

Position Classification Standard for Speech Pathology and Audiology Series, GS-0665

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SERIES DEFINITION

This series covers positions involving professional work in the study and/or treatment of human communications disorders, as reflected in impaired hearing, voice, language, or speech. The work requires professional knowledge of the nature of these disorders, their causes, and methods of therapeutic treatment. The work involves any one or a combination of the following functions: (1) providing direct clinical services in the evaluation and resolution of communications disorders; (2) providing graduate level training in communications disorders; (3) planning and administering a comprehensive program for evaluating and treating communications disorders; and (4) planning, administering, and performing laboratory and clinical research in communications disorders.

EXCLUSIONS

1. Speech or hearing technician positions assigned work which does not require a full professional knowledge of audiology or speech pathology are not included in this series. Speech or hearing technicians typically perform nonprofessional supportive work to assist speech pathologists or audiologists. They are most often employed to conduct basic tests to screen groups of people for possible speech or hearing defects. Some are also assigned limited therapeutic work with groups of patients to drill them in specified remedial exercises. Technicians work under supervision but without professional responsibility for interpreting diagnostic test results or evaluating patient progress. Their experience and training equip them for this kind of prescribed activity but not for the full professional range and depth of work. Such positions will be classified in the [Health Aid and Technician Series, GS-0640](#).
2. Educational institutions may employ speech pathologists and audiologists, educational specialists, or both, to work with communications-impaired students. While both types of positions involve providing services to students with communications disorders, the scope and purpose of duties and the paramount qualifications required are different. Therefore, positions involving remedial work with such students must be carefully analyzed to determine proper classification. Speech pathologists and audiologists screen, identify, evaluate, and treat communications disorders. They attempt to correct or alleviate speech, language, or hearing impairments through planned courses of therapy. Some speech pathologists and audiologists develop therapeutic exercises, especially for very young patients, that supplement the educational process. The principal purpose of such exercises, however, is to alleviate or minimize physical handicaps resulting from speech, language, or hearing impairments. Their professional training to accomplish this work has provided knowledge of organic and functional causes of communications impairment, and methods of treatment. On the other hand, special education teachers who work with handicapped children are principally involved with their educational development. They use special methods to teach impaired students, and the paramount qualifications required are educational in nature. Positions for which the primary purpose is to teach academic subjects to communications-handicapped students are classified in the [Education and Vocational](#)

[Training Series, GS-1710](#), to reflect the scope of duties and the paramount qualifications required.

3. Positions that involve studying individual or group behavior to better understand personality and motivational factors and to influence redirection or change in behavior are properly classified in the [Psychology Series, GS-0180](#). Psychologists, especially those in a clinical setting who deal with individual personality problems, are often concerned with those aspects of behavior relating to communication. However, their work is not geared to the specifics of identifying type and degree of communications impairment and designing therapeutic treatment or recommending devices to restore communications capability.

COVERAGE OF THE SERIES

This series is appropriate for positions requiring full professional knowledge of speech pathology or audiology that are engaged in any of the following work functions: (1) direct services, (2) training, (3) research, and (4) administration. These functions are described briefly below:

Direct services involves providing speech, language, and hearing evaluation and therapy to communications-impaired individuals. Speech pathologists and audiologists involved in direct services assignments are often referred to as "clinicians."

Training involves planning, coordinating, presenting, and evaluating graduate-level training courses offered to further the professional growth of graduate students by providing an organized practicum in specialized areas of speech pathology and audiology. In some medical settings, speech pathologists design training courses for resident physicians. Positions concerned with training activities ordinarily require extensive contact and coordination with colleges, universities, with other specialists in the medical profession, and with medical and hospital administrators.

Research involves designing and performing specialized, directive studies in order to further basic knowledge and professional operations. Some research studies lead to new theoretical bases for professional work. Others involve developing new clinical approaches and tools. Such activities may be performed in conjunction with or separated from direct clinical services.

Administration involves the overall guidance of programs of direct services, training, or research. Administrators are primarily concerned with planning programs to accomplish objectives, organizing and directing the work of others, coordinating programs with those in related areas, and evaluating total operations.

COVERAGE OF THE STANDARD

The grade-level criteria outlined in this standard apply primarily to nonsupervisory positions engaged in providing direct services in the evaluation and treatment of speech and hearing disorders. Positions which involve duties that include direct services work in combination with other functions should be evaluated by reference both to the grade-level criteria in this standard and to those contained in other appropriate standards.

This standard provides specific grade-level criteria for grades GS-9 through GS-12. Criteria for grades above GS-12 are not provided because such positions are too few in number and too individualized for the development of separate specific grade-level guidance. However, positions having duties and responsibilities that clearly and significantly exceed the criteria for grade GS-12 should be classified to the appropriate higher grade by extension of the criteria in this standard and the application of sound classification principles.

Another type of position is that of "sole worker" in organizational settings where there is no specialized, professional guidance or technical review of work. Some sole worker positions are exclusively involved in offering a comprehensive program of direct clinical service in speech pathology or audiology. Other positions, in addition to providing clinical service, are also involved in other functions such as designing practicum for graduate students or conducting specialized research projects.

An evaluation of sole worker positions should take into account the degree of program responsibility that is vested in the job in terms of the responsibility for planning, coordinating, promoting, and carrying out the program. This, of course, supplements an evaluation of the complexity and responsibility of the casework involved as measured by the criteria in this standard.

Positions in which there are significant supervisory responsibilities and a definite qualification requirement for supervisory knowledge and skills are evaluated by reference to the [General Schedule Supervisory Guide](#).

Assignments involving training activities will be evaluated by reference to the [Grade Level Guide for Instructional Work](#).

Assignments involving research activities are evaluated according to the [Research Grade Evaluation Guide](#).

Assignments concerned with the administration of research or training grants are evaluated according to the [Research Grants Grade Evaluation Guide](#).

OCCUPATIONAL INFORMATION

Speech pathologists and audiologists perform in a number of settings including hospitals, clinics, rehabilitation centers, and educational institutions. Regardless of the work environment, the essential element is continuing involvement in the study, evaluation and/or treatment of disorders and impairments to communicative organs or processes that constitute significant physical and social handicaps. Speech pathologists and audiologists study communications abnormalities that present serious problems to social contacts, educational development, and employment opportunities. In providing direct services, they utilize diagnostic and therapeutic techniques to identify and resolve or minimize these problems. Thus, the training and role of the speech or hearing specialist differentiate him from specialists in other areas of speech or hearing improvement which are not concerned with the same scope or depth of problems.

Speech pathologists are chiefly involved in the study, evaluation and/or treatment of individuals with disorders in the comprehension and production of speech and language. Speech and language impairments may result from organic causes such as birth defects, illness, or accident, or may be functional in nature and related to mental or emotional problems, learning deficits or social deprivation. Impairments of the speaking process include disorders in (1) fluency (stuttering), (2) articulation (distortion of speech sounds), or (3) phonation (defects in pitch, intensity, and timbre). In addition to these, there are disorders in symbolization (aphasia), the process of associating thoughts with language and linguistic symbols.

Some individuals manifest only one type of disorder. Others have multiple speech and language impairments. Still others have other physical or mental handicaps as well as speech and language impairments. Speech pathologists identify the communications difficulties confronting a patient, and they provide therapy designed to precipitate and enhance the recovery process. Since speech pathologists often have the most direct rapport with these individuals, they communicate the patient's needs, feelings, and progress to other members of the rehabilitation team. They also foster attitudes to support the patient and his family until his optimum recovery level is achieved.

Audiologists are chiefly involved in identifying, evaluating, and/or treating individuals with disorders in the reception and perception of speech, language, and other acoustic signals. The principal types of hearing disorders are discussed briefly below:

- (1) *Conductive* hearing losses stem primarily from obstruction or damage in the middle ear. A conductive hearing loss affects the intensity of sound received.
- (2) *Sensory-neural* hearing impairments are caused by deterioration or damage to end organs or nerves that make up the auditory system. Such deterioration or damage may occur in the inner ear or may be located in the brain stem or brain. Sensory-neural hearing losses generally result in both loss of sound intensity and in distortion of what sound is heard.
- (3) *Mixed* impairments are hearing losses resulting from a combination of both conductive and sensory-neural elements.

- (4) *Non-organic* hearing losses are those which appear to have no basis in physical impairment. They are functional and related to emotional or unknown factors.

Audiologists are responsible for assessing both the degree and the nature of hearing loss, and for deciding whether remedial measures, such as hearing aids, will be effective. They function as consultants and resource specialists to physicians, educators and others by defining the limits of effective hearing and recommending corrective action. In cases where the hearing loss is caused by pathology, such as infection or brain tumor, audiologists assist medical specialists by conducting specialized tests to locate the site of the pathology.

In addition to maintaining and calibrating audiometric test instruments, audiologists are also specialists in mechanical restorative devices that amplify sound artificially. They determine the need for hearing aids, select appropriate types depending on the kind and degree of hearing loss, and make the necessary fittings and adjustments to the hearing-impaired individual. They instruct new wearers in the proper uses and maintenance of hearing aids, and explain the limitations that the wearer will encounter with artificially amplified sound. Audiologists also counsel hearing-impaired patients about the causes and limitations of hearing disorders, and design and conduct aural rehabilitation training programs to teach speech reading and the conservation of remaining hearing resources.

In working with children, speech pathologists and audiologists plan therapy sessions designed to promote normal educational and social development through teaching maximum use of the impaired organs. Courses of therapy for adults are designed to help return them, especially in cases where the impairment has disrupted otherwise fully-functioning individuals, to productive and satisfying lives.

Because of the interrelated nature of many speech and hearing problems, and of the communications process itself, speech pathologists and audiologists work closely together to determine the full extent of communicative loss, and coordinate treatment procedures to minimize handicaps. For example, a hearing loss which involves distortion of the sounds an individual perceives will also be reflected in abnormal speech patterns, and these problems must be treated in conjunction with each other to restore maximum capabilities.

Speech pathologists and audiologists are professional specialists in the study, evaluation, and treatment of speech, language, and hearing disorders. In a hospital setting, these professional specialists customarily see patients in a consultative capacity to physicians. Speech pathologists and audiologists have full professional responsibility for their evaluations and recommendations in the area of communications impairments. They work in conjunction with professional persons in other disciplines to deal with complex communications and adjustment problems associated with multiple handicaps.

TITLES

The following basic titles are authorized for positions placed in this series:

- Speech Pathologist for those positions that primarily involve identifying, evaluating and treating disorders in the comprehension and production of speech and language.
- Audiologist for those positions that primarily involve identifying and evaluating hearing disorders, and recommending and carrying out corrective measures.
- Audiologist/Speech Pathologist. -- The combined title is used for positions involving work in both specialties and when the scope of duties requires a significant level of professional competence in each. It is also an appropriate title for positions involving overall program direction of both speech pathology and audiology service, training, or research activities.

Positions engaged primarily in research will be titled by adding the prefix "Research" to the basic title, e.g., Research Audiologist.

Positions involving supervisory duties significant enough to require supervisory qualifications will be titled by adding the "Supervisory" prefix to the basic title, e.g., Supervisory Speech Pathologist. When a position involves some supervision over coworkers as a "team leader" but supervisory duties are not significant and continuing in terms of technical and administrative control of personnel and work processes, the supervisory title is not appropriate.

CLASSIFICATION CRITERIA

Although speech pathologists and audiologists are concerned with different aspects of human communication, the same broad criteria can be used to distinguish levels of difficulty for both specialties. These broad criteria are: (1) Nature of the Assignment, and (2) Level of Responsibility. The factors discussed below in general terms are treated more fully at each grade level.

Speech pathologists and audiologists acquire the basic qualifications through appropriate graduate level study. This study provides knowledge of the nature and causes of speech, language, and/or hearing disorders; ability to evaluate a variety of communications impairments; and skill in carrying out rehabilitative therapy. As caseload difficulty increases, greater degrees of professional knowledge, skill, and ability are required to identify, evaluate, and provide therapy for communications disorders. Higher levels of skill in offering direct clinical services are reflected in greater professional responsibility for the conduct of cases.

Differences in the level of professional qualifications required are thus reflected in the two classification criteria, Nature of the Assignment and Level of Responsibility. Qualifications are not therefore treated as a separate element in the grade-level descriptions.

Nature of the assignment

This factor measures the scope and difficulty of work assigned, and the skills and knowledge required to complete it. Work assignments vary according to (1) the severity of the communications disorder, (2) type of patient, and (3) difficulty and complexity of other handicaps present.

Each of these three elements covers a range of difficulty. The level of difficulty of each element, as well as the way the elements combine in individual cases, reflect the complexity of each work assignment. At the lower end of this scale of difficulty speech pathologists and audiologists deal with relatively mild, easily defined communications disorders, such as partial hearing loss or articulation difficulties, which hamper but do not preclude contact with others and with one's environment. At the upper end of this scale they treat severe cases where the language and/or hearing, emotional and mental problems make rehabilitative procedures difficult to define, and prognoses unpredictable.

Patients who are mature, well-oriented, stable and have the ability and willingness to cooperate in the therapy process usually present fewer difficulties than very young patients or those who exhibit severe mental or emotional problems, either in addition to or stemming from their communications disorder. Specialists work with patients whose speech, language, or hearing impairment is the only substantial disorder, or they serve on a team to provide a total rehabilitation program to resolve multiple handicaps.

The difficulty of the caseload in general will require proportionate levels of professional skill and judgment. The more difficult the assignment, the more knowledge and skill are required to select and interpret diagnostic tests and to plan and conduct a course of therapy. The requirement for counseling skill to help the patient and his family adjust to the impairment also increases with the difficulty of the caseload. Finally, the level and purpose of contacts with other professionals (physicians, psychologists, social workers, and other specialists) become most significant when assigned patients have multiple disabilities.

Level of responsibility

The extent of supervisory guidance and review of work is a measure of the independence of action and continuing responsibility a nonsupervisory worker has for (1) identifying, (2) evaluating, and (3) resolving communications impairments.

Supervisory control over the work is exercised through selecting cases, monitoring evaluation and testing sessions, reviewing evaluation reports, periodic progress discussions during a course of therapy, and through consultation on problem areas. Control can vary from close review of each step in the diagnostic, evaluation, and treatment process to a very general review of cases in terms of the results obtained.

EVALUATION NOTES

This standard does not attempt to describe all the patterns of nonsupervisory assignments which exist now or which may be established in the future. The grade-level progression described is based on increasing difficulty of assignments in combination with progressive levels of delegated professional responsibility for carrying them out. However, because of the character of the patient population in many work situations, it is neither feasible nor necessary to portray in the standard all of the combinations of casework assignments and delegations of responsibility.

In many situations, substantially all the patients served exhibit serious communication handicaps. It is not practicable in this instance to sort out and distribute cases to the staff according to the level of professional development of each staff member. Rather, it is usually the practice for every staff member to be assigned all but the most difficult speech or hearing disorders.

Even in situations where caseloads include a variety of disorders, it is not always possible to screen referrals in advance according to their difficulty and complexity. Cases that manifest unexpected difficulties which are initially assigned to less experienced clinicians may sometimes be transferred to a more experienced specialist. More often, increased supervisory control is given.

SPEECH PATHOLOGIST, GS-0665-09

AUDIOLOGIST, GS-0665-09

This is a developmental level. Specialists are given assignments designed to expose them to various types of communications disorders and to further develop professional judgment and capabilities. Developmental assignments usually include different kinds of impairment, but their complexity depends largely on the patient population. Initially, GS-9 speech pathologists and audiologists receive close supervision by higher level specialists during the total evaluation and treatment process. Supervision becomes progressively more general as the specialist develops his capabilities. Some GS-9 speech pathologists and audiologists are assigned more difficult casework such as that described at the GS-11 level, under close and continuing guidance and supervision.

Nature of assignment

SPEECH PATHOLOGIST

GS-9 speech pathologists are assigned patients with a variety of different kinds of impairments, in order to broaden their experience and increase their skills. However, while the disorders constituting GS-9 assignments are significant enough to hamper oral communications, they are not so severe as to make speech unintelligible. Patients typically are well-oriented, and willing and able to cooperate in a therapeutic situation. The speech or language impairment is normally the only substantial handicap affecting the patient. GS-9 speech pathologists administer

commonly-used diagnostic tests to determine verbal capabilities and conduct therapy sessions for assigned patients.

AUDIOLOGIST

GS-9 audiologists perform a variety of developmental assignments such as routine examining of patients to establish whether or not their hearing is within normal limits. They perform basic audiometric testing (pure tone and speech reception tests) to establish hearing limits, and administer more specialized tests to those patients whose initial reactions indicate hearing loss. GS-9 audiologists select and fit hearing aids for impaired patients, and conduct speech reading and auditory training sessions for patients who have been fitted with hearing aids. Patients assigned to GS-9 audiologists do not have complicating factors such as unwillingness or inability to cooperate in the treatment process, and their hearing impairment is the only substantial physical disorder

Level of responsibility

Initially, GS-9 speech pathologists and audiologists work under close supervision of higher grade specialists. They administer commonly-used diagnostic tests (basic audiometric and speech tests) independently, but receive guidance in interpreting test results, in selecting more specialized diagnostic measures, and in evaluating the extent of the speech or hearing impairment. As GS-9 specialists progressively develop their capabilities they interpret diagnostic tests and evaluate the less complex impairments independently. They conduct speech therapy or aural rehabilitation sessions, but do not plan entire therapeutic programs without guidance. When assigned more complex cases such as those described at the GS-11 level, GS-9 specialists continue to receive close supervision during all phases of the diagnostic and treatment process. Higher grade specialists review and discuss work to give added professional insights into the dimensions of each assignment.

SPEECH PATHOLOGIST, GS-0665-11

AUDIOLOGIST, GS-0665-11

At this level, specialists diagnose and provide therapy for a variety of speech, language and hearing disorders including impairments that are severe and often are in addition to other physical or mental handicaps. Some work situations include more varieties of disorders than others; however, the significant aspect of work at the GS-11 level is the continuing responsibility for treating serious communications impairments, rather than the variety of impairments alone. These assignments differ from those at GS-9 in that GS-11 specialists treat seriously debilitating speech, language, or hearing impairments with professional responsibility for evaluating the disorder and planning a course of treatment. They are under the general supervision of higher grade specialists who review work, provide guidance, and are available for consultation and help on unusual problems.

*Nature of assignment***SPEECH PATHOLOGIST**

GS-11 speech pathologists provide diagnostic, evaluative and therapeutic services for a variety of patients including those who have speech and/or language handicaps that constitute serious barriers to communication with others. The severity of a speech or language impairment does not rest primarily on the category of disorder, but on the extent of difficulty it presents in the process of verbal communication, and on the adverse effect it may have on individual personalities. Serious speech or language disorders are those which greatly hamper academic achievement, productive capacity, social relations, and thus the level of contact an individual maintains with his environment.

Following are some examples of different kinds of speech and language disorders which are significantly debilitating in terms of verbal communication processes:

- articulation impairments that are the result of extensive facial or vocal cord paralysis, causing inability to form basic speech sounds;
- loss of voice following surgical removal of vocal cords (laryngectomy) necessitating esophageal speech or the use of an electronic voice substitute;
- cleft palate disorders, which are congenital and require training for improved articulation and voice production;
- stuttering (defects in speech fluency) which seems to be aggravated by psychological trauma;
- aphasia, or the impairment of ability to translate thought into language, brought about by brain damage.

GS-11 speech pathologists independently evaluate patients to determine the nature and extent of speech or language impairment. They select, administer, and interpret diagnostic tests to evaluate nonverbal abilities, speech levels, articulation errors, and language abilities. GS-11 speech pathologists formulate individual or group therapy plans best suited to each situation, and conduct ongoing therapy.

While GS-11 specialists in most cases work with patients who are well-oriented and positively motivated, they are required to employ counseling skills in promoting a therapeutic relationship that will maximize patient progress. GS-11 assignments often include patients who have complicating impairments such as partial paralysis or emotional stress, but the speech or language disorder is typically the primary handicap to be resolved.

AUDIOLOGIST

GS-11 audiologists provide audiometric testing, evaluation, and remedial services for patients with a variety of hearing losses, ranging from slight losses in sound intensity where the patient can still hear normal speech to substantial losses both in the reception and perception of sound. The latter type of hearing impairment is characterized by changes in intensity and by distortion of the sounds heard, thus constituting a serious barrier to effective communication.

GS-11 audiologists administer and interpret diagnostic tests to assess both the degree and nature of hearing loss present. They utilize basic diagnostic procedures for establishing the limits of effective hearing, and also employ more specialized audiometric tests to assist in isolating probable causes of the hearing impairment, such as infection or obstruction in the middle ear versus nerve damage or deterioration in the inner ear. Diagnostic work is more complicated than at the GS-9 level in that the GS-11 audiologist independently administers and interprets a greater variety of audiometric tests. GS-11 specialists must also evaluate hearing for patients with complicating conditions such as speech impairments or emotional stress, but the hearing disorder is typically the primary impairment to be corrected. GS-11 audiologists must also be able to determine whether or not a patient is responding reliably to diagnostic tests.

GS-11 audiologists evaluate total hearing resources and recommend remedial measures. They select appropriate hearing aids based on their evaluation of the type and degree of hearing loss, and fit them to the patient. They counsel patients about the origin and extent of their auditory problems, and conduct programs of aural rehabilitation to conserve remaining hearing resources.

Level of responsibility

GS-11 speech pathologists and audiologists typically are assigned continuing responsibility for a group of patients with communications impairments as described above. Within their areas of assignment, they are responsible for professional judgments and apply standard theories, procedures, diagnostic measures, and professional practices.

While GS-11 speech pathologists and audiologists periodically report progress on individual cases to a higher level specialist, they seek assistance only on problem situations. For example, when there has been no apparent positive response to conventional therapeutic techniques, the GS-11 specialist discusses the case with the supervisor who suggests new approaches or types of therapy to be used. Also, the GS-11 typically refers to higher level specialists decisions to admit patients to therapy, or to discontinue therapy when optimum level has been reached. GS-11 audiologists seek assistance from higher level specialists in situations where determination of hearing impairment is greatly complicated by conflicting diagnostic results.

SPEECH PATHOLOGIST, GS-0665-12

AUDIOLOGIST, GS-0665-12

GS-12 speech pathologists and audiologists have full professional responsibility for cases that are difficult and complex, both in terms of the severity of the communications impairment and the presence of complicating physical and emotional factors that impinge on the treatment process. Communications disorders encountered at the GS-12 level are more serious than those treated by GS-11 specialists because they often involve total loss, and because they have a close interrelationship with other physical or mental handicaps. Patients often are uncooperative and require special counseling skills. GS-12 specialists are responsible for the professional soundness of their recommendations and treatment of these difficult cases. Technical supervision over GS-12 specialists is minimal and consultative in nature.

Nature of assignment

SPEECH PATHOLOGIST

A significant and continuing portion of GS-12 speech pathologist assignments consist of difficult and complex cases in terms of the severity of the handicap and the adverse effect of the handicap on the individual's personality. Speech and language disorders treated by GS-12 speech pathologists typically involve a total loss of oral communication abilities combined with other physical or mental handicaps that complicate the treatment situation. For example, GS-12 specialists are assigned cases such as the following:

- cerebral palsied children who as a result of brain and neuromotor damage are unable either to articulate speech sounds intelligibly or to coordinate facial and body movement;
- stroke or brain-damaged patients whose injury has resulted in aphasia, coupled with extensive paralysis that has significantly reduced ability to produce speech sounds;
- patients undergoing treatment of mental illness who also manifest severe stuttering problems;
- retarded children who are also aphasic and unable to express or comprehend language.

Cases involving such multiple disorders are more difficult than those assigned to GS-11 specialists both in terms of the problems themselves and in terms of the difficulty in developing therapeutic relationships because the patients are likely to be disoriented and unable or unwilling to cooperate. For example, a patient exhibiting suicidal tendencies requires close observation and consultation with psychiatrists and psychologists. Patients whose recovery is seriously impeded by family problems such as negative reaction to the disability or refusal to accept them back require intensive counseling both of patient and family members.

AUDIOLOGIST

GS-12 audiologists perform the full range of professional work with emphasis on the more difficult and complex diagnostic and evaluative work. The cases assigned are difficult because of the range of testing required to ascertain type and degree of hearing loss and because of adverse conditions affecting the evaluation process. They evaluate individual hearing resources in the following types of cases:

- diagnostic test responses that are significantly inconsistent or conflicting, requiring careful selection and interpretation or further diagnostic measures to evaluate hearing;
- cases of suspected central nervous system pathology (brain tumor) which require specialized diagnostic measures to assist in locating the site of lesion;
- testing and hearing evaluation for patients with multiple handicaps that hamper the diagnosis such as brain damaged or mentally ill patients unable to react normally to tests, or children with congenital hearing defects that distort all sound perceived.

GS-12 audiologists also provide professional counsel in these difficult cases to minimize the patients' fears of the testing process, and of disability in general, and to explain what corrective measures are possible. Specialists at this level also formulate ongoing aural rehabilitation plans, design training plans, and develop techniques to help the impaired individual better utilize his remaining communications resources.

Level of responsibility

At the GS-12 level, both speech pathologists and audiologists operate as experienced professionals, with full responsibility for the technical accuracy of their patient evaluations and the soundness of their recommendations. Effective working relations with other specialists such as physicians, psychologists, educators and social workers are vital in maintaining a coordinated treatment program or those with multiple handicaps, and the GS-12 specialist is regarded as a professional partner in this process. Supervision over GS-12 audiologists and speech pathologists is administrative and consultative in nature. GS-12 specialists inform their superiors about progress on unusual cases, but are responsible for planning and carrying out treatment for the full range of communications disorders.