

February 18, 2019

Good afternoon Chair Wagner and members of the Senate Education Committee. My name is Melissa Link-Cole and I am a Speech & Language Pathologist (SLP). I am also the Speech-Language Pathology School-Based Representative on the Oregon Speech-Language & Hearing Association's (OSHA) Board of Directors. OSHA is pleased to support this very sensible approach to managing Oregon's out of control special education caseloads.

On May 1, 2016, OSHA sent a letter to all Oregon special education directors advocating for appropriate caseload sizes for speech-language pathologists that align with our national association's (American Speech-Language-Hearing Association or ASHA) guidelines. The letter stated: "Research indicates that students with Communication Disorders need specially-designed instruction on an IEP for **shorter periods of time when treatment groups are small (no more than 3 students)** and when Speech-Language Pathologists have **caseloads of fewer than 40 students**. (Schooling 2000, 2003; Karr & Schooling, 2001; Chiang & Rylance 2000)." An additional statement was made regarding a report released by the U.S. General Accountability Office on February 8, 2016 indicating that "the burden of paperwork associated with providing special education services is "onerous and duplicative" and that critical special education funds could be better spent on reducing caseloads." This letter was the beginning of the Association's advocacy toward lobbying for a statewide caseload cap.

I became the OSHA school-based speech-language pathology representative in October 2017 and earnestly began looking into the implementation of a statewide caseload cap. In October 2018, the OSHA Board discussed that the fiscal impact of a statewide caseload cap may not be feasible so decided not to pursue legislation for it at that time. This decision was based mainly on the realization that my own school district, Salem-Keizer Public Schools, would need to more than double SLP staffing if a caseload cap of 40 were secured. At this same time, I was given information that the Oregon Education Association (OEA) was planning on re-introducing the bill we are speaking about today and OSHA requested to add "caseload" to this bill so that it would be a mandatory subject of collective bargaining. Collective bargaining is a feasible route for individual area associations and their districts to attain caseload caps for those providing special education services to students in the public schools.

This is a very personal subject for me and my colleagues. I am a full-time speech-language pathologist and serve 50 students at one school 3.5 days per week. The remainder of my work week is comprised of completing Spanish speech & language evaluations throughout the school district. My job duties include, but are not limited to, completing hearing screens with all Kindergarten students, providing specially designed instruction and/or related services & consultative services to students, completing evaluations for initial & continued special education eligibility, as well as other duties to maintain compliance with IDEA.

I want to share with you a couple of examples of how a high caseload impacts my students. I have one student who has vocal nodules and requires speech therapy in order to not only reduce their size, but to also learn strategies for proper vocal use & hygiene so they do not reoccur. He is the only student with a voice disorder on my caseload and ideally needs to be seen individually. However, he attends a group with 2 other students who have difficulty pronouncing speech sounds. This dramatically reduces his progress and access to the instruction he requires to make progress. Another example is of a 4th grade student that I have seen since he was in Kindergarten. Until this year he was understood by others, including his family, between 30% and 50% of the time. He has received speech therapy through the

public school system since he was 3 years old. He continues to have some speech sound errors, but it took 7 years of intervention for him to be understood by others about 90% of the time!

Having a high caseload negatively impacts the size of my therapy groups, student progress, my ability to collaborate & consult with teachers regarding student needs for accommodations/modifications as well as generalization of skills, my ability to schedule meetings for qualifying & dismissing students, planning for therapy, and completing Response to Intervention (RtI) activities.

A high caseload impacts my students by them attending therapy sessions with more than 2 students who may or may not have similar needs, reduces their progress because their needs are not adequately met, they may be pulled away from the general education curriculum more often and for a longer duration in order to make adequate progress, and minimal collaboration between staff regarding their needs.

A high caseload may cause a school district to not have adequate funding for special education students. Districts receive full funding when special education percentages are no more than 11% of the total student population along with some additional students being partially funded using an algorithm should they exceed the 11% mark. Large caseloads decrease the amount of progress made by students each year, thus keeping them on special education rolls year after year, oftentimes without additional funding. Parents may also become dissatisfied and call into question whether FAPE (Free Appropriate Public Education) is being provided, thereby potentially increasing due process complaints. Retention and recruitment of special education staff to the public education setting is also a major effect of high caseloads.

Maria Githens, a speech-language pathologist, has provided written testimony that I have provided to you along with some documents that I have referenced.

I strongly urge you to pass SB 764 in support of allowing the subject of class size and caseload size to be a mandatory subject of collective bargaining. This will allow associations and districts to work toward ensuring our students' educational needs are met.

Thank you for the opportunity to speak with you,
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Speech-Language Pathologist