to change over time. Please consult the professional practice rep currently serving your work setting if you have questions or concerns about the accuracy of the content in this document.