REPORT OF THE

DEPARTMENT OF EDUCATION

DIVISION OF SPECIAL EDUCATION AND COMPENSATORY SERVICES

ON

SPEECH AND LANGUAGE SERVICES AND MANDATED CASELOADS

IN VIRGINIA PUBLIC SCHOOLS

HOUSE DOCUMENT NO. 8

COMMONWEALTH OF VIRGINIA

Richmond, Virginia

1981

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HOUSE JOINT RESOLUTION NO. 168

Offered February 4, 1980

Requesting the Department of Education to study certain matters related to public school programs for language, speech and hearing therapy.

Patron-Solomon

Referred to the Committee on Education

WHEREAS, federal and State laws mandate appropriate services for all children identified as needing language, speech and hearing therapy in the public schools; and

WHEREAS, frequency and length of time a child is seen for such therapy should be dependent upon the type and severity of the problem or problems, the child's age, and the educational environment; and

WHEREAS, frequency and length of time a child is seen for language, speech and hearing therapy is more often determined by the necessary scheduling of all identified children for some time, in order to provide some service as mandated by law, whether adequate or not; and

WHEREAS, the Board of Education's present regulations prescribing the rate of State reimbursement per pupil based on sixty-five children per clinician is interpreted variously by school divisions as meaning an average caseload per clinician of sixty-five children or as requiring a caseload per clinician of no more and no less than sixty-five children; and

WHEREAS, national and state language, speech and hearing professional associations have developed realistic guidelines for caseload numbers in various school settings, and these guidelines take into consideration the more contemporary role of professionals in language, speech and hearing therapy in the schools; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Education is requested to conduct a study of public school programs for language, speech and hearing therapy and their adherence to present regulations governing caseloads and to determine whether changes in these regulations are advisable. The Department is encouraged to consider in its study the recommendations of recognized national and state language, speech and hearing organizations.

The Department is requested to present a report with its findings and the recommendations of the Board of Education to the Governor and the General Assembly prior to the nineteen hundred eighty-one Session of the General Assembly.

ACKNOWLEDGMENTS

Acknowledgment is made to the following individuals who devoted their time and expertise to complete the task set forth by House Joint Resolution 168. Recognizing their valuable contributions, the Division of Special and Compensatory Education would like to extend their appreciation to:

Ms. Margaret Christensen, graduate student at VPI & SU, who served as an administrative intern for this project.

Dr. Barry Knowles and Mr. Lewis Romano who served as consultants for the school division interviews.

Parents, teachers, administrators in special education, and university/college professors who very willingly served on the Speech-Language Caseload Task Force.

School division personnel and parents who participated in the interviews.

Special thanks are extended to Dr. Robert Hanny who assisted in the design of the questionnaire and provided research guidance throughout the entire project.

HJR 168

Introduction

House Joint Resolution No. 168 requested the Department of Education to study certain matters related to public school programs for language, speech and hearing therapy. The resolution recognized 1) that Federal and State laws mandate appropriate services for all children identified as needing language, speech and hearing therapy; 2) that frequency and length of time a child is seen for services should be based on type and severity of problem(s), age, and educational environment but is more often a consequence of scheduling all identified children; 3) that present regulations prescribing the rate of State reimbursement per pupil based on 65 children per clinician has varied interpretations among school divisions; and, 4) that national and state speech, language and hearing associations have developed guidelines addressing caseload numbers in various school settings. Thus, it was resolved that the Department of Education would conduct a study 1) to examine public school programs for language, speech and hearing therapy; 2) to determine their adherence to present regulations governing caseloads; and 3) to determine whether changes in these regulations are advisable.

The Department of Education responded to House Joint Resolution 168 by establishing the following objectives:

1) To study caseload size and its effect on appropriate language, speech and hearing therapy.

2) To obtain input from recognized national and state language, speech and hearing organizations, speech-language pathologists and hearing specialists, regarding caseload guidelines.

3) To present a report summarizing the findings and recommendations of the participants to the Superintendent of Public Instruction for submission to the Governor and the General Assembly.

The objectives were met with three activities:

1) A survey of States and a review of literature were conducted,

2) Case studies of 14 local school division speech-language and hearing therapy programs, and

3) A task force was convened to address the issues set forth in HJR 168 and prepare a report for the Board of Education, based on information generated by the case studies.

PART I - Survey of States and Literature Review

Prior to the development and implementation of the case studies, a literature review and nation-wide survey of states' programs in regards to speech-language and hearing therapy caseloads were conducted. The tabulation of data from States (Appendix C) reflects the information obtained from the nation-wide survey. It should be noted that the variation in caseloads may be due, in part, to the fact that some states use a severity rating scale to determine caseloads.

The literature review revealed little, if any, new information. However, a study conducted by the Council of Exceptional Children (1980) on Special Education class sizes tends to corroborate the results of our survey. The report found that of all the exceptionalities, programs for the speech impaired varied the most in terms of size. The reason for this variation was that the numbers specified generally referred to caseloads rather than class size.

Specific to speech impaired programs the CEC study found that self-contained programs generally had 5-15 students per class. Resource programs were reported to serve between 15-100 students while itinerant programs served between 50 and 100 students. The report concluded that the majority of speech impaired children were served in resource or itinerant programs.

The School Services Program of the American Speech & Hearing Association recently completed a national survey on caseload requirements (1980). The purpose of the study was to identify the minimum and maximum caseload requirements for speech-language pathologists as mandated by state departments of education.

Forty-one state speech-language consultants responded to the survey. Of that number 18 states reported no mandated maximum caseloads while 13 states reported a mandated maximum without additional qualifications. Further, 3 states suggest but do not mandate a maximum of 60 or more students per speech-language pathologist.

Four states surveyed have mandated a caseload size based on certain delivery models. One state reported that the mandated maximum is determined by the number of child contacts per week.

The majority of consultants reported that their state does not have mandated minimum caseload requirements. However, it was reported that many states mandating a maximum caseload requirement also interpret this as the minimum requirement.

The American Speech & Hearing Association did not recommend a specific minimum or maximum caseload number on the basis of the study. Commensurate with federal and state regulations they do, however, recommend that caseload be determined by the individual needs of children as identified by a qualified speech-language pathologist. Thus, "the specific number of children included in a caseload should be determined by the needs of the children requiring services and not arbitrary mandates" (Sarnecky, 1980).

PART II - Case Studies

Introduction

To meet the charge of House Joint Resolution 168, the Division of Special Education and Compensatory Services determined that individual interviews with selected personnel from a sample of school divisions would best facilitate the task. Primarily, case studies would provide information required while accounting for the individuality of each geographic area. Secondly, the case study design would ensure more equal representation of divisions and personnel and parents within them than other methodologies. Thirdly, personal interviews would effect a greater amount of information than would the return rate of mailed questionnaires. Finally, case study interviews appeared to offer the most expedient and accurate method to obtain the necessary information.

The second step of the process was twofold: 1) determining of specific personnel to be interviewed; and, 2) designing an instrument which would provide the required information. Specific personnel were deemed appropriate by meeting the following criteria:

1) Individuals who had direct responsibility for administering speech, language and hearing programs;

2) Individuals who had direct responsibility for providing services;

3) Individuals whose students and/or children receive those services.

Based on these criteria, special education administrators, building principals, speech-language pathologists, classroom teachers and parents were felt to be the most appropriate representatives. The instrument itself was designed to obtain data pertinent to Resolution 168. The format consisted of both open and closed questions specific to the issues and a section for overall comments and recommendations.

The instrument was field tested in two school divisions: a large urban division and a small rural division bordering a large urban area.

The field tests were conducted in interview/questionnaire format. After each interview the participants were asked to critically examine each question for ambiguities, clarity and specificity regarding each item. The suggestions were incorporated and subsequent revisions made, finalizing the instrument (see Appendix A). The sites for the case study were selected to be representative of the following:

1. urban, rural, suburban

2. total school population

3. ethno-cultural population

4. geographic location

Although the criteria are broad in definition and the subsequent selection of divisions relatively small, (14 or approximately 10%) it was felt that demographic and geographic representativeness was ensured.

Site Visits - Scheduling

Letters requesting convenient dates for our visit were sent to each division. Follow-up phone calls were then initiated to establish and confirm the site visits. Whenever possible the Division of Special and Compensatory Services attempted to schedule interviews according to geographic location so as to reduce the travel, time and cost of the endeavor.

Each site visit was conducted by a two person team so that interviews could be conducted simultaneously. The interviews were scheduled at half-hour intervals. Generally interviews began at 9:00 a.m. and ended at 4:30 p.m. However, some evening interviews were also conducted.

Results of Case Study Interview

Methodological Limitations. In order to ensure demographic and geographic representation the Division of Special and Compensatory Services had to allow certain practical constraints to override technical considerations. Specifically, a larger, stratified, random sample would have been more appropriate in terms of research design. However, practicality prohibited a larger sample and a smaller random sample would probably have not been representative of the many strata that exist in the State.

A second limitation was the process of selecting participants to be interviewed. Although the criteria for selection was clearly defined, each school division was responsible for providing participants. Thus, there was no guarantee, nor can it be assumed, that random participant selection did, in fact, occur.

Despite these limitations the Division believes that a credible cross section of parents and school personnel participated and contributed to the collection of data.

Data. Data were collected in an attempt to determine adherence to present regulations governing caseloads and to determine whether changes in the regulations were considered advisable by individuals who participated in the study. Tables presented will provide (1) information describing the sample, (2) adherence to present state requirements, and (3) recommendations.

Table II describes the distribution of participants as grouped by school division. Fourteen school divisions and a total of 146 individuals participated in the study. There were thirty-four speech pathologists, fifty-three regular teachers, thirty-three parents, eleven principals and fifteen special education administrators interviewed.

TABLE II

SURVEY PARTICIPANTS BY SCHOOL DIVISON

School Division	Speech Pathologists	Regular Teachers	Parents	Principal	Sp. Ed. Admin.	N
A	4	6	1	1	1	13
B	3	3	-	-	1	7
C	2	4	2	1	1	10
D	1	-	3	1	1	6
E	2	3	5	-	1	11
F	1	3	3	-	1	8
G	3	4	-	1	1	9
H	2	5	4	-	1	12
I	2	2	2	2	1	9
J	3	6	2	1	1	13
K	4	3	1	1	2	11
L	3	6	2	1	1	13
M	3	4	3	1	1	12
N	1	4	5	1	1	12
TOTAL	34	53	33	11	15	146

Table III presents information on present caseloads of sampled speech pathologists. The table indicates that the pathologists surveyed served a total of almost two thousand (2,000) students with roughly three-fourths of the students being in elementary schools. The remaining twenty-five (25) per cent were distributed over the other categories. An attempt was made to refine the data to determine an overall average of caseloads. This is reflected in the line "refined data." This shows that the average caseload in the sample was 63.7 with five pathologists serving more than seventy-five students and several serving significantly less than 65-75 maximum recommended by the state.

TABLE III

NUMBER AND TYPES OF STUDENTS SERVED BY SPEECH PATHOLOGISTS

	Number of Students
Preschool (0-3)	81
Pre-kindergarten (3-5)	111
Elementary	1,494
Junior/Middle School	169
High School	92

REFINED DATA

No. of Pathologists	Total Students	Mean	Range
30	1,912	63.7	25-90

Although not reflected in the table a reasonable explanation for the overall average of 63.7 would be the significant decrease in caseload for several speech-language pathologists serving only one specific population such as pre-kindergarten, EMR/TMR or hearing impaired.

Table IV indicates the average and range of caseloads per pathologist as reported by Special Education Administrators. The number reported for average caseload, 63.8, is the same as that reported by the pathologists, 63.7, thus they tend to verify one another. An examination of the same data reveals a mode (N=5) of caseloads at the maximum of 75 students.

TABLE IV

SPECIAL EDUCATION ADMINISTRATORS REPORT OF CASELOADS FOR THEIR DISTRICTS (N=13)*

	Reported Average	Range
(N)	63.8	42-75

*The 13 districts employ a total of 116 full-time, 6 part-time speech-language pathologists.

Table V reports on the grade levels and ages of children of the parents who participated in the study. The majority of children fall into the K-6 grade level range and the 5-12 years old age group.

TABLE V

AGES AND GRADE LEVELS OF CHILDREN OF INTERVIEWED PARENTS

	AGE						
	<5	5-6	7-9	10-12	13-15	16-18	N
Children	4	7	12	8	4	1	36

	GRADE LEVEL					
	Pre-K	K-3	4-6	7-9	10-12	Sp. Ed.
Children	5	13	9	3		5

Table VI relates information about appropriateness of services in relation to individual needs. Approximately two-thirds (2/3) of the speech pathologists felt services were not appropriate to individual needs. No attempt was made to quantify the reasons.

TABLE VI

OPINIONS OF PATHOLOGISTS REGARDING APPROPRIATENESS OF SERVICES

	Appropriate	Not Appropriate
N	12	20

Table VII attempts to determine if there are varying interpretations of the reimbursement regulations regarding the sixty-five pupil caseload. It appears that three (3) special education administrators in the sample gave erroneous interpretations.

TABLE VII

INTERPRETATIONS OF $115 PER PUPIL
65 Average/75 Maximum Regulations

	N
At no time caseload should exceed 75	12
At no time caseload should exceed 65	1
Maximum of 75 pupils per year	2

Table VIII deals with guidelines for caseload selection. Pathologists were asked to respond whether or not their school division had guidelines for caseload selection. Approximately two-thirds (N=21) said that their school division did not. Of the remaining one-third (N=12), only six pathologists stated that their school division had written guidelines for caseload selection.

TABLE VIII

RESPONSE OF PATHOLOGISTS TO QUESTION REGARDING GUIDELINES FOR CASELOAD SELECTION

	N	Written
Division has guidelines	12	6
Division has no guidelines	21	-

Table IX presents data on caseload determination in an effort to find an alternative for caseloads based on a flat number. Consequently, the possibility of using a severity rating scale to determine caseload was explored. Pathologists, special education administrators and school principals chose the severity scale 85% of the time and a state mandated reimbursement schedule, 14% of the time.

TABLE IX

SPEECH PATHOLOGISTS, SPECIAL EDUCATION ADMINISTRATORS AND PRINCIPALS RECOMMENDATIONS REGARDING CASELOAD DETERMINATION

	Speech Path.	Sp. Ed. Admin*	Princ.	Per cent
Use of a weighted severity scale	31	9	9	85%
Use of a state mandated reimbursement schedule	2	3	3	14%

*Four indicated they already use a severity scale.

PART III - Composition and Objectives of Task Force

A task force was assembled to address the objectives of the Department of Education. The task force representation included speech-language pathologists, parents, administrators (a principal and two special education supervisors), university personnel from institutions which offer degree programs in speech-language, the Speech and Hearing Association of Virginia, and the Virginia Council of Administrators of Special Education (see Appendix B for listing of members and related correspondence).

The task force had five objectives:

1) To examine the current educational definition of speech and language impairment;

2) To examine present reimbursement regulations;

3) To determine whether changes in these regulations are advisable;

4) To examine the use of severity scales as a method of eligibility for speech and language services;

5) To make recommendations regarding objectives 1, 2, 3 and 4.

These objectives were met through utilization of the information from the States' Survey and the literature review, the case studies, information provided by the American Speech-Language-Hearing Association, the document Program Guidelines for Students with Speech-Language Impairments in Virginia's Public Schools, and perhaps most importantly, through the knowledge and expertise of the task force members.

The task force identified three broad areas for discussion: 1) the importance of the use of a severity scale as it relates to serving student needs, 2) the development of a severity scale and criterion for classification, and 3) clarification of the term "educational performance" as it is used in the Part B definition of Speech Impaired in State and Federal regulations for special education services.

As a result of discussion and small group study, the following major conclusions emerged:

A. The use of a severity scale would establish eligibility criteria for speech-language services. A speech-language pathologist would have justification for the provision of intensive therapy to those students with severe impairments, appropriate to their needs. A continuum of services, in terms of frequency and intensity of therapy for various degrees of severity of impairment, would be possible.

The use of a severity scale would reduce the caseload of many speech-language pathologists, allowing them to serve students based on degree of impairment rather than establishing therapy times to accommodate the number of students assigned (most often 75).

B. A severity rating scale has been developed which includes the major speech-language impairment categories (See Appendix C).

C. Educational performance is not limited to only academic subject matter areas. It may include:

1) academic achievement as summarized in the child's cumulative folder;

2) performance indicated in the child's confidential folder (if available);

3) performance on additional educational testing (including possible measures of linguistic competence);

4) information gathered through interviewing with the teacher, parents, and the student concerning:

a) verbal performance in the classroom being commensurate with written performance;
b) student's interaction with peers;
c) student's self-concept-emotional adjustment/ social interaction;

5) information gathered through interviewing the student's parents and/or other family members;

6) information gathered through interviewing other school personnel (principal, secretary, maintenance personnel)

7) information gathered from outside agencies (physicians, dentists)

Several related areas of concern also received attention: 1) program management and diagnostic time were seen as essential for providing quality speech-language services; 2) both informal and formal assessment components must be included in the severity scale; 3) the total number of points for FTE (full-time equivalency) should be 66 and 4) the preschool population requires modification in the definition of educational performance.

Part IV - Findings and Recommendations of Task Force

With the advent of 94-142 (Education for all Handicapped Children Act, 1975) the scope of the public school speech-language pathologist has been re-emphasized and expanded. Specifically, the emphasis has broadened to include not only articulation handicaps but language handicaps and other communication impairments and combinations thereof. Subsequently, the need for service delivery has been expanded to involve more diversified populations. Previously,

the target population for service delivery was largely, but not exclusively, the "normal" student. Currently, delivery of services has been further expanded to include children with other handicapping conditions. In many cases those factors affecting the primary handicapping conditions have also contributed to the severity and, consequently, to the increased need for more intensive speech and language services.

Precluding services, however, is the time it may take to evaluate exceptional students. This is not to say that in all cases assessment time has increased, but in many cases the increased number of students alone contributes to the time necessary for evaluation. In addition, as teachers and public school staff have become aware of and attuned to communication impairments the number of referrals has multiplied, necessitating more time for screening and diagnostic services. Thus, as the scope of service delivery has expanded and the responsibilities for service provisions have been increased it is recommended that services and subsequently caseloads be determined on the basis of individual student need and the degree of impairment.

In order to facilitate implementation of this recommendation a three (3) point system incorporating the use of a severity rating scale appears to be a viable alternative to a fixed number (75). The three (3) point scale is suggested so that the maximum amount of services may be provided within the 5 1/2 hour instructional day. Specifically, a rating of one (1) point will be classified as a mild impairment, two (2) a moderate impairment, and three (3) as a severe impairment with the total number of points adding up to but not exceeding 48. Thus, in one week it would be conceivable to serve 48 mild cases or 24 moderate cases or 16 severe cases or multiple combinations thereof to the maximum benefit of the individual student. Therefore, the three (3) point system allows for flexibility in providing services based on individual student needs and the degree of impairment.

Concommitant with flexibility and supportive of re-emphasized service provisions, the point system provides a realistic vehicle by which to efficiently schedule and utilize time. For example, this system appears to allow for provision of inservice, coordination of parent and teacher involvement, multi-disciplinary team activities, program preparation, observation and diagnostic services and the like without denying services to a child or a group of children. Consequently, not only will service delivery increase but the dynamics of professional and therapeutic interaction will be facilitated.

In consideration of the preceding discussion and as a result of examining the literature pertaining to caseloads, revising and refining the severity rating scale, scrutinizing the data and intensive small group discussions the Task Force has recommended the following:

1. That current regulations be changed to reduce caseloads;

2. That services and subsequently caseloads be determined on the basis of the degree of impairment and individual child needs; and

3. That a three (3) point system be adopted incorporating the use of a severity rating scale.

Part V - Department of Education Recommendations

The staff of the Department of Education has reviewed data collected through a field study of the speech and language services provided in Virginia. A statewide task force was appointed by the Department to make recommendations regarding caseloads for speech-language pathologists. Based on this review and in consideration of the variety of factors presently influencing the total program of public education in the Commonwealth, the Department of Education offers the following recommendations:

1. That services and subsequent caseloads of speech pathologists be determined on the basis of the degree of impairment and individual child needs;

2. That a three (3) point system be adopted incorporating the use of a severity rating scale with the total number of points equal to, but not exceeding, sixty-six (66).

The conclusion drawn from the field survey and the task force recommendations indicate that the application of a severity scale will allow greater flexibility and be more responsive to the needs of individual children.

It is recommended that the use of a severity scale be field tested during school year 1980-81. Based on a successful field test, the severity scale will be implemented during the 1982-84 biennium, assuming adequate funding is available.

The Department of Education will conduct a study prior to January 1, 1981, to determine the fiscal impact on local school divisions to implement these recommendations.

October 23, 1980

BIBLIOGRAPHY

Mack, Jean H., Banesi, Josephine, and Bunte, Joann. Special Education Class Sizes. The Policy Research Center, Council for Exceptional Children, Reston, VA. May, 1980.

Sarnecky, Ellen. Caseload Requirements for Speech-Language Pathologists Employed in Schools. School Services Program, American Speech, Language and Hearing Association. Rockville, MD. Spring, 1980.

APPENDIX A

Case Study Activities

1. Participating School Divisions
2. Sample Letters to Local School Divisions
3. Case Study Questionnaires

SCHOOL DIVISIONS WHO PARTICIPATED IN SPEECH-LANGUAGE CASE STUDY

Alexandria City

Albemarle County

Brunswick County

Fredericksburg City

Henrico County

King William County

Norfolk City

Prince George County

Prince William County

Roanoke County

Rockbridge County

Shenandoah County

Wise County

Wythe County

Field Test Sites:

Goochland County

Richmond City

Alternate Divisions:

Lexington

Mecklenburg

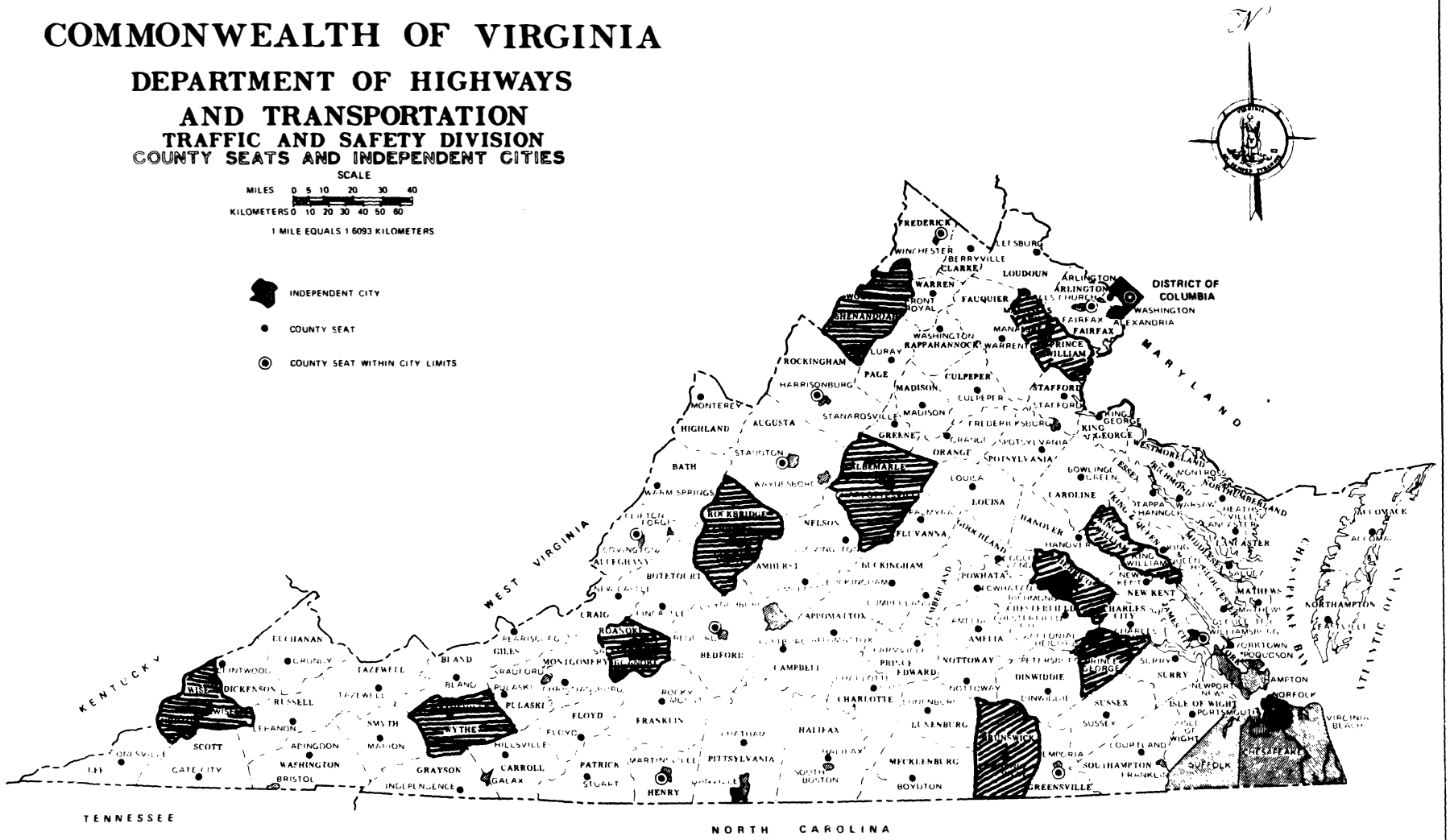
Virginia Beach

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HIGHWAYS AND TRANSPORTATION

TRAFFIC AND SAFETY DIVISION

COUNTY SEATS AND INDEPENDENT CITIES



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COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

July 1, 1980

Dear :

The Department of Education has been directed by the General Assembly, through House Joint Resolution 168, to conduct a study of "public school programs for language, speech and hearing therapy and their adherence to present regulations governing caseloads and to determine whether changes in these regulations are advisable."

The Department has also been requested by House Joint Resolution 129, to conduct a study of "the rates of reimbursement for special class placements for Educable Mentally Retarded pupils including the appropriate class size, the advisability of teacher aides, and the amount of the reimbursement."

In order to meet this charge, several case studies will be conducted to examine current school division practices for providing speech, language, and hearing services, and to attend to EMR pupil-teacher ratios, rates of reimbursement, and the advisability of teacher aides.

You will note from the attached copies of the resolutions, that the Department of Education is required to interview parents, teachers and administrators. We are requesting your participation in this endeavor by your selection of individuals from the following representative groups:

1 Principal

1 Special Education Supervisor, Coordinator or Director

* 6 teachers of the Educable Mentally Retarded (2 elementary, 2 middle school/Junior High, 2 Senior High: where appropriate)

6 classroom teachers whose students participate in speech, language or hearing programs

3 speech/language pathologists (where appropriate)

* 8 parents (4 whose children receive special language or hearing services; 4 parents of EMR children)

*It should be noted that wherever possible, the selection of the teachers of the EMR and the parents of EMR students should include a few cases wherein the EMR student(s) are receiving speech therapy services in addition to the EMR program.

Tentative dates for the interviews will be July 14, 1980, through August 29, 1980.

Should you have any questions regarding the Speech/Hearing study please do not hesitate to contact Maggie Christensen, Administrative Intern, or Ms. Christina Clark, Supervisor, Department of Education, Division of Special Education Support Services, P. O. Box 6Q, Richmond, Virginia 23216, Telephone: 804/786-2673.

If you have any questions regarding the Educable Mentally Retarded study, please contact JoAnn Murray, Administrative Intern, or Anthony Faina, Assistant Supervisor, at the same address.

Thank you for your assistance.

Sincerely,

James T. Micklem, Director
Division of Special Education
Support Services

JTM:wwh

Attachment

cc: Ms. Christina Clark
Mr. Anthony Faina
Mrs. Kathleen Kerry
Mr. Leslie Jones

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

August 11, 1980

Dear :

We are confirming _____ as the date(s) for the case study interviews. Interviews should be scheduled at half hour intervals beginning around 9:00 a.m. If necessary, we will be available for evening interviews.

We appreciate your cooperation and assistance in this endeavor. Should you have further questions, do not hesitate to contact us at the Department of Education, Division of Special Education, P. O. Box 6Q, Richmond, Virginia 23216, Telephone: 804/786-2673.

Thank you for your support.

Sincerely,

Maggie Christensen
Administrative Intern (Speech)

JoAnn M. Murray
Administrative Intern (EMR)

MC/JMM:jj

cc: Leslie W. Jones

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

September 11, 1980

Dear :

Thank you for your participation in the case study interviews. These studies were requested by the General Assembly in House Joint Resolutions 129 (EMR) and 168 (Speech).

The data collected for the case study will be compiled and incorporated into the recommendations made by the Division of Special Education to be sent to the Superintendent of Public Instruction and the Board of Education. The Department of Education will then make recommendations to the General Assembly for consideration during its 1981 session. Copies of these final recommendations will be distributed to the local school divisions.

Sincerely,

James T. Micklem, Director
Division of Special Education Programs
and Services

JTM/pls

cc: Christina C. Clark
Anthony G. Faina
Leslie W. Jones

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

September 11, 1980

Dear :

We would like to take this opportunity to thank you for your cooperation and effort regarding the case study interviews. Your participation enabled us to collect the data necessary to respond to the House Joint Resolutions. We appreciate the time you spent in arranging the schedules for the interviews.

Please extend our appreciation to your personnel and parents who participated in this endeavor.

Sincerely,

Maggie Christensen
Administrative Intern (Speech)

JoAnne M. Murray
Administrative Intern (EMR)

MC/JMM/pls

cc: Leslie W. Jones

Administrators

1. How many Speech-Language pathologists do you employ?

   _____Full time

   _____Part-time _____What percentage of time are they employed?

2. How many Hearing clinicians do you employ?

   _____Full time

   _____Part-time _____What percentage of time are they employed?

3. Approximately how many students does each Speech-Language pathologist have on her caseload?

   _____

4. Approximately how many students does each Hearing clinician have on their caseload?

   _____

5. On the average how many schools does each Speech-Language Pathologist serve? (Check maximum number cited)

   _____1, _____2, _____3, _____4, _____5, or more

6. On the average how many schools does each Hearing clinician serve? (Check maximum number cited)

   _____1, _____2, _____3, _____4, _____5, or more

7. Approximately how many students receiving speech, language and/or hearing services provided by Speech-Language Pathologists are also receiving other special education services?

   _____

8. The guidelines for recommended caseloads for Speech Impaired are:

   "$115 per pupil - rate computed on 65 pupils per speech pathologist
   75 pupils maximum."

   Which of the following interpretations is closest to your interpretation of the guidelines:

   _____a) at no time may a caseload exceed 75

   _____b) at no time may a caseload exceed 65

   _____c) there is a maximum of 75 students per school year

   _____d) other (specify)

Administrators (cont'd.)

9. Which of the following would you recommend for reducing the numbers of students in a speech and language program?

_____a) reduce to 65 pupils maximum

_____b) use of weighted severity scale

_____c) flat reduction by a specified number

____specify number

_____d) other (specify)

10. Does your division use a weighted severity scale for caseload selection and eligibility?

____Yes

____No

If Yes, formal or informal Explain:_____

_____

11. Which of the following do you think should be considered in caseload determination:

_____a) use of weighted severity scale

_____b) State mandated reimbursement schedules

_____c) the definition of "adversely affects educational performance."

_____d) other (specify)

12. What factors do you consider in determining the eligibility of a child for speech, language and/or hearing services:

_____a) academic achievement

_____b) personal adjustment

_____c) communicative behavior

_____d) other (specify)

13. What comments and recommendations would you make regarding speech, language and hearing programs as they relate to the present regulations?

SPEECH AND LANGUAGE INTERVIEWS

Principals: Grade level of school _____

1. How many Speech-Language Pathologists provide services in your school?

   _____Full time: _____Resource, _____Self-Contained

   _____Part-time: _____Resource, _____Self-Contained

2. How many hearing clinicians provide service in your school?

   _____Full time: _____Resource, _____Self-Contained

   _____Part-time: _____Resource, _____Self-Contained

* 3. Are you aware of any children who may need speech-language and/or hearing therapy who are not presently receiving services?

   _____Yes

   _____No

   If Yes, why do you feel that this situation exists?

   _____a) the definition of "adversely affects educational performance"

   _____b) State mandated reimbursement schedules

   _____c) other (specify)

4. Are the speech-language and/or hearing services provided, generally <u>appropriate</u> to each student's individual needs as determined by the IEP?

   _____Yes

   _____No

   If No, why?

5. Which of the following do you think should be considered in caseload determination? (check all that apply)

   _____a) use of a weighted severity scale

   _____b) State mandated reimbursement schedules

   _____c) the definition of "adversely affects educational performance"

   _____d) other (specify)

Principals (Cont'd.)

6. What factors do you consider in determining the eligibility of a child for speech, language and/or hearing services:

_____a) academic achievement

_____b) personal adjustment (social, emotional)

_____c) communicative behavior

_____d) other (specify)

Regular Teachers

1. What is the average length of time from your original referral of a child for speech, language and/or hearing services until services actually begin?

Speech, language	Hearing
_____a) 1 month	_____a) 1 month
_____b) 2 months	_____b) 2 months
_____c) less than 4 months	_____c) less than 4 months
_____d) 6 or more months	_____d) 6 or more months

2. Is the eligibility process ever longer than 75 administrative working days?

_____Yes

_____No

3. Have you ever had a child you thought might be eligible for speech, language and/or hearing services but whom you did not refer?

_____Yes

_____No

If Yes, why?

4. Approximately how many of your students received speech, hearing or language services?

_____ 0

_____ 1-5

_____ 5-10

_____ more than 10

_____ the whole class

5. On the average how much therapy has a child received in each session?

_____ 20 minutes

_____ 30 minutes

_____ 1 hour

Regular Teachers (Cont'd.)

6. Do you feel that the time is adequate to remediate the problem?

_____Yes

_____No

7. Do you feel that the services are appropriate for your student's needs as determined by the IEP?

_____Yes

_____No

8. Which of the following do you consider as having been effected by speech, language and/or hearing therapy. Positive effect (+) negative effect (-) no effect ( )

_____a) academic achievement

_____b) personal adjustment

_____c) communicative behavior

_____d) other

9. Is your school's speech and language pathologists or hearing clinician generally available to discuss your student's progress?

_____Yes

_____No

10. What comments and recommendations do you have for improving speech, language and hearing services?

Parents

1. What is your child's speech, language and/or hearing impairment?

   _____Articulation

   _____Language

   _____Fluency

   _____Voice

   _____Multihandicapped

   _____Other (specify)

2. How old is your child?

   _____

   What is the grade level?

   _____

3. Approximately how much time per week does your child spend in speech, language or hearing therapy? (1 period = 1 hour)

   _____ less than 1 hour

   _____ 1 - 2 hours

   _____ 3 - 5 hours

   _____ don't know

4. Does your child receive this instruction

   _____individually

   _____in a group of 2 - 3 students

   _____in a group of 4 or more students

5. In your opinion is the amount of time your child participates in speech, language or hearing therapy appropriate to his/her individual needs?

   _____Yes

   _____No

   _____No opinion

Parents (Cont'd.)

6. Has speech, language or hearing therapy effected your child in any of the following areas?

   Please check positive (+) or negative (-) no change ( )

   _____a) speech, language and/or hearing

   _____b) academic areas

   _____c) personal skills

   _____d) other (specify)

7. How are you involved in your child's speech, language or hearing program?

   _____a) participates at the IEP

   _____b) works on speech lessons at home

   _____c) meets or corresponds with speech, language or hearing teacher on a continuing basis

8. What comments and recommendations would you make regarding your child's participation in speech, language and/or hearing program?

Speech Pathologist

1. How many students do you serve?

_____Pre-school (0-3)

_____Pre-kindergarten (3-5)

_____Elementary

_____Junior High/Middle Schools

_____High School

2. How many schools do you serve?

_____Diagnostic Evaluations

_____Therapy

3. On the average how many students did you serve per school?

_____1 - 20

_____20 - 40

_____40 - 65

_____65 - 75

4. In a typical week how much time do you spend traveling between schools?

_____less than 1 hour

_____1 - 5 hours

_____more than 5 hours

5. Are your services primarily

_____individual

_____group of 2 - 3

_____group of 4 or more

6. On the average how much time does a child spend in receiving therapy per week? (20 mins., 30 mins., 1 hour, 2 hours, more than 2 hours)

_____individually

_____group of 2 - 3 _____per child

_____group of 4 or more _____per child

Speech Pathologist (Cont'd.)

7. Which of the following best describes your therapy system?

_____block

_____intermittent

_____continual service delivery

8. Approximately how much time per week do you spend in:
(less than 1 hour, 1-2 hours, 3-4 hours, more than 4 hours)

	Beginning of year	Middle of year	End of year
Screening	_____	_____	_____
Diagnostic Evaluation	_____	_____	_____
Therapy	_____	_____	_____
Writing reports/correspondence/ progress reports	_____	_____	_____
IEP Meetings/IEP preparation	_____	_____	_____
Conferences/Staff meetings	_____	_____	_____
Staff duties (playground, bus, duty, etc.)	_____	_____	_____
Other (specify)	_____	_____	_____

9. In your opinion do you spend the appropriate amount of time in each area?

_____Yes

_____No

10. If No, prioritize which areas should receive more time (1-first choice, 2-second choice, 3-third choice, 4-fourth choice, 5-fifth choice, 6-sixth choice, 7-seventh choice, 8-eighth choice)

_____Screening

_____Diagnostic Evaluation

_____Therapy

_____Writing reports/correspondence/progress reports

_____IEP Meetings/preparation

_____Conferences/Staff meetings

_____Staff duties

Speech Pathologist (Cont'd.)

11. Which of the following do you believe should be considered in caseload determination?

_____a) use of a weighted severity scale

_____b) State mandated reimbursement schedules

_____c) the definition of "adversely affects educational performance"

_____d) other (specify)

*12. What factors do you consider in determining eligibility of a child for speech, language and/or hearing services?

_____a) academic achievement

_____b) personal adjustment

_____c) communicative

_____d) other

13. Is your caseload evenly distributed by impairment?

_____Yes

_____No

If No, prioritize by occurrence of the condition (1-Highest, 2, 3, 4, 5, 6, 7-Lowest)

_____Language

_____Articulation

_____Hearing

_____Fluency

_____Voice

_____Multi-handicapped

_____Other

14. Does your division have guidelines for caseload selection?

_____Yes

_____No

Speech Pathologist (Cont'd.)

15. Are they formalized (written)?

_____Yes

_____No

*16. What are your criteria for recommending that a child be placed in speech language and/or hearing services? (Check all that apply)

_____Type of error sound

_____Number of error sounds

_____Developmental factors

_____Functional communication skills

_____Syntax

_____Semantics

_____Prosodic features

_____Rate of Speech

_____Number of blocks, prolongations, hesitations, interjections

_____Struggle behaviors

_____primary

_____secondary

_____Vocal quality

_____Resonance

_____Pitch

_____Hyponasality

_____Academic achievement

_____Personal adjustment

_____Medical release

_____Interest of Parent

_____Interest of Teacher

_____Other (specify)

17. Do you feel that the services available in your division are appropriate to your student's individual needs?

_____Yes

_____No

If No, why?

Speech Pathologist (Cont'd.)

18. If you are unable to provide appropriate speech, language and/or hearing services what course of action do you pursue?

_____a) Request new eligibility meeting

_____b) Refer to clinic, hospital or private therapist

_____c) Defer services

_____d) The best you can

_____e) Other (specify)

19. What recommendations would you make?

*20. Are you aware of any children who may need speech-language and/or hearing therapy who are not presently receiving services?

_____Yes

_____No

*21. If Yes, why do you feel that this situation exists?

_____a) the definition of "adversely affects educational performance"

_____b) State mandated reimbursement schedules

_____c) other (specify)

22. What recommendations would you make for caseloads?

_____a) Reduce to 65 pupils maximum

_____b) Use a weighted severity scale

_____c) Flat reduction by a specified number _____Specify number

_____d) Hire more personnel

_____e) Other (specify)

Speech Pathologist (Cont'd.)

23. What is your opinion on the use of the Severity Scale as a basis for services?

_____a) Think it is a good idea - would like to try it

_____b) Disagree with the concept

_____c) Good idea but too complicated

_____d) Not informed

_____e) No opinion

_____f) Other

24. What recommendations and/or comments would you make regarding speech, language and/or hearing service delivery as they relate to the present regulations?

APPENDIX B

Task Force Activities

1. Sample Letters to Local School Divisions
2. Listing of Task Force Members
3. Task Force Agenda and Evaluation Form

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

June 18, 1980

Dear :

The Department of Education has been directed by the General Assembly, through House Joint Resolution 168, to conduct a study of "public school programs for language, speech and hearing therapy and their adherence to present regulations governing caseloads and to determine whether changes in these regulations are advisable." As part of this process, a Task Force is being organized consisting of parents, teachers, administrators, and personnel from institutes of higher education.

The purpose of the Task Force will be to attend to the concerns of parents and professional educators regarding present regulations governing caseloads.

Assistance from the _____ _____ is requested in the nomination of two (2) Speech, Language teacher trainers who have background experience working with speech, language or hearing impaired children who could serve on the Task Force.

Expenses incurred as a result of their participation at the meeting (travel, meals, and accommodations) will be reimbursed. We will appreciate receiving your nominations by June 25, 1980.

Should you have any questions, please do not hesitate to contact Maggie Christensen, Administrative Intern or Christina

Clark, Assistant Supervisor, Department of Education, Division of Special Education Support Services, P. O. Box 6Q, Richmond, Virginia 23216, Telephone: 804/786-2673.

Sincerely,

James T. Micklem, Director
Division of Special Education
Support Services

JTM:jj

cc: Ms. Christina C. Clark
Ms. Maggie Christensen
Mr. Leslie W. Jones

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

July 17, 1980

Dear :

The Department of Education has been directed by the General Assembly, through House Joint Resolution 168, to conduct a study of "public school programs for language, speech and hearing therapy and their adherence to present regulations governing caseloads and to determine whether changes in these regulations are advisable." As part of this process a Task Force is being organized consisting of parents, teachers, administrators, and personnel from institutes of higher education.

The purpose of the Task Force will be to attend to the concerns of professional educators and parents regarding present regulations governing caseloads.

_____ from your division has been identified by the _____ as a candidate to participate as a member of the Task Force. A two day meeting has been scheduled in Richmond for July 21, and 22. Expenses incurred as a result of her participation at the meeting (travel, meals and accommodations) will be reimbursed. We appreciate your support in allowing _____ to attend.

Should you have any questions, please do not hesitate to contact Maggie Christensen, Administrative Intern or Christina Clark, Supervisor, Department of Education, Division of Special Education Support Services, P. O. Box 6Q, Richmond, Virginia 23216, telephone 804/786-2673.

Sincerely,

James T. Micklem, Director
Division of Special Education
Support Services

JTM:pss
cc: Maggie Christensen
Christina Clark
Leslie W. Jones

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

July 14, 1980

Dear :

The Department of Education has been directed by the General Assembly through House Joint Resolution 168 to conduct a study of "public school programs for language, speech and hearing therapy and their adherence to present regulations governing caseloads and to determine whether changes in these regulations are advisable." As part of this process, a Task Force is being organized consisting of parents, teachers, administrators, and personnel from institutes of higher education.

The purpose of the Task Force will be to attend to the concerns of parents and professional educators regarding present regulations governing caseloads.

You have been identified by the _____ _____ to participate on the Task Force. A meeting has been scheduled for July 21, and 22 in Richmond, Virginia, at the Holiday Inn Downtown (West Franklin Street). Expenses incurred as a result of your participation on the Task Force (travel, meals, and accommodations) will be reimbursed. We would appreciate receiving your confirmation of attendance by July 16, 1980 so that we may confirm your hotel reservations.

Enclosed you will find a tentative agenda and review materials. Please bring this information and any other information (literature, studies, etc.) which you wish to share with the group.

Should you have any questions, please do not hesitate to contact Maggie Christensen, Administrative Intern or Christina Clark, Supervisor, Department of Education, Division of Special Education Support Services, P. O. Box 6Q, Richmond, Virginia 23216, Telephone: 804/786-2673.

Sincerely,

Maggie Christensen
Administrative Intern
Division of Special Education
Support Services

MC/pss

Enclosures

SPEECH - LANGUAGE TASK FORCE

Ann Bowman
95 B
Standardsville, VA 22973
804/985-7824

Maureen Corcoran
3703 Wainfleet Drive
Richmond, VA 23235
804/272-9797

Ardella Curtis
Coordinator, Special Education
Hampton City Schools
Box 370
Hampton, VA 23667
804/838-0009

Maynard Filter
Speech Pathology & Audiology
James Madison University
Harrisonburg, VA 22807
703/433-6630

Noland Gregory
Brunswick County
Lawrenceville, VA 23868
804/848-2157

Cathy Hariston
Rt. 3, Box 875
Bassett, VA 24055
703/629-5861

Mary Jo Hammack
4255 Farmhill Lane
Chesterfield, VA 23832
804/276-3475

Kay Kincer
Bland County Schools
Box 128
Bland, VA 24135

Home: Rt. 1, Box 105
Crockett, VA 24235

703/686-5517 -- Home
703/688-3361 -- Schools

Bill Krupp
Florence Bowser Elementary
4540 Nansemond Parkway
Suffolk, VA 23435
804/539-0412

SPEECH - LANGUAGE TASK FORCE (Cont'd.)

Sheila McDonald — 703/894-5115
Coordinator of Special Education
Louisa Public Schools
Box 7
Mineral, VA 23117

Susan Ratliff — 703/943-1350
Rt. 2, Box 162
Waynesboro, VA 22980

Martha Riva — 703/671-8553
4500 S. Four Mile Run Drive
Arlington, VA 22204

Bill Shoemake — 703/546-4032
Rt. 2, Box 222C
Pennington Gap, VA 24277

Brenda Strawley — 804/924-7107
109 New Cabell Hall
University of Virginia
Charlottesville, VA 22903

(Mrs.) Lennie Thornton — 804/272-5542
3563 Lochinvar Drive
Richmond, VA 23235

Bonnie Vaden — 703/552-8014
204 Watson Avenue
Blacksburg, VA 24060

Martha Bountress — 804/440-4117
ODU
Child Study Center
Norfolk, VA 23504

AGENDA

Monday

10:00 a.m.	Opening Introduction	Les Jones
10:30 a.m.	Past & Present	Christina Clark
11:00 a.m.	Review of Literature Data from Other States	Maggie Christensen
12:00 p.m.	Lunch	
1:15 p.m.	Large Group Discussion	
2:30 p.m.	Break	
2:45 p.m.	Small Group Discussion	
4:00 p.m.	Summary of Small Group Discussion	
4:30 p.m.	Formulate Agenda for Day 2 Evaluate Day 1	
5:00 p.m.	Let's call it a day!	

Tuesday - Tentative

9:00 a.m.	Opening
9:30 a.m.	Large Group Discussion
10:15 a.m.	Small Group Discussion
11:30 a.m.	Summary of Small Group Discussion
12:00 p.m.	Lunch
1:15 p.m.	Recommendations 1. Next Task Force Meeting 2. New Directions
2:15 p.m.	Closing and Evaluation of Day 2
3:00 p.m.	Let's call it a day!

Tentative Agenda

Task Force Meeting
September 25 and 26

House Joint Resolution 168

Thursday, September 25

2 p.m.	Introduction
2:15 - 3:30	Severity Scale Information a) Small Group b) Large Group
3:30 - 3:45	Break
3:45 - 5:00	Update Information from States Literature Review Results of Data

Friday, September 26

9:00 - 10:00	Review of Total Report/Recommendations
10:00 - 10:15	Break
10:15 - 11:15	Draft Recommendations -- Small Group
11:15 - 12:00	Large Group Discussion
12:00 - 1:30	Lunch
1:30 - 2:30	Finalize Recommendations
2:30 - 3:00	Evaluation

EVALUATION

Speech and Language Task Force Meeting
July 21 & 22, 1980
Richmond, Virginia

Please circle the number which best expresses your reaction to each of the items on:

1.	The organization of the meeting was:	Excellent	7	6	5	4	3	2	1	Poor
2.	The objectives of the Task Force were:	Clearly Evident	7	6	5	4	3	2	1	Vague
3.	The work of the consultant(s) was:	Excellent	7	6	5	4	3	2	1	Poor
4.	The scope (coverage) was:	Very Adequate	7	6	5	4	3	2	1	Inadequate
5.	Overall, I consider this Task Force Meeting:	Excellent	7	6	5	4	3	2	1	Poor

OPTIONAL

The stronger features of the meeting were: _____

_____

_____

_____

The weaker features were: _____

_____

_____

_____

General Comments: _____

_____

_____

_____

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF EDUCATION
P O BOX 6Q
RICHMOND, 23216

September 8, 1980

Dear

The Division of Special Education and Support Services, in response to House Joint Resolution 168 (speech, hearing and language) is requesting the continued participation of M at the final Task Force Meeting. The meeting will be held in Williamsburg, Virginia on September 25 and 26, 1980.

The purpose of the meeting will be to review data collected through the study interviews and to finalize recommendations made by the Task Force.

Expenses incurred as a result of M participation at the meeting (travel, meals, and accommodations) will be reimbursed. We will appreciate your response by September 19, 1980.

Should you have any questions, please do not hesitate to contact Maggie Christensen, Administrative Intern, or Christina Clark, Supervisor, Department of Education, Division of Special Education and Support Services, P. O. Box 6Q, Richmond, Virginia 23216, telephone: 804:786-2673.

Sincerely,

James T. Micklem, Director
Division of Special Education
Programs and Services

JTM:jm

cc: Maggie Christensen
Christina C. Clark
Leslie W. Jones

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

September 8, 1980

Dear

The next Task Force meeting will be in Williamsburg, Virginia on September 25 and 26 at the Bonhomme Richard Inn. Directions are enclosed.

The meeting will begin at 2 p.m. on the 25th and end by 3 p.m. on the 26th. We will make reservations for you for the evening of the 25th. If you expect to arrive on the 24th, please contact us.

Should you have any questions please contact Maggie Christensen, Administrative Intern, or Christina Clark, Supervisor, Box 6Q, Richmond, Virginia 23216. Telephone: 804/786-2673.

We look forward to seeing you.

Sincerely,

Maggie Christensen
Administrative Intern
Division of Special Education
Support Services

MC/jm

APPENDIX C

Survey of States

1. Tabulation of Data from States
2. Sample Letters Sent to States

TABLE I

1. 46.7 Average
2. 28.5 Average
3. 37.8 Average

	Speech-Language						Hearing		
	Severe	Moderate	Mild	Resource	Itinerant	Self Contained	Self Contained	Itinerant	Resource
Alabama	20	45	60						
Alaska	20		60						
Arizona	L.O.								
Arkansas					50			25	15
California					55		4-8	8-12	6-12
Colorado				50	50				
Connecticut					50				
Delaware					75				
Florida	L.O.								
Georgia[1]	20	40	60						
Hawaii									
Idaho						6			
Illinois				80					
Indiana									
Iowa				18		15			
Kansas					65		8	15	
Kentucky					75				
Louisiana						9			
Maine									
Maryland									
Massachusetts		NO	LABEL						
Michigan					75				
Minnesota[2]					60				
Mississippi					60				
Missouri				15		10			
Montana					60				
Nebraska					70				
Nevada					60	6	6	20	
New Hampshire									
New Jersey						8			
New Mexico									
New York[3]				20					
North Carolina						12	7		20
North Dakota					35				
Ohio					110		8		
Oklahoma					70				
Oregon	L.O.								
Pennsylvania					90				
Rhode Island									
South Carolina					60				
South Dakota					40				
Tennessee	L.O.								
Texas					60				
Utah	L.O.						15		17
Vermont				40	60			8	10
Virginia					75				
Washington									
West Virginia				40	40		8	8	10
Wisconsin					22				
Wyoming									

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

Dear

The Department of Education has been directed by the Virginia General Assembly to conduct studies regarding the teacher-pupil ratio in programs for the Educable Mentally Retarded and Speech Impaired children. Additionally, the issue of requiring teacher aides to be assigned to classes for the Educable Mentally Retarded is also under consideration.

Would you please provide this office pertinent information concerning:

1) the teacher-pupil ratio for the 1980-81 School Year in the programs for both the Speech Impaired and Educable Mentally Retarded;

2) State funding and methods for providing such aid to the localities;

3) the requirements related to the assignment of teacher aides to these programs; and

4) the certification standards applied to such personnel.

Thank you for your assistance in this matter.

Sincerely,

Anthony G. Faina
Assistant Supervisor

JoAnn M. Murray
Administrative Intern
Division of Special Education
Support Services

AGF/JMM/pls
cc: James T. Micklem
Leslie W. Jones

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, 23216

July 29, 1980

Dear

As per our letter of June 12, 1980, requesting information on teacher-pupil ratios, state funding, requirements and certification standards for teacher aides (see attached copy), the Department of Education is conducting a nationwide study of speech and EMR programs.

Unfortunately, we have not received any information regarding your programs to date. We would like to hear from you at your earliest convenience as you will enable us to gain closure on our project for the Virginia General Assembly.

Thank you for your interest in this monumental project.

Sincerely,

JoAnn M. Murray
Administrative Intern
Division of Special Education
Support Services

cc: Mr. James T. Micklem
Mr. Leslie W. Jones

APPENDIX D

Severity Rating Scales

1. Fluency
2. Voice
3. Language
4. Articulation

Fluency Severity Rating Scale

(Adapted from Public School Affairs Committee, Washington Speech and Hearing Assoc., Fall, 1978)

By its very nature, fluency does not lend itself to standardized quantification; therefore decisions relating to disorder severity should be left to the discretion of the speech-language pathologists.

The following Fluency Severity Rating Scale is intended to assist the speech-language pathologists in his/her professional assessment of the disorder.

The most severe rating in anyone category, with the exception of "E-Social Impact," determines the severity of the fluency disorder.

NOTES: 1. 1-3 dysfluencies per speaking minute is considered to be within normal limits.

2. When younger children evidence interfering dysfluent behaviors, indirect intervention and/or monitoring may be more appropriate than direct therapeutic intervention

PARAMETERS ASSESSED	MILD	MODERATE	SEVERE
A. Dysfluencies	Frequency: 3-6 dysfluencies per speaking minute Duration of sound or posture: $\leq$ 1 second	Frequency: 3-6 dysfluencies per speaking minute Duration of sound or posture: 1-2 seconds	Frequency: 3-6 dysfluencies per speaking minute Duration of sound or posture: $\geq$ 2 seconds
B. Associated behaviors. (Examples: Secondary behaviors such as facial grimaces or other accompanying mannerisms, avoidance behaviors, etc.)	No associated behaviors used or Listener/observer rarely notices associated behaviors	At least one associated behavior used and/or associated behavior is noticable but not distracting to listener/observer	2 or more associated behaviors consistently used and Distracting to listener/observer

PARAMETERS ASSESSED	MILD	MODERATE	SEVERE
C. Speaking Rate Words per speaking minute abnormally fast or slow	Speaking rate differences rarely noticable Words per spoken minute within accaptable limites of 75-150 wpm	Speaking rate differences noticeable but not distracting Words per spoken minute 50-75 wpm or 150-175 wpm.	Speaking rate differences distracting Words per spoken minute 50 or 175 wpm
D. Speaking contexts and Environments	Dysfluencies are inconsistent or primarily in a single context/env.	Dysfluent in less than 3 context/env. but fairly consistent for those situations	Dysfluent in 3 or more contexts/evn. or in all speaking situations
E. Social Impact	Usually does not avoid speaking situations May or may not generate mild listener reaction or speaker concern	May avoid some speaking situations Moderate listener reaction and/or speaker concern	Generally avoids speaking situations Extreme listener reaction and/or speaker concern

Assessment Tools (This list is not meant to be comprehensive)

- Objective behavior count of dysfluencies, secondary behaviors, etc.
- Rate of speech
- Interviews with student and appropriate others (ex.-parents and teachers)
- Iowa Attitude Scale Toward Stuttering, Van Riper and Ryan, Riley Stuttering Severity Scale
- Health Assessment
- Professional judgement

VOICE DISORDERS

SEVERITY SCALE

The child's voice must be appropriate to the child's age and sex. The deviant voice will be described and perceptually rated employing a seven-point equal-appearing interval scale with "one" defined as a mild deviation, "four" defined as a moderate deviation, and "seven" defined as a severe deviation. After all ratings have been completed, the seven-point scale is then converted to a three-point scale with ratings of 1 and 2 labelled "mild", ratings of 3, 4, and 5 labelled "moderate", and ratings of 6 and 7 labelled "severe." The speech-language pathologist will first check the area(s) of deviation and will then rate the appropriate dimensions of that deviation. The highest rating determines severity.

Voice Deviation Scale: ____ 1 2 3 4 5 6 7

Normal Mild Moderate Severe

Areas of Deviation

Pitch

_____ Normal

_____ Too High. Rating:_____

_____ Too Low. Rating:_____

_____ Monopitch (Monotone). Rating:_____

Loudness

_____ Normal

_____ Too Loud. Rating:_____

_____ Too Soft. Rating:_____

_____ Monoloudness (limited variability). Rating:_____

Quality

Resonatory (above vocal folds).

_____ Normal

_____ Hypernasal. Rating:_____

_____ Hyponasal. Rating:_____

_____ Assimilation nasality. Rating:_____

_____ Mixed nasality. Rating:_____

Phonatory (at vocal folds).

_____ Normal

_____ Breathy. Rating:_____

_____ Hoarse (breathy-tense). Rating:_____

_____ Harsh/Strident (loud-tense). Rating:_____

_____ Fry

REFERENCES

Boone, D. R. The Voice and Voice Therapy. Second edition. Englewood Cliffs: Prentice-Hall, 1977.

Filter, M. D. Voice Disorders. In Filter, M. D., (Ed.) Speech/Language Clinician's Handbook. Springfield, Ill.: Charles C. Thomas, 1979.

Morris, H. L., and Spriestserbach, D. C. Appraisal of Respiration and Phonation. In Curtis, J. F., (Ed.) Processes and Disorders of Human Communication. New York: Harper and Row, 1978.

Voice Disorders Rating tapes. Speech and Hearing Association of Virginia. Audio Visual File, c/o Glen Bull, University of Virginia, Charlottesville, Virginia.

Wilson, F. B. The Voice Disordered Child: a descriptive approach. Lang. Speech Hearing Serv. in Schools 4: 1972.

SEVERITY RATING SCALE

LANGUAGE DISORDERS

Classification criteria for both receptive and expressive language disorders with regard to severity should include the following:

A. Standardized Test Results

When quantitative comparison with other children is necessary to determine the existence of a problem in any aspect of language behavior and its level of severity, standardized norm-referenced tools may be used. Although age-equivalent scores are frequently provided on such tools, they offer insufficient information for decision-making. In order to make adequate interpretations of test results, scores which indicate how a child responds in relation to other children who are in the same population as the child being assessed must be utilized.

An excerpt from the language literature exemplifies the reason why age-equivalents have little interpretive value. In a discussion of allowable margins of delay by age groups on Developmental Sentence Scoring, a standardized tool for assessing expressive use of certain aspects of language structure, Lee (1974, p. 170) reported:

> In general, one could say that there is an allowable margin of delay of six months from the mean (for age 2-0) up to the age of 3-6 and that after that time the allowable margin inceases slowly. At 4-0 a child could be as much as ten months below the mean and still be considered in the low-normal range. At 4-6 the allowable margin of delay increases to about fifteen months; at 5-0 it is about twenty months; from 5-6 onward a delay of even twenty-three months is still within allowable limits. Therefore, the clinician should judge a child's candidacy for clinical teaching not by an arbitrary number of months of delay but in terms of his percentile rank within his own age group.

Where a child's performance is in relation to the mean performance of other children in the same age group can be determined by plotting percentile ranks or standard scores on the normal curve. It is suggested that local norms be established when standardized tests do not have appropriate normative populations for comparison purposes with regard to factors such as cultural background and/or socioeconomic status.

Lee, L. L. Developmental Sentence Analysis: A Grammatical Assessment Procedure for Speech and Language Clinicians. Evanston, Illinois: Northwestern University Press, 1974

B. Direct and Reported Observations

Even when standardized test scores are available, a determination of the existence of a language problem and its severity level should not be based solely on these results. For every aspect of language behavior under consideration, the speech-language pathologist should obtain information from professionals and other persons familiar with the child and should make direct observations of a child's language behaviors using descriptive and/or quantitative procedures.

Severity Scale: After all relevant information is compiled, an overall severity rating should be assigned to the language problem. It is recommended that this rating be determined on the basis of the degree of mastery a child has over the range of language skills necessary for participation in communicative situations in which children of the same, cultural background, and socioeconomic status would typically be expected to experience success. The following guidelines are proposed:

1 mild impairment level - child shows apparent gaps in language behaviors but frequently is able to function independently in communicative situations in which children of the same age, cultural background, and socioeconomic status would typically be expected to experience success. It is suggested that a child, whose scores on a minimum of two measures are from 1 to 2 standard deviations below the mean performance of children in the same age group, be placed in this category. With regard to percentile ranks, this child's scores should fall between the third and sixteenth percentile.

2 moderate impairment level - child shows highly significant gaps in language behaviors but occasionally is able to function independently in communicative situations in which children of the same age, cultural background, and socioeconomic status would typically be expected to experiences success. It is suggested that a child, whose scores on a minimum of two measures are from two to three standard deviations below the mean performance of children in the same age group, be placed in this category. With regard to percentile rank, this child's scores should fall between the first and third percentile.

3 severe impairment level - child shows marked gaps in language behaviors and rarely, if ever, is able to function independently in communicative situations in which children of the same age, cultural background, and socioeconomic status would typically be expected to experience success. It is suggested that a child, whose scores on a minimum of two measures are three or more standard deviations below the mean performance of children in the same age group, be placed in this category. With regard to percentile ranks, this child's scores should fall within the first percentile.

ARTICULATION SEVERITY RATING SCALE

The following articulation severity scale was designed to specifically delineate the span of phonemic errors made by children and the resultant relationship to intelligibility on a scale from one to three with one equalling a mild impairment, two moderate, and three severe.

1 mild impairment level - one or two misarticulations of phonemes, whether substituted, omitted, distorted, or added. Sounds may be stimulable and close to normal limits for phoneme development for chronological age. Intelligibility is not affected.

2 moderate impairment level - three or more misarticulations of phonemes. The majority of errored phonemes are stimulable. Intelligibility may be affected and the speech is distracting to the casual listener.

3 severe impairment level - four or more misarticulations of phonemes. Unintelligible most of the time. Interferes with communication. The student shows signs of frustration and/or dimished use of verbal communication. Difficult to stimulate most sounds. Distractable to the listener.