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
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Telephone (207) 624-6616

TO: Honorable Neria Douglas
Honorable Glenn Cummings
Members of the Joint Standing Committee on Education and Cultural Affairs

FROM:  Joan Nason, Co-chair
 Jim Carignan, Co-chair

DATE: January 22, 2004

SUBJECT: Chapter 80, S.P. 330 -LD 989, Resolve To Establish a Task Force Concerning Speech-Language Pathologists

Pursuant to the Resolve of the First Regular Session of the 121st Legislature, Chapter 80, S.P. 330 - L.D. 989, The Task Force Concerning Speech-Language Pathologists convened on December 4, 2003, somewhat later than intended. We worked through the month of December and into January, and we are pleased to convey the attached Report to you for consideration.

While the Report may not be the last word, we believe it represents a robust beginning to addressing the needs of Maine students for speech language pathologists of a high caliber. We believe it does this in a comprehensive way. We are pleased to note that the Report comes to you with the unanimous support of the Task Force.

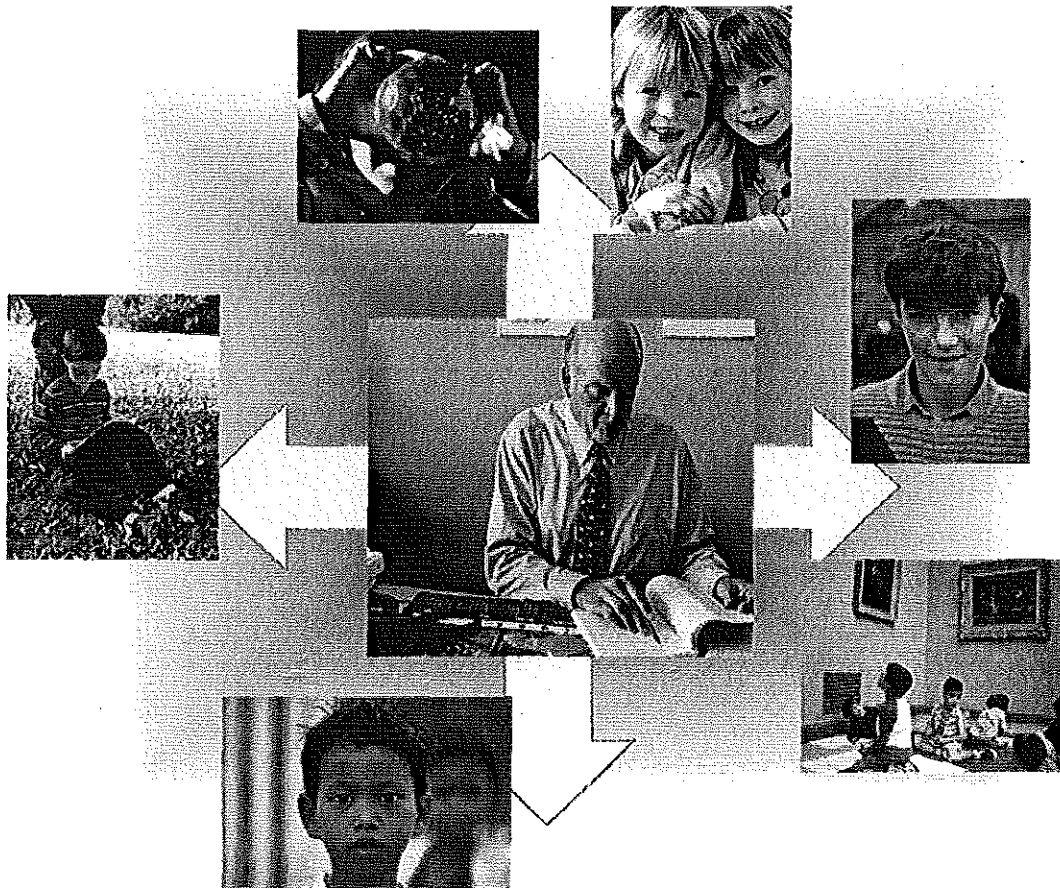
We look forward to the opportunity to discuss our Report with you at your convenience. We are pleased to have had the opportunity to do this work.

/rc

MAY - 8 2013

Report of the Task Force to Address the Shortage of Speech-Language Pathologists

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Submitted to the Joint Standing Committee on Education and Cultural Affairs
January 2004

JAN 23 2006

EXECUTIVE SUMMARY

The work of the Task Force was assisted by the expertise of its members, the Department of Education (DOE), and others. The Maine Learning Results (MLR) and No Child Left Behind (NCLB) that set high standards for ALL students--an arguably revolutionary departure for public education in Maine heightened the significance of our recommendations and deliberations. With high standards, increased need and an insufficient supply of speech-language pathologists (SLPs) the challenge is critical. 17,251 students in Maine are in need of speech-language and hearing clinical services in Maine schools, and there are 322 SLPs and audiologists along with 15 aides or assistants to serve this population. In light of the severe and profound impairments of many of these students, there is a clear need for more highly qualified school-based practitioners. Our report is divided into the following categories: credentialing, recruiting candidates for career development, recruitment into the profession as school practitioners, training, retention, and recommendations. We address them here briefly *ad seriatim*.

Currently, SLPs qualify to work in the schools through two routes--licensure and certification. The former has higher standards, including more practicum hours with direct supervision and the passing of a national test.

In the challenge of recruiting students to the educational programs in the State, we encounter issues around the capacity of the programs, accessibility to them, and a general lack of awareness among young people about the nature of the profession.

Challenges to recruiting more individuals into school-based practice are many and varied. They include compensation, workload, multiple school building assignments, inadequate space and support. The positive attributes of the profession include professional satisfaction, convenient work schedule, professional growth and development, benefits, and the general appeal of the quality of life in Maine.

The efforts to retain practitioners in school-based practice mirror those encountered in recruiting them into the profession.

Our recommendations address all of these issues as follows:

1. An awareness raising campaign about the opportunities in the profession for young people.
2. Financial incentives in the form of financial aid, loan forgiveness, and innovative local school district support of further study for those who will return to the district for practice.
3. The Kennebec Valley Community College Associate Degree program for assistants should receive continued State funding and should expand to double capacity in five years.
4. The UMaine program should develop post-baccalaureate opportunities for students desiring to meet the requirements for registration as a speech-language pathology assistant.
5. The University of Maine System (UMS) should fully fund the Master's program and expand it to locate faculty and offer courses, with the use of distance learning where feasible, in both the UMaine and The University of Southern Maine (UMS).
6. The UMS should investigate the feasibility of creating a six year combined Baccalaureate and Master's degree.
7. Entry-level compensation should be set in the range of \$36,000-\$38,000, the median national range for school-based practitioners.
8. School districts should find ways to offer an annual additional stipend for those who have the ASHA Certificate of Clinical Competence.
9. School districts should explore creative ways to utilize assistants under proper supervision in order to expand services.
10. The DOE should develop innovative recruitment efforts nationally and regionally.
11. School districts, other employing venues, and the DOE should collaborate to keep practitioners in Maine, and preferably in schools.

12. Facilitate a cooperative approach to recruitment by employers pooling resources for travel and relocation expenses.
13. The DOE should work collaboratively with the Maine Hospital Association, Child Development Services, etc., to attract SLPs to the State.
14. The DOE should work in concert with the Department of Economic Development to bring SLPs to Maine to refresh the intellectual capital of the State.
15. The Maine State Board of Education should include space for speech and language practitioners as allowable for State construction subsidies.
16. The State should encourage retired practitioners to return to practice, particularly as mentors and supervisors of assistants of students completing practica.
17. The DOE should collaborate with the Maine Association on the development of an exciting webpage to improve understanding and enhance recruiting efforts.
18. The DOE should work to increase federal funding of IDEA and to eliminate the non-supplanting stipulation currently attached to these funds.
19. The DOE should work with practitioners to change regulatory guidelines for caseload maximums to reflect severity of need.
20. The DOE should adopt a single credential reflective of entry level standards set by the Board of Examiners on Speech Language Pathology and ASHA

This is a weighty agenda, but it matches the significance of the challenges we face. The promise of educating ALL Maine students to achieve the high standards of MLR and NCLB requires nothing less of us.

INTRODUCTION

LD 989 brought the "Task Force Concerning Speech Language Pathologists" into being. Its membership was established with thirteen members by a Resolve of the 121st Legislature (Appendix A). The membership includes representatives from the Department of Education (DOE), the Maine State Board of Education (MSBE), the Maine Speech-Language-Hearing Association, the Maine School Superintendents Association (MSSA), the Maine School Boards Association (MSBA), the Maine Principal's Association (MPA), the Maine Association of Directors of Special Education (MADSEC), the Chancellor's Office of the University of Maine System, the University of Maine's Department of Communication Sciences and Disorders, and a parent of a student receiving speech language pathology services (Appendix B). Our first meeting was convened on December 4, 2003, a day after the report was supposed to be submitted, by the Director of the Legislative Council. Jim Carignan and Joan Nason were elected co-chairs. The Task Force held four subsequent full day meetings in December and January to complete our work.

The Resolve asked us to assess the shortage of Speech Language Pathologists serving in Maine's schools, K-12. The charge was to:

1. Assess the conditions influencing recruitment and retention of speech-language pathologists
2. Analyze graduate training programs in terms of their capacity to provide training and to provide opportunities for professional growth.
3. Identify trends in vacancies in Maine schools, trends in the use of Medicaid funding and demographics within the profession.
4. Review License requirements, focusing on the maintenance of quality.
5. Assess the potential for appropriately trained personnel who could provide speech-language pathologist services under the supervision of certified speech-language pathologists.

This represented an expansive charge, especially since the work needed to be completed in approximately one month. Our capacity to complete our work in such a brief period was enhanced by the broad and experienced knowledge of the field that the membership of the Task Force brought to the table, as well as the gracious support provided by the DOE. We benefited from very helpful presentations from the following:

- Nancy Hall, Ph.D., Chair of the Communication Sciences and Disorders Department at UMaine,
- A current status report by David Nobel Stockford and his staff in the Division of Special Services of the DOE,
- A presentation by Betsy Dyer, CCC-SLP, a speech-language pathologist in the Bangor area,
- A report on working conditions by Sabrina Jellison, CCC-SLP a public school speech language pathologist in the Strong area, and
- Michael Towey, CCC-SLP, a speech-language pathologist from Waldo County and President of the Maine-Speech-Language-Hearing Association.

The challenge to insuring quality speech language pathology services in all Maine schools is a significant one under any circumstance, but the Maine Learning Results (MLR) and No Child Left Behind (NCLB) raise the stakes considerably. They require that ALL children achieve the high standards that these initiatives establish. This is nothing short of a revolutionary development in the history of Maine public school education. No longer can we accept the notion that some children "can't learn." We must provide, by law, the support necessary to insure that ALL students achieve the MLR and Adequate Yearly Progress (AYP) prescribed by NCLB. This mandate makes the role of the speech-language pathologists even more critical than it has always been.

This is especially true when we understand that the vast majority of the work of speech-language pathologists goes well beyond the common perception that it is all about articulation.

Since the initial special education legislation of the mid 1970's, the field has

grown to include language development and foundational skills related to literacy acquisition, language based learning disabilities, autism/Asperger's Syndrome, traumatic brain injury, hearing impairments and deafness, feeding/swallowing disorders (dysphagia), and augmentative/alternative communication (see Appendix C for Scope of Practice). It is important to understand that students diagnosed with even the most severe and profound disabilities are not exempted from outcome measurement and are required to be assessed and show growth towards academic benchmarks through the Maine Educational Assessment (MEA)/Personal Alternate Assessment Portfolio (PAAP) process. It is essential that the speech-language pathologist assess and develop an optimal communication system for these students to demonstrate physical, social, and academic needs and knowledge (whether they can speak or not). (Appendix D Roles and Responsibilities and LSHSS, 'What Isn't Language').

The need for more speech-language pathologists working in the schools as employees of the districts is well established, especially in the more rural districts where it is often impossible to find a qualified person to undertake the necessary work, even on a contractual basis. The most recent data available indicates that there are 9,744 students identified speech and language impaired who need therapy. In addition, there are 7,497 students who receive speech/language therapy as a related service. Taken together this represents the second largest category of special service need in the State of Maine.

To serve this expanding population of students there are 646 licensed speech-language pathologists, and 102 registered as speech-language aides and assistants (96.8% are women). In the recent ED 459 report, the Department of Education reports 322 speech-language pathologists and clinicians and 17 aides are employed by school districts. This reflects a reduction of 61 staff when compared to the previous years report. In addition, there are 254 speech-language pathologists and two aides (not full-time equivalents) working under contracts with school districts. The chart below illustrates this data.

One Year Staff Comparison Number of Speech Language Pathologists & Clinicians Maine Department Of Education ED 459 Report Report Dates: 12/18/03 & 1/29/03					
	January 2003		December 2003		One Yr Change
AGE	Female	Male	Female	Male	
18-29	55	3	36	1	↓ 21 (36 %)
30-39	85	2	75	1	↓ 11 (13 %)
40-49	152	8	127	7	↓ 26 (16 %)
50-54	47	5	45	5	↓ 2 (3 %)
55-59	17	4	15	1	↓ 5 (24 %)
60 & up	4	1	6	3	↑ 4 (55 %)
TOTALS	383		322		↓ 61 (16 %)

In order to provide some sense of the magnitude of the challenge consider the following scenario, hypothetical, but not unrealistic. If one were to assume that there are roughly 17,000 children in need of some speech-language therapy services in our schools today, and the number of employed and contracted speech-language pathologists (full-time equivalents) were 400, then the provider to child ratio is approximately 1:38. This is an unacceptable ratio given the incidence of the severe, profound, and complex needs of students. Collateral responsibilities exacerbate this problem. Further evidence of school needs is provided in the results of a 2001 survey. According to the respondents of a MSLHA survey, 42% of the respondents indicated between 1 and 3 openings for Speech Language Pathologists. More than 2/3s of the respondents reported that it was "slow" and "very slow" (several months to a year) in filling vacancies in Speech Language Pathologist positions.

It is important to note that 96.8% of the speech-language pathologists are

women, and this reflects a national phenomenon that is deeply rooted in our national history and the profession. Just as it is important to have both genders represented in the classrooms, K-16, it is highly desirable to have greater gender diversity in the profession. At the very least, we need to recognize that men are a vast untapped source of new practitioners for the future. We also must mention the dearth of minorities in the profession. This is another potential pool of practitioners that should be given attention in the interest of increasing the diversity of practitioners in the school and also tapping into hitherto largely underrepresented groups in the profession.

Further exacerbating this supply challenge is the age demographic of current practitioners in the field. In the next five years as many as 75 Speech Language-Pathologists who are currently 50 years or older may choose to retire. Currently there are 127 practitioners with 19 years of service who will be approaching retirement eligibility in the next few years. The number of Speech- Language Pathologists who will graduate from the UMaine Master's program will be between 15 and 17 per year, with approximately 50% entering professional service in Maine's schools. This accelerates and compounds the urgency of the need for more highly qualified Speech- Language Pathologists than we are currently producing in Maine.

Maine is not alone in facing the increased need with dwindling numbers in the profession. The US Department of Labor estimates that nation wide there will be 57,000 speech- language pathology openings in this decade. The American Association for Employment in Education list Speech-Language Pathology as the third profession in the educational field in the number of vacancies. Maine's situation, as indicated, shares in this squeeze between demand for services, which is growing, and the supply of speech-language pathologists, which is insufficient.

High quality is an issue with which the Task Force wants no compromise. Of special relevance to this concern is the fact that Maine has a high number of Speech-Language Pathologists providing school service under a contract for services rather than a salaried position within the school department. This is especially true in the more

rural areas. As such, they enter the school culture from the "outside." The professional quality of their service is irreproachable, but the fact that they are not part of the school system on a full-time basis compromises the seamlessness of the interface with classroom teachers. Given the challenges of the MLR and NCLB and the data available to us, we emphatically conclude that the need for Speech- Language Pathologists in Maine schools is not being met. The matter will only worsen in the future without dramatic and decisive action to turn the situation around. We need to act now.

Another word about quality is in order at this point. The Task Force resoundingly insists that its recommendations support the highest level of quality of services for ALL Maine children in the public schools. There can be no compromise or retreat from the commitment to provide the best possible services to our children. They need this to meet the high standards of MLR and NCLB and they deserve it in order to have a fair chance at a full, productive, and rewarding life.

With all of this as background, our report will address the current status of professional credentialing, training, recruiting, and retention. We will then recommend initiatives in each of these areas as appropriate.

PROFESSIONAL CREDENTIALING

Maine has two credentials for providing services to Speech Language Impaired children in public schools.

- Maine License as a Speech Language Pathologist issued under Maine law by the Board of Examiners on Speech Language Pathology and Audiology (BESPA) Maine Department of Business and Financial Regulation
- Certificate #293 as a Speech Language Clinician issued by the Maine Department of Education (DOE).

A speech-language pathologist with a Maine License may work in the public schools without a DOE certificate. A qualified speech-language pathologist may also have both the DOE certificate and a Maine license.

The License in Speech-Language Pathology reflects the standard for professional practice, and reflects current minimal clinical competencies and continuing education requirements.

The Certificate #293 from DOE as a Speech-Language Clinician is designed to meet the standard for “qualified provider” in federal regulations under the Individuals With Disabilities Act (IDEA).

The following chart is offered as an illustration of the professional credentialing requirements:

Credential	BESPA Licensed Speech Language Pathologist	DOE # 293 Certificate: Speech Language Clinician
Professional Education	Masters Degree (or equivalent consistent with national American Speech-Language-Hearing Association certification standards)	Masters Degree (or equivalent described by DOE)
Clinical Practicum 1. Number of Clock Hours 2. Composition of Experience 3. Supervision	Clock Hours: 375 Hours Composition: Must have a variety of different clinical experiences. Supervision: Supervised according to nationally accredited program standards.	Clock Hours: 275 Hours Composition: None specified: At least 50% with children and adolescents. Supervision: Within educational institution or cooperating program.
National Examination	Passing Score: National	None required

	Examination In Speech Language Pathology (PRAXIS)	
Supervised work experience	Supervised Clinical Fellowship Year	None required
Continuing Education	Continuing Education: 25 hrs Approved, professionally relevant every two years	Continuing Education: 6 Credits- (30 Hours) Recommended in certificate area - 5 years
Employment Settings	Schools, Hospitals, Private Practice, Rehabilitation Agencies	Public Schools
Scope of Practice Established	Yes	No
Independent Provider: Able to access/bill third parties for services.	Yes	No

Individuals, with the proper training, may work in the schools as registered Speech-Language Pathology Assistants. Registration as an assistant requires, minimally, an earned Associates Degree with specific coursework and clinical practicum with direct client contact (see below for description of program at Kennebec Valley Community College). In addition to the training, Speech-Language Pathology Assistants must be registered with the State Board of Examiners on Speech-Language Pathology & Audiology under the supervision of a Speech- Language Pathologist holding a current State license. The scope of practice for a Speech- Language Pathology Assistant is described under the Rules put forth by the Board of Examiners on Speech-Language Pathology and Audiology as determined by state law. (Appendix E).

TRAINING

There have been multiple pathways to certification as a Speech-Language Clinician, licensure as a Speech- Language Pathologist or registration as a Speech-Language Assistant. We briefly summarize them here.

1. The Master's Degree. The Department of Communication Sciences and Disorders at the UMaine provides the only Master's program in Speech-Language Pathology in the State of Maine. It holds accreditation from the American Speech-Language-Hearing Association (ASHA). The program graduates an average of 17 students per year. This is consistent with the average number of Master's graduates in the New England region (16.5 students/year) and higher than the national average (12.6 students/year). Most students fund their own education, sometimes graduating with loans ranging from \$30,000 to \$60,000. There is some small amount of financial aid available. Approximately 54% of UMaine graduates enter school-based practice compared to the national average of 50% according to ASHA reports. In recent years, applications to the Master's program have ranged from a high of 67 in 1999 to 49 in 2003. During that period, the average size of the admitted class was 13.4 students. Admissions to the program have averaged 49.5% of all applications, with 46% of those students admitted enrolling in the program. Comparatively, in the New England region, only 38.1% of all applicants are admitted, with 40.6 % of those admitted enrolling. Nationally, 43% of all applicants are admitted, with 56.1% enrolling. Incidentally, the number of part-time students pursuing the master's is almost negligible in recent years. The program requires two years of full time study to complete. (Appendix F)
2. The equivalent to the Master's degree. This pathway requires 30 semester credit hours of designated course work in the field, including three semester credit hours of clinical practicum, which involves direct client contact under supervision in a clinical setting. In some cases, the University of New Hampshire has provided a three-semester credit hour clinical practicum registration to individuals in Maine who have completed graduate coursework, but have no

supervised clinical practicum. This offering has been the result of collaboration between the Maine DOE and UNH. While the UNH program or a similar model may be critical to retaining in the schools those who wish to pursue certification in this manner, it is important to consider that students receive reduced clinical experience (limited to their own caseloads), no direct supervision of their work, and minimal contact with an experienced supervisor.

3. The Kennebec Valley Community College (KVCC). This is the only Speech-Language Pathology Assistants Associate's degree in Maine. The program requires 39 semester hours of course credit along with 95 clock hours of clinical practicum. The program has been in existence since 1992. The current enrollment is 43, and there have been 34 graduates since the inception of the program. It is funded, in part, by a Targeted Needs Grant from the DOE, which is due to expire in June 2004.
4. The University of Cincinnati (UC) in collaboration with the DOE and the UMaine. UC has provided a Master's program via distance education in the past. UC delivered the coursework and UMaine provided the supervised clinical practicum. Two cohorts of students enrolled in the program, and 24 students have successfully completed it. UC is not offering the program at this time.

It deserves mentioning in this section that a challenge to providing the necessary education and training for licensure and/or certification in all programs is the required clinical practicum clock hours. In order to provide high quality education, training, and maintain quality of licensure and certification, it is essential that students be provided varied and meaningful clinical practicum opportunities. Clinical practica often are difficult to arrange because of the rural nature of the State of Maine, and the clinical service providers, who serve as supervisors to the students, have many demands on their time and energies, including large caseloads, paperwork, billing restrictions, etc.

RECRUITING NEW STUDENTS

There is a general and pervasive lack of awareness of the Speech-Language

Pathology field as a career path, which leads to fewer than desirable young people considering Speech-Language Pathology as an exciting, rewarding career opportunity.

The Master's program at UMaine receives an adequate number of qualified applicants to fill the available spaces, yet a number of factors impinge on the admission process and the yield from applications. In particular, the number of applications varies from year to year (67 in 1999, 49 in 2003) and the depth of the applicant pool is sometimes limited. Going much deeper into the current pool would risk compromising quality. Further, many promising applicants from the UMaine undergraduate program are recruited to attend other institutions. These are serious matters of concern and require some creative thinking and effective marketing in order to attract a larger pool of qualified applicants

In addition, we share the opinion that one of the deterrents is access to courses for the Master's degree, which is limited to one site in Maine, somewhat remote from the centers of highest population concentration. As we have already indicated, clinical practicum opportunities are limited, and resources to support external practicum supervisors are minimal.

RECRUITING FOR PUBLIC SCHOOL PRACTICE

There are a number of positive qualities in the profession that are emphasized in the recruitment efforts for public school practitioners. These include high professional satisfaction, a convenient work schedule, especially for those with young families, professional growth and development and benefits, especially health insurance and retirement. The general attractiveness of the quality of life in Maine and sense of community are cited as additional assets.

Recent surveys among practitioners nationally and in Maine reveal some of the hurdles that need to be overcome in the effort to recruit more candidates to the degree program and increase the practitioner base in the State. Leading the list is the question of compensation. 82% of Speech- Language Pathologists are compensated on the

teacher salary schedule that is collectively bargained. The average starting salary for a Master's level teacher in Maine is \$26,951, ranking 48 in the country. The average top salary is \$44,686, ranking 38th in the country. In New England the median salary for speech-language pathologists in the schools is \$50, 199. Clearly, Maine's speech-language pathologists in the schools are compensated well below the median level in New England.

Other negatives deterring entrance into public school practice include large caseloads (state regulations designate a maximum of 50 in Maine with no differentiation for severity), and multiple school building assignments with grossly inadequate space and support. This is especially true given the expanding scope of practice in the profession. The population of students served in our public schools grows ever more diverse and medically complex with the category of Multiple Disabilities designated as a rapidly growing handicapping condition. Speech-language therapy services to these individuals reach far beyond widely held misconceptions that speech-language pathologists only "fix articulation." In fact, serious and life threatening concerns are at times the responsibilities of the speech-language pathologist, especially with regard to eating and swallowing. This demanding scope of practice requires highly qualified professionals to work in the schools.

Although the DOE currently provides limited recruitment through attendance at the ASHA national conference, in fact, this represents a reduction in previous activities, which included sending a representative to the UMaine program to talk with students about school based practices.

RETENTION

Many of the same impediments to effective recruitment pertain to the retention of practitioners in the schools. Compensation, caseload, appropriate space and adequate support are often mentioned as reasons for leaving school-based practice. The fact that 82% of districts compensate speech-language pathologists as part of the teacher unit in collective bargaining place them in what many see as an inappropriate structure that deflates their compensation. They point out that they are not teachers; they are therapists, and their compensation competitive market is not the teaching field but the speech-language pathology field in other venues--private practice or institution-based practice in Maine and nationally.

On the positive side Maine has a well-established professional support system. The Maine Speech Language Hearing Association (MSLHA) offers high quality, affordable continuing education programs. MSLHA is one of the few state associations in the country to offer two-day conferences, twice each year, with nationally known speakers on a variety of relevant topics for professionals. MSLHA also partnered with DOE in September 2002, to bring a conference to Maine specially addressing innovative practices and more effective practice patterns. Attending these conferences more than meets continuing education requirements for recertification and license renewal. Schools offer a favorable work schedule, diversity of caseload, and personal/programmatic adaptability. Finally, Maine is fertile soil for a "can-do," entrepreneurial individual, and it also offers a very satisfying quality of life.

In an informative interview with a practitioner who moved from school-based service to private practice, part of which includes contract work for two school districts, she listed only two positive attributes of school-based work. These were collegial work with teachers and other therapists and the favorable school year schedule. The list of disincentives was long. We offer only a few significant ones here: space (she met students in the corridor or the kitchen), resources (an obsolete computer) no funds to support professional development, paper work, having to pay her own malpractice

insurance and salary (she was emphatic in saying she was not a teacher, she was a therapist). She calculated that when she was involved in school-based service her hourly wage computed to \$11.00 per hour. She has doubled her earnings in private practice. Write that story large across the State of Maine and one has a sense of the magnitude of the issues facing the profession in the schools.

RECOMMENDATIONS

We make the following recommendations, recognizing that they will require increased resources to initiate:

1. Significant attention needs to be given to acquainting the young people of the State with the opportunities for rewarding careers in this field. An effort, in concert with each district's career preparation curriculum, working under the aegis of MLR and systematic in nature, needs to be mounted to insure that, beginning at the middle school level, students are acquainted with the opportunities that exist in this field. A major learning and marketing effort is necessary here.
2. Financial incentives with a commitment to stay in school-based practice in the area for three years to encourage young people to embark on the study necessary for licensure and certification as a Speech- Language Pathologist or a Speech-Language Assistant should be provided. These would include:
 - a. Expansion of financial grant aid available to potential students.
 - b. Expansion of loan forgiveness for those who enter school-based service and complete three years.
 - c. Designation by the Department of Education of a staff person to provide special attention to attracting additional funding to the educational programs at UMaine and KVCC and to providing initial financial incentives for placement in school-based practices in the State.
 - d. School districts should be encouraged to provide financial support for individuals to pursue the registration as Speech-Language Assistants or licensure as a Speech-Language Pathologist in return for a commitment to serve in the district for a specified period. The DOE should make such financial support allowable under local entitlement funds.
3. The KVCC Associate Degree program should reapply for Targeted Needs funding which the DOE should support. The program should be made easily accessible through distance learning across the State with a goal of doubling the

number of graduates in the next five years.

4. The Communication Sciences and Disorders Department at UMaine should consider developing post-baccalaureate opportunities accessible throughout the State for students desiring to meet the requirements for registration as Speech-Language Pathology Assistants.
5. The University of Maine System (UMS) and Board of Trustees are encouraged to aggressively consider the expansion and full funding of the Master's program by employing distance learning and other electronic resources in order to offer the Master's program statewide with faculty located at both the UMaine and USM campuses. Special attention needs to be given to expanding the practicum supervision capacities in both sites. This will require significant expansion of faculty and financial resources, but it is essential to creating the practitioners who will assist ALL Maine's young people in achieving the MLR and NCLB.
6. The UMS should investigate the possibility of offering a combined B.A. and Master's degree package at both UMaine and USM. Again, through electronic delivery opportunities statewide, the focus needs to be on bringing the program to students rather than the traditional notion of students always coming to the program, whenever it is possible and educationally effective.
7. Attention must be given to setting competitive entry level compensation. We believe that, as a bare minimum, practitioners in Maine should be compensated at the median national level in order to compete in the national market. The entry level for speech-language pathologists should therefore be set between \$36,000 and \$38,000. This will require a new salary schedule within the collective bargaining agreements in order to recognize the critical difference between teachers and speech-language pathologists in terms of function and market competition. The State is urged to offer a financial incentive to attract practitioners into the most rural areas of the State where the shortages are extreme.
8. School districts should seek ways to offer an annual additional stipend for those practitioners who have national certification through the Certificate of Clinical Competence from ASHA.

9. School districts, with support from the DOE, should explore effective and imaginative ways to employ speech-language assistants with adequate supervision from certified speech-language pathologists in order to bring greater service to our young.
10. The Department of Education (DOE) should continue the practice of attending the national ASHA convention to recruit practitioners to Maine. In addition, the DOE should consider exploring more innovative practices in recruitment of speech-language pathologists into Maine. Examples might include:
 - a. Targeted national advertising of opportunities in Maine.
 - b. Development of a recruitment package of materials that includes information about a variety of work settings and highlights the special quality of life issues in Maine.
 - c. Developing cooperative recruitment approaches with employers in Maine.
 - d. Local districts keeping an inventory of existing housing to assist new hires in relocating to suitable housing.
11. In an effort to build capacity, school districts, other employment settings and the DOE should consider adopting an approach to ensure a qualified individual not hired in one setting will be referred to another work setting, in an attempt to keep that person somewhere in Maine.
12. Explore the development of a cooperative approach to recruitment by offering to:
 - a. Pay for travel expenses to an interview.
 - b. Pay for relocation expenses.
13. The DOE should work with organizations such as, local school districts, Child Development Services, the Maine Hospital Association, other employers, and Maine Speech Language Hearing Association to develop a coordinated approach in attracting interested professionals to Maine.
14. The Department of Economic Development should be encouraged to work with DOE to develop innovative approaches to marketing professional employment opportunities including speech-language pathologists in Maine. Achieving this recommendation would build Maine's intellectual capital and economic development by reducing costs associated with vacant positions, poor retention

of trained professionals, repeated recruitment costs, and use of 'temporary agencies'.

15. The MSBE should review the state construction guidelines to ensure that adequate space for speech-language pathologists is allowable for state subsidy under the guidelines for state support.
16. The DOE and MSLHA should collaborate on the establishment of a web page to increase the awareness of the profession, assist in recruitment efforts, and advance the understanding of the speech-language pathologists' included and work in Maine's schools.
17. The DOE should encourage retired speech-language pathologists to return to practice, as appropriate, and to secure as mentors and supervisors of Speech-Language Assistants and students involved in practicum work in the schools.
18. The DOE should work with the legislative delegations to address increased federal funding of IDEA and the elimination of the non-supplanting/maintenance of effort stipulation currently attached to these funds.
19. The DOE should change regulatory guidelines of caseload maximums to reflect consideration of severity of need of the students.
20. The DOE should adopt a single credential that reflects entry level professional standards as described by the Board of Examiners on Speech Language Pathology and ASHA

CONCLUSION

Imagine with us for a moment a student in need of significant speech language therapy services in order to learn who resides in a district unable to find a qualified clinical practitioner. Respondents to a survey conducted by MSLHA reported that when faced with vacancies a number of “adjustments” are made that compromise the quality and level of services provided.

- 21% of the respondents reported that schools simply rewrote the Individual Education Program (IEP) to adjust it to the available services rather than the needs of students.
- The school hired people who were not qualified to offer the services needed.
- 4% informed the parents that the services were not available.
- 40% of the respondents reported that the school employed traveling therapist
- 25% continued to advertise periodically
- 53% of the respondents agreed with the statement that standards and special education services were lowered as resources became limited.

The child we asked you to imagine has no chance of achieving the MLR and the NCLB standards. That child’s school will likely appear on the AYP list during his or her time there. Most importantly, the quality of the child’s life is compromised, and his or her productivity is measurably reduced. We cannot allow that to happen in Maine!

The Department of Labor estimates that Maine will need more than 200 new practitioners for all work settings between 1998 and 2008. Add to that the accelerating rate of retirements in the next five years, and it is clear that it is past time to take dramatic action to rectify this urgent situation. The Maine Learning Results call us courageously to support ALL students in achieving high standards. NCLB underscores the same mandate. A high quality, well-trained, adequately sized school-based practitioner corps is essential to achieving that goal. We must act now to redeem our promise to our young people.

APPENDICES

Appendix A – Resolve To Establish a Task Force Concerning Speech-language Pathologists

Appendix B – Membership List

Appendix C – Chapter 5, Board of Examiners on Speech-Language Pathology and Audiology

Appendix D – Teresa A. Ukrainetz and Elena F. Fresques, *“What Isn’t Language?” A Qualitative Study of the Role of the School Speech-Language Pathologist*, Language, Speech, and Hearing Services in Schools, American Speech-Language-Hearing Association, Danvers, MA

American Speech-language-Hearing Association (2001). Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents (technical report). Rockville, MD: Author

Appendix E – Chapter 4, Section 2 Speech-Language Pathology Assistants

Appendix F – M.A. Program in Communication Science and Disorders

Appendix A

RESOLVES
First Regular Session of the 121st

CHAPTER 80 S.P. 330 - L.D. 989

Resolve, To Establish a Task Force Concerning Speech-language Pathologists

Sec. 1. Task force established. Resolved: That the Task Force to Address the Shortage of Speech-Language Pathologists, referred to in this resolve as "the task force," is established; and be it further

Sec. 2. Task force membership. Resolved: That the task force consists of the following 13 members:

1. The Commissioner of Education or the commissioner's designee;
2. The Chancellor of the University of Maine System or the chancellor's designee;
3. One member representing the State Board of Education appointed by the President of the Senate upon recommendation of the Chair of the State Board of Education;
4. Four members representing the Maine Speech-Language-Hearing Association, 3 of whom are school-based, appointed by the Speaker of the House upon recommendation of the President of the Maine Speech-Language Hearing Association;
5. One member representing the Maine School Superintendents Association appointed by the President of the Senate upon recommendation of the President of the Maine School Superintendents Association;
6. One member representing the Maine School Boards Association appointed by the Speaker of the House upon recommendation of the President of the Maine School Boards Association;
7. One member representing the Maine Principals' Association appointed by the President of the Senate upon recommendation of the President of the Maine Principals' Association;
8. One member representing the Maine Association of Directors of Special Education appointed by the Speaker of the House upon recommendation of the President of the Maine Association of Directors of Special Education;
9. One member representing the University of Maine, Department of Communication Sciences and Disorders appointed by the President of the Senate upon recommendation of the Chair of the University of Maine, Department of Communication Sciences and Disorders; and
10. One parent of a student receiving speech pathology services appointed by the Speaker of the House; and be it further

Sec. 3. Chair. Resolved: That the chair is selected by a vote of the task force membership at its first meeting; and be it further

Sec. 4. Appointments; convening of task force. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. Within 15 days after appointment of all members, the executive director shall call and convene the first meeting of the task force; and be it further

Sec. 5. Duties. Resolved: That the task force shall provide leadership and direction for collaborative efforts among the Department of Education, the University of Maine System and the State Board of Education to increase the number of speech-language pathologists who provide services to Maine children by:

1. Establishing a plan and schedule for the task force's work;
2. Meeting regularly to gather and review information and data on the conditions affecting recruitment and retention of speech-language pathologists in Maine schools and develop recommendations for recruitment and retention of speech-language pathologists;
3. Developing a plan to support and enhance the capacity of graduate training programs at institutions that prepare speech-language pathologists and ensure adequate opportunities for professional growth and development through the University of Maine System and other public and private organizations;
4. Examining trends related to the existing vacancy rates in Maine schools of speech-language pathologists, trends in use of Medicaid funding to enhance speech-language pathology services and demographics of currently employed school-based speech-language pathologists to identify current capacity and anticipated need by 2010;
5. Reviewing current licensure requirements of speech-language pathologists and making any recommendations for revisions to such requirements in order to ensure quality of services and to increase the number of individuals qualified for licensure as speech-language pathologists; and
6. Examining the potential for assignment of certified school personnel who can provide services while being appropriately supervised by licensed speech-language pathologists; and be it further

Sec. 6. Advisory capacity. Resolved: That the task force shall serve in an advisory capacity to the Legislature and the agencies involved with the requirements, licensure and preparation of speech-language pathologists; and be it further

Sec. 7. Recommendation. Resolved: That the task force shall recommend to the Legislature, the State Board of Education and the Commissioner of Education a plan to ensure access to educational training opportunities for speech-language pathologists in postsecondary institutions; and be it further

Sec. 8. Staff assistance. Resolved: That the Department of Education shall provide necessary staffing services to the task force; and be it further

Sec. 9. Compensation. Resolved: That the public members of the task force not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses and, upon a demonstration of financial hardship, a per diem equal to the legislative per diem as defined in the Maine Revised Statutes, Title 3, section 2 for their attendance at authorized meetings of the task force; and be it further

Sec. 10. Report. Resolved: That the task force shall submit a report that includes its findings and recommendations, including suggested legislation, to the Second Regular Session of the 121st Legislature, to the Commissioner of Education and to the State Board of Education by December 3, 2003. Following review of the report, the Joint Standing Committee on Education and Cultural Affairs may report out a bill to the Second Regular Session of the 121st Legislature; and be it further

Sec. 11. Task force budget. Resolved: That expenses incurred by the task force in completing its work must be absorbed by the respective agencies and entities represented on the task force.

Effective September 13, 2003, unless otherwise indicated.

Appendix B

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Appendix C

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

296 BOARD OF EXAMINERS ON SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY

Chapter 5: SCOPE OF PRACTICE

SUMMARY: This chapter outlines the scope of practice of Speech-Language Pathologists and Audiologists.

Section 1. The practice of Speech-Language Pathology includes:

- A. Providing screening, identification, evaluation, assessment, recommendations, intervention (i.e., prevention, restoration, and amelioration) and follow-up services for disorders of:
 - 1. Speech (e.g., disorders of respiration, phonation, articulation, resonance and fluency);
 - 2. Language (including disorders of symbolic communication in oral, written, manual, graphic, and other modalities);
 - 3. Oral pharyngeal and related functions (e.g., dysphagia, orofacial myofunctional disorders);
 - 4. Cognitive communication (including communication and other functional disabilities associated with cognitive rehabilitation);
 - 5. Social communication (e.g., challenging behavior, ineffective social skills and language).
- B. Providing consultation and counseling and making referrals when appropriate;
- C. Selecting, dispensing, developing, and establishing the effective use of augmentative and alternative communication techniques, technologies, and strategies;
- D. Selecting, fitting, and establishing the effective use of prosthetic/adaptive devices for speaking and swallowing (e.g., tracheoesophageal valves, electrolarynges, speaking valves);

- E. Using instrumental technology to diagnose and treat disorders of communication and swallowing (e.g., videoflouroscopy, nasoendoscopy, ultrasonography);
- F. Providing aural rehabilitation and related counseling to individuals with hearing loss and their families;
- G. Screening hearing for the purpose of speech-language evaluation and/or the initial identification of individuals with other communication disorders;
- H. Enhancing speech-language proficiency and communication effectiveness (e.g., accent reduction, collaboration with teachers of English as Second Language);
- I. Supervising personnel and developing and managing programs in communication sciences and related disorders;
- J. Conducting, disseminating and applying research in communication sciences and related disorders;
- K. Conducting continuous evaluation of the effectiveness of practices and programs to improve and maintain quality of services.

Section 2. The practice of Audiology includes:

- A. Activities that identify, assess, diagnose, manage, and interpret test results related to disorders of human hearing, balance, and other neural systems.
- B. Otoscopic examination and external ear canal management for removal of cerumen in order to evaluate hearing or balance, make ear impressions, fit hearing protection or prosthetic devices, and monitor the continuous use of hearing aids.
- C. The conduct and interpretation of behavioral, electroacoustic, or electrophysiologic methods used to assess hearing, balance, and neural system function.
- D. Evaluation and management of children and adults with central auditory processing disorders.
- E. Supervision and conduct of newborn hearing screening programs.
- F. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment.

- G. Provision of hearing care by selecting, evaluating, fitting, facilitating adjustment to, and dispensing prosthetic devices for hearing loss, including hearing aids, sensory aids, hearing assistive devices, alerting and telecommunication systems, and captioning devices. Hearing aids may only be dispensed with the required Hearing Aid Dealers and Fitters license.
- H. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, programming, and audiological rehabilitation to optimize device use.
- I. Provision of audiological rehabilitation including speechreading, communication management, language development, auditory skill development, and counseling for psychosocial adjustment to hearing loss for persons with hearing loss and their families/caregivers.
- J. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss.
- K. Prevention of hearing loss and conservation of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs.
- L. Consultation and provision of rehabilitation to persons with balance disorders using habituation, exercise therapy, and balance retraining.
- M. Design and conduct of basic and applied audiologic research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy of assessment and treatment paradigms; dissemination of research findings to other professionals and to the public.
- N. Education and administration in audiology graduate and professional education programs.
- O. Measurement of functional outcomes, consumer satisfaction, effectiveness, efficiency, and cost-benefit of practices and programs to maintain and improve the quality of audiological services.
- P. Administration and supervision of professional and technical personnel who provide support functions to the practice of audiology.
- Q. Screening of speech-language, use of sign language (e.g., American Sign Language and cued speech), and other factors affecting communication function

for the purposes of an audiologic evaluation and/or initial identification of individuals with other communication disorders.

- R. Consultation about accessibility for persons with hearing loss in public and private buildings, programs, and services.
 - S. Assessment and nonmedical management of tinnitus using biofeedback, masking, hearing aids, education, and counseling.
 - T. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and balance system disorders, and relevant noise-related considerations.
 - U. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming.
 - V. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function.
 - W. Participation in the development of professional and technical standards.
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STATUTORY AUTHORITY: 32 MRSA §6003(2) and (6), 6013(2)

EFFECTIVE DATE:

March 5, 2001 (incorporates part of the subject matter of former Chapter 4)

“What *Isn't* Language?”: A Qualitative Study of the Role of the School Speech-Language Pathologist

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School speech-language pathology is a broad and encompassing endeavor. The understandings of both what constitutes language and for what speech-language pathologists (SLPs) are responsible have steadily enlarged. As intervention has moved closer to the classroom context, SLP intervention practices increasingly resemble teacher instructional practices. These changes have resulted in a need to consider the role of the SLP within the school setting.

School SLPs have formal role descriptions that differ from those of other educators. For example, according to McCormick, Loeb, and Schiefelbusch (1997, p. 175), SLPs

attend to “delays and disorders of speech, language, and communication,” whereas special education teachers work with “students with disabilities.” SLPs provide instruction in speech, language, and communication; special educators instruct in functional and academic skills (McCormick et al., 1997). However, these contrasts are not as clear in practice: A child with a language disorder is a child with a disability, functional skills involve communication, and academics involve language.

McCormick et al. (1997) illustrated how special education and language intervention practices converge in inclusive settings for younger children and children with severe disabilities. They provided a single description for the two fields in terms of the focus of intervention, the methods and procedures, the instructional environment, the professional relationships and responsibilities, scheduling, and measurement and evaluation. For example, for both disciplines, the focus of intervention is on teacher-child interactions and curricular adaptations, and teaching is through naturalistic methodologies, such as milieu teaching, script training, and structured teaching.

For older children and children with milder disabilities, there is a greater focus on literacy and academic success, but the convergence of teachers and SLPs remains. School-age intervention is contextually based, educationally relevant, and collaborative (Whitmire, 2002). This means that SLPs teach using classroom-type activities, procedures, and materials. They teach language skills that are considered linked to literacy and academic success. They plan, teach, and assess in close communication with teachers.

The SLP specialization in speech and language provides few limits to the possibilities of practice. The conceptions of speech within the profession have remained fairly constant—articulation, phonology, voice, and fluency. However, conceptions of language have expanded

ABSTRACT: Purpose: This study examined how speech-language pathologists (SLPs) carry out their roles in the schools. The focus was on language as a domain of specialization and roles relative to other remedial educators.

Method: The study was a qualitative constant-comparative design. Five Wyoming school SLPs and 15 teachers from their five schools participated.

Results: Results showed that language was difficult to define and delimit. Language was present throughout the curriculum and all of the educators taught it. The SLPs and resource teachers demonstrated similar types of language instruction. Oral language and speech were clearly specialty domains of the SLPs. The SLPs were also distinctive in terms of the instructional framework and service delivery structure.

Implications: The findings contribute to understanding the role of SLPs in the schools and how these roles complement and overlap with other remedial educators.

KEY WORDS: schools (practice issues), qualitative research analysis, language treatment

considerably since language intervention "came out of the closet" in the 1970s (Rees, 1983, p. 309). Language has enlarged from vocabulary and grammar to include pragmatics, discourse, and literate-style language (e.g., Westby, 1985). Phonemic awareness, an oral language skill needed only for alphabetic reading and writing, has received considerable attention in the past decade (e.g., Catts & Kamhi, 1999). Print concepts are another concern for preschool intervention (e.g., Justice & Ezell, 2002). Recently, attention has turned to direct instruction in reading and writing (e.g., Apel & Masterson, 2001; Apel & Swank, 1999; Wong, 2000). Word decoding, spelling and punctuation, reading comprehension, and writing composition, from preschool to high school, now lie within the purview of the SLP as a language specialist.

The American Speech-Language-Hearing Association (ASHA, 2001) formally recognizes the role of the SLP within reading and writing instruction. The position statement and guidelines documents address the immense variety of language skills that are related to literacy acquisition. In fact, there is little in SLP practice, past or present, that is not relevant to literacy. Even articulation treatment plays a role in developing the phonological processing skills needed for word decoding and spelling (Butler, 1999). The ASHA documents do not discuss what falls *outside* the purview of an SLP, how an SLP differs from the variety of teachers who instruct in subareas of that broad domain, or how priorities should be ordered.

This wide horizon for SLP practice is justified theoretically. SLPs are language specialists, and language is part of almost every cognitive and communicative act taken by a person. Language is integrally involved in reading, writing, and academic achievement. Professionally, the sharing of responsibility for literacy and academic success can be enriching: In the 1980s, professional isolation and personal ineffectiveness were cited as a source of stress for school SLPs (Wisniewski & Gargiulo, 1997). Role sharing is perceived to increase service delivery effectiveness (McCormick et al., 1997).

There is another side to the coin, however. SLPs already feel burdened with caseload size and responsibilities (Kaegi, Svitich, Chambers, Bakker, & Schneider, 2002; Wisniewski & Gargiulo, 1997). There is a persistent shortage of SLPs (ASHA, 2000), and there are other educators who are specialists in reading and academic support in the schools. Role ambiguity and role conflict can contribute to special educator burnout (Crane & Iwanicki, 1986). Role overlap can result in service gaps, unnecessary overlaps, and contradictory service recommendations (Giangreco, 2000). Finally, evidence is still lacking concerning whether benefits to the child are greater than those obtained with separate practice (Lindsay & Dockrell, 2002).

Some authors have considered role ambiguity when serving students within the classroom. Norris (1997) suggested avoiding what she termed the *tutoring trap* by targeting skills critical for success across content areas. Ehren (2000) proposed useful guidelines for maintaining a therapeutic focus while working within the classroom. From

the range of practices recommended in the language intervention literature, Ehren considered both what should be done and what should *not* be done. This examination needs to be extended beyond comparisons with the classroom teacher to comparisons with the other remedial educators teaching in and out of the classroom.

There is a need to understand the current role of the school SLP better so guidelines such as Ehren's (2000) can be proposed for remedial educators. Speech-language pathology has traditionally been a distinct profession, with a different professional training route and unique contributions to the school setting. With changes in practice, it is important to understand how SLPs currently fit into their schools. Role considerations must take into account both the unique and the overlapping aspects of practice. This reflection should involve empirical data on daily practices and social realities, in addition to conceptual considerations about ideal and desired practices (Forbes, 2001).

In seeking to understand how role is manifest, a qualitative research paradigm was chosen. Surveys of large numbers of SLPs have provided broad descriptions and quantitative summary data on duties (ASHA, 2000) and satisfaction (Blood, Ridenour, Thomas, Qualls, & Hammer, 2002; Kaegi et al., 2002). However, surveys cannot reconcile conflicting findings, such as that of Kaegi et al.: SLPs reported high burnout, heavy caseloads, and many other negative feelings, but still reported overall job satisfaction. Another example is the finding from two surveys that rural practitioners, despite considerable burdens, reported no less job satisfaction than did practitioners in more densely populated areas (Blood et al., 2002; Kaegi et al., 2002). Detailed observations of, and discussions with, a small number of educators, coupled with description and analysis in which the researcher seeks underlying social patterns and principled explanations, may illuminate these types of issues. Readers will consider whether these situated understandings make sense and whether these explanations apply to their own situations. Specific aspects of the findings can also be used to construct subsequent testable hypotheses within quantitative studies (Bogdan & Biklen, 1998).

This study initially addressed the broad question of what constituted SLP practice within individual schools. The purpose of this article is to report findings on whether speech and language can be considered specialties and to determine the role of the SLP in relation to other remedial educators.

The study involved a grounded theory constant-comparative design (Bogdan & Biklen, 1998; Strauss & Corbin, 1990). *Grounded* means emerging inductively from the data, rather than deductively from a priori theory (Strauss & Corbin, 1990). The researchers described each SLP and her school site; compared it to the other sites, noting key issues, recurrent events, or common perceptions; and developed multiple-level coding moving from line-by-line coding to categorical coding to theme coding, resulting in a final grounded description of the role of the SLP.

METHOD

Participants

The central participants were 5 SLPs with 10 or more years of experience from across Wyoming (see Table 1). Other than occasional relief work in medical settings, their experiences were all in the schools. The SLPs had worked at their respective schools for 6 or more years. They are referred to by self-selected pseudonyms: Lulu, Marla, Chris, Dana, and Kathryn.

Fifteen ancillary participants consisted of 2 to 4 teachers from each of the five elementary schools. The SLPs were asked to identify several teachers with whom they had contact and who would be open to participation, including at least 1 remedial teacher. In this case, *remedial* is used to refer to educators serving children below the average range. Six classroom teachers, 6 resource teachers, 2 reading teachers, and a combined reading/resource teacher participated. *Resource* teachers worked with children with academic-need individual educational plans (IEPs), who were typically categorized as learning disabled or behavior disordered. *Reading* teachers provided noncategorical support to children who were below average in reading. In this report, the resource and reading teachers were referred to by position and SLP (e.g., Lulu's resource teacher). The classroom teachers were not specifically identified.

Purposeful sampling was used to select the SLPs (Bogdan & Biklen, 1998). The factors considered were presenting a contrastive picture to prior SLP participants, being considered respected practitioners, and having teachers willing to participate. The preliminary information on clinical practice came from two or more sources (e.g., practicum students, other SLPs, and administrators). For example, Lulu recommended Marla because she considered Marla's phonological processing approach very different

from her thematic unit approach. A practicum student confirmed the nature of Marla's work and contact was made. Although contacts recommended the SLPs highly, *respected practitioner* was not taken to be exemplary practice, but practice of at least community standards.

In order to explore variation within a single district, two SLPs were chosen from the local school district. The other 3 SLPs were selected from other districts, including 1 from the largest population center in the state, to provide diversity in district philosophies and resources. All of the SLPs were selected from Wyoming so as to provide a common interpretive base for the participants and researchers.

Data Sources

The data were collected by the first author. Visit length varied from 1 hour to 1 day, over periods of 5 days to 4 weeks. The first author spent a week at a site that was 400 miles away from the university. Multiple partial-day visits were made over several weeks to the local sites, and once-weekly visits were made over several weeks to the sites that were 50 and 100 miles away. Data collection lasted at each site until the first author considered that she had a good understanding of that site.

Data sources consisted of the following.

- Audiotaped open-ended interviews with each SLP and teacher participant, transcribed by the second author and two research assistants, and a few clarifying questions by e-mail to the SLPs following the data collection periods. Topics included the following: education and work history; degree to which educational programs and practices were mandated; caseload, service structure, and assessment methods; teaching practices; explaining the terms *language* and *phonemic awareness*; role in reading and writing instruction; and roles and interconnections of the remedial educators.

Table 1. Description of speech-language pathologist (SLP) participants and their schools.

	Lulu	Marla	Chris	Dana	Kathryn
SLP career: this school (yrs)	17:14	12:9	10:6	24:23	32:32
Education	MS	MS	MS	MS	BS
Certification	CCC, Teacher	CCC, Teacher	CCC, Teacher	CCC, Teacher	—, Teacher
Federal type	Title One ^a	Title One	None	Title One	Title One
School population	250	250	200	100	350
Town population	27,000	27,000	5,000	1,000	60,000
Total schools	Two elementary	Elementary with multihandicapped ^b	Elementary, middle, and high	Elementary and high	Elementary with language class ^c
Caseload	50	50	45	25 ^d	22
Participating teachers	Resource, reading, 1st grade	Primary and intermediate resource	Resource/reading, 2nd and 5th grade	Two resource, 2nd grade	Resource, reading, 2nd grade

^aA federal reading program for schools serving low-income families. ^bThis portion of Marla's caseload was not examined. ^cA daily afternoon primary class for students considered in need of intensive intervention from across the district. ^dDana's caseload had been declining due to the town's falling population. A middle school was added to her caseload the next fall.

- One observation, with field notes, of 30–60 minutes, of each teacher teaching her class, and several observations of each SLP carrying out therapy. The SLP observations took place wherever therapy was occurring: speech room, resource room, or classroom. The first author transcribed the field notes, expanding and clarifying from the handwritten work within 2 days of taking the notes.
- With parent permission, files were examined for three children receiving speech-language services at each school. At least one child was receiving another remedial service. SLP treatment logs and materials were also examined. Notes were made and some materials were photocopied. The first author transcribed these notes.

Analysis

Analyses occurred concurrently with data collection through brief interpretive comments and longer memos on salient points, such as phonemic awareness instruction or an SLP's underlying framework. Following data collection, approximately 1,000 pages of transcripts were entered on Ethnograph 5.1 (Seidel, 1998), a coding and sorting qualitative research software.

The initial research question was broad, so many codes were developed—approximately 160 codes over 18 categories. The categories included *language area*, *autonomy*, *documentation*, *size of a domain*, *personal attributes*, *reading and writing*, *service delivery*, *sharing*, and *physical space*, among others. Within *size of a domain*, there were codes for *job huge*, *lang huge*, *read huge*, and *slp huge*; and within *sharing*, there were codes for *assist*, *co-teach*, *collab*, *contact*, *know SLP*, and *value SLP*.

Each transcript was coded by one of the authors and reviewed by the other, with disagreements resolved through consensus. Resolution involved modifying a code definition, deleting or adding a code, or changing the transcript segment code assignment. Earlier transcripts were corrected for later code changes. Consistent with qualitative methodology (Bogdan & Biklen, 1998), these discussions and modifications were ongoing and flexible, thus a blind agreement rate was not determined.

After coding the transcripts, the data were reorganized from an event basis into a topic basis by searching for all the transcript segments with a particular code (using Ethnograph). Entries ranged from fewer than a dozen to more than 100 for a code. The code data were grouped into the original category, such as *personal*, or refined into a more select and descriptive category, such as *job pressures*. Transcript segments were listed in a file, sorted under each preestablished code or under an emergent grouping, so they could be read and contemplated as a group. For example, the 157 transcript segments in the *sharing* category were listed under the following groupings: *contact*, *in-servicing*, *observation*, *from curriculum*, *in-class assistance*, *assignment assistance*, *teaching*, *co-teaching*, *collaboration*, *taking therapy to the classroom*, *resource-teacher*, and *teacher-teacher*.

Essays were developed based on these topical files, with segment identification numbers cited throughout the essay to ensure the continuing grounded nature of the descriptions. A *collaboration and contact* essay brought together all types of contacts engaged in by SLPs and teachers. A *service delivery concerns* essay examined location, scheduling, time, and accountability concern statements across educators. From the essays, major themes were extracted, and a grounded description of the role of the school SLP was developed.

A member check was conducted by sharing a draft manuscript with the participating SLPs. The manuscript contained a description of each SLP's practices, educator understandings of language, and role comparisons among educators. The SLP comments were integrated into the final interpretations.

A qualitative researcher in child development, who was not associated with the project, served as inquiry auditor. She has executed and published peer-reviewed qualitative research, served as an auditor on qualitative dissertations, and taught qualitative research method courses. The auditor examined the documentation for standards of qualitative investigation. The audit took approximately 6 hours. The auditor checked for consents, preservation of anonymity, and record keeping. She considered the materials on a micro-level for fidelity of claim and quote by comparing randomly selected audiotapes and field notes to transcriptions and essays. She examined materials on a macro-level for confirmability and plausibility of the larger findings by coding pages of transcripts and comparing her findings to the report findings. The auditor report concluded that the study procedures and findings were sound.

Soundness

This project met qualitative standards for soundness, which is equivalent to reliability and validity in quantitative research (Strauss & Corbin, 1990). The principal author, experienced in school speech-language pathology as a clinician and researcher, was involved at all stages of the process. Multiple data sources were used, and the two authors cross-checked judgments. Constant reflection and explication on positive and negative evidence occurred. A reflective journal detailing the process and decisions made was kept. There was a member check and an inquiry audit.

RESULTS

This qualitative study examined the role of the SLP in the schools for 5 Wyoming SLPs. The first broad question considered was whether language and speech can be considered domains of specialization for the school SLP. The SLP title, how the SLPs and teachers talked about language, and how they taught language were also considered. Specific commonalities in language instruction between SLPs and resource teachers, and how the educators perceived such commonalities, were discussed. Oral language and speech were then examined for speciality features.

Specialization involves more than particular content. The structure of the service affects the manifestation of instruction. The second broad question was how SLP services compared and contrasted with reading and resource services. Three aspects were considered: service delivery, job pressures, and underlying instructional frameworks. For the rest of the article, text quotations indicate participant quotes and text italics indicate terminology.

Language as a Domain of Expertise

The possibility of language as a professional specialization was examined by considering perceptions and practices in relation to the job title, the concept of language, and the teaching of language.

The title of speech-language pathologist. The teachers and SLPs were asked about the title used to designate the SLP, and observations were made about how they referred to this position. The teachers used either speech therapist or speech teacher. The SLPs called themselves speech teachers with the students. With the teachers, they referred to those in the profession as either speech therapists or speech pathologists. Marla said she called herself a "speech-language pathologist," but on further probing, admitted she did not use that label with the teachers or students. The formal title was generally considered too complicated or too self-aggrandizing: "You go speech-language pathologist, all of a sudden you've somehow elevated yourself educationally and socially above these people that you really badly need to work with" (Kathryn). An alternate reduction to language teacher or language therapist did not occur.

Talking about language. Participants were asked to explain the parts of language. Teachers had difficulty with this. They questioned what was being asked and were unsure about their answers. For example, "Unless you're saying nouns and verbs and adjectives and adverbs... they're the parts, I guess. I'm stumped" (second-grade teacher). Some asked if they were being asked to define language arts. Some divisions the teachers provided were: "written language, oral language, listening and comprehending language. It's a big catchall for a big bunch of important stuff...the many ways of communicating" (fifth-grade teacher); body language, written language, and oral language (Dana's first resource teacher); grammatical structure, sentence meaning, and phonics (Lulu's reading teacher); being able to speak and write in complete sentences, with nouns, verbs, adjectives, punctuation, and capitalization (Dana's second resource teacher). Lulu's resource teacher included dictionary skills, library skills, and visual pattern discrimination in her list. Sometimes, the teachers provided examples, such as Marla's primary resource teacher: "There are a lot of kids in here that when you say please go get your pencil and come back and sit down, look at you with a blank stare because the sequence of words was too long."

In contrast to the teachers, the SLPs explained the parts as form, content, and use; syntax, pragmatics, semantics; or expressive and receptive language across modalities. But even the SLPs resisted breaking apart the concept: "You

can't separate the parts of language, they are all together" (Marla). Dana used the form, content, use division, but added "being successful communicating in the classroom" and how this involved understanding information, asking for further information, and elaborating on answers. Chris suggested that the difference might involve terminology, saying that teachers understand an explanation such as "sounds, vocabulary, meanings, grammar, listening and processing the message from others, and social language skills, like the use of correct voice, gestures, eye contact, or proper turn taking."

All of the participants had difficulty delimiting language—describing where it occurred and where it didn't. "Everything is language to me," and, "it's throughout, it's everything you do," said a second-grade teacher. Chris' resource teacher said that everyone in elementary school works on language all the time. A first-grade teacher considered language too large an area for any one person: "There are so many components to it. I think that's an awful lot of pressure put on a person...reading, language arts, that whole area." Lulu said, "reading is language" and "language is huge." The overall sense was captured by Dana's resource teacher: "What *isn't* language?"

Teaching language.

Language targets. Language was fully subsumed within the academic area of *language arts*, which was composed of reading, writing, speaking, listening, and thinking (Wyoming Department of Education [WDE], 1996–2000). Language instruction occurred constantly, such as when the teachers corrected irregular past tense (grammatical morphology), critiqued run-on sentences (syntax), requested better describing words (semantics), explained how to form an introductory paragraph (discourse), asked factual and inferential questions after reading a passage (comprehension), and told students to raise their hands to speak (pragmatics). The SLPs reported that the teachers were good guides for the language needs of the students. For example, Chris said that teachers knew exactly what the student needed, "such as being able to write a story with a beginning, a middle, and an end, and having characters, punctuation and at least four sentences."

Teachers taught oral as well as written language. Teachers described modeling and eliciting correct grammar and vocabulary. Kathryn commented that any quality teacher will work on oral language along with the program. Marla's resource teacher said that the more people who do reading and writing, the better, but not at the cost of oral language, which everyone needed to address. Chris' resource teacher said, "I think everybody works on oral language all the time" and that although she works more on written language and reading development, "they just go hand in hand, so you can't really do one without the other."

The SLPs, like the teachers, taught language in print contexts. The SLPs used printed materials ranging from words and letters to paragraphs and stories. For example, Marla taught phonetic spelling, Dana based her lessons on chapter books, and Chris taught comprehension strategies through classroom texts. The SLPs had children compose written text. For example, Lulu's students each wrote one

sentence in a cooperative story, Marla's students completed sentence construction worksheets, and Chris' students wrote thematic sentences with elaborated noun phrases. The SLPs also assisted in written class projects, such as Chris' assistance on a student's shark report, which included reading and organizing sources, to drafting the paper, to final edits on the good copy. However, the SLPs differed from teachers in that they did not focus consistently and systematically on encoding and decoding the printed word outside of a phonological processing context, nor did they consistently and systematically teach writing composition or work with children on oral reading fluency or silent reading comprehension.

Despite the frequent description of language as "communication," the language targeted was largely academic for all of the educators. Neither SLPs nor teachers addressed social conversation beyond appropriate school interactions. Marla considered that language impairments not resulting in resource placement were not serious enough for her attention. Kathryn and Chris had students who displayed significant social-interactional impairments along with academic difficulties, but their IEP objectives addressed only the academic language.

Instruction methods. The methods of instruction were similar across SLPs and teachers. Both taught through a mix of:

- discrete skill instruction in simple activities, such as aligning colored tiles with the number of sounds in words and filling in worksheets on sentence combining;
- instruction embedded in more complex, meaningful activities, such as composing poetry and answering questions about stories; and
- participation in curricular activities like report writing and speech giving, where the support was focused more on completing the task than on teaching particular skills.

In the pullout instruction, the SLPs taught small numbers of children, providing individualized prompts and supports. So did the teachers. Resource teachers sat with individual children or led small groups. Reading teachers were especially notable for their carefully mediated instruction. However, even classroom teachers provided individualized instruction. The majority of the lessons observed in the classroom involved small group instruction, with the rest of the students working independently. The teacher was required to monitor the other children and respond to questions from them, but the children worked largely independently, allowing a coherent individual or small group lesson. When whole class instruction occurred, it still involved pauses while the teacher moved around the classroom to check on individual student understanding and provide additional prompts or explanations. The classroom teaching contrasted with that of the remedial educators, principally in the classroom teachers' inability to focus continuously on a few children.

The language teaching methods were contrastive mainly in the independence displayed by the SLPs. Although aware of school language arts instruction programs, the SLPs participated only as much as they individually desired.

They did not participate in the curriculum planning sessions or attend the instructional workshops required of the teachers, nor did they follow structured curricular programs other than the Lindamood Phoneme Sequencing (LiPS) program (Lindamood & Lindamood, 1998).

The results of this analysis suggest that language was everywhere and everyone taught language. The SLPs were differentiated mainly in their lack of systematic attention to direct print skills (if those are construed as part of language). The remedial educators could focus longer on a few children and the SLPs were notable in their freedom to select instruction approaches.

SLP and resource teacher commonality. Language was a shared instructional domain. The SLPs differed from classroom teachers in the remedial versus general education focus. The SLPs were particularly similar to another remedial educator: resource teachers.

Intervention targets and activities. The SLPs described their work as involving semantics, morphosyntax, and pragmatics, but the resource teachers also addressed these domains. Both worked on discourse comprehension and expression, and some of both worked on phonemic awareness. Print material and academic content were present for both SLPs and resource teachers. Direct instruction in reading and writing occurred for all of the resource teachers and some of the SLPs. Some of both remedial educators worked on letter-sound correspondence, conventional spelling, word decoding, punctuation, and written composition. Both focused on academic uses of language, and both based expectations on curriculum, grade level, and school district benchmarks.

Classroom activities and project assistance were observed for both the SLPs and the resource teachers. The activities were similar and sometimes shared. They included story retells, answering questions about discourse content and structure, completing class reports, developing speeches, playing games with question and answer elements, and answering questions on text passages. Both sat with a group of students and guided them through an activity.

An oral language activity was observed in Lulu's resource room. The resource teacher taught rhyming riddles (addressing both phonological awareness and semantic knowledge). She read the riddle aloud, talked about the two critical elements, and scaffolded the children into creating a group riddle. A written language activity observed for an SLP was Kathryn's students sitting at desks composing sentences with guidance on spelling, word spacing, and punctuation.

Resource teachers and SLPs worked on the same activity in the same way when Dana and her resource teacher took turns helping a student complete a science report. Marla's primary resource teacher said that, when they worked together on a story retell, Marla focused on sequencing and she focused on story details—but either educator might work on either objective. The two roles converged when Marla and the teacher together orally asked students about same and different comparisons between life in Latin America and in the United States.

Goals and objectives for both the SLPs and the resource teachers targeted vocabulary, story structure, and text

comprehension, although the modalities often differed. On some occasions, the same objectives were present in SLP and resource teacher IEPs:

- Understand comparative, sequential, spatial, and time relations.
- Display effective listening skills as demonstrated by following complex directions.
- Identify the main idea and supporting details from an oral presentation.
- Name four important events from the story and sequence them in correct order.
- Present a well-organized report judged for sophistication and complexity of sentence structure grammar and vocabulary.
- Develop an original story judged accurate for beginning, middle, and end; noun-verb agreement; and spelling, capitalization, and punctuation.

Between versus within schools. The commonalities found between the SLPs and the resource teachers were observed overall. This did not mean that every aspect overlapped within any one school. Within a particular school, SLPs and resource teachers sometimes contrasted. However, the distinctive language work carried out by the SLP in one school was carried out by a resource teacher in another school.

An example was phonemic awareness instruction. Marla, Chris, and Dana all worked on phonemic awareness. Lulu and Kathryn did not. However, at Lulu's school, phonemic awareness was embedded in the reading teacher instruction. The reading teachers segmented words and blended phonemes using boxes divided into the number of sounds (not letters). At Kathryn's school, the resource teacher used the LiPS program.

Another example was reading: Marla worked more on word decoding and spelling within LiPs, and her intermediate resource teacher worked on text comprehension and composition. In contrast, Chris taught text comprehension strategies, and her resource teacher worked more on word decoding and fluent oral reading.

When asked about the SLP versus resource roles, several participants reported that they were separate and distinct. However, they were hard-pressed to explain how the roles actually differed. They thought that there was more emphasis on oral language and auditory skills for SLPs, and more on reading and writing (and math) for resource teachers. However, specific differences cited related more to individual preferences than to consistent role differences.

Educator perceptions of commonality. None of the educators was concerned about redundancy. They took the stance that everyone needed "the ability to be flexible enough to do whatever the kid needs" (fifth-grade teacher) and, "as long as we're covering it all, I think it's good" (Marla's primary resource teacher). They emphasized that SLPs were teachers like other teachers, and that "the lines don't exist almost between any of our jobs anymore" (Lulu's reading teacher). A first-grade teacher said that the overlap was good because it meant that "kids are getting

that commonality and they're hearing it from lots of different people in lots of different settings, so it's reinforcing, it really is." However, she also cautioned that teachers had accepted continually expanding responsibilities over the years and that this had negatively impacted their profession. A fifth-grade teacher said that everyone has hugely expanded responsibility and expertise, and that "whatever we can get kids help with, that's great," although she added, "but if it boils down to being a consultant, we've got enough." Lulu's reading teacher noted that, in addition to actually teaching similarly, instruction with different emphases "looks the same because it is so holistic now."

The teachers and the SLPs considered that their learning sources were similar—from job experiences, from each other, and from common continuing education. When asked what special skills or training SLPs bring to the job, the teachers generally did not know. Some considered that the original training was not very different, or if it was different, it did not make a major difference in their work (Chris' resource teacher: "Could I do speech? Yeah! I think I could. I think she could do mine too."). SLPs likewise considered that some teacher tasks were outside the purview of their jobs, but within their capabilities (Kathryn: "I have the skills and the background to teach reading."). The teachers considered that SLPs were capable of working on anything involved in language arts, but that they might be too busy with oral language to spend a lot of time on written language instruction.

Talking as a Specialty Domain

Two aspects of speech-language pathology emerged as distinctive domains for the SLP. Both aspects involved oral expression.

Oral language specialty.

Language means talking. At the same time that the participants described language as everything, language was also considered separable from reading-writing-academics: "We still do have students that the language problem is what really is interfering with their ability to make progress in school" (Chris' resource teacher). Several said that children with reading problems often did not have the language background; that they have never heard that word; that they did not know what that picture was; or that their oral grammar, such as *bited*, did not match with the grammar of the sentence they were trying to read. Lulu's reading teacher said that good oral language will transfer to written language and that there was a need for preschool language stimulation to prevent later reading problems. Kathryn wondered, based on her lack of co-referrals with resource, if language and reading were as closely linked as is claimed. SLPs were described by teachers as working more on "articulation and language development," whereas the resource teacher worked with "reading" and "written language." When language was considered distinct from academics, it appeared to mean the oral modality.

Oral language instruction. It appeared that oral language was also taught by everyone, as described in the previous section. However, there proved to be consistent distinctions in oral language instruction.

Teachers expressed concern for oral language instruction, but they focused on correctness, not development. Chris' resource teacher said that she corrected written work to get correct language, but that she also modeled orally when she heard mistakes, had them repeat it, and maybe write it in their personal books of "things that they want to keep close to them." Kathryn's resource teacher said that even the social worker modeled correct pronouns and use in social situations, and that they all watch for correct language. Lulu said that the reading teacher worked on oral language by telling the students how they ought to talk and correcting their grammatical errors.

The SLPs were the only ones who targeted oral language in a remedial situation explicitly and consistently, with a focus on development over prescriptiveness. The SLPs also worked on oral language for its own sake. Teachers were less comfortable with this. For example, Kathryn's reading teacher was teaching oral descriptive language to her reading groups through Bell's (1991) visualizing and verbalizing procedures, because she had recently attended a conference where it was presented as a way of teaching reading comprehension. However, within 2 months, she reduced it to periodic moments during the regular reading instruction because she was starting to see it as less tightly connected to reading than she had been told, and she did not feel right spending time away from reading.

Teachers also appeared to have difficulty measuring learning within oral language activities. When the reading teacher described above was asked about how she took data on the describing activities, she said she didn't because she wasn't trained on that. Dana exemplified this contrast:

I go into the resource room twice weekly...the resource instructor is so intent on teaching the language arts standards that often my materials and suggestions fall by the wayside. She sees accountability in terms of written work and has trouble seeing how we can do some of my auditory activities.

All of the participants described SLPs as working specifically with oral language. Observations and file review supported this. Print materials, reading, and writing were used by the SLPs as tools for developing speaking and listening skills. Rather than teaching written language directly, language developed through speaking, and listening was expected to transfer to print domains. Word decoding and spelling objectives addressed reading and writing as part of a phonological processing aim: "perceiving, spelling, and reading CVC combinations" or "demonstrating phonemic awareness through invented spelling." One objective by Dana listed spelling and punctuation along with story parts and grammaticality, but other data sources showed that she did not focus on those aspects of that multiskilled objective. The one exception was Marla, who had recently added irregular spelling from a high-frequency word list used across the school.

When the SLPs assisted students in completing written curricular activities, such as science reports, the focus was on completing the activity rather than on skill development. In contrast, the oral language curricular activity of public speaking showed clear skill instruction. Dana explained how, after helping the student write a report, she worked on his or her public presentation of the report. She targeted

eye contact and pausing in rehearsing student oral presentations and attended the classroom speech to determine achievement. Chris used a grading rubric and taught her students to score each other on the many impromptu speeches they gave in therapy. Her grading rubric had been adopted by some of the classroom teachers for their public speaking activities. Lulu had her students practice speeches based on her thematic units, then took the students back to their classrooms to give the speeches. Kathryn had daily show-and-tell speeches in which she and the other students gave oral feedback on specific skill performance, such as clear articulation.

Although phonemic awareness was addressed by some of the teachers, only the SLPs listed it as an instructional objective and spent focused time on it. Kathryn's resource teacher had recently learned LiPs. However, she did not spend time on phonemic awareness separate from spelling. Instead, she said she moved on quickly from plain tiles (/baet/ is represented by three blocks) to letter tiles (/baet/ is represented by b-a-t). In addition, the teachers were more likely than the SLPs to include letter-sound understanding and phonics in their explanation of the term phonemic awareness.

In sum, oral language was distinctly an SLP domain. Lulu captured the importance of talk as both a target and a tool for the SLP: "How are you going to know what children really know, how can you help them if you're not talking about it with them? And so often, that's what's lacking with these kids, it is they've never had the opportunity."

Speech specialty. In contrast to language, speech clearly belonged to the SLPs. Speech was composed of articulation, voice, and fluency for these SLPs, with articulation as the primary constituent. This term was used to encompass both single and multiple misarticulations, regardless of source, throughout the age range. The SLPs each typically had one fluency case in their caseload. Voice cases rarely occurred. Speech cases composed 10% to 40% of the SLP caseloads.

Teachers listed pronunciation errors and stuttering when describing the expertise areas of an SLP. Kathryn's reading teacher was observed to do articulation exercises (with mirror and placement cues) during a reading lesson, but she admitted that her knowledge was very limited. Chris' resource teacher carried out some articulation activities with a student because of scheduling issues, but it was under Chris' guidance.

All 5 SLPs worked on articulation, and most commented on the importance they placed on it. Chris was adamant about the uniqueness and importance of this aspect of SLP service delivery. She felt that speaking skills, including articulation, were part of being a successful student. Dana recognized how articulation is just a part of her as an SLP: "Even if they don't have a speech IEP, if I see something I still, just by the nature of the job, want to correct everything I hear." The SLPs expressed satisfaction with effectiveness with the articulation part of the speech therapy, commenting on how they could make noticeable changes and discharge children in less than an academic year.

Despite their unique roles in speech, the SLPs recognized the higher priority expected for language. Chris, with

a speech caseload at 40%, recognized that the field has moved away from speech in the past few decades. She emphasized that articulation should not take the proportionate amount of time (i.e., 40% for her). She spent only a few sessions a week on speech, working with students in large groups that she broke into cooperative learning pairs. Because of scheduling issues, Lulu sometimes taught articulation and language cases together. Chris served her fluency case along with two language cases, although she recognized that this was an unsatisfactory arrangement.

One SLP, Kathryn, estimated that 75% of her caseload was seen for articulation and oral-motor work. She said that she felt the pressure to move into reading and writing, but considered this her unique contribution. In contrast to Chris, Kathryn saw her students individually. However, Kathryn's high articulation proportion was also not reflected in proportionate time, because half of her day was devoted to a daily language class for a small number of students. Despite this, Kathryn still stood out from the other SLPs in her relatively greater focus on speech intervention.

These results showed that speech was a recognized specialty for SLPs in terms of knowledge and practice. However, relatively little time was devoted to this specialty.

Remedial Service Structure

The organization of service structure can affect the nature and effectiveness of instruction. Consistent differences were found across the three types of remedial educators.

Service delivery. SLP service structure showed both similarities and differences to that of the resource and reading teachers. This comparison deals with all of the SLP services except for Kathryn's daily language class. Her class was unusual and bore more structural similarities to a

resource room than to conventional SLP services. The discussion of reading teacher practices deals with the Reading Recovery (Pinnell, DeFord, & Lyons, 1988) part of the instruction, not their group instruction.

Table 2 shows how the remedial educators compared across various service delivery features. The SLPs were similar to the reading teachers on five of these: assessment, eligibility, relations to the curriculum, lessons, and grade span of groups. Resource instruction stood out as particularly grade-mixed in the group span. The lessons and student attendance were also noticeably discordant. The riddle-creation example described earlier occurred with a group of children ranging from first grade to third grade, with the first grader missing the beginning of the lesson and an older child leaving before the end of it.

The SLPs were similar to the resource teachers on the requirement for all eligible students to be served, objective setting, and the time the students stayed on the caseload. Session frequency, caseload size, and data collection practices differed across the 3 remedial educators. The SLPs showed the greatest variety in collaboration and contact. They were considered particularly flexible in addressing teachers' concerns.

In summary, the 3 remedial services provided fairly different service structures. The SLP service delivery could be characterized as having higher numbers of children seen directly for short infrequent sessions and on the caseload for a long period of time. Resource service delivery involved low numbers of children seen for long sessions frequently, in a simultaneous, heterogeneous manner. Resource children were also on the caseload for a long time. The reading service involved intensive short sessions of direct individual attention for a short period of time.

Job pressures. The SLPs were considered teachers and an integral part of the school. They were considered *specialists* along with the other remedial teachers and

Table 2. A comparison of service delivery across remedial educators.

	<i>Speech-language pathologist</i>	<i>Resource teacher</i>	<i>Reading teacher</i>
Assessment	Own assessment	District assessment	<Same as SLP>
Eligibility	Low performance	Discrepancy & other characteristics	<Same as SLP>
Waitlist	Not possible	<Same as SLP>	Possible
Objective setting	IEP	<Same as SLP>	Flexible progress predictions
Session frequency	1-3x/wk	Daily, 1-3 hrs	Daily, 30-45 min
Caseload size	22-50	7-12	3-4*
Time on caseload	3+ years	<Same as SLP>	Half a year
Curriculum	Supplementary	Substitutive	<Same as SLP>
Lesson structure	Single complete lessons	Simultaneous & partial lessons	<Same as SLP>
Group grade span	1-2	3-6	<Same as SLP>
Data collection	Online, ±	Mainly quizzes & work samples ^b	Copious online, ±, & nature of errors
Collaboration and contact	Informal contact, occasional assist & co-teach	Informal contact, occasional assist	Informal contact

Note. IEP = individual education plan, LiPS = Lindamood Phoneme Sequencing program.

*The reading teachers taught groups of children in the afternoons. ^bThe resource teacher who taught LiPS took online data.

non-academic teachers such as music or art teachers. Despite their state teaching certification status, the SLP services were related rather than core instruction. These differences put SLPs somewhat outside the educational mainstream. This positioning was evident in the pressures reported.

Uniformity expectations were cited as a concern by some of the teachers. For example, some teachers were very concerned about the upcoming requirement in Dana's school to have a standard grade-level textbook, the expectation in Marla's school that the resource room should be physically arranged like a regular classroom, the specification of grade-level topics and skills, and the movement toward using grade-level benchmarks as IEP objectives. The SLPs did not consider that there were any pressures on them for academic uniformity beyond noting on the IEP objectives the relevant state standard.

State targets for achievement levels were a frustration for teachers. They were concerned about how to achieve the expectation and how, despite high achievement levels, more was always expected. Lulu's reading teacher described how her school was considered weak in one subject area because that area was lower than other areas, despite all of the areas being above average.

All of the educators were concerned about time pressures—how much had to be accomplished in allotted times and how much time was spent at work. However, the classroom teachers, resource teachers, and reading teachers blamed it on standardized testing and a standard curriculum. They cited assessment documentation, committee meetings, and time spent training students for testing as detrimental to instruction.

All three remedial services cited scheduling as a perpetual source of frustration. Missed sessions, unsatisfactory groupings, and overlapping sessions were outcomes. The resource teachers were particularly concerned with fragmented lessons and the wide skill and age range of their students. The reading teachers were pressured to execute all of the prescribed elements of the lessons within the allotted time.

The SLPs cited concerns about caseload size and multiple schools. A follow-up e-mail to Dana, after her caseload increased to 45, revealed considerable frustration with the effects of the increased numbers in her practice. Dana reported reducing her literature and discourse-level work and using more workbooks and traditional vocabulary and concept goals. She did not consider that she knew the students well enough to offer teachers useful insights into learning patterns and supports. Dana described the motivational issues involved in seeing children for many years:

Many of the students will remain in my program for many years and I need them to think of this as a positive thing and not a prison sentence with the only language lady down the hall. Many of my kids will be lifers and for them, the environment and the format needs to change from time to time.

The SLPs cited the broad scope of practice as a source of frustration. Although the diversity kept the job interesting, it was difficult to be competent in all areas. Marla expressed it as "mind-boggling." Both Marla and Chris wondered when SLPs would subspecialize within the schools. Kathryn wondered about the movement into

reading and writing instruction and away from strengths in oral language and speech:

With all the current emphasis on standards and benchmarks, it is difficult to decide if I teach reading and writing, where is my territory and where is the teacher's? Are intelligible speech and vocabulary development important components of a well-rounded education?

The results showed contrastive job pressures. SLPs were distinguished on caseload size and diversity concerns, as well as on the challenge of maintaining student interest over the years.

A contrast in instructional frameworks. Along with differences in service delivery structure and pressures, underlying organizing frameworks were found to differ across the three types of remedial educators.

Speech-language pathology. The SLPs were similar across schools and distinctive from resource teachers in their emphasis on teaching underlying skills and strategies. Whereas one SLP might focus on phonological processing and another on text comprehension, both emphasized the need for determining and then working on critical skills that would improve academic performance across subjects. The words *skill* and *strategy* were repeatedly mentioned by the SLPs when explaining their intervention approaches. Chris believed that this focus was especially important in the later elementary years and beyond:

What I see happen in the resource room is that they're not taught any strategies, they're just taught how to maintain. You've got a test coming up, let's all study...But as far as a strategy to help them on the next test, I don't see that the resource teachers have any time for that. They're doing all they can do just to help the kids pass. Whereas I can have time to teach them the strategy that they may eventually use. Nobody else is doing that.

Comments concerning the individual SLPs indicated that they were considered particularly open to possibilities. They were considered knowledgeable, scientific, flexible problem solvers. Descriptors included willing to jump in, we're lucky to have her, easy person to work with, efficient, involved, uses wizardry, like a goddess to me, committed, successful, and she's the expert. The SLPs were described as willing to come into the classroom, collaborate, find out what teachers were doing, provide guidance, and problem solve over particular children. The reading teacher described Lulu as "great because we can go in there and ask her things, she figures out things, she can analyze something."

The SLPs' independence in practice resulted in varied instruction. Although the SLPs were aware of the dominant curricula of their schools, they made their own decisions about teaching targets, methods, and activities. Marla's primary resource teacher discussed how different the practices were of an SLP she had worked with previously compared to those of Marla.

IEP goals were often linked in a general way to the Wyoming State Standards (WDE, 1996–2002, indicated by *italics*):

- Limited auditory processing interferes with all language arts academic areas (*Grade 4, Standard 3*).

- Will improve oral communication skills to work towards mastery of grade level standards.
- Will speak for a variety of purposes and audiences with sophistication and complexity appropriate to the grade level.

This linkage did not constrain objective formation. Lulu commented that it was easy to fit her objectives within the listening, speaking, or thinking parts of the language arts standards. Specific district benchmarks such as one referencing grammaticality for first graders (e.g., Laramie County School District [LCSD], 2000) were sometimes referenced by number beside the objective, but the wording reflected that particular SLP's instruction. For example, it is clear from the wording of the following objectives which SLP preferred a discrete skill semantic knowledge approach versus an embedded skill discourse approach:

- When presented with pictures or objects, will describe using at least three critical elements such as function, size, or parts. (Kathryn)
- Will make predictions before, during, and after when listening to literature read aloud. (Dana)

The SLPs enjoyed analyzing and discussing their students. For example, Lulu discussed a student who showed hesitant and disorganized output but adequate norm-referenced scores, and described him as needing "to climb over fences" to get to an answer. She struggled with how to maintain his eligibility for language intervention. Kathryn did additional diagnostic therapy on a child assessed by a different SLP because her initial estimation was lower than the objectives indicated. Chris collected empirical data to support her large group articulation approach. She was also collecting data on her non-caseload students' independent phonemic awareness and phonics computer work (Cognitive Concepts, 1999). Chris was constantly wondering about better ways of doing things and said that her biggest frustration with the job was "not enough time to think."

Resource teachers. Resource teachers also addressed critical learning skills, but not as the organizing framework. Resource teachers characterized their work as providing a sheltered learning environment. Marla's intermediate resource teacher was emphatic about how the students felt that this was their classroom, where they felt liked and safe. She described one student who brought in a birthday cake to celebrate in "his classroom," which turned out to be the resource room, not the regular classroom. She said that the multiyear relationship with the children was important in developing rapport.

In contrast to the SLP objectives, resource objectives were similar across schools, reflecting the standard curriculum (in *italics*). In a number of cases, the resource objectives were similar to the district benchmarks for that grade child, with mastery criteria added. Two examples for a fifth grader are presented below (from Dana's resource teacher):

- Will use the writing process of prewriting, drafting, revising, editing, and publishing to create descriptive, narrative, and expository writing for various purposes and audiences.

- Will recognize and apply the six traits of writing: ideas and content, organization, voice, word choice, sentence fluency, and conventions (spelling and mechanics).

Lulu's resource teacher commented on how, with the heterogeneity of skills and ages, and the fragmented scheduling, the work was more like behavior management than teaching: "As I've gotten more students, everything just becomes more difficult, because you're just trying to manage what they do." Likewise, Marla's primary resource teacher said, "I don't really feel like I teach anymore, it's more about management of instruction." She said that a large number of her students had emotional disorders, so she frequently worked on social skills; sometimes, she felt that was all she was teaching. Lulu's resource teacher was particularly concerned about her inability to address the needs of her first-grade student, whose abilities were more similar to her classmates than to the older students in the resource room. She wondered whether that student would benefit more from staying in the regular classroom.

Other than the LiPs program that was used by the one resource teacher, the school language arts curriculum was largely followed. Lulu's resource teacher expressed some despair over finding effective teaching methods: "What can I do if Reading Recovery doesn't work? Some children will always struggle, no matter what we do." Marla's primary resource teacher was more resigned: "I don't know that one approach has been any better than another."

Reading teachers. In the Reading Recovery portion of instruction, the focus was on providing a temporary intense period of reading instruction to maximize the child's reading performance early on. Within this instruction, the reading teachers were notable for their attention to analyzing needs and teaching precisely to those needs. The lessons were prescribed, which allowed the reading teacher to attend to subtle teachable moments rather than overall structure. Within the lessons, there were prompt and cue suggestions. The teachers received extensive training and were evaluated regularly on the execution of the method. The focus was on the teaching process as well as the outcome, and the teachers felt positively challenged by the process:

When that child leaves, you are exhausted. And so is the child, because they are worked very hard... Our goal is to keep them in that zone [of proximal development]. And it's exhausting for me to determine where that zone is because I have to think on the run.... What you want to do is make sure that every minute that you have with that child is productive. (Lulu's reading teacher)

Each session, a running record of error types was taken as the child read aloud, spelling errors were noted on the writing tasks, and difficulties segmenting sounds were detailed. The nature of the errors and support was recorded, as well as correctness. The teacher responded immediately and made plans for the next day based on the progress observed in that session. Data collection was valued despite the large amount required:

With the Reading Recovery, every bit of documentation I do practically serves to drive my instruction.... If I'm really on and nobody opens the door, I can get one child analyzed and a

new lesson planned in about 15 minutes. That's after 6 years.... Each child is different. There is no cookie cutter.... You have to use everything you know to bring it together to structure it for that individual child. (Lulu's reading teacher)

Both reading teachers (and the second-grade teacher in Kathryn's school who was trained as a reading teacher) considered their teaching method to be the best they had used. Lulu's reading teacher again expressed it well: "Not until I took the Reading Recovery training do I feel that I really knew how to teach kids. Not teach reading, but teach kids, because now I know how kids learn." When asked whether she thought that other reading programs were as valuable as Reading Recovery, she said, "Oh! Not even close! This is like rocket science compared to that."

In summary, the SLP framework was characterized by an individual SLP approach, with a focus on underlying processes, skills, and strategies, in addition to a problem-solving perspective. The resource teachers provided a sheltered version of the regular classroom, where great changes in performance were not expected. The reading teachers emphasized analytic, focused instruction that involved significant instructional effort but was accompanied by significant performance improvement.

DISCUSSION

The results of this study provide information on the role of the school SLP as speech and language specialist and the interconnections with other remedial educators through the practices of 5 SLPs in Wyoming. The study was limited by the small number of participants and the sample restriction to a single, frontier state. The detailed description of these 5 clinicians provide a step toward a data-based consideration of situated roles in the school setting.

Speech and Language as Specialty Domains

SLPs are present in the schools as specialists in speech and language serving children with identified needs. Whereas the speech component of the work clearly belonged to these SLPs, the results of this study indicated that the language specialization was not apparent. Instead, all of the educators recognized the pervasiveness of language across the curriculum and saw language instruction as a primary responsibility. Language targets, methods, and activities were similar across educators. Resource teachers were particularly similar to SLPs in their support of the language-learning needs of low-achieving students.

The results showed that the participating educators were comfortable with the instructional commonalities, considering that "more is better" for the children. This may be true. However, lack of distinctiveness can be a concern. The similarity between SLPs and resource teachers was reasonable considering the increasing movement into written language and the long-term service structure for SLPs. But it may also lead to questions about the contributions of SLPs, especially in the face of significant SLP shortages.

Many of the language differences were more terminological than substantive. The SLPs were better able to describe language parts according to linguistic divisions. The teachers were not accustomed to explaining the term *language* and often confused it with *language arts*. This is not surprising, considering the state description of language arts as reading, writing, speaking, listening, and thinking (WDE, 1996–2000). Other definitions make clearer the difference by separating the formal subject area from the mental domain. For example, Merriam-Webster (2002) defines language arts as the reading, spelling, literature, and composition subjects that are aimed at developing oral and written language. Nonetheless, *language arts* and *language* are closely overlapping concepts, particularly when only academic uses of language are considered.

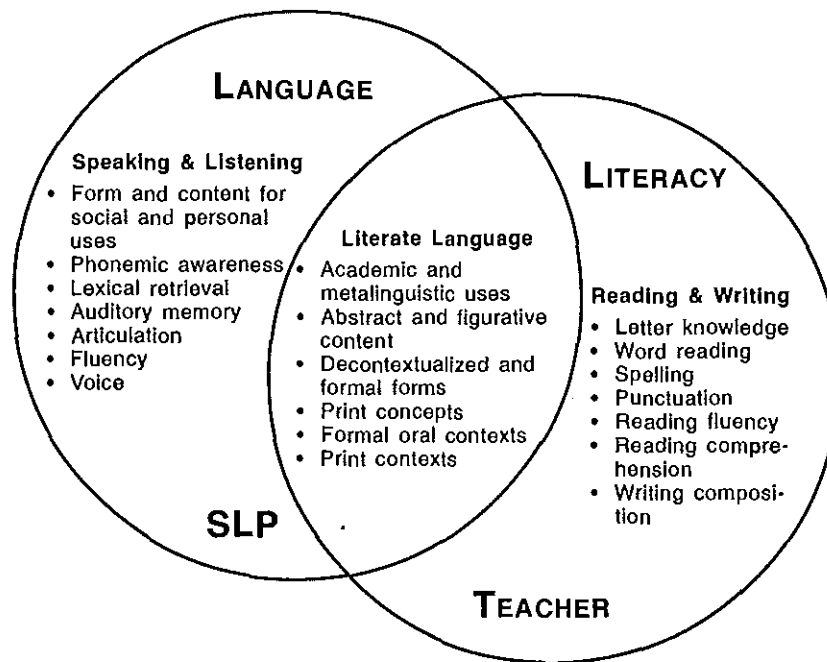
Terminology matters. Language was added to the speech pathology title several decades ago to improve communication with the public about what SLPs do. However, the distinction between *speech* and *language* is an SLP-specific distinction. The Merriam-Webster (2002) definition of *speech* is the communication or expression of thoughts in spoken words. This includes oral language. The preference for *speech teacher* over *language teacher* as a simplified label for SLPs was indicative of the lack of clarity of the concept *language* for all concerned. An investigation of descriptors that were meaningful and descriptive to the Canadian public found that 90% of respondents preferred some combination of *speech and hearing* rather than a version that included *language* (Canadian Association of Speech-Language Pathologists, 2000). For non-SLPs (including teachers), *speech* includes both oral language and sound production, and *language* only complicates matters.

There were consistent role differences. The SLPs taught the speaking and listening parts of language arts, the educators emphasized the importance of oral language, and all of them considered that they taught oral language. However, a difference in approach was observed, with the teachers taking a prescriptive and incidental approach, and the SLPs taking a descriptive and systematic approach.

Similarly, a difference was observed in direct reading and writing instruction. All of the educators, including the SLPs, addressed the language skills associated with successful reading and writing. One SLP, Marla, directly taught oral–print associations, in terms of spelling and word decoding, within a phonological processing model. However, the SLPs did not attend consistently and systematically to areas such as word attack, spelling, writing composition, or reading fluency.

If language and literacy are construed as two large, diverse, and overlapping domains, both the SLPs and the teachers taught the overlapping area of *literate language* (see Figure 1). However, they were distinguishable in their attention to the unique parts of the circles. The teachers were the primary educators for the reading and writing component of the literacy circle; the SLPs were the primary remedial educators for the speaking and listening component of the language circle. The items do not line up perfectly, but there is a reasonable separation. Phonemic awareness was placed in the far left because the SLPs addressed it specifically. However, phonemic awareness is

Figure 1. Illustration of the shared and distinctive instructional targets of the speech-language pathologists and teachers within the overlapping domains of language and literacy (Copyright 2003 by Teresa Ukrainetz).



specifically a literacy issue—it is needed only for the acquisition of alphabetic-based print systems, not for oral communication. Speech and debate were listed under the shared context, even though they involve the oral modality, because they are taught in the classroom. The important area of social communication was listed under speaking and listening, despite the lack of direct attention from these SLPs.

These findings indicated that language was not a concept that could be clearly demarcated for specialization. SLPs specialize in *speech* (meaning the spoken word) and share in *language* with other educators.

Remedial Instruction Speciality

The results showed that SLPs clearly differed from the other two remedial specialties in terms of service delivery. The structure, job pressures, and instructional framework showed speech-language pathology to be a distinctly different service.

Two of the three remedial instruction frameworks were logically linked to their service delivery structure. The daily resource service provided over many years made sense relative to the resource intervention framework—provision of a sheltered learning environment that substituted for the regular language arts and/or math instruction. The reading service delivery structure involved short-term intensive supplementary reading instruction followed by appropriate performance in the regular classroom or a

referral for resource support. This fit the instructional framework of the teacher, using all of her skills and energy to make maximal change in a short time.

The SLP service delivery and instructional framework were less consonant. The framework was a focus on underlying process, skill, and strategy remediation. In addition, a problem-solving stance to intervention was apparent. The long-term, infrequent service delivery was not particularly suited to either of these aspects.

The long-term feature led to a constant language support system like that of the resource teachers. These SLPs and resource teachers had similar language objectives, methods, and activities. Although an SLP and a resource teacher might differ at a particular school, many examples of similarity could be found across schools. The SLPs were able to provide more coherent sessions than the resource teachers by having a small number of similar-level children stay for an entire lesson, but the content of the instruction was similar.

The infrequent nature of the SLP service delivery led to efficacy questions. These SLPs and the teachers were confident that the SLP intervention made a difference. However, research evidence supports individualized interventions of 3 or more hours a week (e.g., Gillam, Crofford, Gale, & Hoffman, 2001). Periodic, intensive intervention, coupled with the resource provision of an ongoing sheltered language-learning environment, would be a service delivery structure that would allow effective provision of the SLP instructional framework.

CONCLUSION

This qualitative study contributes toward critical consideration of instructional specialties. Results showed that the participating SLPs presented as integral and valued educators who shared in instruction across the broad domain of language. The SLP language instruction was not clearly different from that of other educators. SLPs and resource teachers provided particularly similar instructional services. The term *language* was not useful in describing and delimiting a specialization. The general conclusion was instead, *what isn't language?*

In contrast to language, the SLPs showed a modality-specific specialization in instructional practices in the areas of oral language and speech. Teachers did not address oral language in the same descriptive and systematic way as the SLPs. Articulation, fluency, and voice were clearly SLP areas.

The SLPs also showed distinctive service structure. The SLPs reported similar frustrations to reading and resource teachers in terms of scheduling and time demands, but were not as centrally involved in academic accountability and curriculum issues. The SLP service delivery was different from that of the other remedial educators. It was characterized by infrequent sessions for a large caseload sustained for many years. Compared to resource service structure, SLPs taught more cohesive lessons in relatively more homogeneous instructional groupings. They also focused more on underlying processes, skills, and strategies, rather than on provision of a sheltered academic environment. However, there was less of an analytic and planned approach to teaching as compared to the reading teachers. The links between intervention frameworks and service delivery structures were apparent for the resource and the reading services, but not for the SLP services.

It is important that school SLPs continue to provide unique intervention as well as share in some areas of instruction. In terms of targets of intervention, this study indicates that specialization lies more in the oral than in the written domain. It also lies with attention to underlying processes, skills, and strategies. SLP service structure is distinctive, but is not well-linked to the support intended. SLPs need to continue to reflect on how best they can provide their services in light of the larger school context.

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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents

Ad Hoc Committee on Reading and Written Language Disorders

This technical report was drafted by an ad hoc committee formed by the American Speech-Language-Hearing Association (ASHA). Members of the Ad Hoc Committee on Reading and Written Language Disorders were Nickola Wolf Nelson (chair), Hugh Catts, Barbara J. Ehren, Froma P. Roth, Cheryl M. Scott, and Maureen Staskowski. Vice Presidents for Professional Practices in Speech-Language Pathology Nancy Creaghead (1997-1999) and Alex Johnson (2000-2002) provided guidance and support. Roseanne P. Clausen provided ex officio assistance from the National Office; Diane Paul-Brown and Susan Karr served as consultants to the committee.

Technical Report

Background

The position statement was motivated by the need for (a) speech-language pathologists (SLPs) with the knowledge and skills to provide assessment and intervention for children whose persistent language difficulties frequently involve problems with learning to read and write; (b) understanding and advocacy for the direct role SLPs should play in providing literacy instruction; (c) collaborative partnerships between SLPs and teachers to foster literacy acquisition for general education students at risk for or experiencing reading and writing disorders; and (d) responses to practical questions from ASHA members about roles and responsibilities.

The position statement acknowledges the background and training that prepare SLPs to support the development of (a) spoken language as a foundation for learning to read and write; (b) sound- and word-level awareness for grasping the alphabetic principle; (c) comprehension and formulation skills for using higher-order semantic and syntactic forms; and (d) knowledge of literate discourse structures for comprehending and producing coherent spoken and written texts. This statement is consistent with the ASHA Scope of Practice in Speech-Language Pathology, which includes language and communication disorders in spoken, written, graphic, and manual modalities (American Speech-Language-Hearing Association, 1996) and with the ASHA Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist (American Speech-Language-Hearing Association, 1999).

The position statement reflects an extensive body of research that confirms the importance of adequate awareness of the sound structure of words, verbal memory and retrieval, and general language knowledge in learning to read (e.g., Blachman, 1997; Catts & Kamhi, 1999). It is designed to narrow the gap between research and practice, building on research supported by the National Institute of Child Health and Human Development (Lyon, 1995, 1999; Lyon, Alexander, & Yaffe, 1997; Lyon & Moats, 1997) and a report of the National Research Council (Snow, Burns, & Griffin, 1998). It addresses the National Education Goals (U.S. Department of Education, America Reads Challenge, 1997), which emphasize that all children in the United States will start school ready to learn, and that every adult American will be literate. It also responds to concerns raised by publication of *A Nation at Risk* (National Commission on Excellence in Education, 1983) and the subsequent national standards movement (Kendall & Marzano, 1997). Finally, it is consistent with requirements of the Individuals with Disabilities Education Act of 1997 (Public Law 105-17) that special education and related services should

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Index terms: Adolescents, children, literacy, reading assessment, speech-language pathology, written communication disorders, written language assessment, written language treatment

Document type: Technical report

be linked to progress within the general education curriculum.

The position statement and accompanying guidelines also respond to requests from ASHA members to clarify the roles that SLPs should play in addressing reading and writing. They are designed to support the notion that professionals can collaborate with school administrators, teachers, other professionals, and parents to develop programs for promoting emergent literacy and literacy skills among general education students as well as those with identified spoken language and literacy problems. They are intended to assist ASHA members in advocating for quality services, developing programs, and fostering collaborative relationships in the area of literacy instruction. The technical report acknowledges that changes in speech-language pathology practice patterns (e.g., caseload priorities and size, service delivery models) and academic program content may be necessary to achieve literacy goals. It also acknowledges the essential collaborative nature of these roles and responsibilities.

The technical report summarizes the literature that establishes the scientific base for the position statement and provides the background for the guidelines. For comprehensive literature reviews, the reader is referred to several recently published sources (Blachman, 1997; Catts & Kamhi, 1999; Simmons & Kameenui, 1998; Snow et al., 1998; Speece, Roth, Cooper, & De La Paz, 1999; van Kleeck, 1994). The technical report also outlines the professional knowledge base that prepares SLPs to make unique contributions to collaborative teams of educators and other specialists concerned with the mutual goal of helping all individuals become competent literate language users.

The Nature of Literacy

Defining Literacy

Literacy, as defined in the National Literacy Act of 1991 (Public Law 102-73), for speakers of English is "an individual's ability to read, write, and speak in English and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and to develop one's knowledge and potential." Without reference

to English, the same definition applies equally to speakers of other languages.

This broad definition is consistent with school curricula and national and state standards. Significantly, it is inclusive of listening and speaking, as well as reading and writing. Although the present document focuses on reading and writing, a complete understanding of literacy requires an appreciation of literate uses of spoken as well as written language and the relationship between them. Literate language uses, both spoken and written, are often more formal and more decontextualized, in that more of the meaning is in the words than in the nonverbal context (e.g., Cazden, 1988; Cummins, 1984; Wells, 1986). In addition, literate language emphasizes different types of sentence- and text-level complexity (Halliday, 1987; Scott, 1994).

Defining Reading

Reading can be defined as the processes by which one constructs meaning from printed symbols. Although a number of interrelated perceptual, linguistic, and cognitive processes are involved, reading can be divided into two general components—decoding and comprehension. Gough and his colleagues termed this a "simple view" of reading (Gough & Tunmer, 1986; Hoover & Gough, 1990). Decoding refers to word recognition processes that transform print to words. It includes both direct routes (visual, orthographic) and indirect ones (sound-symbol correspondence). Comprehension refers to processes by which language is understood and interpreted. It involves construction of meaning at the word, sentence, and discourse levels. The simple model of reading emphasizes the equal importance of decoding and comprehension. Decoding in the absence of comprehension is not reading. Likewise, attempted comprehension without adequate decoding is not reading. The simple view has been appealing to practitioners and researchers alike (Kamhi, 1999).

The simple view of reading clearly illustrates that reading is dependent, for the hearing population, on spoken language. Reading takes advantage of the linguistic knowledge and processes that have evolved primarily for speaking and listening (Catts & Kamhi, 1999). In recognizing written words, the

¹ The scope of practice for SLPs includes literacy assessment and intervention for adults (who have developmental or acquired communication disorders), as well as for children and adolescents, but that work is beyond the scope of this set of papers.

² The term written language refers to reading and writing and related processes.

³ In these documents, the terms problems, difficulties, and impairments are used interchangeably to describe concerns about spoken or written language development; where applicable, literature reviews maintain terminology of the original.

reader uses the rich lexical knowledge that has been developed through spoken language. This is particularly true in the early stages of reading acquisition, when the words children read are ones they already know and use in their spoken language. Decoding processes allow readers to access the meaning of these words based on familiar sound patterns (Lieberman, 1982; Lieberman & Shankweiler, 1985).

Reading comprehension also shows considerable overlap with spoken-language comprehension in that readers and listeners use similar linguistic knowledge and higher order processes. Proponents of the simple view of reading claim that once words have been recognized, reading and listening are much the same (Gough & Tunmer, 1986). Other researchers emphasize that printed language is not just speech written down, but differs in manner of complexity, style, and level of decontextualization; therefore, written language cannot be processed in exactly the same manner as spoken language (e.g., Cazden, 1988; Halliday, 1987; Perfetti, 1985). It involves higher level thinking processes (Perfetti, 1986).

Reading and listening also differ in their contexts of use. For example, speaking and listening typically involve social interaction with participants who share time and space, each having some control over the content of what is said. Reading, on the other hand, is usually an individual activity, in which authors and readers are remote in time and space. In particular, written-language communication lacks the immediate social context and negotiation of content found in spoken-language interactions. As a result, some of the higher order comprehension processes employed in reading differ from those involved in spoken-language comprehension (e.g., Catts & Kamhi, 1999; Gough & Juel, 1991; Just & Carpenter, 1987; Wallach & Butler, 1994).

Defining Writing

Written-language production can be described from two perspectives—process and product. Both are important when considering the developmental needs of students.

Writing processes include the cognitive-linguistic and motor acts that are involved when generating written texts. They include planning (prewriting), organizing, drafting, reflecting, revising, and editing (Hayes & Flower, 1987), as well as forming letters and sequences of letters into words. When engaged in the process of writing, mature authors view the overall written task, such as producing a report, writing a story, or writing a letter to the editor, as a problem to be solved, with the overall purpose of communicating ideas in the most effective manner (Emig, 1977;

Nystrand, 1982). As in spoken communication, writers produce texts for such purposes as informing, entertaining, or triggering some other response in their communication partners; writers, however, lack the immediate feedback and joint construction of meaning that occur in participatory spoken-language interactions. Rather, the relatively solitary processes of writing often must be accomplished with an imaginary audience in mind. The processes of writing also are recursive rather than linear, in that mature writers, in particular, plan and revise in cycles throughout the text-generation process (Hayes, 1996; Hayes & Flower, 1987). In these ways, writers benefit from the increased time to reflect, rework, and polish a piece of discourse in contrast to the immediate demands of online spoken communication.

Written products are the result of the writing processes. A piece of writing (a product) can be examined at several levels. Products may be described at the word level (e.g., word choice, spelling), sentence level (e.g., grammar, complexity, style), and text level (e.g., discourse structure, cohesive devices, coherence). They also may be described relative to writing conventions (e.g., capitalization, punctuation, and paragraphing), and relative to communication functions (e.g., to entertain or inform) and effectiveness (e.g., evidence that the author has appropriately judged and met audience information needs).

Written products vary widely in terms of length and complexity, from single-word labels and lists to multi-volume literary works. Functional written language is produced with less attention to style than formal literate texts. Adult functional writing includes such daily tasks as writing checks, making lists, or filling out applications. Modern lists of functional written language include email messages. Although email communication shares many features with informal spoken-language interaction, anyone who has had communication breakdowns over the Internet has experienced how the lack of paralinguistic information and an immediate partner can lead to pragmatic difficulties. Production of written language is considered truly literate when an author produces texts of some length that others read for information or pleasure. For school children, writing may vary along the functional-literate continuum when teachers, for example, require written responses to questions on tests and worksheets compared with giving assignments to write stories, poems, or individualized reports.

Planning, generating, and revising are largely private mental acts, making it difficult to construct precise models of what authors do when they write.

Researchers studying the process of writing have often asked authors to think aloud while writing (Emig, 1971; Hayes & Flower, 1980, 1987). Observation of young authors at work using think-aloud or other protocols can yield insights about (a) planning and organizing strategies, (b) the ability to remain focused for an extended period and to reflect on written work, and (c) decisions to revise or edit based on rereadings or social interactions with peers regarding preliminary drafts (Graham & Harris, 1999; Harris & Graham, 1996b). In addition, written products can yield information about children's linguistic concepts and abilities at the word level (including graphophonemic and morphemic components), sentence level (e.g., notions about grammar as revealed in punctuation), and text level (e.g., notions about how discourse is organized and structured according to genre and purpose) (Scott, 1999).

Development of Reading and Writing

Reading

The preparation for reading begins long before children enter school (Snow et al., 1998). Children who live in literate cultures typically experience abundant print activities and print materials in the home and other settings (Catts & Kamhi, 1999; Heath, 1982; McGee & Richgels, 1990; Ninio, 1983; van Kleeck, 1990; van Kleeck, Alexander, Vigil, & Templeton, 1996). Literacy is fostered as children gradually become aware of the uses of print in their environment and opportunities to use print. Children learn concepts about print, such as how a book is held, where to begin, that the words tell the story, and that print is read from left to right, as well as other mechanics of the writing system (Stuart, 1995). They begin to recognize print in their environment. They learn what constitutes a story (Sulzby, 1985a), and they develop phonological awareness and alphabetic knowledge—skills that are critical aspects of learning to read (e.g., Brady, 1997; Liberman, Shankweiler, Fischer, & Carter, 1974; Swank & Larrivee, 1998). In these many ways, interactions surrounding print lay the foundation for written-language development.

As children begin to learn to decode words, they go through a number of stages (Catts & Kamhi, 1999; Ehri, 1991). They first associate spoken words with features of print in context, such as the logos of brand names, referred to as the logographic stage. As children enter school and formal reading instruction, they begin to use sound-letter correspondences to recognize words. When children successfully use some of the letter-sound cues in words, they have attained the transition stage. For example, a child who

recognizes the first letter of a word and guesses a word having the same initial sound has begun to apply the alphabetic principle (that letters represent sounds in the English language). During this transition stage, some children also begin to develop an early sight-word vocabulary for high-frequency words they recognize as a whole, although they are not yet proficient at decoding unfamiliar words. When children learn to use letter-sound relationships to decode entire new words, the alphabetic stage has been reached. Of course, this alone does not help children achieve fluent reading. Children must develop a large repertoire of sight words that can be recognized without decoding each letter, including a variety of irregularly spelled words. Gradually, children learn to use spelling patterns to recognize familiar chunks in a word. This stage, known as the orthographic stage, is crucial to achieve automatic word recognition, which is the final stage in the development of word recognition.

Although these word-recognition stages describe general developmental trends, some believe they oversimplify, at best, and may even obscure the developmental process of reading. For example, at a given point for a given child, the mechanism of word recognition for various words will be at different stages. Words that the child encounters frequently will be processed orthographically; less common words still require sound-by-sound decoding. According to the "self-teaching hypothesis" suggested by Share and Stanovich (1995), these lower frequency words then join the ranks of the automatically recognized words when phonological awareness and application of the alphabetic principle help the child move them to the automatic level. Such self-teaching accounts help to explain how most children come to read many more words than they are directly taught and how fluency is attained seemingly overnight for some children.

For most children, achieving this level of automaticity in word recognition occurs after explicit instruction in learning to read, as well as considerable practice. Beginning readers start decoding words by attacking individual letters, but more advanced readers pronounce groups of letters without sounding out each letter (Ehri, 1997). Children acquire this skill as they gain experience in reading different words that share common letter patterns (Trelman, Goswami, & Bruck, 1990). Most children become facile decoders in the early grades; however, some children need continued, systematic, and explicit instruction over a longer period of time to achieve automaticity in word recognition. In fact, difficulty in acquiring accurate and fluent word-identification abilities is the core

deficit in a specific reading disability, sometimes referred to as *dyslexia* (Stanovich, 1988; Torgesen, Wagner, & Rashotte, 1997). By third grade, children are expected to demonstrate automaticity in recognizing words so that they can devote their attention and energy to developing and fine-tuning their comprehension skills. This also is the time at which many children are identified as needing special education services for literacy problems. Signs that children are at risk for difficulty can be detected much earlier, however, by considering their phonological and other spoken-language abilities (Catts, Fey, Zhang, & Tomblin, 1999).

Comprehension of spoken language lays the foundation for reading comprehension (Sulzby, 1985b). In the preschool years and early grades, children expand their use and comprehension of language to understand the world and their experiences. They are exposed to narrative and expository texts and learn to monitor what makes sense and what does not. They learn to question and to respond to texts that are read to them during many important literacy experiences at home and at school. In their early elementary years, they learn to develop and test hypotheses about what will happen next as they gain skill for comprehending more elaborate narrative structures (Ruddell & Ruddell, 1994; Westby, 1999).

By the end of third grade students are gaining flexibility and self-monitoring skills (Snow et al., 1998). As students move into upper elementary and secondary schools, they gradually expand their knowledge of narrative and expository text structures, enhancing comprehension. They acquire important skills for comprehending higher level texts, including how to use schema knowledge and metacognitive processing abilities (Westby, 1999). Such skills enable them to read texts with different styles and genres that are less familiar in construction and linguistically more complex. Secondary students learn to adjust their reading depending on the varied demands of texts and reading purposes. Maturing readers recognize when they are having difficulty understanding and they know how to implement such metacognitive strategies as re-reading or asking a question to facilitate comprehension (Brown, 1980; Bruce, 1980; Flavell, 1979; Paris, Wasik, & Turner, 1991).

Students from upper elementary grades through college are expected to read textbooks, reports, and other lengthy texts to learn a large part of their curriculum. The ability to read informational text containing many unfamiliar words and limited context is often assumed. Abstract, ambiguous, technical, and figurative material in texts also must

be understood and applied. To meet these challenges, good readers self-monitor their comprehension and use repair strategies to help themselves understand difficult text. They also formulate questions regarding the text, taking the learning process beyond the text into their own lives and applying the knowledge learned (Brown, 1980). Adolescents also are expected to demonstrate knowledge gained through reading in written form (Scott, 1994). Students at the secondary level must demonstrate mastery of skills across disciplines, much of which relies on intact spoken- and written-language skills (Ehren, 1994).

Writing

A child's early experiences with print serve writing as well as reading (van Kleeck, 1995, 1998). In print interactions, the fundamental discovery that a child must make is that writing is a second-order symbol system for "drawing" speech (Ferreiro, 1984), compared with speech itself, which is a first-order symbol system for representing objects and events. Early writing is almost always tied to pictures, in the form of labels for objects, and later, through multi-word descriptions of objects and events. These labels and short sentences become more "readable" as spelling progresses (Chapman, 1994). Even as emergent writers, many children are forming accurate ideas about why people write (e.g., to write notes, tell stories, do homework).

Some children enter kindergarten capable of writing a few words. A child should be a conventional writer by the end of the first grade. Conventional writing in this context is defined as the ability to produce connected discourse (at least a few sentences in length) that can be read by someone else without too much difficulty (Sulzby, 1992, 1996). From that point on, however, the developmental course of writing is a long one.

In early elementary grades, children write sentences that are shorter than those they say, and their writing is likely to contain grammatical errors that are not characteristic of speaking (Scott, 1999). Eventually, as spelling becomes more automatic, children's written sentences are equivalent in length to those they speak. By late elementary grades, the length of children's written sentences exceeds their spoken utterances, as writing takes on an increasingly literate lexicon and grammar (Kroll, 1981).

Students find planning and revising very difficult until well into the secondary school years (Bereiter & Scardamalia, 1987). In the later school years, writing competence is difficult to separate from academic instruction and experience. Although most high

school seniors are capable of writing well-formed narrative and informational texts, persuasive writing remains difficult (Applebee, Langer, Mullis, Latham, & Gentile, 1994).

Spelling

To be a fluent writer, one must be a fluent speller. Like reading, the roots of spelling begin several years before formal spelling instruction. Read (1971, 1986) was among the first to capture the systematic and even creative attempts of emergent writers—a type of writing he called “invented spelling.” Progressing from scribbles and letter-like forms, preschool children discover that writing “draws” speech, and as a result, begin to use some letters that are accurate (or close) representations of the phonetic properties of speech. Highly salient consonants in initial position of words are best represented in invented spelling, whereas harder-to-hear sounds, such as nasals and vowels, are frequently omitted. That the phonetic properties of sounds are appreciated by young children is evident in the nature of their misspellings (e.g., a common misspelling of the *tr* in *tree* is *ch*, a reflection of the affricate properties of the *tr* blend). Emergent writers also code an appreciation of the phonological properties of sound in early spelling, as shown by Treiman, Cassar, and Zukowski (1994). Phonological awareness has been shown to be closely related to spelling, particularly in the early stages (Ellis, 1997). In fact, invented spelling is frequently cited as one of several ways of measuring phonological awareness.

From kindergarten to the early elementary grades, children more consistently demonstrate their knowledge of the alphabetic principle as they associate graphemes with phonemes across a wider variety of words. To attain relative fluency as a speller, children must learn the patterns that characterize English orthography (e.g., that the sound /i/ is represented by several possible sequences of two letters). Children in the mid-to-late elementary years should spell with enough fluency that composing (writing at the text level) is not negatively affected. Eventually, children realize that morphological meaning is encoded in the spelling system (e.g., *ed* signals that something happened in the past, regardless of how the end of the word sounds). These changes have been captured in five developmental stages (Henderson, 1990; cited by Masterson & Crede, 1999) as (a) preliterate stage; (b) letter-name (alphabetic) stage; (c) within-word patterns stage; (d) syllable juncture stage (e.g., doubling consonants at end of syllables with short vowels before adding suffix); and (e) derivational constancy stage.

Relationships Between Reading and Writing

Reading and writing are highly interrelated as processes and in contexts where they occur. It is difficult to isolate any aspect of reading development that does not have a writing counterpart. For example, children read syntactic patterns common in informational texts, and the same patterns emerge in their writing. Children become fluent orthographic readers at about the same time that their spelling reflects similar orthographic sophistication (e.g., the *ough* in *though* is correctly spelled). Because spelling requires matching every target letter of the word (i.e., full knowledge), it is thought to be more difficult than reading (Berninger, 1999). Nevertheless, many studies have demonstrated high correlations between reading and spelling performance for both typical readers and readers with disabilities (Ehrl, 1997). Reading and writing also are difficult to separate in the school context. Kindergarten children are asked by teachers to “read” what they “write.” Secondary students “read to find out what to write and write to demonstrate that they understand what they read” (Scott, 1999, p. 224).

Language Base of Reading and Writing Problems

Given the reciprocal relationships between spoken and written language, it is not surprising that literacy problems have their foundations in spoken-language difficulties. Young children with specific language impairments have difficulty on tasks measuring rhyme, letter names, and concepts related to print, as well as on some measures of narrative structure and recall (Boudreau & Hedberg, 1999; van Kleeck, 1995, 1998). Evidence of an association between language impairment and reading disability has also come from longitudinal studies (Bishop & Adams, 1990; Catts, 1993; Scarborough & Dobrich, 1990; Silva, McGree, & Williams, 1983; Stothard, Snowling, Bishop, Chipchase, & Kaplan, 1998; Tallal, Curtiss, & Kaplan, 1989). In these studies, children displaying significant impairments in language (generally in semantic-syntactic-phonological aspects) have been identified in preschool or kindergarten and tested for reading and other academic achievement in later grades. Their collective results have shown that children with language impairments are four to five times more likely than normally developing children to have reading difficulties during the school years.

Studies also have been designed to examine directly the language abilities of children with reading disabilities. One approach has been to identify school-age poor readers and then study their perfor-

mance on traditional measures of language development. In at least some studies, data on language development have been obtained before children became poor readers (e.g., Catts, Fey, et al., 1999; Fletcher, Shaywitz, Shankweiler, Katz, Liberman, Stuebing, Francis, Fowler, & Shaywitz, 1994). This work has shown that poor readers often have problems with receptive and/or expressive vocabulary (Wiig & Semel, 1975), semantic relations (Nation & Snowling, 1998), or in the comprehension and/or use of morphology and syntax (Fletcher, 1985; Morice & Slaghuys, 1985; Scarborough, 1991; Stanovich & Siegel, 1994; Wiig & Semel, 1975). Deficits, although sometimes relatively subtle, also have been reported in the comprehension and/or production of text-level language (Donahue, 1984; Feagans & Short, 1984; McConaughy, 1985; Roth & Spekman, 1986; Smiley, Oakley, Worthen, Campione, & Brown, 1977; Stothard & Hulme, 1992; Yuill & Oakhill, 1991).

Other researchers have examined poor readers' phonological processing abilities, using tasks that require awareness, memory, and manipulation of phonemes (e.g., word retrieval, rapid naming). This work has shown poor readers to have deficits in phonological awareness (Bradley & Bryant, 1983, 1985; Catts, Fey, et al., 1999; Fletcher, et al., 1994; Lombardino, Riccio, Hynd, & Pinheiro, 1997; Stothard & Hulme, 1995), phonological retrieval (Bowers & Wolf, 1993; Wolf, 1984, 1991), phonological memory (Torgesen, 1985; Vellutino & Scanlon, 1982), and phonological production (Catts, 1991; Rapala & Brady, 1990). Research also supports the conclusion that a reciprocal relationship exists between phonological awareness and reading. That is, some studies show that phonological awareness precedes and influences reading acquisition; others show that reading acquisition influences the development of phonological awareness (Ehri, 1987; Swank & Larrivee, 1998; Torgesen, Wagner, & Rashotte, 1994).

Language problems appear to play a causal role in reading disabilities and also may be a consequence of them (Snow et al., 1998). The ability to understand and remember the meanings of new words depends on the level of a child's oral vocabulary (Robbins & Ehri, 1994). Poor readers, however, do not read as much as good readers and have less opportunity to acquire linguistic knowledge from reading (Guthrie, Wigfield, Metsala, & Cox, 1999). Stanovich (1986) dubbed this "rich get richer" principle as the "Matthew effect." Over time, reduced exposure to literate language can lead poor readers to experience other language problems. For example, poor readers may fall behind their peers in knowledge and use of higher level vocabulary, advanced grammar, and text-level

structures. These and other aspects of language are dependent on rich literacy experiences that poor readers seldom encounter during the school years.

The fact that spoken-language problems are both a cause and a consequence of reading disabilities ensures that language problems will be a major component of almost all cases of reading disabilities (Catts & Kamhi, 1999). In some instances, the cause and consequence roles can be differentiated. In many cases, however, factors interact to such an extent that cause and consequence roles are obscured, especially in older poor readers (Apel & Swank, 1999). In any case, it is important to recognize that reading disabilities may take varied forms (Aaron, Joshi, & Williams, 1999). Even in cases in which spoken-language problems are not the immediate precursor of reading and writing difficulties, children with a history of reading problems may fail to develop higher level cognitive-linguistic skills (Cain & Oakhill, 1998; Stothard, Snowling, et al., 1998).

Relevant Knowledge and Skills of Speech-Language Pathologists

The reciprocal and multiple relationships 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. The knowledge and skills that SLPs already have regarding language in general, and additional knowledge and skills that they need to have for helping children acquire written language, are summarized here and outlined in greater detail in the accompanying knowledge and skills document.

Knowledge of language and its subsystems—phonology, morphology, syntax, semantics, and pragmatics—is highly relevant for prevention, identification, assessment, and intervention of literacy problems. SLPs possess such skills, as well as skill in diagnosing and treating children with phonological disorders. Their training in using the International Phonetic Alphabet (IPA) to transcribe the sounds of language, and their understanding of phonology and language processing, prepare them to design literacy programs to address difficulties involving phonological awareness, phonological memory, and phonological retrieval. This knowledge of phonemic structure enables SLPs to explain, for example, how a six-letter

word (e.g., caught) can be composed of three phonemes (e.g., /kɑt/).

Knowledge of phonology also helps SLPs tailor lessons for success. They know how to reduce stimulus complexity in sound-segmentation activities, for example, by mixing continuant and stop sounds to maximize discriminability. They also understand how place and manner of articulation, coupled with voicing, affect sound production and how sounds are affected by their position in words and surrounding phonetic contexts. SLPs can highlight these aspects for children having difficulty, teaching them to capitalize on tactile-kinesthetic and auditory cues in their word decoding and invented-spelling efforts. Such skills can be applied in individual treatment, during consultation with teachers to plan general education lessons on phonological principles, and in collaboration with others working with children both with and without literacy problems.

Beyond phonology, SLPs have knowledge of morphological, syntactic, semantic, and pragmatic systems, which also are crucial for reading comprehension and written expression. They understand the theories, principles, and developmental expectations for these systems through the school years. With their knowledge of spoken-language development, SLPs can then analyze how the advancing language demands of textbooks (Scott, 1994), academic talk (Sturm & Nelson, 1997), and curriculum may stress a student's capabilities. For example, a child who fails to comprehend or produce sentences with embedded relative clauses may be unable to comprehend questions at the end of a reading assignment that contain these structures. A child who lacks morphological awareness may have trouble learning to spell words

that require this insight (e.g., *walked*, *humorous*). Children whose spoken stories are not at expected developmental levels will also find it difficult to write stories. 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. The results of such analyses can direct assessment of written language and lead to the generation of language-intervention protocols that match the needs of individual students (Westby & Clauser, 1999).

Academic programs in communication sciences and disorders historically have varied in their provision of information about reading, writing, spelling, and higher level language use. Currently, however, many educators and clinicians who are also SLPs are contributing textbooks, edited collections, journal articles, and in-service education programs about how to apply spoken-language expertise to problems of written language. This makes it possible for all SLPs to have access to the information. It is the contention of the accompanying position statement and guidelines on roles and responsibilities that (a) university programs and other agencies are responsible for providing pre-service and in-service learning opportunities; and (b) speech-language professionals working with children and adolescents are responsible for taking advantage of such opportunities. In addition, SLPs can seek assistance and information from other professionals. Because of the interdisciplinary nature of the work, numerous professionals are involved in helping children with reading and writing problems to become literate.

Appendix E

Section 2. SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

A. Application for Registration

Licensed Speech-Language Pathologists may obtain application material for the registration of a Speech-Language Pathology Assistant from the Board Clerk.

Completed application forms must be submitted for Board approval prior to the date of first employment of the Assistant under the supervision of the registering professional.

B. Eligibility for Registration

Minimum requirements for registration as a Speech-Language Pathology Assistant are:

1. An associate's degree in the field of communication disorders, or an associate's degree substantially equivalent to the following course distribution:

Course	Credit Hours
English Composition/Grammar	6
Math	3
Psychology/Sociology/Multicultural Studies (some combination)	9
Phonetics	3
Human Anatomy and Physiology	6
Survey of Disabilities	3
Normal Speech, Language and Hearing Development across the Life Span	3
Articulation Disorders and Rehabilitation	3
Language Disorders and Rehabilitation	3
Clinical Methods/Procedures	3
Introduction to Audiology/Aural Rehabilitation	3
Elective	3
	Clock Hours
Practicum 1: Observation	15

Practicum 2: Pediatric	40
Practicum 3: Adult	40

2. An applicant who has satisfied all the requirements of paragraph 1 above, except for Practicum 1, 2 or 3, may meet the practicum requirement by satisfying one of the following options:
 - a. Option 1 – Completion of a practicum from a regionally-accredited training program which includes, at a minimum, ninety-five (95) hours distributed as follows:

Practicum 1: 15 hours observation;
Practicum 2: 40 hours pediatric; and
Practicum 3: 40 hours adults
 - b. Option 2 – Completion of the experience for Practicum 1, 2 or 3 while working as a registered Speech-Language Pathology Aide. The aide gains experience in accordance with the requirements and restrictions of section 1(F) above under the supervision of a licensed Speech-Language Pathologist who has had at least two (2) years of postgraduate professional experience and ten (10) hours training in the supervisory process approved by the Board. The supervising Speech-Language Pathologist shall attest to the supervised experience on a form to be provided by the Board.

[Note: Option 2 will be unavailable after January 1, 2005. See §1(C) above.]

C. Registration Requirements and Restrictions

1. Assistants must be registered with the Board by their supervising Speech-Language Pathologist.
2. Only individuals with a permanent license and not fewer than 2 years of post graduate professional experience and 10 hours of Board-approved training in “the supervisory process” may register and supervise Speech-Language Pathology Assistants.
3. Individual Speech-Language Pathology Assistants may be registered by only one licensed Speech-Language Pathologist.
4. A maximum number of 2 Speech-Language Pathology Assistants may be registered by a licensed Speech-Language Pathologist.

5. Supervising Speech-Language Pathologists are totally responsible for the services provided by their Speech-Language Assistants.
6. The registering professional must report in writing to the Board discontinuance of supervision of a registered Assistant within 30 days of the discontinuance.
7. At the time of license renewal, licensees are to list the names of Assistants registered to them.
8. When Speech-Language Pathology Assistants are providing direct services under the licensed supervisor, the supervisor is responsible for so informing, in writing, all clients (or their legal guardians), referring agencies and payers for service. The Speech-Language Pathology Assistant should be identified as a service provider in written plans of care, Individual Education Plans (IEP), and Individual Family Services Plans (IFSP). All clients shall be provided with a written copy of paragraphs E and F below, describing the “Scope of Responsibilities for Speech-Language Pathology Assistants” and the “Exclusive Responsibilities of the Speech-Language Pathologist,” respectively.

D. Supervision Requirements

1. For the first ninety (90) work days following registration:
 - a. The licensed Speech-Language Pathologist who registered the Assistant shall provide the Assistant with at least 30% direct and *indirect supervision* overall.
 - b. *Direct supervision* of student/client care shall be required no less than 20% of the Assistant’s actual student/client contact time weekly.
2. After the first ninety (90) work days following registration:
 - a. The licensed Speech-Language Pathologist who registered the Assistant shall provide the Assistant with at least 20% direct and indirect supervision overall.
 - b. Direct supervision of student/client care shall be required no less than 10% of the Assistant’s actual student/client contact time weekly.

Supervision schedules must allow for this supervision to be proportionate to the caseload served by the assistant.

3. Documentation

Supervision provided pursuant to paragraphs 1 and 2 above shall be documented as follows:

- a. The actual hours of supervision and the proportionality relative to the caseload shall be compiled on forms provided by the board.
- b. The content of the supervisory activity should provide information about the quality of the speech-language pathology assistant's performance of assigned tasks and should verify that the clinical activity is limited to tasks specified in the speech-language pathology assistant's scope of responsibilities. Information obtained during direct supervision should include data relative to:
 - (1) Agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior;
 - (2) Accuracy in implementation of screening and treatment procedures;
 - (3) Accuracy in recording data; and
 - (4) Ability to interact effectively with the patient/client.

The Board may perform an audit of supervision programs to assure compliance with these rules.

4. The supervising professional must be on-site or accessible by telecommunications at all times when the Speech-Language Pathology Assistant is providing client care.

E. Scope of Responsibilities for Speech-Language Pathology Assistants

1. Provided that the training, supervision, documentation and planning are appropriate, the following tasks may be delegated to a Speech-Language Pathology Assistant:
 - a. Conducting speech-language screenings (without interpretation) following specified screening protocols developed by the supervising Speech-Language Pathologist.

- b. Providing direct treatment assistance to clients identified by the supervising Speech-Language Pathologist.
 - c. Following documented treatment plans or protocols developed by the supervising Speech-Language Pathologist.
 - d. Documenting client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising Speech-Language Pathologist.
 - e. Assisting the Speech-Language Pathologist during assessment of clients, such as those who are difficult to test.
 - f. Assisting with informal documentation (e.g. tallying notes for the Speech-Language Pathologist to use), prepare materials, and assist with other clerical duties as directed by the Speech-Language Pathologist.
 - g. Scheduling activities, prepare charts, records, graphs, or otherwise display data.
 - h. Performing checks and maintenance of equipment.
 - i. Participating with the Speech-Language Pathologist in research projects, in-service training and public relations programs.
2. A Speech-Language Pathology Assistant may not:
- a. Perform standardized or nonstandardized diagnostic tests, formal or informal evaluations or interpret test results.
 - b. Participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising Speech-Language Pathologist.
 - c. Provide client or family counseling.
 - d. Write, develop, or modify a client's individualized treatment plan in any way.
 - e. Assist with clients without following the individualized treatment plan prepared by the Speech-Language Pathologist or without access to supervision.
 - f. Sign any formal documents (e.g. treatment plans, reimbursement forms, or reports). The Assistant should sign or initial informal

treatment notes for review and co-signature by the supervising professional.

- g. Select clients for services.
- h. Discharge a client from services.
- i. Disclose clinical or confidential information, either orally or in writing, to anyone not designated by the supervising Speech-Language Pathologist.
- j. Make referrals for additional services.
- k. Communicate with the client, family, or others regarding any aspect of the client's status without the specific consent of the supervising Speech-Language Pathologist.
- l. Represent himself/herself as a Speech-Language Pathologist.

F. Exclusive Responsibilities of the Speech-Language Pathologist

- 1. Documenting the pre-service training, competencies and credentials of the Assistant.
- 2. Informing patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services as well as supervision.
- 3. Representing the Speech-Language Pathology Team in all collaborative, inter-professional, interagency meetings, correspondence and reports. This would not preclude the Assistant from attending meetings along with the Speech-Language Pathologist as a team member or drafting correspondence and reports for editing, approval and signature by the Speech-Language Pathologist.
- 4. Making all clinical decisions, including determining patient/client selection for inclusion/exclusion in the caseload and dismissing patients/clients from treatment.
- 5. Communicating with patients/ clients, parents and family members about diagnosis, prognosis and treatment plan.
- 6. Conducting diagnostic evaluations, assessments or appraisals, and interpreting obtained data in reports.
- 7. Reviewing each treatment plan with the Assistant at least weekly.

8. Delegating specific tasks to the Assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.
 9. Preparing an individualized treatment plan and making modifications prior to, or during, implementation.
 10. Discussing the case with, or referring the patient/client to, other professionals.
 11. Signing all formal documents (e.g. treatment plans, reimbursement forms, reports). The supervisor should indicate on the documents that the Assistant performed certain activities.
 12. Reviewing and signing all informal progress notes prepared by the Assistant.
 13. Providing ongoing training to the Assistant on the job.
 14. Ensuring that the Assistant only performs tasks within the scope of responsibility of the Speech-Language Pathology Assistant.
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STATUTORY AUTHORITY: 32 MRSA §§6003(7) and (7-A), 6004 (2) and (3), 6013, 6020-A(2)

EFFECTIVE DATE:

April 29, 1998 - as "Scope of Practice"

NON-SUBSTANTIVE CORRECTIONS:

June 17, 1998 - minor spelling and formatting; insertion of missing "seek" in Code of Ethics (L)

REPEALED AND REPLACED:

March 5, 2001 - as "The Registration and Use of Speech-Language Pathology Aides and Speech-Language Pathology Assistants by Board Licensed Speech-Language Pathologists" (replaces former Chapter 3; former subject matter of Chapter 4 moved to new Chapters 5 and 6)

Appendix F

M.A. program in Communication Sciences and Disorders
University of Maine
Data prepared for Legislative Task Force Concerning Speech-Language Pathologists
January 2004

Current Status

- 4 full time tenure track Ph.D. faculty (salaries fully funded)
- 1 tenure track faculty on partial retirement (salary line with Provost, retires in 2007)
- 4 ½ clinical faculty (2 salaries fully funded, 2 ½ on soft money)

B.A. Program

- Average 17 graduates/year
- 60% enter graduate programs in Speech-Language Pathology or Audiology
- Current enrollment: 90 majors

M.A. Program

- Average 17 graduates/year (New England region average=16.5; National average=12.6)
- Average 88% from Maine
- 54% work in schools after graduation
- Current enrollment: 31
- Average 49.5% of all applications admitted (New England region average=38.1%; National average=43%)
- Average 46% of students admitted enroll in program (New England region average=40.6%; National average=56.1%)
- Average 57.8% of students in graduate program are from UMaine (New England region average=14.3%; National average=38.3%)
- Average 4.7% of students in graduate program from out of state (New England region average=31%; National average=21.1%)