SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

Guidance for West Virginia Schools and Districts

West Virginia Department of Education
Division of Teaching and Learning
Office of Special Programs

Pat Homberg
Executive Director

December 2013

Notes:
This guidance document is available at http://wvde.state.wv.us/osp/speechassistants.html and replaces the WVDE Guidelines for the Use of Speech Assistants, 2004.
Foreword

The requirements for the issuance of an authorization for speech-language pathology assistants are defined in West Virginia Board of Education Policy 5202: *Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary* which was approved by the West Virginial Board of Education in July 2003. The intent of this policy is to address the shortage of certified speech-language pathologists in West Virginia and to better serve students with communication disorders by ensuring that personnel providing services are supervised and executing only those tasks within their scope of responsibilities and training.

The purpose of this document is to provide guidance to local school districts regarding the use of speech-language pathology assistants in public schools and includes information outlining the roles and responsibilities of the speech-language pathology assistant and the supervising speech-language pathologist. Support personnel can provide an effective way of increasing the frequency and intensity of services for students who receive speech/language services. The West Virginia Department of Education believes that quality and access to services must be maintained for all students.

James B. Phares, Ed. D
State Superintendent of Schools
# Table of Contents

Introduction ...............................................................................................................................................................1

Assurances ..................................................................................................................................................................2

Requirements for Issuance of Temporary Authorization of Speech-Language Pathology Assistant (SLPA) .........................3

Roles and Responsibilities of the Speech-Language Pathology Assistant .................................................................4

Activities Outside the Scope of Responsibilities of the Speech-Language Pathology Assistant ...............................5

Supervision Requirements for Speech-Language Pathology Assistants .................................................................6

Program Implementation .......................................................................................................................................8

Appendix ....................................................................................................................................................................9

A. County Supervision Plan – SLPA ......................................................................................................................9
B. WVDE Verification Report: SLPA ....................................................................................................................11
C. SLPA Session Documentation ..........................................................................................................................12
D. SLPA Self-Evaluation of Intervention Session .............................................................................................13
E. SLPA Supervision: Direct Observation Form ................................................................................................14
F. Supervision Log: Direct/Indirect .......................................................................................................................15
G. Summary: SLPA Observation Log Direct/Indirect .......................................................................................16
H. Supervising SLP Evaluation Form ................................................................................................................17
I. Form 38 Temporary Authorization for SLPAs ..............................................................................................18
J. SLPA: Questions and Answers .........................................................................................................................20
K. Contact Information .........................................................................................................................................22
The requirements for the issuance of an authorization for speech-language pathology assistants are defined in West Virginia Board of Education Policy 5202, “Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary.” Policy 5202 became effective on June 18, 2003. The following guidelines were developed to assist personnel in the appropriate use of speech-language pathology assistants in the West Virginia public schools.

The shortage of certified speech-language pathologists (SLP) in the public schools is a critical issue for school districts throughout the country. The US Department of Education has reported that an additional 14.3% SLPs are needed nationwide to provide adequate services to students in school settings. In West Virginia, the Annual Report on the Supply/Demand of Educational Personnel indicates that school districts consistently have difficulty recruiting personnel to employ in these positions.

The role of the SLP has expanded dramatically in the past few years as a result of changes in the service delivery system, increasing numbers of children who need communication and related services, rising costs of providing services and technological and scientific advances. The exclusive use of a service model with a certified speech-language pathologist may not be an option in many settings, especially those in rural and remote areas where certified personnel are difficult to recruit and employ.

The Individuals with Disabilities Education Act (IDEA) ensures a free appropriate public education for students with disabilities. IDEA has embodied the concept of teams of professionals, often from different disciplines, working together to meet the needs of children and youth with disabilities and their families in all phases of the special education process. Teams make decisions regarding identification, assessment, Individualized Education Program (IEP) development, placement and service delivery for students with disabilities. The team concept has expanded to include the use of support personnel in the provision of services to students with disabilities.

Physical therapists, occupational therapists and special education teachers frequently use support personnel to assist in the implementation of a student’s IEP. IDEA allows paraprofessionals and assistants who are appropriately trained and supervised according to state law, regulations or written policies to assist in providing special education and related services to children with disabilities. Support personnel can provide an effective means of increasing the frequency and intensity of services for students who receive speech/language services. At the same time, quality and access to services must be maintained for all students. While there is a growing awareness of the potential of support personnel, there is equal concern for ensuring that these individuals are effectively trained and have appropriate responsibilities.

Speech-language pathology assistants (SLPA) are individuals who may provide services to students with communication disorders under the guidance and direction of a certified SLP. They may assist the supervising SLP with record keeping, generalization of learned skills to multiple settings, implementation of assistive technology devices/services, services for diverse and under served populations and other responsibilities. The purpose of this document is to provide guidelines for the use of speech-language pathology assistants in the West Virginia public schools.
Assurances

As stipulated in federal and state regulations concerning the special education process, parents must be involved in decisions and informed about the level of the service provider (i.e., certified SLP or assistant). The use of support personnel may be an appropriate option in school districts when a position has been posted and no fully certified SLP has applied for the position as documented by the district superintendent. This documentation must be submitted to the West Virginia Department of Education, Office of Personnel Preparation by the district superintendent.

The foundation for successfully using this service delivery model includes:

- Administrative understanding that will support the appropriate use of speech-language pathology assistants in speech-language pathology providing services to students with communication disorders.
- Administrative understanding of the benefits and restrictions of using support personnel.
- Availability of certified SLPs with an understanding of the use of support personnel and the appropriate training to supervise support personnel.
- Appropriate target populations for service by support personnel as determined by the supervising SLP.
- Availability of qualified people to work as support personnel.
- Sufficient information available to other personnel (i.e., teachers and administrators) so they are aware of the role of support personnel when they are used.
- Provision of sufficient time and resources to adequately train and supervise support personnel.

It must be stressed that the use of speech-language pathology assistants does not preclude the active recruitment and hiring of speech-language pathologists in the workplace.
Initial Authorization

The applicant must:

A. Hold a minimum of a bachelor’s degree in speech pathology or communication disorders from an accredited institution;
B. Be employed by a local West Virginia board of education;
C. Receive the recommendation of the district superintendent verifying that the applicant is the most qualified candidate for the position and that no fully certified speech-language pathologist has applied for the available position; and
D. Complete Form 38 (Temporary Authorization) and Form 38A (Temporary Authorization for Speech Assistant) and submit to the West Virginia Department of Education, Office of Professional Preparation. (See Appendix I)

Renewal of Authorization

An authorization is valid for one school year and expires on June 30th of each year. In order to renew the authorization, the applicant must complete professional development activities and receive the recommendation of the district superintendent verifying that no fully certified speech-language pathologist has applied for the available position. Professional development activities may include the following:

- 3-semester hour course in an area related to the field of communication disorders
- 3-semester hour course that is required for the completion of a masters degree in communication disorders
- Attendance at state or national conferences in communication disorders
- Professional Development activities designated by the WVDE, Office of Special Programs or provided by the LEA.

Verification of professional development activities must be provided to the WVDE, Office of Special Programs prior to renewal. (See Verification Report Form in Appendix B)
Roles and Responsibilities of the Speech-Language Pathology Assistant

Speech-language pathology assistants may conduct specific components of a speech and language delivery program as specified in an IEP under the direction and guidance of a certified SLP. Tasks executed by speech-language pathology assistants must be within their scope of responsibilities and include only those tasks they have the expertise and training to perform.

The following tasks may be designated to a speech-language pathology assistant:

• Conduct speech-language screenings (without interpretation) following specified screening protocols selected by the supervising speech-language pathologist.

• Provide direct therapy to identified students.

• Follow goals and objectives identified on the IEP and plans developed by the supervising speech-language pathologist.

• Document student progress toward meeting established goals and objectives as stated in the IEP and report this information to the supervising SLP.

• Assist the SLP during assessment of students, as directed.

• Assist with informal documentation (e.g., tallying notes for the SLP to use), prepare materials and assist with other clerical duties as assigned by the SLP.

• Schedule activities, prepare charts, records, graphs or otherwise display data.

• Perform checks and maintenance of equipment.

• Participate with the SLP in research projects, staff development and public relations programs, as deemed appropriate by the SLP.

• Assist in the implementation of assistive technology devices and services as deemed appropriate by the SLP.
Activities Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant

The speech-language pathology assistant may NOT:

• Perform standardized or non-standardized diagnostic tests, formal or informal evaluations or interpret test results.
• Participate in parent conferences or any team meeting not designated by the supervising SLP.
• Write, develop or modify a student’s IEP.
• Assist with student’s therapy without following the IEP prepared by the speech-language pathologist or without access to supervision.
• Sign any formal documents without approval of the supervising SLP.
• Select students for services.
• Dismiss a student from services.
• Disclose confidential information either orally or in writing to anyone not specifically designated by the supervising speech-language pathologist.
• Make referrals for additional services.
• Communicate with the student, family, or others regarding any aspect of the student’s status or service without the specific consent of the supervising speech-language pathologist.
• Represent himself or herself as a speech-language pathologist.
Supervision Requirements for Speech-Language Pathology Assistants

It is the responsibility of the supervising SLP and special education director to collaboratively design and implement a supervision system that maintains the highest possible standard of quality. The amount and type of supervision required should be based on the skills and experience of the SLPA, the needs of individuals served, the service setting, the tasks assigned and other factors. More intense supervision for example, would be required in such instances as the orientation of a new SLPA, initiation of a new program, equipment or tasks; or a change in the student status (e.g., medical complications). Functional assessment of the speech-language pathology assistant's skills with assigned tasks should be an on-going, integral element of supervision.

COMPLETE THE SUPERVISION PLAN AND SUBMIT TO THE WVDE, OFFICE OF SPECIAL PROGRAMS (See Appendix A)

The speech-language pathology assistant must be supervised by a SLP who holds a Master's degree and is certified through the West Virginia Department of Education, who has an active interest and wants to use support personnel, and who has practiced speech-language pathology for at least 2 years following certification. As the supervisory responsibilities of the SLP increase, the caseload and other responsibilities of the SLP must decrease. The supervisory responsibilities should be mutually agreed on by the supervising SLP and special education director.

Responsibilities: Supervising Speech-Language Pathologist

The supervising SLP must provide at least the minimum specified level of supervision to ensure quality of care to all students served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Documentation of training and supervision of the SLPA must be maintained. Responsibilities include the following:

- Inform families about the level (professional vs. support personnel), frequency and duration of services as well as supervision.
- Represent the speech-language pathology team in all collaborative, professional, IEP, interagency meetings, correspondence and reports. This would not preclude the speech-language pathology assistant from attending meetings along with the SLP as a team member or drafting correspondence and reports for editing, approval and signature by the SLP.
- Make all clinical decisions, including determining student selection for inclusion/exclusion in the caseload, and dismissing students from therapy.
- Communicate with students and family members about diagnosis, prognosis and IEP.
- Conduct diagnostic evaluations, assessments or appraisals, and interpret obtained data in reports.
- Review each IEP with the speech-language pathology assistant.
- Delegate specific tasks to the speech-language pathology assistant.
- Participate in the development of the IEP or make modifications prior to or during implementation as appropriate.
- Discuss the case with or refer the student to other professionals.
• Review and sign all informal progress notes prepared by the speech-language pathology assistant.
• Coordinate ongoing training to the speech-language pathology assistant on the job.
• Provide and document appropriate supervision of the speech-language pathology assistant.
• Ensure that the SLPA only performs tasks within their scope of responsibility.
• Provide information regarding the performance appraisal of the SLPA.

Supervision Requirements

• The minimum amount of supervision suggested is at least 30% weekly during the first 90 workdays.
  (20% direct)
• Direct means on-site, in-view observation and guidance.
• Indirect supervision may include demonstration, record review, review and evaluation of audio or
  videotaped sessions, Skype and/or supervisory conference that may be conducted by telephone.
• The supervisor should review weekly data collected by the SLPA.
• Supervision should provide information about the quality of the speech-language pathology assistant’s
  performance of assigned tasks and should verify that therapy is limited to tasks specified within the
  SLPA’s scope of responsibilities.
• Information obtained during direct supervision may include data relative to (a) agreement between
  the SLPA and supervisor on recording of target behavior, (b) accurate implementation of screening
  and treatment procedures (c) accuracy in recording data and (d) ability to interact effectively with the
  student.
• Additional supervision, beyond the minimum 30% required in the first 90 workdays, may be necessary
  depending on the skills of the speech-language pathology assistant.
• After the 90-day work period, the amount of supervision may be adjusted depending on the competency
  of the SLPA, the needs of the individual served, and the nature of the assigned tasks. The minimum
  recommended is 20% supervision, with no less than 10% being direct supervision.
• If for any reason (i.e., maternity leave, illness change of jobs) the supervisor is no longer available to
  provide the level of supervision stipulated, the speech-language pathology assistant may not
  perform tasks until an appropriately certified speech-language pathologist has been designated as the
  speech-language pathology assistant’s supervisor.
• Although more than one speech-language pathologist may provide supervision to a SLPA, at no time
  may a speech-language pathologist supervise more than three (3) speech-language pathology assistants.
**Program Implementation**

- The speech-language pathology assistant will be assigned a caseload based on their level of expertise, experience, and supervision requirements.
- The caseload of the certified speech-language pathologist working with the SLPA should be adjusted to provide adequate time for supervision.
- Services provided by a SLPA are NOT an allowable expenditure for Medicaid reimbursement.
- County school districts using speech-language pathology assistants must provide information to the Office of Special Programs regarding implementation of this program and verification of professional development activities.

<table>
<thead>
<tr>
<th><strong>SLPA Program Forms</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>County Supervision Plan</td>
<td>Completed by special education director, SLPA and supervising SLP</td>
<td>Submitted to OSP when SLPA is hired.</td>
</tr>
<tr>
<td>WVDE Verification Report:</td>
<td>Document speech therapy services delivered and the supervision of the SLPA</td>
<td>Submitted to OSP prior to June 15</td>
</tr>
<tr>
<td>Speech Language Pathology Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLPA Session Documentation</td>
<td>Document goals, materials, activities, evaluation and comments about sessions with students</td>
<td>For use by LEA to document program – no submission requirements.</td>
</tr>
<tr>
<td>SLPA Self-Evaluation of Intervention Session</td>
<td>Evaluate clinical performance during direct therapy sessions with students</td>
<td>Documentation – no submission required.</td>
</tr>
<tr>
<td>SLPA Supervision Direct Observation Form</td>
<td>Record direct observation suggestions and follow-up</td>
<td>Documentation – no submission required.</td>
</tr>
<tr>
<td>Supervision Log: Direct/Indirect</td>
<td>Record direct and indirect supervision</td>
<td>Documentation – no submission required.</td>
</tr>
<tr>
<td>Summary: SLPA Observation Log - Direct/Indirect</td>
<td>Document number of sessions provided and percentage of sessions supervised</td>
<td>Documentation – no submission required.</td>
</tr>
<tr>
<td>Supervising SLP Evaluation Form</td>
<td>Evaluate supervisor and his/her clinical interactions with SLPA.</td>
<td>Documentation – no submission required.</td>
</tr>
</tbody>
</table>
Appendix A: County Supervision Plan
Speech-Language Pathology Assistant (SLPA)

1. The county supervision plan should be developed according to the following guidelines as described in the guidance document:
   - It is the responsibility of the supervising SLP and special education director to collaboratively design and implement a supervision system that maintains the highest possible standard of quality.
   - The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of individuals served, the service setting, the tasks assigned and other factors.
   - More intense supervision would be required in such instances as the orientation of a new SLPA, initiation of a new program, equipment or tasks; or a change in the student status.
   - Functional assessment of the SLPA's skills with assigned tasks should be an on-going, integral element of supervision.

2. Caseload assignments must reflect the skills and expertise of the speech-language pathology assistant. The caseload of the supervising SLP must be adjusted to provide adequate time for supervision.

3. A training module for the SLPA and the supervising SLP is available online on the Office of Special Programs’ website and should be completed when the SLPA is employed.

4. Complete the attached form and return to
   Kathy Knighton, WVDE
   Office of Special Programs
   Building 6, Room 304
   Charleston, WV 25305
   or fax (304)558-3741
SUPERVISION PLAN: SPEECH-LANGUAGE PATHOLOGY ASSISTANTS
2013-2014

Date: ___________________________ County: ___________________________

Special Education Director: ___________________________________________

Speech-Language Pathology Assistant: _________________________________

Supervising Speech-Language Pathologist: _____________________________

I. Describe the educational background and experience of the SLPA.

____________________________________________________________________

II. ROLES/RESPONSIBILITIES: List the responsibilities assigned to the SLPA.

____________________________________________________________________

____________________________________________________________________

III. SUPERVISION REQUIREMENTS: Describe the supervision plan developed by the supervising SLP, special education director and SLPA.

____________________________________________________________________

____________________________________________________________________

IV. COMPLETION OF TRAINING MODULE:

SLPA/Date Completed: _____________________________________________

Supervising SLP/Date Completed: _________________________________

V. CASELOAD ASSIGNMENTS: (Indicate # of students on assigned caseloads.)

SLPA: __________________________________________________________

Supervising SLP: ________________________________________________
Appendix B - WVDE Verification Report
Speech Language Pathology Assistant (2013-2014)

Date: ____________________ County: ____________________

Speech-Language Pathology Assistant: ____________________________________________

Supervising SLP: _______________________________________________________________

Special Education Director: ______________________________________________________

Number in Caseload: _______ Number of Sessions Provided: _______

Number of Sessions Supervised: _______

Percentage of Sessions:
Direct Supervision _______ Indirect Supervision _______

<table>
<thead>
<tr>
<th>PROFESSIONAL DEVELOPMENT COMPLETED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEECH-LANGUAGE PATHOLOGY ASSISTANT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TITLE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SUPERVISION VERIFIED BY:
Supervising SLP ________________________ Date ________________________
SLPA _________________________________ Date ________________________
Special Education Director ___________ Date ________________________

Complete and return to: Kathy Knighton (kknights@access.k12.wv.us)
WVDE, Office of Special Programs (Prior to June 1, 2014)
# Appendix C
## SLPA Session Documentation

<table>
<thead>
<tr>
<th>IEP Goal #1</th>
<th>Date(s):</th>
<th>Materials/Equipment</th>
<th>Activity</th>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IEP Goal #2</th>
<th>Date(s):</th>
<th>Materials/Equipment</th>
<th>Activity</th>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IEP Goal #3</th>
<th>Date(s):</th>
<th>Materials/Equipment</th>
<th>Activity</th>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix D - SLPA Self-Evaluation of Intervention

### Session: Educational Setting

**School:**

**Date:**

**Time of Session:**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I maintained an appropriate relationship with the student throughout the session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>I was self-confident in this session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>I considered the student’s needs in selecting my materials and interacting with this student.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>I considered the student’s cultural/linguistic needs in selecting my materials and interacting with this student.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>I used language appropriate for the student’s age and education.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>I was courteous and respectful with this student.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>I was punctual for the session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>I was prepared for the session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td>I was dressed appropriately for this session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>I used time efficiently during this session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11.</td>
<td>I completed the assigned tasks during this session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12.</td>
<td>I accurately determined correct vs. incorrect responses.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13.</td>
<td>I provided appropriate feedback to the student.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>The work area was appropriate for this student.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15.</td>
<td>I was aware of my professional boundaries during this session.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16.</td>
<td>I documented the results of the session appropriately.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17.</td>
<td>I shared the results with my supervisor.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Comments:**

**SLPA Signature:**

*(Adapted from ASHA)*
Appendix E
SLPA Supervision: Direct Observation Form

Speech-Language Pathology Assistant: ________________________________

Supervising SLP: ________________________________

County/School: ________________________________

Date of Session observed: ________________________________

Student Observed: ________________________________

Description of behavior/skill(s) needing improvement:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Recommendation for improvement (specify time frame):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Follow-up Date: __________

Were recommendations followed & proficiency achieved in this skill area?  YES  NO

Within the expected time frame?  YES  NO

Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Appendix F
Supervision Log: Direct/Indirect

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Supervision (D)</th>
<th>Indirect Supervision (I)</th>
</tr>
</thead>
</table>

- **Direct Supervision (D)** is on-site, in-view observation and guidance.
- **Indirect Supervision (I)** may include demonstrations, record review, review and evaluation of audio or videotaped sessions, Skype and/or telephone conferences.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>D I I D I</td>
<td>D I I I</td>
<td>D I I I</td>
<td>D I I</td>
<td>D I</td>
</tr>
</tbody>
</table>

**Week Beginning:**

**SLPA:**

**Supervising SLP:**

**County:**
**Appendix G**

**Summary: SLPA Observation Log - Direct/Indirect**

<table>
<thead>
<tr>
<th>Student Sessions Supervised (List students or group by initials only)</th>
<th>During First 90 Workdays</th>
<th>After First 90 Workdays</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of sessions provided</td>
<td>Number of sessions provided</td>
</tr>
<tr>
<td></td>
<td>Number of sessions supervised</td>
<td>Number of sessions supervised</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ direct supervision</td>
<td>Percentage of sessions w/ direct supervision</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ indirect supervision</td>
<td>Percentage of sessions w/ indirect supervision</td>
</tr>
<tr>
<td></td>
<td>Number of sessions provided</td>
<td>Number of sessions provided</td>
</tr>
<tr>
<td></td>
<td>Number of sessions supervised</td>
<td>Number of sessions supervised</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ direct supervision</td>
<td>Percentage of sessions w/ direct supervision</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ indirect supervision</td>
<td>Percentage of sessions w/ indirect supervision</td>
</tr>
<tr>
<td></td>
<td>Number of sessions provided</td>
<td>Number of sessions provided</td>
</tr>
<tr>
<td></td>
<td>Number of sessions supervised</td>
<td>Number of sessions supervised</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ direct supervision</td>
<td>Percentage of sessions w/ direct supervision</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ indirect supervision</td>
<td>Percentage of sessions w/ indirect supervision</td>
</tr>
<tr>
<td></td>
<td>Number of sessions provided</td>
<td>Number of sessions provided</td>
</tr>
<tr>
<td></td>
<td>Number of sessions supervised</td>
<td>Number of sessions supervised</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ direct supervision</td>
<td>Percentage of sessions w/ direct supervision</td>
</tr>
<tr>
<td></td>
<td>Percentage of sessions w/ indirect supervision</td>
<td>Percentage of sessions w/ indirect supervision</td>
</tr>
</tbody>
</table>

Verified by:

Supervising SLP __________________________ Date __________

SLPA __________________________ Date __________
Appendix H
Supervising SLP Evaluation Form

Supervisor's Name ____________________________ Completed: ____________

Instructions: to insure the quality of supervision provided to you as an SLPA please respond to the following items.

<table>
<thead>
<tr>
<th>My Supervisor:</th>
<th>INITIAL ITEMS</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. provided me a copy of the Speech-Language Pathology Assistant: Guidance</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td>for WV Schools &amp; Districts.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. explained my duties as an SLPA.</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td>Please rate each subsequent item according the rating scale that follows.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = Yes; 2 = No; 3 = Sometimes; NA = Not Applicable</td>
<td></td>
</tr>
<tr>
<td>My Supervisor:</td>
<td>INITIAL ITEMS</td>
<td>RESPONSE</td>
</tr>
<tr>
<td></td>
<td>1. explained to me the type of documentation that is necessary to use for</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>each therapy session.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. provided me with frequent, constructive verbal and/or feedback about my</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>performance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. used a variety of ways of providing feedback to me about my performance</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>e.g. verbal, written, rating scale, videotape of the session, suggested</td>
<td></td>
</tr>
<tr>
<td></td>
<td>self-evaluation, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. followed the suggestions in the Speech-Language Pathology Assistant:</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>Guidance for WV Schools &amp; Districts regarding supervision (i.e. minimum of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30% weekly; 20% direct supervision during the first 90 days of employment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and minimum of 10% after the 90 day period).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. followed the suggestions in the Speech-Language Pathology Assistant:</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>Guidance for WV Schools &amp; Districts regarding indirect supervision (i.e.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>maximum of 10% indirect supervision during the first 90 days of employment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and a maximum of 10% after the 90 day period).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. supervised me more frequently &amp; gave me specific suggestions if I</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>requested it or needed it.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. was always accessible in person, telephone or pager during the time I</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>worked with students.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. showed appropriate courtesy &amp; respect for me.</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>9. answered questions about clinical matters satisfactorily.</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>10. was knowledgeable about students, their communication disorders and the</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>therapy process in general.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. communicated effectively with me.</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>12. explained clinical procedures effectively.</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>13. encouraged me to participate in continuing education activities.</td>
<td>1 2 3 NA</td>
</tr>
<tr>
<td></td>
<td>14. showed effective supervisory skills.</td>
<td>1 2 3 NA</td>
</tr>
</tbody>
</table>

Comments: (Please include meaningful comments regarding strengths and suggestions for improvement in the space below.)

SLPA: ____________________________ Date: ____________

Guidance for West Virginia Schools and Districts
PART 1 - APPLICANT INFORMATION

Social Security Number       Birth Date (MM-DD-YYYY)       Gender (M or F)       US Citizen (YES or NO)       Served in US Armed Forces
(YES or NO)

Last Name                  First Name                  MI                Previous Last Name (Maiden)

Street Address               City                        State                Zip Code

Primary Phone               Secondary Phone                E-Mail

Are you currently employed by a West Virginia School System? YES No

List the institutions from which a degree has been earned

College/University       Degree       Date

Do you currently hold a License to work in the public schools of West Virginia? YES No

If YES, please indicate the school system:

Do you currently hold a License to work in the public schools of another state? YES No

Part 3 - APPLICANT SIGNATURE

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold.

Signature of Applicant                Date

Supporting documentation attached:
(Non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

Form #       Form #       Form #

Part 4 - FINGERPRINTING INFORMATION

First-time applicants are required to have fingerprints processed by L-1 Solutions (L1enrollment.com).

□ I have never held WV Certification and have recently submitted my fingerprints to L1 Solutions on ______/______/_________ (L1 Transaction #________________________)

□ I have previously received Certification in WV and understand that I do not need to re-submit my fingerprints.

Part 5 - SUPERINTENDENT RECOMMENDATION (Required if employed in a WV School System)

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. When necessary, I have included documentation verifying this information. I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and is physically, mentally, and emotionally qualified to perform the duties of a teacher. I recommend that s/he be granted certification.

Signature of Superintendent                County                Date
Form 38—Temporary Authorization

Social Security Number: _______________________ Last Name: ______________________ First Name: ______________________ MI: __________

Employing County

Designate if this request is for an Original Temporary Authorization, or for the Renewal of a Temporary Authorization in an endorsement area previously granted.

Applicant Information Page must be attached.

☐ ORIGINAL ☐ RENEWAL

Select the appropriate endorsement area to be issued on the Temporary Authorization and indicate the school year for which the Temporary Authorization is requested, in the space below. The appropriate in-service trainings/hours and other requirements for the endorsement indicated will be verified by the WVDE before issuance of each Authorization. Submit transcripts and/or all documents required for the selected endorsement to the WVDE with this application. Refer to WV Board of Education Policy 5202, §11.9, for the requirements of the selected endorsement area.

Check Here

Alternative Education
Option Pathways
Foundations in Engineering
Health Care Fundamentals
Human Services, Devp & Relationships
Chief School Business Official
Cultural Enrichment
Junior ROTC
ProStart Restaurant Management
Reading for Grades Seven and Eight
School Nurse
School Nutrition Director
Speech Assistant
Technology Integration Specialist
Technology System Specialist
Other (List)

Indicate School Year

Form 38 and Form 38A, “Supplement to Form 38” are contained in one document must be completed and submitted to the WVDE, Office of Personnel Preparation available at http://wvde.state.wv.us/certification/forms/documents/Form38.pdf
The requirements for the issuance of an authorization for speech-language pathology assistants are defined in West Virginia Board of Education Policy 5202, “Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary.” Policy 5202 becomes effective on June 18, 2003.

Is there a need for speech-language pathology assistants (SLPAs)?
Yes. The intent of this policy is to address the shortage of certified speech-language pathologists in West Virginia and better serve students with communication disorders by ensuring that personnel providing services are supervised and executing those tasks only within their scope of responsibilities and training.

Who are speech-language pathology assistants?
SLPAs are individuals who may provide services to students with communication disorders under the guidance and direction of a certified speech-language pathologist. School systems frequently use the services of certified occupational therapy assistants (COTAs) and physical therapy assistants (PTAs) to facilitate the provision of therapy to students with disabilities. The SLPA will serve a similar role in the provision of services to students with communication disorders. These individuals must be issued an authorization from the West Virginia Department of Education, Office of Professional Preparation, according to the rules outlined in Policy 5202.

What responsibilities are within the role of the speech-language pathology assistant?
SLPAs may conduct specific components of a speech and language delivery program as specified in an Individualized Education Program (IEP) under the direction and guidance of a certified speech-language pathologist. Tasks executed by speech assistants must be within their scope of responsibilities and include only those tasks they have the expertise and training to perform. Responsibilities may include the following:
- conducting speech-language screenings;
- providing services to students according to the IEP;
- documenting student progress toward his/her goals and objectives;
- assisting with individual assessments;
- performing checks and maintenance of equipment;
- assisting in the implementation of assistive technology devices and services; and
- other appropriate tasks as assigned.

Will speech-language pathology assistants be used to replace speech-language pathologists?
No. Assistants cannot replace qualified speech-language pathologists. Speech-language pathology assistants may only be used when a certified speech-language pathologist has not applied for the available position as documented by the county and verified by the county superintendent. The use of speech-language pathology assistants does not preclude the active recruitment of certified speech-language pathologists.
Who may supervise a speech-language pathology assistant?
The speech-language pathology assistant must be under the direction and guidance of a fully certified speech-language pathologist who has practiced speech-language pathology at least 2 years following certification.

How much supervision is required?
The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of the individuals served, the service setting, the tasks assigned and other factors. A supervision plan must outline procedures for direct and indirect supervision of the speech assistant including documentation requirements. Direct supervision means on-site, in-view observation and guidance during a therapy session. Indirect supervision may include demonstration, record review, review and evaluation of audio or videotaped sessions, or supervisory conferences conducted by e-mail or telephone.

What are the requirements for an authorization?
The applicant must:
A. hold a minimum of a bachelor's degree in speech pathology or communication disorders from an accredited institution;
B. be employed by a local West Virginia Board of Education; and
C. receive the recommendation of the district superintendent verifying that the applicant is the most qualified candidate for the position and that no fully certified speech-language pathologist has applied for the available position.

How long will an authorization be in effect?
An authorization is valid for one school year and expires on June 30th of each year.

How is an authorization renewed?
In order to renew the authorization, the applicant must complete professional development activities and receive the recommendation of the district superintendent verifying that no fully certified speech-language pathologist has applied for the available position.

Will SLPAs be assigned a caseload?
Yes. The speech-language pathology assistant will be assigned a caseload based on their level of expertise, experience, and supervision requirements. The caseload of the certified speech-language pathologist working with the speech assistant should be adjusted to provide adequate time for supervision.

Will the use of SLPAs affect Medicaid billing for speech-language services?
Yes. Services provided by a speech-language pathology assistant are not an allowable expenditure for Medicaid reimbursement.
Appendix K
Contact Information

WEST VIRGINIA DEPARTMENT OF EDUCATION

Kathy Knighton, kknighto@access.k12.wv.us
Office of Special Programs

Scottie Ford, smford@access.k12.wv.us
Sherri Hudnall shudnall@access.k12.wv.us
Office of Professional Preparation