JOB SATISFACTION AND RETENTION OF INDIANA SCHOOL SPEECH-LANGUAGE PATHOLOGISTS

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Survey Instrument
As another American Speech-Language Hearing Association (ASHA) Schools Survey is published and distributed, the state of Indiana again finds itself with the highest median caseload. According to the 2008 Survey in Caseload Trends, Indiana speech-language pathologists have maintained the highest public school caseloads in the nation—ranging from 74-78—since 2000. Despite these high caseloads, there remains a critical shortage of professionals within the school setting (Dowden, Alarcon, Vollan, Cumley, Kuehn, & Amtmann, 2006; Edgar & Rosa-Lugo, 2007). Taken together, these two issues pose a formidable problem to Indiana’s public schools as they work to meet the guidelines of the federal Individuals with Disabilities Education Act (IDEA).

The implementation of IDEA and “No Child Left Behind” caused an increase in the number of children eligible for special services; yet, ASHA guidelines suggest a maximum caseload of 40 students for school-based speech-language pathologists (SLPs). Although ASHA guidelines may recommend caseload size, the organization is not in a position to produce legislation that would mandate a caseload cap. In a further attempt to define the responsibilities of school-based SLPs, ASHA has proposed a shift from caseload to the workload approach, in which paperwork, meetings, and other duties associated with treatment delivery are considered when setting a clinician’s job responsibilities (ASHA, 2002). Whereas ASHA published the technical report favoring workload over caseload in 2002, recent data maintain that only 9% of Indiana schools have implemented the workload approach (ASHA, 2008). Indeed, the report suggests that less than 50% of schools in all states have
started using the workload approach. As such, caseload size continues to be a difficult issue, particularly in Indiana.

Caseload sizes are determined in various ways: by the state Department of Education, the school districts, or even individual school-based SLPs. In Indiana, caseloads are meant to be set by individual clinicians according to the Indiana Special Education Law. Article 7 of the Indiana Special Education Law states that caseloads are meant to be “limited in number” (Indiana State Board of Education, 2008) so that SLPs provide appropriate services as outlined in students’ Individualized Education Plans (IEPs). The law goes on to describe specific considerations that affect caseload size: nature and severity of students’ disabilities, age of the students, type and intensity of services needed, and the total number of students under the clinician’s responsibility (Indiana State Board of Education, 2008). Despite these guidelines, the number of children with speech and/or language needs tends to exceed that of SLPs’ preferred caseload size.

One possible solution to the caseload problem is the introduction of the Response to Intervention (RTI) program in Indiana schools. RTI may necessitate changes to the job descriptions of school SLPs statewide wherein SLPs will be expected to provide early intervention at a variety of different levels (Rudebusch, 2008) or special services will be distributed across different professionals. SLPs may see a shift from traditional “articulation” children to children with more language-based needs, such as phonological awareness and literacy. Treatment methods will subsequently require a more innovative, functional base (Rudebusch,
Either way, RTI may affect recruitment and retention of school SLPs and its impact on caseload size is unclear.

Recruitment to public school positions may be impacted negatively because high caseloads cause a stigma about working as an SLP in the Indiana public school setting. Stories told to graduate students convey environments with too many clients and too few resources. Professionals from other states are afraid to consider Indiana as a place of employment because of the caseload size (D. Harman, personal communication). With such a stigma surrounding Indiana school practice and the impending shift in job focus associated with RTI, how are school districts to lure potential SLPs into their public schools? Once there, how can the schools keep SLPs from changing venues? In other words, what factors influence recruitment and retention of school-based SLPs in Indiana?

Literature regarding recruitment and retention of school SLPs is limited. In 2006, Dowden et al. conducted a survey that was mailed to all the school SLPs in Washington State. The purpose of the study was to quantify caseloads across the state and identify regions with particularly high or particularly low caseloads. In addition to general numbers relating to caseload size, Dowden et al. considered how caseloads are determined. It was found that the mean caseload size in Washington was 55 students. It was also noted that only 14% of the survey respondents were serving caseloads at or below the size suggested by ASHA. The majority of SLPs surveyed reported that caseloads were set by individual SLPs or, in some instances, school districts. The authors suggest these caseloads may both place to heavy a
strain on professionals and compromise the quality of services provided (Dowden et al., 2006).

Blood, Ridenour, Thomas, Qualls, and Hammer (2002) examined job satisfaction of school SLPs on a national level. A survey was mailed to 2000 ASHA members. Responses from 1,207 school SLPs indicated that age and number of years in the SLP’s current position were positive predictors of job satisfaction (i.e., older SLPs and SLPs with more years of experience were more satisfied than younger or more inexperienced clinicians). Caseload size, on the other hand, was a negative predictor of job satisfaction (i.e., SLPs with lower caseloads were more satisfied than those with high caseloads). Race, ethnicity, gender, education, salary, and location were not predictive of job satisfaction (Blood et al., 2002). If dissatisfaction with caseload size is a negative predictor of satisfaction in Indiana, it is reasonable to expect negative effects on both recruitment and retention of SLPs.

Edgar and Rosa-Lugo (2007) specifically examined factors that influence recruitment and retention of school SLPs in central Florida. In a survey that included both multiple choice and Likert-scaled questions, Edgar and Rosa-Lugo asked respondents about caseload size and composition, amount of paperwork and other extraneous duties, and estimated longevity in the school systems. It was found that workload, misunderstanding of the SLPs’ role, dissatisfaction with salary, and caseload were the most commonly reported areas of dissatisfaction. Conversely, hours, schedule, and school assignments were found to be indicative of job satisfaction. Longevity of career was estimated based on the number of years the respondents reportedly wanted to remain in school practice. These data, however,
are likely confounded by the age of particular respondents, as many were near age of retirement.

In an unpublished undergraduate project, Buck (2008) interviewed five Indianapolis-area SLPs for information regarding positive and negative aspects of school practice. The respondents indicated caseload sizes ranged from 45-100 students; however, the SLP with 45 students on her caseload was employed part-time. The average caseload size of these five SLPs was 45, which is consistent with the most recent ASHA Schools Survey that reported a median caseload of 75 for Indiana SLPs (ASHA, 2008). All surveyed SLPs indicated that the primary reason for working in the public schools was that they enjoyed working with students directly. Three of the participants cited high caseloads as the largest problem facing the school-based SLP and two of those participants suggested caseload caps as a solution to the problem. Four of the five additionally cited the amount of paperwork required as a negative aspect of the job.

Certainly there are some commonalities among the answers provided by the Indianapolis-area SLPs and those from the Florida SLPs: dissatisfaction with caseload and workload, for example, and a penchant for working with children. With the preliminary data from Buck (2008) and the Edgar and Rosa-Lugo (2007) findings, the idea of a collection data from Indiana school SLPs seems warranted.

The findings of Edgar and Rosa-Lugo (2007) are the basis for this study of Indiana schools. To that end, we pose these questions:

1. What specific factors, if any, are predictive of longevity of school SLPs in Indiana?
2. What factors are predictive of job satisfaction in school SLPs in Indiana?
3. What are the changes to the job description of “School SLP” with the advent of RTI and changes to Article 7?

**Method**

**Participants**

According to ASHA, there are about 2144 practicing speech-language pathologists in Indiana and about 55% of them work in a school setting (http://www.asha.org/uploadedFiles/2009MemberCounts.pdf, retrieved June 1, 2010) so full participation of all school SLPs would yield about 1180 responses. The respondents to this survey were 269 school SLPs from Indiana. Of the respondents, 156 reported being members of the Indiana Speech Language Hearing Association (ISHA).

The majority of the participants (233, or 95.1%) held a master’s degree in communication disorders. Eleven respondents (4.5%) had only a bachelor’s degree, and one respondent (0.4%) had earned a doctoral degree. Of the respondents, 91 (37.4%) had been practicing in public schools for 21 years or more; 20 participants (8.2%) had been in schools for 16-20 years; 24 (9.9%) had been in schools for 11-15 years; 69 (28.4%) reported practicing in schools for 6-10 years; and 39 (16.0%) had been in schools for five or fewer years. About a third of participants (34.4% (83)) have only worked in public schools throughout their careers, but the following areas of practice also were reported: hospitals (32.4%), rehabilitation center (31.1%), private practice (28.2%), extended care facility (31.5%), and home health care (17.0%). The respondents’ employment settings were fairly evenly distributed among urban, suburban, and rural school districts (27.8%, 34.9%, and 33.6% respectively), with 3.7% of participants providing services in a combination of
urban, suburban, and rural districts, special education cooperatives, and/or low-income schools. The number of school assignments for each SLP varied with 66 respondents (27.3%) assigned to one school, 80 (33.1%) were assigned to two schools, 50 (20.7%) were assigned to three schools, and 46 (19.0%) were assigned to four or more schools. The majority of participants (94.5%) were employed directly through the school corporation, whereas 5.5% were employed through contract companies.

Procedures

This project was funded by ISHA with a grant from ASHA to explore recruitment, retention, and the changing role of the school SLP. A 38-question online survey was posted on Survey Monkey (www.surveymonkey.com) through the ISHA website. The survey can be broken into 5 sections: professional issues as they relate to special education laws in Indiana, support personnel, and supervision (questions 1-15); RTI (questions 16-22); personal and school characteristics (questions 23-35); favored school practice characteristics (question 36); education of second-tier providers (question 37); and preferred continuing education topics (question 38). While the first 35 questions were multiple choice, questions 36, 37, and 38 were Likert-scaled. The specific questions were derived from questions posed in the ASHA grant and with collaboration from members of ISHA leadership. The questions about special education laws and RTI directly fulfill the requirements of the grant to determine how the role of the SLP has changed. The Likert-scaled questions regarding school practice characteristics were included in order to determine the most positive and negative features of the work environment and to
determine whether these features are predictive of longevity in school practice.

Table 1 presents the specific questions posed in the survey. The complete survey form is presented in Appendix 1.

The survey was posted online for four weeks following approval from the Indiana University Institutional Review Board. A link to the survey was provided on the ISHA website. An announcement about the study was sent via email to members of ISHA who were involved with school practice. A reminder email was sent to these ISHA members weekly until the survey was removed from Survey Monkey.

Data analysis

The questions in this survey particularly lent themselves to descriptive analysis; therefore, basic percentages were tabulated to describe the data. Pearson product-moment correlations were calculated to determine the relationships between individual positive and negative aspects of the work environment and estimated length of stay in school practice. Pairwise correlations were computed for the relationship between predicted length of time to stay in the schools and each of the following factors: Reason for working in the schools; favorable aspects of the school setting; and number of schools on the caseload. A principal components analysis (SPSS-17) was completed to determine if responses to the Likert-scaled questions targeted specific areas of employment (dis)satisfaction. Post-hoc analyses of variance (ANOVAs) were used to compare favorable aspects of the job to amount of educational training.
Results

The primary goals of this study were to determine the factors that influenced (dis)satisfaction in working in the schools; how public school SLPs viewed changes in their job responsibilities given RTI and Article 7; and how these variables relate to projected longevity as a school SLP. The results are presented to address these major issues.

Factors that influence work setting

A number of individual aspects of school practice were looked upon favorably by the respondents. All respondents but one, for example, reported enjoying working with children. The next most strongly favored characteristic of school practice is the 10-month contract (95.3% responded favorably), followed closely by the educational setting (92.9% responded favorably). Other strongly favored features of school practice include the variety within the caseload (80.9%), collaboration with other professionals (78.7%), and benefits (72.6%). Additionally, 63.9% of respondents favored the access to technology, 63.4% favored the variety of daily activities; 63.1% favored the workspace and facilities. Table 2 presents the data from the Likert-scaled questions.

Not surprisingly, caseload and workload were overwhelmingly the most disfavored aspects of school practice. A large majority of respondents (70.8%) disfavored workload, and 57.1% disfavored caseload. The next most disfavored feature of school practice was others’ understanding of the role of SLP, with 40.9% of participants indicating they disfavor this aspect. Additionally, 32.1% of
respondents disfavored serving English language learners (ELL). Figure 1 presents the data from the Likert-scaled questions.

The relationship between the factors that influenced satisfaction with work in the public schools and expected longevity in the position was determined by correlational analysis. Although 99.6% indicated that working with children was a desirable characteristic of school practice, this variable did not correlate highly with expected retention in the schools ($r=.046$). The 10-month contract also did not correlate with expected longevity ($r=.077$), though 95.3% of respondents favored that particular characteristic. Educational setting was slightly more related to anticipated length of stay in schools, though not extremely so ($r=.111$). Interestingly, caseload, a feature with which 57.1% of participants were dissatisfied, was not significantly correlated with expected retention in schools ($r=.010$).

Impact of RTI and Article 7 Changes

The majority of respondents (77.5%) indicated that their roles have been impacted by changes to Article 7 of the Indiana Special Education law. Of these SLPs, 41% reported an increase in case conference participation; 16.9% reported students on their caseload having been redirected to other professionals; and 9.7% reported a decrease in case conference participation. These results are shown in figure 1. An additional 32.3% indicated “other” changes, the most common of which were increased paperwork and changes to service delivery methods. The majority of respondents (65.9%) reported changes in the amount of referrals they receive due to changes in Article 7. Of those individuals, 62.5% reported a decrease in referrals, while the remaining respondents reported an increase (Figure 2).
A slim majority of participants reported having a role in RTI planning in their districts (Figure 3), although a larger majority indicated they would like to have a role in RTI planning (Figure 4). When asked what SLPs envision as part of their role in RTI, the most heavily weighted answers were collaboration with other specialists, interpretation of screening results; determination of type, duration, and intensity of treatment; and selection of screening measures. These results are shown in Table 3.

Figures 5-11 provide information about the use of support personnel in school practice. An overwhelming majority of respondents indicated support personnel being used for various special education services (figure 5), Less than half of the respondents reported having support personnel for speech-language services (figure 6). Of these participants, only 70.9% report that support personnel are under the direction of a licensed SLP (figure 7). Additionally, only 43.7% said the support personnel are registered with the Indiana Professional Licensing Agency (figure 8). Though a majority of respondents are in favor of having second tier providers to assist with treatment as seen in figure 9, only 33.6% have had graduate-level training in supervision, and 65.3% claimed they would not require any additional training to appropriately supervise second tier providers (figures 10 and 11).

School Practice Characteristics

The survey asked respondents to rate the features of public school work. A six point Likert scale was provided for participants to indicate their level of enthusiasm for each of 26 dimensions associated with their work environment. Principal components analysis was used in an attempt to reduce the 26 dimensions
to a smaller number of unrelated components. Results of the principal components analysis showed one component relating to supervision of aides, clinical fellows, and students; and a second component relating to professional issues (i.e., administrative support, access to technology, training to work with special populations, and professional development opportunities).

ANOVA$s$ compared amount training in supervision to enjoyment of that aspect of public school practice. Results showed no statistically significant differences in the amount of graduate training in supervision between those who enjoyed this aspect of the position and those who did not ($F_1 = 0.02; p= 0.88$). There was also no statistically significant difference between what respondents reported as their best reason for staying in schools and estimated retention ($F=0.26; p=0.611$). Results showed no significant difference in the number of schools to which participants were assigned and expected retention ($F=1.20; p=0.274$). Finally, there was no statistically significant difference in caseload composition and expected retention ($F=1.10; p=0.295$).

**Discussion**

The purpose of this study was to determine factors that affect retention of Indiana school SLPs in the face of role changes due to Article 7 and RTI implementation. The most positive elements of school practice according to this survey were working directly with children, the 10-month schedule, and the educational setting. These findings are consistent with Edgar and Rosa-Lugo’s study of Central Florida’s school SLPs (2007). As mentioned before, no significant relationship was found between any of these features and estimated length of stay.
in schools. This is likely because nearly all participants responded positively to these features.

The least favored aspects of school practice were workload, caseload, and others' understanding of the role of the school SLP. Again, this is consistent with Edgar and Rosa-Lugo (2007). No significant relationship was found between any of these three features and estimated length of stay in schools. This indicates that SLPs' strong feelings regarding negative features of their work environments will not necessarily compel them to change jobs, perhaps because the positive aspects of school practice outweigh the negative aspects. This lack of relationship, however, could also be due to the survey itself. For example, respondents had only four answers from which to choose when asked how long they intended to stay in school practice. Few answer choices may have led to a limited spread of responses.

A majority of participants indicated their roles have changed since Article 7 of the Special Education law was amended. Changes included increased participation in case conferences, increased paperwork, and changes to service delivery models. The increase in paperwork and case conference attendance fit with the negative “workload” feature above. While the majority reported a decrease in referrals, increased paperwork for current students would precipitate an increase in workload.

While many respondents would like to take part in RTI planning in their respective districts, only 59.1% report already doing so. Indeed, SLPs are well suited to RTI planning due to their backgrounds in language development and diagnostics. The discrepancy between those who are participating and those who would like to
could mean SLPs are unsure of how to get involved. It could also indicate that further education is warranted for RTI stakeholders regarding SLPs’ unique qualifications for RTI planning and implementation. If the former is true, perhaps SLPs need to become better advocates for themselves; if it is the latter, further education of stakeholders and other educators could improve others’ understanding of the role of the SLP that was a considered a negative aspect of the school work environment.

The population in of Limited English students in Indiana’s schools is growing. In the 2008-09 school year alone, Indiana enrolled 45,885 Limited English students (Indiana State Department of Education, 2008). With 32.1% of participants in this study disfavoring providing service to these students, further education is necessary. This feeling of trepidation is perhaps due to lack of knowledge of how to appropriately serve this population. Indeed, in a 2005 survey, 43.3% of school SLPs in the Midwest reported having no graduate coursework in serving English language learners (Roseberry-McKibbin, Brice, & O’Hanlon, 2005). As the demographics of Indiana’s schools change, SLPs need to be able to adapt their methods to those students who might have limited English proficiency so as to provide appropriate services to them.

Perhaps the most striking finding from this survey is the information regarding supervision and second tier providers. While participants tended to favor supervision of assistants, clinical fellows, and students, few have actually had the appropriate training to do so. There was no significant difference between those individuals who favor supervising and have had training and those who favor
supervising but have not had training; however, it is possible that this result is due to a statistical problem (i.e., spread of responses). Certainly the appeal of a second tier provider is that the licensed SLP will have time freed for paperwork and other duties while the second tier provider sees students, or vice versa. The data from this study, however, indicated that a number of second tier providers in schools are not registered through the Professional Licensing Agency or are not under direct supervision of a licensed SLP. As second tier providers have restrictions on diagnostic and treatment procedures set forth by the Professional Licensing Agency, one could imagine that those individuals may not be compliant with those rules. Additionally, the use of unregistered aides and assistants could potentially make the licensed SLP seem less necessary in the eyes of employers and the general public. In reality, only licensed SLPs are authorized to administer diagnostic assessments, enroll students, create treatment plans, or discharge students. In fact, SLP aides are not even permitted to attend case conferences without the direct involvement of their supervisors (Indiana Speech-Language Pathology and Audiology Board, 2008). Finally, many respondents denied the need for further education or training for supervision. With ever-changing laws regarding what is and is not permitted of a second tier provider, however, continuing education courses and workshops are certainly necessary in order for the licensed SLP to remain up-to-date and compliant with state statutes.

**Limitations and Implications**

One limitation of this study is the lack of questions regarding the ages of the participants. While the study included one question about the estimated length of
stay in public schools, the answer choices made for ambiguous interpretation.

Without the ages of participants and more specific longevity information, there is no way to ascertain whether participants are leaving school practice because they are dissatisfied with it or because they are at retirement age. Because there is only one question of longevity, any relationships between positive or negative aspects and estimated length of stay were nonexistent.

A logical extension of this project is a survey of job satisfaction and retention for SLPs in other settings to compare positive and negative aspects across work environments. A similar survey for other professionals within the special education realm would make for an interesting comparison of positive and negative aspects across professions. To aid in this endeavor, one might look to workforce trends through the years and from other professions.

The survey used in this study focused primarily on retention of SLPs in Indiana’s public schools; however, data collected indicates that individuals working in schools are likely to remain in schools regardless of the cited negative characteristics. Perhaps a contributing factor to the shortage of SLPs in Indiana’s schools, then, is recruitment rather than retention. Further study regarding recruitment could help to shed light on this problem.

Changes in Indiana’s school demographics warrant more education regarding appropriately serving students with limited English proficiency. More education is also necessary for SLPs in supervisory positions to ensure proper use of second tier providers. Further inquiry as to the use of these aides and assistants may be necessary to guarantee compliance with state service delivery laws. School
SLPs are uniquely qualified for the planning and implementation of RTI; however, many are not involved in the process. Further education for both SLPs and stakeholders would advocate for the involvement of SLPs in the RTI initiative. Finally, data from this study highlights the need for more information regarding retention and satisfaction of school SLPs in order to draw conclusions about which specific factors play the largest roles in retention. Further study of this growing problem could encourage changes to the work environment that continually struggles to recruit and retain qualified professionals.
References


in Schools, 38, 31-46.


### Table 1. Survey Summary (for full survey, please refer to Appendix 1)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>Have your role been impacted by changes to Article 7, and if so, how?</td>
<td></td>
</tr>
<tr>
<td>Do you use support personnel for speech/language services? If so, are they licensed and under direct supervision?</td>
<td></td>
</tr>
<tr>
<td>Does your school district have specific eligibility and dismissal criteria? If so, do you support them?</td>
<td></td>
</tr>
<tr>
<td>What do you view as the school SLP’s role in RTI planning and implementation?</td>
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<tr>
<td>What do you think is important to maintaining quality service to children on your caseload?</td>
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### Table 2. School Practice Characteristics

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<th>Neutral</th>
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Table 3. SLPs’ envisioned roles in RTI implementation.

If SLPs have a role in RTI, what do you view that role in intervention as being? (check all that apply)

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<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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<tr>
<td>Work with individual students with speech/language disorders</td>
<td>68.0%</td>
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<tr>
<td>Work with small groups of students with speech/language disorders</td>
<td>84.8%</td>
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<td>Work at a classroom-based level to assist teachers with students with speech/language disorders</td>
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<td>Parent education</td>
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<tr>
<td>Other (Please specify in 20 words or less)</td>
<td>18.0%</td>
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<td>Other (please specify)</td>
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</table>

answered question 244

Figure 1. Changes to SLPs’ roles due to Article 7.

If you answered yes to above, which of the following best describe(s) the impact of changes to Article 7?

- Redirection of students to other professionals 32.3%
- Increase in case conference participation 16.9%
- Decrease in case conference participation 9.7%
- Other (Please specify in 20 words or less) 41.0%
Figure 2. Changes in referrals due to Article 7.

If you answered yes to question 3, so, what changes have occurred?

- Increased number of referrals received: 62.5%
- Decreased number of referrals received: 37.5%

Figure 3. SLPs’ role in RTI planning.

Do you have a role in RTI planning in your district?

- Yes: 59.1%
- No: 40.9%
**Figure 4.** SLPs’ inclination to take part in RTI.

![Pie chart showing SLPs' inclination to take part in RTI planning.](image)

**Do you want to have a role in RTI planning?**

- Yes: 76.5%
- No: 23.5%

**Figure 5.** Support personnel for Special Education services.

![Pie chart showing support personnel used in districts for any special education service.](image)

**Are support personnel used in your district for ANY special education service?**

- Yes: 8.8%
- No: 91.2%
Figure 6. Support personnel for SLP services.

![Pie chart showing 54.2% with support personnel and 45.8% without support personnel.]

Do you have support personnel that assist in providing SLP services?

Yes 54.2%
No 45.8%

Figure 7. Support personnel supervision.

![Pie chart showing 20.1% with support personnel under direction of licensed SLP and 79.9% without.]

Are support personnel for SLP services under the direction of a licensed SLP?

Yes 20.1%
No 79.9%
Figure 8. Registration of support personnel.

Are the support personnel registered with the Indiana professional licensing agency?

- Yes 56.3%
- No 43.7%

Figure 9. SLPs’ view of second tier providers.

Are you in support of having a second tier provider (i.e., people with a Bachelors degree and not grandfathered into state licensure) to work under the licensed SLP in the school setting?

- Yes 41.6%
- No 58.4%
Figure 10. Training for supervision.

Have you had graduate-level training in supervision?

- Yes: 66.4%
- No: 33.6%

Figure 11. SLPs’ need for further education for supervision.

Do you think that YOU would need additional education (i.e., workshops, CEUs) to work effectively with support personnel?

- Yes: 34.7%
- No: 65.3%
Appendix 1

Survey

1. Has your role been impacted by the changes in article 7 (Special Education Rules)?
   a. Yes
   b. No (Skip to question 5)

2. If you answered yes to above, which of the following best describe(s) the impact of changes to Article 7?
   a. Redirection of students to other professionals
   b. Increase in case conference participation
   c. Decrease in case conference participation
   d. Other (Please specify in 20 words or less)

3. Have changes in Article 7 affected the number of referrals you receive?
   a. Yes
   b. No (Skip to question 5)

4. If you answered yes to question 3, so, what changes have occurred?
   a. Increased number of referrals received
   b. Decreased number of referrals received

5. Does your school district have specific eligibility/dismissal criteria for SLP services?
   a. Yes
   b. No (Skip to question 8)

6. If you answered yes to question 5, do you support your district’s eligibility for SLP services criteria?
   a. Yes
   b. No

7. If you answered yes to question 5, do you support your district’s dismissal from SLP services criteria?
   a. Yes
   b. No

The following questions pertain to support personnel (assistants, aides, parents, etc. in your schools)

8. Are support personnel used in your district for ANY special education service?
   a. Yes
b. No

9. Do you have support personnel that assist in providing SLP services?
   a. Yes
   b. No

10. Are support personnel for SLP services under the direction of a licensed SLP?
    a. Yes
    b. No

11. Are the support personnel registered with the Indiana professional licensing agency?
    a. Yes
    b. No

12. Are you in support of having a second tier provider (i.e., people with a Bachelors degree and not grandfathered into state licensure) to work under the licensed SLP in the school setting?
    a. Yes
    b. No

13. Have you had graduate-level training in supervision?
    a. Yes
    b. No

14. Do you think that YOU would need additional education (i.e., workshops, CEUs) to work effectively with support personnel?
    a. Yes
    b. No

15. Are you aware of students receiving SLP services provided by individuals with emergency permits?
    a. Yes
    b. No

In the following section, questions relate to initiatives to implement a “Response to Intervention” (RTI) in Indiana Public Schools. **For the purposes of these questions, RTI is defined broadly as “an initiative to prevent academic failure”**

16. Do you have a role in RTI planning in your district?
    a. Yes
    b. No

17. Do you want to have a role in RTI planning?
a. Yes
b. No

18. If SLPs have a role in RTI, what do you view that role in intervention as being? (check all that apply)
   a. Work with individual students with speech/language disorders
   b. Work with small groups of students with speech/language disorders
   c. Work at a classroom-based level to assist teachers with students with speech/language disorders
   d. Parent education
   e. Other (Please specify in 20 words or less)

19. Given the level of education and training required of entry-level SLPs in schools, what is the best use of skills?
   a. Work with individual students with speech/language disorders
   b. Work with small groups of students with speech/language disorders
   c. Work at a classroom-based level to assist teachers with students with speech/language disorders
   d. Parent education
   e. Other (Please specify in 20 words or less)

20. Which of the following aspects of RTI do you envision as part of your role as an SLP? (Select all that apply)
   a. Selection of screening measures
   b. Provision of professional development
   c. Assisting classroom teachers with universal screening
   d. Progress monitoring
   e. Collaboration with other specialists
   f. Interpretation of screening results
   g. Determination of duration, intensity, and type of services to be delivered
   h. Provision of standardized tests
   i. Other (Please specify in 20 words or less)

21. Given the limited resources available to schools, how do you think the school SLP is affected? (Select as many responses that apply)
   f. Possible loss of positions
   g. Reallocation of SLP services to other professionals
   h. Increase in number of support personnel
   i. Specification of criteria for eligibility for SLP services
   j. Specification of criteria for dismissal from SLP services
   k. No change
   l. Other (Please specify in 20 words or less)

22. Which of the following do you think are important in maintaining quality service to children on your caseload?
   a. Creation of 2nd tier provider
b. Education of teachers
c. Education of parents
d. Education of support personnel

Background Information

23. Are you a member of the Indiana Speech Language and Hearing Association (ISHA)?
   a. Yes
   b. No

24. What is your highest educational degree?
   a. Bachelor’s degree
   b. Master’s degree
   c. Doctoral degree

25. How many years have you been an SLP in the public school setting?
   a. 5 years or fewer
   b. 6-10 years
   c. 11-15 years
   d. 16-20 years
   e. 21+ years

26. In what other areas have you worked as an SLP? (Select all that apply)
   a. Hospital
   b. Rehabilitation center
   c. Private practice
   d. Extended care facility
   e. Home health
   f. No other areas

27. Which of the following best describes your reason for working in a public school?
   a. Amount of workload
   b. Size of caseload
   c. Salary
   d. Schedule
   e. Benefits
   f. Other (Please specify in 20 words or less)

28. To how many schools are you assigned?
   a. 1
   b. 2
   c. 3
29. In what type of school district do you work?
   a. Rural
   b. Suburban
   c. Urban
   d. Other

30. Which of the following describes your employer?
   a. Employed by school corporation
   b. Employed by contract company

31. Which of the following best describes the composition of your caseload?
   a. Completely students with mild deficits
   b. Mostly students with mild deficits
   c. Very few students with mild deficits
   d. An even distribution of students with mild, moderate, and severe deficits

32. Given limited resources and high caseloads, what is the ideal caseload composition?
   a. Completely students with mild deficits
   b. Mostly students with mild deficits
   c. Very few students with mild deficits
   d. An even distribution of students with mild, moderate, and severe deficits

33. Which of the following describes the age range of the students on your caseload?
   (Select all that apply)
   a. Preschool
   b. Elementary
   c. Middle School/Junior High
   d. High School

34. Is your school using ISTART7 for IEP development?
   a. Yes
   b. No

35. To the best that you can predict, how long do you anticipate remaining in school practice?
   a. 1-5 more years
   b. 6-10 more years
   c. 11+ years

**School practice characteristics** (Likert-scaled questions)
To what degree do you favor or disfavor the following features of your work environment?
Pediatric Swallowing Disorders

Diagnostics

• Anatomy/Physiology/Neural Bases

Strongly favor
Favor
Neutral
Disfavor
Strongly disfavor
Not applicable

• Working directly with children
• Benefits
• Schedule (10 month contract)
• Educational setting
• Professional rand promotion
• Caseload
• Workload
• Parental involvement/support
• Salary
• Others’ understanding of my role
• Work space and facilities
• Availability of materials and assessment tools
• Administrative support
• Access to technology
• Training to work with special populations (i.e., students with autism or cleft palate)
• Serving ELL
• Variety of daily tasks
• Collaboration with other professionals
• School assignments
• Professional development
• Availability of an SLP mentor
• Variety in caseload
• SLP Aides/Assistants
• Professional continuing education
• Supervision of clinical fellows
• Supervision of clinical practica

Undergraduate Education for Second Tier Providers in Schools:

• Phonological/Articulatory Development
• Phonological/Articulatory Disorders
• Fluency Disorders
• Language Development
• Language Disorders
• Voice Disorders
• Pediatric Swallowing Disorders
• Diagnostics
• Anatomy/Physiology/Neural Bases
• Organic Disorders including Cleft Palate, Genetic Disorders, Neurological Conditions
• Literacy
• Bilingualism
• Cognitive Development
• Social/Cultural Communication

Continuing education topics
Please select the topics for continuing education you would find most helpful for your practice (select all that apply).
  Implementing RTI
  Working with diverse caseloads
  Collaboration and inclusion
  Special Education/IDEA
  Dysphagia
  Literacy
  Phonological disorders
  Language acquisition
  Phonological awareness
  Social communication
  Autism
  Word-finding
  Augmentative and Alternative Communication
  Motor speech disorders
  Voice disorders
  Neurogenic disorders
  Other: