

**Perspectives on Parent Participation in School Speech-Language Pathology Services:
Need for Collaboration**

**Kelly L. Roberts
Mount Saint Vincent University**

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Abstract

This study utilized a questionnaire format to examine the perceptions of parents and Speech-Language Pathologists (SLPs) on various aspects of parent involvement in school-based speech-language pathology services. Participants were 39 SLPs working in Nova Scotia schools and 100 parents of students who received speech and language intervention during the 2004-05 school year in one Nova Scotia school board. Results found that nearly 40% of parents would like more help from the SLP on how to work with their child at home. The needs of parents of children in grades primary and 1 were significantly higher than those whose children were in higher grades. Although the SLPs looked favorably at providing education and training to parents via a workshop with other parents, the views of parents were significantly different, as most parents indicated they would not choose this option. The majority of parents indicated a preference for attending a therapy session at school with their child or having the opportunity to speak with the therapist on a regular basis. In contrast, both SLPs and parents confirmed that written communication was most frequently used. SLPs noted ongoing challenges in communicating and collaborating with parents and teachers. Slightly higher job satisfaction ratings of SLPs were correlated with increased collaboration with parents and teachers.

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CHAPTER 1

Introduction

Speech-Language Pathologists working in schools are called upon to provide assessment and therapy to students with a diversity of speech-language impairments. As well, they are often required to do so while managing heavy caseloads and tackling long waiting lists for service (Vision Research, 2003; Deppe & Karr, 2004). In an early intervention model, Speech-Language Pathologists (SLPs) team up with parents to facilitate a child's speech and language development in the preschool years (Girolametto, 2004; Fey et al., 1993), but this is less often the case once children reach school age (Farber, 1998). Although the involvement of parents is encouraged at the school level, they continue to be an underutilized resource in the area of school-based speech-language pathology services. Past research has described the obstacles and challenges that impact on collaboration with parents (Lindsay & Dockrell, 2004; Finders & Lewis, 1994). When parent involvement is lacking there are implications for student success and the efficacy of speech-language intervention.

Parents have been described as one of the most influential communicative partners for students (Kent-Walsh & McNaughton, 2004). Although a child's teacher will change from year to year, a parent has intimate knowledge and expertise on the communicative needs of an individual student. Therefore, for SLPs to work on communication in the absence of parent input and collaboration makes little sense. The limitations of existing school-based service delivery models with respect to collaboration, combined with a high demand for service, substantiates the need for an evaluation of the

existing service delivery models and the role of parents in speech and language intervention.

Need for School Speech-Language Pathology Services

Speech and language disorders have been described as the “largest handicapping condition,” affecting 5-10% of the population (OAFCCD, 2001, p.3). The importance of developing effective communication skills is paramount to student success, as communication, and language skills in general, form the basis of learning in most subject areas and provide the building blocks for developing relationships with others. Several studies have illustrated the effectiveness of speech and language intervention, particularly when it is initiated early in a child’s education (Nye, Foster & Seaman, 1987; Schery & O’Connor, 1992; Girolametto, 2004; Law et al., 1998). Speech and language intervention has been shown to have a positive impact on literacy skills (Hoffman and Norris, 1994) and improvements in student adjustment and behavior (Schery & O’Connor, 1992). Conversely, it has been noted that when communication disorders persist they can have negative effects on school performance and can be associated with social, emotional and behavioral problems in children (Schooling, 2003).

Although benefits of school-based speech-language intervention have been documented, this may not be attainable for many students in Canada who receive a reduced amount of service or wait long periods of time to receive service. In the Cape Breton-Victoria Regional School Board, most students see the SLP for 20-30 minutes per six-day cycle. A survey of student services in Nova Scotia undertaken in 1999-2000 (N.S. Government, 2003) reported 3990 students received direct speech-language services and

an additional 1288 students waited for direct service. Similar statistics were shown for consultative speech-language pathology services, with 1465 students receiving a consultation and another 708 awaiting a consultation. These issues were also reflected in a 2003 survey carried out by the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) (Vision Research, 2003). Much seems to be the case in the United States (Annett, 2004) and the United Kingdom (Laws, 2001).

It is suspected that many school SLPs in Canada continue to be responsible for caseloads that exceed the recommended number of students. Guidelines for caseload size according to the American Speech and Hearing Association (ASHA, 1993) recommend a caseload of 40 students for school SLPs irrespective of type or number of service delivery models used. A survey of Speech-Language Pathology services in Canada (Vision Research, 2003) reported that school SLPs typically carry caseloads of 65-78 children, which is well above the recommendation suggested by ASHA. It is also noted by ASHA that caseload size should be reduced when services for students with special needs comprise part of the caseload. Similar guidelines have not been formulated by CASLPA, although informal recommendations have been in line with U.S. guidelines.

Not surprisingly, caseload size has been shown to have a direct impact on the effectiveness of speech-language pathology services (Cirrin et al., 2003). Stiffler (2003) commented that SLPs are overwhelmed by their responsibilities and were likely not able to meet the needs of all students on their caseloads. A Canadian study on the job satisfaction of school-based SLPs reported that, despite a reportedly moderate level of job satisfaction, SLPs were dealing with professional burnout, large caseloads and negative changes to the workplace (Bakler et al., 2002).

Speech-Language Pathology Service Delivery Models

Guidelines on how speech-language pathology services can be delivered in schools point to a number of service delivery options (ASHA, 1999; Dohan & Schultz, 1999; Throneburg et al., 2000; Prelock, 2000; Vision Research, 2003). Service delivery models can range from a traditional “pull-out” model, whereby students are seen outside the classroom setting with the SLP, to a classroom based intervention where the SLP works in a co-teaching role with the classroom teacher (Hadley et al., 2000; Throneburg et al., 2000). In the wake of inclusive education there has been a move away from the traditional “pull-out model” toward a more collaborative and consultative approach in many areas in Canada (Dohan & Schultz, 1999) and the United States (Prelock, 2000). Blosser and Kratcoski (1997) highlight the evolution of service delivery models over time. Miller (1989) describes language intervention as an “ever-changing field of therapy with many possible styles of service delivery.” (p. 153). Various studies in the U.S. have provided evidence of the effectiveness of collaborative models as these pertain to teaming up with teachers (Wright & Kersner, 1999; Hartaas, 2004; Ehren, 2000; Hadley et al., 2000; Farber & Klein, 1999). Collaboration with parents as part of school-based service delivery model for speech-language therapy has received much less attention.

Recently the effectiveness of a “pull-out” model of service delivery has been questioned in terms of its effectiveness at the school level (Throneburg et al, 2000; Walther-Thomas et al., 2000). Walther-Thomas et al. (2000) in his text on inclusive education cautions the use of such a model for planning for the child in an inclusive setting. Harn et al., (1999) also point out potential problems with removing a child from the classroom to provide intervention. These authors cite concerns with limited carryover

of skills to other contexts and a potential source of embarrassment for older students who may not like to be taken out of the regular class. As well, a traditional “pull-out” model does not always fit with an inclusive model of education that supports the student on a holistic level. Despite the potential limitations of “pull-out” therapy, this model continues to be frequently used by Canadian SLPs who participated in a national survey in 2003 (Vision Research, 2003). Dohan and Schultz (1999) reported that although SLPs working in Canadian schools reported using a variety of service delivery approaches, the less collaborative approaches were most widely used. Interestingly, in one survey only 62% of SLPs working with school-age children were satisfied with their current service delivery model (Vision Research, 2003).

SLPs in Oregon schools made changes to their service delivery model in 2001 to allocate time on a regular basis for collaboration with parents and teachers (Annett, 2004). These changes proved positive for students and improved job satisfaction for SLPs. Similarly, a study in the United Kingdom (Hartas, 2004) found that when SLPs participated in collaborative practices there were positive changes on a personal and professional level. Study participants noted changes in their ability to develop flexible problem-solving skills and build communication with teachers. These findings point to the need to examine the use of collaborative delivery models for use in Canadian schools.

Role of Parents in Speech-Language Services

Increased involvement of parents in school speech-language pathology services would seem to be a natural evolution of inclusive practice in Canadian schools. In the United States, public laws mandate that parents will actively participate in coordinating

the delivery of services. A few studies have focused on the needs of parents as it relates to their active involvement in speech-language therapy. A study in the U.K., which looked at the perspectives of parents of students diagnosed with speech and language difficulties reported that parents have the knowledge regarding their child's difficulties but may lack the skills to help them (Laws, 2001). Giangreco (2000) purports that parents may take a passive role in program planning for their child and cautions SLPs to work collaboratively with parents and not take on the expert role.

An extensive review of the literature turned up only a few studies that looked at parent involvement in school-based Speech-Language Pathology services. A study conducted more than 30 years ago on school-based articulation therapy (Fudala et al., 1972) indicated that students achieved better outcomes when parents observed treatment sessions and completed home practice with students. More recently, a British study (King et al., 1999) found parents were satisfied with a family-centered, functionally oriented model of service delivery. The Maximizing Academic Growth by Improving Communication (MAGIC) Project (Farber & Goldstein, 1998) carried out in the United States provided workshops for parents at school. This project, carried out by a school SLP, focused on helping parents become facilitators of their child's education (Farber, 1998). The investigator concluded that there was a need for such workshops for parents. More recently a speech camp that relied on training parents in phonological awareness activities with their children found positive outcomes for both students and parents (Al Otaiba & Smartt, 2003). Likewise, parent involvement with young adults with disabilities yielded positive outcomes for training skills of daily living and improving generalization

of skills to other contexts (DiPipi -Hoy, 2004). It is unknown whether such parent workshops have been implemented by SLPs in Canada.

Many well-established speech and language programs advocate for involvement of parents as integral players in the therapeutic process and report better outcomes for children when parent involvement is in place. Some examples include, the Hanen Early Language Program (Giralametto, 2004), TEACCH (Hogan, 2005), Responsive Teaching Program (Mahoney & Perales, 2005), Pivotal Response Training (Koegel & Koegel, 2004); Communication Partner Instruction (Kent-Walsh & McNaughton, 2004) and the Lidcombe Fluency program (Onslow et al., 2004). There seems to be a lack of information on the use and effectiveness of such programs for school-age children specifically. The use of such therapy approaches that capitalize on parent involvement and training may result in better outcomes for children once they go to school. Additionally, the involvement of parents may have particular importance for students with special needs who require more in-depth speech-language intervention as part of their Individual Program Plan.

Parent Involvement in Early Intervention

Significant research has been conducted in the area of parent involvement in preschool speech and language therapy with impressive results being noted on the benefits of involving parents and the cost effectiveness of these models (Fey et al., 1993; Gibbard, 1994; Gaines & Gaboury, 2004; Girolametto, 2004). Studies have shown that trained parents are as effective as SLPs in improving the language skills of preschool children (Fey et al., 1993; Gibbard, 1994). As well, a recent study of parent satisfaction

with speech-language services for preschoolers in rural Saskatchewan indicated that parents believed it was important to work with their child at home on speech and language skills (Grela & Illerbrun, 1998). Involving parents as key partners in the therapy process with preschoolers was noted to significantly reduce the demands on clinical time (Fey et al, 1993).

SLPs working in schools can draw on the ideas and information from their colleagues who work in early intervention to facilitate parent involvement at the school level. The Hanen Centre (Girolametto, 2004) provides one such example. Founded in 1977 by a Speech-Language Pathologist in Montreal, the Hanen program provides innovative programming for parents of children with language delays and disorders. Although this program began with one program, *It Takes Two To Talk*, it has now expanded to a *More Than Words* program for parents of children with Autistic Spectrum Disorder and *Target Word*, for parents of children who are late talkers. The Hanen Program has recorded positive outcomes using parent-administered intervention for a wide range of children with language disorders (Girolametto, 2004) and prides itself on training parents to be their child's therapist. Similarly, language intervention provided to children with cleft palate and their mothers was found to be significantly more beneficial than intervention with solely the child (Pamplona et al., 2000). Other intervention programs for children with fluency disorders (Onslow et al., 2004) phonological disorders (Al Otaiba & Smartt, 2003) and speech and language delays (Gaines & Gaboury, 2004) have shown positive outcomes with early parent involvement.

Services for Students with Specific Needs

The area of treating students with severe disabilities has advocated for parent involvement as a key component to successful program planning (Casella & McNamara, 2005). A study of Communication Partner Instruction (Kent-Walsh & McNaughton, 2004) for students with severe speech impairments has reported significant gains for children using parent-training models. Kent-Walsh and McNaughton (2004) point out that communicative interactions with children who use alternative and augmentative communication may not be successful without appropriate teaching or intervention. With only brief amounts of parent training provided by the SLP, significant improvements were noted in parent-child communication skills. Kent-Walsh and McNaughton (2004) highlight past research that advocates for specific training for communication partners to enable them to successfully interact with those who use alternative and augmentative communication systems.

The topic of speech-language intervention for students with Autistic Spectrum Disorder (ASD) has received much attention in recent years and many models of intervention have been scrutinized (Prelock, 2001). The TEACCH program, developed by the University of North Carolina, provides an intervention philosophy based on structured teaching (Hogan, 2005) that also emphasizes the importance of family input in the therapeutic plan. Guidelines outlined by the ASHA (Prelock, 2001), specify effective intervention for children with ASD should consider the cultural values and priorities of the family. As well, the Responsive Teaching program (Mahoney & Perales, 2005) for children with ASD, which requires 1 hour per week of parent training, has shown significant improvements in children's communication skills and improved

responsiveness of parents. Although SLPs employed locally and nationally have training in these specific interventions, there is no data on the extent to which parents have been involved in such training at the school level.

In the province of Nova Scotia, early intervention programs have been developed to assist children with ASD from age of identification to age six. The SLP is part of the early intervention team providing a home-based service until students reach school-age. Unfortunately, once students with ASD reach age six there have been no guidelines or policies set up to provide contiguous SLP support to parents and families within the structure of the school system. At the present time many provinces in Canada have set up Autism Resource Programs within their respective school boards to provide support to teachers to facilitate appropriate program adaptations and program planning for children with autism (Alberta Learning, 2003). As these programs are in the early stages of development it is uncertain to the extent supports will be provided for parents.

Role of Parents in General Education

The Nova Scotia Department of Education is very clear in its support of parent involvement in program planning and development of individualized program plans for students with special needs (N.S. Department of Education, 2001, 2003). This support is well laid out in the government document, *Supporting Student Success: Resource Programming and Services* (N.S. Department of Education, 2002) that provides direction to resource teachers. As well, the *Effective Special Education Programming and Services Response to the Report of the Special Education Implementation Review Committee* provides support for parent involvement in Recommendation 4 by stating, “The

Department of Education and school boards should develop and implement information and training sessions for parents regarding the special education policy, programming and services for students with special needs, and issues surrounding specific disabilities.”

(N.S. Dept. of Education, 2003, p. 8). As well Recommendation 12 in the same document advocates for parent involvement as part of the program planning process (N.S. Dept. of Education, 2003, p. 12). The Nova Scotia Department of Education has established web-based information for parents on how to work with their children in various subject areas to support goals for improved collaboration with parents. Although it should be noted that information on speech and language impairments have not been specifically addressed.

The involvement of parents in the general education of their children has been well documented as having a powerful impact, not only on student achievement, but students' self-esteem, attitudes, attendance and behavior (Cotton & Wikeland, 1989; Wherry, 2004; Flood & Lapp, 1995). Parent involvement may also be highly beneficial in establishing a linguistically and culturally relevant environment for all students (Flood & Lapp, 1995). The literature indicates that all parent involvement, including something as simple as checking a child's homework, is beneficial to the student (Wherry, 2004). The most positive impact on student outcomes has been noted when parents work directly with their children on learning activities in the home and when involvement begins at an early age (Cotton and Wikeland, 1989). Wherry (2004) cited benefits not only for students, but also for parents, schools and communities. It has also been noted that parents' satisfaction with their child's education is related to their perceived involvement in their child's education (Laws, 2001).

Simic (1991) provides a clear structure for looking at types of parent involvement in schools by dividing participation into one of three categories: (1) Monitoring (2) Informing and (3) Participation. At the *Monitoring Level*, schools make parents aware of the school situation through open houses, school programs and informal conversations. The *Informing Level* is described as the classroom teacher providing the parent with specific information on expectations and performance in the classroom. This can be accomplished through parent-teacher conferences, home-visits, reporting, phone-calls and take-home information packets. The *Participation Level* describes parents becoming actively involved in the classroom with teachers or working as a volunteer in a school. Participation can also be home-based such that parents are actively involved in instructing their child at home.

Wherry (2004), in his review of research on parent involvement, states:

The most accurate predictor of a student's achievement in school is directly related to the extent to which a student's family is able to: 1. Create a home environment that encourages learning 2. Express high but not unrealistic expectations for their children's achievement and future careers and 3. Become involved in their children's education at school and in the community. (p.2)

The same author reported how various levels of parent involvement impact on students (Wherry, 2004). One study found that teachers could improve student outcomes simply by communicating regularly with parents and inviting them to participate in the classroom. Home-based activities such as reading aloud and having family discussions

were also associated with improved student achievement. Interestingly, Wherry (2004) also pointed out that small group instruction during the day with competent specialists produced comparable gains to those obtained in parent involvement programs.

Use of Ecological Theory for Parent Involvement at School

Urie Bronfenbrenner's *Ecological Systems Theory* (Bronfenbrenner, 1999; Bronfenbrenner & Ceci, 1994) describes the complexity of the child's environment and the multiple influences on the development of the child and the parent-child relationship. This model refers to the child as being in a "nested environment" (Keyes, 2002 p.184) whereby multiple layers influence the development of the child. The *microsystem*, the layer that has the most influence and greatest impact on the development of the child, includes structures such as family, school, neighbourhood or childcare environments. The next layer is called the *mesosystem* and is described as the connections or relationships between parents and teachers or church and community that influence the child. Bronfenbrenner's model is based on the belief that human development occurs through "processes of progressively more complex reciprocal interactions" between people and their environment (Bronfenbrenner & Ceci, 1994, p.8) and that these crucial interactions need to occur regularly and over extended periods of time in order to be effective (Bronfenbrenner, 1999). This theoretical model provides a framework for the role of parents in the development of the child and brings to light the complexity of factors that can influence the success of the child at school.

Obstacles to Parent Involvement

Despite obvious benefits to working with parents in school, there are several factors that may interfere with parent involvement. Wherry (2004) reported that schools may see the parental role as more passive and home-based and may not understand the needs of at-risk parents. Finders and Lewis (1994) pointed out obstacles to parent involvement in their article, appropriately named, *Why Some Parents Don't Come to School*. Financial constraints, job and parental demands, cultural roles and a parent's own school experience were some factors that were noted to influence school relationships with parents. A U.S. study of Hispanic parent involvement with preschool children with developmental delays validated some of the same obstacles to parent participation (Leon et al., 1996). Although 89% of parents in this study indicated a willingness to be involved in their child's education, those who were not willing indicated they were feeling "overwhelmed." Parents also reported a lack of childcare and transportation impeded their involvement in school. Flood and Lapp (1995) and Farber (1998) caution that the culture of the student needs to be considered to ensure materials and activities are culturally relevant to both the student and his or her family.

Educators must consider the factors at play when parents cannot be present to participate at school. High stress levels are likely for those parents whose children have disabilities and this can greatly impact on a parent's ability to take part in a therapy plan. Lessenberry and Rehfeldt (2004) cited significant stress levels in parents of children with developmental disabilities and ASD. It is important to note that research has reported that low-income parents were as interested and as capable as high-income parents in participating in their child's education (Wherry, 2004). Some authors (Flood & Lapp,

1995) offered the explanation that parents who do not participate in their child's education may not recognize that they are a critical factor in their child's education.

Recently Blue-Banning et al. (2004) conducted focus groups with parents and professionals to identify indicators of professional behaviors associated with collaborative partnerships. The study documented six main themes, which were identified by both parents and professionals, as conducive for positive collaborative partnerships with parents. The main themes identified included: Communication, Commitment, Equality, Skills, Trust and Respect. Other researchers have used surveys to look specifically at obstacles to achieving collaboration between teachers and SLPs (Wright & Kersner, 1999; Pershey & Rapking, 2003). Teachers and SLPs in these studies have noted time constraints, limited time in schools, excessive caseloads and differing priorities as barriers to building partnerships with teachers. It is suspected that these barriers may also impact on the collaboration with parents as well.

Rationale and Research Questions

The literature is overwhelmingly clear that there are many advantages for students, parents and SLPs when parents participate in speech and language intervention. The involvement of parents has been advocated through government policy in Nova Scotia and on a broader scale through public laws in the United States. The involvement of parents has particular significance in the area of program planning for students with special needs. The literature from general education and early intervention offers several suggestions for how to involve parents in the education of their children and how this can be applied to speech and language intervention. The benefits of speech and language

therapy have been recognized as crucial skills for all subject areas as well as a student's social and emotional development. The delivery of such important services needs careful examination given the current demands placed on Nova Scotia SLPs as they strive to meet the diverse needs of students in inclusive classrooms.

An extensive review of the literature revealed a lack of studies that tapped into the needs of parents or sought input from parents regarding their satisfaction or involvement in their child's school-based speech-language pathology services. In addition, the specific needs of parents as it relates to their ability to support their children's efforts has received little attention. Investigations that examine the perceptions and needs of parents is a new field of enquiry that may provide an impetus for modifying current school service delivery models to better meet the needs of students and families. Similarly, a further review of the literature also yielded little information on the perceptions and needs of school-based SLPs on efforts to achieve parent participation and involvement.

The purpose of the present study is to gather information on the perceptions of parents on their involvement in their child's speech and language intervention and whether the needs of parents and students are being met with existing service delivery models. In addition, this study will examine the perceptions of SLPs on the same issues and compare information across both parent and SLP respondents. This study will be guided by a series of specific research questions.

Research Questions

The current study will attempt to answer the following questions through a *Questionnaire for Parents on School Speech-Language Services* and a *Questionnaire for School Speech-Language Pathologists*.

1. Do the perceptions of parents and Speech-Language Pathologists indicate that the current service delivery model is meeting the needs of students and parents?
2. Is there agreement between parents and Speech-Language Pathologists on the importance of parent participation in therapy and how this should be accomplished?
3. What do parents and Speech-Language Pathologists feel are the strengths and limitations of the current service delivery models as it pertains to communication, training and participation with parents?
4. Are there service delivery models currently being used in Nova Scotia schools that incorporate parent involvement and to what degree are they successfully being used?
5. Is there a need to make changes to how speech-language pathology services are delivered in schools in order to achieve better outcomes for students and families?

CHAPTER 2

Method

Participants

Parents – Three hundred and thirty parents of students in the Cape Breton-Victoria Regional School Board who received speech-language pathology intervention in the 2004-05 school year were asked to respond to a questionnaire based on their experiences with the service. The CBVRSB has 63 schools with 8,211 elementary students and employed eight SLPs during the 2004-05 school year. The names and addresses of parents were provided to the investigator by their respective SLPs. One hundred parents chose to respond to the *Questionnaire for Parents on School Speech-Language Services*.

Speech-Language Pathologists – Sixty -four Speech-Language Pathologists working in public schools throughout Nova Scotia during the 2004-05 school year were asked to fill out the *Questionnaire for School Speech-Language Pathologists*. Names and addresses of school Speech-Language Pathologists in Nova Scotia published by the Speech and Hearing Association of Nova Scotia (SHANS) and the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) were used to identify participants. Thirty-nine Speech-Language Pathologists chose to respond to the *Questionnaire for School Speech-Language Pathologists*.

Instruments

Two questionnaires (Appendix A and B) were developed to examine the perceptions of parents and Speech-Language Pathologists on existing school-based speech-language pathology services and their perceived need for parent involvement in the therapeutic process.

Questionnaire for Parents on School Speech-Language Pathology Services

The *Questionnaire for Parents* (Appendix A) is comprised of 10 statements that target parents' perceptions of the existing speech-language pathology services and their views on various aspects of parent involvement in the therapy process. Parents were asked to indicate their level of agreement with each statement by responding to either *Yes, No, Not Sure*. This scale was thought to be user-friendly and thus, would elicit a higher level of parent participation. Parents were also asked to provide comments on each statement if they chose. A request for additional information, at the end of the questionnaire, asked parents to indicate their child's grade level and whether their child had been diagnosed with Autistic Spectrum Disorder to allow for a differential analysis of the data for this particular student population. As well, space was provided at the end of the questionnaire for any information they would like to share which was not covered in the questionnaire.

Questionnaire for School Speech-Language Pathologists

The *Questionnaire for School Speech-Language Pathologists* (Appendix B) is comprised of 10 statements that relate to effectiveness of the current service delivery model(s) and involvement of parents in speech-language therapy. Statements were

formulated to correspond with the statements given in the parent questionnaire and ordered for respective comparisons. An additional statement related to job satisfaction was added to investigate relationships between job satisfaction and job demands. Respondents were asked to respond to the statements according to their level of agreement with that statement. A 10-point scale whereby 1 = do not agree and 10 = strongly agree was chosen. This scale was selected in order to obtain more quantitative information on the relative importance and priorities for individual SLPs. Space was provided after each statement to allow for comments on each particular statement if respondents chose to do so. At the end of the questionnaire, SLPs were also asked to provide additional information on service delivery models, workshops and training they have provided to parents and whether this had been effective.

On an accompanying page entitled, "Background Information," SLPs were asked to provide information about their job such as the geographical area and caseload size. This information was asked to allow for differential analysis of responses according the SLP's job demands and years of experience in the profession. As well, respondents were asked if they would be willing to share resources with other SLPs to foster collaboration in the future.

Assessing Quality of Questionnaires

Face validity of the questionnaires was established by two methods. First, the *Questionnaire for Parents* and the *Questionnaire for School-Speech Language Pathologists* were reviewed by four Speech-Language Pathologists and a panel of four experts. Speech-Language Pathology reviewers were asked to provide feedback on the

thoroughness of statements as they pertained to parent involvement in speech-language therapy. Based on feedback from these reviewers, revisions were made in the wording of several statements and some statements were added or deleted. Second, the *Questionnaire for Speech-Language Pathologists* was field tested to check its content and response format with four Speech-Language Pathologists. Feedback from this process was reviewed with the researcher's thesis committee and the necessary changes were made to the questionnaire.

Procedure

Questionnaires for parents and SLPs were mailed out in early June 2005, once approval was received from the Cape Breton-Victoria Regional School Board. Principals of participating schools were mailed or faxed information on the study and copies of the *Questionnaire for Parents* one week prior to distribution of the questionnaires to provide time to respond to any questions or concerns on the part of the administration (Appendix C). No questions or concerns were received from administration or teachers with the Cape Breton -Victoria Regional School Board.

Questionnaire for Parents

The *Questionnaire for Parents on School Speech-Language Services* (Appendix A) was mailed to 330 parents of children who received speech-language pathology intervention in the Cape Breton-Victoria Regional School Board in the 2004-05 school year. A letter accompanied the questionnaire to explain the purpose of the study with information on how to contact the investigator, supervisor and University Ethics Review

Board, if any questions should arise (Appendix D). The questionnaires were filled out anonymously and parents were asked to return the questionnaire to the primary investigator in a pre-addressed and pre-stamped envelope. Parents were not obligated to complete the questionnaire and could choose whether they would like to participate.

Questionnaire for School Speech-Language Pathologists

Sixty-four SLPs working in public schools in Nova Scotia were sent a *Questionnaire for School Speech-Language Pathologists* (Appendix B). An accompanying letter (Appendix E) provided information on the purpose of the study and how to contact the investigator, supervisor and University Ethics Review Board, if any questions arose. SLPs were asked to return the completed questionnaire in a pre-addressed and pre-stamped envelope to the investigator. The questionnaires were filled out anonymously and SLPs could choose whether they would like to participate.

Data Analysis

Responses on the Questionnaire for Parents were calculated according to the percentage of *Yes*, *No* and *Not Sure* responses for each statement on the questionnaire. In addition, responses from parents were grouped according to the grade level of their child, ASD diagnosis or whether the student had an IPP. A chi-square test of independence was used to examine the relationship of each of these variables to the responses for each statement on the questionnaire. As part of a qualitative analysis, comments provided by parents for each statement on the questionnaire were transcribed verbatim, calculated and then organized into recurrent themes.

Responses from SLPs were calculated according to the average rating for each statement. The standard deviation was calculated to look at the variance of ratings for each statement. Responses from SLPs were grouped according to levels of job satisfaction, geographic area, caseload size to allow for a differential analysis of responses.

A chi-square test of independence was later used to compare responses between SLPs and parents. To obtain a like scale for comparison, SLPs' numerical ratings were equated with *Yes* and *Not Yes* categories. For example, ratings of 8 or higher were assigned a *Yes* response. A comparison was made between SLPs and parents for those who responded *Yes* and *Not Yes* to statements on their respective questionnaires. Only statements that were very similar were used for comparisons between the two groups.

CHAPTER 3

Results

Questionnaire for Parents on School Speech-Language Pathology Services

Quantitative Analysis

One hundred parents of children who received speech and language therapy in the 2004-05 school year responded to the questionnaire, which equated to a return rate of 30.3%. The majority of returned questionnaires were completed by parents whose children were in Primary to Grade 3, comprising 77 % of respondents. Twelve parents responded that their child had been diagnosed with Autistic Spectrum Disorder (ASD). Table 1 provides information on the grade level of students who received speech and language intervention as identified by parent respondents to the questionnaire. The number of students identified as having ASD per grade level is also outlined in Table 1. Parents reported that 34 students had an Individual Program Plan, as shown in response to Statement 10 in Table 2.

Table 1

Number and Description of Students per Grade Level as Provided by Parents

Student information	# Parent responders	# ASD students identified	# Students identified as having an IPP
Primary	20	2	6
Grade 1	20	0	6
Grade 2	24	3	5
Grade 3	13	1	5
Grade 4	7	2	2
Grade 5	7	1	4
Grade 6	1	0	1
Grade 7	1	1	0
Learning Center	4	2	4
Grade not provided	3	0	1
Total	100	12	34

The percentage of parents who responded *Yes*, *No* or *Not Sure* for each statement in the *Questionnaire for Parents* was calculated. This information is displayed in Table 2.

Table 2

Percentage of Parent Responses for Each Statement on Questionnaire for Parents

Statement on Questionnaire	% Yes	% No	% Not Sure	N
1. I feel my child is benefiting from speech-language pathology services in school.	90	5	5	100
2. I think it is important that I work with my child at home on his/her speech and language development.	98	2	0	100
3. I am able to help my child at home with assigned homework from speech and language therapy.	94	5	1	100
4. I would like to attend a parent training workshop with other parents on how to work with my child on his/her speech-language skills.	33	39	28	99
5. I would be willing to attend and/or take part in a speech-language therapy session with my child at school.	85.8	11	3.2	99
6. I would like more help from the Speech-Language Pathologist on how to work with my child at home.	39.3	51.5	9.2	99
7. I feel comfortable with the Speech-Language Pathologist working with my child in a group with other children.	67	23	10	100
8. I have communicated with my child's Speech-Language Pathologist this school year.	79.6	20.4	0	99
9. I feel it is important that I speak with the Speech-Language Pathologist on a regular basis.	70.7	21.2	8.1	99
10. My child has an Individual Program Plan.	34.3	45.5	20.2	99

There was a high level of agreement among parent respondents on the benefits of speech-language therapy. Ninety percent of parents indicated that they felt their child had benefited from speech-language services. Only 10 % of parents responded that they were not sure their child was benefiting from speech-language therapy or was not benefiting. These respondents were equally dispersed across student grade level, with two parents indicating *No* or *Not Sure* from each of Grades Primary to 3 inclusive. One of each a Grade 6 and another of a Grade 7 student indicated *No* to their child receiving benefit from speech-language services.

The highest agreement was found for Statement 2, with 98% of parent respondents indicating they felt it was important for parents to work with their child at home on his/her speech and language development. Ninety-four percent of parents also responded in the affirmative that they were able to help their child at home with assigned homework from speech and language therapy.

Despite this positive response to Statement 3, nearly 40% of total respondents indicated they would like more help from the SLP on how to work with their child at home. The number and percentage of parent respondents who indicated a desire for more help from the school SLP according to grade level of their child is displayed in Table 3. This analysis indicated that the largest percentage of parents who needed more support from the SLP had children in Grades 1 and 2. A chi-square test of independence was performed to examine the relationship between need for SLP support and the grade level of the student. A comparison of the parent responses for Grades 1-2 and Grades 3-7 using a chi-square analysis revealed a statistically significant difference between the two groups, $X^2 (2, N=72) = 4.44, p < .05$. More parents of students in Grades 1-2 needed

speech-language pathology support than the parents of students in Grades 3-7. Although the sample of parent respondents was small, half of parents of students diagnosed with ASD across all grade levels indicated they needed more help from the SLP. A separate analysis of responses for parents of students who had an Individual Program Plan (n=34) indicated 38% (n=13) of those parents wanted more help from the SLP. This distribution did not differ from the distribution of total respondents.

Table 3

Parents Who Would like More Help from the SLP According to Student Needs

Student Descriptor	# Yes responses	% Yes responses	n
Primary	7	35	20
Grade 1	12	60	20
Grade 2	10	42	24
Grades 3-7	8	27.5	29
Learning Center	2	50	4
ASD (all grades)	6	50	12
IPP (all grades)	13	38	34

Parent involvement that takes place at school revealed varied levels of agreement according to the type of participation. The highest level of agreement was obtained across parent participants with respect to attending a therapy session at school, with almost 86% of parent respondents indicating a willingness to do so. Only 3% of parents indicated they would not be willing to attend a speech or language therapy session and 11% indicated uncertainty with regard to this type of participation. Parents of students in Grades P-2 responded with the most uncertainty with regard to attending a therapy session at school, with 8 of 64 parents indicating *No* or *Not Sure* for Statement 5. In contrast only 2 of 33 parents whose children were in Grades 3-7 or a Learning Center responded *No* or *Not Sure* for Statement 5. These differences were not statistically significant using a chi-square test of independence.

Parents reported a low level of support with respect to attending a workshop or education session with other parents, with only 33% of parents expressing certainty. Forty percent of parents indicated they would not be interested and 28% indicated they were not sure they would attend a parent workshop. Interestingly, only 3 of 12 parents of students who were diagnosed with ASD responded *Yes* to Statement 4. As well, only 10 of 34 parents of students with individual program plans answered in the affirmative.

Responses for Statement 4 were further analyzed across all grade levels of students. This indicated negligible difference in willingness of parents to attend a parent training session regardless of grade level. This was validated by repeated chi-square analysis that examined the relationship between grade level and willingness to attend a parent workshop. These comparisons in parent responses are displayed in Table 4.

Table 4

Comparison of Parent Responses for Statement 4

Grade level	% Yes	% No	% Not sure	n
Grades P - 2	36	36	27	63
Grades 3-7	31	41	28	29

The levels of agreement for Statement 4 were further analyzed for students in early elementary. This indicated similar levels of agreement across Grades Primary, 1 and 2, with nearly identical numbers of parents responding *Yes* and *No* to this statement from Grades Primary and 2. This information is displayed in Table 5.

Table 5

Willingness of Parents to Attend a Parent Workshop for Children in Grades P-3

Grade level	# Yes	# No	# Not sure	n
Grade Primary	8	8	4	20
Grade 1	6	7	6	20
Grade 2	9	8	7	24

Statement 9, which targeted parents' responses to the need for spoken communication with the SLP, revealed slightly more than 70% of respondents felt it was important to speak with their child's SLP. Almost 85% of parents whose children had Individual Program Plans indicated they felt it was important to talk with the SLP on a regular basis, and this was deemed to be significant when compared to responses of parents whose children did not have Individual Program Plans using a chi-square test of independence $X^2 (2, N=99) = 4.77, p < .05$. This indicated that parents of children with individual program plans perceived a greater need to speak with the SLP on a regular basis.

Parent responses to Statement 9 according to grade level differed. Only 65% and 60% of parents with children in Grades P-1, respectively, indicated a need to speak with the SLP. In contrast, 100% of parents of students in Grades 5-7 indicated they felt it was important to speak with their SLP. As well, all parents (n=4) of students in a Learning Center and 11 of 12 parents of students diagnosed with ASD responded in the affirmative to Statement 9. A chi-square test of independence indicated no significant difference between responses of parents according to grade level, learning center placement or ASD diagnosis.

Responses to Statement 8, that targeted whether communication had taken place with the SLP, revealed that 20% of parent respondents had no communication with the therapist throughout the school year. Of the 34 parents whose children had Individual Program Plans, 5 of those parents reported having no communication with the SLP. Only 33% of respondents had the opportunity for spoken communication with their SLP through a meeting and/or a phone call. Parents indicated that the main mode of

communication with their SLP was through written communication, with 38 % of parents communicating with the SLP through written communication only. Table 6 outlines the modes of communication with the SLP reported by the total parents.

Table 6

How Parents Communicated with the SLP

Mode of Communication with S-LP	Frequency (N=100)
Phone only	4
Meeting only	9
Written communication only	38
Two modes of communication	10
Phone, meeting and written communication	10
No communication	20
Mode not specified	8
Not filled out	1

Less agreement across respondents was found for statements related to how speech-language pathology services are delivered. Statement 7, which addressed parents' attitudes toward SLPs working with children in a group, revealed only 67 % of parents were fine with this type of service delivery model. Twenty-three percent of parents indicated they would not be in favor of their child receiving speech-language therapy in a group with other children. Parents of students on Individual Program Plans (n=33) indicated less agreement for their child to receive group therapy, with only 58% of parents expressing agreement, although this was not statistically significant. Although

the sample of respondents was smaller, 8 out of 12 parents of students diagnosed with ASD were in agreement with intervention provided in a group with other students.

A chi-square test of independence was performed to examine the relationship between grade level of the student and parent willingness for the student to be seen for therapy in a group. The relationship for these variables was significant when the distribution of responses was compared between parents of students in Grades P-2 versus parents of students in Grades 3-7, $X^2 (2, N=93) = 6.01, p < .01$. Parents of students in the younger grades (P-2) expressed higher agreement that their child could receive speech-language services in a group with other students as compared to parents of students in Grades 3-7. The distribution of responses according to grade level and description of the student for Statement 7 is displayed in Table 7.

Table 7

Parent Responses for Statement 7 According to Student Descriptor – I feel comfortable with the SLP working with my child in a group with other children.

Student descriptor	# Yes responses	% Yes	Total respondents n
Grades P – 2	47	73	64
Grades 3-7	15	52	29
Learning Center	2	50	4
ASD (all grades)	8	66	12
IPP (all grades)	18	56	32

Qualitative Analysis

Parents were provided with space to write comments regarding each statement on the *Questionnaire for Parents*. The responses were transcribed verbatim and the content was analyzed for recurrent topics. As well the number of comments for each statement was tabulated. Overall, the qualitative information validated much of the information gathered quantitatively in the rating scale results. Comments for each statement on the questionnaire are summarized.

Statement 1: I feel my child is benefiting from speech-language pathology services in school.

A number of parents (n=31) provided comments in relation to whether their child was benefiting from participation in speech-language therapy. Several positive comments made reference to their child's progress over the school year. For example, "He has made great progress this year in his oral communication, social confidence and proper sounds that were worked upon in sessions."

Although ratings for this statement reflected an overall benefit for students, many parents made comments about the need for more frequent speech-language intervention. Some parents provided specific information on the frequency of speech-language sessions, for example, "Due to the high number of children requiring this resource actual one to one with the pathologist is limited to 20 minutes per session – not long enough." Another parent commented, "More frequent therapy would be more beneficial – 2-3 times per week not every six days or once every 2 weeks."

Parents who reported that their child did not benefit from speech-language intervention made comments related to a lack of intervention rather than the quality of the intervention. Parent comments included, “Only seen once by speech-language pathology this school year and twice last year. Very poor program.” “Does not receive enough speech time to see much improvement – need more speech teachers and more one on one time.” One parent commented on reduced access to speech-language pathology services once the child reached school age. “My child received regular speech-language services prior to starting school. It was suggested that my child’s speech would progress once in a school setting with children of a similar age. There have been referrals in Grades 1, 2 and 3 with each year getting less work as required.”

Statement 2: I think it is important that I work with my child at home on his/her speech and language development. Six parents responded in support of working with their children at home on speech-language goals.

On the whole, parents validated the importance and value in their involvement. “I think it is very important to work at home alongside of the speech pathologist to reinforce what they are being taught,” said one parent. One parent even commented that practice is completed at home during the summer months as well.

Statement 3: I am able to help my child at home with assigned homework from speech and language therapy.

The majority of comments (n=5) for Statement 2 were highly positive with regard to working with their children at home on speech and language development. For

example, “I’ve enjoyed our homework sessions. I feel that our follow through was essential for his success.” Two parents indicated that working with their child at home was not always possible. One parent wrote, “It does make for a heavy homework load.”

Statement 4: I would like to attend a parent training workshop with other parents on how to work with my child on his/her speech-language skills.

Sixteen parents made suggestions about the type of workshop they would like to attend which included topics related to Autistic Spectrum Disorder (n= 2); articulation skills (n = 3), general suggestions on completing activities (n = 11). Most parents’ comments were related to improving their techniques with working with their child at home. For example, “An informative workshop that would allow the parent to give more one on one instruction at home. As a parent become more up-to-date on techniques.”

Twelve parents made comments regarding why they would not like to attend a parent training workshop. These comments centered around a lack of necessity due to the skills of the parents and past experience working with a Speech-Language Pathologist in early intervention or in previous years in the school system. Parents indicated that they were currently able to help their children at home. “I feel if you meet with the teacher and follow instructions on the sheets you can work with your child at home.” Some parents expressed difficulty with attending a workshop due to time constraints. “It would depend on where and when the workshop was held,” and “I find it hard to get places and spend time with the children when I work.”

Statement 5: I would be willing to attend and/or take part in a speech-language therapy session with my child at school.

Comments made by parents (n=5) indicated a willingness to participate in a speech and language session with their child at school. Most of the comments indicated that parents were currently participating in sessions or had done so in the past. One parent commented that her work schedule does not permit participation during school hours.

Statement 6: I would like more help from the Speech-Language Pathologist on how to work with my child at home.

Six parents made comments regarding the need for more help from the Speech-Language Pathologist. Three parents indicated additional help was not required and three other parents indicated there was a need to learn techniques to effectively work with their child at home. One parent commented that it would be helpful, “just to know I’m doing it right.”

Statement 7: I feel comfortable with the Speech-Language Pathologist working with my child in a group with other children.

Seven comments were made regarding parents’ comfortable level with their child participating in group therapy with other children. Only two of these comments supported this type of service delivery model. Some parents expressed concern that the individual needs of their child would not be met in a group and that “one on one” was best. One parent stated, “I don’t think she would like it because she is too shy.”

Statement 8: *I have communicated with my child's Speech-Language Pathologist this school year.*

Only four comments were provided regarding communication with the Speech-Language Pathologist with three of those comments being positive. One parent reported that it was difficult to reach the Speech-Language Pathologist by phone.

Statement 9: *I feel it is important that I speak with the Speech-Language Pathologist on a regular basis.*

Two parents commented that written communication is an effective way to communicate with the Speech-Language Pathologist. "The written report I receive after each session are a good communication tool," said one respondent. Two parents reported communication was necessary to monitor the child's progress as stated by this parent, "Communication is necessary to ensure all are on the same page."

*Questionnaire for School Speech-Language Pathologists**Quantitative Analysis*

Thirty-nine Speech-Language Pathologists working in public schools in Nova Scotia responded to the questionnaire, which equated with a return rate of 60.9%. Background and demographic information provided by each Speech-Language Pathologist is displayed in Table 8.

Table 8

Caseload information for School SLPs

Descriptor	Frequency (n=38)	Percentage of Respondents
<u># Schools served</u>		
3-5	8	21
6-9	24	63
10 +	6	16
<u>Caseload Type</u>		
General	35	92
Specialized	3	8
<u>Geographic Area</u>		
Rural	19	51
Urban	7	19
Urban and Rural	11	30
<u>Service to ASD Students</u>		
	37	97

The majority of respondents worked with a general caseload with only three working with a specialized caseload. All but one SLP provided service to students with ASD. Nearly half of respondents serviced a rural area (n=19), with 31% (n=11) of SLPs serving both rural and urban schools and 14% (n=5) serving only schools in an urban area.

Respondents overall had large caseloads which ranged from 60 to 200 students per year. Monthly caseloads ranged from 25-75 students, as reported by 27 SLPs. Nearly 73% of 33 respondents who worked with a general caseload reported providing service to more than 100 students per year.

Table 9 shows the distribution of yearly caseload size reported across respondents.

Table 9

Caseload Size of School SLPs in Nova Scotia

Yearly Caseload Size	Frequency	Percentage (n=33)
Under 60 students	1	3
60-79 students	3	9
80-99 students	5	5
100-119 students	10	30.3
120-139 students	5	15
140-159 students	6	18
170-200 students	3	9

Job satisfaction ratings provided ranged from a low score of 2 to a high score of 10 (where 1= poor job satisfaction and 10 = high level of satisfaction). Twenty three percent of respondents scored job satisfaction at 6 or below. The distribution of job satisfaction ratings is displayed in Table 10.

Table 10
Distribution of SLP Job Satisfaction Ratings

Satisfaction Rating	Frequency	Percentage
2	1	2.5
3	1	2.5
4	2	5.1
5	1	2.5
6	4	10.3
7	8	20.5
8	15	38.5
9	5	12.8
10	2	5.1

Job satisfaction ratings were analyzed according to years of experience and displayed in Table 11. The average job satisfaction rating was similar for SLPs, regardless of experience.

Table 11

Job Satisfaction Ratings According to Years of Experience for School SLPs in Nova Scotia

Years Experience	Frequency	Average Job Satisfaction Rating	
		Average	Min/Max Rating
1-10	9	7.11	4, 9
11- 20	14	7.0	4, 9
21 – 30	11	7.36	2,10
30 +	3	8.0	

Note. Ratings are based on a scale of 1 to 10, where 1 = do not agree and 10 = strongly agree.

A comparison was made between respondents with the lowest job satisfaction ratings and the highest job satisfaction ratings. There was no significant difference between these groups with respect to caseload size, number of schools served or geographic area. These variables were essentially the same between these two groups.

The average rating for each statement in the *Questionnaire for School Speech-Language Pathologists* was calculated and displayed in Table 12.

Table 12

Ratings for Statements on Questionnaire for School Speech-Language Pathologists

Statements	Mean	Min/Max	SD	N
1. I feel most of the students I work with are benefiting from the service I provide.	8.28	5-10	1.58	39
2. I feel it is important for students to work on their speech and language skills at home.	9.76	8-10	0.52	39
3. I feel confident that most parents have the skills to work on speech and language skills at home with their children.	6.0	3-10	1.87	37
4. I feel parents would benefit from attending parent training sessions or education sessions on speech and language/communication skills.	9.17	6-10	1.08	39
5. Providing education and training to parents is a good use of clinical time.	9.23	4-10	1.24	39
6. I would like to provide more support to parents on how to work on speech and language skills at home.	8.89	6-10	1.26	37
7. I think most parents are agreeable to their child receiving speech-language services in a group with other students.	8.13	3-10	1.45	36
8. I am able to make contact with most parents by way of a meeting, written information or phone call.	8.81	3-10	1.60	37
9. I have time in my schedule for collaboration with parents and teachers on a regular basis.	5.29	1-10	2.49	37
10. I am involved in the IPP process for most students on my caseload, as appropriate.	7.84	1-10	2.36	38

Seventy-seven percent of SLPs responded with a level of agreement of 8 or higher for Statement 1. Overall, six respondents provided a rating of 5 or 6. An analysis of responses for Statement 1 indicated that benefit to students was rated slightly higher as the job experience of SLPs increased. A chi-square test of independence was performed to examine the relation between job experience and perceived benefit to students. The relation between these variables was significant, $X^2(3, N = 39) = 7.06, p < 0.05$. As well, the average rating and standard deviation for Statement 1 was calculated according to years of job experience. The least variability was noted in responses from SLPs with 21-33 years job experience with the majority of responses clustered within one standard deviation of the mean rating of 8.93. This information is displayed in Table 13.

Table 13

Ratings for Statement 1 According to Years of Experience as a SLP

Years of Job Experience	M	SD	Mode	n
1-9 years	7.44	1.42	7	9
11-20 years	8.13	1.78	10	15
21 – 33 years	8.93	1.12	10	15

All SLPs indicated a strong level of agreement that it is important for students to work on their speech and language skills at home. The average rating on Statement 2 was 9.77 with very little variability noted in responses (SD = .52).

Despite the perceived importance of students working on communication skills at home, there was a lot of variability in the responses from SLPs with regard to the skill

level of parents in carrying out work with students at home. The average rating for Statement 3 was 6.0 with 38% (n = 14) of respondents providing a rating of 5 or less. When responses to this statement were analyzed according the years of job experience, it was found that the average rating increased only slightly with years of experience. For example, SLPs with 1-9 years experience provided an average rating of 5.4 compared to average ratings of 6.1 and 6.3 for SLPs with 11-20 years experience and 21 –33 years experience respectively.

Overall, SLPs expressed a high level of agreement that parents would benefit from attending parent training sessions or education sessions, with a mean level of agreement of 9.17. There was little variability noted in response to Statement 4 (SD = 1.08) with only three respondents providing a rating less than 8. Responses to Statement 4 were very similar regardless of the years of job experience of the respondent. Likewise, SLPs responded similarly to Statement 5, which stated that providing education and training to parents was a good use of clinical time. The average rating was 9.23. Agreement was also high among SLPs that they would like to provide more support to parents on how to work on speech and language skills at home, with an average rating of 8.89 found for Statement 6.

In terms of how speech-language services are delivered, there was a fairly high level of agreement across respondents that most parents would be comfortable with their child receiving therapy in a group with other children. The average rating for Statement 7 was 8.13 with eight respondents providing ratings of 7 or less.

On average, respondents scored 8.8 with respect to achieving regular communication with parents by either a meeting, phone call or written information.

Little variance ($SD=1.6$) was noted with respect to communication with parents as 33 respondents provided a rating of 8 or more for Statement 8. Responses with regard to communication with parents did not differ according to years of job experience or geographic area.

SLPs were asked to provide specific information about the mode of communication used most frequently to communicate with parents. More than half of respondents said they depended on written communication, while an additional 15% of respondents chose to use the phone and almost 8% used a meeting format. Table 14 provides an outline of the modes of communication SLPs used to stay in touch with parents.

Table 14

How School SLPs Communicate with Parents

Most Frequent Mode of Communication with SLP	Frequency (N=39)	Percentage of SLPs
Phone only	6	15.4
Meeting only	3	7.7
Written communication only	20	51.3
Two modes of communication	2	5.1
Phone, meeting and written communication	2	5.1
No communication	0	0
Mode not specified	5	12.8
Not filled out	1	2.5

A high degree of variability was found in response to Statements 9 and 10 that targeted speech-language involvement in program planning and collaborative practices. A large number of SLPs provided a rating of 5 or less ($n=17$) for Statement 9. The mean rating for statement 9 was 5.29, indicating there is not adequate time allocated for collaboration and communication with teachers and parents. SLPs with 20-33 years job experience responded slightly higher on average to statement 9 ($M = 5.8$) as compared to their counterparts with less than 20 years experience ($M = 5.0$). SLPs who reported job satisfaction ratings of 8 or higher ($n=20$) provided an average rating of 6.4 for statement 9. In contrast SLPs with job satisfaction ratings of 7 or less ($n=15$) provided an average rating of 4.1.

Speech-Language Pathology involvement in Individual Program Planning varied across respondents. The average rating for statement 10 was 7.84, with a SD of 2.36. On average, SLPs with over 21 years job experience ($n=14$) reported higher levels of involvement in the IPP process than their counterparts with less experience. The average rating provided for Statement 10 by SLPs with 1-9 years, 11-20 years and 21-33 years experience was 7.6, 7.5 and 8.3 respectively. The mean and standard deviation of SLPs' responses was calculated according to SLP job satisfaction and this revealed those with higher job satisfaction reported higher ratings for involvement in the program planning process. SLPs who rated their job satisfaction as 8 or above ($n=20$) had an average rating of 8.6 ($S.D = 1.5$) for statement 10. Those who had job satisfaction ratings of 7 or lower ($n = 17$) averaged a rating of 6.8 ($S.D. = 2.8$) for Statement 10.

Qualitative Analysis

SLPs chose to provide comments regarding each statement on the *Questionnaire for Speech-Language Pathologists*. The responses were transcribed verbatim and the content was analyzed for recurrent topics. As well, the number of comments for each statement was tabulated. Overall, SLPs provided informative comments in response to the questionnaire statements that served to validate the quantitative ratings as well as provide additional information.

Statement 1: I feel most of the students I work with are benefiting from the service I provide.

Although SLP respondents indicated high levels of agreement that their service was benefiting students, six respondents commented on the need for more frequent contact with students. Comments included, “Students would benefit more if they received more contact” and “Heavy caseloads and in some cases lack of control over groupings make the service less than satisfactory.” One therapist noted, “even those (students) with little home support benefit in self-esteem.”

Statement 2: I feel it is important for students to work on their speech and language skills at home.

Only four respondents added comments for statement 2. The content of these comments varied from acquiring the support for the students if it cannot be provided at home to the type of practice that should be carried out. One respondent commented,

“Without parental support or support of a primary reinforcer (grandparent, foster parent or program support assistant), my program would not be effective.”

Statement 3: I feel confident that most parents have the skills to work on speech and language skills at home with their children.

A number of respondents (n=10) expressed confidence that parents have the ability to work with their child at home but require some training and education.

Respondents said parents need to learn specific skills and need support to assist their child at home. One SLP made the point that this was the case even if parents lacked education or were not literate themselves.

Statement 4: I feel parents would benefit from attending parent training sessions or education sessions on speech and language/communication skills.

Although numerical responses to Statement 4 indicated a general belief that parents would benefit from attending a workshop or training session, comments (n=5) reflected some skepticism regarding such an initiative. SLPs pointed out that parents “have to want to come,” and that “often it is the parents who are most capable, who attend such sessions.” The diversity of the caseload was also raised as an issue. One respondent cautioned, “The problems (of students) are so varied that any general training session may not be adequate.”

Statement 5: Providing education and training to parents is a good use of clinical time.

A variety of comments were provided by respondents (n= 6) for Statement 5.

Three respondents spoke to limited time available to conduct formal training sessions for parents. One respondent said education and training to parents is provided on an ongoing basis through written and phone communication. One SLP described how lack of personnel has impacted on providing education to parents as well as school staff. "I have never been able to get my head above water. Realities of the caseload size, lack of trained supports with the system have been an ongoing focus of education over the years. The situation is improving, but our needs for increased SLP personnel have not been met."

Statement 6: I would like to provide more support to parents on how to work on speech and language skills at home.

Comments for Statement 6 focused on the limitations of providing group education or training sessions for parents (n=3) and supports that have proven effective. One respondent cautioned, "A canned approach is not a solution to this issue. It needs to be individualized based on the differential diagnosis that is done with each child, and also based on the experiences of the parents and the home setting." Similarly, one respondent said, "How can we be sure they (parents) will apply these learned skills and make our training time worthwhile?" Three other respondents reported that training sessions, attendance in school therapy sessions, written communication, face to face meetings, handouts and letters have been used to support parents on how to work on speech and language skills at home.

Statement 7: I think most parents are agreeable to their child receiving speech –language services in a group with other students.

Comments (n=6) related to providing speech-language pathology services to students in a group were favorable. SLPs made note that this type of service delivery must be appropriate for the child and that the rationale for this model needs to be explained to parents. SLPs who provided comments indicated they had not experienced any disagreement from parents when group therapy was offered. One respondent said, “Most (parents) are glad that their children are receiving any services.”

Statement 8: I am able to make contact with most parents by way of a meeting, written information or phone call.

Many SLPs spoke to their efforts in communicating with parents (n=12). Several respondents said providing service to a student was contingent on having communication with a parent. For example, one SLP would “only do a language assessment with a parent meeting and an articulation assessment with a phone meeting.” Lack of parent involvement was also noted to be grounds for discharge from direct therapy. “If I am unable to make regular contact with parents, the student may be dropped from caseload or be provided with Educational Assistant or school volunteer support,” relayed one respondent. A number of respondents touted the use of written communication as time efficient and productive. Some commented that all parents receive a copy of the student’s report, a note after each therapy session and instructions to complete home based activities. One SLP felt strongly about making contact with parents and said, “I feel it is absolutely necessary to make direct contact whatever way I can. So occasionally I need to

drive to the house to meet or meet at work or wherever.” A respondent with more than 25 years job experience cited that greater time constraints have reduced contact time over the past few years and that this situation “seems likely to remain so.”

Several SLPs indicated that parents are regularly invited to attend therapy sessions with their child. In some cases, parents attend the initial therapy session, others attend once every few months and with other cases, all parents have declined attendance. “I have invited parents to attend my sessions with their children but I haven’t had one parent attend any sessions this year.” One SLP commented on changes in parent attendance at therapy sessions over time. “All the SLPs in my board strongly encourage parents to attend their child’s therapy on a regular basis. However, each year I seem to have less parents who are willing or able to do so. Therefore most meet with me once and keep in touch through weekly homework folder and occasional phone conversation.”

Statement 9: I have time in my schedule for collaboration with parents and teachers on a regular basis.

Fifteen SLPs provided comments with regard to time in their schedule for collaborative efforts. The majority of comments (n=13) centered around the fact that SLPs have little time in their schedules for meeting with parents and teachers and that much of these collaborative efforts must be scheduled during lunch time or after hours. One respondent stated, “Finding time for this is difficult. Always feel rushed and that contact is not satisfactory in most instances.” Others noted that collaboration with parents and teachers is part of their job description and that time has to be made for these efforts.

“No time per se, but I always manage to fit in collaboration/consultation after hours or between sessions.”

Statement 10: I am involved in the IPP process for most students on my caseload, as appropriate.

Many SLPs also cited challenges to being part of the program planning process (n=10). Some respondents reported that their involvement in program planning varies across schools and some relayed that scheduling time for such meetings was challenging. Six respondents commented that they are not regularly asked to participate in program planning for their students. “I have been asked to participate less than 5% of the time,” said one SLP. Similarly, “This is school specific – some schools always involve me, others not so much,” stated another. “Only 1 of 6 schools I am involved with asked for IPP input, plus one other teacher at another school,” was reported. One SLP commented, “I am not involved at all in some cases or in some schools. I find this very concerning.”

Suggestions for Improving Parent Involvement in Speech-Language Therapy

SLPs working in schools in Nova Scotia provided a number of examples of how they involve parents in therapy with the student. These examples ranged from detailed examples of how to set up communication binders for students and parents and types of inservices and workshops that have been carried out.

Several SLPs reported using binders of activities and information, “communication or speech-language folders,” year-end parent newsletters and home programs. One SLP said she recently changed the format of her speech folders so that they are “attractive and kid-friendly.” As well, the content of the folders was described in detail by several therapists. “I have veered more towards games and making pictures and books versus worksheets,” said one respondent. Another example read, “We use communication folders that go back and forth each week with assigned homework, suggestions and explanations of goals. Parents are encouraged to respond weekly with questions or comments.” One SLP said she simply changed the heading of her note page from “You Have Homework” to “Cool Things To Do.”

Workshops or presentations have been offered to some parents of students receiving speech and language services. SLPs have provided parent seminars or information sessions on literacy development, phonological awareness, social skills as it relates to ASD, general information on speech and language services and information on disorders such as ASD. Specific training has been provided to groups of parents on articulation therapy, Picture Exchange Communication System (PECS), using social stories. One SLP reported doing small group training with 2-3 parents on working with

the student at home. Specialized workshops such as the Hanen Early Language Program and the Reading Partners Parent Program have been offered.

Other SLPs have provided training to school volunteers and teachers. One SLP provided an inservice on social stories for all teachers at a school. Autism Consultants within particular school boards were also noted to provide inservices to teachers on communication-related issues. One SLP cited the use of school volunteers as an option when parent support was not attainable. "I have done small group training of volunteers to work with students at school. I will train 2-3 volunteers in a 2-hour session to do articulation, phonological awareness and syntax programs for students with limited home involvement. I have found this to be very worthwhile," said one respondent.

Comparison of Speech-Language Pathologists' and Parents' Responses to Questionnaires

The responses from SLPs and parents were compared across like statements in their respective questionnaires to look at levels of agreement for various aspects of school-based speech-language pathology services. SLPs and parents were noted to be highly in agreement on a number of issues. SLPs and parents both reported a high level of agreement for Statement 1, indicating that overall, the majority of students are benefiting from participation in speech-language therapy. Likewise, both parents and SLPs indicated that there is a need for services to be more frequent.

Both SLPs and parents reported very high levels of agreement that it is important for parents to work with their children on speech and language skills at home. SLPs responded with an average rating of 9.76 for statement 2 and 98% of parents responded

yes to statement 2. While 94% of parents responded yes to being “able to help my child at home with assigned homework,” SLPs responded with varying levels of agreement that parents would require additional training to work with their child at home. This was reflected in parents’ responses to Statement 6 where nearly 40% of parents said they needed more help from the SLP on how to work with their child at home.

Parents and SLPs expressed very different levels of agreement as to the benefit of holding parent training sessions or workshops. SLPs responded with high levels of agreement that parents would benefit from such training and that time spent developing workshops would be a good use of clinical time. In contrast, only 33% of parents indicated they would attend a workshop or training session with other parents. A chi-square test of independence indicated the distribution between the SLP and parent responses to Statement 4 was significant ($\chi^2(2, N=141) = 22.63, p < .001$).

Other differences in agreement between SLPs and parents were noted with respect to students receiving speech-language therapy in a group with other children. Overall, SLPs indicated a high level of agreement that most parents are agreeable to their child receiving speech-language services in a group with other students. In contrast, only 67% of parent respondents (n=100) responded yes to Statement 7. Although, a few respondents from each group stated that the appropriateness of this type of service delivery is dependent on the individual needs of the child.

Both parents and SLPs reported that written communication was the main mode of communication used between parents and SLPs. SLPs provided a mean rating of 8.81 indicating they were able to make contact with most parents by phone, meeting or written information. Eighty of parents of students said they had some communication with the

SLP, while 20% said no communication had taken place. Although 70% of parents reported it was important to speak with the SLP on a regular basis, SLPs expressed concern with finding time to meet this need. Both comments and ratings from SLPs indicated they had limited time in their schedules for program planning and collaboration with parents.

CHAPTER 4

Discussion

The present study was designed to examine the perceptions of SLPs and parents on current school-based speech-language pathology services particularly as these perceptions pertain to parent involvement in the therapeutic process. The study was based on five major goals or questions. The first question asked whether the perceptions of parents and SLPs indicated that current service delivery models for school speech-language pathology services were meeting the needs of students and parents. Secondly, is there agreement between parents and SLPs on the importance of parent participation in therapy and how this should be accomplished? Thirdly, what are the strengths and limitations of the current service delivery model(s) as it relates to communication, training and participation with parents? As well, the service delivery models currently being used by school SLPs in Nova Scotia were examined with respect to parent involvement.

There was a high level of agreement between the perceptions of parents and SLPs that students were benefiting from speech-language services. Although the degree of benefit was not rated in this study, the consensus between both groups of respondents was that the service was beneficial to some degree. This finding supports past research that spoke to the benefits of speech-language pathology intervention with regard to successful school outcomes (Hoffman & Norris, 1994; Schery & O'Connor, 1992). Several respondents from both groups commented that more benefit would be achieved if the service were more frequent. This sentiment was also noted in a 2003 CASLPA study

(Vision Research, 2003) that quoted several SLPs expressing dissatisfaction with their caseload size and lack of time to meet the needs of students.

The highest level of agreement both within and between groups of parents and SLPs was found for the importance of parents working with their children at home on speech and language development. This high level of awareness on the part of parents and therapists of how essential parent involvement is in speech-language therapy, corresponds to the literature (Girolametto, 2004; Gibbard, 1994; Giangreco, 2000). Although Grela & Illerburn (1998) documented a similar finding with parents of preschool children in rural Saskatchewan, this study provides a first-time look at the perceptions of parents at the school level.

This finding has important implications for planning programs and supports for students and provides a solid starting place for program development in the area of speech-language pathology services in schools. If parents strongly support working with their children, then programs should support these efforts. Service delivery models for school-based speech-language pathology services need to emphasize a parent component and consider this a priority.

Speech-Language Pathology respondents indicated that many parents would require extra training to have the necessary skills to support their child's speech and language skills at home. In the literature, specific training for parents has also been noted to be necessary, particularly for students who require specialized programming and services (Kent-Walsh & McNaughton, 2004; Al Otaiba & Smartt, 2003). Responses from parents indicated a willingness and ability to work with their child at home but confirmed the SLPs' notion that some parents would benefit from specific training. Nearly 40% of

total parent respondents indicated they needed more help from the SLP on how to work with their child at home. Although the majority of parents said they were able to help their child at home with speech and language homework, these findings indicate that many parents still felt they would benefit from more support.

The parents of students in Grades 1-2 were noted to have statistically greater need for help than parents of students in Grades 3-7. It is suspected that students in Grades 1-2 who exhibit speech and language deficits will require speech-language support to help them meet outcomes in language arts and overall literacy development. It has been well documented that students with communication problems are at higher risk for delayed literacy skills (Schooling, 2003). Therefore, parents of students in these grades are perhaps acutely aware of the escalating academic and social needs of their child. Parents of older students may have more experience helping their child since admission to school and feel more capable in this domain. Given that the sample of parent responders may represent parents who are more involved in the first place, it is estimated that other parents may require even more assistance from the SLP in order to effectively support their child at home.

Although the number of respondents was small for parents of students diagnosed with ASD and of students in a Learning Center classroom, half of these parents indicated they would like more help from the SLP on how to work with their child at home. Likewise, parents of students who had an IPP expressed a relatively high need for more support. This has been noted to be the case in several treatment approaches for children with ASD (Keogel & Keogel, 2004; Faherty, 2004).

Parents expressed varying opinions with regard to their comfort level with group therapy for their child. Parents of younger students were more open to their children being seen in a group with other students. As grade level increased, parents expressed less agreement with this option. This finding may indicate that students who continue to require services into upper elementary may have more significant communication problems which require a more individualized approach. As well, students may feel less comfortable working on their difficulties in a group due to social ramifications once they reach a certain age. This situation was discussed by a researcher who critiqued the use of “pull-out” programs for older students (Harn et al., 1999). SLPs who see “pull-out” group therapy as a viable way to provide service to students in a constructive, time-efficient manner need to consider this finding.

Parent participation in therapy sessions was touted as a viable way to involve parents by both the parents and the SLPs. As well, it was indicated that this option is available to most parents in Nova Scotia at the present time. This validates the work of Fudala et al. (1972) and the literature from general education (Wherry, 2004) that noted benefits for students when parents completed homework with their child. Although several parent respondents in this study indicated that they already attend sessions, SLPs indicated that not all parents use this option. Some parent respondents and SLPs pointed to parents’ work demands as an obstacle to attending therapy sessions during the school day. It was noted that fewer parents have been attending sessions in recent years. This may speak to the increasing demands on parents and a reflection of the needs of our society, as described by Bronfenbrenner (1999) and Finders and Lewis (1994).

The majority of SLPs seemed to embrace the idea of providing parent-training sessions or workshops, provided time was available for such initiatives. Likewise, SLPs in this study and in past research have noted benefits to holding workshops for parents on topics such as articulation, (Farber & Goldstein, 1998; Al Otaiba & Smartt, 2003) language (Girolametto, 2004) and overall communicative effectiveness. Interestingly, there was a significant difference in the responses from parents in this regard, with nearly 60% of parent respondents indicating they were not likely to attend. This response from parents was found regardless of the grade level of their child. Interestingly, even a smaller percentage of parents of children with ASD responded in the affirmative to attending a workshop. This finding has important implications in planning supports for parents, particularly when such initiatives would require a large amount of preparation time. It is suggested that SLPs obtain the commitment and support from parents prior to embarking on formal parent training workshops. Issues of confidentiality need to be considered when planning sessions for groups of parents. Parents may not be comfortable disclosing the needs of their child to other parents and may feel that their individual needs would not be met in a group.

Care must be taken before adopting training programs used to provide speech and language services to preschool children and those with specific disorders such as ASD (Girolametto, 2004). Recent initiatives by the N.S. Department of Health to support children with ASD have implemented parent training as part of Pivotal Response Training. The application of such programs at the school level requires further investigation as this study only had 12 parent respondents whose children were diagnosed with ASD. Based on the comments of SLP respondents, it should be noted that some

SLPs in the province have provided training to groups of parents and teachers to improve services for children with Autism. These workshops have included information on social stories and use of visual supports and were reported to be successful. Further research on the needs of parents whose children have ASD is warranted. As well, there is a need to document parent satisfaction with particular models of service delivery.

Several issues related to communication were highlighted by both parents and SLPs. Both parents and SLPs cited written communication as a frequently used and effective way to provide information on how to work with the student at home and on student progress. As well, various examples were provided as to how written communication could be accomplished. More than half of SLPs across Nova Scotia cited using written communication only. Some parents indicated that written communication was meeting their needs and that other forms of communication or training were not needed. This may be the case for parents whose children exhibit communication deficits in the milder range or for whom previous training was provided. Although research on communication with parents in school speech-language services had not previously been addressed, research in the area of general education has confirmed benefits to securing a regular form of communication with parents, particularly when students are at risk (Wherry, 2004; Simic, 1991).

It is suspected that written communication is not sufficient in all cases, as 70% of parents indicated that they felt it was important to actually speak with their child's SLP. One hundred percent of parents who had children diagnosed with ASD as well as those who had children in a learning center classroom said it was important to speak with the SLP. Spoken communication, which would allow a more collaborative approach, may be

warranted for students with higher needs. SLPs also confirmed in their comments that spoken communication is essential for some students. Use of spoken communication would allow for an opportunity to problem-solve that would not be available in the same manner with written communication.

The fact that 20% of parents indicated that no communication had taken place with the SLP throughout the school year indicates that the needs of some parents are not being met. This raises some questions and concerns. A lack of communication may be purely indicative of resources that are stretched as far as they can go. With most SLPs in this study managing caseloads of more than 100 students and travelling on average to 6-9 schools, it is easy to see how time runs out for contacting all parents. The caseload demands facing SLPs in Nova Scotia are exceedingly high when compared to the recommended caseload size of 40 students for school SLPs (ASHA, 1993). In addition 97% of SLPs in this study said they were also providing service to students with ASD, which may further increase time demands. The caseload sizes reported by SLPs in Nova Scotia are very similar to those reported by SLPs across Canada in a 2003 national survey (Vision Research, 2003).

The demographic information provided by SLP respondents illustrated that they are likely doing the best they can, given the high demands for their time. SLPs expressed strong convictions on the need for communication with parents but spoke to challenges in meeting the needs of parents. Comments from SLPs provided insights into how job demands can impact on communication with parents. A similar finding was noted by Pershey and Rapping (2003). These authors cited limitations on collaboration with teachers due to demands of heavy caseloads and travel time. Many SLPs in this study

indicated that it was difficult to find the time for communication with parents and that most of this contact had to be made after-hours or during lunch time.

Despite the challenges facing SLPs, many cited going the extra mile to providing home visits in rural areas and setting up in-depth home programs for parents. Other researchers (Kaegi et al., 2002) have noted that SLPs can work up to 20 hours per week beyond their regular hours. Of note, is the fact that a level of collaboration and parent training has been provided in schools across Nova Scotia despite the caseload sizes and demands for SLP service in that province.

Speech-Language Pathologists' responses also illustrated the inconsistency in which they are involved in program planning and in the Individual Program Planning process. This may point to a need for more education of the role of the SLP within the school and the importance of having their input and involvement when it comes to planning for a student with a communication disorder. The role of the S-LP in program planning should be emphasized to newly graduated SLPs, teachers, parents and administrators as per the Special Education Policy Manual (N.S. Department of Education, 2001; 2003) and guidelines for school practice (ASHA, 1993). The current staffing levels combined with high demands for service may preclude regular attendance in program planning meetings. Barriers to collaborative practice noted by Pershey and Rapping (2003) as well as Wright and Kersner (1999) included lack of co-planning time, travel time to several schools, limited time to meet and teach new skills and lack of awareness of the role of the SLP in schools. These issues were validated by respondents' comments and ratings provided at a local level in this study. As well, there was

considerable variance in the level of collaboration that has been achieved across Nova Scotia schools.

The job satisfaction ratings provided by SLPs were analyzed according to their demographic information and no obvious patterns were noted according to geographic area, years of experience or caseload size. Interestingly though, when SLPs were sorted into high job satisfaction ratings (8 or higher) and lower job satisfaction ratings (7 or less), those with higher job satisfaction reportedly had more time for collaboration and communication with parents and teachers as well as for the IPP process. This correlation indicates that SLPs who are part of a school team with parents and teachers will likely have better overall job satisfaction. This was found in Oregon schools where the 3:1 model (Annett, 2004) was adopted to allow for collaboration with parents and teachers. Those who have used this model reported higher levels of job satisfaction.

Limitations

It is hypothesized that the current study may actually underestimate the needs of parents. The very nature of this study relied on a high level of literacy skills on the part of parent respondents, thus precluding some parents from participating in the first place. It is suggested that the parents who chose to participate in this study may be parents who are already involved in their child's speech and language therapy. Comments from several parents indicated this may be the case.

Due to the anonymous nature of the study there was no opportunity for parents to ask questions regarding their interpretation of individual statements on the questionnaire.

Although efforts were made to provide statements that were clear and easy to read, it is likely that there were some differences in individual interpretation.

This study looked at perceptions of all parents whose children received SLP services and did not address the specific needs of parents according to the severity of their child's communication disorder. Although this study targeted information on parents with ASD specifically, a small number of respondents precluded making any firm conclusions.

Clinical Implications

When there is a high demand for service in schools, it is necessary to examine guidelines for caseload management and address issues such as prioritization for services and discharge criteria. When pressure for service is high, it is essential that criteria for caseload management and service delivery are followed in order to guarantee a fair and equitable service to all students and their families. Some SLPs in this study noted they used strict criteria for participation in therapy as well as for discharge.

Changes in service delivery models may be met with resistance from parents who advocate for individualized direct service for their child. Although not surveyed in this study specifically, many parents and SLPs spoke to the use of individual "pull-out" therapy. As a percentage of parents expressed discomfort with their child receiving group therapy, it is hypothesized that a change in service delivery models at a local level may be met with some resistance. This finding has ramifications for the acceptance of speech-language pathology services that may be more classroom-based or collaborative in nature. Although parents and SLPs advocated for a more frequent service, other options

for provision of service may need to be considered when staffing levels go unchanged. It is likely that classroom based models of service delivery (Pershey & Rapping, 2003) and more parent training models will be embraced as part of an inclusive model that views the SLP as an integral player in program planning. Ehren (2000) advocated for SLPs working in a co-teaching model with teachers to provide services to specific student populations. The use of trained volunteers was also noted as an option for providing support to students by some SLP respondents in this study. It would also be advantageous to seek the opinions of parents on the use of trained volunteers to work with their child at school on speech and language skills. This option may be appealing to some parents who struggle with finding the time for home practice.

Responses from school SLPs across several school boards in Nova Scotia indicated there is a variety of parent training initiatives and programs that have been used. Sharing of information between school SLPs across the province would provide a valuable opportunity to learn from colleagues and share resources that have been found to be successful. Although school boards are spread out geographically across the province of Nova Scotia, provincial meetings or online discussions may provide possible avenues to discuss and share information on parent involvement in school-based practice. In this study, workshops, training of volunteers and use of autism consultants have been noted to be successful initiatives in meeting the needs of students and their parents. It may also be prudent to consider the use of web-based sources of information or use of educational materials and videos to support parent education and training.

Summary and Conclusions

A high agreement between quantitative and qualitative information gathered in the present study and previous research points to a strong case for embracing parent participation in school-based speech-language pathology services. Although benefits to parent involvement are recognized by SLPs and parents, there are obvious challenges to improving parent participation. Foremost, high demands for SLP service, lack of time for collaborative efforts and societal factors were noted to impact on parent participation.

It is apparent that parents surveyed in this study perceive a need for more support from the SLP in order to effectively work with their children at home. In addition, parents spoke to a willingness to attend therapy sessions with their child at school and a need for regular spoken communication with the SLP. Need for more help from the SLP was noted to be higher for students in early elementary. More intensive therapy could be provided to students at the start of their school experience with less direct intervention provided as students get older. This focus on earlier intervention must be weighed with meeting the individual needs of all students, as noted by SLPs in the study.

Despite the demand for more frequent direct service with the student, it is justifiable that clinical time be redirected to collaborative efforts with parents. It is likely that time spent working directly with parents will be time well spent. Fey et al. (1993) found that a time investment in parent training was cost-effective and provided similar outcomes to direct intervention. The same could be said for time to collaborate with teachers as part of program planning. If SLPs become more consistently involved in transition planning, program planning and IPP meetings then increased parent contact and communication would increase accordingly. A 3:1 model adopted by SLPs in Oregon

schools (Annett, 2004) allocated one week out of a month for collaborative practices with parents and teachers may provide guidance for this redirection. It seems imperative that time be allocated specifically for the purpose of collaboration otherwise job demands may preclude this from happening. With any changes in service delivery models it is recommended that parent input be sought out as this has been rarely documented in past research on school-based services.

Future Considerations

For the purposes of this study, demographic information on parent participants was not requested. This could be an area of future study as definite links could be found with regard to the needs of parents according to their cultural affiliation, geographic area, socio-economic status and education level. According to Bronfenbrenner's model (1999) all of these factors would have an impact on the development of the child. It has been noted in past research that students whose parents lack a high level of literacy may be deemed at higher risk of needing supports and may feel less comfortable participating in school-related activities (Finders & Lewis, 1994).

Further research in this area could be aimed at utilizing focus groups or interviews with parents to obtain a more representative sample of the needs of all parents or parents whose children have specific disorders. Further research is also needed to look at the needs of parents whose children have been diagnosed with a specific disorder such as ASD, Down's Syndrome or Cerebral Palsy to evaluate the effectiveness of current service delivery models as these relate to meeting the needs of these students and parents

specifically. Similarly, studies could also focus on initiatives that would cater to providing intervention to students with specific speech and language impairments.

The Questionnaires developed for the purposes of this study could be used in future research to study the perceptions of teachers about collaborating with SLPs. As well, with minor revisions to the *Questionnaire for Parents*, paraprofessionals such as Teacher's Assistants and Educational Assistants, could be surveyed concerning their ability to work with students with communication disorders. If school boards adopt new service delivery models or initiatives to work with parents, these questionnaires could be utilized to evaluate pre and post satisfaction of speech-language services.

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Appendix A

**Questionnaire for Parents on
School Speech-Language Pathology Services**

Please respond to the following 10 questions based on your experiences with speech-language services for your child in school. Please feel free to add comments related to each statement. This is an anonymous questionnaire. When it is completed, please return in the pre-addressed envelope.

1. I feel my child is benefiting from speech-language pathology services in school.

Yes	No	Not Sure
Comments _____		

2. I think it is important that I work with my child at home on his/her speech and language development.

Yes	No	Not Sure
Comments _____		

3. I am able to help my child at home with assigned homework from speech and language therapy.

Yes	No	Not Sure
Comments _____		

4. I would like to attend a parent training workshop with other parents on how to work with my child on his/her speech-language skills.

Yes	No	Not Sure
Comments _____		

If yes, what type of workshop would you like to attend?

5. I would be willing to attend and/or take part in a speech-language therapy session with my child at school.

Yes	No	Not Sure
Comments _____		

6. I would like more help from the Speech-Language Pathologist on how to work with my child at home.

Yes	No	Not Sure
Comments _____		

If yes, what type of help would you like?

7. I feel comfortable with the Speech-Language Pathologist working with my child in a group with other children.

Yes	No	Not Sure
Comments _____		

8. I have communicated with my child's Speech-Language Pathologist this school year.

Yes	No	Not Sure
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If yes, please specify mode(s) of communication.

- meeting**
- phone call**
- written information**

Comments _____

9. I feel it is important that I speak with the Speech - Language Pathologist on a regular basis.

Yes	No	Not Sure
Comments _____		

10. My child has an Individual Program Plan (IPP).

<i>Yes</i>	<i>No</i>	<i>Not Sure</i>
Comments _____		

Additional Information

If you choose, please respond to the following questions. This information is requested to allow for further analysis of parents' responses according to student needs which may be specific to a particular grade level or disorder area.

What grade is your child in this year? _____

Has your child been diagnosed with Autistic Spectrum Disorder?

Yes No

If yes, did your child receive services from Early Identification and Intervention Services (EIS)?

Yes No

Please provide any information below which you feel may be important for the Speech-Language Pathologist to know regarding the services your child has received thus far.

Remember this questionnaire is anonymous. Do not put any identifying information on the questionnaire or return envelope.

Thank you for your help. Your input is greatly appreciated.

Appendix B

Questionnaire for School Speech-Language Pathologists

Background Information

Type of Caseload _____
(e.g.. General or specialized)

Do you provide service to students with Autistic Spectrum Disorder? Yes or No.

Caseload Size _____ (yearly) _____ (monthly)

Number of Schools You Serve _____

Geographical Area (rural, urban) _____

Years of Experience _____

Would you be willing to share information and resources you may have on parent training with S-LPs in Nova Scotia, upon request?

- Yes**
- No**

Questionnaire for School Speech-Language Pathologists

Please rate the following statements on a scale of 1 to 10, where 1= *do not agree* and 10= *strongly agree*. Please feel free to add comments below each statement to clarify or provide additional information.

1. I feel most of the students I work with are benefiting from the service I am able to provide.

1 2 3 4 5 6 7 8 9 10

Comments _____

2. I feel it is important for students to work on their speech and language skills at home.

1 2 3 4 5 6 7 8 9 10

Comments _____

3. I feel confident that most parents have the skills to work on speech and language skills at home with their children.

1 2 3 4 5 6 7 8 9 10

Comments _____

4. I feel parents would benefit from attending parent training sessions or education sessions on speech and language/communication skills.

1 2 3 4 5 6 7 8 9 10

Comments _____

5. Providing education and training to parents is a good use of clinical time.

1 2 3 4 5 6 7 8 9 10

Comments _____

6. I would like to provide more support to parents on how to work on speech and language skills at home.

1 2 3 4 5 6 7 8 9 10

Comments _____

7. I think most parents are agreeable to their child receiving speech-language services in a group with other students.

1 2 3 4 5 6 7 8 9 10

Comments _____

8. I am able to make contact with *most* parents by way of a meeting, written information or phone call. (Please circle most frequent mode of communication)

1 2 3 4 5 6 7 8 9 10

Comments _____

9. I have time in my schedule for collaboration with parents and teachers on a regular basis.

1 2 3 4 5 6 7 8 9 10

Comments _____

10. I am involved in the IPP process for the students on my caseload, when appropriate.

1 2 3 4 5 6 7 8 9 10

Comments _____

Additional Information

Please rate your level of agreement with the following statement, where 1 = do not agree and 10 = strongly agree.

I have a good level of job satisfaction.

1 2 3 4 5 6 7 8 9 10

In the space provided below, please add any specific information on ways you have tried to improve parent participation and involvement in speech-language services. Please make special note of any formal training for parents such as education sessions or workshops that have been carried out in your board.

Remember this questionnaire is anonymous. Do not put any identifying information on the questionnaire or return envelope.

Thank you for your help. Your input is greatly appreciated.

Appendix C

Information on Speech-Language Pathology Research Questionnaires

Dear School Principal,

I would like to provide you with information on research I will be conducting in the Cape Breton-Victoria Regional School Board as part of my studies in the Master of Arts in Education program at Mount Saint Vincent University. My thesis research entitled, *Addressing the Need for Collaboration: Perspectives on Speech-Language Pathology Support in Schools*, will involve sending questionnaires to parents to get their perspectives on speech-language pathology services.

In the next several weeks, questionnaires will be mailed out to parents whose children received speech-language pathology services in the current school year. The *Questionnaire for Parents* has been attached for your information. Parents are not obligated to participate in the study and are given the choice as to whether they would like to respond to the questionnaire. A pre-addressed, pre-stamped return envelope will accompany the questionnaire so that parents can return the completed questionnaire anonymously.

This study is being conducted under the supervision of Dr. Fred French, Associate Chair of Graduate Education at Mount Saint Vincent University and has received ethics approval from the University Research Ethics Board at Mount Saint Vincent University and from the Cape Breton-Victoria Regional School Board. It is hoped that the information gathered from the questionnaires will provide much needed feedback on the needs of parents and assist Speech-Language Pathologists with program planning in the future.

If you have any questions, please do not hesitate to contact the undersigned as we would certainly welcome any comments or concerns related to the study. As well, if you require further information on the conduct of the study you may contact Dr. Anthony Davis, Chair of the University Research Ethics Board at Mount Saint Vincent University (902-457-6350).

Thank you for your time and interest in this research.

Kelly Roberts M.Sc., S-LP (C)
Speech – Language Pathologist

Dr. Fred French, Ph.D
Associate Chair, Graduate Education
Mount Saint Vincent University
Halifax, N.S. B3M 2J6
902-457-6186 (office)

Appendix D

Information on Questionnaire for Parents

Dear Parents or Guardians,

I am currently completing research as part of the thesis requirement for the M.A.Ed. program at Mount Saint Vincent University. My thesis research entitled, *Addressing the Need for Collaboration: Perspectives on Speech-Language Pathology Support in Schools* relies on information gathered via questionnaires to parents of students in the Cape Breton Victoria Regional School Board.

Your participation in the study is purely voluntary. In order to ensure anonymity of the participants, I ask that you **do not** put your name or any identifying information on the questionnaire and on the return envelope. Only myself and the members of the thesis committee will have access to the returned questionnaires which will be stored in a locked cabinet and shredded three years after completion of the study.

If you would like to participate in this study, please do the following:

- (1) Respond to the questionnaire by circling either *yes*, *no*, or *not sure* for each statement. Space has been provided for you to provide comments on any aspects you feel are important.
- (2) Put the completed questionnaire in the pre-addressed, pre-stamped envelope and mail to the investigator.

This study is being conducted under the supervision of Dr. Fred French, Associate Chair of Graduate Education at Mount Saint Vincent University and has received approval from the Cape Breton-Victoria Regional School Board. Ethics approval has been received from the University Research Ethics Board at Mount Saint Vincent University.

If you have any questions, please do not hesitate to contact myself or my supervisor, Dr. Fred French (902-457-6186). Any questions related to the conduct of the research study can be directed to Dr. Anthony Davis, Chair of the University Research Ethics Board (902-457-6350 or Anthony.davis@msvu.ca).

Thank you for your time and interest in this research. It is anticipated that the results of the study will be available in the spring of 2006 and can be made available to you on request.

With sincere thanks,

Kelly Roberts M.Sc., S-LP (C)
Speech – Language Pathologist

Dr. Fred French, Ph.D
Associate Chair, Graduate Education
Mount Saint Vincent University
Halifax, N.S. B3M 2J6

Appendix E

Information on Questionnaire for School Speech-Language Pathologists

Dear School Speech-Language Pathologist,

I am currently completing research as part of the thesis requirement for the M.A.Ed. program at Mount Saint Vincent University. My thesis research entitled, *Addressing the Need for Collaboration: Perspectives on Speech-Language Pathology Support in Schools* relies on information gathered via questionnaires completed by parents of students in the Cape Breton-Victoria Regional School Board and school Speech-Language Pathologists in Nova Scotia. It is hoped that information received from the questionnaires will assist with program planning and service delivery in the future.

Your participation in the study is purely voluntary and questionnaires are to be completed anonymously. Information on caseload and demographics has been requested in the questionnaire to allow for differential analysis of the responses. If you choose to participate in the study, please respond to the attached questionnaire and return in the pre-addressed and pre-stamped envelope. Only the primary investigator and the members of the thesis committee will have access to the returned questionnaires which will be stored in a locked cabinet and shredded three years after completion of the study.

This study is being conducted under the supervision of Dr. Fred French, Associate Chair of Graduate Education at Mount Saint Vincent University and has received ethics approval from the University Research Ethics Board at Mount Saint Vincent University and from the Cape Breton-Victoria Regional School Board.

If you have any questions regarding the study, please do not hesitate to contact myself or Dr. Fred French (902-457-6186). Questions regarding the conduct of the study can be directed to Dr. Anthony Davis, Chair of the University Research Ethics Board at Mount Saint Vincent University (902-457-6350 or Anthony.davis@msvu.ca).

Thank you for your time and interest in this research. It is anticipated that the results of the study will be available in the spring of 2006 and can be made available to you on request.

Kelly Roberts M.Sc., S-LP (C)
Speech – Language Pathologist

Dr. Fred French, Ph.D
Associate Chair, Graduate Education
Mount Saint Vincent University
Halifax, N.S. B3M 2J6