



Caseload Characteristics

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Executive Summary

In the spring of 2006, the American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in school settings. The survey was designed to provide information about school-based service delivery and to update and expand information gathered during previous Omnibus and Schools Surveys.

This report is based on responses from SLPs in five types of school settings: day/residential, preschool, elementary, secondary, and combined settings.

Overall Findings

- ◆ The median caseload size was 50.
- ◆ The highest median caseload was in Indiana (78), and the smallest was in Vermont (30).
- ◆ Caseloads were larger in rural areas (52) than in urban (50) or suburban (50) locations.
- ◆ Caseloads were smallest when years of experience were lowest or highest.
- ◆ Preschools and day/residential schools had higher numbers of individual sessions. The reverse was true for other types of schools.
- ◆ Severely impaired students were a majority of cases in day/residential schools.
- ◆ Articulation/phonological disorders were the most prevalent (91% of SLPs).

Demographics

Caseload Size....

...by State

...by Population Density

...by Years of Experience

Individual and Group Sessions

Severity

Areas of Intervention

Models

Activities

Survey Notes and Methodology

Response Rate

Other Reports

Suggested Citation

Supplemental Sources

Additional Information

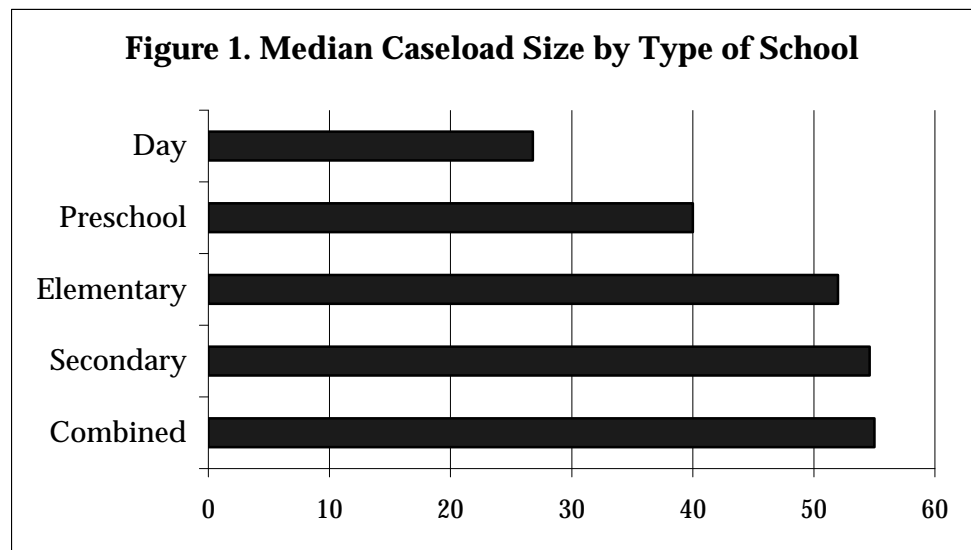
Demo-graphics

Respondents to the 2006 Schools Survey were an exact representation of the population of ASHA-certified, school-based SLPs from which they were selected on some characteristics. The vast majority of both groups were female (97%), non-Hispanic (97%), and White (95% in the survey, 94% in the population).

The respondents differed from the population on other characteristics such as the type of school in which they worked. Specifically, 13% of the survey respondents worked in a preschool as did 17% of the population, and 56% of the respondents worked in an elementary school compared with 46% of the population. Among the respondents, 91% were clinical service providers; in the population, 86% reported this primary function. The respondents were slightly younger than the population (median age of 43 vs. 46 years) but had more experience (16 vs. 10 years).

Caseload Size....

The median monthly caseload size of ASHA-certified, school-based SLPs who worked full-time, who were clinical service providers, and who had a caseload size of at least 1 was 50, with a range of 5 to 280. Caseload size was lowest in special day/residential schools (27) and highest in secondary schools and combined school settings (55; see Figure 1).



n = 1,742

...by State

Caseload size varied by geographic area of the country. The highest median was in Indiana (78), and the lowest was Vermont (30). See Table 1 for caseload sizes for states where sufficient SLPs responded (25 or more).

Table 1. Median Caseload Size by State

State	Caseload	State	Caseload
AK	-	MT	45.0
AL	50.0	NC	55.5
AR	40.5	ND	32.0
AZ	55.0	NE	54.0
CA	58.0	NH	-
CO	-	NJ	45.5
CT	40.0	NM	40.0
DC	-	NV	55.0
DE	50.0	NY	40.0
FL	65.0	OH	60.0
GA	46.0	OK	54.0
HI	35.0	OR	60.0
IA	49.0	PA	53.0
ID	56.5	RI	-
IL	55.0	SC	55.0
IN	78.0	SD	48.5
KS	-	TN	61.0
KY	60.0	TX	55.0
LA	-	UT	-
MA	40.0	VA	55.0
MD	52.0	VT	30.0
ME	-	WA	51.0
MI	57.0	WI	40.0
MN	44.5	WV	50.0
MO	42.0	WY	50.0
MS	55.0		

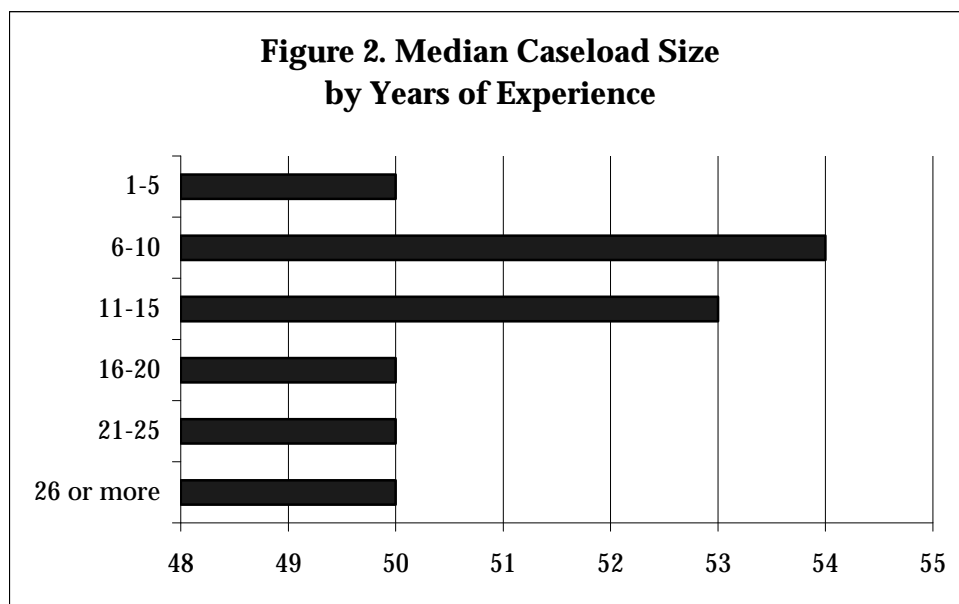
n = 1,742

**...by
Population
Density**

Caseload size was slightly higher in rural areas (52) than in either urban (50) or suburban (50) locations.

...by Years of Experience

The median caseload size was 50 for SLPs with the fewest and most years of experience but slightly higher for those in between (see Figure 2).



$n = 1,765$

Individual and Group Sessions

When respondents were asked to identify the number of individual sessions (excluding group sessions) they averaged per month for evaluation or treatment, the median response was 28, and the mean was 46 with a large standard deviation (i.e., 51) indicating a wide distribution.



The number of group sessions was approximately double that of individual sessions. The median was 80, the mean was 85, and the standard deviation was 66.

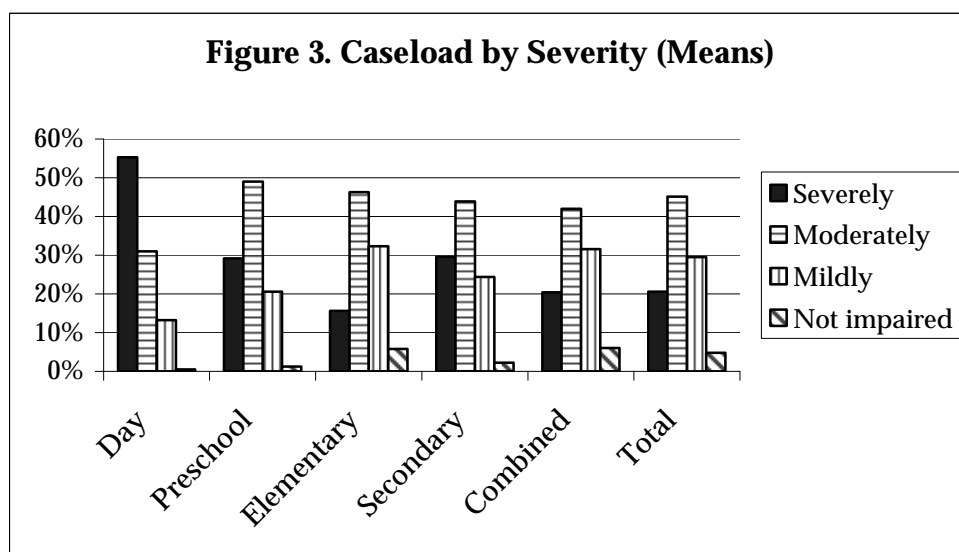
SLPs had more individual than group sessions in preschools and day/residential schools. The reverse was true for elementary, secondary, and combined schools where group sessions predominated.

Severity

Using their own state or school district's definition, SLPs identified 45% of their typical caseload as moderately impaired. Means ranged from 42% to 49% in the various types of schools except for day/residential schools, where 31% of the caseload was moderately impaired.

An additional 30% were mildly impaired, and 21% were severely/profoundly impaired. The latter group showed variability across settings: 16% in elementary schools, 20% in combined schools, 29% in preschools, 30% in secondary schools, and 55% in day/residential schools.

The remaining 5% were not impaired (see Figure 3).



$n = 1,667$

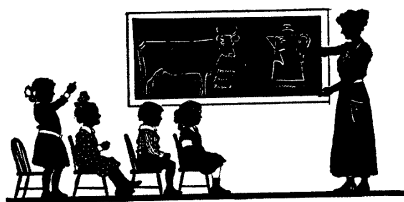
Areas of Intervention

The areas of intervention in which most of the school-based SLPs had clients were articulation/phonological disorders (91%), autism/pervasive developmental disorder (84%), and pragmatics/social communication (77%). Only 2% served clients in the area of communication effectiveness.

The largest average number of clients seen by area of intervention was for articulation/phonological disorders (23), followed by specific language impairment (18) and learning disabilities (16). The smallest numbers were for traumatic brain injury (2) and voice/resonance (2).

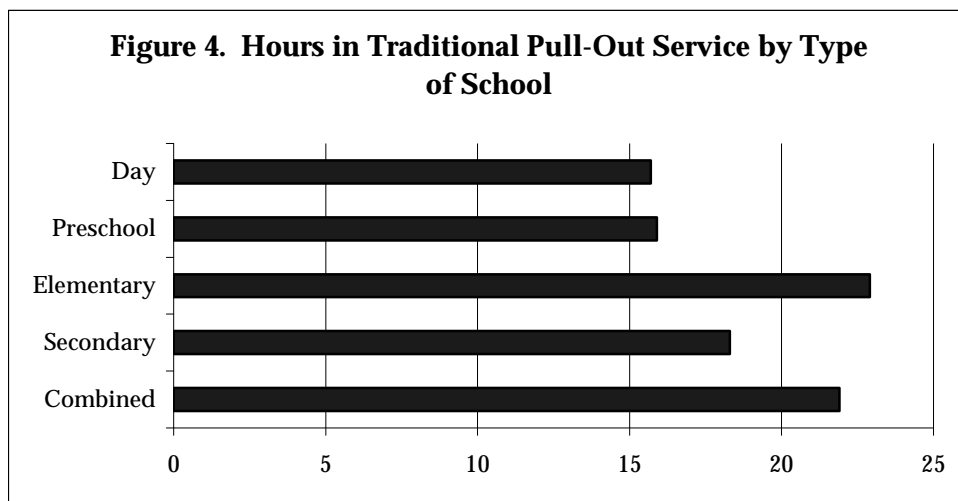
Table 2. Areas of Intervention

Area of intervention	Percentage who regularly serve clients in this area	Mean number served (includes only those who <u>do</u> serve these clients)
Articulation/phonological disorders	91%	23
Attention deficit hyperactivity disorder (ADHD)	66%	8
Auditory processing disorders	61%	9
Autism/pervasive developmental disorder (PDD)	84%	6
Communication effectiveness (e.g., accent modification)	2%	6
Dysphagia (swallowing)	10%	4
English Language Learners (ELLs)	35%	8
Fluency disorders	69%	3
Hearing disorders	48%	3
Learning disabilities	73%	16
Mental retardation/developmental disability (MR/DD)	71%	10
Nonverbal, augmentative/alternative communication	50%	5
Pragmatics/social communication	77%	8
Reading and writing (literacy)	37%	15
Specific language impairment (SLI)	61%	18
Traumatic brain injury (TBI)	18%	2
Verbal apraxia (children)	56%	3
Voice/resonance	29%	2



Models

Most of the clinical service provider's time was spent in traditional pull-out service. The mean number of hours spent in this model was highest in elementary and combined schools and lowest in day/residential and preschools (see Figure 4).



n = 1,045

Overall, clinical service providers spent 21 hours each week in traditional pull-out service, 4 hours each in classroom-based/curriculum-based and self-contained classrooms, 2 hours each in collaborative consultation and in prereferral activities or response to intervention activities, and nearly 1 hour in a resource room.

Activities

More time was spent each week by clinical service providers in direct intervention than in any other type of activity (see Table 3).

Table 3. Mean Hours in Various Activities

Hours	Activity
24.0	Direct intervention
4.9	Record keeping/paperwork/report writing
3.7	Diagnostic evaluations, scoring, analysis
3.3	Planning and preparing for intervention
2.6	Parent/staff meetings and phone calls
1.5	Referral and follow-up activities
1.4	Supervision
1.1	Non-professional duties (bus, hall, etc.)
0.9	Observations
0.8	Speech-language screening
0.3	Conducting in-service training
0.2	Hearing screening

Survey Notes and Method- ology

Response Rate

The 20-year-old ASHA Omnibus Survey has been retired, replaced by surveys specific to work settings and/or professions to better meet affiliates' needs. This 2006 Schools Survey is one of the replacements and melds topics from both the Omnibus Surveys and previous Schools Surveys.

The survey was mailed in February 2006 to a random sample of 4,140 ASHA-certified SLPs who were employed in school settings in the United States. Second (March) and third (April) mailings followed, at approximately 3- or 4-week intervals, to individuals who had not responded to earlier mailings.

The sample was a random sample, stratified by state. Small states, such as Idaho and Wyoming, were oversampled. Therefore, where Totals are reported, either in text or tables, they have been weighted to reflect the actual distribution of ASHA-certified SLPs in each state. The number of respondents (*n*) shown in each figure and table, except for Table 1 (states), is the weighted number who responded to the question.

Of the original 4,140 SLPs in the sample, 70 were retired, 66 were not working in the field, and 57 were ineligible for other reasons, leaving 3,947 possible respondents. The actual number of respondents was 2,561, resulting in a 64.9% response rate. The results presented in this report are based on responses from those 2,561 individuals.

Other Reports

Results from the 2006 Schools Survey are presented in a series of reports:

- Survey Methodology, Respondent Demographics, and Glossary
- Workforce
- Caseload Characteristics
- Current Issues
- Salaries
- Frequency Report

Suggested Citation

American Speech-Language-Hearing Association. (2006). *2006 Schools Survey report: Caseload characteristics*. Rockville, MD: Author.

Supplemental Sources

American Speech-Language-Hearing Association. (1999). *Guidelines for the roles and responsibilities of the school based speech-language pathologist*. Available from www.asha.org/reference

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**Additional
Informa-
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American Speech-Language-Hearing Association. (2003). *Implementation guide: A workload analysis approach for establishing speech-language caseload standards in the schools*. Rockville, MD: Author.

For additional information regarding the 2006 Schools Survey, please contact Kathleen Whitmire, Director of ASHA's School Services, at 301-897-5700, ext. 4137, kwhitmire@asha.org. To learn more about how the Association is working on behalf of school-based ASHA-certified members, visit ASHA's Web site at <http://www.asha.org/members/slp/schools>



