

Letter for Testimony for HB2959

Hello! I am a Speech Language Pathologist (SLP) in the Salem Keizer School District. I have been an SLP for 30 years with 24 of them employed with the district. I spent my other years in the health care setting as an SLP. My experience has been both positive and negative as an SLP in a school district vs. in the health care setting.

Both settings have rigorous schedules and caseloads but in the health care setting, you only see one patient at a time for set amount of time (25 or 50 minutes) and you can only see so many patients in a day.

Assignment Safety and Delegation:

In my schools, the expectation is that you get an assignment of a school (or multiple schools) and the caseload could be anywhere from 35 students to over 100 students. In the past, we had multiple students and 80, 90, and even over 100 students. It is ineffective to expect SLPs to provide any services to 100 students in a week. We often have to have large groups with students working on different articulation and language goals. By not providing intensive communication services, it takes longer to remediate their communication difficulties.

In many cases, we are encouraged to alleviate our large cases by providing “support” in the classroom setting. This is also not helpful to students who need targeted articulation and/or language services to improve their communication skills.

In order to improve our ability to serve our large caseloads, our district hired more SLP assistants. Several SLPs were assigned SLPA time ½ day to 2 days per week (if you had a large caseload). This really only provided us additional paperwork time while our SLPA saw our students. This is so backward! SLPs are the professionals! SLP assistants have education maybe with an associates or Bachelor’s degree with some college classes in how to be an SLPA. Then the SLP has to observe SLPAs 25% of the time when they are providing services. It doesn’t provide any relief for SLPs with larger caseloads.

Also in regards to safety, SLPs are often thought of as “just speech therapists” who are often spread between multiple sites. Since our school’s staff doesn’t always see us (even though they know that we see their students and provide services on the IEP), we are often given inadequate space to see students. We are moved to accommodate Instructional coaches – who don’t see students; band teachers – because they need an office, the photocopier – which is more important than a specialist seeing students etc....Serving students on IEPs for communication should include an office of adequate size to accommodate a work space for the SLP, space to store speech supplies, a space that is confidential/private to see students 1:1 or in groups; and also be a safe location that has a door that can lock in case of emergency. I have been administratively moved from my small space to a smaller space in a hallway, corner of a library, corner of LRC room or conference room. My smallest space has been a 7 foot by 7 foot room that was inside of a work/store room. We need to be thinking of our student’s safety and wellbeing.

Professional Judgement/Scope of practice:

Speech Language Impairment is listed as a Federal Disability Code for Special Education. SLPs provide services for Students with a Speech Language Impairment. However, in the schools, SLPs are thought of as the person who can get a student on an IEP (even when they don't qualify -using "team decision") and keep a student on an IEP. Teams will add on services to Speech/language only IEPs because they don't feel a particular student will qualify for services in other areas or they don't want to take the time to enact "Child Find."

SLPs are often bullied into seeing students for services outside our scope of practice – behavior, self regulation, social skills etc. While SLPs do work on Social communication/pragmatics, it should related to the eligibility and the needs of each student. This "bullying" is often done by administration, Autism specialists, and Special ed teachers. Often they don't understand that students on IEPs don't necessarily need Specially Designed instruction in a pull out fashion for speech. We are basically considered babysitters by many of our colleagues who don't know what to do with some of our high needs students.

Documentation tools:

Documentation is a huge part of our job – daily therapy documenting, IEP preparation, observation data, etc. can take ¼ to 1/3 of an SLPs job in a day. With our higher caseloads, many SLPs come extra hours to complete paperwork as it is time sensitive and can result in compliance issues if not done on time. Administrators and other educators don't understand that this is a crucial part of our job and needs to be included in our workload.

In a private/medical setting, SLPs see patients with articulation, language, fluency, voice, swallowing, Augmentative communication (and more) needs. We are not expected to see patients in unsafe offices. We are not expected to have caseloads that exceed our ability to do what is best for our patients. If an SLP in a medical setting(in patient, out patient, private had caseloads like a school based SLP, patients would not be able to be seen on a regular basis and it would take months to schedule them for therapy. We would also NOT see patients for behavior, do recess duty, cover for classroom teachers etc.

Our profession is multi-faceted as we can work in medical and educational settings. They are different but adjustments should be made to allow for our Professional Licensure.

Thank you for your attention.

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