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An Assessment of Communication Between Speech-Language Pathologists and Intervention Specialists in Schools

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AN ASSESSMENT OF COMMUNICATION BETWEEN SPEECH-LANGUAGE
PATHOLOGISTS AND INTERVENTION SPECIALISTS IN SCHOOLS

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HONORS PROJECT

Submitted to the Honors College
at Bowling Green State University in partial fulfillment of the
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UNIVERSITY HONORS

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Abstract

The American Speech-Language Hearing Association states that Speech-Language Pathologists (SLPs) should collaborate with other professionals, including Intervention Specialists (ISs). In recent decades, there has been a shift from pull-out therapy, where students are removed from the classroom for services, to push-in therapy, which takes place within the classroom. This shift has resulted in greater overlap in SLP-IS caseloads. However, there is little known about the collaborative practices of these professionals. This study aimed to close the gap by using surveys to address two main research questions.

- 1) What is the focus, modality, and frequency of collaboration between SLPs and ISs?
- 2) What do these professionals perceive as benefits and barriers to collaboration?

Other survey questions addressed demographic data and changes resulting from the COVID-19 pandemic. Participants were school-based SLPs and ISs recruited via email. Descriptive statistics were reported for closed-ended questions, with comparisons between SLP-IS responses highlighted. Trends from these results and themes from open-ended questions were identified through qualitative analysis. Results indicated SLPs contribute more to curricula development with ISs than with General Education Teachers. The email mode was not used as frequently as expected, even with limited planning time. The number of SLPs who reported having informal interactions daily decreased this year compared to last year, with a shift toward more SLPs reporting these types of interactions weekly. This study provided insights into collaborative practices and allowed SLPs and ISs to reflect on existing barriers. Future studies may find additional ways to combat limitations and serve clients better.

Keywords: Speech-Language Pathologist, Intervention Specialist, interprofessional competencies, school setting, special education, interprofessional practice, collaboration

Introduction

Speech-Language Pathologists (SLPs) work in many settings, one of these being schools. When working to treat patients, it is important to collaborate with other individuals who may also work with the client. Within schools, SLPs need to work with a variety of other professionals from General Education Teachers (GETs) to reading specialists and school nurses. However, they also work with Intervention Specialists (ISs) as a result of the overlap in caseload. There has been background research on SLPs collaborating with teams of professionals; however, there is very little known about collaboration between SLPs and ISs, specifically. The following literature review focuses primarily on SLP-GET collaborative efforts.

Literature Review

In defining the roles of school SLPs, the American Speech-Language-Hearing Association (ASHA) states that SLPs should collaborate with other parties, including ISs, to best provide for the needs of students (ASHA, 2010). Many articles and studies reflected the shift in the past decade towards in-classroom therapy from the common pull-out therapy model, indicating a greater need for classroom teachers and SLPs to work together to maintain student's best interests (Archibald, 2017; Bauer et al., 2010; Case-Smith & Holland, 2009; Ehren, 2000; Huffman, 2020; Pershey & Rapking, 2003). When therapy takes place in the classroom it allows students to apply the skills they are learning in therapy to everyday situations and modifies the therapy process to better meet student needs (Ritzman et al., 2006). Students need to be able to communicate in daily life as well as the social settings within a school, which requires SLPs to collaborate with educators and parents to adapt therapy to individually meet the needs of students (Prelock, 2000). When students spend more time in pull-out therapy to gain language skills, they

can fall behind in the classroom or struggle to apply skills to real-life situations (Gosselin & Sundeen, 2019).

Alone, classroom teachers or SLPs may not have the full range of expertise needed to fully meet the needs of the student (Suleman et al., 2014). Classroom teachers tend to have more time with students than SLPs, allowing them to have a better connection with the students, but SLPs may see students across multiple years, thus giving them a more holistic view. SLPs are also able to work with either a small group of students or with students one-on-one, which can make them an asset to classroom teachers (Tollerfield, 2003). Both SLPs and ISs are trained in different skillsets within their schooling, making it critical that they provide their shared insights to collaborate and help students on their caseload succeed. Many articles also noted the importance of utilizing administrative support to allot scheduled periods for collaboration between professionals. Having designated time that aligns for professionals to work together can be beneficial to student success, especially in the realm of speech and language therapy. There is also often a difference in support based on the type of district. For example, in more rural school districts, SLPs are only able to collaborate with coworkers and administrators roughly one to two times per month, whereas in more urban districts the same type of collaboration occurs one to two times per week (Blood et al., 2002).

There are also setbacks to SLPs and educators being able to effectively collaborate. For example, oftentimes both teachers and SLPs have larger caseloads than they can effectively manage (Ukrainetz & Fresquez, 2003). This results in a lack of available planning time to collaborate regarding individual students. Since their workloads also often overlap, it can be difficult for them to spend adequate time addressing each student's needs. Nearly a quarter of children who are served under the Individuals with Disabilities Education Act (IDEA) are

classified under a “speech or language impairment,” but other students who fall under IDEA for other disabilities may also require speech or language therapy (Murphy, 2013). Due to this overlap, SLPs can find themselves taking on the role of the IS (Prelock, 2000) and covering classroom content that does not fit within their scope of practice (Giangreco et al., 2010). This can make it difficult for the SLP to stay focused on the child’s therapy and needs (Ehren, 2000). Professionals may also lack administrative support. Ritzman et al. (2003) gives insight to this through the experiences of an SLP working to meet the needs of her students. Unless able to work with the administration to designate certain kids to certain classrooms, it can become difficult for SLPs to work in a classroom setting and still meet with their whole caseload. Thus, if an SLP does not have the support and backing of the school’s administration, their role to provide services to students can become increasingly difficult. SLPs also indicated consultation with ISs as more frequent than consultation with any other group of individuals (Pfeiffer et al., 2019) indicating the overlap of these two professions. Less than a third of ISs work with other professionals daily, with 80% working with other professionals weekly (Murphy, 2013) indicating that while professions within the school do overlap. However, there is not always communication about how to go about the overlapping job roles. This again indicates that SLP-IS overlap creates a greater need for collaborative efforts.

Other barriers include various other scheduling difficulties, barriers within the curriculum that make it harder for SLPs and teachers to collaborate (Bauer et al., 2010), and the paperwork required (Blood et al., 2002). The roles of SLPs and teachers or other team members can become blurred unless agreed upon from the beginning. For example, an SLP and an Occupational Therapist (OT) may both specialize in swallowing disorders. Unless agreed upon from the start this may cause roles to overlap (Crais & Woods, 2016). This often occurs as well in in-classroom

therapy. Many professionals lack training in collaborative practices and due to other time constraints may not have time to look into or read new articles about Evidence-Based Practice, thus making it harder to implement new and beneficial strategies (Hoffman et al., 2013). Oftentimes, SLPs and educators lack the training to understand how to effectively collaborate and utilize one another's unique skill sets to meet student needs. A survey of education students entering the workforce discovered that the majority of graduating teachers were unaware of the role SLPs play in the school setting (Myrick, 2018). However, in the same survey, both graduating SLPs and educators thought that working together was important for student success (Myrick, 2018).

Bauer et al. (2010) offer some insights into making collaboration better. For example, assessing a student's needs together can make clearer what role each individual should play in the therapy process. Another idea is designing therapy to meet classroom needs, thus requiring the SLP to be aware of what is taking place in the classroom and making students the priority in all circumstances (Bauer et al., 2010). This keeps bias out and if the SLP and IS do not get along, it gives them common ground and a purpose to their shared work. Shared documents and co-teaching can also be utilized for students' needs to be met (Gosselin & Sundeen, 2019).

One study had an SLP provide professional development training to classroom teachers and then followed the training with in-class observation and coaching (Girolametto et al., 2012). When educators received this training, they broadened their language usage around students and implemented it in a way that helped students develop a deeper knowledge of sounds (Girolametto et al., 2012). SLPs often lack training around in-classroom therapy and view it as disruptive and more work; however, this research indicates that with better knowledge and training on collaborative methods, all parties may benefit from moving therapy into the

classroom (Green et al., 2019). Goncalves (2015) discussed using collaboration to continually meet outside of the classroom in order to meet student's classroom and therapy needs.

Current Study

From assessing the literature, potential hypothesis could be extracted regarding SLP-IS collaboration. First, collaboration would most likely focus on curricula requirements and therapy needs rather than sharing differing expertise. This was based on literature that indicated therapy needs to focus on helping students integrate into the classroom. Due to time constraints, professionals are forced to get to the point without having the opportunity to develop a deeper understanding of the other professional's roles and utilize their knowledge as a resource. Next, it was hypothesized that collaboration would be limited due to time constraints and workload size. Oftentimes, these professionals have larger caseloads than they can effectively manage, thus creating extra work to provide the resources and time required to help students. The time that larger caseloads consume also means there is less time for professionals to communicate about what is happening and collaborate on ways to help students' therapy processes. Additionally, it could be anticipated that collaboration would take place more often between SLPs and ISs than between SLPs and GETs. This may result from a greater overlap of caseloads between SLPs and ISs. Furthermore, it could be hypothesized that collaboration would most likely be unplanned and would occur either by email or talking in passing. This would occur due to a lack of planning time and limited overlap in planning time that could hinder professionals from having pre-planned meetings. Benefits to collaboration could include sharing resources, goals, and learning from other professions. Since these were key benefits to SLP-GET collaboration, it would be likely they would occur for SLP-IS collaboration as well. Finally, expected barriers to collaboration might include time constraints and a lack of knowledge of what the other

professionals do. Current literature on SLP-GET collaboration indicates caseload sizes made it difficult to have the time to collaborate with other professionals and that there is ambiguity to the roles of other professionals that made it difficult for these professionals to share insights into the therapy process.

The current literature on topics of collaboration and SLP-IS communication is limited. The research conducted has been small scale, indicating a need for follow-up research to give validity to results. Therefore, the direction for the following project is to focus on SLP-IS collaboration in schools. The main themes to be addressed include focus, modality, and frequency of collaboration, as well as existing benefits and barriers to collaboration. In order to address the hypothesis above, two research questions were developed to guide the research.

Research Questions

The overarching goal of this study was to identify benefits and barriers to collaboration between SLPs and ISs to find ways to improve collaboration. This study addresses the following research questions:

- 1) What is the focus, modality, and frequency of collaboration between SLPs and ISs?
- 2) What do these professionals perceive as benefits and barriers to collaboration?

Methods

Participants

Participants were school-based currently practicing SLPs and ISs within the United States. Surveys were distributed via email. Bowling Green State University (BGSU) faculty sent surveys out to former students who were currently practicing, and other surveys were distributed by the researcher and faculty advisors via a BGSU email. After the survey, participants had the

option to indicate interest in a virtual, follow-up interview process to elaborate on themes from within the survey. These interviews will be conducted at a later date, as a follow-up study.

Survey

There were two separate surveys, one for SLPs and one for ISs. Each survey had a total of 27 questions, with 24 total pages in the survey. These questions can be viewed in **Appendix A**. Of the 27 questions, 23 were closed-ended questions and 4 were open-ended questions. The first question of the survey asked if professionals were currently practicing with their own caseload. If they indicated they were not, the survey was stopped. All other questions in the survey could be skipped if desired. The majority of the questions were on their own page, but three questions regarding pre-planned meetings, current informal communication, and pre-COVID informal communication were grouped onto a page together as the answers to one question may change after reading the following question. Questions between the surveys were parallel to one another but used different terminology that may be better understood by each profession. The close-ended questions primarily related to descriptive information, the focus, modality, and frequency of collaboration. Open-ended questions discussed the benefits and barriers to collaboration as well as job roles of each professional.

Procedures

This study utilized surveys, including both closed-ended and open-ended questions, to obtain data. After being approved by the Institutional Review Board, the surveys were developed in Qualtrics. They were then tested by students and faculty before being distributed to currently practicing, school-based SLPs and ISs. Upon receiving the data from the surveys, the results were compiled to be assessed for common themes and significant findings. Results from each survey were compared to one another to look for similarities and differences. For close-ended

questions, averages were primarily used to find how often practices occurred. For open-ended questions, all responses were compiled, and responses were sorted into categories to determine common themes.

The survey method was selected for this study due to a quick response time, clear cut options, ease of distribution, and potential participant pool. Since the surveys only took 15 – 20 minutes, it was easy for the participants to fill out without too much involvement. This made it more likely that participants would respond to the survey. The quick response time also allowed for data to be collected quickly as there was limited time for the study to take place. There was also a need for clear-cut options to avoid ambiguous results. If participants felt that the options did not accurately reflect their views, they were allowed to skip questions or indicate interest in a follow-up interview to elaborate on topics in the survey. It was also important for the survey to be easy to distribute as a result of the limited time for the study. By using a link provided via email, it was easy to distribute the surveys quickly to a substantial pool of possible participants. It was also a safer option given the COVID-19 pandemic, as it required no contact with participants. Finally, surveys allowed for a larger participant pool due to the ease of receiving them via email and the limited time required to fill out and complete the survey. It was important to get as many participants as possible to get an accurate representation of the sample and using surveys was an effective method by which to do this.

Results

There was a total of 37 SLPs and 16 ISs who took the survey. Of the 37 SLPs who took the survey, one had a bachelor's degree, thirty-three had a master's degree, and one had a Clinical Doctorate. As for the ISs, seven had a bachelor's degree and eight had a master's degree. SLPs were from five different states including Ohio, Indiana, California, Michigan, and

Virginia; but were primarily Ohio-based. All IS participants were from Ohio. Seven SLPs reported primarily working with preschool students, twenty SLPs reported primarily working with elementary school students, four SLPs reported working with middle school students, and three SLPs reported working with high school students. As for ISs, three reported working with primarily preschool students, five with elementary, five with middle school, and two with high school students. Four SLPs worked in a school district with less than 500 students, eleven that worked in a district with 500-1,499 students, eleven that worked in a school district with 1,500-2,500 students, and eight that worked in a school district with over 2,500 students. As for ISs, one worked in a school district with less than 500 students, ten worked in a school district with 500-1,499 students, four worked in a district with 1,500-2,500 students, and none worked in a school district with more than 2,500 students. Full-time status was also reported. For the survey, full-time was considered 32 hours or more a week. Thirty-one SLPs were employed full time, while three were employed part-time, all ISs reported working full time. Two SLPs reported having 0-25 students on their caseload, thirteen reported having 26-50 students on their caseload, and nineteen reported having over 50 students on their caseloads. When ISs reported, twelve reported having 0-25 students, one reported having 25-50 students, and one reported having more than 50 students, as depicted in Figure 1. Both groups were also asked to indicate what portion of their caseload they shared with the other professionals. Eight SLPs reported 26-50%, three SLPs reported 51-75%, and twenty-one reported 76-100%. For IS, three reported 0-25%, seven reported 26-50%, none reported 51-75%, two indicated 76-100%, and one indicated that they were unsure.

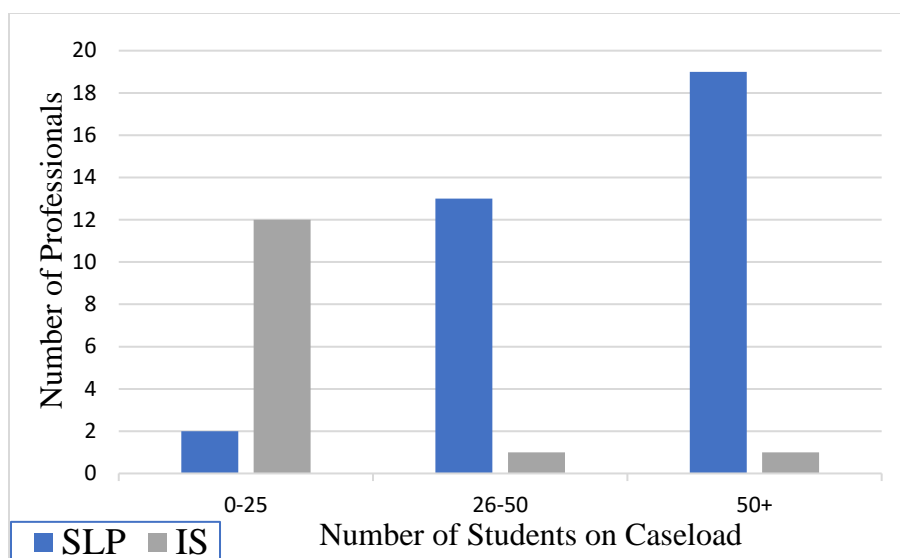
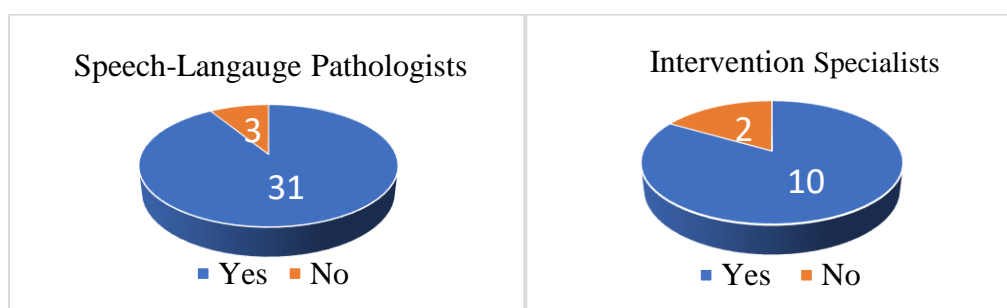


Figure 1. Caseload sizes of SLPs and ISs in schools.

Focus of Collaboration

The primary questions regarding the focus of collaboration were closed-ended questions that discussed sharing methods of how to incorporate practices either into therapy or the classroom and helping to develop therapy and curricula goals. As depicted in Figure 2, over 90% of SLPs respondents indicated that SLPs share methods of how to incorporate therapy strategies into the classroom with ISs. Similarly, Figure 3 indicates that 83% of IS also indicated that the SLP shares methods of how to incorporate therapy strategies into the classroom. Eighteen of the thirty-four SLP respondents to the question indicated that they do help ISs develop curricula to meet the needs of students on the caseload. Fifty percent of the ISs indicated that they help develop therapy strategies to meet the needs of students within the classroom.



Figures 2 and 3. Professionals indicating how often SLPs help ISs incorporate therapy practices into the classroom for cross-over.

Modality of Collaboration

The modality of collaboration was assessed through close-ended questions about planning periods, types of therapy, and methods of collaboration implemented. Just over 75% of SLPs indicated that they do not have planning periods, and all ISs reported that they do not. As for therapy type, the majority of SLPs indicated that they do still use pull-out therapy the most, indicating that students are primarily removed from the classroom for therapy. Co-teaching was the least often used with the highest respondent only utilizing it 50% of the time. As for how often ISs incorporated the SLP or other team members into the classroom, one indicated 3-4 times a week, two indicated 1-2 times per week, two indicated 1-2 times per month, and seven indicated that they never incorporate the SLP or other team members into their classroom (see Figure 4). Both SLPs and ISs indicated that while SLPs help ISs cover many areas of curriculum, they primarily help with covering social skills, vocabulary, and speech including articulation, the production of speech sounds, and phonology, which looks at the patterns within speech sounds. Finally, when asked about methods of collaboration that were implemented, both groups primarily indicated designating therapy to meet classroom needs, sharing differing expertise with the IS, and making student needs the priority.

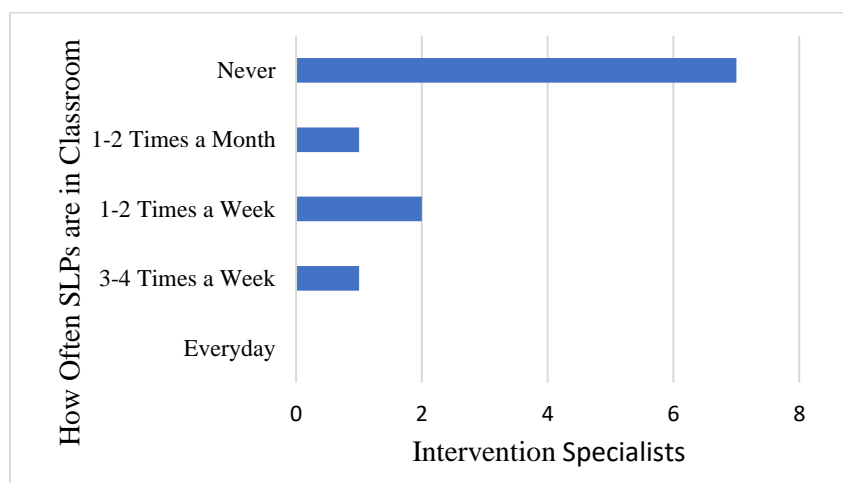
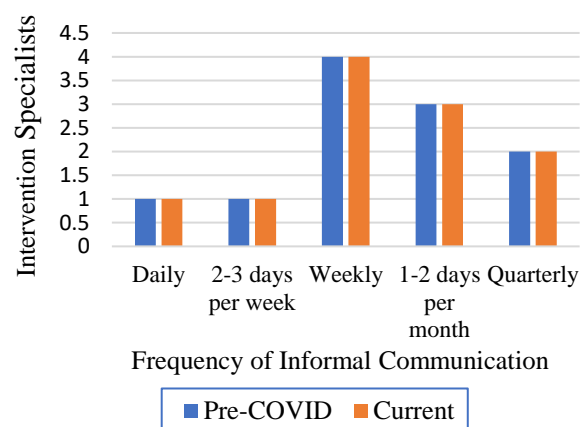
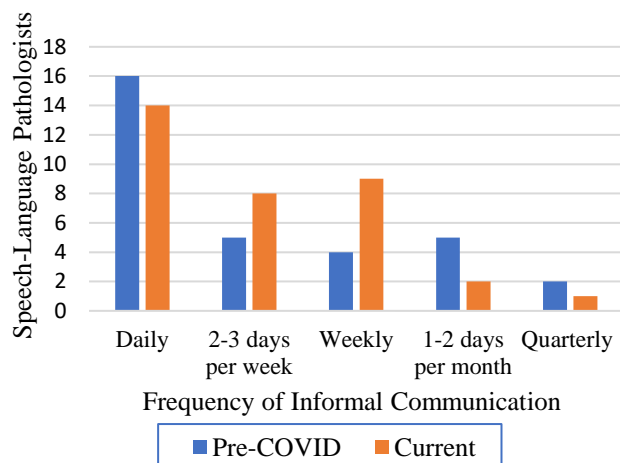


Figure 4. How often ISs reported incorporating SLPs into the classroom.

Frequency of Collaboration

To indicate the frequency of collaboration, participants were asked to answer close-ended questions about how often they have pre-planned meetings, email, and informally discuss students on their caseload. They were also asked to discuss how often they informally discussed students on their caseload before the COVID-19 pandemic since this was the mode of collaboration that was most likely to be impacted by the pandemic. All questions regarding the frequency of collaboration provided five possible answers which were daily (4-5 times per week), 2-3 days per week, weekly, 1-2 days per month, or quarterly (every 9 weeks). When SLPs indicated how often they emailed, they primarily reported either 2-3 days per week or weekly. However, ISs primarily reported weekly or 1-2 days per month. Another significant finding is that four SLPs indicated emailing daily, but no ISs reported the same. Next, SLPs reported primarily holding pre-planned meetings weekly, 1-2 days per month, or quarterly. However, IS primarily reported that pre-planned meetings only happen quarterly. SLPs indicated that informal discussion occurred primarily daily, 2-3 days per week, or weekly; as shown in Figure 5. Alternatively, ISs reported informal discussion was more likely to occur weekly or 1-2 days per month, (see Figure 6). Before COVID-19, SLPs primarily reported that informal discussions happened daily, indicating that the amount of informal discussion has decreased since the pandemic. However, ISs remained consistent, indicating that they saw no change in communication from before the pandemic to the present.



Figures 5 and 6. SLP and IS responses on informal communication before and after COVID-19.

Benefits of Collaboration

A closed-ended question asked whether there were positive developments in student learning outcomes when collaborative efforts were utilized. Eighty-five percent of SLPs indicated that they either agreed or strongly agreed that this was the case and over 70% of ISs indicated the same. While this is not a direct benefit, it does indicate the views around how collaborative efforts impact students. When reporting through open-ended questions, SLPs stated that the benefits to collaboration included providing consistency for students, increasing the ability to meet goals when working on how to achieve them together, gaining insight from the IS who spends more time with the student, and utilizing different ideas to treat the whole child. The ISs indicated that benefits included being able to work on student needs together, sharing different ideas, and gaining a unique perspective from the SLPs.

Barriers to Collaboration

Barriers to collaboration were reported in an open-ended question. SLPs indicated they did not have enough time for collaboration, their schedules did not overlap with those of IS, they did not feel they were supported by their IS, and the caseload size was too great. ISs reported they also did not have enough time, they felt the time spent collaborating was not purposeful

planning time, and they had different schedules than the ISs that made it difficult to collaborate with them. A close-ended question also addressed whether or not participants had received training on collaboration. Nearly all participants from both groups indicated that it was either only briefly mentioned or that they never received any training on how to collaborate. This supported the finding by Hoffman et al. (2013), that the majority of professionals never received training on collaboration in school. It seemed that based on the responses of participants both had a limited view of the scope of practice of the other professional, indicating they may also be unsure how to best utilize their services.

Discussion

This study addressed the focus, modality, and frequency of collaboration, as well as the benefits and barriers to collaboration. When looking at the focus of collaboration, it was hypothesized that collaboration would be focused on curricula requirements and therapy needs rather than on sharing differing expertise. This hypothesis was not supported in that both SLPs and ISs reported collaboration was primarily about meeting student needs and sharing differing expertise. The next hypothesis stated that the mode of collaboration would most likely be unplanned communication, either email or talking in passing. This hypothesis was supported as both groups indicated that collaboration primarily took place through informal discussion in the hallways or breakrooms and did not occur as often in the form of pre-planned meetings. It was also hypothesized that the frequency of collaboration would be greater for SLPs and ISs than it would be with GETs. The SLP survey results did support this, as they indicated they collaborate more often with ISs than with GETs; however, the IS results did not support this hypothesis as they indicated they collaborate more often with GETs than with SLPs. Based on literature around SLPs and GETs, I anticipated that the benefits to collaboration would include sharing resources,

goals, and learning from other professionals. SLPs indicated that collaboration helps with creating consistency for students, addressing academic needs, and overall better meeting student needs. Therefore, SLPs upheld the benefits of how shared goals improve student outcomes. The Intervention Specialists also indicated being able to work on student needs together and share ideas, thus upholding the sharing of resources and learning from other professionals. Finally, I anticipated the barriers to collaboration would include time constraints and a lack of knowledge of what other professionals do. Both SLPs and ISs indicated that it was difficult to find the time for collaboration with other professionals, thus supporting part of my hypothesis. SLPs also reported a lack of IS support in the collaborative process. This could potentially stem from a lack of knowledge of what SLPs do. If professionals are unsure as to how to collaborate, it can hinder the collaborative process.

The limitations to this study lend themselves to the ability to develop future directions to further elaborate on the themes within this study. There were four primary limitations to this study. First, the sample was primarily Ohio-based, even though there were individuals from five states, indicating the results may not be generalizable. The study was also completed on a small scale. The 37 SLPs and 16 IS who completed these surveys may not represent the feelings of the wider population. The COVID-19 pandemic may have also affected results as individuals may have changed some of their practices as a result of the pandemic. Finally, the study may not have fully represented the feelings of all participants. When closed-ended questions were offered, individuals may have felt as though none of the answers fully fit how they felt about a given topic but chose an answer anyway to try to provide the most information they could.

In the fall of 2021, a follow-up interview study will take place to allow individuals to elaborate on themes from the study and to share deeper insights into topics they may have felt

were not accurately portrayed in the survey portion of the study. Another possible future direction would be to conduct a similar study with a more diverse and larger sample to get a better depiction of whether or not the results are still supported. While these results give us insight into current collaborative practices, future studies may assist in improving our knowledge and resources in order to better serve students.

Appendix A

Survey Questions:

Speech-Language Pathologist-

Are you currently practicing in a school setting (preschool through 12th grade) with your own, designated caseload?

- a. Yes
 - b. No (stop from taking survey)
1. What is your highest level of education in Speech-Language Pathology?
 - a. Bachelor's Degree
 - b. Master's Degree
 - c. Doctorate – Clinical (SLPD)
 - d. Doctorate – Research (Ph.D.)
 - e. Doctorate – Education (EdD)
 2. What state do you currently practice in?
 - a. Fill-in
 3. What is your primary caseload?
 - a. Preschool
 - b. Elementary school
 - c. Middle school
 - d. High school
 4. In your primary place of employment, what is the school district size?
 - a. <500 students
 - b. 500-1,499 students

- c. 1,500-2,500 students
 - d. >2,5000 students
5. Are you employed full-time or part-time?
- a. Full-time (32+ hours)
 - b. Part-time (less than 32 hours)
6. How many students are on your caseload?
- a. 0-5
 - b. 6-10
 - c. 11-15
 - d. 16-20
 - e. 21-25
 - f. 26-30
 - g. 31-35
 - h. 36-40
 - i. 41-45
 - j. 46-50
 - k. 51-55
 - l. 56-60
 - m. 61-65
 - n. 66-70
 - o. 71+
7. What percentage of your caseload is shared with your school's Intervention Specialist?
- a. 0-25%

- b. 26-50%
 - c. 51-75%
 - d. 76-100%
8. Do you communicate more often with General Education Teachers or Intervention Specialists with regard to students on your caseload?
- a. General Education Teachers
 - b. Intervention Specialists
9. How often do you email with your school's Intervention Specialist(s) regarding the needs of students on your caseload?
- a. Daily (4-5 days per week)
 - b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks
10. How often do you hold pre-planned meetings with your school's Intervention Specialist(s), either in person or via prescheduled video calls, to discuss the needs of students on your caseload? Do not include emails or speaking in passing.
- a. Daily (4-5 days per week)
 - b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks

11. How often do you informally discuss students on your caseload with any of the Intervention Specialist(s) with whom you share students (in the breakroom, hallway, etc.)?
- a. Daily (4-5 days per week)
 - b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks
12. Before COVID-19, how often did you informally discuss students on your caseload with any of the Intervention Specialist(s) with whom you share students (in the breakroom, hallway, etc.)?
- a. Daily (4-5 days per week)
 - b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks
13. Do you have planning periods set aside in your schedule specifically for working with other members of your caseload's team, including your school's Intervention Specialist(s)?
- a. Yes
 - b. No
14. What percentage of each therapy type do you use? *Qualtrics blanks equal to 100
- a. Pull-out therapy (therapy that takes place outside of the classroom)

- b. Push-in therapy (moving therapy into the classroom either in small groups or one-on-one)
 - c. Co-teaching (working with the classroom teacher to design classroom plans that meet the needs of therapy)
15. Do you ever share methods of how to incorporate therapy strategies into the classroom with your Intervention Specialist?
- a. Yes
 - b. No
16. Do you ever help Intervention Specialists develop curricula to meet the needs of students on your caseload?
- a. Yes
 - b. No
17. What portion of curricula do you help Intervention Specialists cover? Check all that apply.
- a. Grammar
 - b. Spelling
 - c. Speech including articulation/phonology
 - d. Writing Essays
 - e. Reading
 - f. Vocabulary
 - g. Social Skills
 - h. Math/Science
18. Which of the following methods of collaboration do you implement? Can mark multiple.

- a. Setting aside designated times to meet with your Intervention Specialist
 - b. Assessing student needs with your Intervention Specialist
 - c. Designing therapy to meet classroom needs
 - d. Sharing differing expertise with your Intervention Specialist
 - e. Making student needs the first priority
19. When in college/university, did you ever receive training on collaboration with Intervention Specialists?
- a. It was mentioned briefly in a course(s)
 - b. I took a full course on it
 - c. It was a heavy component of multiple courses
 - d. I never received training on collaboration
20. Rate your agreement with the following statement: When working with Intervention Specialists, I notice positive developments in student learning outcomes compared to when I work on student outcomes alone.
- a. 1 – Strongly disagree
 - b. 2 – Disagree
 - c. 3 – Neither agree nor disagree
 - d. 4 – Agree
 - e. 5 – Strongly agree
21. Explain whether you find collaboration with Intervention Specialists beneficial. Why?
- a. Short answer
22. Explain whether you find collaboration with Intervention Specialists difficult. Why?
- a. Short answer

23. What therapy needs do you primarily cover as a Speech-Language Pathologist?

- a. Short answer

24. What are the curriculum needs primarily covered by Intervention Specialists in your workplace(s)?

- a. Short answer

25. Thank you for your time spent completing this survey. By answering “yes” or “no”

below, your survey responses will be recorded. In the next phase of this study, I am conducting follow-up interviews to further address themes from the survey. If you wish to learn more about participation, please click “yes, I am interested in learning more about participation in an interview.” You will be directed to a new page containing a Google form, which is not linked to your survey responses. Your survey responses will always stay anonymous regardless of your selection below. Are you interested in learning more about participation in an interview?

- a. Yes, I am interested in learning more about participation in an interview
- b. No, I am not interested in learning more about participation in an interview

Intervention Specialist –

Are you currently working in a school setting (preschool through 12th grade)?

- a. Yes
- b. No (stop from taking survey)

1. What is your highest level of education in Special Education?

- a. Bachelor’s degree
- b. Master’s Degree
- c. Doctorate - (EdD)

- d. Doctorate - (PhD)
2. What state do you currently practice in?
- a. Fill-in
3. What is your primary student group?
- a. Preschool
 - b. Elementary school
 - c. Middle school
 - d. High school
4. In your primary place of employment, what is the school district size?
- a. <500 students
 - b. 500-1,499 students
 - c. 1,500-2,500 students
 - d. >2,500 students
5. Are you employed full-time or part-time?
- a. Full-time (32+ hours)
 - b. Part-time (< 32 hours)
6. How many students are on your caseload?
- a. 0-5
 - b. 6-10
 - c. 11-15
 - d. 16-20
 - e. 21-25
 - f. 26-30

- g. 31-35
 - h. 36-40
 - i. 41-45
 - j. 46-50
 - k. 51-55
 - l. 56-60
 - m. 61-65
 - n. 66-70
 - o. 71+
7. What percentage of your students are seen by your school's Speech-Language Pathologist(s)?
- a. 0-25%
 - b. 26-50%
 - c. 51-75%
 - d. 76-100%
 - e. I don't know
8. Do you communicate more often with General Education Teachers or Speech-Language Pathologists with regard to students on your caseload?
- a. General Education Teachers
 - b. Speech-Language Pathologists
9. How often do you email with your school's Speech-Language Pathologist(s) regarding the needs of students in your class?
- a. Daily (4-5 days per week)

- b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks
10. How often do you hold pre-planned meetings with your school's Speech-Language Pathologist(s), either in person or via prescheduled video calls, to discuss the needs of students in your class? Do not include emails or speaking in passing.
- a. Daily (4-5 days per week)
 - b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks
11. How often do you informally discuss students in your classroom with your school's Speech-Language Pathologist(s) with whom you share students (in the breakroom, hallway, etc.)?
- a. Daily (4-5 days per week)
 - b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks
12. Before COVID-19, how often did you informally discuss students on your caseload with any of the school's Speech-Language Pathologist(s) with whom you share students (in the break room, hallway, etc.)?

- a. Daily (4-5 days per week)
 - b. 2-3 days per week
 - c. Weekly
 - d. 1-2 days per month
 - e. Quarterly, every 9 weeks
13. Do you have planning periods set aside in your schedule specifically for working with other members of your classroom's team, including your school's Speech-Language Pathologist(s)?
- a. Yes
 - b. No
14. How often are other team members, including Speech-Language Pathologists, incorporated into your classroom?
- a. Everyday
 - b. 3-4 times a week
 - c. 1-2 times a week
 - d. 1-2 times a month
 - e. Never
15. Does your Speech-Language Pathologist ever share methods of how to incorporate speech and language therapy strategies into your classroom with you?
- a. Yes
 - b. No
16. Do you ever help your Speech-Language Pathologist(s) to develop therapy strategies to meet students' needs within the classroom?

- a. Yes
- b. No

17. What portion of curricula does your Speech-Language Pathologist(s) help you cover?

Check all that apply.

- a. Grammar
- b. Spelling
- c. Speech including articulation/phonology
- d. Writing Essays
- e. Reading
- f. Vocabulary
- g. Social Skills
- h. Math/Science

18. Which of the following methods of collaboration do you implement? Multiple may be marked.

- a. Setting aside designated times to meet with your Speech-Language Pathologist
- b. Assessing student needs with your Speech-Language Pathologist
- c. Collaborating so student's speech/language therapy meets classroom needs
- d. Sharing differing expertise with your Speech-Language Pathologist
- e. Making student needs the first priority

19. When in college/university, did you ever receive training on collaboration with Speech-Language Pathologists?

- a. It was mentioned briefly in a course(s)
- b. I took a full course on it

- c. It was a heavy component of multiple courses
 - d. I never received training on collaboration
20. Rate your agreement with the following statement: When working with Speech-Language Pathologists, I notice positive developments in student learning outcomes compared to when I work on student outcomes alone.
- a. 1 – Strongly disagree
 - b. 2 – Disagree
 - c. 3 – Neither agree nor disagree
 - d. 4 – Agree
 - e. 5 – Strongly Agree
21. Explain whether you find collaboration with Speech-Language Pathologists beneficial. Why?
- a. Short answer
22. Explain whether you find collaboration with Speech-Language Pathologists difficult. Why?
- a. Short answer
23. What curricula and services do you primarily provide as an Intervention Specialist?
- a. Short answer
24. What are the services primarily provided by Speech-Language Pathologist(s) in your workplace(s)?
- a. Short answer
25. Thank you for your time spent completing this survey. By answering “yes” or “no” below, your survey responses will be recorded. In the next phase of this study, I am

conducting follow-up interviews to further address themes from the survey. If you wish to learn more about participation, please click “yes, I am interested in learning more about participation in an interview.” You will be directed to a new page containing a Google form, which is not linked to your survey responses. Your survey responses will always stay anonymous regardless of your selection below. Are you interested in learning more about participation in an interview?

- a. Yes, I am interested in learning more about participation in an interview
- b. No, I am not interested in learning more about participation in an interview

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