A Survey of Collaborative Speech-Language Service Delivery Under Large Caseload Conditions in an Urban School District in the United States

Résultats d'un sondage effectué auprès de services d'orthophonie œuvrant en partenariat avec des enseignants dans un conseil scolaire américain urbain présentant de lourdes charges de travail

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Abstract

This study reports speech-language pathologists' (SLPs) responses to a survey of collaborative service delivery in an urban school district in the United States. Respondents' caseloads were approximately 50% greater than ASHA (American Speech-Language-Hearing Association, 1993) recommendations. This article describes elements of collaborative practices that were in place and explores factors that influenced why a relationship between speech-language intervention and classroom instruction was often not being attained. The survey examined contributions to reading and writing curriculum and instruction, SLPs' impressions of teacher satisfaction with collaborative service delivery, and self-perceptions of the impact of collaborative service delivery. Findings indicate that SLPs conduct ongoing consultation with classroom teachers and participate in team preparation of cross-disciplinary individual educational plan (IEP) objectives. SLPs perceive teachers as satisfied with collaborative efforts. SLPs perceive themselves as having impact when collaborative service delivery is used in conjunction with pull-out speech-language therapy. Large caseload size, elements of teacher resistance, and the absence of SLPs from regular education curriculum planning committees forestall attainment of collaborative service delivery. Responses indicate that SLPs and teachers may be unsure of their respective roles and responsibilities in collaborative partnerships.

Abrégé

Cette étude rapporte les réponses obtenues au sondage effectué auprès d'orthophonistes offrant des services dans un conseil scolaire urbain des États-Unis. Les répondants à ce sondage avaient des charges de travail dépassant de 50% la norme proposée par la *ASHA* (*American Speech-Language-Hearing Association*, 1993). Cet article fait état de pratiques effectuées en collaboration avec des enseignants et explore les facteurs qui expliquent pourquoi il n'y a pas de relation entre les interventions en langage et parole (par les orthophonistes) et les instructions données en classe (par les enseignants). Le sondage examinait les contributions des orthophonistes au curriculum de lecture et écriture, les impressions de ceux-ci concernant la satisfaction des enseignants par rapport aux services offerts en collaboration, les perceptions personnelles de l'impact des services offerts en partenariat avec les enseignants. Les résultats indiquent que les orthophonistes consultent régulièrement les enseignants et participent à l'élaboration de plans d'intervention personnalisés (PIP) avec eux. Les orthophonistes croient que les enseignants sont satisfaits des efforts de collaboration. Les orthophonistes croient aussi qu'ils ont un impact dans le cadre de service offerts en collaboration et conjointement avec la thérapie d'orthophonie de « pull-out ». De lourdes charges de travail, la résistance des enseignants et l'absence des orthophonistes lors de l'élaboration des curriculum d'éducation diminuent le potentiel des interventions offerts en collaboration. Les réponses au sondage indiquent que les orthophonistes et les enseignants ne sont pas certains de leurs responsabilités et rôles respectifs dans le cadre de leur partenariat.

Key words: speech-language pathology, collaboration, survey, caseload, urban

Over the past decade several authors have described successful outcomes for students receiving collaborative speech-language services (Bland & Prelock, 1995; Borsch & Oaks, 1992; Falk-Ross, 1997; Farber & Klein, 1999; Throneburg, Calvert, Sturm, Paramboukas, & Paul, 2000). Other authors have contributed to a body of information about the rationale, design, and organization of collaborative service delivery for students with communication needs (American Speech-Language-Hearing Association, 1999; Coben, Thomas, Sattler, & Morsink, 1997; Eger & Magnotta, 1993; Ehren, 2000; Elksnin, 1997; Elksnin & Capilouto, 1994; Ferguson, 1992; Giangreco, 1996, 1998, 2000; Harn, Bradshaw, & Ogletree, 1999; Kennedy, 1996; McCartney, 1999; Montgomery, 1994; Nelson, 1994; Nelson & Sturm, 1997; Norris, 1997; Pershey, 1998a; Prelock, 1995, 1997, 2000a, 2000b; Russell & Kaderavek, 1993). As the mandates of the United States' Individuals with Disabilities Education Act (IDEA, 1997) become fully implemented (American Speech-Language-Hearing Association, 1996, 2000; Mead, 1999), more school speech-language pathologists (SLPs) in the United States will be assessing students' abilities to meet curricular demands, designing curriculum-based goals and objectives for students, and providing interventions designed to help students meet curricular requirements. This will apply whether the least restrictive environment (LRE) for therapy is a classroom or a pull-out setting (American Speech-Language-Hearing Association, 1999, 2000). As a corollary, contemporary standards-based reforms emphasize that every student must work toward the uniform expectations set for each academic content area (Silliman, 2000). Intervention teams will establish a single set of shared functional and educationally relevant goals that will be addressed by means of a collaborative, transdisciplinary approach to service delivery (Lyon & Lyon, 1980).

Transdisciplinary Service Delivery Model

Since the 1960s, school-based speech-language therapy has traditionally been a part of a multidisciplinary team approach to service delivery, where specialists might be informed about one another's interventions but rarely coordinated their approaches. Professionals may even have been at cross purposes (Giangreco, 1991). Within a transdisciplinary framework, practitioners assist each other in taking on some of the roles common to their respective professional repertoires (Lyon & Lyon, 1980). A classroom-based setting for service delivery is not evidence of transdisciplinary collaboration; SLPs may be present in the classroom but work independently of the teacher (Throneburg et al., 2000). The purpose of transdisciplinary, collaborative intervention is to help the student develop the speech and language skills needed to interact with curriculum materials and participate in classroom instructional activities.

Professional collaboration entails dialogue about the relationship between instruction and intervention. Instruction involves the regular activity of the classroom while intervention consists of the additional support, often related to teaching linguistic concepts and analytical thinking, that is given when instruction alone does not allow students to be successful in the classroom (Ehren, 2000).

Curriculum-driven expectations can create role confusion and questions of accountability for SLPs (Prelock, 2000a). SLPs may struggle to create a format for their presence in the classroom and to define parameters for role exchanges with teachers. SLPs are concerned that they could become glorified teaching assistants (Norris, 1997). Helping to deliver curricula does not provide the intensive and prescriptive interventions that qualify as speech-language therapy (Eger & Magnotta, 1993; Ehren, 2000; Norris, 1997; Peters-Johnson, 1996). Also, SLPs wonder if their primary aim should be to help students refine deficient basic skills or to teach academic content (McKenzie, 1991) or to help students develop language-based learning strategies (Nelson, 1998). Given such confusions, collaborators' duties can be designated by default (Ehren, 2000).

The primary aim of collaborative service delivery (i.e., to make classroom learning activities more accessible to students by enhancing the speech and language skills that students bring to classroom learning situations) can be achieved through means other than classroom-based services (Cirrin & Penner, 1995). Classroom-based services can be considered a subset of a larger, more varied set of collaborative practices. Other collaborative efforts include providing consultation to teachers relative to curricular and instructional modifications, serving on regular education curriculum committees, and assisting team members in preparing their communication related goals and objectives for individualized educational plans (IEPs). SLPs may also use more regular education materials in pull-out therapy (Ukrainetz & Trujillo, 1999).

Evidence of Successful Collaboration to Provide Spoken Language, Reading, and Writing Experiences

SLPs and classroom teachers are likely to undertake collaboration to improve student achievement during code-based and/or meaning-based language, reading, and writing lessons (Nelson, 1998). Students with language learning needs often require explicit models, direct explanations, and extensive feedback and clarification (Nelson, 1994; Silliman et al., 2000) as well as a modified curriculum, enhanced instruction, clearly defined performance criteria, and frequent assessment in order to succeed. Outcomes for these approaches are supported by field-based research in collaborative settings (Fleming & Forester, 1997; Palincsar, Collins, Marano, & Magnusson, 2000; Silliman, Bahr, Beasman, & Wilkinson, 2000). Other studies show the efficacy of collaboratively presented interventions in phonemic awareness and decoding (Hadley, Simmerman, Long, & Luna, 2000).

Prior Surveys of Collaborative Service Delivery

Many researchers used surveys to determine teachers' and SLPs' perceptions of the usefulness of collaborative service delivery. Several report positive views but most raise some concerns. Ebert and Prelock (1994) found that teachers with knowledge of collaborative models could better identify the strengths and needs of students with communication disorders. Sanger, Hux, and Griess (1995) reported that 628 educators held positive opinions of school SLPs but were not sure of the qualifications of SLPs relative to two important classroom needs: literacy education and behaviour management. Teacher resistance to inclusion, related to lack of preparedness and to the feeling that inclusion was foisted upon them, was noted by Buell, Hallam, Gamel-McCormick, and Scheer, 1999. Fragmented service delivery was a deficiency cited in a survey of 585 parents, teachers, and support personnel (Giangreco, 1991).

Dohan and Shulz (1998) concluded from their survey of 253 SLPs that collaborative service delivery is generally successful. Elksnin and Capilouto (1994) surveyed 31 SLPs who recognized advantages to collaboration e.g., better carry over, as well as disadvantages, including less individualization of services. Beck and Dennis (1997) surveyed 54 teachers and 21 SLPs and found that the two groups held similar views on the advantages of classroom-based interventions, however, SLPs reported a lack of background in this approach. The main advantage of classroom-based interventions reported by the Disney, Givler, and McGraw (1996) survey of 72 SLPs was a movement from therapy that addressed splinter skills to an emphasis on communication skills in meaningful contexts.

Any form of collaborative service delivery, including both classroom-based and pull-out approaches, is time-intensive. Respondents to the Beck and Dennis (1997) survey reported that inadequate time for planning and consultations was an obstacle to collaboration.

Caseload Size

Given the time-intensiveness of collaborative service delivery, SLPs whose large caseloads place them under intense time pressures might face challenges coordinating a collaborative service delivery schedule. For example, it may be difficult to see each student in class at a time when instruction is conducive to therapeutic speech-language intervention. Moreover, SLPs may not be available to attend grade level or discipline-based team meetings and thus might not participate in instructional planning for caseload students. In order for all students to receive professional services, compromises may be made that leave students with programs where the collaborative element is less than optimal.

School-based SLPs' concerns regarding caseload size are well documented (Nelson, 1998). The Peters-Johnson (1998) survey of 1,718 school-based SLPs in the United States reported time constraints due to shortages of SLPs and demanding caseloads. The American Speech-Language-Hearing Association (1993) recommended a maximum caseload of 40 students for full-time school-based SLPs; this maximum is 25 for SLPs serving preschoolers. Larger caseloads

may precipitate factors that compromise the effectiveness of SLPs. Optimal control of variables such as session length, session frequency, group size, group composition, program duration, and total time spent with regular education peers may not be possible (Nelson, 1998). A survey of 216 SLPs documented that a caseload size of greater than 40 detracted from time that can be devoted to testing (Huang, 1997). However, large caseloads remain a perennial concern. As a case in point, the Ohio Department of Education's Division of Special Education published its revised Rules for the Education of Children with Disabilities. It prescribed a caseload maximum of 70 for SLPs when serving school-age students and 50 when serving preschoolers, both figures being approximately 50% larger than the Ohio Speech Pathology and Audiology Alliance recommended (Foulkes & Givler, 2000).

Purpose of the Study

This report describes SLPs' responses to a survey about collaborative service delivery in an urban school district in the United States of America. The report describes elements of collaborative practices that were in place at the time of the survey and explores factors that influenced why a relationship between speech-language intervention and classroom instruction was often not being attained. The survey extends prior research in that specific situational elements were examined in conjunction. First, the survey was conducted in an urban setting. Second, SLPs surveyed managed large caseloads. Third, the survey documented collaboration that was focused on literacy instruction. Fourth, the survey asked SLPs to report their perceptions of efficacy of service delivery. The data illustrate patterns in school settings in the United States that may be of relevance to Canadian contexts and important to Canadian SLPs.

The survey probed four research questions: What is the SLPs' caseload information? What are the SLPs' contributions to reading and writing curriculum and instruction? What are the SLPs' impressions of teacher satisfaction with collaborative service delivery? What are the SLPs' self-perceptions of impact of collaborative service delivery? Results include descriptive data regarding the nature and scope of collaborations with teachers as well as interpretive information related to service delivery.

Methods

Participants

This report reflects responses to a survey that was distributed to 42 SLPs working in a 52,000+ pupil school district in a large Midwestern city in the United States in the spring of 2000. All SLPs had state teacher certification at the bachelor's or master's level. The survey was distributed via interoffice mail by the second author to the SLPs. Surveys were mailed only once but two reminder notices were sent to encourage participation. Response time was a little more than one month. Respondents were assured of anonymity and no risk in participation. Seventeen SLPs (40.5% of the total), 16 females and one male, returned their surveys via interoffice mail to the second author. Respondents reported

experience as an SLP that ranged from under five years to over 20 years. Individuals' ages, ethnicity, and race were not requested.

Setting

The district in which the surveys were distributed has 82 schools. Minority students comprise 67.4% of the student population. Per-pupil spending in this state is about midrange for the United States. District performance on state mandated testing for the school year prior to the study was below state averages for all grades tested and in all areas of testing. Minority student performance in this district was generally worse than state averages in the lower grades but generally a bit better in the higher grades. Grade promotion rates were below the state average and the high school graduation rate was 65.6%, nearly 20% below the state average. Attendance rates were lower and suspension rates were higher than the state average (Ohio Department of Education, 2000)

Instrumentation

Survey items were prepared based on relevant literature and valid questions previous authors asked about SLPs' collaborative service delivery. Reliability was approached by devoting careful consideration to items that generated useful responses under similar circumstances of administration in Pershey (1998b) and by replicating several items. The present survey consisted of fifteen items related to caseload description, aspects of collaboration, and self-impressions of teacher and parent satisfaction. Question types included mostly forced-choice items, some with single choices required and several with incremental responses to choose from, and fill-in questions that asked for numerical responses (e.g., "What is your caseload size?"). Items were designed to allow for quick and easy response. Summary statistics were tabulated where appropriate. Additionally, there were several open-ended questions where responses of one to several sentences in length were elicited. Comments were also invited for each section. The open-ended items were intended to allow respondents the opportunity to express their ideas freely and in greater detail. Comments and responses to open-ended questions were transcribed orthographically and examined by the authors. Responses were clustered for similarity and for how frequently a concept or viewpoint was mentioned.

Results

Caseload Information

Fifteen of the 17 SLPs who responded reported working full-time. Two reported working part-time, one working four days and one working two and one-half days per week. Caseload size ranged from 40 to 84, with a mean size of 71 and a mode of 60. The part-timers' caseloads were prorated, with each equaling a full-time caseload of 60. Altogether, the 17 SLPs were responsible for 1,206 students with varying disabilities and degree of severity. Their activities included screening and testing new referrals in the schools and in community preschools.

Three respondents stated they serve only one school building. Seven SLPs reported travel to two buildings, six travel to three buildings, and one travels to four buildings per week. All 17 SLPs serve both the preschool and elementary population. Fourteen serve middle schools (grades 5 through 8), five serve students of junior high school age, and two serve high school students.

Table 1 summarizes information about the location in which students received services. In cases where a student was seen in more than one setting, respondents noted the one location where the student received the greatest proportion of services. Most students were served in small groups outside of their regular or special education classrooms. Many others were seen in their special education classrooms. In total, 1,146 of the 1,206 students (95%) were served in a special education setting; 66.3% of all students were seen in a nonclassroom setting. Only 5% were seen in a regular education context.

SLPs' Descriptions of Caseloads and Assignments

Qualitative information was obtained in response to the question "What comments do you wish to make about your assignment and/or how your time is spent?" Lack of time to provide quality services was identified by over half of the respondents: caseloads and group sizes were much too large, travel between schools took time away from therapy, paperwork was too time-consuming, and students with significant concerns needed more therapy time than could be allotted. Despite these drawbacks, respondents noted two advantages of classroom-based therapy. First, seeing students in small groups within their classrooms proves efficient and allows SLPs to identify and support the needs of students not currently receiving services. Second, curriculum-based therapy allows SLPs to address reading and writing needs in relation to the immediate classroom context.

Table 1
Caseload Considerations

Caseload considerations for all	Mean	Mode	Range	Total respondents
Caseload size (15 full-time SLPs)	71	60	40 to 8	1,206
# Seen in individual therapy	8 (11.2%)	5 (8.3%)	1 to 26	139 (11.5%)
# Seen in small group therapy	39 (54.9%)	40 (66.6%)	3 to 70	662 (54.8%)
# Seen in regular education classes (four SLPs reporting)	N/A	N/A	5 to 30	60 (4.9%)
# Seen in special education classes (15 SLPs reporting)	23 (32.3%)	15 (25%)	7 to 64	345 (28.6%)

Table 2
Contributions to Reading/Writing Curriculum and Instruction

Number of responses - N = 17
This question concerns your contributions to reading and writing curriculum and Instruction. Under each heading, Consultation, Cross-Disciplinary Goal Setting, Incorporating Reading and Writing into Therapy, Phonological Awareness Inservicing, Programmatic Input, select the ONE statement which is true for you. These statements concern your interactions with classroom teachers.

Consultation

12	I have talked with at least one teacher to tell him/her that I can provide services that help students with reading or writing.
12	At least one teacher has approached me to ask for my help with teaching phonological awareness.
11	At least one teacher has approached me to ask for my help with reading/writing (in areas of instruction outside of phonological awareness, e.g., comprehension, written expression).
5	I provide consultation to teachers regarding reading/writing instruction for students.

Cross-Disciplinary Goal Setting

16	When IEPs are written, I am involved in writing goals related to reading/writing that other professionals will actually work on with students.
14	When IEPs are written, I am involved in writing goals related to reading/writing that I will actually work on with students.

Incorporating Reading and Writing into Therapy

7	I provide direct instruction in reading and writing to students.
7	I provide reading/writing instruction to_____ students out of a caseload of _____. (Mean percentage: 46/100)

Phonological Awareness Inservicing

4	I am sure that teachers in the building that I serve the most have attended a building inservice on phonological awareness and its relation to reading.
1	I am sure that teachers in the district have attended a district inservice on phonological awareness and its relation to reading.

Programmatic Input

3	I provide input that affects reading programs at the building level.
0	I help coordinate a reading program at the building level.
0	I provide input that affects reading programs at the district level.
0	I help coordinate a reading program at the district level.

Contributions to Reading and Writing Curriculum and Instruction

Respondents were asked about their contributions to reading and writing curriculum and instruction. Table 2 summarizes responses to 13 questions meant to help determine whether enacting collaborative services entails more than SLPs offering advice to classroom teachers. Informal interaction with teachers took place regularly and teachers accessed the resources of SLPs. Incorporating reading and writing into therapy took place fairly frequently. Respondents surmised that few teachers are provided with inservice information on phonological awareness. Formal involvement in programmatic decisions (curricular decision-making and policy development) occurs very infrequently.

Comments about Contributions to Reading and Writing Curriculum and Instruction

Table 3 presents, in abridged form, the responses given to five open-ended questions. Responses to the first question, "In what ways, to your knowledge, are classroom teachers and speech-language pathologists collaborating in order to coordinate the aims of language services with classroom curricula in reading/language arts?" cluster around two main themes: curriculum-based therapy and cross-disciplinary goal setting.

Many of the SLPs reported using classroom texts, materials, themes, units of study, and vocabulary and spelling words in both classroom-based and pull-out therapy. Sharing materials and ideas facilitates this endeavor. Literacy behaviours, such as sounding out and syllabicating words, are incorporated into therapy by some of the SLPs. Those therapists working in classrooms report teaching portions of reading groups or observing and consulting while class is in progress.

Goal setting is an important area for collaboration. SLPs stated that they set goals based on curriculum and grade promotion standards. Discussion of goals takes place during IEP meetings and, in some cases, in weekly team meetings about special needs students. Other SLPs reported that these discussions only take place during quick, informal conversations during the workday.

The second query was "If you are working with children who receive both speech-language services and intervention by learning disabilities (LD) or reading teachers/tutors, how are these interventions coordinated? How, if at all, are these interventions made to correspond?" Responses to this question cluster around the theme of cross-disciplinary goal setting and regular discussion of students' progress towards goals. Several respondents indicated that their primary strategy for coordinating interventions is to develop IEP goals that are addressed by both SLPs and LD or reading personnel. Many more meetings take place among special needs teams as a whole than privately between SLPs and classroom teachers. The meetings, held prior to IEP writing, for IEP writing, and during IEP implementation (sometimes as frequently as once per week) allow service providers to plan and review progress in goals being jointly undertaken as well as toward goals addressed specifically by one service provider.

While frequent conferences with tutors and teachers were mentioned by some respondents, many others reported that, given time constraints, discussions are serendipitous, brief, informal, unplanned, and/or held only if SLPs initiate

Table 3
Comments about Contributions to Reading and Writing Curriculum and Instruction

Please respond to the following probes.
In what ways, to your knowledge, are classroom teachers and speech-language pathologists collaborating in order to coordinate the aims of language services with classroom curriculum and instruction in reading/language arts?

Curriculum-based therapy	Used classroom texts, materials,units of study, vocabulary, spelling words Shared materials and ideas Literacy behaviours
Cross-disciplinary goal setting	Set goals based on curriculum and/or grade promotion standard Regular team meetings

If you are working with children who receive both speech-language services and intervention by learning disabilities (LD) or reading teachers/tutors, how are these interventions coordinated? How, if at all, are these interventions made to correspond?

Cross-disciplinary goal setting	Developed IEP goals to be addressed by both the SLP and LD or reading teachers Discussion of students' progress towards goals Meetings held prior to IEP writing, for IEP writing, and during IEP implementation; plan and review progress Well-coordinated IEP planning sometimes degenerated into fragmented service delivery

If you cannot report on collaboration and coordination of services with curricular aims and/or with learning disabilities or reading interventions, why do you think that this does not occur?

Time constraints	Large caseloads Too many school buildings - travel time Too many meetings Lack of co-planning time Short stays within buildings
Limited knowledge of instructional routines of other disciplines	SLPs had little preparation for literacy teaching Teachers unaware of SLPs' roles or potential roles Teachers unaware of scheduling benefits possible with in-class services
Inflexibility and dysfunctional interpersonal relationships	Traditionalism SLPs not welcome in classes SLPs uninterested in collaboration Inefficient Need to empirically establish the value of collaborative services

What is your input into programmatic and policy decisions? Describe your involvement in regular education curriculum/grade level committees that plan reading/language arts instruction.

Regular education planning for reading/ language arts instruction	School-wide Title I intervention planning committees Vertical teams
Special education planning for reading/ language arts instruction	Case coordination Team planning of themes/units

them. Some respondents noted that this lack of dialogue is indicative of schools where service delivery planning is not coordinated at all. However, others recounted that well-coordinated IEP planning sometimes degenerates into fragmented service delivery.

The third question asked, "If you cannot report on collaboration and coordination of services with curricular aims and/or with learning disabilities or reading interventions, why do you think that this does not occur?"

Responses to the third query cluster around four main themes: time constraints, limited knowledge of the instructional routines carried out by persons in other disciplines, attitudinal issues related to inflexibility and dysfunctional interpersonal relationships, and lack of willingness on the part of some SLPs.

Time constraints were noted to be due primarily to caseload size, travel between too many school buildings, and too many meetings. This results in a lack of co-planning time and short stays within buildings. Time constraints were cited by 15 of the 17 respondents. Limited knowledge of the instructional routines carried out by persons in other disciplines also was frequently cited as a reason for minimal collaboration. Some SLPs claimed little preparation for literacy teaching, especially teaching phonics. Many noted that some teachers do not realize that SLPs provide language services. Respondents noted that teachers harboured the misconception that SLPs only work with children who have sound pronunciation problems. Too many teachers were reported not to be aware of SLPs' roles or potential roles. Other teachers were reportedly aware of SLPs' range of services but have not discovered that in-class services may be easier to schedule than multiple pull-outs of caseload students.

Issues related to inflexibility and dysfunctional interpersonal relationships were frequently mentioned. SLPs' laments include a series of very negative comments: "Teachers are set in their ways," "Collaboration is not the tradition," "I'm just a bother to them," "Teachers don't want me in their classrooms," "Teachers basically hate me. I screw up their schedules," "The number of willing teachers is growing but most don't want it." A few reported that the absence of collegiality in workplaces results in their dislike of speech-language pathology as a career and some mentioned considering leaving the profession.

Lack of interest on the part of some SLPs also was apparent. Two respondents stated that they are reluctant to engage in collaborative services, one on the grounds that "it is not as efficient as pull-out" and one because there is a "need to empirically establish the value of collaborative services."

Questions four and five pertained to SLPs' input into programmatic and policy decisions. Question four asked, "Describe your involvement in regular education curriculum/grade level committees that plan reading/language arts instruction." Among the types of committees mentioned were school-wide Title I intervention planning committees. Title I is a program sponsored by the United States federal government offering supplemental reading instruction to children attending schools in economically-disadvantaged areas who are struggling academically (Committee on Education and the Workforce). SLPs also reported involvement in vertical teams, which are curriculum planning teams consisting of one teacher per grade level. However, several SLPs noted that they are never asked to join reading/language arts committees. Question five asked, "Describe your involvement in special education curriculum/grade level committees that plan reading/language arts instruction." SLPs reported involvement in special education committees centered on case coordination as well as team planning of themes and units of study.

SLPs' Impressions of Teacher Satisfaction with Collaborative Service Delivery

Respondents reported on the feedback they receive from teachers with whom they collaborate. Table 4 summarizes this information. Although faculty peers do not generally evaluate one another in school settings, feedback between collaborative partners is often received in the form of compliments or complaints given directly to one's partner or to a supervisor, colleague, or parent. Some feedback may be acquired "second-hand." Responses to these questions, which are quite positive and desirous of collaboration, reflect only the respondent's own knowledge of teachers' views.

Comments about SLPs' Impressions of Teacher Satisfaction with Collaborative Service Delivery

As Table 4 shows, SLPs indicated that teachers are usually satisfied with their collaborations with SLPs. SLPs responded to three additional open-ended questions about teacher satisfaction.

Question one asked, "What do you think contributed to teacher satisfaction?" Respondents catalogued their strengths and successes in program implementation:

- the SLP listened and met teachers' objectives and needs
- the SLP was well prepared
- the SLP maintained a focus on identified students' goals in both in-class and out-of-class sessions
- the SLP offered suggestions and strategies that were useful to the teacher: how to modify materials, how to build students' prior knowledge before reading, miscellaneous teaching techniques
- the SLP seemed to boost identified students' self-esteem
- the SLP's work with the teacher was truly a combined effort
- the SLP had a good rapport with students and made learning easy and fun
- the SLP provided activities for teachers and parents to use with identified students
- the SLP contributed good ideas for themes
- themes were more fully developed and more accessible to special needs students
- the identified students made progress in class
- the teachers found it easier to follow through on special needs students' IEP objectives.

Question two asked, "Has at least one teacher expressed the desire to discontinue a collaboration with you? What do you think contributed to this desire to continue?" (That is, not discontinue). Respondents noted:

- the SLP's language lessons benefit the whole class
- the SLP had good classroom management skills
- the SLP was well prepared
- the identified students made progress in language, reading, and/or writing
- students reacted positively to the SLP's interventions
- the teacher enjoyed getting input from the SLP
- teaming was positive: good communication between partners, constant feedback between partners, cooperation, sharing ideas.

Question three asked, "What do you think contributed to teacher dissatisfaction?" Most responses regarding dissatisfaction hark back to the issues of inflexibility and dysfunctional interpersonal relationships. Where scheduling problems occur and/or SLPs sense that teachers feel intruded upon, SLPs' perceive that teachers are dissatisfied with collaborative attempts. One SLP bemoaned, "I collaborate with them but they don't collaborate with me." SLPs indicated that some teachers may not feel equipped to evaluate students' accomplishment of goals set by SLPs and, conversely, want to be the sole evaluator of students' classroom performance, without therapists' input. Also, some teachers were identified as being reluctant to modify class work to be more developmentally appropriate for students. In teachers' estimation, this compromises standards for grade level work.

Table 4
SLPs' Impressions of Teacher Satisfaction with Collaborative Service Delivery

Statement regarding teacher satisfaction	Yes	No
Has at least one teacher with whom you collaborate given you a satisfactory rating?	9	3
Has at least one teacher with whom you collaborate given you an unsatisfactory rating?	2	11
Has at least one teacher expressed the desire to continue collaboration with you?	10	2
Has at least one teacher expressed the desire to discontinue collaboration with you?	0	13

Table 5
Self-Perceptions of Impact of Collaborative Service Delivery

Number of responses N = 17

This question concerns your self-perceptions of the impact of collaborative service delivery. Select the ONE statement which is true for you. These statements concern your interactions with students and parents.

Consultation

12	I feel that my consultation with at least one teacher has helped at least one student improve in language, reading, and/or writing.
2	Of all the language and reading/writing consultations that I have provided, I feel that at least 30% of the targeted students improve.
3	Of all the language and reading/writing consultations that I have provided, I feel that I have helped at least 70% of the targeted students improve

Reading/Writing Services

7	I feel that direct services that I have provided in reading/writing have helped at least one student.
4	In all the reading/writing direct services that I have provided, I feel that I have helped at least 30% of the targeted students improve.
4	In all the reading/writing direct services that I have provided, I feel that I have helped at least 70% of the targeted students improve.

Comments from Parents about Reading/Writing Services

6	At least one parent has told me that my intervention in reading/writing has helped at least one student.
5	In all of the reading/writing interventions that I have provided, at least 30% of the parents of my students have told me that students have improved due to my efforts.
0	In all of the reading/writing interventions that I have provided, at least 70% of the parents of my students have told me that students have improved due to my efforts.

Self-Perceptions of Impact of Collaborative Service Delivery

Respondents were asked about their perceptions of the impact of their collaborations. Table 5 shows how response options were configured and provides the total number of responses obtained per item. Overall, SLPs' consultative and collaborative services help about 30% of targeted students. They were not asked to state whether this is more or fewer students than were helped by other therapy models. All students' IEPs are presumed to have some measure of collaborative intent and even one IEP meeting per student constitutes consultation, albeit minimal.

Comments About Self-Perceptions of Impact

Respondents indicated that they are most effective when they could target a student's objectives both in class and in small group sessions. Use of multiple intervention settings allows SLPs to remediate basic language acquisition, as is done in a traditional speech-language therapy approach, and helps students apply language skills to meet the academic demands of the classroom.

Limitations

There are several limitations to this study that restrict its generalizability. First, seventeen SLPs were sampled, a rather small number that represents under half of the SLP staff in this district. Second, response rate was just under 40.5%. Third, the questionnaire was distributed to only one school district. Fourth, responses reflect only a set of conditions in a mid-sized urban district with substantial minority enrollment – conditions in other types of areas (e.g., suburbs, rural, very large cities, different ethnic or racial demographic) may be quite different. Fifth, the viewpoints of teachers and other team members were not assessed. Sixth, questions were subject to respondents' individual interpretations, therefore questions may not mean the same thing to different people (Giangreco, 2000). Seventh, responses may or may not accurately reflect SLPs actual behaviours (Giangreco, 2000). Future surveys should address these shortcomings.

Discussion

The present data show that this sample of SLPs sporadically incorporate some aspects of collaboration into their professional practices. Even under large caseload conditions, collaborative practices are reported. The SLPs reported that interaction with teachers takes place regularly. Some teachers access the input of SLPs. Reading and writing are addressed in therapy fairly frequently. Many of the SLPs use classroom materials, themes, units, vocabulary and spelling words in classroom-based and pull-out therapy. The respondents appear to be beginning to contemplate the relationship between speech-language intervention and classroom instruction.

Another positive aspect of collaboration is IEP planning, where teamwork was frequently reported. Some attenuation of teamwork ensued during service delivery due to lack of time for integrated service delivery and ongoing discussions of student progress. Perhaps it is important for SLPs to follow through on whether the classroom teacher feels confident in her ability to adapt materials and curriculum and interpret the quality of students' performance relative to modified expectations. Relevant to the interpretation of these data are reports such as Buell et al., 1999, where teachers reported questions that they have about classroom modifications.

Although some respondents described making inroads in collaborative and curriculum-based services, it seems that the situation is more, as Giangreco (2000, p. 236) phrased, an "absence of process" characterized by "decisions . . . made based on intuition, . . . historical practices, or advocacy by . . . professionals." The SLPs in this study were under the impression that some teachers may not have had inservice

training regarding phonological awareness and its relation to reading. Additionally, formal involvement by SLPs in programmatic decisions, such as curricular decision-making and policy development, occurs very infrequently.

A few SLPs reported that teachers are resistive to SLPs' contributions to classroom instruction. Some SLPs offered the opinion that, to these teachers, it is not a priority to set therapy goals that converge with curricula. A vicious cycle prevents SLPs from cultivating better relationships with teachers. The cycle includes time constraints due to large caseloads, travel between school buildings, numerous and lengthy meetings, and assessment of referred students that prevented SLPs from attending grade level teachers' meetings or meeting individually with reluctant teachers. The consequence of the paradoxically fragmented collaborative program is that neither partner understands the instructional purposes of the other and, ultimately, the single-discipline perspective of the more powerful partner prevails (see Prelock, 2000a). Two SLPs indicated that they take professional development courses with their team members related to literacy acquisition. This initiative can facilitate "speaking the teachers' language," that is, having a greater shared knowledge base relative to students' needs when opportunities arise for dialogue. As Giangreco (2000) advocated, professionals need to be disposed to being ongoing learners who are open to new ideas and are committed to developing shared frameworks with practitioners from other disciplines.

Future Considerations

Ehren (2000) avered that engaging in professional dialogue can help SLPs and teachers define their roles and responsibilities, with SLPs being expert in language and knowledgeable about curriculum content, and teachers being expert in curriculum content and knowledgeable about language. By approaching intervention as a continuum of service delivery options, from teacher consultation to direct services, SLPs and teachers can mutually define how they share the responsibility for helping students achieve language-dependent academic and social goals. Indeed, respondents felt quite effective when they could combine classroom-based and pull-out services. The direct service role for SLPs is not in danger of being eliminated (American Speech-Language-Hearing Association, 1999; Blosser & Kratcoski, 1997; Harn, Bradshaw, & Ogletree, 1999; Montgomery, 1994; Prelock, 2000a; Ukrainetz & Trujillo, 1999). According to Giangreco (2000), "Teamwork does not mean that all team members must be involved in all team activities. Teams can agree to a division of labor and determine differentiated roles for their members" (p. 237). Team members must focus their efforts on developing contexts that facilitate interacting, communicating, and learning among students and adults.

Collaborative service delivery cannot casually transpire given the happenstance of faculty friendships, coincidental scheduling, room proximity, or the good-heartedness of a few willing teachers. Administrative leadership and support are indispensable (Buell et al., 1999; Brandel, 1992; Kennedy, 1996). Options for program modification need to be discussed

jointly by administrators and faculty. SLPs and teachers need to have formally scheduled meeting times so that team members' roles, lesson plans, student assessment, and program evaluation can be addressed. Service configurations need to be purposefully designed by collaborative building-level and district-level teams consisting of personnel from regular and special education. Administrators need to allocate resources so that caseload size, team size, and paraprofessional supports are optimal and ongoing professional development opportunities are provided (Giangreco, 2000; Karr, 1996; Mead, 1999; Prelock, 1995). SLPs need to be appointed to curriculum committees. Efficacy and outcome data need to be gathered consistently (Gallagher, Swigert, & Baum, 1998) and strategies for continuous improvement need to be regularly utilized. Finally, the need for political activism cannot be ignored. The importance of mandates to reduce caseload size persists.

Future research might demonstrate how collaboration partners enact their roles, modify classroom practices, fulfill their day-to-day routines, and evaluate student outcomes. Research needs to document how SLPs effectively coordinate a combined program of classroom-based and pull-out services for students with communication disorders.

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