

# **Hot Topics in the Schools**

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## **How to survive the change**

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- **Do you feel like you're always trying to get someone to listen to you about speech issues!!**

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**The plan for today, what are we  
going to discuss?**

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1. Unions/contracts the law-Where do SLPs fall?? We fell through the cracks. Good or bad??
2. SLP Evaluations. How should we be evaluated?? The law!
3. Caseload/workload. Do we have a say?
4. Exit/termination of services. When can we exit?
5. SLP Assistants. What is MSHA's position?
6. New Licensure requirements. When will they begin?
7. Questions/answers.

## **State laws/contracts/unions**

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- **Major changes have occurred in our state regarding teacher contracts and union rights. Teacher rights have been removed from contracts by law and many rights have been prohibited from being in contracts or even from being subjects of bargaining. This has led to changes regarding the teacher evaluation process.**

## **Public Act 103 of 2011**

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- **Added nine additional prohibited subjects of bargaining:**
  - 1. Decisions regarding placement of teachers.**
  - 2. Decisions regarding layoff or recall.**
  - 3. Discharge or discipline regulated by Tenure Act.**
  - 4. Decisions about classroom observations.**

## Public Act 103 continued

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5. Decisions about Merit Pay.
6. Decisions about Parental Notification of Ineffective Teachers.
7. A provision allowing for the Appointment of an Emergency Manager.
8. Decisions about the Consolidations of Services.
9. Decisions regarding evaluations under section 1249 of the Revised Code.

## The law: What happened:

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- House Bill 4625 of 2011 amended the teachers' tenure law.

### Article I

DEFINITIONS. 38.71 “Teacher” defined. Sec. 1. (1) The term “teacher” as used in this act means a certificated individual.

House Bill 4625 did not include those professionals whom do not have a teaching certificate or who are in a position that does not require a teaching certificate.

## MSHA's position regarding evaluations

- It is MSHA's position that Speech and Language pathologists working in the schools be evaluated using a tool and rubric specifically created to evaluate what a speech pathologist does.
- SLPs working in the schools are not subjected to the teacher tenure laws and new prohibited subjects.
- SLPs who do have a teaching certificate are still protected because of the position they hold as an SLP as long as they are not working as a classroom teacher in any capacity. (Speech/Language classroom)

## The Law, what districts must do:

- Districts must:
  - ❖ Not force new teacher tenure laws upon non-teacher certified employees. All prohibited subjects of bargaining (including Evaluations) do not apply to SLPs.
  - ❖ All prohibited subjects may remain in a teacher's contract for those non-certified employees. (SLPs, School Social workers, School Psychologists, etc.) Your bargaining team must fight for this!
  - ❖ Use an appropriate evaluation tool to evaluate SLPs. Evaluation tool must evaluate those things relating to the SLPs scope of practice.

## What Evaluation tool can we use?

- Districts can continue to evaluate SLPs using the current tool used for SLPs as long as it appropriately evaluates the SLP's scope of practice.
- Districts can create a new tool with cooperation/collaboration with their SLPs. All SLPs in the district must use the same tool.
- As long as the above tools are made transparent, they can be created and used.
- Districts can choose to use one of the 4 tools recommended by the state.

## MDE approved evaluation tools

- The Michigan Department of Education recommends using one of the four piloted observation tools listed below for observing classroom teaching. School districts, intermediate school districts, and public school academies *are not* limited to only using these evaluation tools:
- Charlotte Danielson's Framework for Teaching **\*\*Speech Rubric\*\***
- Marzano Teacher Evaluation Model (no specific rubric for speech)
- The Thoughtful Classroom (no specific rubric for speech)
- 5 Dimensions of Teaching and Learning (no specific rubric for speech)



## **Example of Danielson's Tool for SLPs**

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- **See document 1.**

## **MSHA's Direct services chart**

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- **See document 2 for ideas on scope of practice to add to a rubric when creating your own evaluation tool. (found in MSHA Guidelines)**

## ASHA's Evaluation Tool

- ASHA recommends the use of Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (PACE)
- PACE considers:
  - Specific and unique roles and responsibilities of a the school-based SLP as presented in the ASHA document *Roles and Responsibilities of Speech-Language Pathologists in the Schools* (ASHA,2010)
  - Unique working environment of SLPs
  - Multiple measures of performance

## PACE

- An Assessment Model For SLPs
- Ensures that the evaluation measures accurately reflect the speech-language pathologist's (SLP's) unique role in contributing to a child's overall performance.
- Ensures that the SLP is contributing to the success of the school community.



## PACE Elements

- The PACE system is comprised of:
  1. *Professional Performance Review Process for the School-Based Speech-Language Pathologist (ASHA, 2006)*
    - Classroom” observation
    - “teacher” self-report
  2. Performance Assessment of Contributions and Effectiveness of SLPs (PACE) Matrix
    - Portfolio assessment

## Student Growth Measures

- Student Growth-Multiple measures (2-3) must be used. May be determined by a combination of IEP goals/objectives, nationally-normed (Goldman Fristoe), and/or locally developed assessments.
- All SLPs in your district must use the same growth measures.
- Student Growth makes up 25% of evaluation rating until 2018-2019 school year when it then moves to 40% of overall rating.

## **Example of Student Growth**

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- **See document 3**

## **Speech Caseloads**

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- **What we do when we see our caseload #s**

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## **Caseload Numbers-MDE**

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- **R 340.1745 Services for students with speech and language impairment. Rule 45.**
- **The determination of caseload size for an authorized provider of speech and language services shall be made by the authorized provider of speech and language services in cooperation with the district director of special education, or his or her designee, and the building principal or principals of the school or schools in which the students are enrolled.**

Caseload size shall be based upon the severity and multiplicity of the disabilities and the extent of the service defined in the collective individualized education programs of the students to be served, allowing time for all of the following: (i) Diagnostics. (ii) Report writing. (iii) Consulting with parents and teachers. (iv) Individualized education program team meetings. (v) Travel.

Individual caseloads of authorized providers of speech and language services shall not exceed 60 different persons and shall be adjusted based on factors identified in subdivision (b) of this rule. Students being evaluated shall be counted as part of the caseload. (d) An authorized provider of speech and language impaired services shall be either a teacher of students with speech and language impairment under R 340.1781, R 340.1782, and R 340.1796, or a person with a master's degree, as qualified under R 340.1792.

## Getting around the Rule

- Counties, ISDs and Districts can do three things to increase the caseload size set by the MDE:
  1. Apply for a waiver. Waivers last for 3 years. Can be renewed.
  2. Create a plan. ISD, District or County submits a plan for an alternate program. Caseload numbers spelled out in plan.
  3. Deviation- ISD, District or County writes a deviation from the rule. Shorter terms, usually mid year for the rest of school year. Something comes up to warrant the deviation.

## **I'm over 60, now what?**

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1. Check for possible caseload waivers, plans or deviations from the rule in your ISD or County Agency.
2. Meet with the other SLPs in your school or district.
3. Meet with your director to discuss your concern. Review MDE rule.
4. Educate your director regarding MDE rule and all factors involved in setting caseload number. Paperwork, evaluations, severity, etc. (come with a plan and a solution for your director. Be prepared. Don't just complain.)
5. Work with your director to attempt to re-distribute the caseload among all SLPs in your district.

**If you have done all of those things and you and your colleagues are still considerably over in caseload numbers then you, a group of SLPs, or possibly a parent on your behalf, may file a complaint with the State of Michigan. Collaborative problem solving should always be attempted first between the SLPs and the district/special ed. director. Filing a complaint should only be done as a last resort. Consider ramifications!**

If you feel that your district is violating the Michigan Administrative Rules for Special Education or the Individuals with Disabilities Education Act you can file a state complaint. Information is available at:

[http://www.michigan.gov/mde/0,4615,7-140-6530\\_6598\\_7363-299064--,00.html](http://www.michigan.gov/mde/0,4615,7-140-6530_6598_7363-299064--,00.html)

Also, please feel free to contact the MDE information line at [1-888-320-8384](tel:1-888-320-8384) with any additional questions or concerns.

## High Caseload? How To Manage It!

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- Advocating for a Workload Approach to Assigning SLPs
- Given the expanding roles and responsibilities of school-based SLPs and the impact of larger caseloads on service delivery options and student outcomes, it is imperative that there be a conceptual shift from "caseload" to "workload" in order to ensure delivery of appropriate services to students with disabilities, consistent with the intent of IDEA and best practices in school speech-language pathology. That is, the total workload activities required and performed by school-based SLPs must be taken into account to set appropriate caseload standards.



### Administrative Solutions

School districts have implemented a variety of administrative solutions to assist SLPs in managing their existing workloads.

**Contract Language:** Teacher contracts may be written to prescribe maximum caseloads and/or the use of workload when establishing a caseload. Contracts may also prescribe other activities in which an SLP may and may not engage.

**Expansion of Response to Intervention (RTI):** Trial direct services can be delivered within the context of RTI. Progress monitoring determines the need for continuation in RTI or for consideration for special education services. The workload model provides for this kind of service.

**IEP Factors:** IEP documents can be written to reflect a variety of service delivery options, including frequency, location, and amount of service. Amount of service can be specified in various clusters (e.g., weekly, monthly, biannually, annually). Changes in service delivery can be triggered by goal mastery. 5 Minute Kids program (Susan Sexton).

**Staffing:** Additional SLPs can be hired if the workload analysis indicates that additional staffing is required to deliver all specified services, or existing staff can be redistributed to ensure equity of workload within a district.

### Scheduling Strategies

Scheduling should be clearly noted on the IEP; SLPs should ensure that scheduling decisions are individualized and that parents, caregivers, and educators understand the strategy or strategies selected. Although federal regulations allow for significant flexibility in designating frequency of service on the IEP, local and state jurisdictions may operate differently.

**3:1 Model:** Direct services are provided for 3 weeks, followed by indirect services provided for 1 week.

**Cyclical Schedule (e.g., Block scheduling):** Direct services are provided for a specified period of time followed by a similar time of indirect services (e.g., 9 weeks of direct intervention, followed by 9 weeks of indirect services).

**Flex Schedule:** The frequency, amount, and type of services vary based on student progress toward IEP goals or changing classroom demands.

**Receding Schedule:** Initial service involves intense amounts of direct services, which is then reduced over time based on student progress.

**Weekly Schedule:** Direct services are provided on a weekly basis—for example, two 30-minute sessions per week.

### Advocacy

SLPs wishing to advocate for the adoption of a workload model in their district or state need to do "their homework" before launching any effort. As with any advocacy effort, there are many factors that an SLP or group of SLPs or state association must consider including

- analyzing the potential for change
- determining of support and opposition among stakeholders and decision makers
- identifying the decision making cycle
- forming a group and assigning roles
- making connections-gaining support from likely and unlikely sources
- developing an action plan
- creating a proposal and leave behind fact and information sheets.

### Where can I get help?

- **ASHA has a lot of information regarding workload/caseload on their website.**
- **Workload/caseload recommendations can be found in the MSHA Guidelines.**

## **Exiting Speech Students, our ultimate goal!**

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- **How SLPs feel when they Exit a student!!**

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## **When can I exit a student??**

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- **Discharge begins when admitted.**
- **Exit begins at the initial evaluation/initial IEP.**
- **Be up front with parents at the time of the initial evaluation. Describe the therapy process and attempt to give time lines and expectations. Explain plateaus, that errors or difficulties may remain but that skilled therapy may not necessarily be warranted, etc. Go over termination of services form to help you explain.**

## **Dismissal Versus Continued Eligibility**

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- **The goal of public school speech-language pathology services is to remediate or improve a student's communication disorder such that it does not interfere with or deter academic achievement and functional performance.**

- **The dismissal of students from speech-language pathology services is sometimes a difficult, conflicted, and even contentious process. Some parents and/or teachers believe that once a student is determined to be eligible for speech-language pathology services, that student should be entitled to those services for the duration of his or her school career. It is often challenging for SLPs to determine if a communication problem continues to adversely affect academic achievement and functional performance and to communicate aspects of this determination to parents and teachers.**

**The first step in the dismissal process should occur when the student is first determined to be eligible for services through an IEP. The SLP should make the goals of speech-language pathology services clear to parents and teachers. The goals are as follows:**

- **to determine if the student's communication disorder is adversely effecting academic achievement and functional performance;**
- **to provide intervention for those communication disorders that are adversely effecting academic achievement and functional performance, specifying goals leading to specific criteria for dismissal;**
- **to dismiss the student from speech-language pathology services once the criteria for eligibility are no longer met.**



## Exit Criteria

- **Student exit from treatment ideally occurs when the individual, family, or designated guardian, and speech-language pathologist as a team conclude that the communication or feeding and swallowing disorder is remediated or when compensatory strategies are successfully established.**

## Time To Exit When:

- **Per the IEP, speech and/or language goals have been met.**
- **Speech and/or language problem no longer exists.**
- **Speech and/or language problem is no longer a handicapping condition (i.e., does not meet severity criteria).**
- **Speech and/or language problem no longer interferes with the student's educational performance, including academic, and/or vocational functioning.**
- **Given current medical, neurological, physical, cognitive, emotional, and/or developmental factors, the student's speech/language performance is within his/her expected language performance range.**



## Time to Exit Continued:

- The student has made minimal or no measureable progress over a period of one or two years of consecutive management strategies. During that time, program modifications and varied approaches have been attempted unsuccessfully. A second opinion may be obtained.
- Limited carryover has been documented due to the student's lack of physical, mental or emotional ability to self-monitor or generalize in one or more environments.
- Student's attendance is so low as to preclude progress through therapeutic intervention (\_\_\_\_% attendance within the last year).
- Parent/guardian requests that speech/language services be discontinued.
- Student is graduating

## Exit Criteria

ARTICULATION	LANGUAGE	FLUENCY	VOICE
<input type="checkbox"/> The student maintains a minimum of 75% correct production of error phonemes in spontaneous speech. <input type="checkbox"/> The student has achieved appropriate compensatory behaviors.	<input type="checkbox"/> The student scores are 1 1/3 standard deviations or less than his/her expected language performance range on appropriate standardized tests which evaluate the specific areas of remediation. <input type="checkbox"/> The student's language skills are judged to be adequate in remediated area(s) of content, structure, and/or usage, determined by informal measures. <input type="checkbox"/> The student can effectively communicate through the use of an augmentative communication system.	<input type="checkbox"/> The student demonstrates fluency within normal limits for age, sex, and speaking situation(s) or exhibits some transitory dysfluencies. There is minimal or no adverse effect on educational performance and minimal or no listener/speaker reaction. <input type="checkbox"/> The student exhibits 0-3 stuttered words per minute. <input type="checkbox"/> The student speaks 110-150 words per minute. <input type="checkbox"/> The average duration of student's dysfluency is .5 seconds or less. <input type="checkbox"/> The student scores 0-4% on Riley's Stuttering Severity Instrument. (SSI)	<input type="checkbox"/> The modal pitch is optimal, and/or the laryngeal tone is clear, and/or the rate is at an optimal duration, and/or nasality is within normal limits a minimum of 80% of the time under varying conditions of use. <input type="checkbox"/> There is improved status of the laryngeal area, such as reduced thickening or reddening, or a reduction or elimination of additive lesions (such as nodules). <input type="checkbox"/> The student and/or parent is satisfied with the voice changes and/or the student reports little or no irritation or discomfort in the laryngeal area.

## **Exit/Termination form**

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- **See Document #3**

## **SLP Assistants-MSHA's position**

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- **MSHA does not have a "yes or no" position on their utility. Should the time come when we need to advocate and/or legislate on this topic, we have a tremendous working document that the adhoc committee drafted about potential guidelines for potentially licensing/certifying SLPAs to pull from and modify as needed. It was widely agreed upon by leaders in the association that ANY personnel assistant/assistant program should have guidelines and currently MI does not have any guidelines. We want to make sure we have input and are involved from the beginning of any legislation process.**

## New Licensure requirements

- MSHA is on top of the new requirements for licensure – we have been working with our lobbyist as well as following the legislation. The CE component of our license will likely be mandated by 2018. We believe it will be the same as ASHA's requirement - 10 clock hours per year - but it will also include a requirement for a class taken in human trafficking as well as a pain management class. These last 2 items will be mandated for all fields who hold a Michigan license not just SLPs.
- It was decided that although the proposed rule changes will eventually go into effect, it will be some time before they do and we will wait until the 2017 conference before we focus on offering CEUs for the "human trafficking" and "pain management" PD requirements.

## Questions?



## References

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- **Michigan Speech and Language Guidelines**
- **Michigan Department of Education**
- **American Speech Language and Hearing Association (ASHA)**

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