

**ALIGNING GRADUATE PROGRAMS IN COMMUNICATION SCIENCES AND DISORDERS WITH THE DEMANDS OF TODAY'S WORKPLACE.  
PART I: PREPARING OUR STUDENTS FOR PROFESSIONAL PRACTICE IN THE SCHOOLS**

Kathleen Whitmire, Ph.D.  
ASHA

Examination of the relevance and effectiveness of professional preparation programs in light of workplace demands requires consideration of clinical practice as it relates to services in the employment setting where the majority of our programs' graduates will be practicing. According to 2000 membership data from ASHA, that work setting is the schools. Those data indicate that 54% of speech-language pathologists who hold ASHA's Certificate of Clinical Competence are currently employed in school settings. This number is increased by the fact that additional speech-language pathologists contract with schools to provide services, and even more speech-language pathologists will transition into employment in the schools within the next few years. Thus, it behooves our graduate programs to provide academic and clinical preparation that is compatible with current expectations and demands of practice within the schools.

**School-Based Services and IDEA**

The primary factor shaping speech-language services in the schools is the Individuals with Disabilities Education Act of 1997 (IDEA). This federal legislation mandates the way school-based services are provided to children ages birth through 21 with special educational needs. The primary focus of IDEA is to establish an educational process that promotes meaningful access to the general curriculum for each child with a disability, including academic, nonacademic, and extracurricular activities. Thus, speech-language assessments and intervention plans must be directly linked to the child's participation in an array of school activities.

IDEA is clear about the types of assessment that should be conducted when determining if a child has a disability that affects his or her involvement and progress in the general curriculum. Assessments must be functional and contextually based, reflecting the child's performance in a variety of school contexts. Information should be gathered from various sources and through multiple formats, including parent interviews, classroom-based assessments, observations by teachers and other service providers, and formal tests or other evaluative materials. The reporting of test scores is no longer acceptable as the sole assessment outcome. Furthermore, assessments should be collaborative, that is, planned, conducted, and reviewed by a team of professionals.

Intervention plans, which must also be developed and carried out by a team of professionals and the child's parents, must be educationally relevant. The goals must address how the child will be involved in and progress in the general curriculum in its broadest sense; how the child will participate in extracurricular and nonacademic activities; and how the child will be educated with and participate with other children, both with and without disabilities. Overall, the goals must relate to meeting the child's individual needs that result from the disability in order to enable the child to participate in the full range of educational activities and to meet the district's standards and benchmarks for all students. It is not adequate to address the remediation of discreet speech or language skills without a direct connection to academic, nonacademic, and/or extracurricular activities.

### **School-Based Services and ASHA's Standards**

There are four Standards that can be linked to services as mandated by IDEA. By designing course content and clinical experiences that prepare students for school-based practice as defined by IDEA, graduate programs will also be meeting these Standards:

**III-H: the applicant must demonstrate knowledge of contemporary professional issues**

- Includes relevant legislation and regulations; policy and procedures at the federal, state, and local levels; and current models of evaluation and intervention

**IV-E-1: Evaluation**

- Integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
- Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures
- Adapt evaluation procedures to meet client/patient needs

**IV-E-2: Intervention**

- Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process
- Involve clients/patients and relevant others in the intervention process
- Modify intervention plans, strategies, materials

**IV-E-3: Interaction and Personal Qualities**

- Collaborate with other professionals in case management

**Making It Happen**

Some graduate programs already offer coursework and clinical experiences that are closely aligned with school-based practice as defined by IDEA. Others will need to make substantial changes in order to meet ASHA's Standards and to be consistent with current educational mandates. Most

programs fall at various points on the continuum between these two end points. As a means of examining graduate program content in light of school-based practice, I would like to suggest that the following questions be asked regarding coursework, clinical training, and faculty activities:

***Checklist for Coursework:***

Is the content of our academic courses consistent with educational reform?

Is a focus on functional contextually based assessments, educationally relevant intervention plans, and collaborative service models infused throughout our courses?

***Checklist for Clinical Training:***

Can our graduates conduct contextually based assessments?

Can our graduates design and carry out educationally relevant intervention plans?

Can our graduates train others to be effective communication partners and facilitators?

Do our students participate effectively on teams and in collaborative/consultative roles?

Has our campus clinic established partnerships in the community? (e.g., established satellite clinics in the community and provided services to community agencies and schools)

***Checklist for Faculty Activities:***

Are we conducting field-based research in the schools?

Do we mentor students in light of trends in employment and reform?

Are we pursuing professional education to keep current on reforms?

### Summary

ASHA's new standards and IDEA converge on three key practice points – multiple format assessments that are functional and contextually based, intervention plans that are relevant to communication in context, and services that are collaboratively designed and implemented. The thoughtful review of university course work and clinical practica can result in training programs that meet ASHA's standards while preparing graduates to be effective clinicians in today's workplace. The ultimate outcome is quality speech-language services in our schools.

### Resources

American Speech-Language-Hearing Association. (1999). *Guidelines for the roles and responsibilities of the school-based speech-language pathologist*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (2000). *IDEA and your caseload: A template for eligibility and dismissal criteria for students ages 3-21*. Rockville, MD: Author.

Council for Exceptional Children. (2000). *Developing educationally relevant IEPs: A technical assistance document for speech-language pathologists*. Reston, VA: Author.

U.S. Congress. (1997). *Individuals with Disabilities Education Act amendments of 1997*. Washington, D.C.: U.S. Government Printing Office.