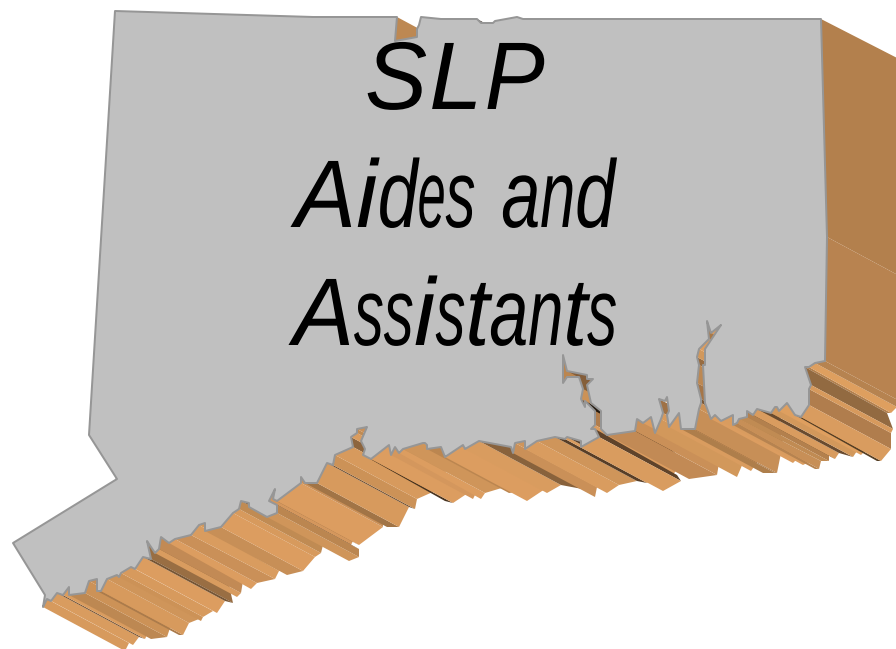


**A GUIDE FOR THE TRAINING,
USE AND SUPERVISION OF SPEECH-LANGUAGE
PATHOLOGY AIDES AND ASSISTANTS
IN CONNECTICUT**



Developed collaboratively by the:

*Connecticut Speech-Language-Hearing Association
Department of Communication Disorders at Southern Connecticut State University
Department of Communication Sciences at the University of Connecticut
Connecticut State Department of Education
Special Education Resource Center through the Integrated Related Services Federal Grant*

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A GUIDE FOR THE TRAINING, USE AND SUPERVISION OF SPEECH-LANGUAGE PATHOLOGY AIDES AND ASSISTANTS IN CONNECTICUT

This implementation guide has been developed by representatives from:

- The Connecticut Speech-Language-Hearing Association (CSHA);
- The Assistants Workgroup of the federal grant awarded to the Connecticut State Department of Education and administered by the Special Education Resource Center (SERC) entitled *Providing Occupational, Physical, and Speech/Language Therapy as Integrated Related Services in Connecticut's Early Intervention and Educational Systems*;
- The Department of Communication Disorders at Southern Connecticut State University; and
- The Department of Communication Sciences at the University of Connecticut at Storrs.

This document integrates material taken directly from the American Speech-Language-Hearing Association (ASHA) *Guidelines for the Training, Credentialing, Use and Supervision of Speech-Language Pathology Assistants* (Asha, 38, Spring 1996), and the *Report the Consortium of Organizations on the Preparation and Use of Speech-Language Paraprofessionals in Early Intervention and Educational Settings* (CEC, January, 1997). This implementation guide addresses Connecticut's diverse settings and current requirements for the provision of speech-language pathology services.

The guide is intended for use by Local Education Agencies (LEAs), medical rehabilitation facilities and institutions of higher education for developing preservice and professional development programs within this discipline, by administrators and certified Speech and Language Pathologists (SLPs) responsible for developing comprehensive systems of services, and individuals interested in career options and career paths.

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INTRODUCTION

The practice of using teams of professionals, often from different disciplines, who work together to meet the needs of individuals with disabilities and their families has existed in clinical and educational settings for many years. The Individuals with Disabilities Education Act (IDEA) encoded this concept into federal legislation that stipulates that teams identify and assess students with suspected disabilities and, when needed, plan and implement intervention. In recent years, teams have expanded to include personnel who support the work of professionals. IDEA allows paraprofessionals and assistants who are appropriately trained and supervised according to state laws, regulations or written policies to assist in providing special education and related services to children with disabilities [20 U.S.C. §1412 (15)(B)(iii) and 34 CFR §300.136(f)]. In 1997, Connecticut's licensure law for Speech and Language Pathologists (SLPs) was amended to permit the use of trained support personnel [C.G.S. §20-413(8)]. This document refers to these individuals as "support personnel".

There are many reasons for considering the use of support personnel. They can provide an effective way of increasing the frequency and intensity of services for populations of clients that are ever more diverse and whose problems are often complex. When drawn from the surrounding community, support personnel may provide a link to families that are culturally and linguistically diverse, thereby increasing access to services by potentially underserved populations. Integrating support personnel as an additional SLP to direct professional expertise where it is most needed, while ensuring that the needs of all clients are appropriately addressed, speech-language programs can better allocate limited resources and operate in a cost-effective manner, without sacrificing quality of service. Depending on their training and experience and personal qualifications, support personnel can assist with tasks as simple as record keeping, or with more demanding activities, such as assisting with generalization of learned skills to multiple settings.

Changes in the service delivery system, increasing numbers of individuals who need communication and related services, ever-rising costs of providing an array of services, as well as technological and scientific advances, have resulted in an expanding scope of practice for the profession of speech-language pathology. In meeting these professional challenges, growing numbers of SLPs working in educational and clinical settings are acting not only as service providers, but also as managers of service delivery systems. Utilizing support personnel is one way for SLPs to address their managerial responsibilities.

Support personnel are people who, following academic/vocational and/or on-the-job training, are qualified to perform tasks as directed and supervised by licensed and/or certified SLPs. Depending upon their training level, or the setting in which they function, they may be identified by various titles. The most common nomenclature includes “paraprofessional”, “assistant”, “associate”, or “aide”. In any given practice setting, more than one level of support personnel may operate, differentiated according to training and scope of responsibilities.

The purpose of using support personnel is to augment the delivery of services by the SLP by redirecting their expertise. Utilizing such a service delivery model does not preclude ongoing, active recruitment of SLPs to the workforce. In fact, having different levels of support personnel allows for increased diversity in the work force, providing opportunities to build career ladder options within the profession of speech-language pathology.

This implementation guide includes two levels of support personnel, working under the supervision of a licensed and/or certified SLP. The tables following the narrative sections differentiate these levels. The roles and responsibilities, education and training, and the degree of supervision needed by individuals at each level are described. The levels can serve as a career ladder for individuals hired at the initial level. With additional education and experience, they can assume a greater degree of responsibility.

UNDERLYING ASSUMPTIONS

While professionals maintain direct client contact, the underlying assumption of these guidelines is that some tasks, procedures, or activities recommended for selected individuals with communication disorders can be performed successfully by persons other than SLPs, if the persons conducting these activities are properly trained and supervised. These assignments should be made as part of an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), or rehabilitation treatment plan for individuals with communication disorders served by professionals in a variety of settings. The caseloads of SLPs supervising support personnel should reflect their additional responsibilities. Support personnel should be used to manage the existing caseloads of SLPs. Appropriate service delivery should be at the heart of the selection, management, supervision, and utilization of support personnel. It is recommended that the supervising SLP have input into the selection of support personnel.

As stipulated in federal and state special education laws concerning the assessment, planning and intervention process, it is important to remember that families have a right to know about the level of service provided (i.e., SLPs or support personnel). The IEP, IFSP, or treatment plan may delegate certain tasks to support personnel, but the professionals retain the legal and ethical responsibility for all services provided or omitted.

The basic elements of a successful support personnel service delivery model include:

- ◆ administrative commitment and support to the use of support personnel in speech-language pathology, including standards and policies;
- ◆ administrative understanding of the benefits and restrictions of using support personnel;
- ◆ participation of supervising SLPs in the selection of support personnel;
- ◆ availability of SLPs with an understanding of and commitment to the use of support personnel;
- ◆ assignment of appropriate caseload, time and resources for SLPs to adequately train and supervise support personnel;
- ◆ availability of training for SLPs in the area of supervision of support personnel;
- ◆ appropriate target population for service by support personnel;
- ◆ availability of qualified people to work as support personnel;
- ◆ sufficient education so that other individuals (e.g., teachers, rehabilitation professionals, families) are aware of the role of support personnel when they are used; and
- ◆ availability of appropriate training programs for support personnel in speech-language pathology.

DIFFERENT LEVELS OF SUPPORT PERSONNEL IN SPEECH-LANGUAGE PATHOLOGY

This implementation guide identifies two levels of support personnel in speech-language pathology. Level 1 (aide) differs from Level 2 (assistant) in the degree of training and, correspondingly, in the types of responsibilities that can be assigned. Training for Level 1 is most accurately described as “on-the-job,” provided by supervising SLPs or through inservice training that develops task-specific knowledge and skills. Required education is a high school degree or equivalent. The Level 2 assistant has more formal and in-depth education and training that may be obtained by a combination of specific post-secondary course work and on-the-job training related to being support personnel in speech-language pathology. These levels could be viewed as separate rungs of a career ladder for support personnel that might culminate with the master’s degree in speech-language pathology.

RECOMMENDED REQUIREMENTS FOR SUPPORT PERSONNEL IN SPEECH-LANGUAGE PATHOLOGY

1. Responsibilities for support personnel in speech-language pathology may be designated to an individual:
 - ◆ who meets the expected training requirements;
 - ◆ who demonstrates proficiency in skills required for support personnel in speech-language pathology;

- ◆ who is supervised by a fully certified SLP who has practiced for at least two years in the type of setting in which supervision will occur;
 - ◆ who adheres to the scope of responsibilities for the appropriate level of support personnel in speech-language pathology;
 - ◆ who performs tasks as directed by the supervising SLP; and
 - ◆ who adheres to applicable national and state certification, registration or licensure laws and rules regulating the practice of speech-language pathology and use of support personnel in speech-language pathology.
2. Minimum education and training requirements to function as support personnel in speech-language pathology are described below, including preservice and continuing education models for acquiring and maintaining the requisite knowledge and skills.

LEVEL 1 (Aide)

Entry Level Requisites: A minimum of a High School degree, GED, or equivalent training or education.

Possible Preservice Education and Training Models: Include, but are not limited to the following: a secondary vocational training program for support personnel in speech-language pathology; a 1 - year post secondary certificate program for support personnel in speech-language pathology; employer sponsored preservice workshops for support personnel in speech-language pathology; and relevant coursework from a post secondary program approved by the qualifying entity.

LEVEL 2 (Assistant)

Entry Level Requisites: Associate degree in speech-language pathology, or post secondary equivalent course work and equivalent training and experience.

Continuing Education and Training Models: Relevant inservice activities and workshops, selected post-secondary courses, supervised experience.

Depending on their work setting, Level 1 and Level 2 personnel in speech-language pathology must be supervised by an SLP who is certified by the State Department of Education (SDE) and/or licensed by the Department of Public Health (DPH). The supervising SLP must have the appropriate supervising competencies.

ROLES AND RESPONSIBILITIES FOR SUPPORT PERSONNEL IN SPEECH-LANGUAGE PATHOLOGY

Although the speech-language pathologist may delegate specific tasks to support personnel in speech-language pathology, the legal and ethical responsibilities reside with the professional. Professional liability must remain the shared responsibility of the supervising SLP and/or the employing agency. Support personnel may execute specific components of a speech and language service delivery program, as specified in a treatment plan, under the direction and supervision of a qualified SLP. Support personnel execute only those tasks that are within their scope of responsibilities and that they have the training and expertise to perform. The SLP must provide at least the minimum

specified level of supervision to ensure quality of services for all persons served. The amount of supervision may vary, depending on the complexity of the training and the amount and type of the experience of individual support personnel. The employing agency must maintain documentation of preservice training, inservice training, and supervision of all support personnel. **SLPs and their employers must hold paramount the individual needs of clients when determining the appropriateness of a support personnel service delivery model.**

General roles and responsibilities appropriate for each of the two levels of support personnel are detailed in the tables following the narrative sections, along with the specific competencies and knowledge needed to perform those roles. It is important that support personnel not engage in activities that are outside the scope of responsibilities for them at their level.

ACTIVITIES OUTSIDE THE SCOPE OF RESPONSIBILITIES OF SUPPORT PERSONNEL IN SPEECH-LANGUAGE PATHOLOGY

Support personnel in speech-language pathology **may not**:

- a. Perform or interpret standardized or nonstandardized assessments, formal or informal, unless specifically trained to support the assessment process under the supervision of the SLP in compliance with the *ASHA Guidelines for the Training, Credentialing, Use and Supervision of Speech-Language Pathology Assistants* and with any federal and state laws.
- b. Independently select individuals for, or discharge them from, services.
- c. Write, develop, or modify an individualized intervention/treatment plan in any way.
- d. Assist or work with individuals or groups without following a plan approved by the supervising SLP.
- e. Sign any formal documents (e.g., individual intervention/treatment plans, reimbursement forms, or reports). (The paraprofessional can sign intervention/treatment notes, as specified by the supervising SLP, with that SLP providing a co-signature).
- f. Participate in parent conferences, service conferences, or any interdisciplinary team meeting without the presence of the supervising SLP, or other SLP designated by the supervising SLP.
- g. Communicate with the individual, family, or others, regarding any aspect of that individual's status or service without the specific consent of the supervising SLP.
- h. Provide family or client counseling.
- i. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising SLP, the LEA and/or other contracted employing agency.
- j. Make referrals for additional services outside the scope of the intervention setting.
- k. Represent himself or herself as an SLP.

SUGGESTED COMPETENCIES FOR THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

The supervising SLP must have a current license from the DPH and, if employed by a local or regional public school board or SDE-approved private special education facility, must also have SDE certification as an SLP. The SLP will have acquired the knowledge, skills, and competencies commensurate with these credentials. In addition, **the SLP should have practiced for at least two years in the type of setting in which supervision is provided.** ASHA recommends completion of at least one preservice course or continuing education unit in supervision. Periodic updating of supervision skills through in-service training is also important.

This document does not list all of the clinical and programmatic knowledge and competencies needed by the supervising SLP. The following list outlines those **additional** competencies related to the task of supervising support personnel.

Competencies needed by a supervisor of paraprofessionals in speech-language pathology *(as adapted from CEC)*

- (a) Interviewing skills
- (b) Mentoring
 - (i) can clarify the roles and responsibilities of various levels of support personnel
 - (ii) can delineate lines of authority
 - (iii) can demonstrate/model behavior
- (c) Communication
 - (i) can apply interpersonal skills
 - (ii) can demonstrate effective listening skills
 - (iii) can use team-building skills
 - (iv) can exhibit effective written and oral skills to provide team management
- (d) Problem solving
 - (i) can resolve conflicts
 - (ii) can identify and clarify a problem
 - (iii) can assume the perspective of another
- (e) Motivation skills
 - (i) able to create a positive environment
 - (ii) able to set achievable goals
 - (iii) rewards goal achievement
 - (iv) shows respect and acknowledges achievement of others
 - (v) promotes change and growth
- (f) Coordinating skills
 - (i) demonstrates time management skills
 - (ii) designs effective meeting strategies
 - (iii) implements scheduling techniques
- (g) Delegating skills
 - (i) selects tasks to be delegated based on individual's competence
 - (ii) can clarify roles and clearly delegate responsibilities
 - (iii) provides constructive feedback to the delegate
- (h) Feedback and evaluation skills
 - (i) able to monitor the performance of others
 - (ii) provides constructive feedback
 - (iii) participates in formal evaluation process

- (iv) can describe and clarify evaluation process and content
- (v) participates in individual personnel growth plan
- (vi) uses appropriate record keeping and documentation
- (i) Learning and professional development skills
 - (i) demonstrates knowledge of state and professional guidelines, and regulations/policies regarding employment of support personnel
 - (ii) shares information regarding professional development

SUPERVISION GUIDELINES FOR SUPPORT PERSONNEL IN SPEECH-LANGUAGE PATHOLOGY

It is the supervising SLP's responsibility, in conjunction with the employing agency, to design and implement a supervision system that maintains the highest possible standards of quality. The amount and type of supervision required should be based on a number of factors, including, but not limited to, the skills and experience of the support personnel in speech-language pathology, the needs of children and families served, the service setting and the tasks assigned. More intensive supervision, for example, would be required in instances such as: orientation of new support personnel; initiation of a new program, equipment, or task; or change in an individual client's status (e.g., medical complications). Functional assessment of support personnel's skills with assigned tasks should be an ongoing, integral element of their supervision. **As the supervisory responsibility of the SLP increases, time allocated for direct service by the SLP must decrease.**

As a minimum, documented supervision of support personnel should be completed according to the following schedule:

1. At least thirty percent (30%) direct and indirect supervision is required and must be documented for the first 90 workdays. Direct supervision is required for no less than twenty percent (20%) of individual/family contact time. It is strongly recommended that the first 10 hours of client/family contact following initial hiring should be with **direct** supervision.
2. Thereafter, documented supervision is required for at least twenty percent (20%) of all sessions of individual/family contact. At least half of this time must be **direct** supervision. It is recommended that direct supervision include at least one in every ten consecutive sessions of each individual/family.
3. If there is a change of setting after the initial 90-day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the clients served, and the nature of the assigned tasks.

The supervision plan developed by the supervising SLP, the employing agency, and the support personnel must ensure that the supervisor will have direct contact time with the support personnel in speech-language pathology as well as with the individuals served by the support personnel. During each week, data on every individual seen by the support personnel should be reviewed by the supervisor. **Supervision days and time of day (morning/afternoon) should be alternated to ensure that all individuals/families receive some direct contact with the SLP at least once every two weeks.** Direct supervision means on-site, in-view observation and guidance while a direct service activity is performed by the support personnel.

Supervision should provide information about the quality of the performance of assigned tasks and should verify that direct service activity is limited to tasks specified in the scope of responsibilities of support personnel. Information obtained during direct supervision may include data relative to:

- ◆ agreement (reliability) between the support personnel and the supervisor on correct/incorrect recording;
- ◆ target behavior;

- ◆ accuracy in implementation of screening and intervention procedures;
- ◆ accuracy in recording data; and
- ◆ ability to interact effectively with the individual/family.

Indirect supervision is required and may include demonstration, record review, and review and evaluation of audio or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Additional direct and indirect supervision, beyond the minimum required, may be necessary depending on the skills of the assistant and the needs of the individual/family. The SLP should review each individual intervention/treatment plan to determine these supervision needs on a case-by-case basis.

After the initial 10 hours of direct supervision, the ratio of direct/indirect supervision may be adjusted depending on the competency of support personnel, the needs of the individuals and families served, and the nature of the assigned tasks, but must comply with the minimum supervision requirements described above.

At no time should support personnel perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate means. When multiple supervisors are used, the supervisors are encouraged to coordinate and communicate with each other. An SLP may supervise no more than three (3) support personnel.

ETHICAL RESPONSIBILITIES

It is important that SLPs who supervise support personnel comply with the Code of Ethics of CSHA and ASHA. The consumer must be informed about the use of support personnel. The supervising SLP and the support personnel must exercise extreme caution to avoid misrepresentation by implying that the support personnel are SLPs.

As a supervisor of services, the SLP shares with the employing agency responsibility for correction of inappropriate actions by support personnel. **Support personnel in speech-language pathology do not exist without the supervisor.** Support personnel are an accessory, rather than an alternative, to professional service. Supervisors who fail to provide appropriate supervision of support personnel are in violation of DPH statutes and the ASHA and CSHA Code of Ethics.

CONCLUSION

Support personnel in speech-language pathology may be used to supplement, enhance, and extend speech-language pathology services. A significant benefit of employing SLP support personnel is the increase in frequency and intensity of service to individuals/families. The use of appropriately trained and supervised support personnel in speech-language pathology is determined by the needs of the individuals served and provides an opportunity to enhance service delivery. This model can provide a mechanism to achieve effective outcomes within a cost-effective system of quality service delivery.

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APPENDIX

Connecticut General Statutes, Chapter 399, Section 20-413. **Exemptions.** Nothing in this chapter shall be construed as prohibiting:

(8) The use of supervised support personnel to assist licensed speech pathologists with tasks that are (A) designed by the licensed speech pathologists being assisted, (B) routine, and (C) related to maintenance of assistive and prosthetic devices, recording and charting or implementation of evaluation or intervention plans. For purposes of this subdivision, “supervised” means (i) not more than three support personnel are assisting one licensed speech pathologist, (ii) in-person communication between the licensed speech pathologist and support personnel is available at all times, and (iii) the licensed speech pathologist provides the support personnel with regularly scheduled direct observation, guidance, direction and conferencing for not less than thirty per cent of client contact time for the support personnel’s first ninety workdays and for not less than twenty per cent of client contact time thereafter.

LEVEL 1

ROLES AND RESPONSIBILITIES	COMPETENCIES/SKILLS	KNOWLEDGE
(1) Member of professional/paraprofessional community (a) assists the SLP in providing public relations linkage with others including staff members, parents and local community	(1) (a) (i) understands, at a basic level, the philosophical and historical foundations of communication intervention in relation to a variety of practice settings (ii) understands and follows ethical behavior	(1) (a) basic information about scope of practice of SLP (i) Connecticut and national professional codes of ethics
(2) Member of a service delivery system regulated by national, state and local governing bodies: (a) follows laws and regulations regarding rights of children/adults/families (b) follows employer policies and procedures for accessing job related entitlements and privileges (e.g., sick days, filing grievances, etc.)	(2) (a) understands and can articulate legal and human rights of children/adults/families (b) accesses information regarding administrative organization, and policies and procedures of employment settings	(2) (a) (i) basic information regarding legal and human rights of children/adults/families (ii) basic information regarding laws and policies that govern services for persons with disabilities (iii) issues of confidentiality (b) (i) basic information regarding education, health and social service system relative to employment setting (ii) state/community/employer policies regarding job role
(3) Member of a work setting : (a) interacts with other employees of the work setting as a team member (b) models appropriate communication skill in interactions with others (c) respects cultural and linguistic diversity (d) participates with SLP in contributing to the development of expectations of the supervisory process and engages in relevant continuing education to upgrade information and skills	(3) (a) (i) performs duties assigned by supervising SLP (ii) demonstrates team work through appropriate communication, acceptance of responsibility, ability to take criticism (b) (i) uses appropriate speech and language structures in face-to-face and written communication (ii) uses conflict resolution skills (iii) reports problems to supervisor (c) demonstrates awareness of one's own culture and appreciation for cultural diversity and its effect on communication (d) identifies continuing education needs and resources to meet those needs	(3) (a) (i) duties and limits of roles of support personnel and other professionals (ii) collaboration skills (b) (i) basic grammar and communication skills (ii) general problem solving strategies (iii) strategies for conflict resolution (c) (i) introduction to cultural and linguistic diversity and impact on services (e.g., role of culture in shaping attitudes toward exceptionalities, non-verbal and verbal communicative behavior) (ii) introduction to dialectal and linguistic differences (d) continuum of career roles and career growth potential

LEVEL 1

ROLES AND RESPONSIBILITIES	COMPETENCIES/SKILLS	KNOWLEDGE
(3) continued (e) protects health/safety of self and others (i) maintains a clean, safe, and efficient work environment (ii) maintains and promotes a safe environment (iii) accompanies designated individuals between assigned locations and supervises learners in community learning environment (e.g., field trips) (iv) assists with self-care activities (e.g., feeding, toileting) following training (v) follows procedures for medical emergencies until certified emergency professionals arrive, maintaining a consistent, positive emotional environment. (f) assists SLP with research projects, ongoing inservice training and public relations programs	(3) (e) (i) implements infection control procedures (ii) implements injury prevention strategies and uses age appropriate directives (iii) uses appropriate procedures for moving individuals with physical disabilities (iv) use of adaptive devices for self-care activities (v) administers emergency first aid or CPR when needed; can identify signs of medical emergencies, drug use, abuse, presence of dangerous weapons, suicidal tendencies and report to appropriate authority	(3) (e) (i) basic infection control procedures (ii) injury prevention (iii) appropriate transfer strategies (iv) adaptive devices used by learners with physical or sensory disabilities for self-care activities (v) first aid and CPR; signs of medical emergencies, suspected abuse, dangerous weapons, potential suicide, etc. and procedures for reporting them
(4) Member of a service delivery team: (a) assists in array of non-instructional activities (e.g., clerical support; equipment maintenance) (b) assists in array of indirect instructional activities (e.g., construction of instructional materials, bulletin board assembly) (c) maintenance of assistive and prosthetic devices	(4) (a) types intervention/treatment plans, processes forms, maintains records and files, schedules meetings, initiates phone contacts, photocopies, collates materials, prepares mail, can operate and perform basic maintenance on office/media equipment (e.g., copy machine, overhead projector) (b) prepares and constructs materials for instruction as specified by SLP; assists in modifying materials for instruction in a variety of communication environments; assists in the development of communication boards for non-verbal learners (c) operates and performs basic maintenance on assistive and prosthetic devices designed to provide communication accessibility (e.g., computers, auditory trainers, hearing aids, etc.)	(4) (a) record keeping, telephone protocol, function and maintenance of office equipment (b) (i) special considerations of media/materials design and construction for individuals with exception- alities, including cultural and linguistic diversity (ii) procedures for constructing instructional materials (c) function and maintenance of assistive and prosthetic devices designed to provide communication accessibility

LEVEL 1

ROLES AND RESPONSIBILITIES	COMPETENCIES/SKILLS	KNOWLEDGE
(5) Member of SLP Team: provides some direct services under direction and monitoring of the supervising SLP (a) may assist with administration of broad-based speech screening programs (e.g., kindergarten screening) as prescribed in test manual (b) may work with individuals or small groups, including computer assisted activities as assigned, directed and supervised by the SLP (c) documents learner performance (d) may assist in family/service provider(s) interaction (i) assists in the organization of family education programs (ii) assists in communication between non-English speaking families and service provider personnel	(5) (a) (i) communicates with SLP using terminology associated with common characteristics of various disabilities (ii) discriminates between acceptable and unacceptable speech and language productions (b) (i) ability to manage student behavior and social interaction (ii) ability to manage teaching and learning environment (c) use of recording, charting, graphing techniques (d) (i) uses appropriate communication with family and others (ii) encourages participation of family in educational/treatment process	(5) (a) (i) general overview of normal human development, including speech/communication, motor, cognitive, and social/emotional (ii) overview of disabilities, including health conditions and their effects on development and learning (iii) procedures for administration of broad-based speech and hearing screening programs (b) (i) general overview of philosophy and components of intervention/treatment plans (ii) intervention/treatment strategies for purposes of generalization and reinforcement (iii) individual/group behavior management (iv) environmental arrangement for different disabilities (e.g., positioning of learner that addresses special mobility or auditory processing needs) (c) types of data collection and documentation (d) (i) introduction to family-centered services (e.g., philosophy, family/school/community) (ii) strategies for appropriate communication with family and others (iii) continuum of options for the roles of families in service delivery

LEVEL 2

ROLES AND RESPONSIBILITIES	COMPETENCIES/SKILLS	KNOWLEDGE
(1) Member of professional/paraprofessional community (a) assists the SLP in providing public relations linkage with others including staff members, parents and local community	(1) (a) (i) articulates, at a basic level, the philosophical and historical foundations of communication intervention in relation to a variety of practice settings (ii) understands and follows ethical behavior	(1) (a) (i) information about the scope of practice of SLP (ii) Connecticut and national professional codes of ethics
(2) Member of a service delivery system regulated by national, state and local governing bodies: (a) (i) follows laws and regulations regarding rights of children/adults/families <i>(ii) follows regulations specific to assessment, documentation, meetings, notification</i> (b) follows employer policies and procedures for accessing job related entitlements and privileges (e.g., sick days, filing complaints, etc.)	(2) (a) (i) understands and can articulate legal and human rights of children/adults/families (ii) understands and follows laws, regulations and policies regarding documentation, assessment, meetings and notification (b) accesses information regarding administrative organization, and policies and procedures of employment setting	(2) (a) (i) legal and human rights of children/adults/families; laws and policies that govern services for persons with disabilities <i>(ii) policies for documentation, meetings, due process, etc.</i> (iii) issues of confidentiality (b) (i) basic information of education, health and social service system relative to employment setting (ii) state/community/employer policies regarding job role
(3) Member of work setting community: (a) interacts with other employees of the work setting as a team member (b) models appropriate communication skill in interactions with others (c) respects cultural and linguistic diversity	(3) (a) (i) performs duties assigned by supervising SLP (ii) demonstrates team work through appropriate communication, acceptance of responsibility, ability to take criticism (b) (i) uses appropriate speech and language structures in face-to-face and written communication (ii) uses conflict resolution skills (iii) reports problems to supervisor (c) demonstrates awareness of one's own culture and appreciation for cultural diversity and its effect on communication	(3) (a) (i) duties and limits of assistant roles and roles of other professionals <i>(ii) possible support roles for variety of communication needs (e.g., note taker, communication "coach" home visitor, etc.) and skills involved in fulfilling those roles</i> (iii) collaboration skills <i>(iv) models of service delivery including collaboration/consultation/integration of related services</i> (b) (i) basic grammar and communication skills (ii) general problem solving strategies (iii) strategies for conflict resolution (c) (i) introduction to cultural and linguistic diversity and impact on services (e.g., role of culture in shaping attitudes toward exceptionalities, non-verbal and verbal communicative behavior) (ii) introduction to dialectal and linguistic differences

NOTE: Entries that differentiate Level 2 from 1 are emphasized in bold italics

LEVEL 2

ROLES AND RESPONSIBILITIES	COMPETENCIES/SKILLS	KNOWLEDGE
(3) continued (d) participates with SLP in contributing to the development of expectations of the supervisory process and engages in relevant continuing education activities to upgrade information and skills (e) protects health/safety of self and others (i) maintains and promotes a clean environment (ii) maintains and promotes a safe environment (iii) accompanies designated individuals between assigned locations and supervises learner(s) in community learning environments (e.g., field trips, work setting, etc.) (iv) assists with self-care activities (e.g., feeding, toileting) following training (v) follows procedures for medical emergencies until certified emergency professionals arrive, maintaining a consistent, positive emotional environment (vi) informs supervising SLP of possible need for referral for non-emergency health-related evaluations (e.g., eye or ear exams) based on complaints or observations (f) assists SLP in research projects, ongoing inservice training and public relations programs	(3) (d) identifies continuing education needs (e) (i) implements infection and control procedures (ii) implements injury prevention strategies and uses age appropriate directives (iii) uses appropriate procedures for moving individuals with physical disabilities (iv) uses assistive devices for self-care activities (v) administers emergency first aid or CPR when needed; recognizes symptoms of onset, and manages convulsions; can identify signs of medical emergencies, drug use, abuse, presence of dangerous weapons, suicidal tendencies and report to appropriate authority (vi) identifies behavioral signs of visual or auditory dysfunction	(3) (d) continuum of career roles and career growth potential (e) (i) basic infection control procedures (ii) injury prevention (iii) appropriate transfer strategies (iv) adaptive devices used by learners with physical and sensory disabilities for self-care (v) first aid and CPR; causes, symptoms and procedures for managing convulsions; signs of medical emergencies, suspected abuse, dangerous weapons, potential suicide, etc. and procedures for reporting them (vi) behavioral signs of visual or auditory dysfunction
(4) Member of service delivery team: (a) assists in array of non-instructional activities (e.g., clerical support; equipment maintenance) (b) assists in array of indirect instructional activities (e.g., construction of instructional materials, bulletin board assembly) (c) maintains assistive and prosthetic devices and may teach learner use and maintenance of assistive and prosthetic devices	(4) (a) types intervention/treatment plans, processes forms, maintains records and files, schedules meetings, initiates phone contacts, photocopies, collates materials, prepares mail, can operate and perform basic maintenance on office/media equipment (e.g., copy machine, overhead projector) (b) prepares and constructs materials for intervention as specified by SLP; modifies materials for instruction in a variety of communication environments; assists in the development of communication boards for non-verbal learners (c) operates and performs basic maintenance on assistive and prosthetic devices designed to provide communication accessibility (e.g., computers, auditory trainers, hearing aids) and teaches use and maintenance of assistive and prosthetic devices	(4) (a) record keeping, telephone protocol, function and maintenance of office equipment (b) special considerations of media/materials design and construction for individuals with exceptionalities including cultural and linguistic diversity (c) function and maintenance of assistive and prosthetic devices designed to provide communication accessibility

NOTE: Entries that differentiate Level 2 from 1 are emphasized in bold italics

LEVEL 2

ROLES AND RESPONSIBILITIES	COMPETENCIES/SKILLS	KNOWLEDGE
(5) Member of SLP Team: provides some direct services under the direction and monitoring of the supervising SLP (a) <i>administers and scores <u>OBJECTIVE</u> speech-language screening instruments, as prescribed in test manuals and assists with assessment of difficult-to-test individuals (e.g., children with behavior problems)</i> (b) may work with individuals or small groups as assigned, directed and supervised by the SLP (i) <i>implements and monitors plans <u>developed or modified</u> by SLP</i> (c) documents learner performance	(5) (a) (i) communicates with SLP using terminology associated with common characteristics and management of various disabilities (ii) discriminates between acceptable and unacceptable speech and language productions (iii) <i>contrasts communication delays, disorders, differences</i> (iv) <i>administers and scores, but does not interpret, broad-based hearing and speech-language screening tasks</i> (v) <i>administers and scores <u>OBJECTIVE</u> speech-language screening instruments</i> (vi) <i>applies a variety of strategies/procedures in assisting the SLP in the assessment of difficult-to-test individuals</i> (b) (i) <i>ability to understand and implement instruction/treatment plans developed by SLP</i> (ii) ability to manage behavior and social interaction (iii) ability to manage instruction and learning environment (c) uses recording, charting, graphing techniques	(5) (a) Introduction to: (i) <i>normal processes of speech/language/hearing, motor, cognitive, and social/ emotional development (e.g., sequences)</i> (ii) <i>interrelationships of communication skills with other areas of development</i> (iii) overview of disabilities, including health conditions and their effects on development and learning (iv) <i>effects of common medications on development and learning</i> (v) <i>practical phonetics including IPA symbols needed to understand errors, dialectal differences</i> (vi) <i>basic anatomy/physiology, with reference to specific communication disorders</i> (vii) <i>introduction to second language acquisition</i> (viii) <i>basics of the assessment/evaluation process (e.g., purposes, relationship between screening, assessment and intervention, types of assessment)</i> (ix) <i>procedures for administration and scoring of <u>OBJECTIVE</u> speech-language screening instruments</i> (x) <i>variety of strategies/procedures to assist the SLP in the assessment of difficult-to-test individuals</i> (b) (i) general overview of philosophy and components of intervention/treatment plans (ii) <i>instruction/treatment strategies for facilitating communication and swallowing</i> (iii) individual/group behavior management (iv) environmental arrangement for different disabilities (e.g., positioning of learner that addresses special mobility or auditory processing needs) (c) types of data collection and documentation

NOTE: Entries that differentiate Level 2 from 1 are emphasized in bold italics

LEVEL 2

ROLES AND RESPONSIBILITIES	COMPETENCIES/SKILLS	KNOWLEDGE
(5) continued (d) <i>assists with family services (may function as home visitor)</i> (i) assists in the organization of family education program (ii) <i>gathers information from families/caregivers about community resources, priorities and day-to-day concerns connected with the individual</i> (iii) <i>provides families/caregivers information and assistance they can use to gain access to school and community resources and support services</i> (iv) <i>collects and charts data about the individual's functional level during home visits</i> (v) <i>reports to supervising SLP on information obtained and provided during home visits</i> (vi) <i>consults with supervising SLP about the design of activities that fit into the family's daily routines and meet the individual's needs</i> (e) <i>participates in meetings with the supervising SLP and others</i>	(d) (i) communicates appropriately with family and others (ii) encourages participation of family in educational/treatment process (e) <i>communicates appropriately with others</i>	(d) (i) introduction to family-centered services (e.g., philosophy, family/school/community), (ii) strategies for appropriate communication when working with family and others (iii) continuum of options for the roles of families in service delivery (iv) <i>effects on family functioning of having a family member with a disability</i> (v) <i>role of family in development and implementation of the individual's instructional/treatment plan</i> (vi) <i>community resources for families</i> (e) <i>communicates appropriately with others</i> (i) <i>meeting protocol</i> (ii) <i>supervision practices</i>

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