

Speech-Language Pathology and IDEA

Evaluation and Eligibility for
Speech-Language Impairment

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Foreword

Every day, Speech-Language Pathologists (SLPs) in schools make decisions that can shape a student's educational trajectory. As gatekeepers to speech-language services, they use their specialized knowledge and expertise to determine which students qualify for support for communication disorders. Their role extends far beyond speech alone: SLPs understand how language influences literacy, social communication, and the functional and adaptive skills students need to succeed in school. Following the COVID-19 pandemic in 2020, referrals for speech-language services increased significantly as early intervention programs and school-based screenings were disrupted, paused, or moved online during lockdowns (Stahnke, 2024). This surge placed additional demands on school-based SLPs, who were tasked with making increasingly complex decisions about whether students' language difficulties were adversely affecting learning and classroom participation.

As demands on school-based SLPs have grown and eligibility decisions have become increasingly complex, the need for clear guidance on navigating the evaluation and eligibility process has never been greater. It is precisely this need that makes Angie Neal's contributions to the field both timely and invaluable. During my tenure as Senior Director of School Services in Speech-Language Pathology at the American Speech-Language-Hearing Association (ASHA), I had the privilege of attending several presentations delivered by Neal on evaluation and eligibility in school-based speech-language pathology. She has an innate ability to weave her school-based SLP experiences with her current role working within a state education agency to illustrate the "how" and "why" of what SLPs can and should do to contribute to the eligibility and evaluation processes. What struck me the most in her presenta-

tions, articles, and roles on panels is her ability to translate complex legal and educational requirements into practical guidance that resonate with practitioners. Neal explains the eligibility process through IDEA's three-pronged framework with remarkable clarity, thereby helping SLPs understand not only the requirements themselves but also the professional judgment needed to apply them effectively.

While the framework may appear straightforward on paper, eligibility determinations are often far more nuanced in practice. Factors such as differences in language exposure and enrichment opportunities, multilingual language development, cognitive abilities, and attentional challenges can complicate decisions as to whether a student's communication difficulties constitute a disability that adversely affects educational performance. Neal has a remarkable ability to help professionals navigate these complexities, balancing legal requirements with clinical expertise and educational relevance.

For school-based SLPs, a thorough understanding of the Individuals with Disabilities Education Act (IDEA) is essential, as it provides the foundation for every eligibility determination. Grounded in this framework, SLPs are better equipped to make informed, defensible decisions that distinguish communication differences from disabilities and identify students who require special education and related services. Ultimately, this understanding helps ensure that students receive the supports and specialized instruction necessary to access, participate in, and benefit from their educational environment.

Building on this foundation, Neal offers practical guidance for evaluating students for speech-language impairment, emphasizing a comprehensive, holistic approach to assessment. She highlights the importance of using

a range of formal and informal measures to accurately identify areas of concern while also considering the broader educational context in which these difficulties occur. In addition, she underscores the value of collaborative evaluation practices in determining the overall educational impact of a student's disability, reinforcing the need for shared professional judgment in eligibility decisions.

In *Speech-Language Pathology and IDEA: Evaluation and Eligibility for Speech-Language Impairment*, Neal skillfully bridges the gap between policy and practice, illustrating how SLPs contribute far more than assessment results to the eligibility process. She provides a thoughtful examination of the IDEA principles that guide SLPs through the evaluation and eligibility process, while also highlighting their unique expertise in understanding how communication influences academic achievement, social participation, and access to educational opportunities. She emphasizes the multifaceted roles and responsibilities of

SLPs as members of the Individualized Education Program (IEP) team and underscores the importance of their contributions and expertise to inform/contribute to the collaborative decision-making, and analyzation of existing data and supporting documentation, to determine if a student needs special education and related services/specialized instruction. What makes this text particularly valuable is its recognition that eligibility decisions and evaluation processes are rarely straightforward.

Through authentic case scenarios and thoughtful discussion, Neal invites readers to examine the evidence, consider multiple perspectives, and reflect on the professional judgment required to make decisions that can profoundly impact a student's educational experience. In doing so, she elevates the conversation beyond compliance and procedural requirements, emphasizing the responsibility SLPs have in ensuring that decisions remain equitable, student-centered, and educationally meaningful.

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Association

Prologue

When setting out to write a book about speech-language pathology (SLP) in schools and the federal laws that dictate those services, I was reminded of a sentence from one of my favorite children's books, *The Book With No Pictures*, by B.J. Novak: "It probably sounds boring and serious. Except . . . Here's how books work: Everything the words say, the person reading the book *has to say*." However, in this case, instead of being something the reader has to *say*, it is something the reader has to *do*. That is because these federal laws are no different from copyright and patent laws, federal crime statutes, the Family Medical Leave Act, and the Fair Labor Standards Act. In other words, these are laws that SLPs working in schools must know and follow. SLPs who work with school-aged children *in other settings* will also gain valuable information about how school-based services differ from other settings. Likewise, administrators and special education directors who work closely with school-based SLPs and are familiar with these laws (i.e., administrators, directors of special education) will gain insight into how these laws intersect with evidence-based practices in the field of SLP.

This book is not meant to replace graduate-level textbooks used in SLP preparation programs for SLPs. Instead, it connects the foundational knowledge taught in those courses with the federal laws that apply only to the school setting. For example, there are four chapters dedicated exclusively to evaluation

and eligibility in the areas of speech sound production, language, fluency, and voice. Graduate programs typically devote entire semesters to each of these areas. What this text provides is a clear link between that foundational knowledge to practical application within the boundaries of federal requirements.

This text also incorporates recent and related research to support collaboration with the variety of school personnel that are part of the school-based SLP's team. Every decision made in the school setting is made by a team. As such, there are three chapters dedicated to specifically collaborative evaluations. In addition, strategies for working in partnership with other members of the school team are woven throughout the text.

As researcher Brene Brown is quoted as saying, "Clear is kind." By offering transparent, comprehensive information, my goal is to give school-based SLPs the clarity they need to thrive in one of the most meaningful, worthwhile, life-changing careers. I believe deeply in the significant impact that SLPs have on students' lives and the field of education as a whole. My hope is that this book fills in gaps in knowledge that will allow SLPs to focus on the joy of working with students on what matters most to them. For that reason, many resources, samples, case scenarios and discussion questions, links, as well as other tools have been provided in the chapters, appendices, and on the PluralPlus Companion Website to support school-based SLPs.

SLPs in Schools

Introduction

This chapter provides a clear and comprehensive understanding of the differences between the provision of speech-language pathology (SLP) services and personnel in the school setting and in other settings. SLPs are health care professionals with diverse training and expertise in identifying, assessing, and treating speech and language problems across the life span. This includes working with individuals with speech sound production disorders; language disorders; fluency and voice disorders; cognitive disorders, including dementia; and swallowing disorders. SLPs are employed in colleges and universities; K–12 schools; early intervention programs; and health care settings such as hospitals, outpatient clinics, residential health care facilities, and private practices.

Speech-Language Pathology and IDEA seeks to provide clarity regarding the federal laws that guide school-based services within the scope of practice for speech-language pathology. This includes making connections to collaboration and evidence-based practice across the categories of disability to improve outcomes for students with a disability. In addition, this text clarifies key components of evaluation and eligibility for the identification of a student with a speech-language impairment as well as the SLP's role in the evaluation and eligibility for other categories of disability. This text will go in-depth on the SLP's

contribution to collaborative evaluations for suspicion of developmental delay, autism, and specific learning disability. These three categories of disability are certainly not the only evaluations for which the school-based SLP can or should be part of, but they are the ones that school-based SLPs are most frequently involved in supporting. Case scenarios and discussion questions posed at the end of each chapter support a thorough understanding and application of the laws in conjunction with current evidence in the field. This text seeks to provide unambiguous information about the data that should be gathered by SLPs working in school settings which is different from other settings and necessary for compliance with federal laws. A thorough appendix includes a wide variety of tools to assist SLPs with evaluation and eligibility in compliance with federal law, and will be available on the PluralPlus companion website.

Preparing SLPs to Work in Schools

The American Speech-Language-Hearing Association (ASHA), the national organization for SLPs, and the Council on Academic Accreditation (CAA) ensure the “academic and clinical education provided by the graduate education program will prepare [students] for entry into the professions” so students

can also “be prepared to meet state licensing and/or state teacher certification requirements” (ASHA, 2025). The program of study prepares SLPs to support individuals with communication needs across the life span requiring comprehensive study, training, and experience. Upon completion of the graduate degree program, SLPs will have sufficient depth and breadth in their knowledge and skills consistent with the scope of practice in the field. The preparation is not setting specific, but rather specific to the types of communication disorders that may be present in any setting for individuals of any age. As such, it is necessary to ensure that SLPs beginning work in the school setting have knowledge of the laws that apply to the practice of SLP in a school. To be clear, however, there are no separate trainings, certifications, or requirements for SLP personnel to work in the school setting, as all speech-language disabilities present in a school setting are the same as those that may be present in other settings. Since SLPs are trained to support speech and language disabilities in many different settings, professional development specific to the school setting is necessary to ensure knowledge of and compliance with federal and state laws.

Federal Law, State Law, and Guidance

There are federal and state laws that apply to the practice of SLP in schools. This text will not summarize differences in the laws for each state but will provide foundational knowledge regarding the federal laws that apply to all states. While the federal law is comprehensive, it does not capture all of the nuances that may occur in the provision of services and supports. This is why states promulgate further requirements and supply additional guidance to provide clarity. That said, state laws do not supersede, replace, or negate federal law.

In addition to state laws, state education agencies (SEAs) (e.g., state departments of education, departments of public instruction) may have additional requirements, guidance, or clarification documents, but these materials cannot be less restrictive than the Individuals with Disabilities Education Act (IDEA). For example, many states promulgate laws regarding requirements for eligibility for the various categories of disability to ensure consistency across the state in determining whether a student has a disability. This is because federal laws for eligibility may be considered by some to be broad, ambiguous, or unclear.

A school district (e.g., parish, municipality) can have additional requirements, guidance, or clarification documents, but these cannot supersede, replace, or negate federal and state laws or state guidance. For example, a district may outline specific processes and procedures for referring a student to a team when there is suspicion of a disability. It may include specific tools to be used and sequences of steps to be taken. This is because each district has unique characteristics relative to the population, location, and/or resources available.

ASHA provides evidence-based practice guidance for school-based SLPs, but this too does not supersede, replace, or negate federal law. For example, ASHA includes many resources for SLPs to utilize in the provision of school-based services, including ASHA peer-reviewed journals and publications such as *Language, Speech, and Hearing Services in Schools* and *The ASHA Leader* bimonthly magazine. The ASHA website (<http://www.asha.org>) also includes ready-to-use presentations, continuing education courses, resources for school-based SLPs, frequently asked questions relating to school services, a practice portal, and evidence maps. The resources available to school-based SLPs is of utmost importance since IDEA requires the provision of services based on peer-reviewed research to the extent practicable and the use of scientifically based

research related to the instruction provided to students with a disability to ensure that the approaches used are effective and efficient in improving student outcomes.

This is why SLP personnel must be trained in and knowledgeable about federal, state, district, and discipline-specific requirements and guidance relative to the provision of speech and language services for each locale in which the SLP provides support. SLPs must be trained on these laws to ensure compliance with them. If an SLP does not feel confident in their knowledge of these requirements, they must request the training necessary for compliance. This is in addition to completing the ongoing requirements for continuing education in the field of SLP as outlined by ASHA and/or state licensure requirements.

The Need for SLPs in Schools

While more than half of all SLP personnel work in the school setting, there is a critical shortage of SLP personnel necessary to keep up with the growing need. The National Coalition on Personnel Shortages in Special Education and Related Services (NCPSSERS) ranked the field of speech-language pathology

as a 4.34 out of 5, indicating a “considerable shortage” in school districts based on an Educator Supply & Demand Survey on behalf of the American Association for Employment in Education (AAEE) by the Center for Marketing and Opinion Research (CMOR) for 2022–2023. According to ASHA, more than half (50.4%) of all SLP personnel work in a school setting and 39.6% work in health care settings (ASHA, 2022). It is difficult to pinpoint the total number of students served by SLP personnel working in schools due to the different types of SLP personnel, the manner in which data is collected, and the variety of services that SLP personnel provide. The Office of Special Education Programs (OSEP) gathers data annually on the number of special education personnel and related service personnel. These data are broken down in terms of the ages of students served (e.g., preschool, school age) as well as the number of personnel who are certified and those who are not fully certified. Speech-language impairment is one of 13 categories of disability (Table 1–1, Thirteen Categories of Disability) for children ages 3 to 21, although school-based SLPs also provide services to students with other identified disabilities as a related service or as a special education service. The OSEP 2022–2023

TABLE 1–1. Thirteen Categories of Disability

Autism	Developmental delay
Hearing impairment	Traumatic brain injury
Multiple disabilities	Other health impairment
Specific learning disability	Deaf-blindness
Emotional disturbance	Orthopedic impairment
Intellectual disability	Visual impairment
Speech-language impairment	

Source: 34 CFR 300.8(a)(b).

Fast Facts data report SLPs as being the largest category of related service providers (U.S. Department of Education, Office of Special Education Programs, 2023; see Figure 1–1), which may or may not account for services provided as a related service and as a special education service.

The personnel data are further broken down in terms of individuals who are certified and not fully certified, though federal law makes very clear that both special education and related service personnel must meet state certification and licensing requirements (Table 1–2). While ASHA recognizes SLP personnel as falling into one of two categories, speech-language pathologists or speech-language pathology assistants, schools also hire other types of personnel to support the provision of speech services. Both ASHA and most state license and certification requirements outline clear differences between the scope of practice for an SLP and for those working under the direction of an SLP. Information

related to the scope of practice for individuals not licensed or certified as an SLP are beyond the scope of this text. For more information, please refer to the ASHA webpage, Scope of Practice for Speech-Language Pathology Assistants (<http://www.asha.org>), in addition to state or local licensure requirements. The case scenario and discussion questions at the end of the chapter illustrate the need to understand the scope of practice for the various SLP personnel in order to comply with federal law.

The number of students served by SLP personnel in the school setting is also difficult to pinpoint, as OSEP only collects data on primary disability categories. It does not collect data on secondary disability categories, embedded disabilities, or services provided as a service related to another category of disability (see Chapter 3). As mentioned, school-based SLPs provide services to students with speech-language impairments as well as students with other identified disabilities such as specific learning disability, autism, and developmen-

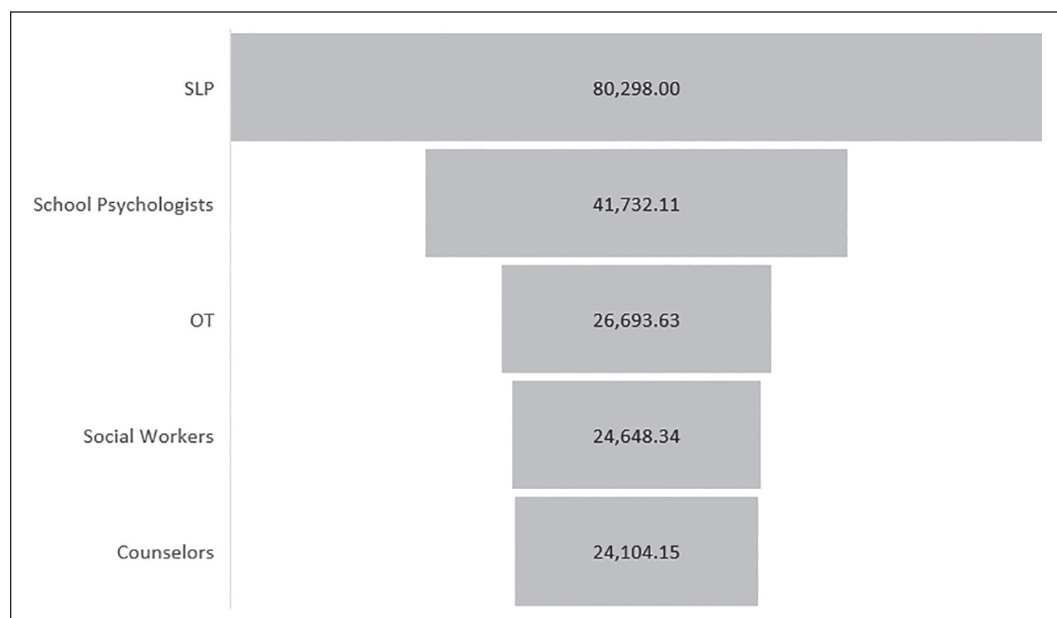


FIGURE 1–1. Number of all related services personnel. *Source:* OSEP (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022–2023).

TABLE 1–2. Personnel Qualifications

Related Service Personnel Qualifications	Special Education Personnel Qualifications
(b) <i>Related services personnel and paraprofessionals.</i> The qualifications . . . 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) Ensure that related services personnel who deliver services in their discipline or profession— (i) Meet the requirements of paragraph (b)(1) of this section; and (ii) Have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis; and (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 this part to be used to assist in the provision of special education and related services under this part to children with disabilities.	(c) <i>Qualifications for special education teachers.</i> (1) The qualifications . . . must ensure that each person employed as a public school special education teacher in the State who teaches in an elementary school, middle school, or secondary school— (i) Has obtained full State certification as a special education teacher (including certification obtained through an alternate route to certification as a special educator, if such alternate route meets minimum requirements described in 34 CFR 200.56(a)(2) (ii) as such section was in effect on November 28, 2008), or passed the State special education teacher licensing examination, and holds a license to teach in the State as a special education teacher, except that when used with respect to any teacher teaching in a public charter school, the teacher must meet the certification or licensing requirements, if any, set forth in the State’s public charter school law; (ii) Has not had special education certification or licensure requirements waived on an emergency, temporary, or provisional basis; and (iii) Holds at least a bachelor’s degree.

Source: 34 CFR§ 300.156(b)(c).

tal delay. This is because speech and language needs may be a component of many different types of disabilities, and speech services can be provided through a variety of supports. To get an idea of the vast number of students that SLP personnel support in the school setting, it is helpful to take a close look at the data on students with a disability.

Increases in Disabilities

According to OSEP, in the 2023–2024 school year, there were 7,892,433 students

ages 3–21 with a disability served in public schools across the United States. Just 2 years prior, in the 2020–2021 school year, there were 7,352,816 students with a disability, representing a 7.33% increase in 2023–2024. Specific learning disability made up 32% of all students with a disability, followed by speech-language impairment at 19% (National Center for Education Statistics, 2023).

What is interesting, however, is where the increases are most significant. While school-aged children (students in kindergarten through age 21) with a disability increased

6.84% over that same 2-year period, the amount of preschool-aged children (ages 3–5; not yet in kindergarten) with a disability increased 24.72%. Increases in specific categories of disability for preschool-aged students were as follows: speech-language impairment increased 16.32%; developmental delay, 21.10%; and autism, 67.45%. The data are also similar relative to increases in autism as reported by the Centers for Disease Control and Prevention (CDC). From 2000 to 2022, the rate of autism increased 375%, with the prevalence of children with autism being 1 in 31 for children aged 8 and 1 in 34 for children aged 4 (Shaw et al., 2025). In the school setting, the number of students with autism has risen significantly, from 4.97% in 2008–2009 to 12.81% in 2022–2023 (U.S. Department of Education, 2024).

These data closely mirror 2023 data from a study by Khan and colleagues that reflected a 110% increase from 2018–2019 to 2021–2022 in medical diagnoses for children birth to age 12 in the United States for developmental disorders of speech and language as defined in the International Classification of Disease Manual–10th Edition (ICD-10). Similar to school data, the increases are primarily for preschool-aged children, noting a 136% increase in children birth to age 2, a 107% increase in children ages 3 to 5, and a 93% increase for children ages 6 to 12 (Khan et al., 2023). In yet another study of 1,700 children from 3 months through 3 years of age, researchers from Brown University reported that children who were 1 year of age when the pandemic began (i.e., 1 year of age in 2019) demonstrated an average decrease in verbal abilities (as measured by the Mullen Scales of Early Learning) from a standard score of 90 to a standard score of 60 (Deoni et al., 2022). A meta-analysis (Hessami et al., 2022) adds that communication was found to be the “sole neurodevelopmental domain” at

significantly increased risk for impairment for babies in utero or born during the pandemic.

The post-pandemic era is significant as it relates to concerns about children’s communication and the need for SLPs to support them. While there are data on the negative impact of the pandemic on the learning of school-aged children (Engzell et al., 2021; Fahle et al., 2024; Hammerstein et al., 2021; Kane & Reardon, 2023; Skar et al., 2023), the pandemic’s effect on younger children has been less well-documented or discussed. Communication, personal-social, and problem-solving skills that are typically honed during interpersonal interactions may have been most undermined by parent/caregiver stress during lockdowns, childcare closures, and social distancing during the pandemic (Johnson et al., 2024). The data clearly indicate the pandemic’s unique impact on speech and language in comparison to other areas of development (Stahnke, 2024).

Screen Time

In addition to parent/caregiver stress, changes in childcare and a decrease in social interactions outside of the home, there was an increase in children’s screen time. A meta-analysis based on 29,017 children revealed that daily screen time increased from 1.4 hours prepandemic to 2.7 hours during the pandemic (Plamondon et al., 2023). This statistic doesn’t mean a great deal without knowledge of the recommended amount of screen time. The American Academy of Pediatrics (AAP) defines screen time as any type or amount of time spent on a screen that interferes with time spent doing activities necessary for appropriate development—specifically, passive activities that have no evidence of positive benefits to development and that are devoid of connection to the real world. The AAP’s recommendations (2026) include no screen time for children birth to

18 months unless video chatting with a parent or relative, which makes logical sense as children at this age have not developed the vocabulary, concept knowledge, or syntactic understanding with which to make sense of what they are seeing. For children ages 18 to 24 months, the recommendation is less than 1 hour per day, but only through covieing of content with parent/caregivers, likely due to the fact that at this age children are not able to connect what they view on a screen with the real world. From the ages of 2 to 5 years, the recommendation is a maximum of 1 hour. This includes “educational apps,” the majority of which have no evidence of effectiveness, target only rote academic skills, are not based on educational curricula, and are created without the input of developmental specialists (Chiong & Shuler, 2010; Christakis et al., 2013; Kolak et al., 2021), nor is there evidence to support that screens make children learn faster or better than human interaction does (Teichert, 2020). In fact, it was reported that more 5-year-old children knew how to navigate a smartphone than tie their shoes (AVG Technologies, 2017). For ages 6 and above, the screen time recommendation is 1.5 hours, which includes time spent on digital devices in school. Some of the evidence against screen use in schools includes a meta-analysis involving 470,000 students that found reading from a digital device had a negative impact on reading comprehension for primary and middle school students, with the impact being most harmful to young children, who may not be fully equipped to self-regulate their activity during digital reading. Conversely, reading books on printed paper could boost comprehension skills six to eight times more than digital reading (Altamura et al., 2025). In fact, there are no studies that find that comprehension is better when reading digital books.

Keep in mind the importance of the first 1,000 days of a child’s life. At no other period

of life are more biological and developmental milestones met than in the first 1,000 days, when all organs and systems are formed, children start to discover the world, learn who to trust, and where to find comfort (Luijk & Roseboom, 2025). Parents are the primary social partners for young children, and children learn by observing and imitating their parents. The “serve and return,” the back-and-forth interactions between a child and their parents/caregivers, is crucial for brain development, building neural connections, and fostering secure attachments. When adults respond to their child’s babbling, gestures, or cries, it builds language, social skills, and emotional regulation, forming the foundation for future learning and shaping the architecture of the brain. Yet 95% of parents say their tech use interferes with daily opportunities for talking, playing, and interacting with their child (Common Sense Media, 2020).

Research finds that excessive amounts of screen use by the child and/or the parent have a negative impact on play-based and other activities that enhance cognitive and social-emotional skills necessary for kindergarten readiness (Pagani et al., 2010; Sigman, 2017) and can interfere with children’s health and development, specifically predicting behavioral problems (Elias & Lemish, 2021; McDaniel & Radesky, 2018). In fact, maternal digital media use during infant feeding has been found to be associated with reduced engagement in socioemotional and cognitive growth-fostering behaviors (Inoue et al., 2021; Mason et al., 2024; Nomkin & Gordon, 2021). Certainly, living in a digital ecosystem has made it increasingly more complex to raise a child to be physically, mentally, and socially healthy, but children still need the same three things they’ve always needed to grow and develop healthy, creative, flexible, problem-solving, socially adept brains: interacting with parents, siblings, and other humans (Scott &

Brito, 2022), moving within and manipulating the physical world (da Silva & Arida, 2015), and play (Yogman et al., 2018).

Changes to Developmental Milestones

A change to developmental milestones by the CDC in 2022 added to the complexity of suspicion of a disability. The new milestones moved the target age of achievement for 70% of developmental milestones to later age ranges (Zubler et al., 2022). This change may delay referrals for early intervention and contribute to increases in preschool-aged referrals, as well as to the severity of children's needs. In an interesting study by graduate students from Samford University presented at the ASHA conference in 2024, the alignment of the ASHA milestones for speech-language development in comparison to the CDC developmental expectations was less than 50% (Steib et al., 2024). For example, ASHA milestones state that children should use at least 50 words by 19 to 24 months of age, but the CDC expectation is 30 months of age. In another example, ASHA states that children should put together sentences of four or more words by 24 to 36 months, but the CDC expectation is 4 years of age. A tremendous implication for school-based SLPs and schools in general is the expectation that students arrive to school with an adequate oral language foundation necessary for developing written language. When there are delays in oral language, there are likely to be delays in the acquisition of written language without appropriate identification and intervention. Importantly, research overwhelmingly illustrates connections between early oral language ability and future reading comprehension and writing (Barton-Hulsey, 2017; Catts et al., 2006; Catts et al., 2016; Chaney, 1998; Dickinson & Tabors, 2001; Griffin et al., 2004;

Language and Reading Research Consortium [LARRC], 2015; LARRC et al., 2019; Lee, 2011).

Impacts on Later Literacy

The increasing number of students with a disability in schools reflects a strong need for SLPs to be involved in and support speech and language development in the educational setting to prevent or reduce negative impacts on literacy. According to the National Assessment of Educational Progress (NAEP), often referred to as the "Nation's Report Card," 31% of fourth-grade students in the United States performed at or above proficient levels of reading, 29% scored at basic levels of reading, and 40% scored below basic levels of reading (National Center for Education Statistics, 2024). These data are important to note because research finds that students who do not read proficiently by the end of third grade are four times more likely to drop out of high school by age 19 compared to proficient readers (Hernandez, 2011). Considering that children's vocabulary predicts third-grade reading levels (Cartmill, 2013; Friend, 2018; Hansen & Broekhuizen, 2021; Lee, 2011; National Early Literacy Panel, 2008; National Institute of Child Health and Human Development, 2005; Patrucco-Nanchen, 2019) and language input/language-rich environments predict vocabulary at age 3 (Blom & Soderstrom, 2020; Hoff, 2006), the SLP's expertise in the oral language foundation for written language makes them critical members of a team working to address student needs and increase opportunities for educational success. In fact, the purpose of school-based SLP services is not only to remediate an identified disability but also to reduce the negative educational impacts of the disability, making school-based SLP services different from the services SLPs provide in other settings.

Workload and Caseload

Given the increased need for school-based SLPs based on the rising number of students with disabilities, there must be consideration for the workload of school-based SLPs. Caseload refers to the total number of children served whereas workload includes the time spent providing face-to-face direct services to students as well as the time spent performing other activities necessary to support students' education programs, implement best practices for school speech-language services, and ensure compliance with federal laws. Traditionally, a school SLP's workload has been conceptualized as almost exclusively synonymous with caseload, but the reality is that caseload is only one part of the picture. When a student is added to an SLP's caseload for direct services, significant amounts of time must be allocated for additional necessary workload activities. Many states have a caseload "cap" or "maximum" while others do not (see a sample of state caseload sizes in Table 1–3). Some school-based SLPs report caseloads greater than 100 students in states where there is no caseload maximum. It stands to reason that high caseloads are associated with difficulties recruiting qualified SLPs in the schools (Katz et al., 2010; Woltmann & Camron, 2009), as unmanageable workloads from large caseloads contribute to occupational stress and burnout (Marante et al., 2023).

ASHA recommends a workload model "to ensure that students receive the services necessary to support their educational program and to make adequate progress," (ASHA Practice Portal, 2002). This is aligned with IDEA's requirement for a free appropriate public education, as will be discussed in Chapter 2. ASHA does not recommend a specific caseload number for the following reasons (ASHA, n.d.-c):

- There is no research to support a specific caseload size.

- The needs of students receiving speech-language services vary greatly, and a specific caseload number does not consider this variation.
- A specific caseload number could be interpreted as a minimum number and, if the SLP's caseload is below that number, the SLP could be assigned additional duties or asked to provide services to students in other buildings.

There are many reasons to advocate for a workload approach as opposed to a caseload approach, including research outlining that when an SLP has a smaller workload, students "may make more measurable progress on functional communication measures" (Schooling, 2003). Larger workloads may result in the SLP having to schedule services in groups with large numbers of students to meet the service delivery minutes, which is "not necessarily ideal for the student" (Cirrin et al., 2003). Often it is the number of students that need to be served, as opposed to individual student characteristics, that frequently influence recommendations about program intensity and/or model of service delivery (Brandel, 2020; Brandel & Loeb, 2011). As a result, there are concerns about school-based SLPs' ability to adhere to the requirements of federal law, including the ability "to provide effective, evidence-based services; be able to make up missed sessions; and address all student goals" (ASHA, n.d.-c).

Medical Versus Educational Models of Speech-Language Pathology

While the field of SLP has evolved since SLPs first began working in schools between 1895 and 1921 (Duchan, 2009), there are important differences between school-based services and services in any other setting. Services outside

TABLE 1–3. Sample of State Caseload Sizes

State	Caseload	State	Caseload
Alabama	Maximum is 30 (# of student records per SLP)	Michigan	Maximum is 60, adjusted for workload variables and students being evaluated
Arkansas	Maximum of 45	Mississippi	Maximum is 48
California	School-age: Average not to exceed 55 per SELPA, unless otherwise specified Preschool (age 3–5): Maximum is 40	New Jersey	No caseload limit, group maximum of 5
Florida	No minimum or maximum	New York	Maximum is 65
Georgia	Maximum is 55	North Carolina	Maximum is 50
Illinois	Workload analysis first, then no more than 60	Ohio	Should not exceed 80
Kansas	No minimum or maximum	South Carolina	Maximum is 60
Kentucky	Shall not exceed 65	Tennessee	No minimum or maximum
Louisiana	SLPs shall not be assigned more than 79 points; points awarded for each hour of assessment, supervision, and consultation, as well as each student	Texas	No minimum or maximum
Maine	Maximum is 50 (including consult and direct service)	Virginia	Maximum is 68
Maryland	No minimum or maximum	West Virginia	Maximum is 50
Massachusetts	No minimum or maximum	Wyoming	No minimum or maximum

Source: ASHA (2025).

of a school setting follow a medical model of speech-language pathology. Under a medical model, if a child presents with a need, an SLP can address it. The primary restriction on services in a medical setting is stipulations of the payor source (i.e., insurance). For example, insurance may allow services only for certain diagnosis codes, or there may be limitations on the number of visits and/or requirements

for reauthorization of services based on documentation supporting ongoing need. In an educational model, services are dictated by state and federal laws.

While eligibility in both medical and educational models of speech-language pathology is related to identification of speech and language deficits, the educational model has additional requirements. These include, but