



2024 **SCHOOLS** SURVEY



SLP Caseload and Workload Characteristics

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Executive Summary

In Spring 2024, the American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) and educational audiologists in school settings. The survey was designed to provide information about school-based service delivery and to update and expand information gathered during previous *Schools Surveys*.

The results are presented in a series of reports. This caseload and workload characteristics report is based on responses from SLPs in special day/residential schools, preschools, elementary schools, secondary schools, administrative offices, offices for telepractice, and a combination of types of facilities.

Overall Findings

- ◆ 90% of the SLPs employed full time or part time were clinical service providers.
- ◆ Median actual caseload size was 50.
- ◆ The median manageable caseload size was 40.
- ◆ Median actual caseload size was highest for SLPs who worked in a telepractice office (52) and lowest for those in day or residential schools (25).
- ◆ The median actual caseload sizes were highest in Indiana (78) and lowest in New York (32).
- ◆ The largest median manageable caseload size of 50 was selected by SLPs in 7 states. SLPs in Connecticut and New York identified the smallest manageable caseload size (30).
- ◆ 24% said that there was no barrier to their achieving a manageable caseload size.
- ◆ 26% identified a shortage of SLPs in their area as the single greatest barrier to achieving a manageable caseload size.
- ◆ At least 90% of SLPs served students with autism spectrum disorder and language disorders: semantics, morphology, syntax.
- ◆ Clinical service providers spent an average of 23 hours weekly in direct intervention and 6 hours on documentation.
- ◆ 42% of the clinical service providers were required to make up a missed session, but only for a few circumstances. Another 37% were always or almost always required to make up missed sessions.

Function

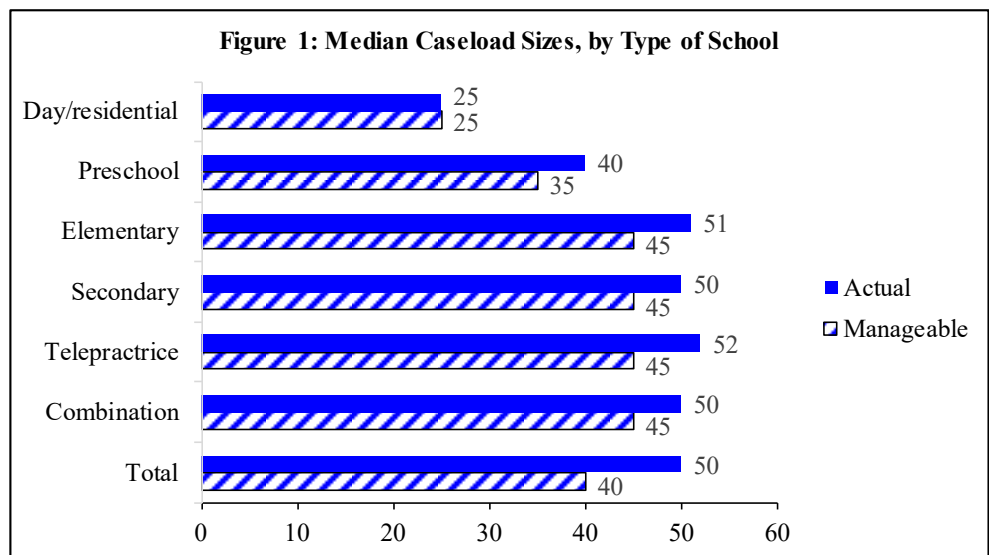
Most (90%) of the SLPs who were employed full time or part time were clinical service providers. The rest were diagnosticians (3%), administrators/supervisors/directors (3%), special education teachers (2%), consultants (1%), or filled some other role (1%).

Caseload Size

We asked the SLPs about both their actual monthly caseload sizes and what they considered to be a manageable caseload size for their caseload. The median actual monthly caseload size of ASHA-certified, school-based SLPs who were clinical service providers working full time was 50 (range of 4–351; $n = 2,815$). This median statistic is shown in Figure 1. Clinical service providers employed full time who reported an actual caseload size of at least 1 said that 40 was a manageable caseload size (range of 0–200; $n = 2,776$).

Facility

Actual and manageable caseload sizes were lowest in special day/residential schools (25). The highest actual caseload size was in offices for telepractice (52). Four facilities (i.e., elementary schools, secondary schools, offices for telepractice, and a combination of facilities) tied for highest manageable caseload size at 45 (see Figure 1).



Note. $n = 2,815$ for actual caseload sizes; $2,776$ for manageable caseload sizes.

State

Nearly two-thirds ($n = 32$) of the states had a sufficient number of respondents to warrant reporting their actual caseload sizes. The highest reportable median actual caseload size was in Indiana (78), and the lowest was in New York (32; see Table 1). The smallest decreases in manageable caseload size from actual caseload size were in Arkansas (1, from an actual caseload size of 40 to a manageable caseload size of 39) and New York (2, from 32 to 30). The largest decreases were in Indiana (28, from 78 to 50) and Louisiana (17, from 60 to 43).

ASHA 2024 Schools Survey: SLP Caseload and Workload Characteristics Report

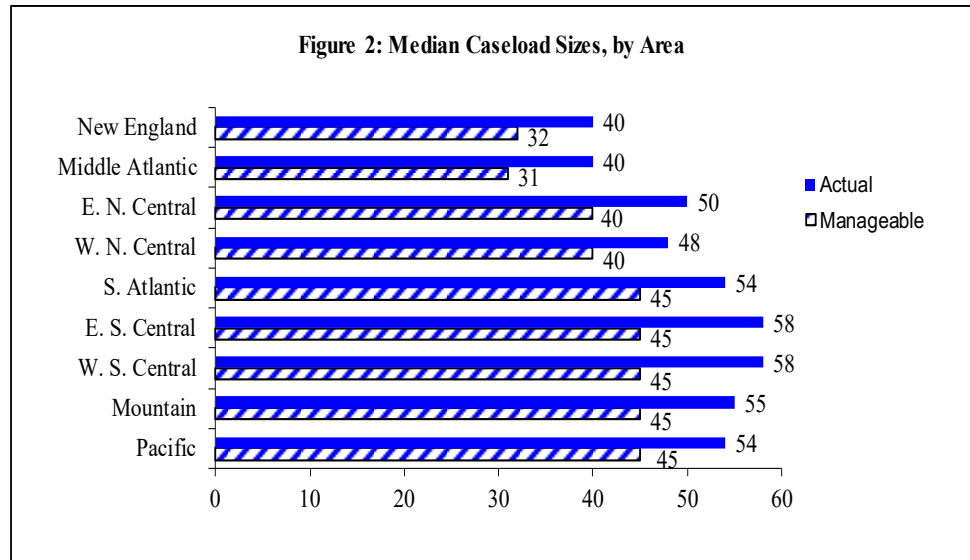
State	Caseload		State	Caseload	
	Actual	Man- ageable		Actual	Man- ageable
Alabama (AL)	55	40	Montana (MT)		
Alaska (AK)			Nebraska (NE)	55	45
Arizona (AZ)	55	48	Nevada (NV)		
Arkansas (AR)	40	39	New Hampshire (NH)		
California (CA)	55	45	New Jersey (NJ)	45	35
Colorado (CO)	50	40	New Mexico (NM)		
Connecticut (CT)	39	30	New York (NY)	32	30
Delaware (DE)			North Carolina (NC)	50	40
District of Columbia (DC)			North Dakota (ND)		
Florida (FL)	60	50	Ohio (OH)	55	50
Georgia (GA)	53	45	Oklahoma (OK)	54	45
Hawaii (HI)			Oregon (OR)	55	45
Idaho (ID)			Pennsylvania (PA)	55	45
Illinois (IL)	45	40	Rhode Island (RI)		
Indiana (IN)	78	50	South Carolina (SC)	50	40
Iowa (IA)			South Dakota (SD)		
Kansas (KS)	49	40	Tennessee (TN)	63	50
Kentucky (KY)	60	50	Texas (TX)	65	50
Louisiana (LA)	60	43	Utah (UT)		
Maine (ME)			Vermont (VT)		
Maryland (MD)	49	40	Virginia (VA)	58	50
Massachusetts (MA)	40	35	Washington (WA)	49	43
Michigan (MI)	55	45	West Virginia (WV)		
Minnesota (MN)	50	40	Wisconsin (WI)	42	35
Mississippi (MS)			Wyoming (WY)		
Missouri (MO)	42	39			

Note. $n = 2,578$ for the 32 states with reportable data in the *actual* column; 2,544 in the *manageable* column. Blank cells indicate that fewer than 25 respondents provided data.

Table 1: Median Caseload Sizes, by State

Area

The median actual caseload sizes ranged from 40 in two regions to 58 in two regions, whereas median manageable caseload sizes ranged from 31 in one region to 45 in five regions (see Figure 2).



Note. $n = 2,816$ reported *actual* caseloads; $2,776$ reported *manageable* caseloads. These numbers are larger than those in Figure 1 because they include the states that had fewer than 25 respondents. A list of states assigned to each area can be found in the Appendix.

Population Size

Neither the actual nor the manageable caseload sizes varied by population size. That is, clinical service providers who were employed full time (a) reported median actual caseload sizes of 50 in city/urban, suburban, and rural areas and (b) reported manageable caseload sizes of 40 in city/urban, suburban, and rural areas.

Barriers

We asked clinical service providers who were employed either part- or full time to identify their single greatest barrier to achieving a manageable caseload size. We presented them with a list of six options in addition to an option of *no barrier* and one that allowed them to go outside the list to specify a different barrier.

- Nearly one quarter (24%) of the SLPs said that they had no barrier—that their caseload was manageable.
- Slightly more (26%) identified a shortage of SLPs in their area as the single greatest barrier.
- 12% identified lack of support from administration.
- 10% identified difficulty with dismissal of students from services.
- 10% identified district or state policy.
- 4% selected resistance from parents.
- 1% chose shortage of assistants or aides in their area.
- Finally, 15% selected *other* as the single greatest barrier. (Those specified *other* responses can be found in Appendix C of the *2024 Survey Summary Report: Numbers and Types of Responses, SLPs.*)

Areas of Intervention

The four areas of intervention in which most of the school-based SLPs served students were (a) autism spectrum disorder (94%); (b) language disorders: semantics, morphology, syntax (90%); (c) speech sound disorders (89%); and (d) language disorders: pragmatics/social communication (87%; see Table 2).

The largest average number of students served, grouped by area of intervention, was for language disorders: semantics, morphology, syntax (23), followed by speech sound disorders (20).

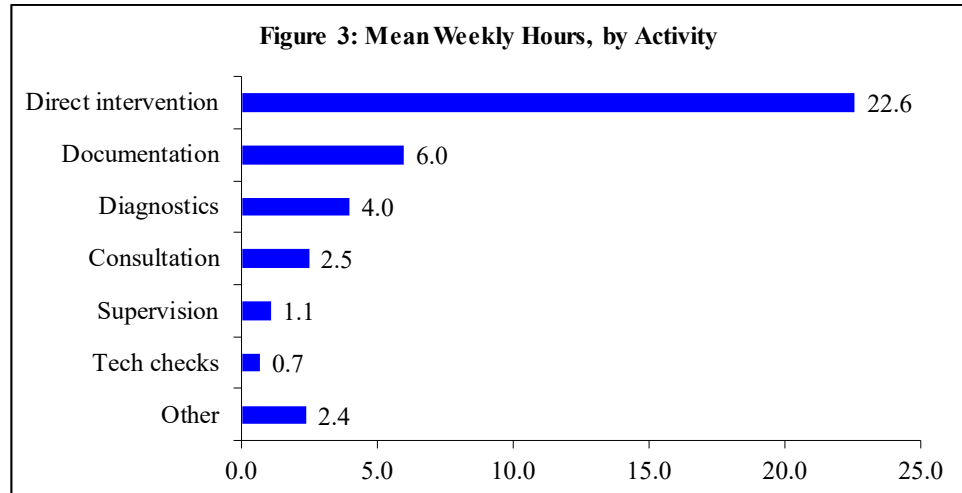
Area of intervention	Percentage of SLPs who regularly serve students in this area	Mean number of students regularly served*
Acquired brain injury (ABI)	14.1	1.8
Augmentative and alternative communication (AAC)	74.5	7.2
Autism spectrum disorder (ASD)	93.8	14.2
Central auditory processing disorder	22.8	4.3
Childhood apraxia of speech (CAS)	60.1	3.0
Cognitive communication disorders	49.5	10.6
Dysphagia (swallowing/feeding)	8.2	3.0
Fluency disorders	67.6	2.6
Gender affirming voice	0.2	3.2**
Language disorders: pragmatics/social communication	86.7	14.7
Language disorders: semantics, morphology, syntax	90.2	23.0
Reading and writing (literacy)	28.0	14.8
Selective mutism	23.0	1.4
Speech sound disorders	89.1	20.1
Voice or resonance disorders	12.0	1.8

Note. $n = 2,815$. SLP = speech-language pathologist.

*Includes only SLPs who do serve these students. **This data point came from a small sample ($n < 25$) and is less reliable.

Weekly Activities

The SLPs who were clinical service providers, were employed full time, and had an actual caseload size of at least 1 student reported spending an average (i.e., mean) of 39.3 total hours in a typical week on a list of seven activities. More of their time was spent in direct intervention (22.6 hours) than in any other activity (see Figure 3).



Note. $n = 2,347$. Total number of hours was limited to a maximum of 55 which captured 89% of respondents.

Respondents also reported that they spent a mean of

- 6.0 hours on documentation;
- 4.0 hours on diagnostic evaluations (e.g., observation, screening, scoring, analysis);
- 2.5 hours on collaborative consultation;
- 1.1 hours on supervision;
- 0.7 hour on technology checks; and
- 2.4 hours on other duties as assigned.

Missed Sessions

We asked the respondents if they were required to make up missed sessions. Most (79%) of the clinical service providers who were employed part- or full time indicated that this was a requirement.

- 42% were required to make up missed sessions—but only for a few circumstances.
- 37% were always or almost always required to make up missed sessions.
- 20% were never or almost never required to make up missed sessions.
- 1% said that the question was not applicable.

Even when those who said that the question was not applicable were removed from the analyses, differences in responses based on the type of facility where SLPs were employed were not significant ($p = .085$).

Survey Notes and Methodology

Since 2004, ASHA has fielded the *Schools Survey* in even-numbered years to gather information of interest to the professions. Members, volunteer leaders, and staff rely on data from the *Schools Survey* to better understand the priorities and needs of SLPs and educational audiologists.

The survey was fielded on January 25, 2024, to a random sample of 15,000 ASHA-certified SLPs and to all 809 ASHA-certified audiologists who were employed in school settings in the United States. Half of each group was randomly selected to receive postal surveys; half, electronic surveys. Second and third contacts followed on February 22 and March 28 to individuals who had not responded. Everyone received an electronic “be-on-the-lookout-for” message on February 15.

The sample of SLPs was a random sample, stratified by state. Small groups, such as constituents in Wyoming, were oversampled. Weighting was used when presenting data to reflect the actual distribution of SLPs in each state based on ASHA’s membership database.

Response Rate

Of the original 7,500 SLPs in the postal sample, 1 was deceased, 28 were retired, 18 were employed in other types of facilities, 97 were not employed in the field, 42 had incorrect addresses, and 7 were removed for other reasons, leaving 7,307 possible respondents. The actual number of postal respondents was 2,188, resulting in a **29.9%** response rate for this group.

Of the original 7,500 SLPs in the electronic sample, 79 had incorrect addresses, 82 opted out, and 18 were removed for other reasons. The actual number of electronic respondents was 1,561, resulting in a **21.3%** response rate for this group.

The response rate for the combined samples is **25.6%** (3,749 respondents from a possible 14,628 eligible SLPs). This report is based on those respondents.

Reports

Results from the *2024 Schools Survey* are presented in a series of reports for SLPs:

- *Survey Summary Report: Numbers and Types of Responses, SLPs*
- *SLP Annual Salaries and Hourly Wages*
- *SLP Caseload and Workload Characteristics*
- *SLP Workforce and Work Conditions*
- *Survey Methodology, Respondent Demographics, and Glossary, SLPs*

Results from the educational audiologists are presented in a separate report: *Survey Summary Report: Numbers and Types of Responses, Educational Audiologists*.

Suggested Citation

American Speech-Language-Hearing Association. (2024). *2024 Schools Survey report: SLP caseload and workload characteristics*.

www.asha.org/Research/memberdata/Schools-Survey/

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *The Practice Portal*. www.asha.org/Practice-Portal/

American Speech-Language-Hearing Association. (n.d.-b). *ASHA Workload Calculator*. www.asha.org/SLP/Schools/Workload-Calculator/

American Speech-Language-Hearing Association. (2002). *A workload analysis approach for establishing speech-language caseload standards in the school* [Position Statement]. www.asha.org/policy/PS2002-00122/

American Speech-Language-Hearing Association. (2010a). *Roles and responsibilities of speech-language pathologists in schools* [Position Statement]. www.asha.org/policy/PS2010-00318/

American Speech-Language-Hearing Association. (2010b). *Roles and responsibilities of speech-language pathologists in schools* [Professional Issues Statement]. www.asha.org/policy/PI2010-00317/

American Speech-Language-Hearing Association. (2010c). *Working for change: A guide for speech-language pathologists and audiologists in schools*. www.asha.org/uploadedFiles/Working-Change-Schools-SLPs-Audiologists-Guide.pdf [PDF]

Additional Information

If you would like to speak with a member of the ASHA School Services in Speech-Language Pathology Team about the survey, please send a message to schools@asha.org or call ASHA's Action Center (800-498-2071) and ask to be connected to a School Services staff member. To learn more about how the Association is working on behalf of school-based ASHA Certified Members, visit the ASHA Schools webpages at www.asha.org/slp/schools/.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2024 Schools Survey*. Reports like this one are possible only because people like *you* participate.

Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.



Appendix:
State Listings

Regions of the Country

Northeast

- ◆ Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- ◆ New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont

South

- ◆ East South Central
 - Alabama
 - Kentucky
 - Mississippi
 - Tennessee
- ◆ South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- ◆ West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas

Midwest

- ◆ East North Central
 - Illinois
 - Indiana
 - Michigan
 - Ohio
 - Wisconsin
- ◆ West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota

West

- ◆ Mountain
 - Arizona
 - Colorado
 - Idaho
 - Montana
 - Nevada
 - New Mexico
 - Utah
 - Wyoming
- ◆ Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington