

**Caseload Management and Best Practices.
Summary of Recommendations by SD61 Speech Language Pathologists
(meetings of February 2 – 6, 2009); revised September 2018**

Current Status

- Approximately 150 student per FTE
- Unmanageable - causing such problems as difficulty providing:
 - adequate service
 - adequate communication with teachers, EAs and parents
 - adequate documentation, and maintaining records
 - staff morale and both retaining and hiring personnel.

History of the profession

Speech-language pathology is a relatively young profession that has seen dramatic changes over the last three decades. We have a new understanding of the critical role of speaking and listening skills as they pertain to literacy. Enormous advances have been made in services to students with special needs most notably in the benefits of a rich communication program, alternative communication and social communication. Not only have the caseload numbers doubled, but the complexity of the cases and the expectations of the profession of speech language pathology have increased exponentially, especially from parents who may have received intense pre-school and outside school services.

We now routinely address the following areas:

Speech	Voice	Fluency	Phonological awareness	Vocabulary
Grammar	Social language skills		Narrative	Verbal reasoning
Alternative communication				

Recommendations for Best Practice

It is recommended that the speech language pathologists of Greater Victoria School District, following the Preferred Practice Guidelines from a B.C. ministry review (Nov. 2008) and professional association recommendations, ***will carry a caseload of 20-25 students per 1.0 FTE across schools at any time. Over the course of a school year, the cumulative number of active students will be considerably higher than the cap of 20-25 active at one time. Additionally, there will NOT be a cap on the number of inactive students on the caseload.*** This is because the SLPs are an integral part of the education team and are frequently asked for input on cases. We believe this to be a valuable component of our service. The inactive caseload will be divided into:

- students on the waitlist for therapy, consultation, assessment and monitoring;
- students who are being actively monitored, and
- students who are monitored on request.

After 2 years of no service, students on the inactive caseload will be discharged.

Sometimes speech language services are judged by the amount of direct face to face contact. When best practices are in place, all services deemed appropriate to the student are provided, including paperwork, consultation with parents, staff and other agencies, IEPs, program planning, etc... All of these aspects of our work are critical to effective and efficient delivery of service.

When a student is referred, the following services may be provided: screening, assessment, analysis of data, file review, diagnosis, report/letter writing, therapy, program planning and preparation, record keeping, consultation, monitoring, scheduling, ordering and finding appropriate materials, face to face meetings with school personnel, parents, other professionals, e-mails and phone calls.

As per the Preferred Practices Guidelines (2008) approximately 75% of school days will be spent on services that can be directly related to specific students, and 25% of school days will be on critical services relating to groups of students, as well as other professional responsibilities.

Year

- Time will be taken at the beginning of each year to monitor cases.
- Kindergarten screenings will take place in Oct./Nov. each year in every elementary school upon recommendation by the School Base Team.
- Some SLPs and SBTs may choose the CAM model which has 3 weeks of therapy followed by 1 week of Consultation, Assessment and Monitoring
- Most SLPs will take the equivalent of one of the 5 slots in a day for CAM

Day

- The therapy days will include 4-5 therapy sessions.

The suggested guidelines for these sessions might include:

1 x speech sound disorders;

1 x language;

1 x students requiring 2-3 sessions followed by provision of a home or school program;

1 x students who are low or high incidence with a language level above 2 word utterance;

1 x student/group for social cognition.

Managing referrals

--It is recommended that kindergarten students not be referred until after the kindergarten screening which will be done in every elementary school during October and November. This allows the SLP to make recommendations regarding appropriate and manageable referrals. Designated K students or those who have received extensive S-LP services prior to K can be referred immediately following a discussion with the school S-LP.

--There is a guideline of 3 months between referral and assessment.

--It is recommended that no more than 10% of the K-3 school population in an elementary school be referred in any one year. Referrals can be made for assessment and/or consultation with reporting back to school.

- It is also recommended that no referrals be made to the SLP until the student has been discussed with the SLP.
- Referrals for children in Grades 5 and 8 should not be made after January.
- Have a conversation with SBRTs re prioritizing and school priorities and the realities of time constraints for services.

Low incidence

Students whose spontaneous communication skills in any modality are below 2 word utterances will be seen on a consultation only basis. A start-up pack for students within this population will be provided by the SLP.

Because of time constraints, SLPs will continue to attend at least 1 IEP early in a student's school career, but future attendance will be dependent on other caseload demands. The SLP should have input into the communication goals of a student on their caseload.

Reporting to Schools

A report of the names of students on the caseload and their service status will be given to the school at least twice a year, initially in September or October and then again in May or June.

General Documentation

The following documentation will be mandatory and done in a timely fashion:

- An assessment report, which may be incorporated with a therapy report in the first year.
- Annual documentation on every student on the caseload every year;
- A discharge report for every grade 5, 8 and 12 student.

Other documentation which is not mandatory will be at the discretion of the SLP.

Support to schools with extremely heavy demands

It is recommended that materials for each of the main communication areas be put in each school for teachers, EAs and parents to access on an ongoing basis with some training from the school SLP.

Technology, phone and space needs

See separate report

Materials

Therapy materials and templates for documentation have been prepared and will be updated on a continuous basis to ensure maximum efficiency of services. They will be posted on Blackboard or a similar system for access by the SLPs.