



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

MAY 28 2008

Catherine D. Clarke  
Director, Education and Regulatory Advocacy  
American Speech-Language-Hearing Association  
444 North Capitol Street, NW, Suite 715  
Washington, DC 20001

Dear Ms. Clarke:

This is in response to your April 23, 2008, letter to me following up on our conversations at the meeting I had with the staff of the American Speech-Language-Hearing Association (ASHA) earlier this year. First, I want to thank you for your hospitality and the opportunity for the discussions we had at that meeting. I was delighted to be able to participate. I would also like to respond to the issues you raise in your letter.

You request clarification on the role of speech-language pathologists (SLPs) in the use of the Response to Intervention (RTI) model that can be a component of an evaluation for children suspected of having a specific learning disability (SLD) under the 2006 final regulations implementing the reauthorized Individuals with Disabilities Education Act (IDEA). Although the Part B regulations, at 34 CFR §300.308(b), identify a speech-language pathologist as one of the individuals qualified to conduct diagnostic examinations of children, you are concerned that SLPs are not consistently included, when appropriate, as members of the RTI team.

The IDEA and the Part B regulations do not address the role of SLPs, or other qualified professionals, in an RTI model. As you know, under 34 CFR §300.307(a)(2), state criteria for determining whether a child has an SLD, as defined in 34 CFR §300.8(c)(10), must permit the use of a process based on the child's response to scientific, research-based intervention. If a local educational agency (LEA) chooses to use an RTI model as one part of the full and individual evaluation required under 34 CFR §§300.304-300.311, the LEA may choose the RTI model it wishes to implement. It would then be the responsibility of the LEA to determine the roles and responsibilities of the various staff members to be involved in that particular model, or which staff members the LEA chooses to involve in its RTI model. The individuals involved in the RTI model could vary for a number of reasons, such as the nature of the child's suspected disability, the expertise of local staff, and other relevant factors. The U.S. Department of Education (Department) does not prescribe the models LEAs must use, or how they will utilize their staff in implementing a selected model. Such determinations are left to state educational agencies (SEAs) and LEAs under the statute and regulations.

You also request clarification on whether children suspected of having communication disabilities other than SLDs should go through the RTI process as part of the identification process to determine eligibility for services. The statute and regulations are silent on this issue. As indicated above, the regulations at 34 CFR §300.307(a)(2) require only that states *permit* the

400 MARYLAND AVE., SW, WASHINGTON, DC 20202  
[www.ed.gov](http://www.ed.gov)

Our mission is to ensure equal access to education and to promote educational excellence throughout the nation.

use of a process based on a child's response to scientific, research-based intervention as part of the identification of an SLD. The Part B regulations do not address the use of an RTI model for children suspected of having other disabilities. It is up to each state to develop criteria for determining whether a child has a disability, provided those criteria include a variety of assessment tools and strategies and do not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability or for determining an appropriate educational program for the child. 34 CFR §300.304(b)(1)-(2).

As we explained in the Analysis of Comments and Changes accompanying publication of the August 14, 2006, final Part B regulations:

A public agency must use a variety of data gathering tools and strategies even if an RTI process is used. The results of an RTI process may be one component of the information reviewed as part of the evaluation procedures required under §§ 300.304 and 300.305. As required in §300.304(b), consistent with section 614(b)(2) of the Act, an evaluation must include a variety of assessment tools and strategies and cannot rely on any single procedure as the sole criterion for determining eligibility for special education and related services. Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children With Disabilities, Final Rule, 71 Fed. Reg. 46540, 46648 (Aug. 14, 2006).

Next, you request guidance on state standards on the use of paraprofessionals and assistants in the provision of speech-language pathology services, because you are concerned that LEAs may be using these individuals improperly in serving children with disabilities. The Office of Special Education and Rehabilitative Services (OSERS) appreciates ASHA's recommendations regarding the use of paraprofessionals and assistants. These recommendations are very detailed and are clearly based on ASHA's collective experience. States could certainly choose to accept these recommendations or similar recommendations. However, OSERS is not in a position to adopt, or require that states adopt, the recommendations.

The Part B regulations at 34 CFR §300.156(b) require that the qualifications established and maintained by states must include qualifications for related services personnel and paraprofessionals that (1) are consistent with any state-approved or state-recognized certification, licensing, registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services; and (2)(iii) allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with state law, regulation, or written policy, in meeting the requirements of Part B to be used to assist in the provision of special education and related services under Part B to children with disabilities.

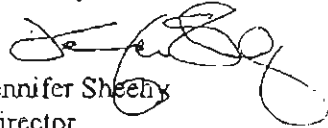
Our position regarding your request that the Department provide guidance on state standards for the use of paraprofessionals remains the same as the position set out in our response to public comments on the June 21, 2005, Notice of Proposed Rulemaking. See 71 FR 46611-46612. The Act and regulations require states to establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of Part B, including speech-language paraprofessionals, are appropriately and adequately prepared and trained. 34 CFR §300.156(a). The use of paraprofessionals and assistants who are appropriately trained and supervised is

governed by state law, regulation, and written policy, giving states the option of determining whether paraprofessionals and assistants can be used to assist in the provision of special education and related services under Part B of the Act, and, if so, to what extent their use would be permissible. States have the flexibility to determine whether to use paraprofessionals and assistants, and, if so, to determine the scope of their responsibilities.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

I hope this clarification is helpful to you. I am sorry that we are not in a position to provide the additional guidance you are seeking, but it is important that we continue to allow states the flexibility to utilize staff consistent with Part B and the discretion afforded states in this regard to ensure that children with disabilities receive the services that they need. Please do not hesitate to contact me if you have further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Sheehy", written over a horizontal line.

Jennifer Sheehy  
Director  
Office of Policy and Planning



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

April 23, 2008

Jennifer Sheehy  
Director of Planning and Policy  
Office of Special Education and Rehabilitative Services  
550 12<sup>th</sup> Street SW  
Room 5147  
Washington, DC 20202

Dear Director Sheehy:

Thank you again for meeting with staff of the American Speech-Language-Hearing Association (ASHA) earlier this year. As a follow-up to our meeting with you and other staff of the U.S. Department of Education (ED), we would like to request guidance and clarification on the following IDEA Part B issues to aid ASHA members in the implementation on the IDEA Part B final regulations.

#### **Role of Speech-Language Pathologists in RTI**

First, we request clarification for the role of the speech-language pathologists (SLP) in the use of the Response to Intervention (RTI) model for children suspected of having a specific learning disability (SLD) under the 2006 IDEA Part B final regulations. The SLP is the professional who is uniquely qualified to contribute in a variety of ways to the assessment and intervention of children suspected of having SLD. For a list of some contributions SLPs make as a member of the RTI team please see Attachment 1 (page 5).

Although the 2006 IDEA final regulations (Sec. 300.308(b)) lists speech-language pathologists among those qualified to conduct individual diagnostic examinations for children suspected of having SLD, ASHA members report that SLPs are not consistently included, when appropriate, as a member of the RTI Team. Guidance from ED will underscore the important role of the SLP who can offer expertise and support in the language basis of literacy and learning, experience with collaborative approaches to instruction/intervention, and an understanding of the use of student outcome data when making instructional decisions. Not having an appropriate professional on the RTI team may result in a delay of services.

We also request clarification on whether children suspected of having communication disabilities other than SLD should go through the RTI process as part of the identification process to determine eligibility for services. ASHA members report a delay in needed services for these students. Clarification of the use of RTI and an appropriate time frame for RTI intervention would alleviate confusion in school districts struggling with this issue.

444 NORTH CAPITOL STREET, N.W.  
SUITE 715  
WASHINGTON, DC 20001  
FAX 202-624-5955

[www.asha.org](http://www.asha.org)

2200 RESEARCH BLVD  
ROCKVILLE, MD 20850-3289  
301-296-5700 VOICE or TTY  
FAX 301-296-8577

#### **Use of Paraprofessionals and Assistants**

Next, we request clarification regarding the use of paraprofessionals and assistants under IDEA. There is no legislative or regulatory history that has defined paraprofessionals and assistants or indicated the manner in which they should or should not be used to provide services under IDEA. Therefore, ASHA strongly believes that ED needs to provide the guidance necessary to ensure that, as federal funds are used to implement the provision for use of paraprofessionals and assistants, there is at least a minimum framework for states to use in developing policies related to such personnel. It is critical that parameters be identified that specify how such personnel should be trained, used, and supervised. ED guidance should include clarification that assistants and paraprofessionals should not be used to replace qualified providers. Leaving such decisions up to each individual state does not assure that paraprofessionals and assistants would be used in a manner that is consistent with the requirements of this Act for providing quality services and an appropriate education. ED must provide more detailed information and definitions for states to guide them as they implement the provisions for using paraprofessionals and assistants.

The Act and the final regulations identify both paraprofessionals and assistants as separate categories of personnel. It is ASHA's position that by identifying both paraprofessionals and assistants in the Act, Congress intended that these individuals have different roles and responsibilities and levels of education. Therefore, ASHA recommends that there be separate definitions for appropriately trained and supervised paraprofessionals and appropriately trained and supervised assistants.

ASHA recommends the following definitions for paraprofessionals and assistants.

***Paraprofessional:** An appropriately trained and supervised paraprofessional is an individual who: (i) performs specific routine tasks to assist qualified personnel who provide services to eligible students; (ii) has on-the-job training as necessary to perform such tasks; and (iii) performs specific routine tasks delegated by and under the supervision of a qualified provider, who meets the highest requirements in the state for the profession or discipline in which services are being provided. Paraprofessionals do not engage in direct instruction, but provide the support necessary for a qualified provider to deliver appropriate services for eligible students.*

***Assistant:** An appropriately trained and supervised assistant is an individual who: (i) performs specific activities that assist qualified personnel in the provision of services to eligible students; (ii) obtains formal, post-secondary training in the area in which he/she will be providing services from a degree granting institution accredited by an agency recognized by the U.S. Department of Education; (iii) is appropriately qualified; and (iv) performs specific activities while working under the direction and supervision of a qualified provider, who meets the highest requirements in the State for the profession or discipline in which services are being provided. The assistant carries out higher-level tasks than those of the paraprofessional, including some direct intervention.*

Paraprofessionals and assistants must be supervised by highly qualified personnel, and they should not be used to replace qualified personnel. ASHA strongly believes that the supervision of paraprofessionals and assistants must be conducted by qualified professionals. States need to develop and adopt rigorous standards of training and competency that indicate the highest level of professionalism and proficiency. An example of such rigorous standards is ASHA's Certification of Clinical Competence (CCCs), the nation's most widely recognized symbol of competency for speech-language pathology and audiology professionals. The professionals also must have obtained the knowledge, skills, and abilities necessary to supervise paraprofessionals and assistants and to ensure that the activities and tasks carried out by paraprofessionals or assistants are appropriate for a child with disabilities. For example, if a paraprofessional or assistant is used in the speech-language pathology service program, a qualified speech-language pathologist must be the person who supervises and assigns activities and tasks to the paraprofessional or assistant, and who has the responsibility for their actions as they assist in providing services. For more information on support personnel in speech language pathology please refer to Attachments 2 (page 6) and 3 (page 8).

To ensure that state law, regulations, or written policy address the use, training, and supervision of paraprofessionals and assistants, ASHA strongly recommends that ED require that the state policies include the definitions listed above. A review conducted by ASHA of state policies and procedures governing the use of paraprofessionals and assistants in speech-language pathology found little consistency from state to state on the use, training, and supervision of paraprofessionals and assistants. Of particular concern is that some paraprofessionals and assistants may provide services with little or no supervision by qualified personnel.

ASHA recommends that the Department of Education adopt supervision guidelines that have been developed by the Centers for Medicare and Medicaid Services (CMS) for school-based Medicaid speech-language pathology and audiology services. CMS advises that the supervising qualified speech-language pathologist and audiologist must assume professional responsibility for the services provided under his or her direction and monitor the need for continued services. The concept of professional responsibility implicitly supports face-to-face contact by the qualified speech-language pathologists and audiologist at least at the beginning of treatment and periodically thereafter.

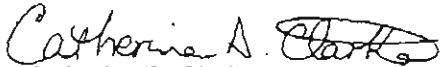
To meet this requirement, the qualified speech-language pathologist or audiologist must see the individual at the beginning of and periodically during treatment, be familiar with the treatment plan, have continued involvement in the care provided, and review the need for continued services throughout treatment. Therefore, speech-language pathologists and audiologists must spend as much time as necessary directly supervising services to ensure students are receiving services in a safe and efficient manner in accordance with accepted standards of practice. To ensure the availability of adequate supervisory direction, Medicaid also recommends that supervising audiologists and speech-language pathologists must ensure that individuals working under their direction have contact

April 23, 2008  
Director Sheehy  
Page 4

information to permit them direct contact with the supervising audiologist or speech-language pathologist as necessary during the course of treatment.

Clarification from the Department of Education on these issues would assist ASHA in providing accurate information to our members who provide services in school settings. We look forward to your response to our inquiries. If you have any questions, please contact me, Catherine Clarke, ASHA's Director of Education and Regulatory Advocacy, by phone at 301-296-5611 or by e-mail at [cclarke@asha.org](mailto:cclarke@asha.org).

Sincerely,

A handwritten signature in cursive script that reads "Catherine D. Clarke". The signature is written in black ink and is positioned above the printed name.

Catherine D. Clarke  
Director, Education and Regulatory Advocacy

## ATTACHMENT 1

Contributions that speech-language pathologists on the RTI team can make:

- Explain the role that language plays in curriculum, assessment, and instruction, as a basis for appropriate program design
- Explain the interconnection between spoken and written language
- Identify and analyze existing literature on scientifically based literacy assessment and intervention approaches
- Assist in the selection of screening measures
- Help identify systemic patterns of student need with respect to language skills
- Assist in the selection of scientifically based literacy intervention
- Plan for and conduct professional development on the language basis of literacy and learning
- Interpret a school's progress in meeting the intervention needs of its students
- Consulting with teachers to meet the needs of students in initial RTI tiers with a specific focus on the relevant language underpinnings of learning and literacy
- Collaborating with school mental health providers (school psychologists, social workers, and counselors), reading specialists, occupational therapists, physical therapists, learning disabilities specialists, and other specialized instructional support personnel (related/pupil services personnel) in the implementation of RTI models
- Assisting administrators to make wise decisions about RTI design and implementation, considering the important language variables



## ATTACHMENT 2

### **Support Personnel in Speech-Language Pathology**

ASHA has information available to guide speech-language pathologists in the appropriate training, use, and supervision of support personnel in speech-language pathology, specifically speech-language pathology assistants. ASHA has responses to frequently asked questions, available on its Web site at [http://www.asha.org/about/membership-certification/faq\\_slpasst.htm](http://www.asha.org/about/membership-certification/faq_slpasst.htm), that address the number of assistants to be supervised, limitations on their area of responsibility, and include provisions that make it clear to parents that a qualified speech-language pathologist, who meets the requirements for the Certificate of Clinical Competence in Speech-Language Pathology is responsible for all tasks and activities carried out by the assistant.

ASHA also recognizes the use of other levels of support personnel, specifically the speech-language pathology aide, which is more closely aligned with the definition of a paraprofessional. Based on level of training, these support personnel may have a different scope of responsibilities in the work setting. Aides have a different, usually narrower, training base and a more limited scope of responsibilities than speech-language pathology assistants. States use different terminology to refer to support personnel in speech-language pathology (e.g., communication aides, paraprofessionals, service extenders). Regardless of what they are called, support personnel should be used to supplement and not supplant the services of a qualified professional.

### **Speech-Language Pathologists Who Employ Support Personnel**

The following list includes examples of speech-language pathologists who use speech-language pathology aides or assistants. ASHA does not have an approval process for assistant training programs and does not register assistants. Therefore, ASHA provides this list of professionals with the understanding that these programs closely adhere to ASHA's policies for the use of support personnel but we have not observed or reviewed their program.

#### **Maryland**

Montgomery County Public Schools

Contact: Pam deFosse

[pamela\\_a\\_defosse@mcpssmd.org](mailto:pamela_a_defosse@mcpssmd.org)

Metropolitan Area Communication Services

Annette Forester

301-704-7775

[eforester@hotmail.com](mailto:eforester@hotmail.com)

April 23, 2008  
Director Sheehy  
Page 7

**North Carolina**

Rockingham County School District

Contact: Colette Edwards at [cedwards@rock.k12.nc.us](mailto:cedwards@rock.k12.nc.us)

North Carolina [developed guidelines](#) [PDF] for school administrators and hiring officials.

**Oregon**

Contact: Ashley Northam ( [ashleyslp@hotmail.com](mailto:ashleyslp@hotmail.com)) or Janet Brockman  
([brockman@ohsu.edu](mailto:brockman@ohsu.edu))

**Texas**

Sherman Independent School District

Contact: Jill Roper at [jroper@shermanisd.net](mailto:jroper@shermanisd.net)

SLPAs are supervised by an SLP with a CCC. The program is supported by the administrators and capable speech-language pathology assistants are encouraged to obtain a Master's degree.

## ATTACHMENT 3

### Frequently Asked Questions of Speech-Language Pathology Assistants

The American Speech-Language-Hearing Association (ASHA) has a position statement and guidelines on the training, use, and supervision of speech-language pathology assistants. ASHA also has resources for supervisors of assistants and continues to support the appropriate training, use, and supervision of speech-language pathology assistants by ASHA-certified speech-language pathologists. Speech-language pathology assistants are to be used only to supplement—not supplant—the services provided by ASHA-certified speech-language pathologists. Speech-language pathology assistants are not trained for independent practice.

#### A. Defining Speech-Language Pathology Assistants

##### 1. Who are speech-language pathology assistants?

Speech-language pathology assistants are support personnel who, following academic and/or on-the-job training, perform tasks prescribed, directed, and supervised by ASHA-certified speech-language pathologists.

##### 2. Are there other forms of support personnel?

There are typically two levels of support personnel – aides and assistants. Based on level of training, these support personnel may have a different scope of responsibilities in the work setting. Aides, for example, have a different, usually narrower, training base and a more limited scope of responsibilities than speech-language pathology assistants. States may use different terminology to refer to support personnel in speech-language pathology (e.g., communication aides, paraprofessionals, service extenders).

##### 3. Is the use of speech-language pathology assistants new?

Speech-language pathology assistants have been used and regulated by many states since the 1970s. ASHA has had guidelines for the use of support personnel since 1969. Attention to the use of assistants has increased as professionals seek mechanisms for expanding services and containing costs. In November 2000, ASHA began development of an approval process for associate degree speech-language pathology assistant training programs and a registration process for speech-language pathology assistants. The approval process was effective January 2002, and the registration process was effective January 2003. However, at its Spring 2003 meeting, ASHA's Legislative Council voted to discontinue both the registration program for speech-language pathology assistants and the approval process for speech-language pathology assistant training programs as of December 31, 2003, primarily due to financial reasons.

##### 4. Will speech-language pathology assistants be used to replace speech-language pathologists?

No. Assistants cannot replace qualified speech-language pathologists. Rather, they can support clinical services provided by speech-language pathologists. ASHA guidelines were developed to ensure that speech-language pathology services provided to the public

are of the highest quality and that speech-language pathologists continue to be responsible for maintaining this quality of service. According to ASHA guidelines and state licensure laws, no one can employ a speech-language pathology assistant without a speech-language pathologist as supervisor. ASHA guidelines and most state laws limit the number of speech-language pathology assistants a speech-language pathologist may supervise and define boundaries for how assistants are used.

**5. Is there a need for speech-language pathology assistants?**

To serve a growing and more diverse client base and an expanding scope of practice, more service providers are needed. In an era of heightened demand for cost efficiency, some tasks may be more appropriate for support personnel than for professional-level providers. The use of assistants may allow ASHA-certified speech-language pathologists to focus more on professional-level clinical services (i.e., those that require ongoing clinical judgment) rather than on routine day-to-day operational activities. Access the U.S. Bureau of Labor Statistics national job outlook for the professions.

**6. What is the demand for speech-language pathology assistants?**

ASHA does not have specific data on the demand for speech-language pathology assistants; however, 16.4% of ASHA certified speech-language pathologists reported that at least one speech-language pathology assistant was employed in their facilities (2003 ASHA Omnibus Survey). School-based speech-language pathologists reported a greater use of speech-language pathology assistants than did speech-language pathologists in health care facilities. In the school-based setting, 20% of ASHA-certified speech-language pathologists indicated that their facilities employed one or more speech-language pathology assistants (2006 ASHA Schools Survey). This percentage has decreased over time (i.e., 25.4% in 2000 and 31% according in 1995 according to the Schools Surveys in those years). Only 2% of speech-language pathologists in health care settings reported using speech-language pathologist assistants (2002 ASHA Health Care Survey). The demand for speech-language pathology assistants may grow as the population base for speech-language pathology services continues to increase.

**7. What are the advantages to the speech-language pathologist in using speech-language pathology assistants in his/her practice?**

The ASHA-certified speech-language pathologist may extend services (i.e., increase the frequency and intensity of services to patients or clients on his/her caseload), focus more on professional-level tasks, increase client access to the program, and achieve more efficient/effective use of time and resources. According to the ASHA 2000 Schools Survey, 47.3% of respondents indicated that the use of speech-language pathology assistants led to "more time for direct service," while 23.1% reported that the use of speech-language pathology assistants led to "more time for planning/consultation with teachers."

**B. Using Speech-Language Pathology Assistants**

**1. What may speech-language pathology assistants do?**

According to ASHA's Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants, which apply across all practice settings, a speech-

language pathology assistant may conduct the following tasks under the supervision of a speech-language pathologist:

- Assist speech-language and hearing screenings (without interpretation)
- Assist with informal documentation as directed by the speech-language pathologist
- Follow documented treatment plans or protocols developed by the supervising speech-language pathologist
- Document patient/client performance (e.g., tallying data for the speech-language pathologist to use; preparing charts, records, and graphs) and report this information to the supervising speech-language pathologist
- Assist the speech-language pathologist during assessment of patients/clients
- Assist with clerical duties such as preparing materials and scheduling activities as directed by the speech-language pathologist
- Perform checks and maintenance of equipment
- Support the supervising speech-language pathologist in research projects, in-service training, and public relations programs
- Assist with departmental operations (scheduling, record keeping, safety/maintenance of supplies and equipment)
- Collect data for monitoring quality improvement
- Exhibit compliance with regulations, reimbursement requirements, and speech-language pathology assistant's job responsibilities

State laws vary and may differ from ASHA guidelines. Check specific state regulations.

## **2. What is outside of speech-language pathology assistants' scope of responsibilities?**

According to ASHA's Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants, a speech-language pathology assistant **may not** perform the following tasks:

- May not perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or clinical interpretation of test results
- May not screen or diagnose patients/clients for feeding/swallowing disorders
- May not participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist
- May not write, develop, or modify a patient/client's individualized treatment plan in any way
- May not assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision

- May not sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the assistant should sign or initial informal treatment notes for review and co-signature by the supervising professional)
- May not select patients/clients for service
- May not discharge a patient/client from services
- May not disclose clinical or confidential information either orally or in writing to anyone other than the supervising speech-language pathologist
- May not make referrals for additional service
- May not counsel or consult with the patient/client, family or others regarding the patient/client status or service
- May not use a checklist or tabulate results of feeding or swallowing evaluations
- May not demonstrate swallowing strategies or precautions to patients, family, or staff
- May not represent himself or herself as a speech-language pathologist

State laws vary and may differ from ASHA guidelines. Check specific state regulations to determine which tasks are outside the scope of responsibilities for assistants in a particular state.

### **3. What is the average salary for speech-language pathology assistants?**

At this time, ASHA collects salary data only on ASHA-certified speech-language pathologists and audiologists. Occupational and physical therapy data show that assistants in those fields make about 60% to 75% of professional-level salaries.

### **4. How will this program affect the culturally and linguistically diverse professional population?**

ASHA places great emphasis on attracting individuals from culturally and linguistically diverse backgrounds into the speech-language pathology/audiology professions. In related professions that use assistants, the proportions of minorities to non-minorities in both the assistant and the professional levels are similar.

### **5. Who is responsible for services provided by a speech-language pathology assistant?**

The fully qualified, ASHA-certified supervising speech-language pathologist is responsible for the services provided by assistants. In states that regulate speech-language pathology assistants, speech-language pathologists who hold full, unrestricted licenses assume these responsibilities for persons working under their direction.

### **6. Will caseloads expand when assistants are used?**

As has always been the case, caseload size of ASHA-certified speech-language pathologists may or may not increase depending on client needs and the nature of the services provided. If speech-language pathology assistants are used appropriately, and if they are adequately supervised, ASHA-certified speech-language pathologists' caseloads

may decrease to permit sufficient time to supervise staff working under their direction; however, workload may increase as the speech-language pathologist assumes responsibilities for training and supervising assistants. Speech-language pathology assistants do not carry their own caseloads. Assistants help to provide services as directed for the caseloads of speech-language pathologists.

### **C. Supervising Speech-Language Pathology Assistants**

#### **1. Who can supervise speech-language pathology assistants?**

ASHA's guidelines define a supervisor as a speech-language pathologist certified by ASHA and licensed by the state (where applicable) who has been practicing for at least 2 years following ASHA certification and has completed at least one pre-service course or continuing education unit in supervision.

#### **2. Is the speech-language pathologist supervising a speech-language pathology assistant required to have a course in supervision?**

It is recommended, according to ASHA's 2004 guidelines (see above).

#### **3. What resources on supervision does ASHA have available?**

Refer to the Knowledge and Skills for Supervisors of Speech-Language Pathology Assistants, which is also available through the ASHA Action Center at 800-498-2071. Additional resource items are available online at the ASHA Shop or by calling 888-498-6699, including "Practical Tools and Forms for Supervising Speech-Language Pathology Assistants" and "Working with Speech-Language Pathology Assistants in School Settings." Finally, professional development opportunities in supervision are periodically offered as education programs through ASHA teleseminars and conferences listed on our Continuing Education page.

#### **4. If an ASHA-certified speech-language pathologist with less than two years' experience joins a program with an experienced speech-language pathology assistant, should the assistant be terminated to meet ASHA's 2004 guidelines?**

No. However, there should be documentation of the attempt to hire a qualified speech-language pathologist as supervisor (i.e., with more than 2 years' experience post-ASHA certification). In addition, an alternate plan of supervision should be developed.

#### **5. How much supervision is recommended?**

The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. ASHA's Code of Ethics requires certificate holders to provide "appropriate supervision." In ASHA's speech-language pathology assistant guidelines, the minimum amount of supervision suggested is 30% weekly (at least 20% direct) for the first 90 workdays and 20% (at least 10% direct) after the initial work period. Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel. The guidelines also recommend that a speech-language pathologist supervise no more than three speech-language pathology assistants.

State laws vary and may differ from ASHA guidelines. Check specific state regulations to determine amount of supervision required and qualifications for supervisors of assistants in a particular state.

#### **D. Credentialing Speech-Language Pathology Assistants**

##### **1. Does ASHA credential speech-language pathology assistants?**

Not at this time. ASHA had started a voluntary registration program for speech-language pathology assistants in 2003, of which one criterion for such registration required an associate degree from a technical training program for speech-language pathology assistants. At its spring 2003 meeting, ASHA's Legislative Council passed a resolution to discontinue the registration program for speech-language pathology assistants and the approval process for speech-language pathology assistant technical training programs as of December 31, 2003, primarily due to financial reasons.

ASHA no longer has a recognition process for associate degree technical training programs for speech-language pathology assistants nor a registration process for speech-language pathology assistants. ASHA will continue to disseminate the Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants, which were revised in 2004. The revised Guidelines include recommended curriculum for training programs and a checklist for supervisors of speech-language pathology assistants that can assist in the verification of technical proficiency of the assistant.

##### **2. How does one become a speech-language pathology assistant?**

ASHA recommends completion of an associate's degree from a technical training program with a program of study designed to prepare the student to be a speech-language pathology assistant. Because the requirements for speech-language pathology support personnel vary across the country, persons interested in serving as speech-language pathology assistants should check with the state of intended employment for that state's specific requirements. State agencies (licensure boards) currently regulating support personnel have training requirements that range from a high school diploma to a baccalaureate degree plus graduate credit hours, as well as a variety of differing requirements for those supervising these individuals. In addition to state regulatory agencies, state education agencies may credential support personnel to work solely in schools to support service delivery provided by a qualified speech-language pathologist. ASHA's Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants are national in scope and can serve to promote greater uniformity in the terms used to identify speech-language pathology support personnel, training and educational requirements, and job responsibilities.

##### **3. Is continuing education required for a speech-language pathology assistant?**

Currently, ASHA does not have a continuing education requirement for speech-language pathology assistants. State laws may vary from ASHA's requirements, so check with the state of intended employment, as several states do require annual continuing education for assistants.

##### **4. Is the use of speech-language pathology assistants permitted in every state?**



No. Some states that regulate speech-language pathology do not permit the use of speech-language pathology support personnel. In addition, state departments of education may credential speech-language pathology support personnel. Some school districts hire assistants under the classification of teacher assistants. If a state regulates speech-language pathology support personnel (i.e., under the term of assistant, aide, paraprofessional, apprentice, etc.), then individuals who wish to become employed in that state must meet the state requirements for practice under a licensed and ASHA-certified speech-language pathologist. Call the state licensure board or department of education for specific state regulations. Addresses and phone numbers can be obtained through the ASHA State-by-State page.

## **E. Training Speech-Language Pathology Assistants**

### **1. Is this a career ladder?**

It could be, but it is not specifically intended as such because the associated coursework and fieldwork experiences required in the speech-language pathology assistant program typically differ from those at the bachelor's, pre-professional, or master's professional levels. Anyone interested in pursuing academic coursework and fieldwork as an assistant prior to entering the field of speech-language pathology may want to check with bachelor's degree programs and master's degree programs in speech-language pathology to determine if any courses taken in the associate degree speech-language pathology assistant program will be credited for future studies.

### **2. What information is available to help a training institution start a speech-language pathology assistant training program?**

The 2004 revised Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants include curriculum content for training of speech-language pathology assistants. (See Section G below for more information.)

### **3. Can an institution establish a speech-language pathology assistant training program in a state that prohibits the use of speech-language pathology assistants?**

Such decisions are under the purview of state agencies that have degree-granting authority and that regulate the professions. Consult with the appropriate state entity that performs such oversight to determine if starting such a program is permissible under postsecondary requirements in place and whether the program would be at variance with state law and regulations for the profession.

### **4. How can I find qualified speech-language pathology assistants?**

Call states that regulate them. Addresses and phone numbers of state licensure boards and regulatory agencies can be obtained from the ASHA State-by-State page. Another option is to call associate degree programs and institutions that train and graduate speech-language pathology assistants.

### **5. How many training programs are there for speech-language pathology assistants?**

As of March 2007, ASHA is aware of 19 operational associate degree programs for speech-language pathology assistants. Some of these programs offer training opportunities through distance learning and collaborations between community colleges

and institutions of higher education. For a self-identified list of speech-language pathology assistant training programs, contact [slpinfo@asha.org](mailto:slpinfo@asha.org).

#### **F. Reimbursing Speech-Language Pathology Assistant Services**

##### **1. Can speech-language pathologists receive reimbursement for speech-language pathology assistant services?**

Medicare policy currently does not recognize speech-language pathology assistants, regardless of the level of supervision and does not reimburse for speech-language pathology assistant services. Private insurers may cover licensed or registered speech-language pathology assistants. One must query each payer to verify coverage. Private insurers may or may not provide a different rate of reimbursement for services provided by a speech-language pathologist as opposed to a speech-language pathology assistant.

Medicaid reimbursement of speech-language pathology assistants varies from state to state. It is suggested that you contact your National Association of State Medicaid Directors to determine coverage in your state.

#### **G. Fieldwork for Speech-Language Pathology Assistant Student Trainees**

##### **Introduction**

The questions and answers below are provided to assist associate degree technical training programs for speech-language pathology assistants in establishing fieldwork arrangements that provide speech-language pathology assistant students with the technical skills for supervisors to verify their technical proficiency. This section is applicable to speech-language pathology assistant student trainees, not necessarily assistants in the employment setting.

##### **1. Should the fieldwork hours completed by speech-language pathology assistant students be performed at specific types of settings or distributed across specific age groups or disorders?**

ASHA does not specify types of settings for fieldwork or distribution of hours, but recommends that the fieldwork provides speech-language pathology assistant students with a variety of experiences with individuals with communication disorders. The intent is for training programs to have flexibility in arranging their fieldwork, and to provide speech-language pathology assistant students with experience with both children and adults in more than one setting; however, ASHA policies do not suggest a specific distribution.

##### **2. Does the minimum of 100 clock hours of fieldwork include observation hours?**

No. ASHA guidelines recommend a minimum of 100 clock hours of fieldwork that includes direct and indirect client contact activities covering all of the job responsibilities of a speech-language pathology assistant, but no observation hours. ASHA recommends that observation hours be undertaken before starting the 100 fieldwork hours. It is up to the training program to set the appropriate number of observation hours.

**3. When speech-language pathology assistant students are engaged in patient/client contact, does ASHA recommend that they receive direct supervision or indirect supervision for the specified minimum of 50% of the time?**

When engaged in patient/client contact, ASHA guidelines recommend that the speech-language pathology assistant student be supervised a minimum of 50% of the time. The patient/client contact refers to direct supervision of the speech-language pathology assistant student, which is defined as on-site, in-view observation and guidance.

**4. When speech-language pathology assistant students are placed in fieldwork settings, can they be supervised by more than one speech-language pathologist?**

Yes. ASHA recommends that each speech-language pathologist supervising the student complete a technical proficiency or skills competency checklist (or whatever specific format your institution uses for fieldwork assessments) for that particular student.

**5. Should the supervisor of a speech-language pathology assistant student in an external fieldwork placement hold a current Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA, or can he/she hold state licensure only?**

ASHA suggests that an ASHA-certified speech-language pathologist supervise the first 100 clock hours of fieldwork defined in ASHA guidelines for each speech-language pathology assistant student. Any fieldwork hours completed that are more than 100 clock hours may be under the supervision of a qualified speech-language pathologist who is either state-licensed or ASHA-certified.

**6. How many years' experience does the supervisor need to have to supervise a speech-language pathology assistant student?**

The Guidelines for Training, Use, and Supervision of Speech-Language Pathology Assistants specify that the speech-language pathology assistant must be supervised by a speech-language pathologist who has practiced speech language pathology for at least 2 years following ASHA certification.

*This page was updated on: 3/14/2008.*

*Taken from ASHA's Member's Only Web site:*

*[http://www.asha.org/members/slp/faqs/faq\\_slpasst](http://www.asha.org/members/slp/faqs/faq_slpasst)*