

## Workload Time Survey (Form B instructions)

1. **Date:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

3. **School** (Use separate survey form for each school):

\_\_\_\_\_

4. **FTE** (Your assigned FTE at **this school** for S/L duties. Do **not** include reg ed funded time for providing language preps, other collaborative teaching duties):

\_\_\_\_\_

5. **Caseload** (Current number of students with S/L IEPs that you serve):

\_\_\_\_\_

6. **Case management** (Number of students on your caseload that you case manage): \_\_\_\_\_

### Instructions

1. Use five consecutive days when you are at school and working with students. Do not use a sick day or staff development day for this survey. If you are ill or work part time, record into the next week so that you have 5 full days of data on the survey.
2. To the best of your ability, record the number of minutes each day that you perform the functions listed on the survey. If you do not perform a function, leave a blank space next to it. Total the time each day that you spend on all activities.
3. Note in the rightmost column your estimation of the time you would need (as opposed to the time you have available) to provide student services that meet the following criteria:
  - Provide appropriate services to meet students' individual needs (as required by IDEA)
  - Implement best practice in school speech-language pathology
  - Ensure compliance with education agency mandates
4. For activities under the category of Compliance (including case management), highlight those activities that you do when students are not available for instruction (i.e., before students arrive and after students leave).