What Every School-Based SLP Needs to Know

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Disclosures and Bios

Elizabeth Christopher

Financial Disclosure:
- Employee of PaTTAN and will receive no additional compensation for the presentation

Non-financial Disclosure:
- Holds the certificate of clinical competence (CCC) from ASHA
- Pa State License in Speech Language Pathology
- ASHA continuing education administrator for PaTTAN
- Member of the State Education Agency Communication Disabilities Council (SEACDC)
- Member of the School Issues Advisory Board (SIAB) for ASHA

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- Pa State License in Speech Language Pathology
- Parent of a child with a speech language impairment

PaTTAN's Mission

The mission of the Pennsylvania Training and Technical Assistance Network (PaTTAN) is to support the efforts and initiatives of the Bureau of Special Education, and to build the capacity of local educational agencies to serve students who receive special education services.
PDE's Commitment to Least Restrictive Environment (LRE)

Our goal for each child is to ensure Individualized Education Program (IEP) teams begin with the general education setting with the use of Supplementary Aids and Services before considering a more restrictive environment.

Learning Outcomes

- Define the two types of PDE issued certificates
- Compare and contrast the two certificates
- Identify four different service delivery options
- Define best practices for interpreting information from outside sources

Top 5 Updates for a Practicing School Based SLP

- Certifications for Practice
- Access Billing
- Academic vs. Medical Model
- Service Delivery
- Interpreting Information from Online Sources

Certifications for School-Based Practice

The organizations in our lives

- ASHA
- PSHA
- PDE
- State Board of Licensing

Certifying Body

- American Speech Language Hearing Association (ASHA)
- National
- Professional Organization
PA Speech Language Hearing Association (PSHA) is a professional organization at the state level.

The Pa Board of Licensure, a licensing agency, sets regulations and policy.

The PA Department of Education (PDE) is a provider of credential for employment in the schools. It sets job scopes for schools.

PDE Issued Certifications includes Teacher of the Speech-Language Impaired and Educational Specialist – Speech Language Pathology.

Maintaining Licensure and Certifications:
- Pa State License: 20 Hours every 2 years, Renewal of Licensure in July biannually.
- CCC’s: 30 CEUs every 3 years, Renewal by 12/31 every year.
- PDE: 180 every 6 years, Non-speech specific.

Big Differences:
- Education Specialist: Cannot add additional certifications, Cannot be the teacher of record.
- Teacher: Can add additional certifications, Can be teacher of record.
Evaluation

Leveling Up

Both Certificates require level 2
Three years (or semi-annual evaluations) of successful teaching attested to by a chief school administrator
Twenty-four post-baccalaureate credits
Completion of a Department-approved induction program

Medical Access Billing

Who can Bill?
A qualified speech pathologist must meet at least one of the following:
- CCC from ASHA
- Completed equivalent education requirements and work experience for CCC
- Completed academic program and is acquiring CFY
- SLP license

Billable Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Incr. of 15 minutes</td>
<td></td>
</tr>
<tr>
<td>• Max. 48 units/day (12 hours)</td>
<td></td>
</tr>
<tr>
<td>• Must be face-to-face: individual or group of 2+</td>
<td></td>
</tr>
<tr>
<td>• Co-treatment may occur if documented in IEP</td>
<td></td>
</tr>
<tr>
<td>• Initial: Max. 1 per 180 days</td>
<td></td>
</tr>
<tr>
<td>• Re-evaluations: Max. 1 per 30 days</td>
<td></td>
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</tbody>
</table>

Academic vs. Medical Models
**Medical vs. Educational Evaluation**

**Medical Evaluation**
- Cost depends on insurance coverage and deductible
- Qualification is generally more flexible
- Recommended frequency and duration of services may be driven by insurance stipulations, as well as patient needs
- Evaluation occurs according to scheduling availability of the clinic
- Most often one block of time

**Educational Evaluation**
- Part of a Free and Appropriate Education
- Must demonstrate an educational impact
- Recommended frequency and duration is driven by student need balanced with access to the least restrictive environment
- Evaluation must be completed within sixty days
- Ongoing with observation in school environment
- Decisions are driven by evaluation team and IDEA/Chapter 14

**Eligibility For Speech Services**

Eligibility for S/L services falls under the three-prong approach for special education.

- Is the child a child with a disability in the area specifically a speech/language disorder/disability?
- Does the disability have adverse affect on educational performance?
- Does this child improve significantly through instruction in the least restrictive environment?

**Qualification for speech-language services falls under IDEA qualifications as a child with a disability.**

**Examples of students who MAY NOT qualify…**

- A child with an articulation impairment that are consistent with developmental sound errors.
- A student with dysfluencies in which rate is the only affected area with no impact on education.
- A child with an articulation impairment secondary to dental abnormality or prosthesis.
- A student with language difficulties that result from a second language unless the impairment is also in the primary language.
- A student with age appropriate developmental language errors.
- A student with only low vocabulary scores and no other indicators of speech/language impairment.

**Determining a Child's Disability Status Per IDEA/Ch.14**

An evaluation needs to be comprehensive including qualitative data sources from educators, parents and other service providers, multiple measures (i.e., authentic dynamic assessment measures, norm-referenced assessment, criterion-reference measures, developmental profiles) and assessment in customary environments which may include language sampling.

**Evaluations should...**

- Not use any single measure or assessment
- Not be discriminatory or racially biased
- Clearly state in determining educational levels of the child
- Utilize technically sound instruments/protocols

**Requirements for All Evaluations**

- Assessment and other relevant materials are to be provided in the child's native language or other mode of communication unless it is clearly not feasible to do so.
Requirements for evaluations of children who are culturally and linguistically diverse

A child must not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading or math, or limited English proficiency.

Parents are entitled to an interpreter at the IEP meeting if needed to ensure that the parents understand the proceedings.

When developing an IEP, in the case of a child with limited English proficiency, the language needs of the child as they relate to their IEP must be considered.

- Observations in school settings
- Articulation
- Receptive language
- Expressive language
- Fluency...
- State and local tests
- Norm-referenced measures of academic achievement
- Curriculum benchmarks
- Intelligibility measures
- Dynamic assessment
- Narrative samples
- Language samples
- Case history interviews

Treatment Differences

Service Delivery

The Importance of Being “Dynamic”

Aspects of service delivery should be reviewed and revised based on various factors, including:
- Student progress and changing needs
- Access to the general curriculum
- Home preferences
- Demands of the classroom, community, and family
- Cultural considerations
- Team-based decision-making

Service delivery should be fluid and flexible.
According to the Research...

• 95% of all students enrolled in school-based speech therapy are treated via a pull-out service delivery model.
• Students are typically seen in groups of two to four students.
• Pull-out allows for decreased visual and auditory distractions but limits carryover between the speech room and the classroom.

(Mullen & Schooling, 2010)

Environments for Service Delivery

<table>
<thead>
<tr>
<th>Therapy Room</th>
<th>Classroom – Academic</th>
<th>Classroom – Special/Elective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cafeteria</td>
<td>School Bus/Public Transportation</td>
<td>Park/Playground</td>
</tr>
<tr>
<td>Field Trip</td>
<td>Club/Extracurricular</td>
<td>Job Setting</td>
</tr>
<tr>
<td>Living Situation</td>
<td>Telepractice</td>
<td></td>
</tr>
</tbody>
</table>

Continuum of Treatment Settings

<table>
<thead>
<tr>
<th>Least Restrictive</th>
<th>More Restrictive</th>
<th>Most Restrictive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom – Academic</td>
<td>Classroom – Specials</td>
<td>Therapy in the Home</td>
</tr>
<tr>
<td>Pull-Out to Special Education or Speech Classroom</td>
<td>Pull-Out Activities such as Social Skills Group</td>
<td>Approved Private School Speech Setting</td>
</tr>
<tr>
<td>Extracurricular Activities</td>
<td></td>
<td>Residential Facility</td>
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</tbody>
</table>

Types of Service Delivery

<table>
<thead>
<tr>
<th>Pull-Out</th>
<th>Push-In (Classroom Based)</th>
<th>Community Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services in Living Situation</td>
<td></td>
<td>Telepractice</td>
</tr>
</tbody>
</table>

Billing

SLP Workload

Scheduling of Speech-Language Services

• Encompasses the components of intensity, frequency, and duration.
• Flexibility is key.
• Must consider the student’s schedule, classroom teacher’s schedule, related service providers’ schedule, and the following...

(Soliday, 2009)
**Caseload Vs. Workload**

<table>
<thead>
<tr>
<th>Caseload</th>
<th>Workload</th>
<th>Reminders</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Number of students getting services</td>
<td>• All activities required and performed by school-based SLPs.</td>
<td>• Screening aren’t on caseload</td>
</tr>
<tr>
<td>• Services included: Direct and Consultation</td>
<td>• This includes paperwork, classroom lessons, meetings, professional development, AAC devices, screening</td>
<td>• push in Therapy will require more workload time</td>
</tr>
</tbody>
</table>

**Types of Scheduling: Traditional**

**Definition:** services are provided on the same times/days during the week or cycle

**Pros:**
- Predicable
- Easier to schedule
- Easy for others to understand

**Cons:**
- Same class/environment affected each week/cycle
- Holidays may affect continuity of weekly delivery
- Inflexible; May not reflect changes based on progress

**Variation:** provide services on the same day within the school cycle if the school is on a weekly schedule or vice versa

**Types of Scheduling: Receding**

**Definition:** direct services are provided intensely initially, then gradually decreased as indirect services are increased

**Pros:**
- Allows dynamic changes based on progress
- Permits extensive time for skill-building
- Increases collaboration between school staff
- Expands generalization of skills into multiple settings

**Cons:**
- May be difficult to schedule
- Requires creativity and "looking ahead"
- Requires collaborative planning time and professional conversation
- May require adaptation of IEP write-up

Example: 90 min/wk during first semester; 15 min/wk of direct and 30 min/wk of indirect services to promote generalization and monitor stabilization of new skills

**Types of Scheduling: Cyclical**

**Definition:** direct services are provided for a period of time, followed by no services or indirect services to monitor the stabilization

**Pros:**
- Provides time for indirect service provision
- Increases collaboration between SLPs, teachers, and families (i.e., informal or SSP)
- Provides time for observation, data analysis, etc.
- Increases manageability of workload associated with caseload

**Cons:**
- May be difficult to garner administrative support or support of other teachers
- Requires proactivity for scheduling of consult time
- May be confusing to students (and teachers) who rely on consistent scheduling

Examples: 3:1 model, 5 days direct/1 day indirect

**Types of Scheduling: Block**

**Definition:** provision of longer, less frequent speech sessions

**Pros:**
- More time is spent with individual students
- Longer cooperative learning activities can be built into the schedule
- Varied instruction can be presented in one class period
- Fewer interruptions/transitions within school day

**Cons:**
- Loss of continuity during days off
- If a student is absent on a therapy day, more time is lost
- May require more extensive communication and collaboration with other staff members
- Confusing to students who crave consistency
- Requires excellent teaching practices to maintain student engagement

Example: Provision of a pull-out session (45 min) to practice a skill, immediately followed up by an in-class session (45 min) to generalize the skill

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**Example: 3:1 Service Delivery Model**

Direct services conducted for three weeks in a row, followed by indirect services and activities in the fourth week. Indirect-week Activities may include:
- Consultation/Collaboration with IEP team members
- Develop student-specific programming or materials
- Make-up sessions or continuation of services
- Student evaluations & report writing
- Screening and Classroom observations
- Completion of compliance
- Participation in Special Ed. meetings or Student Teams
- Participation in small group workshops/instruction

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**Example: 3:1 Model (Soliday, 2009)**
Types of Scheduling: Blast or Burst

**Definition:** services are provided in short, intense bursts

**PROS:**
- Keeps skills in the memory of those students who require frequent review
- Maintains attention due to short time periods
- Allows for flexibility of scheduling – “grabbing” the time when you have it
- Flexibility of location – sometimes the hall, the back of the classroom...

**CONS:**
- May be difficult for others to see the validity of small increments of treatment
- Usually consists of direct treatment and may de-emphasize collaboration
- Might be difficult to indicate on a standard schedule
- Requires proactivity so treatment time is not lost to transition

Example: 15 minutes, three (or more) times per week

Apply Different Models to Different Disorders

- **Language and literacy deficits** require frequent, intense, explicit instruction and benefit from classroom-SLP collaboration (Gillam & Loeb, 2010)
- **Articulation difficulties** may respond better to “distributed practice” (i.e., burst scheduling) than traditional pull-out (Willingham, 2002); receding schedule is also efficacious
- **Apraxia** requires intense and frequent intervention – sometimes up to as many as five times per week (Edeal, & Gildersleeve-Neumann, 2011)

Make a Case for Collaboration

- Co-taught language lessons reap greater gains than pull-out sessions (McGinty & Justice, 2006)
- Greater increases in completeness and intelligibility of student utterances seen with classroom-based collaborative services (Bland & Pretlock, 1995)
- Comprehensive teacher and SLP collaboration yields higher listening comprehension and writing scores (Farber & Klein, 1999)
- Collaborative model is more effective for teaching curricular vocabulary (Throneburg, et al., 2000)
- Classroom-based therapy results in more effective generalization (Cirrin, et al., 2010)

Use Flexible IEP Documentation

- Determine the rules of your LEA
- Follow the rules of Medicaid Access Billing when necessary
- Use flexible documentation when possible, such as “480 minutes per reporting period” versus “30 minutes, 2 X per week”
- Do not specify groupings or location; this leaves room for change
- Remember to individualize!!!
- Don’t forget to include indirect or consultative services in IEP

Placement in Special Education Environments

An LEA cannot make placements based on the following:

- **Category of disability**
- **The configuration of the delivery system**
- **The availability of educational or related services**
- **Availability of space**
- **Administrative convenience**

Placement in Special Education Environments

The Importance of Being “Dynamic”

Service delivery should be fluid and flexible

Aspects of service delivery should be reviewed and revised based on various factors, including:

- Student progress and changing needs
- Access to the general curriculum
- Promotion of skills
- Demands of the classroom, community, and family
- Cultural considerations
- Team-based decision-making
Essential Questions

How many sessions will it take to show meaningful progress?
How can you schedule in a way to streamline your schedule to maximize sessions and "teacher" prep?
How does your union define teacher prep time vs. work time/on time/teaching time?
Does your building have teaming time?
Is there IEP writing time in your contract?
Why do we do what we do?
Will time for prep and data analysis speed up a student's time in the service?
Do I need to play the games that I do? Will I get the same progress without?

High Caseloads

More than a number

8 Students for Full-time

65 Students for Interant

Let's Brainstorm some root causes of high caseloads

Caseload: Chapter 14

Caseload as a symptom?

Practices where caseload is the symptom and not the cause

- Poor eligibility criteria
- Limited comprehensive assessment
- Overuse of standardized assessment
- Use of medical model
- Limited shared responsibility
- Poor discharge criteria
- Limited service delivery options
- Poor dosage match
- Poor curriculum
- Limited language proficiency
Interpreting Information from Online Sources

Differences Between States
- Caseload regulations
- Qualifications for special education
- Medicaid billing
- Supervision
- Licensure for schools
- Requirements of professional education level
- Use SLPAs in the schools

Questions to Ask
- Advice or recommendations revolve around qualification or dismissal
- Advice or recommendations regarding certification/employment

Questions to Ask
- Blogs, Podcasts, or Websites
- Teachers Pay Teachers
- Pinterest
Questions to Ask

Facebook Groups

So who can I start to follow?

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Tom Wolf, Governor

Pennsylvania Department of Education
Pedro A. Rivera, Secretary

Matthew Stem, Deputy Secretary, Elementary and Secondary Education

Ann Hinkson-Herrmann, Director, Bureau of Special Education