



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Roles and Responsibilities of Speech- Language Pathologists in Schools

*Ad Hoc Committee on the Roles and Responsibilities of the School-Based Speech-
Language Pathologist*

Reference this material as: American Speech-Language-Hearing Association. (2010). *Roles and Responsibilities of Speech-Language Pathologists in Schools* [Professional Issues Statement]. Available from www.asha.org/policy.

Index terms: schools, admission/discharge criteria, caseload, workload, service delivery models
doi:10.1044/policy.PI2010-00317

© Copyright 2010 American Speech-Language-Hearing Association. All rights reserved.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

About This Document

This professional issues statement is an official policy statement of the American Speech-Language-Hearing Association (ASHA) and is a companion document to the [position statement](#) on the *Roles and Responsibilities of Speech-Language Pathologists in Schools*. It was developed by the Ad Hoc Committee on the Roles and Responsibilities of the School-Based Speech-Language Pathologist. Members of the Ad Hoc Committee were Barbara Ehren (chair), Frances Block, Catherine Crowley, Ellen Estomin, Sue Ann Goldman, and Susan Karr (ex officio). Vice President for Professional Practices in Speech-Language Pathology Brian Shulman (2006–2008) and Vice President for Speech-Language Pathology Practice Julie Noel (2009–2011) served as the ASHA monitoring vice presidents, with contributions from ASHA staff member Deborah Adamczyk. This document was approved by the ASHA Board of Directors (BOD 13-2010) in May 2010. This professional issues statement with its companion position statement replaces the 2000 ASHA document *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist*.

Roles and Responsibilities

Driven by educational reform, legal mandates, and evolving professional practices, it is the position of the American Speech-Language-Hearing Association (ASHA) that the roles and responsibilities of speech-language pathologists (SLPs) listed below should provide the basis for speech-language services in schools to promote efficient and effective outcomes for students.

Critical Roles — *SLPs have integral roles in education and are essential members of school faculties.*

- **Working Across All Levels** — SLPs provide appropriate speech-language services in Pre-K, elementary, middle, junior high, and high schools with no school level underserved. (Note: In some states infants and toddlers would be included in school services.)
- **Serving a Range of Disorders** — As delineated in the ASHA *Scope of Practice in Speech-Language Pathology* and federal regulations, SLPs work with students exhibiting the full range of communication disorders, including those involving language, articulation (speech sound disorders), fluency, voice/resonance, and swallowing. Myriad etiologies may be involved.
- **Ensuring Educational Relevance** — The litmus test for roles assumed by SLPs with students with disabilities is whether the disorder has an impact on the education of students. Therefore, SLPs address personal, social/emotional, academic, and vocational needs that have an impact on attainment of educational goals.
- **Providing Unique Contributions to Curriculum** — SLPs provide a distinct set of roles based on their focused expertise in language. They offer assistance in addressing the linguistic and metalinguistic foundations of curriculum learning for students with disabilities, as well as other learners who are at risk for school failure, or those who struggle in school settings.
- **Highlighting Language/Literacy** — Current research supports the interrelationships across the language processes of listening, speaking, reading, and writing. SLPs contribute significantly to the literacy achievement of students with communication disorders, as well as other learners who are at risk for school failure, or those who struggle in school settings.

- **Providing Culturally Competent Services** — With the ever-increasing diversity in the schools, SLPs make important contributions to ensure that all students receive quality, culturally competent services. SLPs have the expertise to distinguish a language disorder from “something else.” That “something else” might include cultural and linguistic differences, socioeconomic factors, lack of adequate prior instruction, and the process of acquiring the dialect of English used in the schools. This expertise leads to more accurate and appropriate identification of student needs. SLPs can also address the impact of language differences and second language acquisition on student learning and provide assistance to teachers in promoting educational growth.

Range of Responsibilities — *SLPs help students meet the performance standards of a particular school district and state.*

- **Prevention** — SLPs are integrally involved in the efforts of schools to prevent academic failure in whatever form those initiatives may take; for example, in Response to Intervention (RTI). SLPs use evidence-based practice (EBP) in prevention approaches.
- **Assessment** — SLPs conduct assessments in collaboration with others that help to identify students with communication disorders as well as to inform instruction and intervention, consistent with EBP.
- **Intervention** — SLPs provide intervention that is appropriate to the age and learning needs of each individual student and is selected through an evidence-based decision-making process. Although service delivery models are typically more diverse in the school setting than in other settings, the therapy techniques are clinical in nature when dealing with students with disabilities.
- **Program Design** — It is essential that SLPs configure schoolwide programs that employ a continuum of service delivery models in the least restrictive environment for students with disabilities, and that they provide services to other students as appropriate.
- **Data Collection and Analysis** — SLPs, like all educators, are accountable for student outcomes. Therefore, data-based decision making, including gathering and interpreting data with individual students, as well as overall program evaluation are essential responsibilities.
- **Compliance** — SLPs are responsible for meeting federal and state mandates as well as local policies in performance of their duties. Activities may include Individualized Education Program (IEP) development, Medicaid billing, report writing, and treatment plan/therapy log development.

Collaboration — *SLPs work in partnership with others to meet students' needs.*

- **With Other School Professionals** — SLPs provide services to support the instructional program at a school. Therefore, SLPs' unique contributions complement and augment those made by other professionals who also have unique perspectives and skills. Working collegially with general education teachers who are primarily responsible for curriculum and instruction is essential. SLPs also work closely with reading specialists, literacy coaches, special education teachers, occupational therapists, physical therapists, school

psychologists, audiologists, guidance counselors, and social workers, in addition to others. Working with school and district administrators in designing and implementing programs is crucial.

- **With Universities** — SLPs form important relationships with universities in which both the SLPs and the universities can benefit from shared knowledge and perspectives. Additionally, SLPs can serve as resources for university personnel and the university students whom they teach.
- **Within the Community** — SLPs work with a variety of individuals and agencies (e.g., physicians, private therapy practitioners, social service agencies, private schools, and vocational rehabilitation) who may be involved in teaching or providing services to children and youth.
- **With Families** — For students of all ages it is essential that SLPs engage families in planning, decision making, and program implementation.
- **With Students** — Student involvement in the intervention process is essential to promoting personal responsibility and ownership of communication improvement goals. SLPs actively engage students in goal planning, intervention implementation, monitoring of progress, and self-advocacy appropriate to age and ability level.

Leadership — *SLPs provide direction in defining their roles and responsibilities and in ensuring delivery of appropriate services to students.*

- **Advocacy** — To assume productive roles, SLPs must advocate for appropriate programs and services for children and adolescents, including reasonable workloads, professional development opportunities and other program supports. Because some of the roles SLPs assume may be new or evolving and may not be clearly understood by others, SLPs have a responsibility to articulate their roles and responsibilities to teachers, other school professionals, administrators, support personnel, families, and the community. They also work to influence the development and interpretation of laws, regulations, and policies to promote best practice.
- **Supervision and Mentorship** — SLPs play a vital role in inducting new professionals. They are involved with supervising student SLPs and clinical fellows, as well as in mentoring new SLPs. They also may supervise paraprofessionals.
- **Professional Development** — SLPs are valuable resources in designing and conducting professional development. Given their expertise in communication and language, SLPs have much to offer other educators, including administrators, teachers, other educational specialists, and paraprofessionals in the collaborative effort to enhance the performance of students in schools.
- **Parent Training** — SLPs are in a position to provide training to parents of students of all ages with regard to communication development and disorders. They may be especially helpful to families in creating a language- and literacy-rich environment
- **Research** — Federal law requires the use of scientific, research-based practices. It is important for SLPs in the schools to participate in research to generate and support the use of evidence-based assessment and intervention practices.

ASHA considers the factors listed below to be essential in implementing these roles and responsibilities.

- **Role and Responsibility Realignment** — The current educational context for speech-language services requires reflection on and a possible realignment of existing roles and responsibilities to make maximum use of the SLPs' expertise. SLPs and school systems can then carve out a set of roles and responsibilities that is both manageable and efficacious for the diverse student body in today's schools. Establishing workload priorities is crucial. Further, these roles and responsibilities should be viewed in the larger context of the array of programs and services provided to students, including those with disabilities, and in light of the responsibility for student achievement that all educators share.
- **Reasonable Workloads** — For SLPs to be productive in the many roles and responsibilities for which their expertise prepares them, they must have reasonable workloads. Therefore, school systems and SLPs themselves must make ethical and judicious decisions, consistent with legal mandates, about the services they provide. They must balance their scope of work to use their expertise most effectively and efficiently. New or expanded roles cannot merely be additions to an already full workload.
- **Professional Preparation** — SLPs must be fully prepared to meet the needs of the diverse student body they will be called upon to serve in the myriad roles and responsibilities outlined in this document. The range and complexity of student problems require at a minimum well-prepared, master's level professionals with a strong knowledge base in speech-language/literacy development and speech-language/literacy disorder, as well as a strong skill set in diagnosis, intervention, and workload management at the pre-service level. New or expanded roles may require high quality professional development for SLPs already in the schools.
- **Lifelong Learning** — To keep abreast of changes in education and speech-language pathology, it is essential that SLPs seek out and be permitted to engage in continuing education experiences to update their knowledge base and hone their skills.

This policy statement serves as a guide to SLPs as well as policy makers and administrators in shaping the practice of speech-language pathology in schools. It also serves to guide pre-service and in-service educators in designing and conducting appropriate coursework and educational experiences for SLPs who will be or who are working in schools.

Rationale

Much has changed in education since the document, *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist* (ASHA, 2000), was published. School-based speech-language pathology is at a crossroads where SLPs seek to contribute significantly to the well-being and success of children and adolescents in schools as ever-increasing demands are placed on them with an expanded scope of practice. It is essential that SLPs' roles and responsibilities be redefined in light of substantive changes that have taken place in schools, as well as in the discipline of speech-language pathology. Changes in three arenas provide a rationale for the current roles and responsibilities articulated in the ASHA position statement and professional issues statement: (1) educational reform, (2) legal mandates, and (3) evolving professional practices, all of which are interrelated. In the following sections each of these three areas is addressed

with implications for services in schools, organized around the four categories of roles and responsibilities: critical roles in education, range of roles and responsibilities, collaboration, and leadership.

Educational Reform

Over the past decade, serious attention has been focused in our nation on widespread educational reform to meet the escalating demands for highly literate citizens who can compete in the world marketplace. Our nation's leaders have asserted that persistent gaps in achievement must be eliminated, graduation rates must increase, and dropout rates must decrease. Adding to the complexity of the situation are the changing demographics in our schools, with more students with diverse learning needs, which may be influenced by students' cultural and linguistic backgrounds. There is considerable pressure on educators to dramatically improve educational outcomes for all students to prepare them for postsecondary education and the workplace, with specific attention on literacy proficiency and achievement in the STEM disciplines (science, technology, engineering, and mathematics). Educational reform, in turn, has provided the impetus for legal mandates and evolution of professional practices. It provides a rationale for new and expanding roles and responsibilities of SLPs in schools. (See Table 1 for documentation of educational reform issues.)

Table 1. Educational Reform Issues.

<p>The economy has shifted from manufacturing-based jobs to service jobs and the U.S. workforce needs have changed correspondingly.</p>	<p>Apte, U. M., Karmarkar, U. S., & Nath, H. (2008). Information services in the U.S. economy: Value, jobs, and management implications. <i>California Management Review</i>, 50(3), 12–30.</p> <p>Karmarkar, U. S., & Apte, U. M. (2007). Operations management in the information economy: Information products, processes, and chains. <i>Journal of Operations Management</i>, 25, 438–453.</p>
<p>A new skill set has been defined for 21st century jobs.</p>	<p>Autor, D., Levy, F., & Murnane, R. (2003). The skill content of recent technological change: An empirical exploration. <i>Quarterly Journal of Economics</i>, 118, 1279–1333.</p> <p>Ewing Marion Kauffman Foundation. (2007, July). <i>On the road to an entrepreneurial economy: A research and policy guide</i>. Kansas City, MO: Author.</p> <p>Porter, M., Ketels, C., & Delgado, M. (2007). The microeconomic foundations of prosperity: Findings from the Business Competitiveness Index. <i>The Global Competitiveness Report 2007–2008</i>. Davos, Switzerland: The World Economic Forum.</p>
<p>A critical shortage of skilled labor currently exists in the United States</p>	<p>Society for Human Resource Management. (2008). <i>Workplace forecast</i>. Alexandria, VA: Author.</p>

A high school diploma cannot be the last educational stop. Jobs that require at least some postsecondary education will make up more than two-thirds of new jobs.

U.S. high school graduates are not prepared for the workforce or for college.

Call to reform: Public education is provided so that “all students learn to use their minds well, so that they may be prepared for responsible citizenship, further learning, and productive employment in our Nation's modern economy.”

Key strategies for educational reform include

- paying close attention to transitional grades (elementary to middle or middle to secondary);
- establishing consistent, sustained mentoring relationships for students;
- designing small schools with focused, rigorous, relevant curriculum;
- implementing learning goals tied to learning standards;
- sustaining a cadre of well-trained teachers through ongoing professional development.

Friedman, T. (2007). *The world is flat 3.0: A brief history of the twenty-first century*. New York: Picador.

Bangser, M. (2008). *Preparing high school students for successful transitions to postsecondary education and employment*. Washington, DC: National High School Center. Retrieved from http://eric.ed.gov:80/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/3f/62/07.pdf.

Murray, M., Sherburn, R., & Pérez, J. (2007). *Information technology literacy in the workplace: A preliminary investigation*. Atlanta, GA: Southern Association for Information Systems. Retrieved from <http://sais.aisnet.org/2007/SAIS07-32%20Murray-et-al.pdf>.

Organization for Economic Cooperation and Development. (2007). *PISA 2006: Science competencies for tomorrow's world*. Paris, France: Author.

Partnership for 21st Century Skills. (2008a.). *21st century skills, education and competitiveness: A resource and policy guide*. Tucson, AZ: Author.

Partnership for 21st Century Skills (2008b). *Transition brief: Policy recommendations on preparing Americans for the global skills race*. Tucson, AZ: Author.

Goals 2000: Educate America Act (P.L. 103-227, Sec. 102)

Jerald, C. (2009). *Defining a 21st century education*. Alexandria, VA: Center for Public Education.

Implications for Services in Schools

Critical Roles in Education

With the challenge to raise the bar on attainment of educational goals, all educators in schools must share this responsibility. SLPs in the schools need to work in ways that contribute to the goals of educational reform to prepare students for the new job market and responsible citizenship. They need to be contributors at all educational levels, addressing a range of disorders with considerable attention to language and literacy goals and students who are culturally and linguistically diverse.

Range of Roles and Responsibilities

SLPs become key players in reform efforts in elementary and secondary schools by focusing on helping students with a wide range of speech–language-related problems to meet performance standards. Their work includes prevention, assessment, intervention, and program design efforts that are integrated within a school. The educational reform movement has ushered in a new era of accountability for student outcomes by all educators, thereby requiring a significant focus on data collection and analysis and compliance for the SLP.

Collaboration

The expansive nature of reform efforts requires all educators to work in partnership. Therefore, SLPs must work effectively and collegially with a number of different constituencies within the school and larger community, bringing to the effort the unique contributions for which their academic programs have prepared them. It is essential to work with administrators, teachers, and support services personnel to identify and meet student needs. Partnerships with parents/guardians and the students themselves are also a focus, with specific requirements driven by law. Partnerships with universities lay the foundation for a larger network of professionals participating in educational reform.

Leadership

In the context of educational reform it is important for SLPs to assume a leadership role in defining and articulating their roles and responsibilities and in ensuring delivery of appropriate services to students. They also are called upon to play a role with inducting new professionals and contributing to the evidence base in the discipline. They must themselves keep abreast of the changes reform brings, as well as design and conduct professional development and parent training when appropriate.

Legal Mandates

Multipronged efforts in educational reform have led to expansion of legal mandates that directly shape the roles and responsibilities of SLPs in the schools. These mandates arise from federal, state, and local laws and regulations as well as from court decisions. State and local policies must meet or exceed the federal mandates for education agencies to remain eligible for federal education funds.

The legal mandates set the parameters within which schools operate and school personnel function. Some of these legal mandates have been part of the law for decades, including those granting rights to every student to a free appropriate public education (FAPE) in the least restrictive environment (LRE). These rights have broadened the populations of students served in schools and have led to an

expansion of special education and related services. For example, schools now serve preschool students with disabilities from ages 3 to 5, with some also serving infants and toddlers.

Federal laws and congressional findings continue to intensify the focus on providing appropriate educational opportunities for students from culturally and linguistically diverse groups, students from low income families, and students who are English language learners (ELLs). Education agencies are under intense scrutiny to address academic achievement gaps for these students and to increase accuracy in disability determinations. A corresponding trend is to address the needs of students who may be at risk for academic failure before they are identified through the traditional comprehensive evaluation process as being a student with a disability.

Federal laws have moved strongly toward demanding accountability for student performance, with achievement on high stakes tests a hallmark for measuring student outcomes for all students. For example, for the first time in 2001, NCLB placed an emphasis on achievement of specific subgroups, that is, students who are economically disadvantaged, students from major racial or ethnic groups, students with limited English proficiency (LEP), and students with special needs (NCLB; PL 107-110, Title I, Part A, subpart 1, section 1111(2)(c)). Educators are responsible for helping all students meet those standards. Professionals working with students with disabilities are specifically charged with helping them access the general education curriculum.

One clear trend in legal mandates is the focus on parent involvement. Parents/guardians are no longer passive recipients of their children's schools' decision-making process. Instead they are active participants as their children move through the educational process. (See Table 2 for a chronology of key legal mandates.)

Table 2. Chronology of Key Legal Mandates.

Brown v. Board of Education (1954)	Landmark U.S. Supreme Court case. States may not deny an education to some students while providing it to others.
PARC v. Commonwealth of PA (1971)	Landmark U. S. Supreme Court case. Students with disabilities must be provided full access to public education.
Section 504 of the Rehabilitation Act of 1973	Federal civil rights legislation. Students who fall under section 504 are entitled to an education defined as “the provision of regular or special education and related aids and services that ... are designed to meet individual education needs of persons with disabilities as adequately as the needs of persons without disabilities are met...” [34 C.F.R. § 104.33(b)(1)]
Education for All Handicapped Children's Act of 1975 (PL 94-142)	Federal education legislation. All students must be provided a free and appropriate public education (FAPE) in the least restrictive environment (LRE) [Sec. 300.101(c)(1)]

<p>PL 99-457: October 8, 1986 Education for all Handicapped Children's Act Amendments</p>	<p>Federal education legislation that expanded services for children from birth to 5 years old who need special education. PL 99-457 amended and became a part of PL 94-142 (20 U.S.C. §§ 1400, 1411–1420, and 1471–1485).</p>
<p>Individuals with Disabilities Education Act Amendments of 1997 (IDEA, 1997 [PL 105-17]) Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004 [PL 108-446])</p>	<p>Federal education legislation reauthorizing PL 94-142 as IDEA 1997, then later as IDEA 2004, augmenting and amplifying requirements for students with disabilities, including</p> <ul style="list-style-type: none"> • participation and achievement in the general education curriculum [Sec. 300.324(a)(4)(ii)]; • assessments as nondiscriminatory, multidisciplinary, and determining disability rather than lack of instruction in reading or math or limited English proficiency (Sec. 300.304 through 300.311); • provision of early intervening services [Sec. 300.226(a)]; • appropriate identification and support services to ELLs and minority students to achieve their potential [Sec. 300.304(c)(i)(ii)]; • preparation for further education, employment, or independent living (Sec. 300.346); • supplementary aids and services in general education classes, in other education-related classes, and in nonacademic settings (Sec. 300.42); • provision of services for children with developmental delays or disabilities from birth through 5 (IDEA Part C).
<p>No Child Left Behind Act of 2001 (NCLB; PL 107-110)</p>	<p>A reworking of the Elementary and Secondary Education Act, NCLB has four major areas of reform:</p> <ol style="list-style-type: none"> (1) increased accountability for states, school districts, and schools (Title I, Part A; Title I, Part E, Sec. 1501–1503); (2) greater participation and choice for parents/guardians and students, particularly those attending low-performing schools (Title I, Part A, Sec. 101); (3) more flexibility for states and local educational agencies in the use of federal education dollars (Title I, Part E, Sec. 1501–1503); (4) an emphasis on the use of scientifically based educational practices that work, especially in reading (Title I, Part A, Sec. 101).
<p>State laws and regulations enacted to implement the federal mandates</p>	<p>To qualify for federal funds, states must ensure that their standards meet or exceed federal standards.</p>

Implications for Services in the Schools

Critical Roles in Education

The expansion of the number of students with disabilities who are served in the schools means that SLPs must be able to serve those students, including those with severe disabilities. More students with autism, traumatic brain injury, and severe medical conditions may now be part of an SLP's workload. Further, the growing

emphasis on prevention of school failure through work with at-risk students presents another population with whom SLPs may play critical roles. SLPs contribute to educational equity by identifying and implementing appropriate assessment methodologies and approaches that lead to accurate disability determinations regardless of the students' cultural, linguistic, or socioeconomic backgrounds. Roles and responsibilities have to be redefined to accommodate this expanded scope.

Range of Roles and Responsibilities

Accountability within educational systems includes all professionals working within those systems. Therefore, SLPs must ensure that they assist the students with whom they work to meet performance standards and become productive members of society. To comply with legal mandates, SLPs must determine how students' academic strengths and weaknesses relate to speech, language, and communication disorders. To do this, SLPs collect relevant student data in various contexts, develop intervention plans, and provide services in collaboration with others to meet students' educational needs. Consistent with the federal mandate, a continuum of services must be designed to serve students with disabilities in the LRE.

As the communication and language experts in schools, SLPs can shed light on how linguistic, socioeconomic, and cultural differences may contribute to achievement gaps. SLPs may also provide insight on approaches to reducing disproportionate referrals of minority students to special education by accurately identifying whether student performance is reflective of a true disorder.

Collaboration

With regard to speech-language services for students with disabilities, federal statutes and regulations specify requirements for group processing and decision making. For example, IEPs must be developed by a team that includes parents/guardians and a general education teacher. However, even when specific collaborations are not required by law, compliance with legal mandates is a responsibility shared by all educators, with collaboration a key in successful implementation.

Leadership

In situations they encounter in schools, SLPs must know and understand how legal mandates affect practice. They may on occasion need to advocate for meeting the intent of the law and communicate effectively with others about the congruence of their practices with legal mandates. They may also need to mentor less experienced SLPs on interpretation of legal mandates.

Evolving Professional Practices

In the early years of school practice, provision of services focused on fluency, voice, and articulation disorders, with later inclusion of language disorders. Although these areas continue to be included within the SLP's roles and responsibilities, changing legal mandates and an expanded scope of practice for SLPs across settings has prompted a redefinition of work in the schools. Several professional practices may now be included as part of the SLP's workload that were not a typical part of their work when the 2000 ASHA guidelines were published. These areas include work with students who are medically fragile; work with those

with dysphagia; work with reading, writing, and curriculum; EBP; RTI; and telepractice. These five areas will be addressed as professional practices that have gained traction after 2000 and are continuing to evolve.

We should also note that several areas have grown in emphasis since the publication of the 2000 guidelines. These areas include augmentative/alternative communication, autism, cochlear implants, and traumatic brain injury. Growth in these areas as well has most assuredly had an impact on the roles and responsibilities of SLPs in schools.

ASHA has provided guidance over many years on a variety of these topics. Those policy documents that are most relevant to the roles and responsibilities that are defined in this professional issues statement are annotated in the Appendix.

Medically Fragile Students

One out of eight babies (12.8% of live births) was born preterm in the United States in 2006, representing an increase of more than 16% in preterm births in the United States between 1996 and 2006. In addition to medical problems, heightened risk of enduring disabilities, such as cognitive impairments, learning and behavioral problems, and vision and hearing loss are often present in preterm babies (March of Dimes, 2009). Children who were born prematurely often have complex medical conditions that affect speech and language development, including severe craniofacial anomalies, syndromes, chronic diseases, and neurological conditions (Andrews, 1999; Billeaud, 2003; Jackson & Albamonte, 1994). Some of the children will be considered medically fragile and many will have difficulty with feeding and swallowing.

Management of these students by qualified professionals from a number of fields, including speech-language pathology, will be necessary from early intervention throughout their school years. Legal mandates regarding education in the LRE means that medically fragile students will need support in general education classes (Power-deFur & Alley, 2008). Some medically fragile children with tracheostomies and swallowing and feeding deficits will need the services of school-based SLPs competent in the use of speaking valves and dysphagia therapy.

Medically fragile students are dependent on schools to ensure that their learning needs can be accomplished (Rehm, 2002). Long-term follow-up has demonstrated a tendency for decreased academic, neurodevelopmental, and growth-related outcomes for premature children and adolescents as opposed to children and adolescents who were delivered full term (Hack, 2006). Birth trends with medical breakthroughs that keep fragile children alive will mean that an increasing number of students with these problems will be served in the schools in the future and that they will participate in special education, which may include service in general education classrooms (Lefton-Greif & Arvedson, 2008; Rehm, 2002). Failure to thrive, which can result in language learning issues, may also occur in these medically fragile children (Swigert, 2004).

As more medically fragile children are educated in the schools, SLPs must take on roles and responsibilities that traditionally were considered those of medically based SLPs. For example, students may continue to attend school as they transition from tube to oral feeding, requiring the support of the SLP in the school (McKirdy, Sheppard, Osborne, & Payne, 2008).

Dysphagia — Swallowing and Feeding

IDEA supports the need for dysphagia therapy when it affects educational performance. ASHA's 2007 *Guidelines for Speech-Language Pathologists Providing Swallowing and Feeding Services in Schools* addresses this issue, providing conditions when therapy for swallowing and feeding disorders is educationally relevant and therefore the school districts' responsibility under IDEA. Conditions that would support the need for dysphagia therapy include (a) assurance of safety when eating to address the risks of choking and aspiration during oral feeding, (b) provision of adequate nourishment and hydration to support the attention needed to fully access the curriculum, threatened by (c) decreasing susceptibility to illnesses related to malnutrition and hydration to increase student ability to attend school, and (d) supporting students to learn skills that will enable them to participate in meal and snack time with peers safely and in an appropriate amount of time. In many of these situations, school-based SLPs will need to collaborate with medical teams to be effective and ensure the safety of their students (Lefton-Greif & Arvedson, 2008).

With students with medically and physically complex conditions, the SLP may be the school-based professional responsible for identifying dysphagia by means of mealtime observations during the school day (Calis et al., 2008). The SLP may be called upon to develop an administrative model for managing students with dysphagia and significant health and safety considerations (Homer, 2008).

Reading, Writing, and Curriculum

Literacy problems of children and adolescents are the subject of much discussion among educators and the public at large. The Alliance for Excellent Education (2009, p. 1) has pointed out the following statistics with regard to literacy performance:

- Only 29% of America's 8th-grade public school students meet the National Assessment of Educational Progress (NAEP) standard of reading proficiency for their grade level.
- Approximately 8 million of the 32.5 million students in 4th through 12th grade read below NAEP's minimum—or basic standards for their grade level.
- A mere 2% of all eighth graders read at an advanced level.
- Between 1971 and 2004, the NAEP scores of 17-year-olds showed no improvement. Further, the 2005 scores of 12th graders were generally lower than their counterparts in 1992.

Hence, increasing literacy concerns for all students shape education and therefore the context in which school SLPs function.

As early as 1973, Gruenewald and Pollack advocated that SLPs assume roles in assisting teachers with “reading readiness.” They argued that “Our unique contribution to the educational team can be the analysis of speech, language, and

auditory learning upon which further symbolic and academic skills are built” (p. 121). Since that time numerous studies have explicated the relationships among the language processes of listening, speaking, reading, and writing (Bradley & Bryant, 1983; Englert & Thomas, 1987; Gillon & Dodd, 1995; Hiebert, 1980; Kroll, 1981; McConaughy, 1985; Ruddell & Ruddell, 1994). Evidence exists of the association between language impairment and reading disability (Bishop & Adams, 1990; Lombardino, Riccio, Hynd, & Pinheiro, 1997; Scarborough & Dobrich, 1990; Silva, McGree, & Williams, 1983; Stothard, Snowling, Bishop, Chipchase, & Kaplan, 1998; Tallal, Curtiss, & Kaplan, 1989). Catts and Kamhi (1999) pointed out that language problems are a major component of almost all cases of reading disabilities, sometimes as cause (Catts, Fey, Zhang, & Tomblin, 1999) and at other times as consequence (Snow, Burns, & Griffin, 1998). Even in cases in which spoken-language problems are not evident, children with a history of reading problems may fail to develop higher level cognitive-linguistic skills (Cain & Oakhill, 1998; Stothard et al., 1998).

This reciprocity of language processes, together with the SLP's expertise in language, among other related areas, provides a cogent rationale for why SLPs should attend to written language in addition to spoken language. The call for SLP involvement in reading and writing was issued by ASHA in the 2001 position statement on the *Roles and Responsibilities of SLPs With Respect to Reading and Writing in Children and Adolescents*. In that document SLPs were challenged to address reading and writing for students with communication disorders as well as to assume roles in reading and writing with other struggling learners. More recent studies continue to support the relationships among language processes (Bashir & Hook, 2009; Wise, Sevcik, Morris, Lovett, & Wolf, 2007) with professionals continuing to call for SLP involvement in reading and writing (Butler & Silliman, 2001; Ehren, 2006; Justice, 2006; Nelson & Van Meter, 2006; Wallach, 2008).

Clearly reading and writing are important areas of curriculum development in the schools. However, the bigger picture includes learning in all curricular areas, including math, science, and social studies, with reading and writing skills playing an essential role in the acquisition of knowledge in the other academic areas. Increased emphasis on high performance standards brought on by educational reform, as discussed earlier, has led to greater rigor in curriculum in today's schools. Therefore, closing the achievement gap involves learning in all areas of curriculum.

The relationship between language and curriculum mastery has been discussed for many years (see Bashir, 1989, Culatta & Merritt, 1998, Miller, 1989, Nelson, 1989, Wallach & Butler, 1994). The knowledge and skills of SLPs in language provides the rationale for their involvement in supporting curriculum learning (Ehren, 2000, Farber & Klein, 1999, Roth & Troia, 2006). Further, the growing recognition among educators that language provides the foundation for all curriculum learning increases the need for SLPs to step forward and assist in this important arena (Ehren, 2002, Wallach, 2008).

Evidence-Based Practice

The idea that professional practice needs to be rooted in evidence has been a part of medical practice for many years (Porzolt et al., 2003; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). More recently, EBP has been applied to other

professions, including speech-language pathology (Dollaghan, 2004a, 2004b; Justice & Fey, 2004). “The goal of EBP is the integration of (a) clinical expertise, (b) best current evidence, and (c) client values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve” (ASHA, 2004, p. 1).

EBP involves a way of doing business, a template for professional practice that involves a decision-making process (Gillam & Gillam, 2006; Johnson, 2006). EBP incorporates many of the requirements for education in schools, including accountability for student outcomes and use of scientifically based practices required by NCLB and IDEA, as well as data-based decision making that forms the linchpin of schoolwide academic improvement efforts (Ehren, 2008). However, as sensible as an EBP approach in the schools may be, it requires a major shift in thinking and practice among school SLPs.

Response to Intervention (RTI)

Response to Intervention (RTI) has been receiving widespread attention across the country (Batsche et al., 2005; Burns, Griffiths, Parson, Tilly, & VanDerHeyden, 2007; Fuchs & Deshler, 2007; Haager, Klingner, & Vaughn, 2007; International Reading Association Commission on RTI, 2009; Klingner & Edwards, 2006; Mellard & Johnson, 2007; Moore & Montgomery, 2008; National Joint Committee on Learning Disabilities, 2005; Schraeder, 2008). It is a framework for addressing the diverse learning needs of all students at a school to prevent failure and provide an alternative method for identifying students with learning disabilities. It is the practice of (1) providing high-quality instruction/intervention matched to student needs and (2) using learning rate over time and level of performance to (3) make important educational decisions (Kurns & Tilly, 2008). Many different iterations of RTI exist, including an academic or behavioral orientation, or both. Some are literacy-focused; others have a more general problem-solving focus. Most iterations include a tiered approach to providing increasingly intense interventions to students who are struggling, with the focus on high quality core instruction.

The legal roots of RTI can be found in both IDEA (2004) and NCLB (2002). In IDEA, the permissive funding of early intervening services and the removal of the discrepancy formula requirement for identification of learning disabilities are key elements. The idea of early intervening services was rooted in recommendations of the President's Commission on Excellence in Special Education (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2002), which called for an end to school district's use of a “wait to fail” model of education. Specifically, a portion of IDEA funding may be available to address individual student learning needs through early intervening services, which may under certain circumstances support prevention efforts of RTI.

Another important element of IDEA 2004 that relates to RTI is that school districts are no longer required to use a discrepancy formula to determine the existence of a learning disability (LD): A local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning (IDEA 2004, Sec. 614, b, 6, A).

Further, response to scientifically based interventions may be used in determination of LD as noted in the following statement: “In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures” (Sec. 614, b, 6, B). Contained within NCLB legislation are various components of the RTI framework, although reference to RTI per se does not appear in the law. Among them are requirements to improve the academic achievement of all students (NCLB, 2001, Sec. 1001[4], p. 16), improve and strengthen accountability (NCLB, 2001, Sec. 1001[6], p. 16), and provide scientifically based instructional strategies and challenging academic content (NCLB, 2001, Sec. 1001[8] [9], p. 16).

From the onset of the RTI movement, professionals in the field of speech-language pathology have identified important contributions of SLPs to the effort (Ehren, 2005; Ehren, Montgomery, Rudebusch, & Whitmire, 2006; Ehren & Whitmire, 2009; Justice, 2006). Both direct and indirect services may be included across all tiers in an RTI process.

Telepractice

With the advance of technology and its distance learning capabilities, the practice of speech-language pathology and audiology may include telepractice (Mashima & Doarn, 2008). ASHA's position is that telepractice is an appropriate model of service delivery for the profession of speech-language pathology and may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility (ASHA, 2005). ASHA's practice documents state that services provided over a telepractice medium must be comparable in quality to face-to-face services (ASHA, 2005). Furthermore, SLPs will need to acquire the necessary technical and clinical skills to practice telepractice competently, ethically, and securely for the benefit of their clients and families (ASHA, 2010).

Although in its infancy in terms of school practice, the use of technology to address the problems of delivering services to students in rural or remote locations is evolving within the United States and in other countries. Projects in Australia, the United Kingdom, and Belfast, Ireland, have demonstrated that telepractice is a promising treatment option for children with special needs and can be used to support the delivery of speech-language therapy services in the schools (Rose et al., 2000; Waite, Cahill, Theodoros, Busuttin, & Russell, 2006). A recent study conducted in the United States (Grogan-Johnson, Alvares, Rowan, & Creaghead, 2010) found that students made similar progress when services were provided through videoconferencing and conventional face-to-face therapy. Satisfaction surveys indicated that the students and parents had overwhelming support for the telepractice service delivery model. SLPs practicing in school settings should become familiar with telepractice as an alternative service delivery model, and understand the legal and ethical issues associated with it, including state licensure, reimbursement, privacy and confidentiality, competence, liability, and malpractice issues (Denton, 2003). Practitioners need to also be aware of federal, state, and local mandates related to telepractice.

Implications for Services in Schools

Critical Roles in Education

The many evolving practices in the field of speech-language pathology and in education generally have expanded the roles of SLPs in the schools. Some practices have been driven by technology; some have been driven by a changing population that includes at-risk students and medically fragile students; others have involved changing priorities, such as involvement in literacy and curriculum. SLPs must strategize how to provide services to the many students who need their help to succeed in school. Serving in these critical roles in the midst of a critical shortage is not possible without judicious decision making with regard to workload activities. SLPs in schools cannot merely add tasks on to their existing duties. Serious reflection on selection of students to serve, consistent with legal requirements, coupled with the use of alternative delivery models will be key to providing needed services.

Range of Roles and Responsibilities

Some of the biggest changes brought on by evolving practices are in the emphasis on curriculum and literacy acquisition and prevention activities with school-age students (such as in RTI initiatives). These foci have expanded roles to students not traditionally on the caseload. All of these changes that span a broader range of roles and responsibilities must be addressed with a redefinition of workload by SLPs in schools.

Collaboration

Work within the larger context of education, such as with literacy, curriculum, and RTI, requires close collaboration with other educators. As SLPs work to provide services in the classroom, finesse in working with classroom teachers becomes paramount. Collaboration with parents/guardians remains essential and the SLP must continue to establish strong partnerships with other support personnel, such as reading specialists, school psychologists, special education teachers, educational audiologists, and school administrators. More than ever, partnerships among school practitioners and university faculty are needed to promote research-based practice and practice-based research to help SLPs in schools meet the requirements of new and expanded roles and responsibilities.

Evolving professional practices may require SLPs to forge new roads in collaboration. For example, in working with medically fragile students, SLPs may need to collaborate with professionals who are not school-based, such as physicians and respiratory therapists.

Leadership

Evolving professional practices require that SLPs advocate for appropriate roles and responsibilities within expanded arenas and that they articulate those roles and responsibilities to others. They may also require continuing education for SLPs to update their skills in areas where they may not have received preparation.

References

General

American Speech-Language-Hearing Association. (2000). *Guidelines for the roles and responsibilities of the school-based speech-language pathologist* [Guidelines]. Available from www.asha.org/policy.

Medically Fragile

- Andrews, M. (1999). *Manual of voice treatment: Pediatrics through geriatrics*. San Diego, CA: Singular.
- Billeaud, F. P. (2003). *Communication disorders in infants and toddlers: Assessment and intervention* (3rd ed.). St. Louis, MO: Butterworth-Heinemann.
- Hack, M. (2006). Young adult outcomes of very-low-birth-weight children. *Seminars in Fetal & Neonatal Medicine*, *11*, 127–137.
- Jackson, D., & Albamonte, S. (1994). Enhancing communication with the Passy-Muir valve. *Pediatric Nursing*, *20*(2), 149–153.
- March of Dimes. (2009). *Preterm birth overview*. Retrieved from www.marchofdimes.com/peristats/tlanding.aspx?reg=99&lev=0&top=3&slev=1&dv=qf.
- Power-deFur, L., & Alley, N. (2008). Legal and financial issues associated with providing services in schools to children with swallowing and feeding disorders. *Language, Speech, and Hearing Services in Schools*, *39*(2), 160–166.
- Rehm, R. (2002). Creating a context of safety and achievement at school for children who are medically fragile/technology dependent. *Advances in Nursing Science*, *24*(3), 71–84.
- Swigert, N. (2004). *The Early Intervention Kit Therapy Guide*. E. Moline, IL: LinguiSystems.

Dysphagia — Swallowing and Feeding

- American Speech-Language-Hearing Association. (2007). *Guidelines for speech-language pathologists providing swallowing and feeding services in schools [Guidelines]*. Available from www.asha.org/policy.
- Calis, E., Veugelers, R., Sheppard, J., Tibboel, D., Evenhuis, H., & Penning, C. (2008). Dysphagia in children with severe generalized cerebral palsy and intellectual disability. *Developmental Medicine & Child Neurology*, *50*, 625–630.
- Homer, E. M. (2008). Establishing a public school dysphagia program: A model for administration and service provision. *Language, Speech, and Hearing Services in Schools*, *39*, 177–191.
- Lefton-Greif, M. A., & Arvedson, J. C. (2008). Schoolchildren with dysphagia associated with medically complex conditions. *Language, Speech, and Hearing Services in Schools*, *39*(2), 237–248.
- McKirby, L. S., Sheppard, J. J., Osborne, M. L., & Payne, P. (2008). Transition from tube to oral feeding in the school setting. *Language, Speech, and Hearing Services in Schools*, *39*(2), 249–260.

Reading, Writing, and Curriculum

- Alliance for Excellent Education. (2009). *Adolescent literacy fact sheet*. Retrieved from www.all4ed.org/publication_material/fact_sheets/AdLit_FactSheet.
- American Speech-Language-Hearing Association. (2001). *Roles and responsibilities of SLPs with respect to reading and writing in children and adolescents* [Position Statement]. Available from www.asha.org/docs/html/PS2001-00104.html.
- Bashir, A. (1989). Language intervention and the curriculum. *Seminars in Speech and Language*, *10*(3), 181–191.
- Bashir, A., & Hook, P. (2009). Fluency: A key link between word identification and comprehension. *Language, Speech, and Hearing Services in Schools*, *40*(2), 196–200.
- Bishop, D., & Adams, C. (1990). A prospective study of the relationship between specific language impairment, phonological disorders and reading retardation. *Journal of Child Psychology and Psychiatry*, *21*, 1027–1050.
- Bradley, L., & Bryant, P. (1983). Categorizing sounds and learning to read: A causal connection. *Nature*, *301*, 419–421.
- Butler, K., & Silliman, E. (Eds.). (2001). *Speaking, reading, and writing in children with language learning disabilities: New paradigms in research and practice*. Mahwah, NJ: Erlbaum.

- Cain, K., & Oakhill, J. (1998). Comprehension skill and inference-making ability: Issues of causality. In C. Hulme & R. M. Joshi (Eds.), *Reading and spelling* (pp. 343–367). Hillsdale, NJ: Erlbaum.
- Catts, H. W., Fey, M. E., Zhang, X., & Tomblin, J. B. (1999). Language basis of reading disabilities: Evidence from a longitudinal investigation. *Scientific Studies of Reading, 3*, 331–361.
- Catts, H., & Kamhi, A. (Eds.). (1999). *Language and reading disabilities*. Boston, MA: Allyn & Bacon.
- Culatta, B., & Merritt, D. D. (1998). *Language intervention in the classroom*. San Diego, CA: Singular.
- Ehren, B. J. (2000). Maintaining a therapeutic focus and sharing responsibility for student success: Keys to in-classroom speech-language services. *Language, Speech, and Hearing Services in Schools, 31*(3), 219–229.
- Ehren, B. J. (2002). Speech-language pathologists contributing significantly to the academic success of high school students: A vision for professional growth. *Topics in Language Disorders, 22*(2), 60–80.
- Ehren, B. J. (2006). Partnerships to support reading comprehension for students with language impairment. *Topics in Language Disorders, 26*(1), 41–53.
- Englert, C. S., & Thomas, C. C. (1987). Sensitivity to text structure in reading and writing: A comparison between learning disabled and non-learning disabled students. *Learning Disability Quarterly, 10*, 93–105.
- Farber, J., & Klein, E. (1999). Classroom-based assessment of a collaborative intervention program with kindergarten and first-grade students. *Language, Speech, and Hearing Services in Schools, 30*(1), 83–91.
- Gillon, G., & Dodd, B. (1995). The effects of training phonological, semantic, and syntactic processing skills in spoken language on reading ability. *Language, Speech, and Hearing Services in Schools, 26*(1), 58–68.
- Gruenewald, L., & Pollak, S. (1973). The speech clinician's role in auditory learning and reading readiness. *Language, Speech, and Hearing Services in Schools, 4*(3), 120–126.
- Hiebert, E. H. (1980). The relationship of logical reasoning ability, oral language comprehension, and home experiences to preschool children's print awareness. *Journal of Reading Behavior, 12*, 313–324.
- Justice, L. (2006). Evidence-based practice, response to intervention, and the prevention of reading difficulties. *Language, Speech, and Hearing Services in Schools, 37*(4), 284–297.
- Kroll, B. (1981). Developmental relationships between speaking and writing. In B. Roll & R. Vann (Eds.), *Exploring speaking-writing relationships: Connections and contrasts* (pp. 32–54). Urbana, IL: National Council of Teachers of English.
- Lombardino, L. J., Riccio, C. A., Hynd, G. W., & Pinheiro, S. B. (1997). Linguistic deficits in children with reading disabilities. *American Journal of Speech-Language Pathology, 6*(3), 71–78.
- McConaughy, S. (1985). Good and poor readers' comprehension of story structure across input and output modalities. *Reading Research Quarterly, 20*, 219–232.
- Miller, L. (1989). Classroom-based language intervention. *Language, Speech, and Hearing Services in Schools, 20*(2), 153–169.
- Nelson, N. (1989). Curriculum-based language assessment and intervention. *Language, Speech, and Hearing Services in Schools, 20*(2), 170–184.
- Nelson, N. W., & Van Meter, A. M. (2006). Partnership for literacy in a writing lab approach. *Topics in Language Disorders, 26*(1), 55–69.
- Roth, P., & Troia, G. A. (2006). Collaborative efforts to promote emergent literacy and efficient word recognition skills. *Topics in Language Disorders, 26*(1), 24–41.
- Ruddell, R. B., & Ruddell, M. R. (1994). Language acquisition and literacy processes. In R. B. Ruddell, M. R. Ruddell, & H. Singer (Eds.), *Theoretical models and processes of reading* (4th ed., pp. 83–103). Newark, DE: International Reading Association.

- Scarborough, H., & Dobrich, W. (1990). Development of children with early language delay. *Journal of Speech and Hearing Research, 33*, 70–83.
- Silva, P., McGree, R., & Williams, S. (1983). Developmental language delay from three to seven years and its significance for low intelligence and reading difficulties at age seven. *Developmental Medicine and Child Neurology, 25*, 783–793.
- Snow, C. E., Burns, S., & Griffin, P. (Eds.). (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press.
- Stothard, S. E., Snowling, M. J., Bishop, D. V. M., Chipchase, B. B., & Kaplan, C. A. (1998). Language-impaired preschoolers: A follow-up into adolescence. *Journal of Speech, Language, and Hearing Research, 41*, 407–418.
- Tallal, P., Curtiss, S., & Kaplan, R. (1989). The San Diego Longitudinal Study: Evaluating the outcomes of preschool impairment in language development (Final report to NINCDS). In S. E. Gerber & G. T. Mencher (Eds.), *International perspectives on communication disorders* (pp. 86–126). Washington, DC: Gallaudet University Press.
- Wallach, G. P. (2008). *Language intervention for school-age students: Setting goals for academic success*. St. Louis, MO: Mosby.
- Wallach, G., & Butler, K. (1994). *Language learning disabilities in school-age children and adolescents*. New York: Macmillan.
- Wise, J., Sevcik, R., Morris, R., Lovett, M., & Wolf, M. (2007). The growth of phonological awareness by children with reading disabilities: A result of semantic knowledge or knowledge of grapheme-phoneme correspondences? *Scientific Studies of Reading, 11* (2), 151–164.

Evidence-Based Practice

- American Speech-Language-Hearing Association. (2004). *Report of the Joint Coordinating Committee on Evidence-Based Practice*. Rockville, MD: Author.
- Dollaghan, C. (2004a). Evidence-based practice in communication disorders: What do we know, and when do we know it? *Journal of Communication Disorders, 37*, 391–400.
- Dollaghan, C. (2004b, April 13). Evidence-based practice: Myths and realities. *The ASHA Leader*, pp. 4–5, 12.
- Ehren, B. J. (2008). Making informed decisions about literacy intervention in schools: An adolescent literacy example. *EBP Briefs, 3*(1), 1–11.
- Gillam, S. L., & Gillam, R. B. (2006). Making evidence-based decisions about child language intervention in schools. *Language, Speech, and Hearing Services in Schools, 37*(4), 304–315.
- Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. § 1400 et seq.
- Johnson, C. J. (2006). Getting started in evidence-based practice for childhood speech-language disorders. *American Journal of Speech-Language Pathology, 15*, 20–35.
- Justice, L. M., & Fey, M. E. Evidence-based practice in schools: Integrating craft and theory with science and data *The ASHA Leader* 2004 9 21 4–5, 30–32.
- Porzolt, F., Ohletz, A., Gardner, D., Ruatti, H., Meier, H., Schlotz-Gorton, N., & Schrott, L. (2003). Evidence-based decision making: The 6-step approach. *American College of Physicians Journal Club, 139*(3), 1–6.
- Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *British Medical Journal, 312*, 71–72.

Response to Intervention

- Batsche, G., Elliott, J., Graden, J., Grimes, J., Kovalesski, J., & Prasse, D. (2005). *Response to intervention: Policy considerations and implementation*. Alexandria, VA: National Association of State Directors of Special Education.
- Burns, M. K., Griffiths, A. J., Parson, L. B., Tilly, W. D., & VanDerHeyden, A. (2007). *Response to intervention: Research to practice*. Alexandria, VA: National Association of State Directors of Special Education.

- Ehren, B. J. (2005). Responsiveness to intervention and the speech-language pathologist [Special issue]. *Topics in Language Disorders, 25*(2).
- Ehren, B. J., Montgomery, J., Rudebusch, J., & Whitmire, K. (2006). *The role of the speech-language pathologist in RTI*. Retrieved May 4, 2007, from www.nasponline.org/advocacy/RTIrole_NASP.pdf.
- Ehren, B. J., & Whitmire, K. (2009). Speech-language pathologists as primary contributors to Responsiveness to Intervention at the secondary level. *Seminars in Speech and Language, 30*, 90–104.
- Fuchs, D., & Deshler, D. D. (2007). What we need to know about responsiveness to intervention (and shouldn't be afraid to ask). *Learning Disabilities Research & Practice, 22*, 129–136.
- Haager, D., Klingner, J., & Vaughn, S. (Eds.). (2007). *Evidence-based reading practices for response to intervention*. Baltimore: Brookes.
- Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. § 1400 et seq. International Reading Association Commission on RTI. (2009, February/March). Working draft of guiding principles. *Reading Today, 26*(4), 1–6.
- Justice, L. M. (2006). Evidence-based practice, response to intervention, and the prevention of reading difficulties. *Language, Speech, and Hearing Services in Schools, 37*, 284–297.
- Klingner, J. K., & Edwards, P. A. (2006). Cultural considerations with response to intervention models. *Reading Research Quarterly, 41*, 108–117.
- Kurns, S., & Tilly, W. D. (2008). *Response to intervention blueprints: School building level edition*. Alexandria, VA: The National Association of State Directors of Special Education. Retrieved July 7, 2007, from www.nasdse.org/Portals/0/SCHOOL.pdf.
- Mellard, D. F., & Johnson, E. (2007). *RTI: A practitioner's guide to implementing Response to Intervention*. Thousand Oaks, CA: Corwin Press.
- Moore, B. J., & Montgomery, J. K. (2008). *Making a difference for America's children—Speech-language pathologists in public schools* (2nd ed.). Greenville, SC: Thinking Publications.
- National Joint Committee on Learning Disabilities (2005). Responsiveness to intervention and learning disabilities. *Learning Disabilities Quarterly, 28*, 249–260. Retrieved from www.ldonline.org.
- No Child Left Behind Act of 2001, 20 U.S.C. § 6301.
- Schraeder, T. (2008). *A guide to school services in speech-language pathology*. San Diego, CA: Plural.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services. (2002). *A new era: Revitalizing special education for children and their families*. Washington, DC: Author.

Telepractice

- American Speech-Language-Hearing Association. (2010). *Professional issues in telepractice for speech-language pathologists*. Available from www.asha.org/policy.
- American Speech-Language-Hearing Association. (2005). *Speech-language pathologists providing clinical services via telepractice [Position Statement]*. Retrieved from www.asha.org/docs/html/PS2005-00116.html.
- Denton, D. R. (2003). Ethical and legal issues related to telepractice. *Seminars in Speech and Language, 24*, 313–322.
- Grogan-Johnson, S., Alvares, R.L., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech-language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*. Advance online publication. doi:10.1258/jtt.2009.090608.
- Mashima, P., & Doarn, C. (2008, December). Overview of telehealth activities in speech-language pathology. *Telemedicine and e-Health, 14*, 1101–1109.

- Rose, D., Furner, S., Hall, A., Montgomery, K., Katsavras, E., & Clarke, P. (2000).
Videoconferencing for speech and language therapy in schools. *BT Technology Journal*,
18, 101–104.
- Waite, M. C., Cahill, L. M., Theodoros, D. G., Busuttin, S., & Russell, T. G. (2006). A pilot
study of online assessment of childhood speech disorders. *Journal of Telemedicine and
Telecare*, *12*, 92–94.

APPENDIX. ASHA Policy Documents Relevant to Current Roles and Responsibilities of SLPs in Schools

Documents and Links	Relationship to Roles and Responsibilities
<p><i>Roles and Responsibilities of SLPs With Respect to Reading and Writing in Children and Adolescents</i> (2001)</p> <p><u>Position Statement</u> www.asha.org/docs/html/PS2001-00104.html</p> <p><u>Technical Report</u> www.asha.org/docs/html/TR2001-00148.html</p> <p><u>Guidelines</u> www.asha.org/docs/html/GL2001-00062.html</p> <p><u>Knowledge and Skills Needed by SLPs</u> www.asha.org/docs/html/KS2002-00082.html</p>	<p>Emphasizes knowledge and skills that SLPs possess that qualify them to take a key role in the literacy development of children and adolescents.</p>
<p><i>A Workload Analysis Approach for Establishing Speech-Language Caseload Standards in the Schools</i> (2002)</p> <p><u>Position Statement</u> www.asha.org/docs/html/PS2002-00122.html</p> <p><u>Technical Report</u> www.asha.org/docs/html/TR2002-00160.html</p> <p><u>Guidelines</u> www.asha.org/docs/html/GL2002-00066.html</p>	<p>Philosophy and strategies for SLPs to manage the number of students served on the caseload, balanced against the workload. Workload includes all the activities necessary to support students' education programs and implement best practices for school speech-language services. Includes strategies to help gain the assistance of administrators to support this philosophical and actual shift in caseload/workload management.</p>
<p><i>Provision of Instruction in English as a Second Language by Speech-Language Pathologists in School Settings</i> (1998)</p> <p>www.asha.org/docs/html/PS1998-00102.html</p>	<p>Emphasizes that SLPs who do not have specific preparation and skills in English as a second language (ESL) should not provide instruction in ESL, but may collaborate with ESL instructors to help students in school settings.</p>
<p><i>Role of SLPs in Working With ESL Instructors in School Settings</i> (1998)</p> <p><u>Technical Report</u> www.asha.org/docs/html/TR1998-00145.html</p>	<p>With workloads increasingly representing students from culturally and linguistically diverse populations, this document helps SLPs determine their role in working with these students, as distinguished from the role of the ESL teacher.</p>
<p><i>American English Dialects</i> (2003)</p> <p><u>Technical Report</u> www.asha.org/docs/html/TR2003-00044.html</p>	<p>This document provides support to SLPs to make the distinction between a dialect and a disability to reduce the disproportionate referral of students to special education when the student speaks a dialect other than the one used in most classrooms, curriculum texts, and assessment instruments.</p>

Documents and Links	Relationship to Roles and Responsibilities
<p><i>Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services</i> (2004) <u>Knowledge and Skills</u> www.asha.org/docs/html/KS2004-00215.html#top</p>	<p>Identifies the myriad areas of competency SLPs need to provide appropriate services to clients of varying cultural and linguistic backgrounds, especially with regard to assessment and treatment, including language and dialect acquisition history; cultural approaches to disability; the norms in the client's speech community that are used to determine whether a disorder exists; and various processes of second language learning such as language loss, language transfer, and interlanguage.</p>
<p><i>Bilingual Speech-Language Pathologists and Audiologists: Definition</i> (1989) www.asha.org/docs/html/RP1989-00205.html</p>	<p>Provides a definition of a bilingual SLP or audiologist and outlines the knowledge and skills needed to provide bilingual assessment and intervention services.</p>
<p><i>Clinical Management of Communicatively Handicapped Minority Language Populations</i> (1985) www.asha.org/docs/html/PS1985-00219.html</p>	<p>Recommends competencies for assessment and remediation of communication disorders of minority language speakers and describes alternative strategies that can be utilized when those competencies are not met.</p>
<p><i>Cultural Competence</i> (2005) www.asha.org/docs/html/ET2005-00174.html</p>	<p>This Issues in Ethics statement provides guidance so that SLPs and audiologists may provide ethically appropriate services to all populations, while recognizing their own cultural/linguistic background or life experience and that of their client/patient/student.</p>
<p><i>Scope of Practice in Speech-Language Pathology</i> (2007) www.asha.org/docs/html/SP2007-00283.html</p>	<p>This document delineates all of the different roles in which SLPs may function as they provide clinical services.</p>
<p><i>Professional Performance Review Process for the School-Based SLP</i> (2006) <u>Guidelines</u> www.asha.org/NR/rdonlyres/70B0490D-E7E5-451C-9A90-2BDD9AAC4EE5/0/SLPPPRP06.pdf</p>	<p>This document was specifically developed to assess the performance of school-based SLPs. It helps to fulfill mandates by NCLB and IDEA that teachers, administrators, and specialists, including SLPs, use evidence-based practice and adhere to accountability requirements.</p>

Documents and Links	Relationship to Roles and Responsibilities
<p><i>Appropriate School Facilities for Students With Speech-Language-Hearing Disorders: Technical Report</i> (2002) www.asha.org/docs/html/TR2002-00236.html</p>	<p>This document provides facility recommendations in accordance with current legal and technological standards. It contains minimum requirements for creating optimal learning and assessment environments for students. It is designed to be a substantiating reference for use when building a new school, redesigning an existing structure, and/or advocating for improvement of facility work conditions.</p>
<p><i>Code of Ethics</i> (2010) www.asha.org/docs/html/ET2010-00309.html</p>	<p>Contains the fundamental principles of acceptable professional conduct and prohibitions. Provides guidance for school-based SLPs in typical and atypical school situations.</p>
<p><i>Evidence-Based Practice in Communication Disorders: An Introduction</i> (2005) <u>Position Statement</u> www.asha.org/docs/html/PS2005-00221.html <u>Technical Report</u> www.asha.org/docs/html/TR2004-00001.html</p>	<p>Provides a rationale and strategies for SLPs to develop practice guidelines based on systematic evidence reviews.</p>
<p><i>Guidelines for Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Life Span</i> (2006) <u>Position Statement</u> www.asha.org/docs/html/GL2006-00049.html <u>Technical Report</u> www.asha.org/docs/html/TR2006-00143.html <u>Knowledge and Skills</u> www.asha.org/docs/html/KS2006-00075.html</p>	<p>Detailed information focusing on numerous aspects of diagnosis and treatment of autism spectrum disorders. Extensive references in each area including interfacing with families, specific resources for screening and diagnosis, including differential diagnosis. Includes evidence-based approach to effective treatment interventions. Emphasis on the role of the SLP throughout with this ever-increasing population in schools.</p>
<p><i>Roles and Responsibilities of Speech-Language Pathologists With Respect to Augmentative and Alternative Communication</i> (2004) <u>Position Statement</u> www.asha.org/docs/html/PS2005-00113.html <u>Technical Report</u> www.asha.org/docs/html/TR2004-00262.html <u>Knowledge and Skills</u> www.asha.org/docs/html/KS2002-00067.html</p>	<p>Detailed information highlighting augmentative and alternative communication (AAC), including considerations for AAC usage and cultural and linguistic differences. Specific references for assessment and treatment considerations, focusing on evidence-based practices. Focus on the role of the SLP working with AAC or possible AAC users.</p>

Documents and Links	Relationship to Roles and Responsibilities
<p><i>Structure and Function of an Interdisciplinary Team for Persons With Acquired Brain Injury</i> (2007) <u>Guidelines</u> www.asha.org/docs/html/GL2007-00288.html</p>	<p>Emphasizes the role of the SLP as a member of an interdisciplinary team addressing the needs of individuals with TBI. Includes a rationale for the team approach and a protocol for working with students with TBI in this way.</p>
<p><i>Guidelines for Speech-Language Pathologists Providing Swallowing and Feeding Services in Schools</i> (2007) www.asha.org/docs/html/GL2007-00276.html</p>	<p>Includes a strong rationale for swallowing and feeding as a component of the role of a school-based SLP, with a focus on interdisciplinary decision making. Special emphasis is given to collaboration between medical and educational settings. Focuses on nutrition issues, medication issues, legal issues, and intervention programs to meet the needs of school-based SLPs in serving this population.</p>
<p><i>Knowledge and Skills Needed by Speech-Language Pathologists Providing Services to Individuals With Swallowing and/or Feeding Disorders</i> (2002) www.asha.org/docs/html/KS2002-00079.html</p>	<p>Outlines the specific knowledge and skills needed by SLPs in all settings to provide services to individual with swallowing and/or feeding disorders. It is emphasized that knowledge and skills that apply to one population or age group are not presumed to be the knowledge and skills required for a different population or age group.</p>
<p><i>Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Technical Report</i> (2008) www.asha.org/docs/html/TR2008-00290.html</p>	<p>Emphasizes that for children from birth up to age 3 years who are at risk for or who have developmental disabilities or delays, the role of the SLP is to assess communication function including feeding/swallowing skills.</p>
<p><i>Speech-Language Pathologists Providing Clinical Services Via Telepractice</i> (2005) <u>Position Statement</u> www.asha.org/docs/html/PS2005-00116.html <u>Technical Report</u> www.asha.org/docs/html/TR2005-00152.html <u>Knowledge and Skills Needed by SLPs</u> www.asha.org/docs/html/KS2005-00077.html</p>	<p>These documents can orient school SLPs to the use of telepractice. While not a common practice in schools, as the role of the school-based SLP evolves, a telepractice delivery model may increase in usage. This is currently a successful model in more remote and rural school settings, and is certainly a model that may have wider applications of usage in a broader range of school settings.</p>