

**School Programs**  
*in*  
**Speech-Language  
Pathology**

**Organization and Service Delivery**

**SEVENTH EDITION**

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Typeset in 11/14 Palatino by Flanagan's Publishing Services, Inc.  
Printed in the United States of America by Integrated Books International

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**Library of Congress Cataloging-in-Publication Data:**

Names: Blosser, Jean, author.

Title: School programs in speech-language pathology : organization and service delivery / Jean L. Blosser.

Description: Seventh edition. | San Diego, CA : Plural Publishing, [2025] | Includes bibliographical references and index.

Identifiers: LCCN 2023042359 (print) | LCCN 2023042360 (ebook) | ISBN 9781635506112 (paperback) | ISBN 1635506115 (paperback) | ISBN 9781635504484 (ebook)

Subjects: MESH: Speech-Language Pathology--organization & administration | School Health Services--organization & administration | United States

Classification: LCC LB3454 .B57 2025 (print) | LCC LB3454 (ebook) | NLM WL 21 | DDC 371.91/42--dc23/eng/20231215

LC record available at <https://lcn.loc.gov/2023042359>

LC ebook record available at <https://lcn.loc.gov/2023042360>

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# Preface

Speech-language programs and services in school settings have evolved and adapted through the years in response to ever-changing and challenging education and legislative landscapes. Our speech-language pathology professionals weather the changes and continuously strive to improve the quality and effectiveness of our services. I view schools as the best opportunity for helping children with communication disorders achieve their highest potential. Speech-language pathologists (SLPs) contribute much to students' learning success. Working in the school setting is very rewarding, especially when we travel the road as partners with fellow SLPs, education and special education colleagues, students with communication disabilities, and their families. My goal in this seventh edition of *School Programs in Speech-Language Pathology: Organization and Service Delivery* is to capture our important historical milestones, provide context for our current service delivery practices, and shine a light on trends and our future path forward.

Our professional awareness of the strong link between communication, learning, and literacy is critical. Students' learning success is dependent on their ability to meet communication demands and expectations within their homes, schools, and communities. SLPs can contribute much to support students' development, competence, learning, and life success. Consequently, the scope of our roles and responsibilities as school SLPs must continually evolve and expand to identify and meet new challenges, needs, and opportunities.

*Collaboration Is Essential!* This philosophy and mantra has guided me throughout my lifelong career. It is my underlying message and framework for school services. As you explore my book, you'll discover a path with several

stepping stones that can make a difference in your schools and the lives of the students you serve: Embrace your role and responsibilities. Become a contributing member of your school community. Make sure your intervention and services are educationally relevant. Be creative and innovative. Strive to achieve meaningful outcomes and impact. And, most importantly, remember that *Collaboration Is Essential!*

Discussions of important topics include the historical foundation of speech-language services in schools and a fresh perspective on many of our practices and processes. Solutions to many of the challenges SLPs experience today are shared with innovative strategies and practical tools that can be implemented immediately. Hopefully ideas and recommendations will serve as a guide to graduate students who are preparing to work in schools as well as experienced practitioners and SLPs transitioning to schools from other settings.

Each chapter begins with specific learning objectives and concludes with discussion questions and learner activities to guide readers and assist instructors who are preparing school-based practitioners. The web-based pedagogical features of chapter PowerPoints and summative assessments further enhance the learning and teaching experience. Many reproducible forms and checklists serve as practical resources for both new and seasoned school-based SLPs. The following are some chapter highlights. Enjoy!

Chapter 1. *Build upon our history.* Gaining a historical perspective about the inception, growth, and development of speech-language pathology services in school organizations sets the stage for understanding and appreciating the long and winding path we have followed. Stories of early leaders and programs amplify how far

we have traveled. We also explore professional and societal influences that prompted school administrators to establish speech-language-hearing programs in their schools. It introduces some of the pioneers who shaped the field and nurtured new programs. Improvements in quality through the years are noted. The evolution of the speech-language pathology profession over several decades is reviewed, emphasizing changes that occurred in SLPs' roles, focus, and practices in response to emerging trends. It also projects change on the horizon. A brief overview is provided of legislation that has impacted education and our profession.

Chapter 2. *Explore career pathways.* A career as an SLP offers many interesting opportunities and growth points along the way. The chapter summarizes specific requirements, certifications, and licenses that ensure quality preparation and oversight. The breadth and depth of the profession is depicted including personal and professional characteristics and qualifications demonstrated by successful school SLPs. Professional preparation and expectations are briefly explained including responsibilities and ethical behaviors expected by our colleagues, administrators, and the public we serve. Professional organizations are introduced including their roles in establishing professional communities and fostering quality.

Chapter 3. *Understand education organizations.* School education and special education programs and services are influenced by national and state legislation, education trends, resources, support, and students' needs. The chapter provides an overview of public legislation and laws that have had the greatest impact on special education, including SLP programs. Examples are provided of the information schools consider when planning and organizing programs. Prevalence and incidence data and funding constraints are explored as well as education practices such as inclusion and parent engagement. Summaries are provided of national goals to improve special education and raise the standards of education. Review of the summaries facilitates understand-

ing of the vision for special education. The SLP's professional collaboration is introduced.

Chapter 4. *Enjoy wearing many hats.* Successful SLPs balance a wide range of roles and responsibilities. In addition to providing assessment and intervention services, SLPs also function as leaders and managers. Many SLPs initiate impressive initiatives such as coaching teachers, launching innovative projects, implementing new approaches for service delivery, or analyzing program results. A strategic planning model is presented for cultivating and managing program changes. Knowing that time is a precious commodity, strategies are suggested for time management and establishing program, personal, and intervention goals. The importance of establishing personal or program improvement goals and actions is reinforced.

Chapter 5. *Apply tools and technology.* The right environment and tools are required to succeed in any job. Adequate facilities, equipment, and technology are necessary to appropriately serve students with communication disabilities. This chapter provides a description of the facilities for intervention and the resources available to SLPs. We explore the applicability of technology and the digital tools for managing workload and compliance activities as well as for intervention. Recommendations are made to employ technology to access information, communicate with team members, deliver services, gather data, and meet compliance requirements. Emerging directions and guidelines are explained for service delivery via telepractice solutions. Practitioners are encouraged to share resources with parents, students, teachers, and administrators. Tips are provided for managing budgets and organizing tools.

Chapter 6. *Be accountable for services and outcomes.* Much of an SLP's time and energy is consumed by tasks required to comply with mandates and requirements related to students' individual education programs. Yet, without these elements, we would not be able to confirm our effectiveness and contributions. These are key components of special education and

speech-language pathology service delivery. Outcomes measurement and reporting enable educators to be accountable and responsible for providing appropriate education and intervention programs designed to meet students' needs. The essentials of report writing and managing records are explained. In addition, compliance requirements are met through these activities. Treatment outcomes and the importance of monitoring and documenting changes in students' functional communication and academic skills due to treatment are highlighted within the context of an innovative three-pronged School Speech-Language Outcomes Framework.

Chapter 7. *Connect with educator partners to identify eligible students.* In this chapter we explore methods and processes for identifying students who are eligible for speech-language services. It's also important for teams to develop and agree on criteria and guidelines for dismissal. SLPs participate as important members of the interprofessional school evaluation team. Referral procedures and the multifaceted evaluation process are described and outlined, including components for determining communication status. Practical resources, methods, and tools are shared to facilitate interactions with educators so that relevant information and teachers' observations and insights can be considered. Several tools are shared such as interviews and surveys, classroom observations, functional assessments, curriculum-based assessments, and more.

Chapter 8. *Match students with the right services.* Special education instruction and intervention must be individualized and appropriate for each student's disability, needs, and goals. Services must be inclusive and provided in the least restrictive environment (LRE). Students with disabilities should be able to participate in academic and extracurricular activities with members of their school communities to the greatest extent possible. Intervention methods and services must facilitate implementation of recommended evidence-based treatments at the required dosage to ensure effectiveness. SLPs must consider the intent and meaning of these

concepts when planning services for their students. A continuum of service options is recommended to facilitate these mandates. Changes in the current service delivery practices must occur for them to take place. SLPs' role within the educationally based Multi-Tiered System of Support (MTSS) offers opportunities to work closely with education partners to develop and implement new approaches. A unique PAC model of service delivery is explained.

Chapter 9. *Provide educationally relevant services.* SLPs are responsible for developing legally defensible individualized education programs (IEPs), individualized family service plans (IFSPs), and individualized transition plans (ITPs). The process enables SLPs to play a major role by partnering with teachers to facilitate development of specific communication skills required for classroom success. A four-phase, ongoing planning process is explained. Emphasis is placed on SLPs gaining awareness of classroom expectations and demands as well as assessing students' capability of meeting them. Emphasis is placed on the importance of focusing on outcomes as well as impact and aligning speech-language intervention with the school curriculum and learning standards. Examples of goals illustrating this concept are provided. Methods are shared for measuring and monitoring students' progress toward achieving their annual goals. Consideration of special populations can lead to greater individualization. Tips are suggested for treating special populations. Ongoing self-reflection about intervention and program services can lead to adjustments if indicated.

Chapter 10. *Create strong partnerships.* This chapter explores the concept of interprofessional education, practice, and collaboration. SLPs are encouraged to assess the culture of their work setting to identify where and how to begin engaging in collaboration efforts. Collaborating with fellow educators and students' families often leads to creative solutions to challenges. The roles and responsibilities of various school colleagues are highlighted, with suggestions for building partnerships and maintaining effective

communication and interaction with educators, administrators, family members, and community members. Useful tips are provided for planning and preparing for meetings as well as mentoring and coaching teachers and parents. Tips are provided for engaging families.

Chapter 11. *Start your career journey.* The Clinical Fellowship experience is an exciting path along the way to becoming a qualified speech-language pathology professional. Students can benefit from the mentorship relationship with supervisors as they pursue certification and licensure. We explore ways for students to prepare for graduate externships, such as identifying team members' roles and responsibilities, creating personal goals for experiences, and developing externship timelines.

Chapter 12. *Make a difference!* Regardless of where we are in career our path, it's important to

continuously expand our expertise. Several suggestions for doing so are explored in this chapter including becoming active in professional organizations, continuously building knowledge and skills through professional development, striving to deliver evidence-based services, and advocating for students with communication disorders. The advocacy process and strategies are discussed with examples of advocacy in action. Recommendations are shared for developing a portfolio to highlight your skills and accomplishments. Those launching careers will have information, resources, and examples for reference. Those already practicing may be encouraged to reframe intervention, expand service delivery approaches, create new partnerships, mentor fellow SLPs and educators, and reach new professional heights.

# 1

## **Evolution of Speech-Language Pathology Services in Schools**

### **CHAPTER LEARNING OBJECTIVES**

1. Track the growth and development of speech-language pathology services in school settings.
2. Describe major federal legislative initiatives that have shaped services.
3. Compare historical practices to current trends and practices.
4. Highlight professional and societal influences that have contributed to the evolution of services through the decades.
5. Identify practices in school speech-language services that have improved quality and effectiveness.
6. Anticipate future challenges and trends in school-based services and the speech-language pathologist's role.

This chapter provides a historical background of the profession of speech-language pathology and the development of services and programs within the schools of the United States. The philosophy of education that invited speech, language, and hearing programs into the schools is described. Also discussed is the expansion of school speech-language programs, both professionally and geographically. The chapter points out the role of the school-based speech-language pathologist (SLP) in the early days and the changes in that role over several decades, as well as the factors that influenced those changes. It also considers the prevailing philosophy and legislation mandating equal educational opportunities for all children with disabilities and the implications for both the programs of the future and the roles and responsibilities of the school speech-language pathologist. Additional details of specific influential laws are further discussed in Chapter 3.

## TRACING OUR ROOTS

Although people have experienced speech, language, and hearing problems since the early history of humankind, rehabilitative services for children with communication disabilities were not realized until the early part of the 20th century. The growth of the profession and the establishment of the American Academy of Speech Correction in 1925 reflect the acknowledgment of the needs and special problems of individuals with these disabilities. It also acknowledges the unique aspects of the profession and the importance of creating a community for education, intervention, interaction, and exchange of ideas.

Moore and Kester (1953) reported that the educational philosophy that invited speech correction into the schools was expressed in the preface of a teacher's manual published in 1897 that contained John Dewey's "My Pedagogic Creed." The preface, written by Samuel T. Dutton, superintendent of schools, Brookline, Massachusetts, stated:

The isolation of the teacher is a thing of the past. The processes of education have come to be recognized as fundamental and vital in any attempt to improve human conditions and elevate society.

Missionary and the social reformers have long been looking to education for counsel and aid in their most difficult undertakings. They have viewed with interest and pleasure the broadening of pedagogy to make it include not only experimental physiology and child study, but the problems of motor training, physical culture, hygiene, and the treatment of defectives and delinquents of every class.

The schoolmaster, always conservative, has not found it easy to enter this large field for he has often failed to realize how rich and fruitful the results of such researchers are; but remarkable progress has been made and a changed attitude on the part of the educators is the result. (p. 1)

Moore and Kester (1953) suggested that child labor laws influenced the growth of speech programs in the schools. Barring children from work forced both the atypical and the typical child to remain in school, and teachers soon asked for help with the exceptional children. A few teachers requested assistance to help children who demonstrated speech defects. It was in 1910 that the Chicago public schools started a program of speech correction. Ella Flagg Young, the superintendent of schools, in her annual report in 1910 said:

Immediately after my entrance upon the duties of Superintendent, letters began to arrive filled with complaints and petitions by parents of stammering children—complaints that the schools did nothing to help children handicapped by stammering to overcome their speech difficulty but left them to fall behind and finally drop out of the schools; and petitions that something be done for those children. It was somewhat peculiar and suggestive that these letters were followed

by others from people who had given much attention to the study of stammering and wished to undertake the correction of that defect in stammerers attending the public schools. Soon after the schools were opened in the fall, I sent out a note, requesting each principal to report the number of stammerers in the school. It was surprising to find upon receiving the replies that 1,287 children were recognized as stammerers. The school's committee on the school management was then asked to contact the head of the Department of Oral Expression in the Chicago Teachers' College. The purpose was to select ten members of the graduating class who showed special ability in the subject area of oral expression. The charge was to provide additional training of these college students to prepare them for a new undertaking; the correction of the speech defects of these 1,287 children. The Board appropriated \$3,000.00 toward the payment of these college students who were to begin their work after graduation at the rate of \$65 a month during a period extending from February 1 to June 30.

Instead of gathering the children into one building or into classes to be treated for their troubles, a plan was adopted of assigning to the younger teacher a circuit and having her travel from school to school during the day. The object of this plan was to protect the young teacher from the depression of the spirit and the low physical condition that often ensue from continued confinement in one room for several successive hours at work in abnormal conditions. It was soon found that the term "stammering" had been assumed to be very general in its application and many children who had been reported as stammerers did not demonstrate the specific defect described; rather they demonstrated some other form of speech defect. (pp. 48–53)

The superintendent of schools in New York in 1909 requested an investigation of the need for speech training in the schools. Two years later, the following recommendations were pre-

sented to the board of education. First, the number of speech-handicapped children was to be ascertained and case histories obtained. Second, speech centers were to be established providing daily lessons of 30 to 60 min. Third, English teachers were to be given further training and utilized as instructors. Fourth, a department for training teachers was to be established. It was not until four years later, however, that a director of speech improvement was appointed to carry out the recommendations (Moore & Kester, 1953).

### THE MICHIGAN STORY

In their fascinating history of the early years of the Michigan Speech-Language-Hearing Association, Costello and Curtis (1989) described the beginnings of the Detroit public school speech correction program.

In 1909, Mrs. Frank Reed, of the Reed School of Stammering in Detroit, contacted the superintendent of the Detroit Public Schools and offered to train two teachers, free of charge, in the Reed Method of the Correction of Stammering, provided the program would be incorporated in the Detroit Schools. A survey of the need was conducted, and 247 cases were found. In May 1910, Mrs. Reed's offer was accepted and during the summer, two teachers trained. They were Miss Clara B. Stoddard and Miss Lillian Morley. In September 1910, two centers were opened in Detroit, one on the east side and one on the west side of the city. Wednesday was kept free from classes to call on parents, visit children in the regular classroom and for other activities associated with their work. In 1914, classes for children with other speech defects were begun.

In 1916, Miss Stoddard recommended the establishment of a special clinic at which a thorough physical examination and Binet test be given to children who seemed to have special problems. Regular monthly staff meetings were held and the latest literature on speech was reviewed. The cooperation of teachers and parents was enlisted in the correction of speech. The

speech department personnel very early recognized the need for medical care for some of the children. A program for the mentally subnormal in special rooms was inaugurated in 1914.

## EARLY DEVELOPMENT

During this same decade, there was an increasing number of school systems that employed speech clinicians. Among them were Detroit, Grand Rapids, Cleveland, Boston, Cincinnati, and San Francisco (Paden, 1970). In 1918, Dr. Walter B. Swift of Cleveland, Ohio, wrote an article entitled "How to Begin Speech Correction in the Public Schools" (reprinted in *Language, Speech, and Hearing Services in Schools*, April 1972).

To the state of Wisconsin goes the credit for establishing, at the University of Wisconsin, the first training program for prospective specialists in the field and for granting the first doctor of philosophy degree in speech disorders to Sara M. Stinchfield in 1921. In 1923, the West Chester University of Pennsylvania Speech Clinic opened under the leadership of Professor Elizabeth S. Tyson. Although other colleges in the state offered courses in speech correction, none had established clinics. Therefore, the West Chester University clinic is one of the oldest clinics in the country. In 1927, Professor Tyson began offering required speech correction courses to those students enrolled in teacher education programs.

Wisconsin was also the first state to enact enabling legislation for public school speech services and to appoint, in 1923, a state supervisor of speech correction, Pauline Camp. Meanwhile, other universities throughout the United States were developing curriculum to address speech disorders. Until 1940, however, only eight additional states added similar laws to their statute books (Irwin, 1949). By 1963, a study by Haines (1965) indicated that 45 of the states had passed legislation placing speech and hearing programs in public schools. These laws provided financial help to school districts maintaining approved programs, supervision by the state, responsibility

for administering the law, and the establishment of standards. The laws described minimum standards, which the programs were expected to exceed (Haines, 1965).

The first state supervisors, in cooperation with the school clinicians in their respective states, did a remarkably farsighted job by establishing organized statewide programs. With no precedents to follow, they established standards that have retained merit through many years. The Vermont program (Dunn, 1949), providing speech and hearing services to children in rural areas, and the Ohio plan (Irwin, 1949) represent two such examples. They incorporated topics such as finding children who need the services, diagnostic services, caseloads, scheduling group and individual therapy sessions, designating rooms for the therapist, equipment and supplies, planning time, summer residence programs, in-service training for parents and teachers, and periodic rechecks of children.

## EXPANDING OUR SCOPE OF PRACTICE

The decades of the 1940s and the 1950s were times of growth for all segments of the profession. In 1943, the American Medical Association requested that physicians be provided with a list of ethical speech correction schools and clinics. During World War II, the entire membership was included in the National Roster of Scientific Personnel. The organization that started in 1926 as the American Academy of Speech Correction with 25 dedicated and determined individuals changed its name in 1948 to the American Speech and Hearing Association and in 1979 to the American Speech-Language-Hearing Association (ASHA). Its membership increased from the original 25 persons in 1926 to 330 in 1940, to 1,623 in 1950, and again to 6,249 in 1960. When the "associate" category was eliminated in 1964, there were a total of 11,703 members. By 1975, the membership had climbed to 21,435, with a steady increase until the present day with mem-



bership at nearly 228,000 and growing. ASHA is the professional, scientific, and credentialing association for members who are speech-language pathologists (SLPs), audiologists (Auds), speech-language and hearing scientists, speech-language pathology support personnel (SLPAs), and students. Professional publications and journals published by ASHA and related organizations are devoted to discussion of the nature and treatment of communication sciences and disorders. Thus, our awareness, understanding, and capabilities continue to expand.

### **Hearing Impairments**

Educational programs for students with hearing impairments were first established in the United States in 1817 with the founding of the American School for the Deaf in Hartford, Connecticut (Bender, 1960). Deaf students received their education in residential schools or institutions until many years later when public schools established special education classrooms. Children in education classrooms with mild-to-moderate or even severe hearing losses were managed by the classroom teacher. In his 1948 book *Speech Correction Methods* Ainsworth pointed out that substitutions and omissions were frequently found in children with hearing loss and may be attacked with articulatory principles employing visual and kinesthetic avenues of approach. School therapists then began to include children who were hard-of-hearing in their caseloads. Some classroom teachers also began to specialize in teaching students who were hard of hearing. In addition, some schools designated teachers and classrooms specifically for hearing-impaired students.

### **Speech Improvement Programs**

Speech improvement programs emerged as an option for helping all children develop the ability to communicate effectively using acceptable speech, voice, and language patterns. Instruction was usually carried out by the classroom teacher

with the speech-language specialist serving as a consultant and providing demonstration teaching in the classroom. Many speech improvement programs concentrated on kindergarten and first-grade levels. One of the purposes was to reduce the number of minor speech problems. The programs were not considered a part of the school clinician's regular duties in many states. However, in some cities, speech improvement programs were successfully carried out despite lack of state support.

Over several decades, public school speech-language programs increased and expanded, both professionally and geographically. School clinicians found themselves managing many broader responsibilities. In addition to selling the idea of creating a speech program to the school system and the community, clinicians were expected to:

- Identify the children with speech and hearing disorders;
- Schedule students for therapy at mutually agreeable times;
- Assess and treat students with speech and language impairments;
- Maintain accurate documentation and prepare reports;
- Collaborate with the school nurse to identify students hearing losses;
- Counsel and guide parents;
- Answer questions from teachers who were often unfamiliar with therapy services;
- Build school administration awareness of the program and services;
- Confer with practitioners and leaders in related professional disciplines;
- Remain healthy, groomed, trustworthy, modest, friendly, cheerful, courteous, patient, enthusiastic, tolerant, cooperative, dependable, prompt, creative, and unflappable; and

- Furthermore, the therapist had to keep one eye on the clock and the calendar and the other eye on state standards.

## **Language and Speech Disorders**

Speech-language pathologists have been dealing with children with language impairments for decades. Before research and experience sharpened diagnostic tools and awareness, most children were referred to as having “severe articulation disorders,” “delayed speech,” or “immature language.” During the 1940s, 1950s, and early 1960s, there was considerable interest among professionals in articulation and speech sound production.

The focus changed in the late 1960s and early 1970s to an interest in syntactic and semantic structures and sentence forms. The next several decades increased both knowledge and awareness of language problems. Indeed, the title of the professional organization was changed in recognition of this, from the American Speech and Hearing Association to the American Speech-Language-Hearing Association.

Accompanying the growing awareness of language problems was the realization that the school clinician has a commitment to students whose language is disordered or delayed. Soon, school practitioners realized that language was the foundation for learning and that language problems contributed to a student’s difficulty in mastering reading or math skills. Simultaneously, educators and special educators were increasing their understanding of learning disabilities in general. Language problems were recognized as key characteristics in children who presented with hearing impairments, developmental delays, attention deficit disorders, learning disabilities, physical and emotional impairments, or autism spectrum disorder, or who were environmentally disadvantaged. Acknowledging that learning is language based led to reframing the SLP’s roles and responsibilities in the school setting. That realization has contributed to modifica-

tions in preservice preparation, academic curricula, preservice clinical experiences, and service delivery practices.

## **Quality Improvement**

The growth in numbers of speech therapists serving the schools was steady during the 1950s and the 1960s. That era concentrated on the improvement of quality as well as increasing the quantity of therapists by emphasizing increased training and experiences for clinicians to meet advanced certification standards set by professional organizations.

A major project geared toward improving speech and hearing services to children in the schools was undertaken by the U.S. Office of Education, Purdue University, and the Research Committee of the American Speech and Hearing Association (Steer, 1961). The primary objectives were to provide authoritative information about current practices in the public schools and to identify unresolved problems. Based on the findings, priorities were established for identifying urgently needed research. Hundreds of clinicians, supervisors, classroom teachers, and university personnel collaborated to develop a list of topics for further study. Work groups then distilled the research. The following topics were given the highest priority: collection of longitudinal data on speech development and disorders; comparative studies of program organization and types of services offered; and comparative studies of the use of various speech, voice, and language intervention protocols.

Six additional topics were also identified and assigned a high priority: the development of standardized tests of speech, voice, and language skills; the development criteria for selection of primary-grade children for inclusion in remedial programs; comparative studies of speech improvement and clinical programs; comparative studies of group, individual, and combined group and individual therapy programs; studies of the childhood adjustment and language usage

in relation to changes in speech accomplished during participation in therapy programs; and comparative studies of different curricula and clinical training programs for prospective public school speech and hearing personnel.

The study also addressed topics such as the professional role and relationship of school clinicians, supervision and management of programs, diagnosis and measurement, and the recruitment of professional personnel to meet the growing needs of children with communication handicaps in the schools. Decades later, these issues continue to be of utmost importance to professionals, ASHA members, and school practitioners.

### THE “QUIET REVOLUTION”

School programs changed rapidly in the 1960s and early 1970s. O’Toole and Zaslow (1969) referred to that time frame as the “quiet revolution.” SLPs became more outspoken and began to talk about taking steps to break the cycle of mediocrity. They discussed lowering caseloads, giving high priority to the most severe cases, employing intensive versus intermittent scheduling patterns, extending programs throughout the summer, utilizing diagnostic teams, and many other issues. Emphasis had shifted, slowly but surely, from quantity of services to quality.

Several events occurred in the late 1960s and 1970s that attest to the recognition of school speech-language specialists as a large and important segment of the profession. The American Speech and Hearing Association named a full-time staff member to serve as Associate Secretary for School/Clinic Affairs. In 1971, a new journal was initiated, *Language, Speech, and Hearing Services in Schools (LSHSS)*. In 1999, Special Interest Division 16: *Issues in School Service Delivery* was established and focused on practice in school settings. Subsequently, many task forces and committees have worked diligently to foster better understanding of school-based services, children

with disabilities, the SLP’s role in schools, the impact of communication on learning success, and challenges to quality. These steps attest to the importance of school-based practice and have resulted in upgrading the qualifications needed to practice in schools, re-shaping the focus of intervention, improving treatment procedures, and encouraging collaboration with our education colleagues.

Simultaneously, outside influences also put pressure on professionals to change the way they provided services to children. Of great significance were changes that occurred in the philosophy and conditions surrounding the American education system. Influences that had the greatest impact included population increases, growing demographic and cultural diversity, limited school budgets, the importance of literacy, children’s right to a fair and appropriate education, attention to populations with special needs, and the adoption of Common Core State Standards for education.

### FEDERAL LEGISLATION FOSTERS CHANGE

In 1954, the U.S. Supreme Court’s decision in the case of *Brown v. Board of Education* set into motion a new era and struck down the doctrine of segregated education. This decision sparked interest in issues such as women’s rights, the right to education and treatment for the children with disabilities, and the intrinsic rights of individuals, including African Americans and other minority groups.

### THE PARC CASE

An extension of the *Brown v. Board of Education* decision, according to Reynolds and Rosen (1976), was the consent decree established in the case of the Pennsylvania Association for Retarded