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# Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist

*American Speech-Language-Hearing Association*

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techniques. Just as evaluation decisions are based on a thorough understanding of speech and language development and the processes of communication, so too are intervention decisions.

It is beyond the scope of this document to describe specific techniques for intervention. Entire university courses and texts, professional institutes and seminars, professional literature and articles, ASHA Special Interest Divisions, and Web sites are devoted to intervention techniques for specific deficits and disorders within each speech and language area. Commercially published materials for remediation of speech, language, and communication disorders, when appropriately selected to match student needs, are additional useful tools to help students meet their goals and objectives. It is the responsibility of the speech-language pathologist to keep current on intervention methods reflecting the best practices in speech-language pathology.

#### ***General Intervention Methods***

Speech-language pathologists benefit from the literature produced by effective schools research. Christenson and Ysseldyke (1989) identified 10 factors within the four components of effective teaching: planning, managing, delivering, and evaluating instruction. Algozzine and Ysseldyke (1997) expanded that work by delineating numerous "effective" strategies and specific tactics (activities) that teachers could implement. These strategies are used for teacher training, as well as by Intervention Assistance Teams.

School-based speech-language pathologists rely on principles of effective intervention when working with students who have disorders within all areas encompassed by ASHA's Scope of Practice in Speech-Language Pathology (1996c). Table 6 outlines responsibilities for intervention that include planning, managing, delivering, and evaluating intervention. These general methods facilitate effective intervention for students.

During intervention, the speech-language pathologist communicates with parents, families, educators, and other community professionals to reinforce IEP/IFSP goals at home and in the classroom, facilitate generalization of communication abilities, and monitor the student's progress. Speech-language pathologists may also provide information concerning the characteristics of the classroom environment conducive to communication development. Classroom or individual accommodations or modifications may be suggested related to seating and positioning; time demands; pragmatic/social language; organizational or note-taking skills; assistive technology devices, systems, or services; and materials that may assist the student in communicating more effectively in the school environment.

#### ***Scope of Intervention***

Speech-language pathology is a dynamic and continuously developing practice area. The scope of practice should not be regarded as all-inclusive; that is, it does not necessarily exclude new or emerging areas.

Table 6. Methods for Effective Intervention.

Responsibilities	Methods
Planning intervention	Determine priority areas for intervention Determine content to meet goals and objectives Select appropriate materials Determine intervention methods based on student learning styles
Managing intervention	Establish classroom management system Establish positive environment Use time productively Communicate realistic expectations Coordinate curricula and goals with other educational staff, parents/families Motivate students
Delivering intervention	Present instruction Promote problem-solving and thinking skills Provide relevant practice of skills taught Provide opportunity for communication in the natural environment Keep students actively involved Provide feedback Prompt/cue as appropriate during guided learning
Evaluating intervention	Monitor engaged time Monitor student understanding Make judgments about student performance Maintain records of student progress Inform students, parents, and teachers of progress Use treatment outcomes data to make decisions Determine effect on classroom performance Modify instruction

Based on the work of Algozzine, B., & Ysseldyke, J., 1997. *Strategies and Tactics for Effective Teaching*. Adapted with permission.

Contemporary speech-language pathologists not only provide assessment and intervention for students identified as having communication disorders, they also may recommend environmental modifications or strategies for communication behaviors of children who have not been identified as being eligible for special education or related services (see Prevention).

With the expanding consulting role, it is essential for school-based speech-language pathologists to have a manageable caseload size. Adequate planning and conference time is needed during the school week to serve the student, educators, and parents appropriately.<sup>7</sup> (See Caseload Management.)

Currently, the school-based speech-language pathologist is expected to fulfill a variety of roles (see Table 3 in Section II). The roles and responsibilities will vary in accordance with the work setting (e.g., home, community, preschool, elementary

<sup>7</sup> ASHA's recommended *maximum* caseload size is 40 students regardless of the type or number of service delivery models selected (ASHA, 1993b).