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ABSTRACT

In order to review the first year of implementation of the Title I 89-313 federally funded Speech Assistant Program for severely/profoundly handicapped students in the Chicago public schools, data was gathered by interview, questionnaire and observation methods from speech assistants, speech pathologists (who supervised assistants), a teacher-speech pathologist and a program coordinator. Six hundred forty-four students, ranging between 6 and 21 years old and enrolled in 75 schools, participated in the program in two ways: (1) through direct service delivery format, whereby the student left the regular classroom setting for service; (2) by means of classroom and teacher contact, whereby the speech assistant visited the classroom for observational, needs assessment, and progress reporting purposes. On a student group sample of 317 participants, 87% progressed at least one stage in a major selected speech/language goal, surpassing the 80% objective. Only the severe learning disabled group, with a success rate of 74%, fell below this objective. The need for citywide inservice to explain the program to pathologists and administrators was reported. Assistants had difficulties at local school level obtaining lists of Title I 89-313 student names; thus schools having accessible lists were more likely to have their students receive prompt, direct service.
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FY 80 EVALUATION REPORT,

A SURVEY OF THE SPEECH ASSISTANT PROGRAM FY 80

TITLE I 89-313

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Department of Research, Evaluation
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November, 1980

TM 810 568

FY 80 Evaluation Report
A SURVEY OF SPEECH THE ASSISTANT PROGRAM
Title I 89-313

By

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INTRODUCTION

Since the early 1970's, severely and profoundly handicapped children within the Chicago public school system have reaped benefits from public law Title I 89-313.[†] This law endows monies to school districts that have planned either comprehensive, self-contained projects or supplementary projects for eligible handicapped students. The Chicago public school system received a majority of its Title I 89-313 funds to implement projects which supplement existing special education programs and provide extraordinary services to students.

One of the supplementary special education programs for which the Chicago public school system expended its Title I 89-313 funds is the Speech Assistant Program. In fiscal year (FY) 1980, the Chicago school system received an allotment of approximately \$72,784 of its Title I 89-313 monies to initiate the program. The ten month, full-time positions of 15 speech assistants, one master teacher-speech pathologist, and one program Coordinator were funded, and program implementation was scheduled for September, 1979.

The general purpose of this evaluation report is to:

- 1) describe the Speech Assistant Program for the severely and profoundly handicapped which was funded by Title I 89-313 monies.
- 2) examine the results of the FY 80 survey on the Speech Assistant Program.

DESCRIPTION OF PROGRAM

Overview

Although Title I 89-313 provided monies for speech/language handicapped children in the Chicago public schools prior to FY 80, these monies were previously used to fund a Speech Aide Program. The Aide Program employed personnel without academic training in speech/language therapy to monitor drill exercises to the students and to prepare materials. As it became apparent through empirical observation, speech pathologists' comments, and evaluation reports, there was a need to develop a speech/language program staffed with personnel who could provide broader, more intense, and more sophisticated speech services than could aides. As a result, the position of speech assistant was designed, and the Speech Assistant Program was created. The program capitalized on the backgrounds of the speech assistants (all of whom were required to have a minimum of a Bachelor's degree in speech pathology) to provide the comprehensive extraordinary services needed by the eligible handicapped students in public schools throughout the city.

Staff Description and Supervision

To spearhead the FY 80 Speech Assistant Program, a Coordinator, specifically funded to develop, implement and coordinate the program, interviewed applicants to fill 15 speech assistant positions. Some of the applicants were previously employed as speech aides while others had no prior employment within the school system. A handout, A Model of the Speech Aide and Speech Assistant Program Title I 89-313, described the qualifications,

[†]See Glossary, pp. 28 and 29 for description

roles, responsibilities, service delivery expectations, and supervisory guidelines relating to the positions of speech aide and speech assistant. This Model was developed by the Coordinator in order to acquaint the funded Title I 89-313 and other school staff with the program. The following passages are from the Model:

*Speech Assistant: Minimum Bachelor's degree, in speech pathology. Must have good writing, speaking and listening skills. The applicant must have good hearing.

Areas of Assignment: Local and federal programs other than Speech Language Centers.

Specific Roles and Responsibilities: Under the direction of the speech and language therapist, the speech assistant will:

- 1) Perform task oriented drill activities with approximately 30-50 selected students individually or in small groups.
- 2) Provide speech improvement instruction in the classroom to identified handicapped students.
- 3) Participate in preservice activities as designated by the Coordinator.
- 4) Observe selected children as designated by the speech and language therapist.
- 5) Participate in conferences with the classroom teachers, parents, and related personnel as pertaining to the needs of the speech and language disordered child.
- 6) Report all absences to the principal of the school receiving speech and language services, the Master's Degree speech and language therapist and other related payroll personnel.

Supervision:

1. Functional guidance and leadership of the Speech Aides and Speech Assistants Program are that of the citywide Coordinator.
2. Each speech aide or each speech assistant is under the direction of a Master's Degree and language therapist.
 - a. the Master's Degree speech and language therapist will be responsible for the case management, screening, evaluation, diagnosis, recommendations and reporting of results to related personnel and parents.
 - b. the Master's Degree speech and language therapist functions in accordance with Section 9.09-2a-e of the Rules and Regulations to Govern the Administration and Operation of Special Education, Illinois Office of Education, Effective: February 1, 1979, pages 31-32.
 - c. the Master's Degree speech and language therapist will be responsible for collecting from the speech assistant monthly reports and statistical data. This information is to be forwarded to the Coordinator of the Title I 89-313 Program for Speech and Language.
3. The Master's Degree speech and language therapist will supervise one to three speech aides and/or speech assistants.
4. The supervising Master's Degree speech and language therapist will meet, as needed, with the speech assistant in order to check, monitor, evaluate, and assist in the continued development of the individual education, placement program for each student enrolled in the speech and language program.

7.
"A speech language therapist is referred to a speech pathologist throughout the remainder of this report.

Several other specific tasks not mentioned in the Model, but which were undertaken by the speech assistants were:

- a) participating in the screening process of students who might be eligible for program services;
- b) reviewing participant students' Individual Education Plans (IEPs) to determine previous speech objectives and assist in the writing of new ones;
- c) participating in staffings and/or conferences about the serviced students;
- d) developing the time schedules for service to students;
- e) developing materials to be used with serviced students;
- f) maintaining contact with classroom teachers of serviced students regarding students' progress and carryover of speech/language exercises for the classroom;
- g) contacting or meeting parents (when specifically requested by the supervising speech pathologist);
- h) providing at least one inservice about the program to each serviced school and giving other inservices as needed or requested by the schools.

One master teacher-speech pathologist was funded for the program. The responsibilities of this person were:

- a) providing immediate on-call assistance to speech assistants in whatever areas this service was needed;
- b) assisting in the speech/language screening process at some schools;
- c) providing diagnostic testing for those students without available diagnostic information;
- d) assisting in writing speech prescriptions for students to be serviced;
- e) assisting in the development and/or procurement of testing and instructional materials needed by speech assistants;
- f) keeping the file of speech assistants' schedules;
- g) assisting in the planning of monthly inservices for the speech assistants;
- h) maintaining a student caseload and providing all of the required services to these students;

The citywide Coordinator had the main responsibility, as described in the Model, to provide the functional guidance and leadership for the program. This included:

- a) developing the Model for the program;
- b) creating a training packet and orientation film about the program;
- c) hiring, training, and supervising all program personnel;
- d) coordinating and presenting personnel inservice;
- e) developing all report, evaluation and logging forms used within the program;
- f) providing on-site inservice to school administrators and other school personnel regarding the program;
- g) providing on-site assistance to speech assistants in areas where this is requested;
- h) conducting formative and final evaluations on program personnel and the program;
- i) maintaining a professional library of instructional and professional materials to be used by field personnel;
- j) seeking ways to continually upgrade the program and provide immediate service to eligible unserved or underserved students.

Student Description

According to an Illinois Office of Education (IOE) handout on requirements for regional proposals for funding under Title I 89-313, funds may be utilized only on behalf of those children who are considered to be state-supported. In Illinois these are the children who receive service through the provision of 14-7.02a† of The School Code of Illinois. Objectives and activities proposed to meet the needs of eligible children may be shared with other children when time and space are available and when all children for whom the funds are provided receive services which are appropriately designed and commensurate with their special needs.

Each local school was to maintain a list of eligible Title I 89-313 students. (These were students approved by IOE as having severe or profound handicaps and/or requiring specialized supplemental services. The approval of these students as Title I 89-313 resulted in the Chicago public school system receiving approximately \$656.00 per student to cover the expenses of the specialized services.) Upon initiation of the Speech Assistant Program in September, 1979, the number of the schools having accessible lists of Title I 89-313 student names was low. Thus, immediate program implementation at these sites began with assistants helping to identify, screen, and locate students who were eligible and in need of speech assistants' services. Classroom follow-up was then conducted by the assistants in order to obtain observational baseline data that would be useful in establishing students' speech objectives.

† See Glossary, page 29, for description.

Students participated in the Title I 89-313 Speech Assistant Program in two ways. The first was through the direct service delivery format. This utilized the pull-out basis of service delivery whereby a student left the regular classroom setting (or in some cases, went to a designated location in the room away from the area of general classroom instruction). The student then received service from the speech assistant in a one-to-one or small group session. The actual minutes in time of direct service depended on the student's needs and number of students to be serviced within the school. However, the average session lasted between 45 minutes to one hour once or twice a week. The second means of service delivery was by means of classroom and teacher contact. The speech assistant visited the classroom for student observational purposes to note if there was carryover and practice of speech therapy. Additionally, the speech assistant gave the classroom teacher an oral report on the progress of serviced students and suggested methods and activities to be used with serviced students in their classroom setting. The extent of service per student then varied according to number of students to be serviced, individual student needs, and response of teachers to respond to the contacts initiated by the speech assistants.

The Title I 89-313 Program of Speech and Language End of the Year Statistical Report stated that 644 students were serviced by assistants. Students were located in 75 schools. According to the Coordinator, these students included some who were new to speech/language services--previously unserved either because speech difficulties were not evident, testing had not been completed, and/or the pathologist caseload was too heavy to include regular-basis direct student service. Also serviced in the program were some students who previously received limited service from a Board of Education speech/language program.

It was reported that 271 of these students were learning disabled and serviced by five speech assistants designated specifically to work with the severe learning disabled. The remaining 373 students were serviced by ten speech assistants. The average caseload of the speech assistants for the learning disabled was quite high, approximately 54 students per assistant. The caseload of the remaining ten assistants was more in the expected range, approximately 37 students per assistant. The Statistical Report noted that by the end of June, 1980, 57 students were dismissed from the program of their attainment of their speech objectives. The number of dismissals the first year of program operation should be considered quite good because of the severity of the students' handicaps and because prior to the program the students either received limited or no direct speech/language service.

The FY 80 data file of the Department of Research, Evaluation and Long Range Planning (DRE) contained demographic and background information on only a sample of 317 students that were serviced by speech assistants. Data were gathered by means of the Title I 89-313 Pupil Participant Count Forms FY 80. At the close of the regular school year, forms were sent to all school with Title I 89-313 activities. Directions called for a staff member to name the Title I 89-313 students, and denote the specific Title I 89-313 services(s) received. Many schools appointed a staff member usually not funded or thoroughly familiar with Title I 89-313 to complete the forms. It was apparent from the returns that all of the speech assistants' serviced students were not counted. This was the fault of those personnel assigned per school to complete the forms, and not necessarily the assistants. However, information on 317 students was returned. This sample represents almost 50 percent of the total serviced population. Information obtained on the 317 students is in Table 1 on the next page.

TABLE 1
STATISTICS ON FY 80 SPEECH ASSISTANT PROGRAM

**Sample of 317

Ser- ved No.	Dis- missed	STUDENTS' PRIMARY HANDICAPPING CONDITION**	**MET No.	OBJECTIVE %
216	11	Trainable Mentally Handicapped	138	99
136	8	Educable Mentally Handicapped	82	80
271	35	Learning Disability	34	74
15	3	Visually Handicapped	13	65
6	0	Hard-of-Hearing)	5	100
		Unknown	4	100
644	57	TOTAL	276	87

**Sample of 317 students

No.	%	STUDENTS' AGE GROUPING**
0	0	0-2 years
0	0	3-5 years
295	93	6-17 years
20	6	18-21 years
2	1	Unknown

**Sample of 317 Students

No.	METHODS USED TO DETERMINE STUDENTS' SUCCESS (multiple responses)
100	Standardized Test
1	Criterion Reference Test
113	Teacher-Made Test
309	Checklist
314	OBservation
203	Other

**Sample of 317 students

No.	%	STUDENTS' FUNDING**
303	96	School Code of Ill. Section 14-7.02a (Extraordinary)
7	2	School Code of Ill. Section 14-7.03 (Orphans, Foster Home)
5	2	Other
2	1	Unknown

No.	POSITIONS, SCHOOLS
5	Speech Assistants for severe learning disabled
10	Speech Assistants for various handicapped
1	Master Teacher-Speech Pathologist
1	Coordinator for Speech Assistant Program.
75	Schools Serviced

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According to data available on the sample, between one and 45 students per school participated in the program. It is unknown if this was through direct and/or indirect participation. The mean number of students per school was 13. Almost all of the serviced students were between the ages of 6 and 17 years old; the remaining students were between 18 and 21 years old. Over 95 percent of the sample of students receiving services were funded under Section 14-7.02a of The School Code of Illinois (extraordinary services children). The remaining five percent were orphans or foster children funded under Section 14-7.03.†

The majority of students receiving speech/language services through the program had more than one handicapping condition. According to the Statistical Report, the primary handicapping condition of the largest percentage of serviced students was mental retardation: 271 (52 percent) were trainable, mentally handicapped and 136 (21.4 percent) were educable mentally handicapped. The primary handicapping conditions of the remaining 237 students were: 216 (33.5 percent) learning disabled; 15 (2.3 percent) visually handicapped; and 6 (1 percent) hard-of-hearing.

PROGRAM EVALUATION

Staff from the DRE conducted FY 80 evaluations of all Title I 89-313 programs. The evaluation reports on the Title I 89-313 Speech/Language Program are contained in Appendix C, page 32. These reports, which were sent to the Coordinators in the Bureau of Special Education and IOE staff in Springfield, Illinois, indicated that the program met its objectives.

The objective written into the Title I 89-313 proposal for this program was that 80 percent of the serviced students would advance at least one stage in a major selected speech/language goal for the year. Data used to evaluate this objective were obtained from the Title I 89-313 Pupil Participant Forms FY 80. These forms were available on only 317 student participants, and this number comprises the sample.

Of the 317 students, 276 (87 percent) were reported as successfully having met the program objective (It should be remembered that types and mastery of objectives was not checked by an evaluator. Data were those reported by the staff completing the forms. These staff could have included assistants, pathologists, classroom teachers, adjustment teachers, etc.). All students who were in a primary handicapping group with five or fewer serviced students met the objective; these groups were the hard-of-hearing and classification unknown. In addition, a very high percentage of students who were in a primary handicapping classification with more than five students also met the objective; 99 percent of the trainables and 98 percent of the educable mentally handicapped met the objective. Only students in the sample of the learning disabled group (the group served by speech assistants designated specifically to service only the learning disabled) did not meet the objective. However, as a group they were very close to the 80 percent objective; 74 percent of the 47 learning disabled students in the sample met the objective. The results of the learning disabled group should be viewed in the perspective that the sample was small. Also is the important fact that the caseload per assistant for these students was higher (about 14 students more) than for those assistants who worked with the other groups.

The two most frequently used methods to determine student progress were observations and checklists. A large number of students were also evaluated by "other" methods -- those specific or tailored to the particular speech/language problem.

Statistics on the handicapping groups meeting the objective (advancing at least one stage in a major selected speech/language goal) are in Table 1, page 7.

† See Glossary, p. 29, for description.

Overview

In September, 1980, the Coordinator of the Title I 89-313 Speech/Language Program and DRE staff jointly assessed the Speech Assistant Program using the survey approach. The purpose was to judge various program components and to identify the needs of personnel involved with the program. The beginning of the school year assessment was also to be used for formative evaluation purposes:

- 1) to check on factors of implementation: staff orientation, timelines of service, types of service to schools, program supervision, and inservice.
- 2) to collect data which could be used for further program development or modification.

Two survey type instruments, similar in design and question format, were created and distributed to speech assistants and their supervising speech pathologists by DRE staff. Both instruments instructed assistants and pathologists to evaluate the overall program, to assess the needs of the program, and to comment on general program operation. The questionnaires differed only in the section about personnel evaluation. In this section, speech assistants were asked to evaluate various aspects of speech pathologist-assistant interactions while the pathologists were asked to evaluate the assistants on the performance of their duties.

A DRE staff member distributed the Speech Assistants Questionnaire On Speech/Language Services to Title I 89-313 Pupils to the 14 speech assistants who were in attendance at the first staff inservice of the school year. They completed and returned questionnaires by the end of the inservice. (In order to try to obtain the views of all speech assistants who were funded in the program, the fifteenth speech assistant who resigned in order to complete a Master's degree program was mailed a questionnaire. The questionnaire was not returned.)

Each speech assistant was given five copies of the Speech Pathologist Questionnaire On Speech/Language Services To Title I 89-313 Pupils to hand-deliver to each of her supervising speech pathologists of the previous year. A majority of the supervising pathologists, 32, returned questionnaires via the school system's internal mail delivery system. All returns were anonymous. Copies of both instruments are in Appendices A and B, pages 29 through 32.

Results and Analyses of Questionnaires

The responses of the pathologists and assistants to the questionnaires are discussed according to the four section headings on the questionnaire: 1) overall program evaluation; 2) evaluation of speech pathologists or speech assistants; 3) needs assessment; and 4) general program operation.

Section 1: Overall Program Evaluation

In this section of the questionnaire, respondents answered "yes," "somewhat," "no," "don't know" to items related to overall design and implementation of the Speech Assistant Program. As a group, all 14 assistants responded to all eight Section 1 questions in a positive manner. All 14 responded "yes" to four of the questions, and 13 responded "yes" to the remaining four questions. As a group, the 32 speech pathologists who returned a questionnaire were also positive on six of the eight questions with a majority of them marking "yes" responses to these questions. Tables 2 and 3 on pages 9 and 10 summarize the responses of the Section 1 questions. In addition, a commentary follows on five important aspects which Section 1 questions addressed: implementation, inservice, goals and objectives, supervision and coordination, and positive contribution to students.

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TABLE 2
OVERALL PROGRAM EVALUATION BY SPEECH ASSISTANTS
N = 14

	YES	SOMEWHAT	NO	DON'T KNOW
	NO.	NO.	NO.	NO.
Do you think the speech assistant program....				
- had definite goals and objectives guiding the program?.....	14 100%	-	-	-
- was guided and improved through a regular inservice program?.....	14 100%	-	-	-
- was adequately supervised and coordinated by Central Office administration?.....	14 100%	-	-	-
- was implemented in a timely manner?.....	13 93%	1 7%	-	-
- provided with a job description of your duties would be?	13 93%	1 7%	-	-
- was designed to service pupils truly in need of extraordinary speech/language service?.....	14 100%	-	-	-
- was realistic about the quantity of pupil services which could be provided?.....	13 93%	1 7%	-	-
- contributed positively in the remediation and/or improvement of the majority of serviced pupils' problems?.....	13 93%	1 7%	-	-

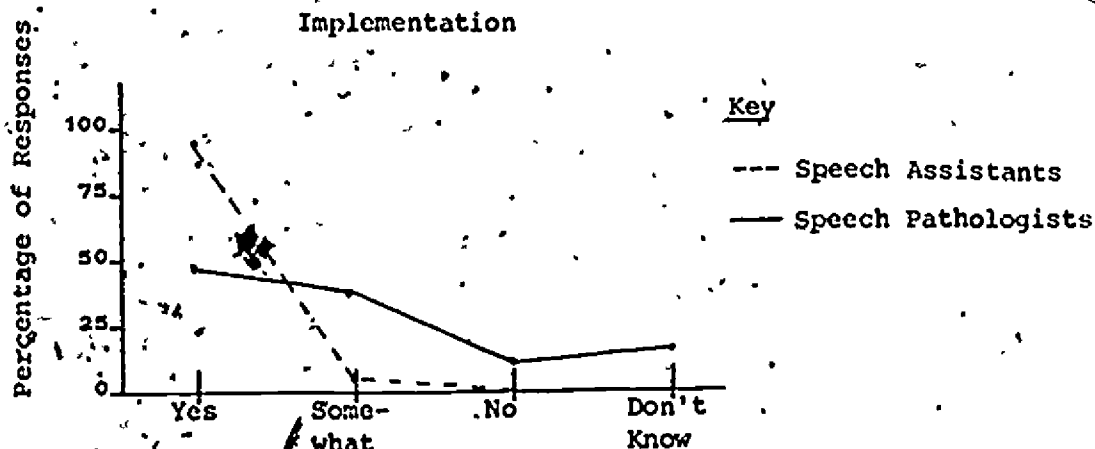
TABLE 3
 OVERALL PROGRAM EVALUATION BY SPEECH PATHOLOGISTS
 N=32

Do you feel that the speech assistant program...

- provided services to special education pupils who previously had no or limited service?.....
- had definite goals and objectives to guide the program?.....
- was adequately supervised and coordinated?.....
- was guided and improved through a regular inservice program?.....
- was implemented in a timely manner?.....
- provided service to a sufficient number of pupils? (Average case-load of a speech assistant was 40 pupils).....
- contributed positively in the remediation and/or improvement of the majority of serviced pupils' problems?.....
- assisted serviced pupils' classroom teachers in reinforcing speech/language work in the regular classroom?.....

	YES		SOMEWHAT		NO		DON'T KNOW		NO RESPONSE	
NO	%	NO	%	NO	%	NO	%	NO	%	
	25	78%	7	22%	-	-	-	-	-	
	21	65.5%	6	19%	4	12.5%	1	3%	-	
	17	53%	10	31%	5	16%				
	19	59%	7	22%	1	3%	4	13%	1 3%	
	14	44%	10	31%	3	9%	5	16%		
	27	84%	3	9%	1	3%	1	3%	-	
	25	78%	6	19%	-	-	1	3%	-	
	15	47%	14	44%	-	-	3	9%	-	

Figure 1



As the "yes" responses indicate, assistants viewed program implementation more positively than the pathologists. (Figure 1) At least 30 percent of the pathologists felt that the program was only "somewhat" implemented on time. The interpretation pathologists and assistants give to timely implementation may have affected these responses. It is not known if the pathologists viewed implementation from the perspectives of both indirect and direct service delivery.

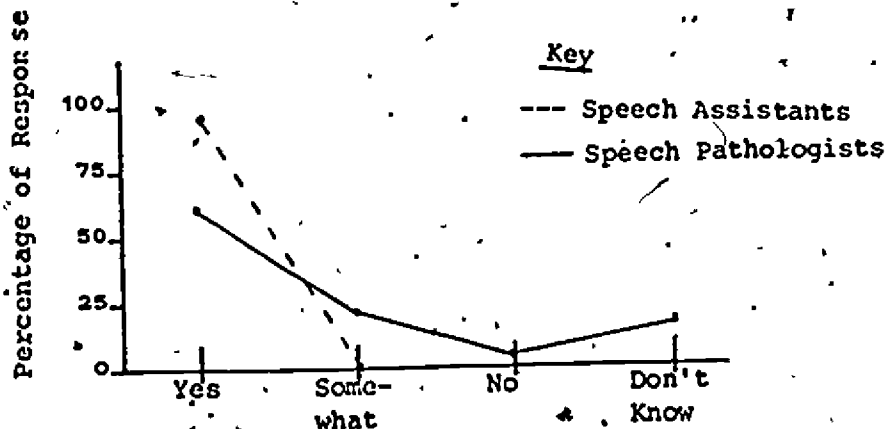
During the FY 80 inservice meetings speech assistants verbally reported on program implementation. They reported that many schools did not maintain or update a list of the local school Title I 89-313 students.

Since the names of Title I 89-313 students were not readily available at some local schools, direct speech/language services to students at these schools could not be immediately offered to them. Ten pathologists, who felt the program was only "somewhat" implemented in a timely manner, may have based their opinion on the fact that at the beginning of the school year, direct services were unavailable to those students who had not been identified and listed at the local school level.

In contrast to pathologists, almost all of the speech assistants felt that a timely implementation occurred. They probably considered timely implementation as their being at the designated schools at the start of the school year to offer indirect services immediately since direct service was not always possible due to unavailability of student eligibility lists.

Implementation in the form of indirect service to students from the speech assistants was offered via: trying to determine and locate the eligible students, screen them, arrange for diagnostic testing (if this had not been done), review the diagnostics, and prepare the speech/language educational plans.

Figure 2



Inservice

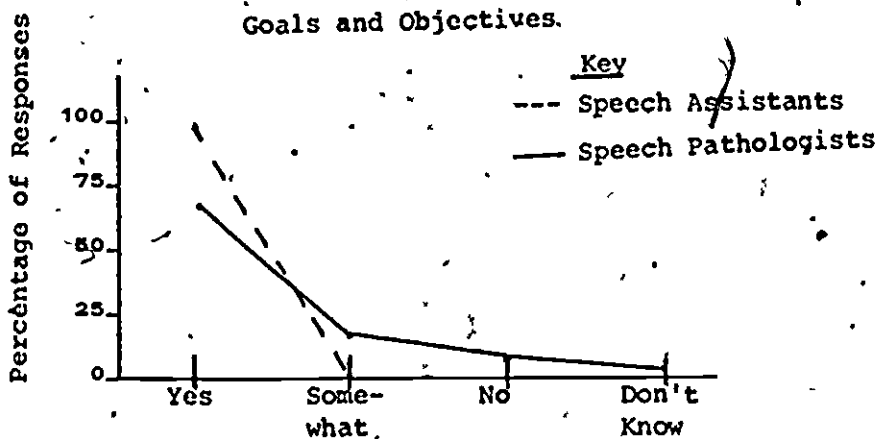
All of the speech assistants thought the program was guided through regular inservice. (Figure 2) Agenda sheets documenting inservices verify that formal inservice was provided for assistants on a monthly basis.

Fifty-nine percent of the pathologists were of the opinion that the program was guided through regular inservice.

Since the original program proposal provided for inservices for assistants but not pathologists, the inservice component of the program differed for the two groups. Pathologists may have responded less positively on the question of inservice than assistants because as a group, they were not formally scheduled to receive direct, group inservice on the program.*

The Coordinator sought permission from higher administrative channels to offer inservice to pathologists. The requests were unresponded to. As the Coordinator went to each of the city's three Pupil Service Centers, she tried to contact pathologists there on a one-to-one basis to explain the program. However, all pathologists were not able to be contacted at the Centers because their scheduling did not always match the days the Coordinator was visiting the Centers.

Figure 3



Goals and Objectives

All speech assistants agreed that the Speech Assistant Program had definite goals and objectives guiding it. (Figure 3)

About 65 percent of the pathologists agreed that the program was guided by definite goals and objectives.

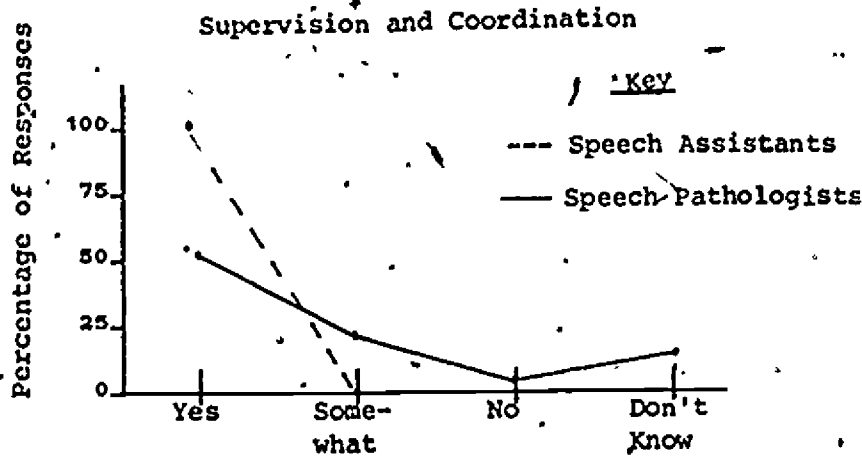
Differences in opinion between pathologists and assistants about goals and objectives might possibly be related to the receipt of inservice.

Goals and objectives were communicated to assistants through the monthly inservice meetings and contacts with the master teacher-speech pathologist and Coordinator. However, as previously explained, permission for formal group inservice to pathologists was not granted. Although inservice to uniformly inform pathologists of program goals and objectives was not written into the program, the Coordinator tried to personally contact supervising pathologists in order to explain the program.

The majority of assistants (73 percent) felt that despite the lack of formal group inservice, their supervising pathologists understood the goals and objectives of the program.

Three assistants felt their pathologists did not have an understanding of the program's goals and objectives. It is not known if these three cases refer to pathologists not being informed of the goals and objectives or if the information was given, but the pathologists did not really comprehend the information.

Figure 4



Supervision and Coordination

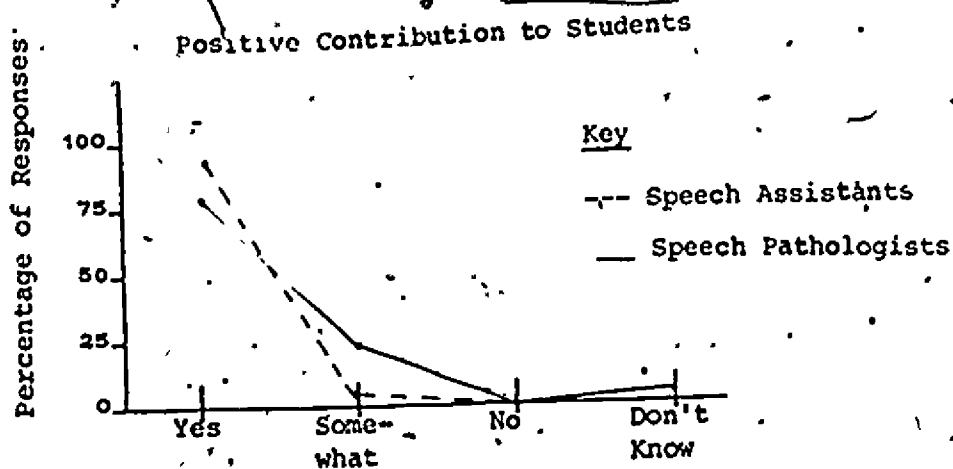
All of the assistants felt that the program was adequately supervised and coordinated by the Central Office administration. (Figure 5)

Only 53 percent of the pathologists responded "yes", and 3 percent felt that adequate supervision and coordination occurred only "somewhat." Since the pathologist's questionnaire did not specify if coordination was from the Central Office, it is not possible to determine whether responses referred to Central Office supervision or their view on their own supervision and coordination of the assistants.

The majority of assistants, 93 percent, thought the program provided them with a job description and was realistic about the quantity of student services which could be provided.

With respect to their own work then, the assistants viewed the design of the program positively.

Figure 5



Positive Contribution to Students

The majority of speech pathologists were optimistic about the remediation and/or improvement of students due to direct service from the speech assistants. (Figure 4)

Over three-fourths of the pathologists indicated that the speech assistants made positive contributions to the students they served.

In assessing their own work with students in the program, 93 percent of the assistants felt that they made positive contributions to the students.

Several questions on overall program services were directed only to the pathologists. One question asked pathologists if they felt the program provided services to special education students who previously had received no or limited services. Seventy-eight percent answered "yes", and 22 percent said "no".

A second question asked if the program served a sufficient number of students. Eighty-four percent said "yes", 9 percent "somewhat", 3 percent "no" and 3 percent "don't know". The response on these two questions suggests that the program provided special language services to a number of students who were either unserved or underserved in speech/language prior to program initiation.

A third question addressed only to pathologists found them divided in opinion as to the degree the speech assistants served students' classroom teachers in reinforcing speech/language work in the regular classroom. Forty-seven percent answered "yes", 44 percent said "somewhat", and 9 percent said "don't know". These answers suggest that the extent to which speech assistants service classroom teachers should be reviewed by supervisors to determine if an increase of service in this area is desirable.

Section II: Evaluation of Speech Assistants

In order to assess the general quality of the speech assistants' performance on the job, speech pathologists were asked to give "yes" or "no" ratings to selected role responsibilities of the assistants. For all of the nine role responsibilities listed, the pathologists replied within the percentage of "yes" answers ranging between 97 and 84 percent. Table 4 on page 17 summarizes the responses.

Almost all of the pathologists, 97 percent or 31 pathologists, agreed that the assistants demonstrated overall professional competencies, applied skills and techniques, demonstrated skill and understanding in working with the students, and understood the duties required of the position.

The assistants' participation in staffings had the lowest percentage (84 percent) of the nine items. The percentage is still within the acceptable range and can be viewed positively. Although staffing participation is ultimately the responsibility of pathologists, 84 percent of the pathologists had confidence in their speech assistants to allow them participation in staffings.

The majority of pathologists who had assistants taking part in the staffings felt that this was helpful in making the program function well.

Eleven assistants specifically noted that their pathologists involved them in staffings. Over half of these assistants felt this involvement was helpful to the program.

Twelve assistants related that their pathologists showed them available student diagnostic results or shared student file information. Eight of these assistants felt the information was definitely helpful.

Evaluation of Supervising Speech Pathologists

In order to assess the general quality of the speech pathologists' interactions with them, speech assistants were asked to give "yes" or "no" ratings to selected items about the pathologists' interactions. Table 5 on page 18 summarizes the responses.

All assistants agreed that the pathologists adequately supervised and helped them, had realistic expectations of what could be accomplished with the students, and related to them as working colleagues and professionals.

The majority of assistants, 73 percent, felt that their supervising pathologists understood the goals and objectives of the program. Only three assistants did not feel their pathologists had this understanding. It is not known if these three cases refer to pathologists not being informed of the goals and objectives of the program or if the pathologists received the information but did not really comprehend it.

The assistants were generally pleased with the speech assistant-pathologist relationship.

TABLE 4

EVALUATION OF SPEECH ASSISTANTS
N=32

Did your speech assistant...	NO		YES		For yes, mark if this helped the program function well.			ANSWERED YES, BUT DID NOT RESPOND ON HELPFULNESS		NO RESPONSE		
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%		
	HELPFUL	DIFFERENCE	NOT HELPFUL	HELPFULNESS	RESPONSE							
- demonstrate an understanding of the duties required of the position?.....	1	3%	31	97%	24	77%	1	3%	0	0	6	19%
- demonstrate skill and interest in working with the severely handicapped pupils?.....	1	3%	31	97%	26	84%	0	0	0	0	5	16%
- maintain contact with you for coordination of pupil objectives, general supervision, report of services offered?.....	2	6%	30	94%	21	70%	3	10%	0	0	6	20%
- demonstrate ability to do screenings and diagnostic testing?.....	3	9%	28	88%	22	79%	1	4%	0	0	5	18%
- apply skills and techniques suggested by you or obtained at inservices?.....	1	3%	31	97%	25	81%	0	0	0	0	6	19%
- participate in staffings?.....	3	9%	27	84%	20	74%	2	7%	0	0	5	19%
- maintain progress reports, files and IEPs?.....	2	6%	29	91%	23	79%	0	0	0	0	6	21%
- Keep to the schedule as set up for your school and the pupils to be seen?.....	1	3%	29	91%	23	79%	0	0	0	0	6	21%
- demonstrate overall professional competencies?.....	1	3%	31	97%	25	81%	0	0	0	0	6	19%

TABLE 5

EVALUATION OF SPEECH PATHOLOGISTS
N=14

Did the speech pathologists who supervised you at the local schools.....

	NO		YES		For yes, mark if this helped the program function well.				ANSWERED YES, BUT DID NOT RESPOND ON HELPFULNESS			
	NO.	%	NO.	%	NO.		NOT HELPFUL		NO.	%		
					HELPFUL	DIFFERENCE	HELPFUL					
- understand the goals and objectives of the speech assistant program?.....	3	21%	11	79%	8	73%	1	9%	-	2	18%	
- provide you with adequate supervision and help when needed?.....	-	-	14	100%	10	71%	1	7%	-	3	22%	
- share available pupil diagnostic or student file information with you?.....	2	14%	12	86%	8	67%	1	8%	-	3	25%	
- maintain contact with you for coordination of pupil objectives and progress reports?.....	1	7%	13	93%	9	69%	1	8%	-	3	23%	
- involve you in staffings or meetings regarding the serviced pupils?.....	1	7%	11	79%	6	55%	2	18%	1	9%	2	18%
- have realistic expectations of what you could accomplish with pupils?.....	-	-	14	100%	7	50%	1	7%	-	6	43%	
- relate to you as a working colleague and professional?.....	-	-	14	100%	8	57%	1	7%	-	5	36%	

Section III: Needs Assessment

Both the pathologists' and assistants' questionnaires contained a sixteen item checklist about possible needs of the Speech Assistant Program. Both groups were to check all items that they felt were program needs for FY 81. A space was also available on the questionnaires for respondents to write in any item they felt was a priority need but wasn't included in the list. Pathologists and assistants checked many of the same items. Table 6 below illustrates the results. (In reviewing Table 6, it should be remembered that the rank indicates that staff most frequently expressed this item as a need; the rank is not weighted.)

TABLE 6
NEEDS ASSESSMENT

	RANK	PATHOLOGISTS	RANK	ASSISTANTS
VERY IMPORTANT	1	Citywide inservice	1	Citywide inservice
	2	Better identification at local school	2	Better identification at local school
	3	More speech assistants in elementary schools	3.5	More contact with master teacher-speech pathologist
	4	Development of checklist of program responsibilities	3.5	More speech assistants in the elementary schools
IMPORTANT	5	Better room location	5	Better room location
	6	Better scheduling of schools or pupils	7	Speech assistants for high schools
	7.5	Speech assistants for high schools	7	Accessibility of files and assessments
	7.5	More supervision and coordination	7	Better scheduling of schools or pupils
SOME IMPORTANCE	9.5	Types of duties of assistants	10	Type of duties of assistants
	9.5	Accessibility of files and assessments	10	Improving recordkeeping
	11	More contact with master teacher-speech pathologist	10	Content of inservice
	12	More careful selection of assistants	12	Development of checklist of program responsibilities
	13.5	Frequency/nature of contact in regular classroom	13.5	More careful selection of assistants
	13.5	Other	13.5	Other-interdepartment communication
LEAST IMPORTANT	15	Content of inservice	16	Frequency/nature of contact within regular classroom
	16.5	More group inservice than monthly	16	More supervision and coordination
	16.5	Improving recordkeeping	16	More group inservice than monthly

The Kendall's tau rank order correlation was calculated on two rank orders. Support for the null hypothesis (the two groups come from the same population) was indicated since the correlation was significantly different from zero ($p < .002$). Using the Spearman correlation, the same level of significance resulted indicating that the overall rank ordering for both groups was similar.

The needs assessment showed that the three most frequently checked items by the pathologists and the assistants were the same.

The largest number of respondents in both groups checked the need for a citywide inservice to explain the Speech Assistant Program to speech pathologists, administrators, etc. Presently this type of inservice is not provided. It appears that both pathologists and assistants perceive a need for an inservice to explain the objectives and operation of the program so that those associated with it can have better understanding.

The second most commonly checked need for both groups was better identification of students at the local school level who are eligible for Title I 89-313 funds.

The third most frequently expressed need by both groups was to have more speech assistants in the elementary schools. The high rank of this item implies that pathologists and assistants favor the program and support its extension.

Tied for the third place in ranking on the assistants' questionnaire was the need for more contact with a master teacher-speech pathologist. Pathologists checked this item less frequently; however, since pathologists are employed as professionals they may not have the need for contact with a master teacher-speech pathologist.

The pathologists' fourth highest need, development of a checklist of program responsibilities, is related to the need for inservice. This checklist, together with the previously expressed inservice need, serves the purpose of information-relay or accounting within the program. When the 16 checklist items were analyzed item per item using the Test of Proportions, this was the only item on which there was a significant difference ($p < .05$) between the pathologists and assistants. While only five percent of the assistants felt the need for a yearly or quarterly checklist, about 40 percent of the pathologists did see this as a need. It might be surmised that assistants might already have an understanding of program responsibilities as conveyed to them via their monthly inservices. Supervising pathologists, however, would not have participated in formal group inservice. A printed checklist might give them an overview of the program responsibilities and serve as a guidepost on which responsibilities assistants should be supervised.

When the needs are ranked from highest to lowest (Table 6), several generalizations are evident. Very important priorities, those checked most frequently, are of an intrinsic nature and associated with program implementation: need for inservice, master teacher-speech pathologist contact, and program checklist. All of these are foundation priorities upon which a program is built and affects the way program development and growth occurs. Of lesser importance are needs associated with extrinsic factors: physical room condition, scheduling, file accessibility, and supervision. Of low importance are peripheral factors concerned with improving what already exists: content and frequency of inservice, recordkeeping, and other individually expressed items.



Section IV: General Program Operation

The section gave pathologists and assistants the opportunity to comment on general components of the program. Specific questions were asked of both groups about caseload, supervision, master teacher-speech pathologist, students, and refunding. One optional, free response question eliciting suggestions for the program was also included.

Caseload

Speech assistants felt that their caseload should include between 25 and 50 students. The mean number of students they wished to work with was 40, the mean corresponds to the actual average caseload of the assistants in FY 80. Since a speech assistant's caseload was determined by the number of students eligible and in need of speech/language service in assigned districts, the caseload of each assistant could consist of a different number of students.

Results from the corresponding pathologist's questionnaire about an assistant's caseload were similar. They expressed that the range should be within 15 and 50 students; the mean was 33 students.

Based on information from assistants and pathologists an average caseload of 40 students per assistant seemed workable and acceptable.

Supervision

One question asked pathologists about the number of speech assistants they felt they personally could supervise. The pathologists' responses were all in the range of one to three assistants. The mean was one, and this mean corresponds to the number of speech assistants each pathologist did supervise in FY 80.

Master Teacher-Speech Pathologist

The existence of a master teacher-speech pathologist in the field for coordination purposes was viewed more positively by the assistants, the actual recipients of the service, than by the pathologists.

Ten assistants offered reasons for having a master teacher-speech pathologist in the program. Some thought that since the supervising speech pathologist can't always provide adequate supervision or answer program questions, a master teacher-speech pathologist for the program is needed. This person could answer the general program questions, respond to the program's problems, give constructive criticism based on more than one supervisory visit, provide diagnostic testing, and explain the program to supervising pathologists.

The majority of pathologists, 69 percent, agreed that there should be a master teacher-speech pathologist, and their reasons were similar to those of the assistants. Several specifically noted that they had little free time to supervise, coordinate, and inservice assistants, and that a master teacher speech pathologist to perform these duties would be a valuable asset.

The seven pathologists who did not favor having a master-teacher speech pathologist for the program felt that the present coordination was adequate or that they could handle the task without the aid of a third person.

Students

When asked what type of students should be served by the assistants, the majority of both pathologists and assistants expressed preference for mildly/moderately handicapped students being served rather than the severely handicapped. The program currently serves the latter population. It appears that research and methods of therapy development in speech/language areas are more limited for this population than for the mildly/moderately handicapped. Colleges and training institutions have been more relaxed in offering theory and curriculum courses for the severe than for other degrees of handicapped. Perhaps it is the sparsity of information on the severely handicapped that influenced respondents to prefer that program services be for the mildly/moderately handicapped.

Refunding

The question concerning refunding the Speech Assistant Program for upcoming years was favorably answered. All but one member of both the pathologist and assistant groups expressed "yes" to refunding. Two did not respond to the question.

Optional Open-Ended Question

Several assistants and pathologists completed the optional, open-ended question which asked for suggestions or comments for the Speech Assistant Program. Suggestions from the two groups emphasized different aspects of the program.

In addition to inservice, assistants were very concerned with external program factors such as salary and benefits. They offered the following suggestions:

Speech Assistants' Suggestions:

- schedule a citywide inservice to explain the Speech Assistant Program to speech pathologists
- provide an inservice on the topic of stuttering
- permit assistants to test their own caseload
- entitle assistants with all of the Chicago Board of Education benefits
- allow assistants to join the Chicago Teachers' Union
- upgrade an assistant's salary to an amount equal to that of a teacher with a B.A. since assistants have all earned a B.A.

Pathologists, having no need to be concerned with another group's salary and benefits, directed their responses primarily toward the program variables of inservice, supervision, and student participants. They offered the following suggestions:

Speech Pathologists' Suggestions

- conduct a joint meeting of all assistants together with pathologists to explain assistants' duties, supervisors' responsibilities, and student scheduling
- allow supervision of the assistants by their cooperating local school pathologists
- establish guidelines on how to qualify or classify students for participation and how to choose which students will receive the assistants' services
- enlarge assistants' duties by allowing them to select their own student caseload
- have the assistants maintain student caseloads comparable to those of the regular pathologists and allow them to perform diagnostic and individual educational planning for these students
- gear the program services to mildly/moderately handicapped
- increase the number of assistants

Three general comments made by a few pathologists were:

- "The program is helpful and well organized."
- "Assistants' supervision is time-consuming."
- "Intervention should be consistent with students' specific disorders."

SUMMARY

The Speech Assistant Program, as funded by Title I 89-313 special education government monies, consisted of 15 speech assistants whose responsibility was to serve severely/profoundly handicapped students demonstrating speech/language problems. During FY 80 the assistants, working on an itinerant basis, serviced 644 students within 75 schools. The extent of service per student varied because of 1) the very large population of students that had to be served by only 15 assistants 2) the extraordinary needs of the individual handicapped students and 3) the amount of cooperation and reinforcement to program objectives exhibited by classroom teachers of serviced students.

The findings listed below summarize aspects of the FY 80 Speech Assistant Program. It should be remembered that the findings are based on a survey of the program utilizing the following methods: observations of assistants servicing students, interviews with the program Coordinator and several speech assistants, Title I 89-313 Program of Speech and Language End of the Year Statistical Report, participant data on 347 students obtained from the Title I 89-313 Pupil Participant Forms FY 80, and opinions of 14 speech assistants and 32 speech pathologists expressed on questionnaires.

The main contribution of the program was the assistants' service to students needing extraordinary service help and the assistants facilitating students' improvements in speech/language deficiencies. According to opinions expressed on surveys, both the speech pathologist and speech assistant groups overwhelmingly agreed that the Speech Assistant Program did achieve these two accomplishments.

According to statistics available only on a student group sample of 317 participants, these students' results in meeting the criterion of progressing at least one stage in a major selected speech/language goal surpassed the 80 percent objective written for the program. Eighty-seven percent of the overall serviced student group were reported to have met the objective. An overall review and analysis of students' speech/language objectives was not conducted by program evaluators to determine the type or appropriateness of objectives or to verify the reported student results. (This type of analysis would require specialized personnel certified in speech/language pathology.)

When the handicapped groups' results are analyzed separately, only the severe learning disabled group fell below the 80 percent criterion--74 percent. Severe learning disabled students were those served by assistants with an average caseload of 54 students. This caseload exceeded the average caseload of 37 students which was maintained by the assistants servicing the other handicapped groups.

Both speech assistants' and supervising pathologists' sentiments toward program organizational features were positive, and most comments and suggestions seemed to be for the purpose of program improvement or enrichment rather than criticism.

Speech pathologists and assistants were satisfied with the working relationship they had developed and assistants felt that their supervising pathologists related to them as working colleagues and professionals.

The majority of pathologists felt that assistants demonstrated overall professional competencies, applied skills and techniques, and demonstrated skill and understanding in working with the students.

Speech assistants agreed that the pathologists adequately supervised and helped them and had realistic expectations of what could be accomplished with the students.

All speech assistants felt the regular monthly inservices guided and improved the program.

Pathologists and assistants reported the need for citywide inservice to explain the Speech Assistant Program to pathologists, administrators, etc. who might be involved as supervisors or whose students will be program participants.

Pathologists differed from assistants in the need for a yearly or quarterly checklist of responsibilities. Pathologists saw development of a checklist as more of a program need than did the assistants.

The program utilized the multidisciplinary approach to student service by collaborating assistant, supervising speech pathologist, and classroom teacher efforts to work together for the student.

The program utilized the transdisciplinary approach to student service by means of the assistant transferring classroom content into speech/language exercises.

Assistants had difficulties at the local school level in obtaining accessible lists of the Title I 89-313 student names, needed in order to draw a caseload.

Assistants serving schools where eligible Title I 89-313 student names were not readily accessible implemented the program on an indirect service delivery basis until students were identified. Indirect service included such tasks as checking IEPs and/or records to locate students possibly eligible for services, arranging for diagnostic testing, observation in classrooms for prescriptive purposes, and inservice presentations.

Schools that had lists of Title I 89-313 student names accessible were more likely to have their students receive direct service sooner during the beginning of the school year implementation. The amount of direct service per student varied according to the severity of the student's problems and the assistant's caseload. Direct service included one-to-one or small group work with students for remediation of speech/language problems, monitoring students in regular classrooms for purposes of carryover and practice of therapy, and supervised evaluation of students in achieving the Title I 89-313 speech/language objectives written for them.

The caseload for assistants working with the severe learning disabled was heavy. Most assistants serviced at least 37 severely/profoundly handicapped in several schools while the assistants working with the severe learning disabled serviced about 54 students.

RECOMMENDATIONS

Based on the results obtained from data collection and discussed in the Survey of the Program Section of this report several recommendations are made:

• Continue the basic format of the Speech Assistant Program as described in the general program model.

• Investigate in more exact detail the amount of direct service time provided to students from assistants. Based on findings, determine if more assistants are needed or if more exact guidelines need to be developed regarding the time allotted to direct service delivery.

• Review the speech/language needs of learning disabled students and the amount of direct service they are given; design a program to more intensely meet their needs or give inservice on specific therapeutic strategies to improve the group's percentage of meeting objectives. Reduce the caseload of speech assistants who service severe learning disabled students.

• Review the results of the needs assessment and respond to those needs perceived as priority concerns by both the pathologists and assistants--citywide inservices to explain the program and accessible local school lists of Title I 89-313 student names so to direct service delivery. In particular, facilitate caseload assignment and refer problems of Title I 89-313 student identification or accessibility of student names list to the citywide Title I 89-313 Coordinator. Encourage the Coordinator to take appropriate channels to inservice the local schools about identification of these students and the importance of maintaining accessible lists.

• Respond to the pathologists' need for the development of a checklist of program responsibilities.

• Review the extent and types of interactions that speech assistants have with their students' regular classroom teachers; establish guidelines as to what is to be expected of speech assistants and classroom contacts.

IMPLICATIONS FOR FURTHER STUDY

• What are some viable means to improve information relay about the program, its goals and objectives, to pathologists and school administrators?

What types of regular classroom teacher contacts should be expected of assistants? Do classroom teacher contacts enhance the students' positive performance in speech/language?

• What should be the role and functions of the master teacher-speech pathologist?

• What types and how appropriate are Title I 89-313 speech/language objectives, written for serviced students?

• Can there be a "time expectancy factor" for a student to be serviced in a Title I 89-313 speech/language program? When and should the local Board funded program take over service?

• As caseload is increased, does the percentage of students meeting the criterion, decrease significantly?

• Does the program need expansion either in number of personnel, intensity, or frequency of student service?

• Should the Speech Assistant Program be used with the mildly/moderately handicapped and what effects would this have on the service delivery and supervision model?

GLOSSARY

Title I 89-313 (P.L. 89-313)

On November 1, 1965, a major step was taken toward the goal of more direct sources of support for the handicapped through a provision of P.L. 89-313. While this law was primarily concerned with school construction assistance in major disaster areas, Section 6 of that Act amended Title I of ESEA to provide support to state agencies which were directly responsible for educating handicapped children. Until this amendment, Title I worked through local educational agencies, thus, state operated or supported schools for the deaf, retarded, etc., which were not a part of a local school district, were not eligible for Title I benefits.

This provision has had a profound impact on the educational programs in schools and institutions for the handicapped, by providing new teachers, equipment, supplemental personnel, diagnostic facilities, etc. In numerous cases, children who had been receiving only custodial care began to participate for the first time in educational training.

In addition to its educational implications, the P.L. 89-313 amendment may be seen as another precedent, a building block toward the total construction of categorical aid for education of handicapped children. As early legislation for training teachers of the retarded and deaf led to broader authorities, so this provision for educational services to institutionalized children paved the way toward broader provisions of service to children in day schools.**

*Exceptional Children 34 (1968): 498-503.

Section 14-7.02a, The School Code of Illinois

14-7.02a Children requiring extraordinary special education services and facilities. A school district providing for a child requiring extraordinary special education services because of the nature of his handicap is eligible for reimbursement from the State for the per capita cost of educating that child in excess of the district per capita tuition charge for the prior year or \$2,000, whichever is less. Per capita costs shall be actual expenditures minus State reimbursement under Section 14-13.01.

A child is deemed to require extraordinary special education services and facilities under the following conditions:

- 1) the school district has determined that the child requires extraordinary special education facilities;
- 2) the school district maintains adequate cost accounting to document the per capita cost of special education; and
- 3) the Superintendent of Public Instruction has reviewed the case study and staffing recommendation for each child referred and has approved the district's recommendations regarding eligibility of the child for the extraordinary special education services and facilities.

Amended by P.A. 79-853, 1, eff. October 1, 1975.

Section 14-7.03, The School Code of Illinois

14-7.03 Special Education Classes for Children from Orphanages, Foster Family Homes, Children's Homes, or in State Housing Units. If a school district maintains special education classes on the site of orphanages and children's homes, or if children from the orphanages, children's homes, foster family homes, other state agencies, or State residential units for children attend classes for handicapped children in which the school district is a participating member of a joint agreement, or if the children from the orphanages, children's homes, foster family homes, other state agencies, or State residential units attend classes for the handicapped children maintained by the school district, then reimbursement shall be paid to eligible districts in accordance with Section 14-12.01 for each year ending June 30 through the regional superintendent on the warrant of the Comptroller.

The amount of tuition for such children shall be determined by the actual cost of maintaining such classes, but costs for administration, and supervision shall be computed on the percentage basis that the average daily membership of children in the special classes bears to the total average daily membership of the district and any costs for the use of building facilities shall not exceed 10% of the expenditure for the classes, such program and cost to be pre-approved by the Superintendent of Public Instruction.

Extraordinary Services

Those services appropriately designed so as to meet the very specific and special educational needs of handicapped children, and are in addition to (supplemental) or distinct from those special education services provided through the basic special education program. The services furnish educational opportunities commensurate with the handicapped child's needs, interests, and abilities which will enable him to develop personal, social, economic, and aesthetic potentialities. Special educational services may include (a) instructional services and (b) supportive or related services.

(a) Instructional Services

Instructional services provide for a learning environment in which a teacher can relate directly with a student. These services would include: readiness programs, such as perceptual training, visual or tactual skill training, or fine-gross motor development; individualized and programmed instruction; diagnostic or prescriptive teaching; mobility, orientation or travel training; instruction in daily living skills; prevocational programs; instruction utilizing special equipment, mobile classrooms, community resources, and special instructional techniques.*

(b) Supportive or Related Services

Supportive or related services are those services which are designed to overcome or ameliorate a child's handicap, but only to the extent necessary to enable him to benefit from the educational services available to him. The term also includes those supportive services which generally precede the provision of direct educational services and can only be justified to the extent to which they are required to furnish such educational services.

Supportive or related services would include: speech pathology and audiology services; diagnostic services, such as psychological evaluations and medical screening, health services; food services; pupil transportation, library and media services; employment of staff supervisors; inservice training of staff; media services which are not used in direct instruction of handicapped children, and parent and community services. (20 USC 241c (a) (5); 20 USC 1413)*

* Chapter V, B-2, January, 1971, Administrative Manual Public Law 89-313, Amendment to Title I, Elementary and Secondary Education Act, Bureau of Education for the Handicapped.

APPENDICES

APPENDIX A

Speech Assistants' Questionnaire On
Speech/Language Services To Title I 89-313 Pupils

SPEECH ASSISTANTS QUESTIONNAIRE ON
SPEECH/LANGUAGE SERVICES TO TITLE I 89-313 PUPILS

I. Overall Program Evaluation

- Do you think the speech assistant program...
- had definite goals and objectives guiding the program?
- was guided and improved through a regular inservice program?
- was adequately supervised and coordinated by Central Office administration?
- was implemented in a timely manner?.....
- provided you with a job description of what your duties would be?.....
- was designed to service pupils truly in need of extraordinary speech/language service?.....
- was realistic about the quantity of pupil services which could be provided?.....
- contributed positively in the remediation and/or improvement of the majority of serviced pupils' problems?.....

	YES	SOMEWHAT	NO	DON'T KNOW

II. Evaluation of Local School Supervising Speech Pathologists

Did the speech pathologists who supervised you at the local schools...

- understand the goals and objectives of the speech assistant program?.....
- provide you with adequate supervision and help when needed?.....
- share available pupil diagnostic or student file information with you?.....
- maintain contact with you for coordination of pupil objectives and progress reports?.....
- involve you in staffings or meeting regarding the serviced pupils?.....
- have realistic expectations of what you could accomplish with pupils?.....
- relate to you as a working colleague and professional?.....

	NO	YES	For YES, mark if this helped the program function well.	
			NO HELPFUL DIFFERENCE	NOT HELPFUL

III, Needs Assessment

Put an X on the line before those items which you feel are priority concerns for FY 81:

- more group inservice than monthly
- content of inservice
- citywide inservice to explain speech assistants program to speech pathologists, administrators, etc.
- development of a quarterly or yearly checklist of program responsibilities
- more Central Office supervision and coordination
- more contact with program master teacher-speech pathologist
- improving recordkeeping required for program
- better room location assigned to speech assistants
- type of duties assigned to speech assistants
- more speech assistants in the elementary schools
- speech assistants for high schools
- more careful selection of personnel assigned as speech assistants
- better identification at local school level of pupils eligible to be served
- accessibility of files and previous speech assessments
- better scheduling of number of schools or pupils to be serviced
- frequency or nature of assistant's contact within pupils' regular classroom
- other - Specify: _____

IV, General Program Organization

1. What do you feel is the average number of pupils that should be on a speech assistant's caseload? _____
2. Should there be a master teacher-speech pathologist in the field to coordinate the program? YES NO Reasons: _____

3. Should speech assistants work with mild/moderate rather than severe handicapped pupils? YES NO

4. Should the speech assistants program be re-funded for upcoming years? YES NO

5. What suggestions or comments do you have for the speech assistants program?

APPENDIX B

Speech Pathologist Questionnaire On
Speech/Language Services To Title I 89-313 Pupils

SPEECH PATHOLOGIST QUESTIONNAIRE ON
SPEECH/LANGUAGE SERVICES TO TITLE I 89-313 PUPILS

As part of the Title I 89-313 program, government monies were used to implement a speech assistants program. Please respond to the following questions regarding the program as it operated during FY 80.

I. Overall Program Evaluation

- Do you feel that the speech assistant program...
- provided services to special education pupils who previously had no or limited service?.....
- had definite goals and objectives to guide the program?.....
- was adequately supervised and coordinated?.....
- was guided and improved through a regular inservice program?.....
- was implemented in a timely manner?.....
- provided service to a sufficient number of pupils? (Average caseload of a speech assistant was 40 pupils).....
- contributed positively in the remediation and/or improvement of the majority of serviced pupils' problems?.....
- assisted serviced pupils' classroom teachers in reinforcing speech/language work in the regular classroom?.....

YES	SOMEWHAT	NO	DON'T KNOW

II. Evaluation of Speech Assistant

Did your speech assistant...

- demonstrate an understanding of the duties required of the position?.....
- demonstrate skill and interest in working with the severely handicapped pupils?.....
- maintain contact with you for coordination of pupil objectives, general supervision, report of services offered.....
- demonstrate ability to do screenings and diagnostic testing?.....
- apply skills and techniques suggested by you or obtained at inservices?.....
- participate in staffings?.....
- maintain progress reports, files, and IEPs?.....
- keep to the schedule as set up for your school and the pupils to be seen?.....
- demonstrate overall professional competencies?.....

NO	YES	For YES, mark if this helped the program function well.	
		NO HELPFUL	NO DIFFERENCE

III. Needs Assessment

Put an X on the line before those items which you feel are priority concerns for FY 81.

- | | |
|---|--|
| <input type="checkbox"/> more group inservice than monthly | <input type="checkbox"/> type of duties assigned to speech assistants |
| <input type="checkbox"/> content of inservice | <input type="checkbox"/> more speech assistants in the elementary schools |
| <input type="checkbox"/> citywide inservice to explain speech assistants program to speech pathologists, administrators, etc. | <input type="checkbox"/> speech assistants for high schools |
| <input type="checkbox"/> development of a quarterly or yearly checklist of program responsibilities | <input type="checkbox"/> more careful selection of personnel assigned as speech assistants |
| <input type="checkbox"/> more Central Office supervision and coordination | <input type="checkbox"/> better identification at local school level of pupils eligible to be served |
| <input type="checkbox"/> more contact with program master teacher-speech pathologist | <input type="checkbox"/> accessibility of files and previous speech assessments |
| <input type="checkbox"/> improving recordkeeping required for program | <input type="checkbox"/> better scheduling of number of schools or pupils to be serviced |
| <input type="checkbox"/> better room location assigned to speech assistants | <input type="checkbox"/> frequency or nature of assistant's contact within pupils' regular classroom |
| | <input checked="" type="checkbox"/> other - Specify: _____ |

IV. General Program Operation

1. What is the number of speech assistants you feel you personally could supervise? _____
2. What do you feel is the number of special education pupils that a speech assistant should service? _____
3. Should there be a master teacher-speech pathologist in the field to coordinate the program?
 YES NO Reasons: _____
4. Should speech assistants work with mild/moderate rather than severe handicapped pupils?
 YES NO
5. Should the speech assistants program be re-funded for upcoming years? YES NO
6. What suggestions or comments do you have about the speech assistants' program?

APPENDIX C.

Evaluations of FY 80 Title I 89-313 Speech/Language Program

(Available Upon Request)

SPEECH ASSISTANT PROGRAM

A Pilot Program in the
Chicago Public Schools
Funded by Title I 89-313

FOR WHOM:

644 severely, profoundly handicapped students having speech and/or language impairments

BY WHOM:

15 speech assistants with a B.A. degree in speech/language pathology and supervised by speech/language pathologists
1 certified master teacher-speech/language pathologist
1 program coordinator

WHAT:

Supplementary "extraordinary" speech/language services provided to students on a one-to-one or small group basis several times a week

- intense task oriented drill activities over a long period of time
- speech/language monitoring and assistance in the regular classroom
- classroom teacher inservice and communication; progress recording
- screening
- follow-up - therapy services
- materials development
- at the request of the supervising therapist, assisting in developing student's individual speech/language objective and maintaining parent contacts

HOW:

Speech assistants working on an itinerant basis travel school to school to work with eligible students.
About 37 students within five schools are served per assistant.
Each assistant works under the guidance of the local school's speech/language pathologist.

WHERE:

75 Chicago Public Schools

METHODS OF SERVICE DELIVERY:

- 1) pull-out method. student leaves the classroom and receives individual speech/language help from the assistant in a special room or area designated for service. Sessions range from 30 to 45 minutes.
- AND
- 2) in-classroom method. student remains in regular classroom and is checked by the assistant for carryover for therapy; assistant develops plan for teacher to use with student in the classroom setting; assistant monitors and updates plan according to classroom student observations.

INSERVICES:

Monthly inservices are planned and offered by the Coordinator after reviewing program needs (e.g. topics include orientation to assessment tools, language and the TMH child, non-vocal communication). Assistants also volunteer to make presentations. Sharing of experiences and problem-solving evolves. Professional growth is encouraged.

DISSEMINATIONS:

A Model for the Speech Aide and Speech Assistant Program, Title I 89-313 - booklet

Speech Assistant Program Model for Illinois State Board of Education report

"Training and Utilizing Bachelor's Degree Speech Personnel" - training film

Speech Aide and Speech Assistant Training Packet - booklet

FY 80 Evaluation Report, A Survey of the Speech Assistant Program, Title I 89-313 - report

ONE YEAR FY 80 STUDY RESULTS:

(Data Obtained From Survey Questionnaires, Needs Assessment, Interviews, Observations)

STUDENT - RELATED

*Of a sample of 317 students, 87% met the objective of progressing at least one stage in a major selected speech/language goal. This surpassed the 80% criterion.

SPEECH ASSISTANT - RELATED (N=14)

- *97% demonstrated overall professional competencies.
- *97% demonstrated skill and understanding in working with severely handicapped students.
- *97% applied learned skills and techniques
- *100% felt inservice guided and improved the program.
- *Multidisciplinary approach was utilized with the assistant, pathologist, and classroom teacher working together for the student.
- *Transdisciplinary approach was used by means of the assistant transferring classroom work to speech sessions.
- *Assistants working with severe learning disabled (54) and higher average caseload (54) if assistants (37).
- *83% of assistants met the criterion of 74%.

SUPERVISING SPEECH/LANGUAGE PATHOLOGIST - RELATED (N=32)

100% related to assistants as working colleagues and professionals.

100% provided adequate assistants' supervision and help when needed.

93% felt assistants' program contributed significantly to the remediation and/or improvement in a majority of the students' cases.

100% pathologists had realistic expectations of what could be accomplished with students.

QUESTIONS FOR FURTHER STUDY

- 1) What is an appropriate number of students to constitute an assistant's caseload depending upon the severity of the speech and language handicap?
- 2) Can the program be used with the mildly/moderately handicapped?
- 3) As you increase caseload, does percentage meeting the objective decrease significantly?

RECOMMENDATIONS FROM SPEECH ASSISTANTS AND SPEECH/LANGUAGE PATHOLOGISTS

- Provide citywide inservice to explain the program to administrators, etc.
- Encourage local schools to have accessible lists of names of eligible students.
- More speech assistants in the elementary school.
- Develop a checklist of program responsibilities so staff involved with the program will have an overview of what is to be expected.

FY 80 Evaluation Report
A Survey of Speech Assistant Program
Title I 89-313

A B S T R A C T

This report reviews the first year of implementation of the Title I 89-313 federally funded Speech Assistant Program for severely/profoundly handicapped students in the Chicago public schools. The report utilizes the client-centered approach (Robert Stake) in order to provide the history and status of the program and how it is judged by those who are involved with it and have expertise in the program area. Data were gathered from the personnel funded by Title I 89-313 monies: fourteen speech assistants, one master teacher-speech pathologist, and one program Coordinator. Also 33 speech pathologists who supervised speech assistants at the local schools provided information. Interviews, observations, the Title I 89-313 Pupil Participant Forms, Speech Assistants' Questionnaire on Speech/Language Services To Title I 89-313 Pupils, and Speech Pathologist Questionnaire on Speech/Language Services To Title I 89-313 Pupils were the methods and instruments used to gather data.

SUMMARY

The following is a summary of general statistics on the program. Fifteen speech assistants serviced 644 students enrolled in 75 schools. The majority of students were between the ages of 6 and 17 years old with some 18 through 21 year olds being served. Most students had more than one handicapping condition, and the primary handicapping condition of most serviced students was mental retardation. Five speech assistants were designated to work only with the severe learning disabled. Over ninety percent of the total population of serviced students were children requiring extraordinary services (as defined in Section 14-7.02a of The School Code of Illinois.) Several special education foster children and orphans were also serviced. In the years prior to the Speech Assistant Program these students had received limited or no direct service delivery in speech/language services.

Students participated in the Title I 89-313 Speech Assistant Program in two ways. The first was through the direct service delivery format. This utilized the pull-out basis of service delivery whereby a student left the regular classroom setting (or in some cases, went to a designated location in the room away from the area of general classroom instruction). The student then received service from the speech assistant in a one-to-one or small group session. The average session lasted between 45 minutes to one hour. The second means of service delivery was by means of classroom and teacher contact. The speech assistant visited the classroom for student observational purposes to note if there was carryover and practice of speech therapy. Additionally, the speech assistant gave the classroom teacher an oral report on the progress of serviced students and suggested methods and activities to be used with serviced students in their classroom setting.

FINDINGS

The findings listed below summarize aspects of the FY 80 Speech Assistant Program.

•The main contribution of the program was the assistants' service to students needing extraordinary service help and the assistants facilitating students' improvements in speech/language deficiencies. According to opinions expressed on surveys, both the speech pathologist and speech assistant groups overwhelmingly agreed that the Speech Assistant Program did achieve these two accomplishments.

•Both speech assistants' and supervising pathologists' sentiments toward program organizational features were positive, and most comments and suggestions seemed to be for the purpose of program improvement or enrichment rather than criticism.

•According to statistics available only on a student group sample of 317 participants, these students' results in meeting the criterion of progressing at least one stage in a major selected speech/language goal surpassed the 80 percent objective written for the program. Eighty-seven percent of the overall serviced student group were reported to have met the objective. An overall review and analysis of students' speech/language objectives was not conducted by program evaluators to determine the type or appropriateness of objectives or to verify the reported students results. (This type of analysis would require specialized personnel certified in speech/language pathology.)

•When the handicapped groups' results are analyzed separately only the severe learning disabled group fell below the 80 percent criterion--74 percent. Severe learning disabled students were those served by assistants with an average caseload of 54 students. This caseload exceeded the average caseload of 37 students which was maintained by other assistants.

•Pathologists and assistants reported the need for citywide inservice to explain the Speech Assistant Program to pathologists, administrators, etc. who might be involved as supervisors or whose students will be program participants.

•Pathologists differed from assistants in the need for a yearly or quarterly checklist of responsibilities. Pathologists saw development of a checklist as more of a program need than did the assistants.

•The program utilized the multidisciplinary approach to student service by collaborating assistant, supervising speech pathologist, and classroom teacher efforts to work together for the student.

•Assistants had difficulties at the local school level in obtaining accessible lists of the Title I 89-313 student names and names were needed in order to draw a caseload.

Assistants serving schools where eligible Title I 89-313 student names were not readily accessible implemented the program on an indirect service delivery basis until students were identified. Indirect service included such tasks as checking IEPs and/or records to locate students possibly eligible for services, arranging for diagnostic testing, observation in classrooms for prescriptive purposes, and local inservice presentations.

Schools that had accessible lists of Title I 89-313 student names were more likely to have their students receive direct service sooner during the beginning of the school year implementation. The amount of direct service per student varied according to severity of student's problems and assistant's caseload. Direct service included one-to-one or small group work with students for remediation of speech/language problems, monitoring students in regular classrooms for purposes of carryover the practice of therapy, and supervised evaluation of students in achieving the Title I 89-313 speech/language objectives written for them.

The caseload for assistants working the severe learning disabled was heavy. Most assistants serviced at least 37 severely/profoundly handicapped in several schools while the assistants working with the severe learning disabled serviced about 54 students.

For further information regarding this report, contact:

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