



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

Schools Survey Report:  
Trends in Educational Audiology  
2010–2018

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November 30, 2018

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## Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2018 Schools Survey* to gather information about professional issues related to school-based services. Results from this survey are presented in a series of reports, including this report on trends in educational audiology.

Findings from the 2010, 2012, 2014, and 2016 *ASHA Schools Surveys* are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for all survey years.

## Survey Report Highlights

### Workforce and Work Conditions

In 2018:

- 88% of survey respondents who were employed as audiologists worked full time—about the same as in recent years (80%–85% from 2010 to 2016).
- 91% of survey respondents who were employed full or part time as audiologists were salaried employees—about the same as in recent years (87%–95% from 2010 to 2016).
- 42% of audiologists reported that job openings for clinical service providers were *fewer* than job seekers in their type of school and geographic area, down steadily from 69% in 2012.
- Audiologists were asked if they supervised audiology assistants or aides. Of those who did, the median number they supervised was 1—the same number as in 2016.
- 66% of audiologists reported that *budget constraints* was their greatest/one of their greatest professional challenges—the same as in 2016.
- 23% of audiologists identified *adhering to administrative or regulatory mandates* and *compromising quality of services* as issues that presented them with significant ethical challenges—about the same as in 2016 (19% and 27%, respectively).

### Earnings

In 2018:

- 90% of audiologists were paid an annual salary in their primary jobs—about the same as in recent years (86%–93% from 2010 to 2016). The remainder were paid at an hourly rate.
- 77% of audiologists who were paid an annual salary in their primary jobs worked 9 or 10 months per year (an academic year)—about the same as in recent years (71%–80% from 2010 to 2016).
- Audiologists reported a median *academic year salary* of \$67,000, down from \$70,038 in 2016 (a 4% decline).

In 2018:

- Audiologists reported a median *calendar year salary* of \$80,000, down from \$82,000 in 2016 (a 2% decline).
- 16% of audiologists reported having unpaid student debt—about the same as in recent years (13%–15% from 2010 to 2016). The median amount owed was \$60,819, up substantially from \$25,000–\$33,094 from 2010 to 2016.

### **Caseload/Workload**

- In 2018, audiologists had a median monthly caseload size of 60, up from 50 in 2010 and 2012, up from 55 in 2014, and the same as in 2016.
- As would be expected, from 2010 to 2018, most audiologists served students with hearing loss. In 2018, 53% of audiologists served students with autism spectrum disorder—up from about 30% from 2010 to 2014, and up from 46% in 2016.
- From 2014 to 2018, audiologists spent much of their time each week performing diagnostic evaluations (12–16 hours) and providing technological support (8–11 hours).
- In 2018, 27% of audiologists were required to make up missed sessions with students any time they missed a session for any reason—about the same as in 2016 (29%).
- In 2018, 38% of audiologists did not participate in multi-tiered system of supports (MTSS)/ Response to Intervention (RtI), or pre-referral—the same as in 2016.

### **Practices**

In the 2016 and 2018 surveys:

- Audiologists were asked to rate how important certain issues were in relation to the Individuals with Disabilities Education Act (IDEA). In both years, they rated connection with the Early Hearing Detection and Intervention (EHDI) program, early childhood, early intervention, and funding as *very important* more frequently than the other issues listed.
- Audiologists were asked what system(s) or tool(s) were used to evaluate their job performance. In 2018, 47% of audiologists indicated a system that was also used for classroom teachers—this percentage was up from 36% in 2016.

### **Member Satisfaction Ratings**

- In 2018, 48% of audiologists indicated that ASHA was doing a good or excellent job in serving its school-based members overall—about the same as in recent years (41%–62% from 2010 to 2016).
- From 2012 to 2018, about half of audiologists further indicated that ASHA was doing a good or excellent job with advocacy and continuing education.

## Workforce and Work Conditions

### Employment Status

#### Full Time or Part Time

In 2018, most (88%) survey respondents who were employed as audiologists worked full time—about the same as in recent years (80%–85% from 2010 to 2016; see Table 1).

**Table 1.** *Employment status of ASHA Schools Survey audiologist respondents, by year.*

Employment status	%				
	2010 ( <i>n</i> = 271)	2012 ( <i>n</i> = 250)	2014 ( <i>n</i> = 173)	2016 ( <i>n</i> = 209)	2018 ( <i>n</i> = 204)
Employed full time	82	85	84	80	88
Employed part time	18	15	16	20	12
Not currently employed	Removed from analysis				

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. *Employed part time* was not defined in the surveys.

#### Employee or Contractor

In 2018, 91% of survey respondents who were employed as audiologists were salaried employees—about the same as in recent years (87%–95% from 2010 to 2016; see Table 2). Most of the remainder were contractors.

**Table 2.** *Principal employment situation of ASHA Schools Survey audiologist respondents, by year.*

Principal employment situation	%				
	2010 ( <i>n</i> = 268)	2012 ( <i>n</i> = 250)	2014 ( <i>n</i> = 204)	2016 ( <i>n</i> = 207)	2018 ( <i>n</i> = 201)
Salaried employee, full time or part time	95	93	89	87	91
Contractor, full time or part time <sup>a</sup>	3	7	11	13	9
Owner (e.g., owner of an office-based or contract-based private practice)	2	—	—	—	—

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. <sup>a</sup>From 2010 to 2014, this item was *contract employee* (e.g., *per diem* or *temporary*). Dash indicates that the item was not included in the survey.

## Job Market

In recent years, ASHA has included a question on its major surveys to assess the job market for audiologists and to quantify shortages and surpluses. The question and response categories were patterned after definitions used by the U.S. Bureau of Labor Statistics. In 2018, nearly half (42%) of audiologists reported that job openings for clinical service providers were *fewer* than job seekers in their type of school and geographic area, down steadily from 69% in 2012 (see Table 3).

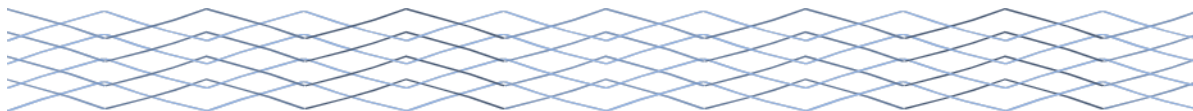
**Table 3.** Assessment of job market for school-based audiologist clinical service providers, by year.

Assessment	%				
	2010 (n = 275)	2012 (n = 260)	2014 (n = 167)	2016 (n = 210)	2018 (n = 196)
More job openings than job seekers <sup>a</sup>	10	10	11	15	25
Job openings and job seekers in balance <sup>b</sup>	23	22	34	37	33
Fewer job openings than job seekers <sup>c</sup>	67	69	55	49	42

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. <sup>a</sup>From 2010 to 2014, this item was *job openings more numerous than job seekers*. <sup>b</sup>From 2010 to 2014, this item was *job openings in balance with job seekers*. <sup>c</sup>From 2010 to 2014, this item was *job openings fewer than job seekers*. Because of rounding, percentages may not add to exactly 100%.

## Audiology Assistant Supervision

In 2018, audiologists were asked whether they supervised audiology assistants or aides. Of those who did, the median number they supervised was 1—the same number as in 2016. (These data are not shown in any figure or table.)



## Greatest Professional Challenges

In 2018, most (66%) audiologists reported that *budget constraints* was their greatest/one of their greatest professional challenges—the same as in 2016 (see Table 4). From 2010 to 2018, other top challenges were *high workload/caseload size*, *large amount of paperwork*, *limited parental involvement and support*, and *limited understanding of my role by others*.

**Table 4.** *Greatest professional challenges of school-based audiologists, by year.*

Professional challenge	%				
	2010 (n = 280)	2012 (n = 266)	2014 (n = 183)	2016 (n = 214)	2018 (n = 204)
Budget constraints	—	—	—	66	66
Ethical challenges	—	—	—	14	12
High workload/caseload size	51	46	44	42	50
Inadequate work space and facilities	19	19	28	27	30
Incorporating optimal service delivery models	—	—	21	27	36
Lack of training to work with specific disorders or special populations	—	—	—	—	12
Large amount of paperwork	59	49	52	39	38
Legal challenges (e.g., due process)	—	—	—	—	12
Limited parental involvement and support	41	42	42	43	50
Limited support from the administration	26	29	28	32	34
Limited time for collaboration	—	—	28	23	28
Limited understanding of my role by others	50	50	48	61	46
Low salary	29	29	25	36	31
Medicaid billing	—	—	—	12	11
Out-of-pocket professional expenses	33	34	28	25	21
Personnel shortage	—	—	—	17	16
Travel/distance between schools	—	—	29	23	26

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. Dash indicates that the item was not included in the survey.

## Issues That Present Ethical Challenges

In 2018, nearly one quarter (23%) of audiologists identified *adhering to administrative or regulatory mandates* and *compromising quality of services* as issues that presented them with significant ethical challenges—about the same as in 2016 (19% and 27%, respectively; see Table 5).

**Table 5.** *Issues that present significant ethical challenges to school-based audiologists, by year.*

Issue	%	
	2016 (n = 214)	2018 (n = 204)
Adhering to administrative or regulatory mandates	19	23
Completing Medicaid billing	8	9
Compromising quality of services	27	23
Feeling pressured by an employer, administrator, or supervisor to provide or deny a service, report scores, etc., that would be in violation of the ASHA Code of Ethics	—	11
Reading confidential or inappropriate information about a student posted by an audiologist or speech-language pathologist on social media	—	4
Supervising support personnel, Clinical Fellows, etc.	2	2
Working with unqualified providers	7	—
None of the above	45	53

*Note.* These data are from the 2016 and 2018 ASHA Schools Surveys. Dash indicates that the item was not included in the survey.



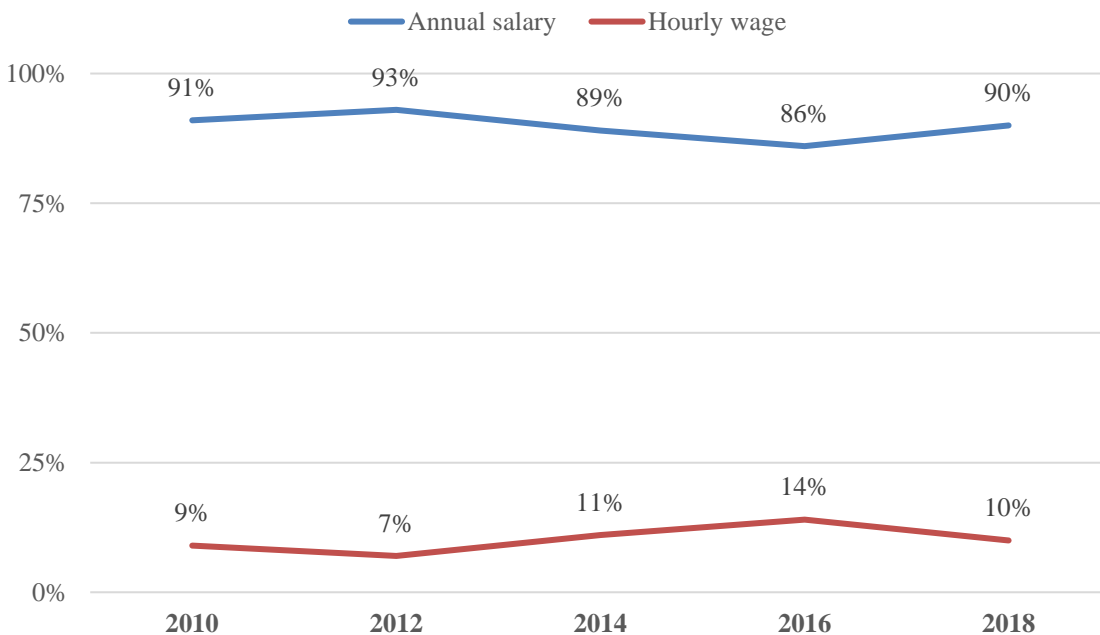
## Earnings

### Salary Basis

#### Annual Salary or Hourly Wage

In 2018, most (90%) audiologists were paid an annual salary in their primary jobs—about the same as in recent years (86%–93% from 2010 to 2016; see Figure 1). The remainder were paid at an hourly rate.

**Figure 1.** Percentage of school-based audiologists who are paid an annual salary or an hourly wage in their primary jobs, by year.



*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys.  $n = 270$  (2010);  $n = 250$  (2012);  $n = 173$  (2014);  $n = 209$  (2016);  $n = 202$  (2018).

#### Academic or Calendar Year

In 2018, most (77%) audiologists who were paid an annual salary in their primary jobs worked 9 or 10 months per year (an academic year)—about the same as in recent years (80% in 2010, 78% in 2012, 71% in 2014, and 78% in 2016). Most of the remainder worked 11 or 12 months per year (a calendar year). In 2012, 1% of audiologists selected *worked other period* on the survey. (These data are not shown in any figure or table.)

## Annual Salaries

In 2018, audiologists reported a median *academic year salary* of \$67,000, down from \$70,038 in 2016 (a 4% decline; see Table 6). The *median salary* is defined as the salary at which half of the audiologists reported more than that amount, and half reported less. Audiologists reported a median *calendar year salary* of \$80,000, down from \$82,000 in 2016 (a 2% decline).

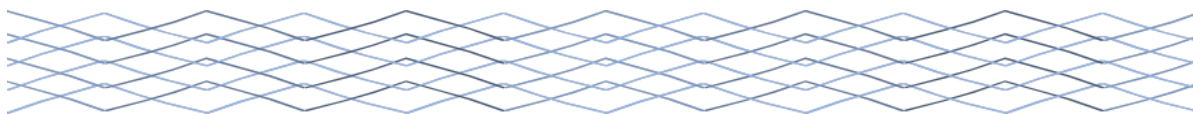
**Table 6.** Median academic and calendar year salaries of school-based audiologists, by year.

Salary	\$				
	2010 (n = 194)	2012 (n = 186)	2014 (n = 128)	2016 (n = 151)	2018 (n = 158)
Academic year (9–10 month) salary	60,000	63,000	67,000	70,038	67,000
Calendar year (10–11 month) salary	70,239	69,836	77,157	82,000	80,000

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. The salaries are full-time gross salaries (salaries prior to deductions).

## Unpaid Student Debt

In 2018, 16% of audiologists reported having unpaid student debt—about the same as in recent years (15% in 2010 and 2012, 13% in 2014, and 15% in 2016). The median amount owed was \$60,819, up substantially from \$26,000 in 2010, \$25,000 in 2012, and \$33,094 in 2016. (These data are not shown in any figure or table).



## Caseload/Workload

### Caseload Size

In 2018, audiologists had a median monthly caseload size of 60, up from 50 in 2010 and 2012, up from 55 in 2014, and the same as in 2016. In other words, in 2018, each audiologist served about 60 different students in a typical month. (These data are not shown in any figure or table.)

### Areas of Intervention

As would be expected, from 2010 to 2018, most audiologists served students with hearing loss (see Table 7). In 2018, about half (53%) of audiologists served students with autism spectrum disorder, up from about 30% from 2010 to 2014, and up from 46% in 2016. Nearly half (46%) of audiologists served students with auditory processing disorders—about the same as in 2010, 2014, and 2016 (43%–45%).

**Table 7.** Percentage of school-based audiologists serving students, by area of intervention and year.

Area of intervention	%				
	2010 (n = 175)	2012 (n = 158)	2014 (n = 100)	2016 (n = 99)	2018 (n = 98)
Acquired brain injury <sup>a</sup>	8	9	0	6	16
Auditory processing disorders	44	31	43	45	46
Autism spectrum disorder <sup>b</sup>	32	33	31	46	53
Childhood apraxia of speech	9	8	9	14	14
Cognitive communication disorders	—	—	14	30	21
Dysphagia (swallowing/feeding disorders)	3	5	0	5	6
Fluency disorders	7	10	6	7	15
Hearing loss <sup>c</sup>	84	63	76	92	92
Language disorders: Pragmatics/social communication	15	18	17	31	32
Language disorders: Semantics, morphology, syntax	—	—	15	29	28
Nonverbal, AAC	18	15	12	23	27
Reading and writing (literacy) difficulties	15	9	9	17	15
Selective mutism	5	6	5	5	3
Speech sound disorders <sup>d</sup>	16	19	12	20	23
Voice or resonance disorders	3	4	1	0	7

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. <sup>a</sup>From 2004 to 2016, this item was *Traumatic brain injury*. <sup>b</sup>From 2010 to 2012, this item was *Autism spectrum disorders, including pervasive developmental disorder and Asperger's*. <sup>c</sup>From 2010 to 2012, this item was *hearing disorders*. <sup>d</sup>From 2010 to 2014, this item was *articulation/phonological disorders*. Dash indicates that the item was not included in the survey. AAC = augmentative and alternative communication.

As would be expected, from 2010 to 2018, audiologists' caseloads included a higher average number of students with hearing loss than students with other disorders. In 2018, the average number was 48, down from recent years (50–80 from 2010 to 2016; see Table 8).

**Table 8.** Average number of students on school-based audiologists' caseloads, by area of intervention and year.

Area of intervention	#				
	2010 (n varies)	2012 (n varies)	2014 (n varies)	2016 (n varies)	2018 (n varies)
Acquired brain injury <sup>a</sup>	n/r	n/r	n/r	n/r	n/r
Auditory processing disorders	5	12	14	8	6
Autism spectrum disorder <sup>b</sup>	7	10	7	8	13
Childhood apraxia of speech	n/r	n/r	n/r	n/r	n/r
Cognitive communication disorders	—	—	n/r	11	n/r
Dysphagia (swallowing/feeding disorders)	n/r	n/r	n/r	n/r	n/r
Fluency disorders	n/r	n/r	n/r	n/r	n/r
Hearing loss <sup>c</sup>	50	79	80	59	48
Language disorders: Pragmatics/social communication	8	20	n/r	27	27
Language disorders: Semantics, morphology, syntax	—	—	n/r	26	26
Nonverbal, AAC	7	n/r	n/r	n/r	5
Reading and writing (literacy) difficulties	21	n/r	n/r	n/r	n/r
Selective mutism	n/r	n/r	n/r	n/r	n/r
Speech sound disorders <sup>d</sup>	27	34	n/r	n/r	n/r
Voice or resonance disorders	n/r	n/r	n/r	n/r	n/r

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. n/r = not reported (to preserve confidentiality and provide more certain results, we have not reported data for groups of fewer than 25 survey respondents).

<sup>a</sup>From 2004 to 2016, this item was *Traumatic brain injury*. <sup>b</sup>From 2010 to 2012, this item was *Autism spectrum disorders, including pervasive developmental disorder and Asperger's*. <sup>c</sup>From 2010 to 2012, this item was *hearing disorders*. <sup>d</sup>From 2010 to 2014, this item was *articulation/phonological disorders*. The numbers included in this table were provided by audiologists who do serve students in the areas of intervention listed. The *n* values vary widely because audiologists did not serve students in all areas. Dash indicates that the item was not included in the survey. AAC = augmentative and alternative communication.

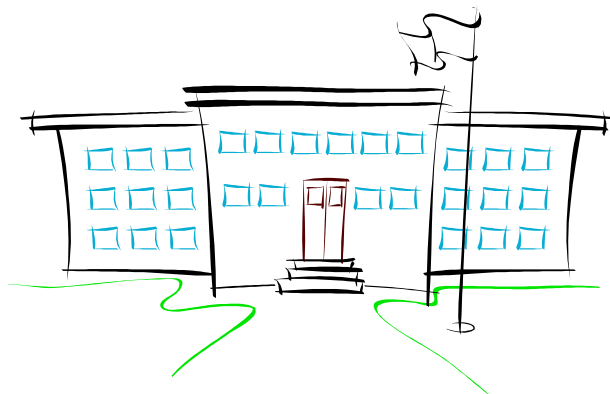
## Weekly Activities

From 2014 to 2018, audiologists spent much of their time each week performing diagnostic evaluations (12–16 hours) and providing technological support (8–11 hours; see Table 9).

**Table 9.** Number of hours per week that school-based audiologists spend on activities, by year.

Weekly activity	#		
	2014 (n = 92)	2016 (n = 76)	2018 (n = 84)
Collaborative consultation	—	—	5
Direct intervention: Classroom-based/integrated services	2	2	9
Direct intervention: Pullout	3	3	8
Services to Section 504 students	1	1	4
Documentation/paperwork	7	7	—
Medicaid billing	—	1	—
Other indirect activities <sup>a</sup>	6	2	—
MTSS/RtI activities	1	0	3
Diagnostic evaluations (e.g., observation, screening, scoring, analysis)	12	12	16
Technological support (e.g., hearing aids/cochlear implants, AAC <sup>b</sup> )	8	9	11
Supervision	1	1	5

*Note.* These data are from the 2014, 2016, and 2018 ASHA Schools Surveys. <sup>a</sup>In 2014, this item was *other indirect activities* (e.g., building activities, travel, IEP meetings, consultation). <sup>b</sup>In 2014, this item was *troubleshooting technology* (e.g., hearing aids, AAC, cochlear implants, personal FM systems). Analyses were limited to clinicians who were employed full time, worked a maximum of 52 hours per week, and had a caseload size of at least one student. Dash indicates that the item was not included in the survey. MTSS = multi-tiered system of supports; RtI = Response to Intervention; AAC = augmentative and alternative communication.



## Missed Sessions With Students

In 2018, about one third (37%) of audiologists were *not* required to make up missed sessions with students—down from 53% in 2016 (see Table 10). About one quarter (27%) of audiologists were required to make up missed sessions with students any time they missed a session for any reason—about the same as in 2016 (29%).

**Table 10.** Percentage of school-based audiologists who are required to make up missed sessions with students, by circumstance and year.

Circumstance	%	
	2016 (n = 142)	2018 (n = 146)
I am not required to make up missed sessions.	53	37
When the student misses a session due to an assembly or a classroom activity.	5	10
Any time a student misses a session for any reason.	10	12
Any time I miss a session for any reason.	29	27

*Note.* These data are from the 2016 and 2018 ASHA Schools Surveys. Analyses were limited to clinicians who were employed full or part time.

## Role in MTSS/RtI

In the surveys, audiologists were asked about their role in multi-tiered system of supports (MTSS), Response to Intervention (RtI), or pre-referral. In 2018, nearly half (40%) of audiologists provided strategies to classroom teachers—about the same as in recent years (39%–51% from 2010 to 2016; see Table 11).

**Table 11.** Percentage of school-based audiologists participating in MTSS/RtI or pre-referral, by role and year.

Role	%				
	2010 (n = 239)	2012 (n = 222)	2014 (n = 147)	2016 (n = 142)	2018 (n = 146)
Conduct screenings	38	44	45	37	38
Provide consultation as a member of the pre-referral team <sup>a</sup>	43	56	52	37	36
Provide direct services within general education	21	27	26	12	20
Provide strategies to classroom teachers	46	48	51	39	40
Not applicable: I don't participate in MTSS/RtI or pre-referral <sup>b</sup>	29	27	26	38	38

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. Analyses were limited to clinicians who were employed full or part time. <sup>a</sup>From 2010 to 2014, this item was *provide consultation*. <sup>b</sup>From 2010 to 2012, this item was *not applicable: I don't participate in RtI*. MTSS = multi-tiered system of supports; RtI = Response to Intervention.

## Practices

### IDEA

In the 2016 and 2018 surveys, audiologists were asked to rate how important certain issues were in relation to the Individuals with Disabilities Education Act (IDEA). In both years, they rated connection with the Early Hearing Detection and Intervention (EHDI) program, early childhood, early intervention, and funding as *very important* more frequently than the other issues listed (see Table 12).

**Table 12.** Ratings for how important school-based audiologists believe issues are in relation to IDEA, by year.

Issue	%				
	1 = <i>Not at all important</i>	2	3	4	5 = <i>Very important</i>
<b>2018</b> (n ≥ 143)					
American Sign Language	6	13	27	17	36
Connection with the EHDI program	1	3	11	13	73
Early childhood	0	1	10	19	70
Early intervention	1	2	3	15	80
Funding	2	3	13	17	66
IEP team independence/ strengthening	3	8	29	23	38
Language of intervention for ELLs	1	17	29	33	20
Paperwork reduction	7	17	30	16	30
Treatment of autism spectrum disorder	6	7	31	28	28
<b>2016</b> (n ≥ 172)					
Connection with the EHDI program	1	3	6	16	75
Early childhood	1	2	11	18	69
Early intervening services/MTSS/RtI	2	4	14	20	60
Funding	1	2	12	20	66
IEP team independence/ strengthening	2	7	23	28	41
Language of intervention for ELLs	10	13	26	25	27
Paperwork reduction	8	14	27	21	31
Treatment of autism spectrum disorder	7	7	34	28	24

*Note.* These data are from the 2016 and 2018 ASHA Schools Surveys. IDEA = Individuals with Disabilities Education Act; EHDI = Early Hearing Detection and Intervention program; IEP = individualized education program; ELLs = English language learners; MTSS = multi-tiered system of supports; RtI = Response to Intervention. Because of rounding, percentages may not add to exactly 100%.

## Job Performance Evaluations

In the 2016 and 2018 surveys, audiologists were asked what system(s) or tool(s) were used to evaluate their job performance. In 2018, nearly half (47%) of audiologists indicated a system that was also used for classroom teachers—this percentage was up from 36% in 2016 (see Table 13).

**Table 13.** *Systems or tools used to evaluate school-based audiologists' job performance, by year.*

Evaluation system or tool	%	
	2016 ( <i>n</i> = 209)	2018 ( <i>n</i> = 204)
A performance evaluation system that is also used for classroom teachers	36	47
A performance evaluation system that is customized for audiologists	20	26
Other evaluation system or tool (specify)	—	26
None of the above	32	—

*Note.* These data are from the 2016 and 2018 ASHA Schools Surveys. Dash indicates that the item was not included in the survey.



## Member Satisfaction Ratings

In 2018, about half (48%) of audiologists indicated that ASHA was doing a good or excellent job in serving its school-based members overall—about the same as in recent years (41%–62% from 2010 to 2016; see Table 14). From 2012 to 2018, about half of audiologists further indicated that ASHA was doing a good or excellent job with advocacy and continuing education.

**Table 14.** Ratings for what kind of job ASHA is doing in serving its school-based members, overall, with advocacy, continuing education, evidence-based resources, and questions about school-based practice, by year.

Rating	%				
	Overall				
	2010 (n = 265)	2012 (n ≥ 257)	2014 (n ≥ 175)	2016 (n ≥ 197)	2018 (n ≥ 198)
Poor	9	4	2	4	4
Fair	49	31	24	30	33
Good	38	42	56	45	44
Excellent	3	7	6	5	4
Don't know, NA	—	17	12	16	15
<b>With Advocacy</b>					
Poor	—	7	6	8	7
Fair	—	28	31	27	30
Good	—	32	33	35	37
Excellent	—	7	10	5	5
Don't know, NA	—	25	21	26	21
<b>With Continuing Education</b>					
Poor	—	8	3	6	5
Fair	—	30	24	32	33
Good	—	41	44	38	39
Excellent	—	10	18	11	8
Don't know, NA	—	10	11	14	16
<b>With Evidence-Based Resources</b>					
Poor	—	—	—	—	3
Fair	—	—	—	—	28
Good	—	—	—	—	44
Excellent	—	—	—	—	7
Don't know, NA	—	—	—	—	17
<b>With Questions About School-Based Practice</b>					
Poor	—	—	—	—	6
Fair	—	—	—	—	34
Good	—	—	—	—	34
Excellent	—	—	—	—	3
Don't know, NA	—	—	—	—	23

*Note.* These data are from the 2010, 2012, 2014, 2016, and 2018 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. Because of rounding, percentages may not add to exactly 100%.

## Survey Methodology

The survey was mailed in February 2018 to a random sample of 4,500 ASHA-certified speech-language pathologists (SLPs) and 500 ASHA-certified audiologists employed in school settings in the United States. The sample was stratified by state. Small groups, such as SLPs and audiologists in Wyoming, were oversampled. A survey notification email was sent at the time of the mailing. Second and third mailings followed, at approximately 3- or 4-week intervals, to individuals who had not responded to earlier mailings.

## Response Rates

*Of the original 500 audiologists in the sample, 494 were eligible to complete the survey. The actual number of respondents was 204—a 41.3% response rate. The results presented in this report are based on responses from those 204 individuals.*

Past *ASHA Schools Survey* response rates were as follows:

- 2010: 64.8% (overall); 59.1% (among audiologists)
- 2012: 63.6% (overall); 54.4% (among audiologists)
- 2014: 46.0% (overall); 38.0% (among audiologists)
- 2016: 47.4% (overall); 43.4% (among audiologists)

## Suggested Citation

American Speech-Language-Hearing Association. (2018). *Schools survey report: Trends in educational audiology, 2010–2018*. Available from [www.asha.org](http://www.asha.org).

## Additional Information

Companion reports are available on the ASHA website at [www.asha.org/research/memberdata/schoolssurvey/](http://www.asha.org/research/memberdata/schoolssurvey/).

## Questions?

For additional information regarding this report or school-based services generally, please contact Tricia Ashby-Scabis, AuD, CCC-A, director of audiology professional practices, at [tashby@asha.org](mailto:tashby@asha.org).

## Acknowledgment

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and public. Thank you!