Arkansas Department of Education Guidelines for Registration, Training, Scope of Responsibilities, Supervision and Review of Speech-language Assistants and Aides
(Rev. July 2010)

I. DEFINITIONS

A. SPEECH-LANGUAGE PATHOLOGY ASSISTANT – A speech-language pathology assistant (SLP-Assistant) is an individual who, following academic and on-the-job training, performs tasks as prescribed, directed, and supervised by master’s level speech-language pathologists certificated/licensed by the Arkansas Department of Education (ADE) or licensed by the Arkansas Board of Examiners in Speech-Language Pathology and Audiology (ABESPA).

B. SPEECH-LANGUAGE PATHOLOGY AIDE – A speech-language pathology aide (SLP-Aide) is an individual with a high school diploma/equivalent (GED) and on-the-job training who performs tasks as prescribed, directed, and supervised by master’s level speech-language pathologists certificated/licensed by the ADE or licensed by ABESPA.

C. SUPERVISING SPEECH-LANGUAGE PATHOLOGIST – A speech-language pathologist who holds a current ABESPA license or a valid certificate/license initially issued by the ADE prior to August 1, 1997 and has two (2) years of full-time professional speech-language pathology experience, after completion of the paid professional experience (CF)* Thereafter, individuals who are issues initial speech-language pathology certification/licensure by the ADE after August 1, 1997, shall be required to hold ABESPA licensure.

*In geographic areas of the State where there is a documented shortage of speech-language pathologists, school districts must submit a proposal and receive approval to allow a speech-language pathologist who holds the required credentials but does not meet the requirement for professional speech-language pathology experience to supervise speech-language pathology assistants and aides (see requirements for supervising speech-language pathologist).

D. DIRECT SUPERVISION – Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned clinical activity is performed by a speech-language assistant or speech-language pathology aide.

E. INDIRECT SUPERVISION – Indirect supervision means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include demonstration, record review, review and evaluation of audio- or video-tapes sessions, and/or interactive television.

F. SCREENING - A pass-fail procedure to identify people who may require further assessment.
II. REQUIREMENT FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT/AIDE

A. A speech-language pathology assistant must:

1. Complete a bachelor’s degree in speech-language pathology; OR

2. Complete a speech-language pathology assistant training program culminating in an Associates Degree from an institution accredited by the Arkansas Department of Higher Education. Programs must meet the specified curriculum content and fieldwork experience listed below. Applicants from out of state will be reviewed on a case-by-case basis to ensure equivalency.

a. Curriculum Content

   The curriculum must be consistent with the ASHA-approved Criteria for the Registration of Speech-Language Pathology Assistants (Section III-A)

   The curriculum content must include 60 semester credit hours with the following content:
   • 20-40 semester credit hours in general education
   • 20-40 semester credit hours in technical content areas
   • a minimum of 100 clock hours fieldwork experience*

b. General education (20-40 semester credit hours)

   The general education sequence should include, but is not limited to, the following:
   • oral and written communication
   • mathematics
   • computer applications
   • social and natural sciences

c. Technical knowledge (20-40 semester credit hours)

   Course content must provide students with knowledge and skills to assume the job responsibilities and core technical skills for speech-language pathology assistants, and must include the following:
   • overview of normal processes of communication
   • overview of communication disorders
   • instruction in assistant-level service delivery practices
   • instruction in workplace behaviors
   • cultural and linguistic factors in communication
   • observation
   • fieldwork experiences

d. The program describes how course content provides instruction in the following workplace behaviors of the speech-language pathology assistant:
   • relating to clients/patients in a supportive manner
   • following supervisor’s instructions
• maintaining confidentiality and other appropriate workplace behaviors
• communicating in oral and written forms
• following health and safety precautions

* Fieldwork Experience
The minimum of 100 hours of field work experience must provide the student with opportunities for carrying out speech-language pathology assistant responsibilities. This training must be supervised by a speech-language pathologist who holds a current and valid license from ABESPA or the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology. These experiences are not intended to develop independent practice.

3. meet continuing education requirements of ten (10) clock hours annually pertaining to the designated duties of the SLP-Assistant

B. A speech-language pathology aide must:

1. hold a high school diploma or equivalent (GED)
2. demonstrate competency in oral and written communication skills
3. complete a minimum of forty (40) clock hours of inservice training during the initial year of employment pertaining to the duties of the SLP-Aide
4. during subsequent years of employment, complete continuing education requirements of ten (10) clock hours annually pertaining to the designated duties of the SLP-Aide.

III. REQUIREMENTS FOR A SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

A. A supervising speech-language pathologist:

1. must hold a Master’s Degree in Speech-Language Pathology; have two (2) years of full-time professional speech-language pathology experience, after completion of the paid professional experience (CF)*; and hold a current ABESPA license or a valid certificate/license initially issued by the ADE prior to August 1, 1997. Thereafter, individuals who are issued initial speech-language pathology certification/licensure by the ADE after August, 1997, shall be required to hold ABESPA licensure in order to supervise speech-language pathology assistants and aides.
2. may not supervise more than two (2) full-time or three (3) part-time assistants/aides. Three (3) part-time assistants/aides may not exceed the number of work hours for two (2) full-time assistants/aides or 80 hours.
3. must institute a training program for each assistant/aide encompassing all the procedures to be performed. Documentation of such training in format substance acceptable to the ADE shall be retained in the assistant’s or aide’s file.

4. must inform the parent or legal guardian about the use of an assistant/aide and document informed consent.

5. must provide and document appropriate supervision of the assistant/aide.

6. is required to maintain original documents related to supervision and training for three (3) years and submit document(s) upon request by the ADE within thirty (30) days of the request.

*In geographic areas of the State where there is a documented shortage of speech-language pathologists, school districts must submit a proposal and receive approval to allow a speech-language pathologist who holds the required credentials but does not meet the requirement for professional speech-language pathology experience to supervise speech-language pathology assistants and aides. The local education agency must document that a good faith effort has been made to recruit and hire appropriately and adequately trained speech-language pathologists. Subsequent to approval by the Arkansas Department of Education, the state consultant for speech-language pathology or a speech-language pathologist who provides training for supervisors and support personnel will monitor and provide additional training for the supervising speech-language pathologist. Monitoring activities will include at least 4 on-site visits and monthly review of supervision documentation:

1. After initial group training for supervisors, the supervising speech-language pathologist will be provided individualized on-site training sessions which address the use of a speech-language pathology assistant/aide.

2. The supervising speech-language pathologist must provide the following for review monthly:

   a. direct supervision record
   b. indirect supervision log
   c. treatment plans/reliability checks
   d. summary of training activities for the speech-language pathology assistant/aide

B. Although the speech-language pathologist may delegate specific tasks to the speech-language pathology assistant or speech-language pathology aide, the legal (i.e., professional liability) and ethical responsibility to the patient/client for all services provided or omitted cannot be delegated; it must remain the full responsibility of the supervising speech-language pathologist.
IV. SUPERVISION GUIDELINES FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

A. A total of at least 30% direct and indirect supervision is required and must be documented for the first ninety (90) workdays. (For a 40-hour work week, this would be 12 hours for both direct and indirect supervision.) Documented direct supervision shall be required no less than 20% of the actual student contact time weekly for each speech-language pathology assistant. During each week, data on every student seen by the speech-language pathology assistant must be reviewed by the supervisor. In addition, the 20% direct supervision must be scheduled so that all students seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct contact with the speech-language pathologist at least once every two (2) weeks. Information obtained during direct supervision must include data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the student.

B. Indirect supervision is required no less than 10% of the actual student contact time and may include demonstration, record review, review and evaluation of audio- or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Treatment data must be reviewed at least weekly or every five (5) sessions for each student. The speech-language pathologist will review each session plan as needed for timely implementation modifications.

C. After the initial ninety (90) day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the students served, and the nature of the assigned tasks. The minimum is 20% documented supervision, with no less than 10% being direct supervision. (For a 40-hour work week, this is 8 hours of supervision, at least 4 of which is direct supervision.) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct contact with the speech-language pathologist at least once every two (2) weeks.

D. A supervising speech-language pathologist must be able to be reached by personal contact, phone, pager, or other immediate means at all times when direct student care is being rendered. If, for any reason (i.e., extended 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 direct student care until a speech-language pathologist has been designated as the speech-language pathology assistant’s supervisor and the ADE has been notified.

E. Whenever the SLP-Assistant’s performance is judged by the supervising speech-language pathologist to be unsatisfactory over two (2) consecutive observations, the SLP-Assistant shall be retrained in the necessary skills and direct observations shall be increased to 50% of all clinical sessions until the SLP-Assistant’s performance is judged to be satisfactory over two (2) consecutive observations.
V. SCOPE OF RESPONSIBILITIES OF THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT

A. Provided that the training, supervision, documentation and planning are appropriate (i.e., consistent with these guidelines), the following tasks may be designated to a speech-language pathology assistant:

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

2. Provide routine maintenance/generalization tasks as prescribed by the supervising speech-language pathologist. The SLP shall be solely responsible for performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders, for design of all intervention plans, and for directly implementing such plans through the acquisition stage of intervention.

3. Follow documented treatment plans or protocols developed by the supervising speech-language pathologist, not to exceed the activities delineated in #2 above.

4. Perform pure-tone hearing screenings (without interpretation).

5. Document student progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.

6. Assist the speech-language during assessment of students, such as those judges to be difficult to test.

7. Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist.

8. Perform checks and maintenance of equipment.

9. Participate with the speech-language pathologist in research project, in-service training, and public relations programs.

B. There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

An individual’s communication or related disorder or other factors may preclude the use of services from anyone other than the licensed/certificated speech-language pathologist.
The SLP-Assistant may not:

1. Perform standardized or non-standardized diagnostic tests, formal or informal evaluation, or interpret test results;

2. Perform intervention tasks associated with skill acquisition;

3. Participate in parent conferences, case conferences, or in any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist;

4. Provide student or family counseling;

5. Write, develop, or modify a student’s individualized education program (IEP) in any way;

6. Assist with students without following the IEP as prepared by the speech-language pathologist or without access to supervision (See Supervision Guidelines);

7. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports). (The assistant may sign treatment notes for review and co-signature by the supervising professional.);

8. Select students for services;

9. Discharge a student from services;

10. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

11. Make referrals for additional services;

12. Communicate with the student, family or others regarding any aspect of the student status regarding diagnosis, prognosis, treatment, and progress;

13. Represent himself or herself as a speech-language pathologist.

VI. SUPERVISION GUIDELINES FOR A SPEECH-LANGUAGE PATHOLOGY AIDE

A. 100% direct on-site, in-view supervision is required for the first ten (10) hours of direct student contact.

B. A total of at least 50% direct and indirect supervision is required and must be documented for the next ninety (90) workdays. (For a 40 hour work week, this would be
20 hours for both direct and indirect supervision.) Documented direct supervision shall be required no less than 30% of the actual student contact time weekly for each speech-language pathology aide. During each week, data on every student seen by the speech-language pathology aide must be reviewed by the supervisor. In addition, the 30% direct supervision must be scheduled so that all students seen by the aide are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct contact with the speech-language pathologist at least once every two (2) weeks. Information obtained during direct supervision must include data relative to (a) agreement (reliability) between the aide and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the student.

C. Indirect supervision is required no less than 20% of the actual student contact time and may include demonstration, record review, review and evaluation of audio-or video-taped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Treatment data must be reviewed at least weekly for each case. The speech-language pathologist will review each session plan as needed for timely implementation of modifications.

D. After the initial ninety (90) day work period, the amount of supervision may be adjusted depending on the competency of the aide, the needs of the students served, and the nature of the assigned tasks. The minimum is 40% documented supervision, with no less than 30% being direct supervision. (For 40-hour work week, this is 16 hours of supervision, at least 12 of which is direct supervision.) Supervision days and time of day (morning/afternoon) must be alternated to ensure that all students receive direct with the speech-language pathologist at least once every two (2) weeks.

E. A supervising speech-language pathologist must be able to be reached by personal contact, phone, pager, or other immediate means at all time when direct student care is being rendered. If, for any reason (i.e., extended leave, illness, change of jobs), the supervisor is no longer available to provide the level of supervision stipulated, the speech-language pathology aide may not perform direct student care until a speech-language pathologists has been designated as the speech-language pathology aide’s supervisor and the ADE has been notified.

F. Whenever the SLP-Aide’s performance is judged by the supervising speech-language pathologist to be unsatisfactory over two (2) consecutive observations, the SLP-Aide shall be retrained in the necessary skills and direct observations shall be increased to 50% of all clinical sessions until the SLP-Aide’s performance is judged to be satisfactory over two (2) consecutive observations.
VIII. SCOPE OF RESPONSIBILITIES OF THE SPEECH-LANGUAGE PATHOLOGY AIDE

A. Provided that the training, supervision, documentation and planning are appropriate (i.e., consistent with these guidelines), the following tasks may be designated to a speech-language pathology aide:

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

2. Conduct routine activities for the purpose of reinforcement of previously learned material/skills, carried out under a plan of treatment developed and monitored by the supervising speech-language pathologist. The SLP shall be solely responsible for performing all tasks associated with the assessment and diagnosis of communication and swallowing disorders, for design of all intervention plans, and for directly implementing such plans through the acquisition stage of intervention.

3. Follow documented treatment plans or protocols developed by the supervising speech-language pathologist, not to exceed the activities delineated in #2 above.

4. Perform pure-tone hearing screenings (without interpretation).

5. Document student progress toward meeting established objectives as stated in the individualized education program (IEP), and report this information to the supervising speech-language pathologist.

6. Assist the speech-language pathologist during assessment of students, such as those judged to be difficult to test.

7. Assist with formal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist.

8. Perform checks and maintenance of equipment.

9. Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

B. There is a potential for possible misuse of the speech-language pathology aide, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology aide should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

An individual’s communication or related disorder or other factors may preclude the use of services from anyone other than a licensed speech-language pathologist.
C. The SLP-Aide may not:

1. Perform standardized or non-standardized diagnostic tests, formal or informal evaluation, or interpret test results;

2. Perform intervention tasks associated with skill acquisition;

3. Participate in parent conferences, case conferences, or in any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist;

4. Provide student or family counseling;

5. Write, develop, or modify a student’s IEP in any way;

6. Assist with students without following the IEP prepared by the speech-language pathologist or without access to supervision (See Supervision Guidelines);

7. Sign any formal document (e.g., treatment plans, reimbursement forms, or reports). (The aide may sign treatment notes for review and co-signature by the supervising professional.);

8. Select students for services;

9. Discharge a student from services;

10. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;

11. Make referrals for additional services;

12. Communicate with the student, family or others regarding any aspect of the student status regarding diagnosis, prognosis, treatment, and progress.

13. Represent himself or herself as a speech-language pathologist.

VIII. EXCLUSIVE RESPONSIBILITIES OF THE SPEECH-LANGUAGE PATHOLOGIST

A. Complete initial supervision training prior to accepting an assistant/aide for supervision and upgrade supervision training on a regular basis.

B. Participate significantly in hiring the assistant/aide.
C. Document preservice training and credentials of the assistant/aide.

D. Inform students and families about the level (professional vs. support personnel), frequency, and duration of services, as well as supervision.

E. Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports. This would not preclude the assistant/aide from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and report for editing, approval, and signature by the speech-language pathologist.

F. Make all clinical decisions, including determining a student selection for inclusion/exclusion in the case load, and dismissing students from treatment.

G. Communicate with students, parents, and family members about diagnosis, prognosis, treatment, and progress.

H. Conduct diagnostic evaluation, assessments, or appraisals, and interpret obtained data in reports.

I. Review each treatment plan with the assistant at least weekly or every five (5) sessions. Review each treatment plan with the aide at least weekly.

J. Delegate specific tasks to the assistant/aide while retaining legal and ethical responsibility for all student services provided or omitted.

K. Prepare an individualized treatment plan and make modifications prior to or during implementation.

L. Discuss the case with or refer the students to other professionals.

M. Sign all formal documents (e.g., treatment plans, reimbursement forms, reports). The supervisor should indicate on documents that the assistant/aide performed certain activities.

N. Review and sign all informal progress notes prepared by the assistant/aide.

O. Provide ongoing training to the assistant/aide on the job.

P. Provide and document appropriate supervision of the assistant/aide.

Q. Ensure that the assistant/aide only perform tasks that are within the scope of responsibility of the speech-language pathology assistant/aide.

R. Participate in the performance appraisal of the speech-language pathology assistant/aide.
IX. REGISTRATION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS, AIDES AND SUPERVISING SPEECH-LANGUAGE PATHOLOGIST(S)

A. Individuals desiring to register as a speech-language pathology assistant, speech-language pathology aide or supervising speech-language pathologist under these ADE guidelines must submit a completed registration application to the ADE (See Guideline’s Attachment), including all required attachments.

B. This registration application must be approved in writing by the ADE before any personnel employed for the purposes established in these ADE guidelines may be engaged in activities associated with a program of speech-language pathology services delivery.

C. Notification of approval/disapproval of the registration application will be forwarded in writing by the ADE to the chief operating officer of the public agency, as well as to the individual designated on the registration application as the local contact person. In programs where this individual is not the supervising speech-language pathologist, notification of approval/disapproval of the registration application will also be forwarded to the supervising speech-language pathologist.

X. INSERVICE TRAINING AND CONTINUING EDUCATION OPPORTUNITIES PROVIDED BY OR THROUGH THE ARKANSAS DEPARTMENT OF EDUCATION

A. The ADE will ensure that all individuals participating in approved programs for the use of speech-language pathology assistant/aides operating in conjunction with these guidelines shall participate in appropriately designed training prior to the use of support personnel in the delivery of speech-language pathology services. It shall be the responsibility of the public agency to ensure the participation of such personnel in all required training activities. Documentation of each individual’s participation must be maintained for review by the ADE.

B. The ADE will provide for, or cause to be provided, appropriate training opportunities for individuals employed as speech-language pathology assistants/aides and supervising speech-language pathologists.

XI. OVERSIGHT MONITORING BY THE ADE OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS/AIDES AND SUPERVISING SPEECH-LANGUAGE PATHOLOGISTS

A. The ADE shall review and approve all requests by public agencies providing special education services to children and youth to initiate and/or continue to use appropriately supervised SLP Assistant and/or Aides.

B. The ADE shall, as a part of its regular schedule of monitoring public agencies’ compliance with special education program standards, regulations and guidelines, review
the compliance status of speech-language pathology services (i.e., the use of appropriately supervised SLP-Assistants and/or Aides).

C. The ADE shall aggressively investigate reports of violations of these guidelines, and shall take appropriate action, consistent with its scope of authority under federal and state statute and regulation, in the event that any individual employed for the purposes of working under these ADE guidelines is found to be acting in a manner which violates these guidelines. Furthermore, if an individual who holds ABESPA licensure as a speech-language is found by the ADE to be in violation of these guidelines, the ADE will notify ABESPA of the complaint and findings for consideration under its investigative process.