

Standards of Practice for New Brunswick School Speech Language Pathologists

| Care has been taken to trace ownership of copyright material contained in this document. Any information that will allow the New Brunswick Department of Education and Early Childhood Development to rectify any reference or credit in subsequent editions would be gratefully received by: |
|---|
| Education Support Services New Brunswick Department of Education & Early Childhood Development, P.O. Box 6000, Fredericton, N.B. E3B 5H1 |

Acknowledgements

The Department of Education and Early Childhood Development (EECD) acknowledges the use of other speech-language pathology guidelines, standards, and position papers in the development of these standards for school speech-language pathologists in New Brunswick, as well as guidelines and standards from other school professionals. Resources used in the development of these standards are indicated in the reference section of this document. School speech-language pathologists (S-LPs) in New Brunswick have provided valuable input towards the completion of this document. The Department of Health and hospital-based speech-language pathologists were consulted during the development of this document.

These standards respect Speech-Language and Audiology Canada's (SAC) Scope of Practice for Speech-Language Pathology in Canada and Code of Ethics, which are adopted by the New Brunswick Association of Speech-Language Pathologists and Audiologists (NBASLPA), the governing body for speech-language pathologists in the province of New Brunswick, and have been approved by the appointed NBASLPA Speech-Language Pathology Standing Committee.

EECD thanks Mary Blunston for her lead role in developing this document in collaboration with the Speech-Language Pathologist Standing Committee:

- Cathy Cormier, Manager of Speech and Hearing, Horizon Health Network
- Brian Kelly, Director of Education Support Services, EECD
- Kimberly Korotkov, Learning Specialist, EECD
- Deborah Maund, President, New Brunswick Association of Speech-Language Pathologists and Audiologists; Speech-Language Pathologist, Anglophone School District - East
- Jennifer O'Donnell, Manager and Speech-Language Pathologist, Vitalité Health Network
- Darrelyn Snider, Speech-Language Pathologist, Anglophone School District -South
- Jillian Walker, Speech-Language Pathologist, Anglophone School District North

Preamble

The Standards of Practice for New Brunswick: School Speech-Language Pathology provides an overall framework to promote and guide the practice of school speech-language pathology in New Brunswick, Canada. Standards set out the professional basis for school speech-language pathology practice: describing the desirable and achievable level of performance expected, against which actual performance can be measured. Standards also serve as a guide to the professional knowledge, skill, and judgment needed. It is expected that all S-LPs will meet the expectations of these professional standards and be able to articulate how they demonstrate the standards in their practice.

Speech-language pathologists play a vital role in the development of students' receptive and expressive language, which in turn supports students' comprehension, spoken language, reading, and writing. The expertise of S-LPs in these varied areas is an important component of educational programming for many New Brunswick students to support excellence and equity.

The Standards of Practice for New Brunswick: School Speech-Language Pathology is intended to provide guidance to school S-LPs, schools, and school districts on the roles of school S-LPs and their expected competencies, the development of related policy and procedures, and the delivery of speech-language pathology services within the collaborative program planning process. The principles of inclusive education and respect for diversity provide the framework within which the roles and responsibilities of the S-LP are delivered.

The New Brunswick definition of <u>Inclusive Education (2009)</u> highlights three complementary principles that directly influence professional practice.

- 1. Public education is universal: the provincial curriculum is provided equitably to all students in an inclusive, common learning environment shared among age-appropriate, neighbourhood peers.
- 2. Public education is individualized the success of each student depends on the degree to which education is based on the student's best interests and responds to his or her strengths and needs.
- 3. Public education is flexible and responsive to change.

The <u>Education Act</u> outlines the roles and primary responsibilities of school districts, teachers, students, administrators, and parents/guardians concerning the education of all students. School S-LPs operate under the legal framework of this Act, including the regulations, ministerial directives, and all related policies enacted by the Department of Education and Early Childhood Development and school districts. It is the responsibility of S-LPs working in New Brunswick schools to adhere to not only the legal parameters of

their employment with the school districts, but also the Speech-Language Pathology legislation (NBASLPA).

The Standards of Practice for New Brunswick: School Speech-Language Pathology document describes in broad terms the professional expectations of school S-LPs, including five broad standards statements, a description of each statement, and indicators that illustrate how the standard may be demonstrated. Levels of education, experience, skill, and proficiency with respect to the standards and indicators vary among individual S-LPs. It is important to note that speech-language pathology is a dynamic and continuously developing profession. As such, standards listed herein do not exclude emerging areas of practice.

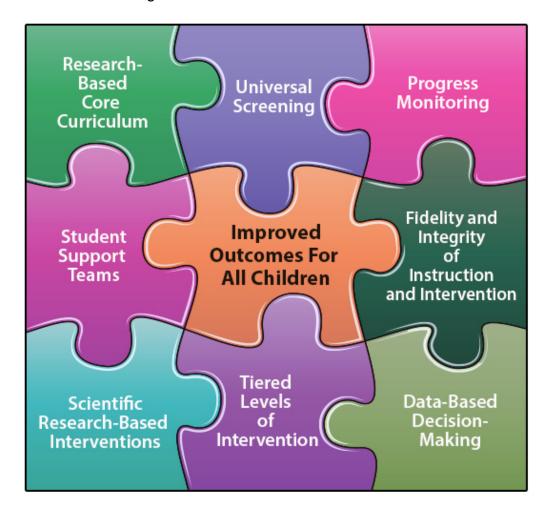
The indicators used in this document are not a complete list. The five standards are interrelated; an indicator used to illustrate one standard may also demonstrate the application of other standards. How an S-LP demonstrates a standard is influenced by the S-LP's level of competence, role, setting, and the situation.

Response to Intervention

The New Brunswick framework for support and intervention is the Response to Intervention (RTI) model.

Response to Intervention (RTI) is the model for student support and intervention in New Brunswick schools. The model is aimed at improving the educational outcomes of all students through monitoring individual progress and using data to inform decisions about instructional needs. Response to intervention is a framework that is both prevention and intervention focused. Using the RTI framework, the Education Support Services (ESS) teams, in collaboration with other educators and service providers, can provide supports for prevention and intervention for all students, not just those requiring a personalized learning plan.

The goal of the New Brunswick RTI model is improved outcomes for ALL students within an inclusive learning environment!



Response to Intervention is a model for providing high quality instruction and intervention to meet the needs of all students. Response to Intervention is generally depicted as a

three-tier model which includes academic as well as behavioural instruction and interventions. RTI is a flexible framework and allows for student movement between tiers. Progress is monitored closely and decisions about instructional needs are based on data collected from ongoing formative assessment.

Tier 1

All students receive tier 1 instruction and interventions, also known as evidence-informed practices. Tier 1 begins with a comprehensive curriculum that is delivered with high quality instruction. It provides evidence-informed classroom instructional practices that enable 80-85 percent of students to be successful without further intervention. Tier 1 instruction and interventions are universal and available to all students as part of the common learning environment.

Intensive, individual interventions Intensive, individual interventions Tier Targeted, small group interventions Core instruction for all students

Tier 2

Tier 2 provides interventions of moderate intensity and duration that supplement, enhance, and support tier 1 strategies, and are provided for small groups of students. Students receive the same instruction as students in tier 1 as well as targeted interventions that are provided by the classroom teacher, and/or when necessary, ESS staff. About 5-10 percent of students may need support at this level.

Tier 3

Tier 3 provides intense interventions for groups of one to three students. Only 1-5 percent of students generally need support at this level. Like tier 2, this level is also a supplement to tier 1, not a replacement. Tier 3 is specifically designed and personalized small group and/or individualized instruction that is typically extended beyond the time and intensity allocated for tier 1 and tier 2. It is possible that some students may go from receiving tier 1 to tier 3 interventions and not receive tier 2 supports. It is a step up, step down, fluid process.

Further detail on how RTI works within a New Brunswick context and how this approach governs support structures for students can be found in the <u>School-Based Educational</u> <u>Support Services Teams to Support Inclusive Education</u> document.

School Speech-Language Pathology Services

Speech-language pathologists employed by the New Brunswick Department of Education and Early Childhood Development (EECD) are responsible for obtaining and maintaining registration with NBASLPA in order to use the title "speech-language pathologist" and to be eligible for employment as an S-LP in the province of New Brunswick. NBASLPA requires that S-LPs abide by the Act Incorporating the New Brunswick Association of Speech-Language Pathologists and Audiologists, NBASLPA bylaws, rules, and guidelines, and the SAC Code of Ethics, which has been adopted by NBASLPA.

Speech-language pathologists are professionals with expertise in the areas of communication and swallowing disorders. Within the school setting, they work as part of an interprofessional team, the ESS team, to provide support to teachers and students from kindergarten through grade 12.

Speech-Language and Audiology Canada defines the profession of speech-language pathology as follows:

Speech-language pathologists are autonomous professionals who have expertise in typical development and disorders of communication and swallowing, as well as assessment and intervention for these areas. In some provinces/territories, speech-language pathologists are governed by a regulatory body and must meet regulatory requirements to practice.

- Speech-language pathologists are involved in a number of different activities to promote effective communication and safe swallowing for the individuals they serve. These activities may include:
 - assessment of communication and swallowing disorders which may involve: screening, identification, evaluation, and diagnosis;
 - o consultation with, and referral to, other professionals;
 - intervention for communication and swallowing;
 - o research;
 - university and/or college education and training;
 - o administration, management and policy development; and
 - o education and supervision of students and professionals, including support personnel (educational assistants, communication health assistants).

Speech-language pathologists may work directly with students, and/or with their caregivers or other persons who regularly interact with them (e.g., friends, relatives, professionals, colleagues, supportive personnel), to create environments that promote optimal communication and support for those with swallowing disorders. This may involve: promotion, prevention, counseling, treatment, consultation, management,

(re)habilitation, and education. School S-LPs support teachers and intervene with students with communication difficulties that may have an impact on the attainment of educational goals. They also offer support for students with swallowing disorders.

Speech-language pathologists play a key role in the facilitation of learning (Causton & Tracy-Bronson, 2014), bringing specialized knowledge to assist school staff in identifying communication difficulties and in providing assistance for building language and literacy skills. Their contributions towards student learning and influencing effective outcomes is well documented in the education literature, as language development is a critical component for students to achieve success with the curriculum (ASHA, 2001; Catts, 1991).

The American Speech-Language-Hearing Association (2010) notes "...that based on their unique skill set, S-LPs in schools (1) have integral roles in education and are essential members of school faculties, (2) help students meet the performance standards of a particular school district and state by assuming a range of responsibilities, (3) work in partnership with others to meet students' needs, and (4) provide direction in defining their roles and responsibilities and in ensuring appropriate services to students."

School S-LPs are valuable members of district and school ESS teams. As a result of their knowledge of effective use of communication skills, S-LPs contribute to program planning for students in the areas of communication and social skills development.

S-LPs work with students individually and in groups. They also advise and assist teachers, educational assistants, and parents/guardians regarding effective strategies in the areas of communication skills and swallowing disorders. To address students' communication and swallowing needs, consultation with professionals from outside agencies may be required, including consultation with hospital-based S-LPs, physiotherapists, occupational therapists, and other rehabilitation professionals.

Speech-language pathologists may also participate on provincial or district committees or teams targeting specific initiatives, such as autism spectrum disorders and assistive technology. At the district and school level, they may belong to planning teams that oversee the provision of educational support services, including the identification of staff professional development needs and prioritizing referrals. At the individual student level, S-LPs provide valuable information for program planning. In this capacity, the S-LP may contribute to the student's program in a variety of ways, including the provision of assessment information, the provision of direct intervention to the student, consultation with parents/guardians and teachers on communication and/or swallowing, and the provision of professional learning for school staff. (Adapted from the Speech-Language Pathology Guidelines in the Student Services document from the Department of Education in Nova Scotia, 2011).

To work within the RTI framework with school-aged children in New Brunswick, S-LPs must have a working knowledge of:

- Response to Intervention;
- consultation and collaboration;
- development of presentations for professional learning;
- assessment (including screening); and
- individual and group intervention.

The Department of Education and Early Childhood Development acknowledges the importance of early intervention and the impact of early language intervention and prevention programs on future academic success. Language development is one of the most critical school-readiness skills. Children's capacity to talk and the size of their vocabulary when they enter kindergarten is predictive of success in the early school years (Wetherby & Prizant, 2001); therefore, children experiencing difficulty with communication upon school entry must participate in a language-rich environment which facilitates ongoing language development within the optimal window of learning for developing brains. S-LPs have the knowledge and skills to advise schools of ways to create enriched language environments and support language development in children of all language abilities. Furthermore, success in later school years is known to be directly related to early school success. Children with poor learning-related skills (speech and language skills are considered to be of paramount importance) performed lower than their higher-rated peers on reading and math between kindergarten and sixth grade (McClellan, Acock & Morrison, 2006). Additionally, reading levels at third grade are predictive of high school success (Hernandez, 2011). While a student may catch up in later grades, there are more challenges and greater resources may be required for support. Considering this information and the connections between language and literacy, the primary focus of speech and language services in the schools is for direct services for students in kindergarten to grade 3 and consultation for students in grades 4-12.

Students referred for speech-language pathology services in the schools may present with:

- language comprehension or language expression delays/disorders;
- articulation or phonology delays/disorders;
- difficulties with phonological awareness skills;
- oral motor dysfunction (myofunctional issues);
- voice disorders;
- fluency disorders (e.g., stuttering, cluttering); and/or
- feeding/swallowing disorders.

Services provided to all students with speech, language, and swallowing difficulties are done in consultation and collaboration with the school team, including classroom teachers, Education Support Teacher (EST)-Resource, EST-Literacy, and other staff who may be involved with that student. Certain populations, such as those with hearing impairment or autism, are examples of students within the school system that are considered to have a shared responsibility between S-LPs and other professionals. For example, the Atlantic Provinces Special Education Authority (APSEA) provides services to students in the public education system with hearing loss. Due to potential difficulties in both language and speech as a result of hearing loss, the S-LP and the APSEA worker may work together to determine student needs and goals. Likewise, children with autism will often be provided with consultation by the EST-Autism. These children often have significant communication needs and consultation with the school S-LP would be critical in the development of program goals for these students.

Students presenting with difficulties in the areas of fluency (stuttering), voice/resonance, myofunctional issues, acquired language difficulties, and feeding/swallowing are considered to be a shared responsibility between school and hospital-based S-LPs. The school and hospital S-LP work together to ensure appropriate service and carryover of skills.

As stated in the Preferred Practice Document for New Brunswick Hospital Speech-Language Pathology (2006) by the Department of Health and Wellness, school-aged children will be considered for services offered by the hospital S-LP when they present with communication or swallowing difficulties in the following areas:

- myofunctional;
- fluency;
- voice/resonance;
- acquired language;
- feeding/swallowing.

Purpose of Standards

The standards for school S-LPs are designed to clarify the services provided by S-LPs in the RTI framework in Anglophone School Districts within the province of New Brunswick and to create consistency of those services among all school districts. The specific goals of the standards are to:

- establish standards for school S-LPs as an area of expertise within the S-LP scope of practice;
- ensure consistent speech-language pathology services within and among school districts;

- ensure the quality of speech-language pathology services within Anglophone schools in New Brunswick;
- ensure accountability of speech-language pathology services for employers, students and families, and other professionals;
- create a benchmark for evaluation of speech-language pathology practice and continuous quality improvement in individual and systemic speech-language pathology services;
- provide school districts and school administration with the knowledge to support role clarification, practice, and continuing education and professional development needs of school S-LPs; and
- encourage the participation of S-LPs in the development of school and district programming and consultation for curriculum related to speech, language, and literacy.

Overview of the Speech-Language Pathology Standards:

The standards are stated as outcomes and framed within the following five (5) areas of school speech-language pathology:

- I. Organizational Development and System Level Consultation
- II. Direct Practice
- III. Workload and Service Management
- IV. Professional learning
- V. Research

In each area of school speech-language pathology practice, primary objectives are provided with a brief description of the area of practice. This is followed by outcome standards and indicators of minimum expected school S-LP outcomes. The emphasis on outcomes underscores the importance of school S-LPs evaluating the impact and effectiveness of their practices in promoting students' learning potential. It should be noted that the five areas of practice are not discrete and that school S-LPs will need to utilize skills and knowledge in more than one area to address student and/or system needs.

Standards for School Speech Language Pathology

I. Organizational Development and System Level Consultation

Objectives:

S-LPs in schools:

- have an integral role in education and are essential members of school and district ESS teams;
- assume a range of responsibilities within the school and district to assist all students in meeting educational goals;
- will collaborate with other professionals within and outside of the school system in order to support academic achievement; and
- will provide clarification and direction regarding their roles and responsibilities to ensure appropriate service delivery to students.

The public education system in New Brunswick supports inclusive education and the premise that all children benefit from teaching within a common learning environment. RTI and Universal Design for Learning (UDL) are the frameworks and strategies that support that premise. With the philosophy of inclusive education in mind, the education system is working towards building capacity for classroom teachers and providing them with specialized coaching to create an optimal learning environment for all students.

Speech-language pathologists have knowledge regarding the developmental milestones of speech and language, disordered speech and language, pre-reading skills (phonological awareness, vocabulary, language comprehension), and the importance (connections) of oral language skills for reading and writing.

Under the RTI model, the majority of students will be successful in a common learning environment (tier 1). S-LPs play a role at this level by providing information to EECD, school districts, schools, and classroom teachers on optimal speech and language facilitation and adaptations within classrooms and the general school environment.

Standard 1.1

The school S-LP demonstrates knowledge and understanding of the educational system, processes, and policies.

Indicators:

✓ Demonstrates an understanding of the inclusive education philosophy of the education system of the province of New Brunswick and the frameworks (i.e., RTI and UDL) that support that philosophy.

✓ Provides information to school and district ESS teams which support speech and language development in an inclusive environment.

Standard 1.2

The school S-LP demonstrates an understanding of the integral role that other organizations and/or professionals play in the overall language and learning development of students.

Indicators:

- ✓ Collaborates with school and community partners that promote healthy speech and language development.
- ✓ Identifies community supports and programs that will provide additional support for speech and language development.
- ✓ Identifies the need for change within the school system and other related organizations to support speech and language development and acts appropriately to have these needs recognized and considered for possible action.

Standard 1.3

The school S-LP is an active member of school and district teams, contributes to the review of organizational systems and processes, identifies when change is needed, and contributes to the change process.

Indicators:

- ✓ Participates in the review and analysis of student/school and provides suggestions for change within the overall system, district, or individual school to improve academic results.
- ✓ Acts to promote change within the system by presenting options for classrooms, schools, and districts that facilitate good communication skills.
- Demonstrates adaptability and flexibility.

Standard 1.4

The school S-LP provides preventative services and builds competence and capacity within the system through professional development of school personnel and through support at the classroom and administration levels.

Indicators:

✓ Provides information regarding developmental milestones of speech and language and strategies to enhance speech and language development in the school environment.

- ✓ Is involved in district-wide and school-based support services that may not be directly related to a particular student, (e.g., staff in-service, classroom observations, professional consultations).
- ✓ Consults with administrators and teachers on linking speech and language development to academic goals within the curriculum and provides suggestions to integrate speech and language development goals into the curriculum.
- ✓ Supports administrators and teachers in overall planning for students with diverse communication needs within the classroom and the school.
- ✓ Participates in school/district learning communities and school problem-solving teams to provide information on how communication impacts school performance and social interactions.
- ✓ Collaborates respectfully with team members, teachers, para-professionals, and other disciplines (e.g., S-LPs outside the school system, social workers, psychologists, occupational therapists, physiotherapists) for the benefit of the students, individual schools, and the school system.

II. Direct Practice

Objectives:

- Ensure specific needs of the students are met and learning outcomes are achieved.
- Ensure the student's potential to benefit from the learning environment is optimized.
- Operate within the ESS team and in collaboration with all school personnel and families to maximize learning outcomes.

It is expected that the needs of the majority of students within the public education system will be met through universal supports (tier 1). When these needs are not met, as recognized when they are noted to have ongoing difficulty reaching curriculum outcomes despite robust teaching and positive classroom strategies to enhance speech and language development, then those students identified may require individual or small group intervention to support their speech and language development and/or achievement of their educational goals (tier 2 and tier 3 supports).

Direct speech and language services may include:

Prevention – In Standard 1.4, prevention was discussed in terms of preventing the need for in-depth assessment and intervention by an S-LP. In terms of direct practice, the S-LP is involved in efforts to prevent academic failure. S-LPs have an awareness of the skills necessary for academic success and are capable of recognizing the need to intervene to prevent individual students from requiring long-term academic support.

Consultation – School S-LPs may be asked to provide, either formally (in a problem-solving meeting, ESS team meeting, or case conference) or informally (discussion with resource teacher or classroom teacher), their professional opinion regarding a specific student so that programming decisions may be made for that individual.

Collaboration – School S-LPs provide services that support the instructional programs in the province of New Brunswick. In order to support a student's educational program, they must work in conjunction with other school-based and district-based personnel (e.g., classroom teachers, literacy mentors, resource teachers, autism resource teachers, psychologists, social workers, guidance counselors) as well as other professionals outside of the school system (e.g., hospital-based or community-based S-LP, occupational therapists, physiotherapists). Parents or guardians are also recognized as valuable members of the team and have a significant impact on identification of communication or swallowing difficulties and play an important role in remediation of these difficulties.

Assessment – School S-LPs conduct formal and informal screenings and more in-depth assessments in collaboration with others to help identify students with communication disorders as well as to assist in determining intervention in accordance with evidence-informed practice.

Intervention – School S-LPs provide intervention that is appropriate to the age and needs of the individual student. Decisions about intervention are based on the nature of the communication disorder, age of the student, and efficacy of intervention (evidence-informed practice). During consideration of service delivery, the school S-LP will consider providing service in the least restrictive environment (LRE) whenever possible.

The school S-LP and the EECD recognize that the roles of many members of the school team overlap where language and literacy development and intervention are concerned. The school S-LP may be the individual to provide tier 2 or tier 3 support; however, the school S-LP may also consult or collaborate with other team members who are providing those supports with regard to speech, language, and literacy goals.

Standard 2.1

The school S-LP has the knowledge, skills, and resources to use evidence-informed practices when identifying, evaluating, and intervening with individual students.

Indicators:

✓ Uses a variety of sources to gain information about the student's use of communication skills in the classroom, school, and home environments. These

- sources may include, but are not limited to, observations, teacher report, parent report, evaluation data, and work samples.
- ✓ Makes recommendations on whether speech and language services are appropriate based on evidence-informed practice. Eligibility for speech-language pathology services is not based solely on the use of norm-referenced assessment instruments.
- ✓ Obtains informed consent for evaluation and intervention as per EECD norms and the NBASLPA Code of Ethics.
- ✓ Considers the student as a whole (i.e., health, vision, hearing, social and emotional status, academic performance, communicative status, and motor abilities) during assessment and intervention.
- ✓ Serves as a member of an inter-disciplinary team where both assessment and intervention are concerned. Informed consent for sharing of information with professionals outside of the education system is obtained when necessary.
- ✓ Selects both formal and informal assessment and intervention tools to determine communication and swallowing difficulties and goals for intervention.
- ✓ Consults with school personnel with regard to intervention goals that are not solely based on discrete speech or language skills, but that assist in removing barriers and providing curriculum access.
- ✓ Chooses goals and objectives that correspond to academic challenges and reflect current levels of academic performance, barriers to learning, and functional performance.
- ✓ Provides interventions in a variety of situations and settings to enhance generalization of communication skills.
- ✓ Chooses interventions that may contribute to the academic achievement of students with communication disorders
- ✓ Contributes to the Personalized Learning Plan (PLP) in collaboration with other team members.
- ✓ Chooses assessments and interventions that reflect cultural diversity and awareness of difficulties arising from a language difference when compared to a language delay/disorder. The support of an interpreter (e.g., family member or community member) may be utilized to support assessment and intervention.
- ✓ Provides assessment and intervention in a timely manner and in compliance with NBASLPA legislation and EECD and district guidelines.
- ✓ Recognizes the breadth of a school S-LP's scope of practice, as well as individual S-LP knowledge and skill limitations, and seeks out opportunities for continuing education (see Standard 4.1) to permit a full range of service delivery to students within the S-LP's assigned schools.
- ✓ Makes decisions regarding conclusion of services based on evidence-informed practice, whether the goals of intervention were met (as determined by data

collection and/or anecdotal evidence), and/or whether continued intervention is beneficial. This decision is made in conjunction with other school personnel.

Standard 2.2

Service delivery for an individual student may be provided across all three tiers of RTI and with the use of a variety of service delivery options.

Indicators:

- ✓ Provides service delivery that is curriculum-based, outcome-oriented, and integrated with educational activities.
- ✓ Uses service delivery approaches that include a continuum of models, including collaboration, classroom-based, pull-out, and indirect (e.g., consultation) services.
- ✓ Considers service delivery in the least restrictive environment.
- ✓ Provides pull-out services when repeated opportunities for practice do not occur in the natural environment or when skills-training requires a more focused environment.
- ✓ Understands that pull-out services are used for specific skill training and that this situation meets the student's immediate and short-term needs.
- ✓ Collaborates with school personnel to support speech, language, and academic programming, thereby providing the opportunity for more intensive intervention related to these goals.
- ✓ Understands that the frequency and rate of service delivery may vary depending on the communication disorder, the age of the student, and personnel resources within the school (e.g., availability of an educational assistant).
- ✓ Chooses the type of service delivery model according to evidence-informed practice, S-LP knowledge and skills, and workload considerations.

Standard 2.3

Collaboration and consultation with other professionals and the student's family are important in supporting individual students with communication and/or swallowing disorders.

Indicators:

- ✓ Collaborates with other professionals (e.g., classroom teachers, resource teachers, literacy mentors, social workers, psychologists, occupational therapists, physiotherapists, S-LPs outside of the school system) for the purpose of planning services for individual students.
- ✓ Participates in collaborative practices in inclusive classrooms (e.g., one teach one observe, one teach one support, station facilitation, co-support, therapy plan

- at a glance) (Causton & Bronston, 2014) and ongoing staff training provided by the school/district.
- ✓ Encourages active family involvement in information gathering, planning for student goals, and team meetings.
- ✓ Provides information to parents that support speech and language development and how they can support their child's learning both at home and at school.

Standard 2.4

Data, records, and reports relevant to consultation, collaboration, assessment, and intervention are kept and maintained.

Indicators:

- ✓ Collects quantitative and/or qualitative data related to student speech, language, and academic goals.
- ✓ Maintains records regarding consultations, assessments, and interventions.
- ✓ Documents dates of service, types of service, goals of service, and the outcomes of service provided.
- ✓ Shares documentation with other team members within the school system, as appropriate, to enhance ongoing support for students.
- ✓ Shares relevant documentation, with informed consent (written or verbal) from the parent/guardian, with relevant outside agencies for the purposes of referral or ongoing student support.

III. Workload and Service Management

Objectives:

- Student needs, organizational goals, and community expectations are met in a manner that is consistent with speech-language pathology and education standards and practices.
- Make workload decisions based on scope of practice and available resources.
 Speech-language pathologists have professional and organizational responsibilities to strive for best practice in service delivery within educational support services. They incorporate their knowledge of the profession of speech-language pathology, skills, and resources to meet the needs of students and to fulfill their responsibilities within the framework of the EECD and their district.

Speech-language pathologists have roles and responsibilities across all three tiers of RTI. These roles may require some fundamental changes in the way S-LPs engage in assessment and intervention activities. Rather than a traditional caseload of students whereby services are only provided for particular students, S-LPs in a school context

are considered to have a workload rather than a caseload. Workload refers to all the activities the S-LP performs, not only in direct service, but also the indirect activities that promote professional discipline-specific development for improving service and outcomes, as well as administrative tasks required by the employer, accreditor, professional college, or facility (British Columbia, Promoting Manageable Workloads, 2006).

Consideration must be given to the S-LP with respect to a manageable workload. A manageable workload should be defined as the amount of work that can be completed in a reasonable number of hours, and tasks that can be accomplished without undue pressure (British Columbia, Promoting Manageable Workloads, 2006).

Priorities for service delivery are established collaboratively between the school S-LP and Education Support Services Management. Prioritization takes into account the professional skills of the school S-LP, school and district needs, and the availability of other school/district and community services, workload, and human resource considerations.

Standard 3.1

Education Support Service management obtains and maintains adequate staff levels and acceptable working conditions.

Indicators:

- ✓ Education Support Service management provides guidelines for the balance of direct practice, consultation, collaboration, administrative, and organizational responsibilities.
- ✓ The school S-LP and Education Support Service management regularly review workload, and management makes consistent efforts to establish and maintain adequate staffing levels and working conditions.
- ✓ The school S-LP is provided with adequate working conditions (e.g., appropriate
 workspace and equipment; storage for materials, technology, and professional
 resources; and adequate space for pull-out services such as for evaluation and
 intervention, conferencing with other professionals and/or parents, and privacy for
 telephone calls).

Standard 3.2

In collaboration with Education Support Services Management and school-based ESS teams, school S-LPs determine workload priorities based on student needs, school needs, and district priorities.

Indicators:

- ✓ Adheres to the EECD guidelines regarding the focus of S-LP services.
- ✓ Discusses workload priorities with Education Support Services management at the district level and provides input to assist in determining priorities.
- ✓ Determines school service priorities in collaboration with school administration and school ESS teams.

Standard 3.3

School S-LPs provide a high standard of service within the educational framework.

Indicators:

- ✓ Ensures service delivery is curriculum-based, outcome-oriented, and integrated with educational activities.
- ✓ Follows the RTI model of support and intervention.
- ✓ Makes decisions about service delivery options that are child-centered and are made in collaboration with school-based teams.
- ✓ Provides pull-out services when repeated opportunities for practice of skills do not occur in the natural environment or when work on functional skills in more focused environments is required.
- ✓ Pull-out services meet the student's immediate and short-term needs.

Standard 3.4

School S-LPs abide by NBASLPA's Code of Ethics and SAC's Scope of Practice for Speech-Language Pathology in Canada, and discuss how these guidelines impact their work with Education Support Services management as needed.

Indicators:

- ✓ Demonstrates the values of integrity, professionalism, caring and respect, and continuing competency.
- ✓ Acknowledges and strives to carry out the educational mission and goals of the EECD, district, and school in a consistent manner.
- ✓ Discusses with Education Support Service management of the S-LP's ethical responsibilities and strives to ensure that workplace conditions and policies reflect ethical professional practice.

✓ Addresses any EECD, district, or school policies and procedures that are perceived to be in conflict with the S-LP's professional obligation to students or their professional ethics with Education Support Services management. S-LPs are encouraged to contact NBASPLA, the regulatory body for speech-language pathology services in New Brunswick.

IV. Professional Learning

Objectives:

- Demonstrates knowledge about current speech-language and educational research and how it applies to educational practices.
- Provides current, beneficial, and evidence-informed speech-language pathology services.
- Shares expertise and knowledge with other school personnel/teams, as appropriate.

All S-LPs working in the province of New Brunswick must maintain registration with NBASLPA. NBASLPA has adopted the SAC Code of Ethics which states that "Members and associates practice within their scope of competence and seek to enhance and maintain their professional skills through professional development. Members and associates strive to provide professional services and information supported by current scientific and professional research."

S-LPs must obtain 45 hours of continuing education equivalents (CEEs) within a threeyear cycle in order to maintain registration with NBASLPA and be eligible for employment in New Brunswick.

Continuing education may be obtained through formal educational opportunities, such as conferences, seminars, workshops, university courses, or online learning. Another important avenue of professional development is the opportunity to collaborate and share information and expertise with colleagues, such as the sharing of information after attending a workshop or conference, case discussions to encourage sharing of therapy techniques and consultative strategies with other professionals, and preparation and presentation of professional development and/or specialized programs.

Speech-language pathologists strive to provide quality services to the students of New Brunswick schools by their continued participation in continuing educational opportunities. To keep abreast of changes in the educational system and the profession of speech-language pathology it is essential that S-LPs seek out and are provided with opportunities to engage in continuing education experiences.

Standard 4.1

The school S-LP provides service based on current, evidence-informed research and practice.

Indicators:

- ✓ Identifies areas of need for professional learning and participates in a range of specific S-LP learning opportunities (e.g., conferences and workshops, online learning, professional learning groups, independent study).
- ✓ Keeps abreast of developments in the school system through continuing education
 opportunities and are given access to professional development for teachers, as
 appropriate, such as training in the areas of technology, literacy, and behaviour
 management.
- ✓ Remains current with the knowledge and skills of the profession by maintaining continuing education requirements.

Standard 4.2

The school S-LP recognizes the importance of supervision and mentoring (as recipient or provider) and the role that it plays in their ongoing professional learning.

Indicators:

- ✓ Recognizes their professional competencies and seeks supervision, consultation, and advice from appropriate sources or colleagues in relation to specific client or organizational situations.
- ✓ Participates in an evaluation process involving review of work practices, identification of strengths, and areas of improvement.
- ✓ Uses professional consultation as a method of providing and receiving guidance for ongoing development of skills and knowledge.
- ✓ Mentors graduate students in speech-language pathology.

V. Research

Objectives:

- Meets student needs by applying evidence-informed practice.
- Gathers information and research to promote organizational goals.
- Guides practice by quality research and data-driven decision making.

School S-LPs base their work on current and relevant knowledge. Information is obtained through research findings, theoretical frameworks, law, policy, service standards, and procedures. Research, in this standard, is broadly defined as the systematic search for knowledge to inform school speech-language pathology practice and consists of a number of activities (i.e., literature searches for knowledge to inform practice, evaluation of research studies, evaluation of policies and standards, and planning and implementing research projects).

Speech-language pathologists are continually seeking information and knowledge regarding best practices within the RTI framework and the relevance to student needs and service standards within the province of New Brunswick. S-LPs promote evidence-informed practices in terms of workload models, evaluation, intervention, consultation, and collaboration.

Knowledge of evidence-informed research is incorporated into the S-LP's day-to-day practice. The use of current evidence-informed practices requires professional judgment and considers individual and family preferences, professional expertise, skills and resources (i.e., human resources and materials), and the environment.

Participation in research projects by school S-LPs help to generate and support the use of evidence-informed assessment and intervention practices (ASHA, 2010).

Standard 5.1

Research activities are based on a solid understanding of research principles and methods.

Indicators:

- ✓ Understands a range of research methodologies including quantitative and qualitative approaches and their limitations and applications.
- ✓ Uses multiple sources for knowledge of practice (e.g., professional associations, professional books, scholarly journals, computer data bases).
- ✓ Uses reflection and analytical abilities to understand and evaluate research.
- ✓ Shares knowledge about current speech, language, and educational research with other S-LPs and school and district teams for the purpose of making decisions about assessment, programming, and intervention.
- ✓ Uses their understanding of research and needs in the educational system and/or individual students to examine their own work practices and those of the school or district team.

Standard 5.2

The school S-LP incorporates a research component into their work whenever possible in an effort to integrate research and practice and makes decisions based upon accurate data.

Indicators:

- ✓ Builds on evidence in the research through the use of these practices and the ongoing process of observation, inquiry, and evaluation of student and school outcomes
- ✓ Ensures that reliable and accurate data is gathered and utilized in determining changes in their own practice with individual students or within the system.

Standard 5.3

Participation in formal research is guided by NBASLPA's Code of Ethics, research protocols established by the EECD, and the framework for the management of legal issues in research.

Indicator:

✓ Negotiates with Education Support Services management prior to conducting or collaborating on formal research projects.

Appendices

Appendix A: Speech-Language Audiology (SAC) Code of Ethics

Appendix B: Speech-Language Audiology (SAC) Scope of Practice for Speech-Language Pathology in Canada

<u>Appendix C: Speech-Language Pathologists - Response to Intervention Tiers of Service</u> Tiers of Intervention

Appendix D: Act Incorporating the New Brunswick Association of Speech-Language Pathologists and Audiologists

Appendix A SPEECH-LANGUAGE AUDIOLOGY (SAC) Code of Ethics

<u>Note:</u> Information in this Appendix is contained in a live link found in the electronic version of the document.

Appendix B SPEECH-LANGUAGE AUDIOLOGY (SAC) Scope of Practice

<u>Note:</u> Information in this Appendix is contained in a live link found in the electronic version of the document.

Appendix C ROLE OF SPEECH-LANGUAGE PATHOLOGISTS Response to Intervention Tiers of Service

The role of Speech-Language Pathologists (S-LP) within an Inclusive Education, RTI model

Speech-language pathologists (S-LPs) play a vital role in the development of students' receptive and expressive language which in turn supports students' comprehension, spoken language, reading, and writing. S-LPs bring specialized knowledge to assist school staff in identifying communication problems and in providing assistance for building language and literacy skills. Their contributions towards student learning and influencing effective outcomes is well documented in the education literature, as language development is a critical component for students to achieve success with the curriculum (ASHA, 2001; Catts, 1991).

The modes of service delivery that the S-LP may provide within an RTI model encompass the following: assessment, consultation/collaboration, and various interventions depending on the needs of the student. The S-LP's scope of practice includes, but is not limited to:

- Receptive and expressive language development;
- Speech sound development;
- Phonological awareness;
- Phonemic awareness:
- Augmentative and Alternative Communication (AAC)
- Oral motor dysfunction;
- Voice disorders;
- Stuttering and related disorders.

TIER 1: Universal Supports

The goal of tier 1 is to provide preventive and proactive supports for all students in the general education classroom or common learning environment. S-LPs collaborate with teachers and work with students to help them acquire age-appropriate language skills and knowledge to contribute to their overall academic and social development.

S-LPs collaborate with teachers. Support may include:

 Participating in non-student specific school-based ESS Team meetings and problem-solving meetings, when requested;

- Identifying appropriate screening tools, pre-referral checklist, and teacher observation forms;
- Collaborating with teachers to do screening in classrooms;
- Participating on teams to develop early identification protocols;
- Assisting with analyzing student data (e.g., EYE-DA, screeners) to identify at-risk students;
- Consulting with teachers to explain the role of language in curriculum, instruction, and assessment and the interconnection between spoken and written language;
- Sharing information with teachers regarding interventions for students with speech and language disorders and their impact on education;
- Supporting teachers with Universal Design for Learning to incorporate speech and language development in lesson planning;
- Modeling language strategies for teachers with the whole class;
- Helping the teacher design interventions to differentiate learning opportunities for struggling students and to improve tier 1 language instruction for all students (e.g., reducing linguistic complexity, highlighting key information, providing multiple means of representation, giving concrete examples of abstract concepts, and giving/requesting elaborations);
- Recommending speech and language resources and materials for classroom use;
- Planning for and conducting professional development for relevant school staff, including paraprofessionals (e.g., relationships between spoken language and written language; language basis of communication and learning);
- Participating in kindergarten orientation sessions for parents, as appropriate.

S-LPs also support students by:

- Providing informal screening in the classroom;
- Participating in literacy instruction in all curricular areas in the classroom (common learning environment) and assisting with differentiated instruction and helping in the organization and delivery of flexible grouping.

TIER 2: Targeted Group Interventions

The goal of tier 2 is to provide a highly efficient response to students who require supplemental services beyond Tier 1 because they are not meeting benchmarks for their grade related to speech and language development. Interventions are often provided in the form of targeted, small-group instruction (e.g., three to five students with similar needs) using specialized evidence-informed intervention practices to address specific student weaknesses. Assessment at this tier typically would be done without using formal, standardized S-LP assessment tests but some subtests or formal testing

may be required. Intervention should occur, whenever possible, within the classroom (common learning environment) to support students in curriculum-based activities.

The S-LP supports teachers and students by:

- Observing students in the classroom;
- Reviewing samples of student work
- Consulting with teachers;
- Helping teachers modify curricula as required;
- Assisting with decision-making regarding which skills to target;
- Delivering targeted group speech and/or language instruction and intervention;
- Working with paraprofessionals to support the implementation of instruction and intervention programs;
- Monitoring progress on the target skill to ensure adequate progress is being made;
- Collecting data to determine eligibility for formalized assessment services;
- Planning for and conducting professional learning for all relevant school staff, including paraprofessionals who may be involved with a specific group of students (e.g., professional learning directed at staff involved with children who use AAC).

TIER 3: Intensive Individualized Interventions

The goal of tier 3 is to provide intensive and specialized intervention for students with needs that have not been met by tier 1 and tier 2 interventions. It is important to note that depending on the needs of the student, they may immediately receive tier 3 interventions or receive a variety of types of interventions. Tier 3 supports are individualized, assessment-based and of higher intensity and longer in frequency and duration.

The S-LP may support teachers and students by:

- Completing formal diagnostic communication assessments for speech and language to determine student's strengths and needs to guide and develop programming;
- Providing assessment and collaboration for implementation of augmentative and alternative communication systems (AAC) and supportive technologies in the classroom, such as Classroom Audio Distribution Systems;
- Participating in student case conferences;
- Developing intervention plans;

- Providing targeted instruction, which may include direct support to students outside of the classroom;
- Modeling strategies and consulting with teachers as needed;
- Contacting parents and providing home programs to target speech and language concerns;
- Monitoring progress on the target skill(s) to ensure adequate progress is being made.

Appendix D

Act Incorporating the New Brunswick Association of Speech Language Pathologists and Audiologists

<u>Note:</u> Information in this Appendix is contained in a live link found in the electronic version of the document.

References

American Speech-Language Pathology Association (ASHA, 2001). Roles and responsibilities of speech-language pathologists with respect to reading and writing in children and adolescents (Guidelines)

American Speech-Language Pathology Association (ASHA). (2010). Roles and Responsibilities of Speech-Language Pathologists in Schools. Position Statement

British Columbia. Promoting Manageable Workloads Project – Final Report (2006). Provincial Pediatric Therapy Consultant

Catts, H.W. (1991). Facilitating phonological awareness: Role of the speech and language pathologist. Language, Speech, and Hearing Services in Schools, 22, 196-203

Clapsaddle, K. (2012). Effective and Efficient Speech Language Pathology Services: What Directors Need to Know. Special Education Coordinator, Region XIII Education Service Center. Pages, 10-16

Causton, J., Tracy-Bronson, C.P., 2014. The Speech-Language Pathologist's Handbook for Inclusive School Practices. Paul H. Brooks Publishing Co.

Ehren, B; Montgomery, J; Rudebusch, J: Whitmire, K. (ASHA, July 2006) Responsiveness to Intervention: New Roles for Speech-Language Pathologists

Hernandez, D (2011). Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation. Baltimore, The Annie E. Casey Foundation

Manitoba Education, Citizenship and Youth (2008). Listening & Speaking: First Steps in Literacy: A Support Document for Kindergarten Teachers and Speech-Language Pathologists

McCartney, E, editor (1999). Speech/Language Therapists and Teachers Working Together. A Systems Approach to Collaboration. Whurr Publishers, London

McClelland, M; Acock, A. C; Morrison, F.J. (2006). The Impact of Kindergarten Learning-Related Skills on Academic Trajectories at the end of Elementary School. Early Childhood Research Quarterly, 21 (4), 471-490

New Brunswick Hospital Speech Language Pathology Preferred Practice (2006) New Brunswick Department of Health and Wellness

Orthophonie Scolaire: Rôle et responsabilités. Direction des services d'appui à l'éducation. Ministère de l'Éducation et du Développement de la petite enfance

Speech-Language Pathology Association of Australia Limited. (2011) Literacy. Position Statement

Speech-Language Pathology Association of Australia Limited. (2011) Speech Pathology Services in Schools. Position Statement

Speech-Language Pathology Guidelines (2010). Prepared by the Department of Education. Province of Nova Scotia

Speech-Language Pathology Preferred Practice (2005). New Brunswick Extra-Mural, Department of Health and Wellness

Virginia Department of Education, Office of Special Education and Student Services (Revised 2011). Speech-Language Pathology Services in Schools: Guidelines for Best Practice