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The Oregon Speech-Language & Hearing Association (OSHA) is writing this letter of support for SB 580, which would make class size and caseload size a mandatory subject of collective bargaining. OSHA supports caseload sizes being discussed during collective bargaining as it contributes to a speech-language pathologist's (SLP) overall workload. Our parent organization, the American Speech-Language-Hearing Association (ASHA) has published a position statement "A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the School: Position Statement", which is attached to this letter. In this position statement, which OSHA also endorses, the total workload of a school-based SLP must be taken into consideration when setting caseload standards.

"Caseload typically refers to the number of students with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) who school SLPs serve through direct and/or indirect service delivery options...Workload refers to all activities required and performed by school-based SLPs, which includes considerable time for face-to-face direct services to students." (A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the School: Position Statement, ASHA 2002). A large caseload significantly impacts a Speech-Language Pathologist's capacity to be productive and efficient. A successful SLP needs sufficient time to complete evaluations, provide direct and indirect services, complete legally required paperwork, provide effective intervention, dismiss students from special education services in a reasonable amount of time, collaborate with teacher, and complete compliance activities during working hours.

OSHA has supported this bill since fall 2018 and provided testimony in support of this bill to the Senate Education Committee in February 2019. We continue to support this bill and encourage you to pass this bill in order to require local districts & unions to bargain for appropriate caseload sizes for speech-language pathologists and special education staff.

Sincerely,

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A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the School: Position Statement

Position Statement

Ad Hoc Committee on Caseload Size

About this Document

This position statement was developed by an ad hoc committee formed by the American Speech-Language-Hearing Association (ASHA). It was approved by ASHA's Legislative Council in July 2002. Members of the Ad Hoc Committee on Caseload Size were co-chairs Frank Cirrin and Ann Bird, Larry Biehl, Sally Disney, Ellen Estomin, Judy Rudebusch, Trici Schraeder, and Kathleen Whitmire (ex officio). Vice President for Professional Practices in Speech-Language Pathology Alex Johnson (2000–2002) provided guidance and support.

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Position Statement

It is the position of the American Speech-Language-Hearing Association (ASHA) that the total workload activities required and performed by school-based speech-language pathologists (SLPs) must be taken into account to set caseload standards. A workload analysis approach to setting caseload standards is necessary to ensure that students receive the services they need, instead of the services SLPs have time to offer or services based on administrative convenience. The following principles underlie this position:

- Each student added to the caseload increases the time needed not only for direct and indirect services and evaluations, but also for mandated paperwork, multidisciplinary team conferences, parent and teacher contacts, and related responsibilities.
- Caseloads must be of a size to allow SLPs to provide appropriate and effective intervention, conduct evaluations, collaborate with teachers and parents, implement best practices in school speech-language pathology, carry out related activities, and complete necessary paperwork and compliance tasks within working hours.
- Education agencies must implement a workload analysis approach to setting caseload standards that allow SLPs to engage in the broad range of professional activities necessary to meet individual student needs.

Traditionally, a school SLP's workload has been conceptualized as being almost exclusively synonymous with caseload. Caseload is more accurately conceptualized as only one part of SLPs' total workload. The term **caseload** typically refers to the number of students with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) who school SLPs serve through direct and/or indirect service delivery options. In some school districts, SLP caseloads may also include students who do not have identified disabilities, and who receive prereferral intervention and other services designed to help prevent future difficulties with language-learning and literacy. SLPs may also serve as case managers for all or some students on their caseload, which adds significant responsibilities and time for writing and managing IEPs, as well as assuring compliance with special education regulations. **Workload** refers to all activities required and performed by school-based SLPs. SLP workloads include considerable time for face-to-face direct services to students. Workloads also include many other activities necessary to support students' education programs, implement best practices for school speech-language services, and ensure compliance with IDEA and other mandates. [1]

ASHA members report that large caseloads (i.e., caseloads exceeding the maximum numbers recommended by ASHA in 1993) constrain the SLP's ability and capacity for engaging in the expanded roles that are necessary to meet the individual needs of today's diverse and complex student population. Recent research indicates that large speech-language caseloads are related to poorer student outcomes and to the availability of fewer service options for students with disabilities. ^[2] This suggests that large caseloads impede the intent of IDEA from being fully implemented, given that federal legislation mandates the use of a continuum of services tailored to students' individual needs, and collaboration between special education and regular education teachers.

This position statement does not include a recommended maximum caseload number. Any arbitrary caseload maximum is inconsistent with a workload analysis approach to setting caseload standards. Instead, it is necessary for education agencies to consider how the amount of time available in each school day, week, or month can be divided across services to children. It is also important to consider

that the expanding responsibilities required of school SLPs reduce the time available for face-to-face services to students. Furthermore, setting a caseload maximum number may be misused as a caseload minimum. SLPs who work with students with high needs may be functioning at capacity yet serve significantly fewer students than an arbitrary maximum number, due to the array of intensive direct and indirect services their students need.

Workload and caseload size issues for school SLPs are difficult to resolve because of the complex interaction of the many factors that influence the number of children and adolescents SLPs serve. SLPs, teachers, administrators, union representatives, parents, and others should work in partnership to ensure that caseload size does not negatively affect SLPs' ability to meet the needs of their students. Setting caseload standards on the basis of an analysis of SLPs' total workload activities can help ensure students with disabilities receive the services they need to support their education programs.

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Notes

[1] A detailed discussion of school SLPs' roles and responsibilities is presented in the Guidelines that accompany this position statement.

[2] A review of the research supporting this position statement is presented in the accompanying Technical Report.

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Index terms: caseload, workload, schools

Reference this material as: American Speech-Language-Hearing Association. (2002). *A workload analysis approach for establishing speech-language caseload standards in the school: position statement* [Position Statement]. Available from www.asha.org/policy.

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