# North Dakota
# Department of Public Instruction
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## *Speech-Language Pathology Public School Guidelines:*

## *Section I:*
## *Roles and Responsibilities of the Public School Speech-Language Pathologist*

*March 2010*

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# Acknowledgements

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**ASHA 2010 Roles and Responsibilities can be found at:**
**http://www.asha.org/docs/html/PI2010-00317.html**

# Role of the School Speech-Language Pathologist

Speech-language pathologists are trained to prevent, screen, identify, assess, diagnose, refer, provide intervention for, and counsel individuals with articulation, fluency, voice, language, communication, swallowing, and related disabilities. In addition, speech-language pathologists also counsel and educate families and other professionals about these disorders and their management (ASHA, 1996c). The focus of the school-based speech-language pathologist (SLP) is to evaluate students who may have speech and language deficits which have a significant impact on their educational performance. The SLP is then responsible for assisting in the development and implementation of students' Individualized Education Plans.

## Prevention
The school-based speech-language pathologist participates in activities designed to prevent communication problems, thereby eliminating or minimizing potential long-term effects of such problems. These efforts include in-service training for school personnel as well as pre-referral consultations. The SLP may consult with building level support teams and participate in the Response to Intervention (RTI) process. They may also serve in professional development activities, curriculum committees, and grade level professional learning communities.

## Evaluation and Identification
One of the SLP's primary roles is to participate on teams responsible for evaluating and identifying those students who may qualify for special education services. This may initially include conducting screenings, participating in Response to Intervention teams, and referring students for further assessment. The SLP conducts and interprets specific standardized and non-standardized assessments of speech, language and communication skills in order to determine if the student demonstrates a communication delay, disorder or difference. The SLP then presents the assessment findings at the team meeting and collaborates with the team in determining students' eligibility for special education and related services.

## Intervention (Service Delivery)
The school-based SLP participates with the IEP team in developing appropriate educational programs for students who qualify for speech and language services. Intervention may include direct, indirect, collaborative, and transition services to assist students in making functional, measurable changes in their communication and academic skills. In addition, the SLP may be called upon to assist in the development and implementation of behavioral intervention plans.

Speech-language pathology services may be provided through a variety of service delivery options based upon each student's needs and right to receive a free and appropriate education in the least restrictive environment as described on the student's IEP. Factors to consider in selecting the appropriate service delivery model for the student include strengths, needs, and emerging abilities; need for peer modeling; and communication requirements of the general education curriculum (ASHA, 2000). The service delivery model may change as the needs of the student change, and no one service delivery model should be used exclusively. The speech-language pathologist may provide two or more service delivery options (e.g., provides individual or small group treatment on a pullout basis twice a week to develop skills or pre-teach concepts and also works with the student within the classroom). Source: ASHA, 2000

Furthermore, the SLP must allow time in the schedule for weekly collaboration and consultation with parents, general education and special education teachers and any other service providers, such as paraeducators.

1. **Classroom-Based:** This model is also known as integrated services, curriculum-based, transdisciplinary, interdisciplinary, or inclusive programming. There is an emphasis on the speech-language pathologist providing direct services to students within the classroom and other natural environments.
2. **Co-Teaching:** Communication services are provided to students in a classroom setting in collaboration with a general or special education teacher.
3. **Pullout:** Services are provided to students individually and/or in small groups within the speech-language resource room setting. Some speech-language pathologists may prefer to provide individual or small group services within the physical space of the classroom.
4. **Collaborative Consultation:** The speech-language pathologist, regular and/or special education teacher(s), and parents/families work together to facilitate a student's communication and learning in educational environments. This is an indirect model in which the speech-language pathologist does not provide direct service to the student.
5. **Monitor:** The speech-language pathologist sees the student for a specified amount of time per grading period to monitor or "check" on the student's speech and language skills. Often this model immediately precedes dismissal.
6. **Community-Based:** Communication services are provided to students within the home or community setting. Goals and objectives focus primarily on functional communication skills.

**Documentation**
The SLP collaboratively gathers data for the purpose of making programming decisions and reporting student progress. Clear and comprehensive records are necessary to justify the need for intervention, to document the effectiveness of that intervention, and for legal purposes. Professionals in all positions and settings must be concerned with documentation. It is required that accurate and complete records be maintained for each student and be protected with respect to confidentiality. The speech-language pathologist must adhere to federal mandates, state regulations and guidelines, and local education agency policies and procedures related to parent/guardian notification, compliance documentation, and procedural safeguards. (ASHA, 2000)

**Caseload / Workload management**
The SLP is encouraged to consider workload rather than simply caseload when determining the number of students to be served. Workload refers to all activities required and performed by school-based SLPS, such as travel, staff meetings, parent teacher conferences, data collection and reporting, inservice presentations, intervention teams, and mandated paperwork, etc.

**Supervision**
The SLP may be required to provide clinical supervision and teaching to various individuals in the school setting. Clinical supervision is a unique area of expertise requiring certain skills and competencies, and in the case of supervision of SLP paraprofessionals, specific training.

**Professional Development**
The SLP has a responsibility to acquire continuing education units for professional growth and to maintain required practice credentials. Speech-Language Pathology School Professional and Clinical Resources: http://www.asha.org/slp/schools/prof-consult/default.htm

**Research**
The SLP uses evidence-based practices for assessment and service provision and participates in research studies as appropriate.

**Literacy**
The role of SLPs with regard to literacy continues to evolve. The American Speech-Language-Hearing Association (ASHA) has ascertained that "speech-language pathologists play a critical role in the development of literacy for children and adolescents with communication disorders." (ASHA, 2002, p.1). The SLP's role related to literacy may include evaluation, consultation with other professionals about language-literacy learning, the provision of services in collaboration with other educators, or the provision of direct services to children whose language deficits limit their access and progress in the general curriculum.

The relationship between spoken and written language make it appropriate for SLPs to play an integral role in helping children become literate. SLPs understand individual differences in normal and disordered language development across the age span, as well as the role of sociocultural differences in language acquisition. This knowledge base, combined with skill in using diagnostic-prescriptive approaches for assessment and intervention, is particularly valuable in educational contexts.

Knowledge of language and its subsystems—phonology, morphology, syntax, semantics, and pragmatics—is highly relevant for prevention, identification, assessment, and intervention of literacy problems. Virtually any weakness in spoken language at any linguistic level will have an impact on reading and writing. SLPs are trained to do fine-grained analyses of children's strengths and weaknesses at word, sentence, and discourse levels. (ASHA Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents)

**Response to Intervention**
RTI is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions. RTI can be applied to decisions in general, remedial and special education, creating a well-integrated system of instruction/intervention guided by child outcome data. Optimal learning outcomes occur when students' skills and abilities closely match the curriculum and instructions within the classroom. Quality classroom instruction usually provides a good match for students. With RTI, struggling students can be identified early and provided appropriate instruction, thus increasing the likelihood that they can be successful.

**Dysphagia**
Dysphagia is a disorder in swallowing that is a part of the SLP scope of practice in the public schools. It is important that SLPs be an integral part of the team that manages students with swallowing and feeding problems in school settings. School assessment or IEP teams should collaborate with medical professionals to determine appropriate management of the student's swallowing and feeding needs. ASHA's guidelines for SLPs providing swallowing and feeding services in the schools are intended to clarify the administrative and programmatic issues for SLPs to provide these services and to support the contention that these services are relevant for the education of students with swallowing and feeding disorders. http://www.asha.org/docs/html/GL2000-00053.html

**Telepractice**

With the advance of technology, many school-based speech-language pathologists may consider telepractice as a method to extend the provision of services to students in remote, rural, and underserved areas. There is some early evidence that telepractice is a promising treatment option for children in schools to support the services provided. The American Speech-Language-Hearing Association provides guidance in the document, *Roles and Responsibilities of Speech-Language Pathologists in Schools* (ASHA, 2010):

> "SLPs practicing in school settings should become familiar with telepractice as an alternative service delivery model, and understand the legal and ethical issues associated with it, including state licensure, reimbursement, privacy and confidentiality, competence, liability, and malpractice issues (Denton, 2003). Practitioners need to also be aware of federal, state, and local mandates related to telepractice."

American Speech-Language-Hearing Association. (2010). *Roles and Responsibilities of Speech-Language Pathologists in Schools* [Professional Issues Statement]. Available from www.asha.org/policy.

Denton, D. R. (2003). Ethical and legal issues related to telepractice. *Seminars in Speech and Language, 24*, 313–322.

## Roles/Responsibilities of School-Based Speech-Language Pathologists

| Role | Speech-Language Pathologist Responsibilities | Type of Team | Team Responsibilities |
|---|---|---|---|
| *Prevention* | Provides staff development and consultation<br>Provides pre-referral consultations and interventions<br>Participates in Response to Intervention programs | Pre-referral team (BLST) Response to Intervention teams | Provides pre-referral consultations, coaching and interventions<br>Reviews information on referred students<br>Gathers observational data<br>Provides RtI interventions |
| *Identification* | Conducts speech-language screenings<br>Conducts hearing screenings (audiologist consults)<br>Informs parents of screening results/ recommendations for students who fail<br>Participates in identifying students for RtI programs | Pre-referral team RtI team | Conducts screenings<br>Informs parents of screening results/recommendations for students who fail<br>Identifies students who should be referred for special education evaluation (from screening or RtI) |
| *Evaluation: planning* | Contributes to developing plan for any students with suspected speech-language deficits | Assessment team | Reviews existing evaluation data and identifies assessment questions<br>Determines additional data needed<br>Develops assessment plan<br>Provides parents with prior notice and written rights and responsibilities<br>Secures parental consent for evaluation |
| *Evaluation: implementation* | Conducts standardized and authentic assessments of speech-language skills | Assessment team | Completes other assessment components |
| *Evaluation: interpretation* | Identifies child's communication strengths and weaknesses<br>Prepares evaluation report<br>Explains results to parents | Assessment team | Identifies child's strengths and weaknesses, prepares evaluation reports, completes integrated assessment report, and explains results to parents |
| *Eligibility decision* | Represents speech-language assessment results at team meeting | Assessment team/IEP team | Reviews evaluation reports and determines if the child is a "child with a disability" who needs "special education and related services"<br>Secures parental consent for special education services |
| *Individualized Education Program development* | Contributes to present level of performance, IEP goals and objectives/benchmarks related to speech-language impairment | IEP team | Develops IEP, including curriculum-based goals and objectives<br>Encourages active participation of parents(s)/student (if appropriate) in developing IEP |
| *Intervention* | Provides direct, indirect, collaborative services to children, including transition services | IEP team | Provides services collaboratively as outlined in the IEP |
| *Behavior intervention* | May participate as a team member | IEP team | Conducts Behavioral Assessment and develops and implements Behavioral Intervention Plan |
| *Documentation* | Gathers progress data<br>Completes progress reports<br>Completes required paperwork | IEP team | Collaboratively gathers data and reports progress<br>Completes annual IEP review |
| *Caseload/ Workload management* | Completes and manages all activities related to providing a comprehensive speech-language program | | |
| *Supervision* | Supervises support personnel, university practicum students, speech-language pathologists in clinical fellowship year (CF) | | |
| *Professional development* | Remains current in all aspects of the profession and educational issues | | |
| *Research* | Uses best available evidence for service provision; participates in research studies as appropriate | | |

Adapted from Virginia Department of Education, 2005