

Peer review announcement

For Your Review

Updating the Scope of Practice for Speech-Language Pathology Assistants

The draft document *Updating the Scope of Practice for Speech-Language Pathology Assistants* prepared by the Ad Hoc Committee to Update the Scope of Practice for Speech-Language Pathology Assistants is now available for peer review. The committee members are Jerrold Jackson (chair), Tyler T. Christopulos, Nicole Wilson-Friend, Erin Judd, Ashley Northam, Katie Orzechowski, Jennifer Schultz, Nancy Thul, Linda Rosa-Lugo, Vice President for Speech-Language Pathology Practice (board liaison) and Lemmietta McNeilly (ex officio).

The purpose of this document is to update the Scope of Practice for Speech-Language Pathology Assistants by analyzing current practice standards and certification requirements, for approval by the ASHA Board of Directors.

Please forward this message to other individuals and organizations that may wish to participate in the peer review. Additional messages will be posted to ASHA email lists, appear on the ASHA Web site, and in *The ASHA Leader*.

The members of the Ad Hoc Committee to Update the Scope of Practice for Speech-Language Pathology Assistants look forward to your comments. Please go to www.asha.org/peer-review to read the document and complete the online peer review form.

1 **UPDATING THE SCOPE OF PRACTICE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

3 **Minimum Requirements for a Speech-Language Pathology Assistant**

5 A speech-language pathology assistant (SLPA) must complete an approved course of academic study,
6 complete a supervised clinical experience, successfully pass the American Speech-Language-Hearing
7 Association (ASHA) Assistants Certification Exam, **meet all state credentialing requirements**, and
8 receive on-the-job training specific to SLPA responsibilities.

10 The minimum requirements for all SLPAs are outlined as follows:

- 12 • Completion of an SLPA program from a regionally or nationally accredited institution (e.g., an
13 associate's degree, a technical training program, a certificate program, or a bachelor's degree).

14 OR

- 15 • Receipt of a bachelor's degree in communication sciences and disorders or a related field (e.g.,
16 speech-language-hearing sciences) from a regionally or nationally accredited institution AND
17 completion of [ASHA education modules](#).

18 OR

- 19 • A bachelor's degree in a field other than communication sciences and disorders AND completion
20 of [ASHA education modules](#) AND successful completion of coursework from a regionally or
21 nationally accredited institution in all of the following areas:

- 22 ▪ Introductory or overview course in communication disorders
- 23 ▪ Phonetics
- 24 ▪ Speech sound disorders
- 25 ▪ Language development
- 26 ▪ Language disorders

- Anatomy and physiology of speech and hearing mechanisms

AND

- Completion of a supervised clinical experience that consists of a minimum of one hundred (100) hours under the direct supervision of an ASHA qualified speech-language pathologist (SLP). The supervising SLP must meet all [ASHA certification and supervising requirements](#) and state credentialing requirements.

AND

- Passing score on the [ASHA Assistants Certification Exam](#).

AND

- Meet all [state credentialing requirements](#).

Expectations of a Speech-Language Pathology Assistant

- a. Adhere to all applicable state laws and rules regulating the practice of speech-language pathology, such as those requiring credentialing of support personnel.
- b. Adhere to the responsibilities for SLPAs specified in the ASHA scope of practice document and state requirements.
- c. Do not perform tasks or activities that are the exclusive responsibility of the SLP.
- d. Do not perform tasks or activities that are the exclusive responsibility of the SLP.
- e. Perform only those tasks approved by the supervising SLP.

- 51 f. Perform only those tasks approved by the supervising SLP.
- 52
- 53 g. Work only in settings for which the SLPA has been trained and state regulations allow for SLPA
- 54 employment.
- 55
- 56 h. Deliver services only with direct and indirect supervision provided on a regular and
- 57 systematic basis by an ASHA-certified and state licensed SLP. Frequency and type of
- 58 supervision should be based on the SLPA's competencies, and the caseload needs.
- 59
- 60 i. Conduct oneself ethically within the ASHA Assistant's Code of Conduct ([ASHA](#)
- 61 [Assistants Code of Conduct](#)) and state ethical codes.
- 62
- 63 j. Self-advocate for needed supervision and training and for adherence to the SLPA
- 64 Scope of Practice and other requirements.
- 65
- 66 j. Provide services in a culturally responsive manner. Communicate and collaborate
- 67 with students, patients, clients, the supervising SLP, colleagues, families, caregivers, and other
- 68 stakeholders.
- 69
- 70 k. Actively pursue continuing education and professional development activities.
- 71
- 72 l. Obtain information regarding availability and need for liability insurance.
- 73
- 74

Responsibilities Within the Scope of Practice for Speech-Language Pathology Assistants

The supervising SLP retains full legal and ethical responsibility for students, patients, and clients served but may delegate specific tasks to the SLPA. The SLPA may execute specific components of speech and language services as specified in care plans developed by the SLP. Services performed by the SLPA are only those within the scope of practice and are tasks that the SLPA has the training and skill to perform as verified by the supervising SLP. The SLP must provide appropriate and adequate direct and indirect supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the SLPA. Under no circumstances should the utilization of an SLPA's services violate the [ASHA Code of Ethics \(2016\)](#) or [ASHA Assistants Code of Conduct \(2020\)](#), or negatively impact the quality of services. An SLPA's services are designed to enhance the quality of care provided by the SLP.

Decisions regarding the tasks that are appropriate to assign to the SLPA should be made by the SLP in collaboration with the SLPA. The SLPA is responsible for communicating their knowledge, experience, and self-assessment of competence with specific skills to the SLP. It is the responsibility of the SLP to observe the SLPA performing specific tasks, to provide feedback regarding clinical performance, recommend or provide education and training to develop skills to meet the needs of the students, patients, and clients served, and validate the SLPA's competence.

93 If the SLPA has demonstrated the necessary competencies and the appropriate amount and type
94 supervision is provided, tasks in the following areas may be assigned:

95

96 **Service Delivery**

- 97 a. Self-identify (e.g., verbally, in writing, signage, titles on name badges, etc.) as an SLPA to
98 students, patients, clients, families, staff, and others.
- 99 b. exhibit compliance with federal, state, and local regulations including: The Health Insurance
100 Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA),
101 reimbursement requirements, and state statutes and rules regarding SLPA education, training,
102 and scope of practice;
- 103 c. administer and score screenings **without** clinical interpretation as directed by the SLP;
- 104 d. assist during assessment of students, patients, and clients without clinical interpretation as
105 directed by the SLP.
- 106 e. administer and score routine tests exclusive of clinical interpretation if the SLPA meets the
107 examiner requirements specified in the examiner's manual and the supervisor has verified the
108 SLPA's competence in administration
- 109 f. administer and score progress monitoring tools exclusive of clinical interpretation if the SLPA
110 meets the examiner requirements specified in the examiner's manual and the supervisor has
111 verified the SLPA's competence in administration
- 112 g. implement documented care plans or protocols (e.g., screening procedures, IEP, IFSP, treatment
113 plan) developed by the supervising SLP;
- 114 h. provide direct therapy services addressing treatment goals developed by the supervising SLP to
115 meet the needs of the student, patient, client, and family

- i. adjust and document the amount and type of support or scaffolding provided to the student, patient, or client within and across treatment sessions to facilitate progress
- j. develop and implement activities and materials for teaching and practice of skills to address the student, patient, client, and family goals per the care plan developed by the supervising SLP
- k. provide treatment through a variety of service delivery models (e.g., individual, group, classroom-based, home-based, co-treatment with other disciplines, etc.) as directed by the supervising SLP;
- l. provide services via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model;
- m. document student, patient, or client performance (e.g., collecting data and calculating percentages for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP in a timely manner;
- n. provide caregiver coaching (e.g., model and teach communication strategies, provide feedback regarding caregiver/child interactions) for facilitation and carryover of skills;
- o. share objective information (e.g., accuracy in speech/language skills addressed, participation in treatment, response to treatment, etc.) regarding student, patient, client performance to students, patients, clients, caregivers, and other service providers without interpretation or recommendations as directed by the SLP;
- p. program augmentative and alternative communication devices;
- q. provide instruction and technical assistance to students, patients, clients and families in the use of augmentative and alternative communication devices;
- r. create low-tech augmentative and alternative communication materials for students, patients, and clients;

- s. demonstrate or share information with students, patients, clients, families, staff, and caregivers regarding feeding and swallowing strategies, food texture modifications, liquid consistency modifications, and oral pharyngeal swallow therapy with bolus as developed and directed by the SLP.
- t. assist students, patients, and clients with feeding and swallowing skills/strategies developed and directed by the SLP when consuming food textures and liquid consistencies prescribed by the SLP.

Culturally Responsive Practices

Cambridge English Dictionary (n.d.) defines cultural responsiveness as being able to understand and consider the different cultural backgrounds of the people you teach, offer services to, etc. Additionally, it has been described as providing individuals with a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own (Hyter and Salas-Provence, 2019).

Engaging in culturally responsive practices refers to the explicit use of culturally based care and health knowledge in sensitive, creative and meaningful ways; the ability to apply learned knowledge and acquired skills in an effective manner (Leninger; Burchum, 2002).

Not only is the supervising SLP responsible for engaging in these practices, they should also ensure they train and provide support for the SLPA to develop these skills as well.

158 **Responsibilities for all Practitioners:**

- 159 a. adjust communication style and expectations to meet the needs of clients, patients, and students
160 from different cultural groups and to provide services in a culturally responsive manner; refer to
161 [ASHA Cultural Competence \(Practice Portal\) \(n.d.\)](#)
- 162 b. provide information to families and staff regarding the influence of first language on the
163 development of communication and related skills in a second language (under the direction of the
164 supervising SLP);
- 165 c. develop an understanding of the family dynamic from a cultural perspective in order to effectively
166 engage in meetings surrounding intake, discussions of therapy plan of care and other
167 communication scenarios surrounding practices for addressing communication concerns
- 168 d. engage in continuing education and training opportunities focusing on the assessment and
169 intervention process when working with individuals from culturally and linguistically diverse
170 students, patients, clients.

172 **Responsibilities for Practitioners who Speak Multiple Languages:**

173 Based on prior training and experiences in working with multilingual students, patients or clients and their
174 families, the SLPA may:

- 175
- 176 a. assists the SLP with interpretation and translation in the first language during
177 screening and assessment activities exclusive of **clinical** interpretation of results; refer to *Issues in*
178 *Ethics: Cultural and Linguistic Competence* ([ASHA 2017](#)) and [Bilingual Service Delivery](#)
179 [\(Practice Portal\) \(n.d.\)](#)

- b. serve as an interpreter for students, patients, clients, and families who do not speak English, when the provider has received specialized training with interpreting skills in the student, patient or client's first language; refer to [*Bilingual Service Delivery \(Practice Portal\) \(n.d.\)*](#)
- c. provide services in another language for individuals who do not speak English or those who are developing within the English language based on the provider's skills and knowledge of the language spoken by student, patient or client; refer to [*Bilingual Service Delivery \(Practice Portal\) \(n.d.\)*](#)

Administrative Support

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may:

- a. assist with clerical duties and site operations (e.g., scheduling, recordkeeping, maintaining inventory of supplies and equipment);
- b. perform safety checks and maintenance of equipment;
- c. prepare materials for screening, assessment and treatment services.

Prevention and Advocacy

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may:

- a. Present primary prevention information to individuals and groups known to be at risk for communication and swallowing disorders;
- b. promote early identification and early intervention activities;

- c. advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including addressing the social determinants of health and health disparities;
- d. provide information to emergency response agencies for individuals who have communication, swallowing, and/or related disorders;
- e. advocate at the local, state, and national levels for improved public policies affecting access to services and research funding;
- f. support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs;
- g. participate actively in professional organizations.

Responsibilities Outside the Scope for Speech-Language Pathology Assistants

There is potential for misuse of an SLPA's services, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising SLP. It is highly recommended that the *ASHA Speech-Language Pathology Assistant Scope of Practice* ([ASHA, 2020](#)), *ASHA Code of Ethics* ([ASHA, 2016](#)) and *ASHA Assistants Code of Conduct* ([ASHA, 2020](#)) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication and/or related disorders and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that he or she is receiving services from an SLPA under the supervision of an SLP.

226 **The SLPA should *NOT* engage in the following:**

227 a. representing themselves as the SLP;

228

229 b. administering or interpreting assessment tools for the purpose of diagnosing disability,
230 determining eligibility or qualification for services;

231

232 c. administering or interpreting swallowing screenings, checklists, and assessments;

233

234 d. diagnosing communication and swallowing disorders;

235

236 e. developing or determining the swallowing strategies or precautions for patients, family, students,
237 clients or staff;

238

239 f. disclosing clinical or confidential information (e.g., diagnosis, services provided, response to
240 treatment) either orally or in writing to individuals who have not been approved by the SLP to
241 receive information unless mandated by law;

242

243 g. writing, developing, or modifying a student's, patient's, or client's care plan in any way;

244

245 h. making referrals for additional services;

246

247 i. assisting with students, patients, or clients without following the individualized care plan prepared
248 by the certified SLP

249

250 j. assisting with students, patients, or clients without access to supervision;

251

- k. selecting augmentative and alternative communication systems or devices.
- l. treating medically fragile students, patients, or clients independently;
- m. performing procedures that require specialized knowledge and advanced training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging);
- n. providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLP or other designated SLP;
- o. providing interpretative information to the student, patient, client, family, or others regarding the student, patient, client status or service;
- p. signing or initialing any formal documents (e.g., care plans, reimbursement forms, or reports) without the supervising SLP co-signature;
- q. discharging a student, patient, or client from services.

271 **Practice Settings**

272 Under the specified guidance and supervision of an ASHA-certified and/or licensed SLP, SLPAs may
273 provide services in a wide variety of settings, which may include, but are not limited to, the following:

- 274 a. Public, private, and charter elementary and secondary schools;
275
276 b. early intervention settings (e.g., homes, preschools, daycare settings);
277
278 c. hospitals (inpatient and outpatient);
279
280 d. residential health care settings (e.g., home health agencies, long-term care and skilled nursing
281 facilities);
282
283 e. nonresidential health care settings (e.g., adult daycare, settings and clinics);
284
285 f. private practice settings;
286
287 g. university/college clinics;
288
289 h. research facilities;
290
291 i. corporate and industrial settings;
292
293 j. student's, patient's, or client's residences.
294
295

296 **Ethical Considerations**

297 ASHA strives to ensure that its members and certificate holders preserve the highest standards of
298 integrity and ethical practice. ASHA maintains two separate documents that set forth the fundamentals
299 of ethical conduct in the professions. The ASHA *Code of Ethics* ([ASHA, 2016](#)) sets forth the fundamental
300 principles and rules deemed essential for speech-language pathologists. This code applies to every
301 individual who is (a) a member of ASHA, whether certified or not, (b) a nonmember holding the ASHA
302 Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical
303 Fellow seeking to fulfill standards for certification.

304 The *ASHA Assistants Code of Conduct* ([ASHA, 2020](#)) sets forth the principles and fundamentals of
305 ethical practice for SLPAs. The Assistants Code of Conduct applies to all ASHA-certified audiology and
306 speech-language pathology assistants, and applicants for assistant certification. It defines the SLPA's
307 role in provision of services under the SLP's supervision and provides a framework to support decision-
308 making related to the actions of the SLPA. The Assistants Code of Conduct holds assistants to the same
309 level of ethical conduct as the supervising SLP with respect to responsibilities to people served
310 professionally, the public, and other professionals; however, it does not address ethics in supervision and
311 other duties that are outside of the SLPA Scope of Practice.

312 It is imperative that the supervising SLP and the SLPA are knowledgeable about the provisions of both
313 codes and that they behave in a manner that is consistent with the principles and rules outlined in the
314 ASHA Code of Ethics and the ASHA Assistants Code of Conduct. Because the ethical responsibility for
315 students, patients, and clients, or for subjects in research studies cannot be delegated, the supervising
316 SLP takes overall responsibility for the actions of SLPAs when they are performing assigned duties. If the
317 SLPA engages in activities that violate the Assistants Code of Conduct, the supervising SLP may be
318 found in violation of the Code of Ethics if adequate oversight has not been provided.

319 The following principles and rules of the ASHA Code of Ethics specifically address issues that are
320 pertinent when an SLP supervises SLPAs in the provision of services or when conducting research.
321 Failure to comply with principles and rules related to supervisory activities in the Code of Ethics or to
322 ensure that the SLPA complies with the Assistants Code of Conduct could result in a violation of the
323 Code of Ethics by the supervisor.

324

325 **Principle of Ethics I, Rule of Ethics A:** Individuals shall provide all clinical services and scientific
326 activities competently.

327 **Guidance:**

328 The supervising SLP must ensure that all services, including those provided directly by the SLPA, meet
329 practice standards and are administered competently. The supervising SLP is responsible for providing
330 training as needed or requested by the SLPA, identifying the services that the SLPA is competent to
331 perform, monitoring the provision of those services to ensure quality of care, and intervening to correct
332 the actions of the SLPA as needed.

333

334 **Principle of Ethics I, Rule of Ethics D:** Individuals shall not misrepresent the credentials of aides,
335 assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others
336 under their supervision, and they shall inform those they serve professionally of the name, role, and
337 professional credentials of persons providing services.

338 **Guidance:**

339 The supervising SLP must ensure that students, patients, clients, caregivers, and research subjects are
340 informed of the title and qualifications of the SLPA. This is not a passive responsibility; that is, the
341 supervisor must make this information easily available and understandable to the students, patients,
342 clients, caregivers, and research subjects and not rely on the individual to inquire about or ask directly for
343 this information.

344

345 **Principle of Ethics I, Rule of Ethics E:** Individuals who hold the Certificate of Clinical Competence may
346 delegate tasks related to the provision of clinical services to aides, assistants, technicians, support
347 personnel, or any other persons only if those persons are adequately prepared and are appropriately
348 supervised. The responsibility for the welfare of those being served remains with the certified individual.

349 **Guidance:**

350 The supervising SLP is responsible for providing appropriate and adequate direct and indirect
351 supervision to ensure that the services provided are appropriate and meet practice standards. The SLP
352 must consider student, patient, or client needs and the SLPA's knowledge and skills to determine what
353 constitutes appropriate supervision, which may be more than the minimum required in state regulations.
354 The SLP must document supervisory activities and adjust the amount and type of supervision to ensure
355 that the Code of Ethics and Assistants Code of Conduct are followed.

356 **Principle of Ethics I, Rule of Ethics F:** Individuals who hold the Certificate of Clinical Competence shall
357 not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the
358 scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals
359 over whom they have supervisory responsibility.

360 **Guidance:**

361 The supervising SLP is responsible for monitoring the professional activities performed by the SLPA and
362 ensuring that they remain within the guidelines set forth in the ASHA SLPA Scope of Practice and
363 applicable state and facility guidelines. In some cases, ASHA requirements may differ from state
364 regulations. ASHA requirements do not supersede state licensure laws or affect the interpretation or
365 implementation of such laws. The supervising SLP should ensure that the highest standards of ethical
366 conduct are maintained.

367

368 **Principle of Ethics II, Rule of Ethics A:** Individuals who hold the Certificate of Clinical Competence
369 shall engage in only those aspects of the professions that are within the scope of their professional
370 practice and competence, considering their certification status, education, training, and experience.

371 **Guidance:**

372 The supervising SLP is responsible for ensuring that they have the skills and competencies needed in
373 order to provide appropriate supervision. This includes completion of required continuing education in the
374 area of supervision and may include seeking additional continuing education in supervision to remain
375 current in this area.

376

377

378 **Principle of Ethics II, Rule of Ethics E:** Individuals in administrative or supervisory roles shall not
379 require or permit their professional staff to provide services or conduct research activities that exceed the
380 staff member's certification status, competence, education, training, and experience.

381 **Guidance:**

382 The supervising SLP must ensure that the SLPA only performs those activities that are defined as
383 appropriate for the level of training and experience and in accordance with applicable state regulations
384 and facility guidelines. If the SLPA exceeds the practice role that has been defined for them, the SLP
385 must intervene to correct the actions of the SLPA as needed.

386

387 **Principle of Ethics III, Rule of Ethics D:** Individuals shall not defraud through intent, ignorance, or
388 negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or
389 grants and contracts for services provided, research conducted, or products dispensed.

390 **Guidance:**

391 States and third-party payers (e.g., insurance, Medicaid) vary in their policies regarding recognition of
392 SLPAs as approved service providers, rate of reimbursement for assistant-level services, and other
393 policies. The supervising SLP is responsible for knowing and understanding federal and state regulations
394 and individual payer policies, billing for services at the appropriate level, and providing the amount and
395 type of supervision required by the payer when billing for SLPA services.

396

397

398 **Principle of Ethics IV, Rule of Ethics I:** Individuals shall not knowingly allow anyone under their
399 supervision to engage in any practice that violates the Code of Ethics.

400 **Guidance:**

401 Because the SLPA provides services as an extension of those provided by the certified SLP, the SLP is
402 responsible for ensuring the SLPA adheres to the Assistants Code of Conduct and monitoring the
403 performance of the SLPA.

404

405 **Liability Issues**

406 Individuals who engage in the delivery of services to persons with communication and swallowing
407 disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore,
408 liability insurance is recommended as a protection for malpractice. SLPAs should consider the need for
409 liability coverage. Some employers provide it for all employees. Other employers defer to the employee
410 to independently acquire liability insurance. Some universities provide coverage for students involved in
411 practicum/fieldwork. Obtaining or verifying liability insurance coverage is the responsibility of the SLPA
412 and needs to be done prior to providing services.

413

414

Guidelines for SLP Supervision of Speech-Language Pathology Assistants

Speech Language Pathologist Supervisory Role

Qualifications for a Supervising SLP

Minimum qualifications for an SLP who will supervise the SLPA include:

- a. current ASHA certification and/or state licensure,
- b. 9 months of experience after being awarded ASHA certification (*i.e., completion of the 9-month clinical fellowship followed by 9 months of experience*),
- c. completion of the 2-hour supervision requirement per the ASHA Certification Standards (2020)
 - It is recommended that the supervision course include content related to the supervision of SLPAs or **per state guidelines**.
- d. adherence to state credentialing guidelines for supervision of the SLPA

Additional Expectations of the Supervising SLP

- a. Conduct ongoing competency evaluations of the SLPAs;
- b. provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills required to meet the needs of the students, patients, or clients served;
- c. develop, review, and modify treatment plans for students, patients, and clients that the SLPA implements under the supervision of the SLP;
- d. make all case management decisions;
- e. adhere to the supervisory responsibilities for SLPs;
- f. retain the legal and ethical responsibility for all students, patients, and clients served;
- g. adhere to the principles and rules of the ASHA Code of Ethics; and

- h. adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

Supervision of SLPAs

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible. It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and maintains the highest possible standards of quality. The amount and type of supervision should meet the minimum requirements and be increased as needed based on the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; the needs of students, patients, and clients served; the service setting; the tasks assigned; and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and interact in a manner that will provide the best possible outcomes for student, patient, and client care. It is also critical that the SLP and SLPA understand that their language, culture, and experiences will be different within the dyad and across the triad (SLP, SLPA, and patient, client, and student). It is expected that the practitioners stay grounded in cultural responsiveness and culturally responsive practices when engaged in all aspects of interactions.

As the supervisory responsibility of the SLP increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to significantly increase the caseload size for SLPs. The SLPA specialized skills should be utilized to support the SLP with the care of individuals on the SLP's caseload. Under no circumstances should an assistant have their own caseload.

Diagnosis, treatment, and support of the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising SLP must

- a. hold a Certificate of Clinical Competence in Speech-Language Pathology from ASHA and/or a state licensure (where applicable),
- b. have an active interest to collaborate with support personnel,
- c. have a minimum of 9 months of experience after being awarded ASHA certification (*i.e., completion of the 9-month clinical fellowship followed by 9 months of experience*),
- d. complete the 2-hour supervision requirement per the ASHA Certification Standards (2020)
 - *It is recommended that the supervision course include content related to the supervision of SLPAs*
- e. adhere to state credentialing guidelines for supervision of the SLPA

485 **SLP to SLPA Ratio**

486 Although more than one SLP may provide supervision of an SLPA, it is recommended that the SLP
487 should **not** supervise or be listed as a supervisor for more than three full-time equivalent (FTE) SLPAs
488 in any setting or combination thereof. The supervising SLP should assist in determining the
489 appropriate number of assistants whose practice can be supervised within their workload. When
490 multiple SLPs supervise a single SLPA, it is critical that the supervisors coordinate and communicate
491 with each other so that minimum supervisory requirements are met and that the quality of services is
492 maintained.

493

494 **Requirements for the Frequency and Amount of Supervision**

495 Supervision requirements may vary based on a variety of factors. In order to ensure adequate and
496 appropriate supervision, the supervising SLP should outline expectations in collaboration with the
497 SLPA. As the relationship continues to develop over time, the SLP/SLPA team can decide how and to
498 what extent supervision is needed. Before the SLPA begins to provide support independently, the
499 supervising SLP must have first contact with all individuals on the caseload. First contact includes
500 establishing rapport, gathering baseline data, and other necessary documentation to begin (or
501 continue) the plan of care for the student, patient, or client. As the SLP/SLPA team dynamic continues
502 to develop beyond the initial onboarding, minimum ongoing supervision must always include
503 documentation of direct supervision provided by the SLP for each student, patient, or client **at least**
504 **every 30-60 days (depending on setting).**

505 The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met
506 appropriate competencies and skill levels with a variety of communication disorders. Data on every
507 student, patient, and client serviced by the SLPA should be reviewed by the supervisor in regular
508 intervals and can be considered indirect supervision. Supervision days and time of day
509 (morning/afternoon) should be arranged in a way to ensure that all students, patients, and clients
510 receive direct contact with the supervising SLP.

511 Documentation of all supervisory activities, both direct and indirect, must be accurately and regularly
512 recorded. Further, 100% direct supervision (synchronous or “live” telesupervision is acceptable) of
513 SLPAs for medically fragile students, patients, or clients is required.

514 The supervising SLP is responsible for designing and implementing a supervisory plan that ensures
515 the highest standard of quality care can be maintained for students, patients, and clients. The amount
516 and type of supervision required should be consistent with the skills and experience of the SLPA; the
517 needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and
518 regulations that govern SLPAs. Care of the student, patient, or client remains the responsibility of the
519 supervisor.

520 Direct supervision means in-view observation and guidance while a clinical activity is performed by
521 the assistant. This can include the supervising SLP viewing and communicating with the SLPA via
522 telecommunication technology as the SLPA provides clinical services, because this allows the SLP to
523 provide ongoing immediate feedback. Direct supervision does not include reviewing an audio or video
524 recorded session at a later time.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of assigned treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient, client, or student during presentation and implementation of assigned procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication while the SLPA is providing services. Indirect supervisory activities may include demonstration video, review of student, client, patient files, review and evaluation of audio or video recorded sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure virtual meetings. The SLP will review each care plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate or electronic means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence, (b) notify employer or site administrator that other arrangements for the SLPA's supervision of services need to be made while the SLP is unavailable, and (c) inform the students, patients, or clients that services will be rescheduled.

547 In some instances, the SLPA may be supervised by multiple SLPs. Special consideration should be
548 given when thinking about the impact this may have on service providers. It is recommended that the
549 SLPA is not supervised by more than three (3) SLPs in one setting/location.

550 **Conclusion**

551 It is the intent of this document to provide guidance for the use of speech-language pathology
552 assistants in appropriate settings, thereby increasing access to timely and efficient speech-language
553 services. It is the responsibility of the supervising speech-language pathologists to stay abreast of
554 current guidelines (including state credentialing guidelines) and to ensure the quality of services
555 rendered.

556

557 **Definitions**

558 **Accountability:** Accountability refers to being legally responsible and answerable for actions and
559 inactions of self or others during the performance of a task by the SLPA.

560 **Assessment:** Assessment - procedures implemented by the speech-language pathologist for the
561 differential diagnosis of communication and swallowing disorders which may include, "culturally and
562 linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools;
563 use of instrumentation; review of records, case history, and prior test results; and interview of the
564 individual and/or family to guide decision making." *ASHA SLP Scope of Practice p. 11*
565 <https://www.asha.org/siteassets/publications/sp2016-00343.pdf>

566 **Care Plan:** A written service plan developed and monitored by the supervising speech-language
567 pathologist to meet the needs of an individual student, patient, or client. The plan may address needs
568 for screening, observation, monitoring, assessment, treatment, and other services. Examples of care
569 plans include Individualized Education Plans (IEPs), Individualized Family Service Plans (IFSPs),
570 rehabilitation services plans, etc.

571 **Cultural Responsiveness:** Provides individuals with a broader perspective from which to view our
572 behaviors as they relate to our actions with individuals across a variety of cultures that are different
573 from our own. (Hyter and Salas-Provance, 2019)

574 **Culturally Responsive Practices:** Care that takes the client's cultural perspectives, beliefs, and
575 values into consideration in all aspects of education and/or providing a service. (Ladson Billings,
576 1994, 1995); The explicit use of culturally based care and health knowledge in sensitive, creative, and
577 meaningful ways (Leninger, 2002); A set of congruent behaviors, attitudes, and policies that come
578 together in a system, agency or among professionals and enable that system, agency or
579 professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, and Isaacs,
580 1989).

581 **Direct Supervision:** Direct supervision means in-view observation and guidance by an SLP while an
582 assigned activity is performed by support personnel. Direct supervision performed by the supervising
583 SLP may include, but is not limited to, the following: observation of a portion of the screening or
584 treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The
585 supervising SLP must be present during all services provided to a medically fragile client by the SLPA
586 (e.g., on-site or via synchronous telesupervision). The SLP can view and communicate with the
587 student, patient, or client and SLPA via “real time” telecommunication technology to supervise the
588 SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing
589 a taped session later.

590 **Indirect Supervision:** Indirect supervision means the supervising SLP monitoring or reviewing the
591 SLPA’s activities outside of observation and guidance during student, patient, or client direct services.
592 Indirect supervision activities performed by the supervising SLP may include, but are not limited to,
593 demonstration, record review, review and evaluation of audio or video recorded sessions, and interactive
594 conferences that may be conducted by telephone, e-mail, or other forms of telecommunication (virtual
595 platforms, etc.).

596 **Interpretation:** Summarizing, integrating, and using data for the purpose of clinical decision
597 making, which may only be done by SLPs. SLPAs may summarize objective data from a session to
598 the family or team members.

599 **Medically Fragile:** A term used to describe an individual who is acutely ill and in an unstable health
600 condition. If such an individual is treated by an SLPA, 100% direct supervision by an SLP is required.

601 **Progress Monitoring:** a process of collecting, graphing, and reviewing data on an individual's target
602 skills to assess the individual's response to treatment and comparing the individual's growth to a target
603 trend line or goal to determine if sufficient progress is being made. (Adapted from
604 <https://intensiveintervention.org/data-based-individualization/progress-monitoring>)

605 **Screening:** A pass-fail procedure to identify, without interpretation, students, patients, or clients who
606 may require further assessment following specified screening protocols developed by and/or approved
607 by the supervising SLP. The SLPA may administer a screening, which is then interpreted by the
608 supervising SLP.

609 **Social Determinants of Health:** The conditions in which people are born, grow, live, work, and age,
610 including the health system. These circumstances are shaped by the distribution of money, power, and
611 resources at global, national, and local levels, which are themselves influenced by policy choices. The
612 social determinants of health are mostly responsible for health inequities-the unfair and avoidable
613 differences in health status seen within and between countries. (World Health Organization, n.d.)

614 **Speech-Language Pathology Aides/Technician:** Aides or technicians are individuals who have
615 completed on-the-job training, workshops, and other related tasks who work under the direct
616 supervision of ASHA-certified SLPs.

617 **Speech-Language Pathology Assistant:** Individuals who, following academic coursework, clinical
618 practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-
619 certified SLPs.

620 **Supervising Speech-Language Pathologist:** An SLP who holds a Certificate of Clinical Competence
621 in Speech-Language Pathology from ASHA and/or a state licensure (where applicable), has an active
622 interest and desire to collaborate with support personnel, has a minimum of 9 months of experience
623 after being awarded ASHA certification, has completed the 2-hour supervision requirement per the
624 ASHA Certification Standards (2020) and adheres to state credentialing guidelines for supervision of
625 the SLPA, and who is licensed and/or credentialed by the state (where applicable).

626 **Supervision:** The provision of direction and evaluation of the tasks assigned to an SLPA.
627 Methods for providing supervision include direct supervision, indirect supervision, and
628 telesupervision.

629 **Support Personnel:** Support personnel in speech-language pathology perform tasks as prescribed,
630 directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel
631 based on training and scope of responsibilities. Support personnel include SLPAs and speech-
632 language pathology aides/technicians. ASHA is operationally defining these terms for ASHA
633 resources. Some states use different terms and definitions for support personnel (e.g. Assistant
634 Speech-Language Pathologist, Speech-Language Pathologist Paraprofessional, SLP-Assistant, etc.).

635 **Telepractice:** This refers to the application of telecommunications technology to delivery of
636 professional services at a distance by linking clinician to client, or clinician to clinician, for
637 assessment, intervention, and/or consultation.

638 **Telesupervision:** The SLP can view and communicate with the patient and SLPA in real time via
639 Skype, webcam, and similar devices and services to supervise the SLPA, providing the opportunity
640 for the SLP to give immediate feedback. This does not include reviewing a taped session later.

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