



Illinois State Board of Education

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www.isbe.net

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State Superintendent of Education

November 13, 2006

MEMORANDUM

TO: Directors of Special Education
Regional Superintendents of Schools

FROM: Division of Certification and Professional Preparation

SUBJECT: Speech Language Paraprofessionals

Districts and special education joint agreements that are unable to secure certified speech and language pathologists can request an approval for a speech and language paraprofessional. The approvals are reviewed and approved through the Division of Certification and Professional Preparation. Approvals submitted through the correct process with the required documentation reduce delays in issuing approvals. The information in this memorandum is provided to assist districts and joint agreements in completing the approval process.

1. When requesting a speech and language paraprofessional approval, district/joint agreements should reference the **Guidelines for Use of Speech and Language Paraprofessionals**, which delineates the application procedures. The guidelines are available on the Division of Certification and Professional Preparation webpage at www.isbe.net/certification.
2. All speech and language approval requests must be submitted through the local Regional Office of Education. The Regional Superintendent must sign and date speech and language approvals.
3. **Approval requests and supporting documentation can not be submitted through the Division of Special Education Services.** The Division of Special Education Services does not review or issue speech and language approvals and can not provide any information regarding the status of approvals.
4. Districts/joint agreements must submit documentation verifying comprehensive search efforts for certified speech language pathologists. While paraprofessionals may be employed for more than one year, districts/joint agreements must continue recruitment efforts during the school year and summer.
5. **Speech and language approval requests must be submitted no earlier than August 1.** Approval requests submitted before August 1 will not be reviewed. Approval requests submitted at the end of a school year for services to be provided during the summer should include a cover letter regarding the summer services.
6. Additional documentation required to address identified deficiencies may be submitted through either the local Regional Office of Education or mailed directly to the Division of Certification and Professional Preparation 100 North First Street Springfield, IL 62777.

Illinois State Board of Education (ISBE)
Guidelines for Use of Speech-Language Paraprofessionals

PROGRAM IMPLEMENTATION

- With approval from ISBE, entities may employ a paraprofessional with a bachelor's degree in communication disorders (or its equivalent) and Illinois teaching certification (minimally a Type 39 Substitute Certificate) to assist a certified speech-language pathologist (SLP). The paraprofessional must be referred to as a "*speech-language paraprofessional*" in person and in writing.
- Such a program may be implemented when an entity has exhausted all search efforts for a certified SLP and has been unable to employ such an individual. Any entity that employs a paraprofessional under this program must continue to post the vacancy and **actively** search for a certified SLP. This program is not to be confused with speech-language pathology assistants licensed by the Illinois Department of Financial and Professional Regulation (IDFPR).
- Medicaid provider requirements for receiving reimbursement of speech and language activities state that with approval from ISBE, the paraprofessional may provide services under the supervision of a certified SLP. These services include screening and direct therapy only.

SUPERVISION

- The supervisor must hold an ISBE certificate endorsed in speech-language pathology as well as a current speech-language pathology license issued by the IDFPR.
- A full-time SLP may supervise a maximum of two paraprofessionals. The supervisor's caseload must be decreased by 15% for **each** paraprofessional supervised.
- A minimum total of 10% supervision is required each week (i.e., a minimum of four (4) hours in a full-time week) and must be documented. **Direct, on-site supervision** is required no less than 5% of the time per week (i.e., a minimum of two (2) hours in a full-time week) and includes direct observation of the paraprofessional's contact with students. **Indirect supervision** is required no less than 5% of the time per week and may include demonstration, record review, evaluation of taped sessions, and supervisory conferences. Additional supervision may be necessary depending on the experience of the paraprofessional and the needs of the students.
- At a minimum, supervision documentation must provide information regarding the quality of the paraprofessional's performance of assigned duties and verification that activities are limited to those specified in the scope of responsibilities delineated in this document. Information obtained during direct supervision may include data relative to (1) agreement (reliability) between the paraprofessional and the supervisor on recording of target behavior, (2) accuracy in implementation of screening and treatment procedures, (3) accuracy in recording data, and (4) ability to interact effectively with the student(s).
- At no time may a paraprofessional provide direct services when a supervisor cannot be reached by personal contact, phone, pager or some other immediate means.

SCOPE OF RESPONSIBILITIES

- Conducting speech-language screenings (without interpretation) following specified screening protocols developed by the supervisor.
- Providing speech-language services to students, who, by the specific nature of the therapeutic services required, are not in need of full-time monitoring of performance by a certified SLP. **Note:** An instructional special education classroom for students with severe communication disorders is not an appropriate work assignment for speech-language paraprofessionals.
- Implementing documented treatment plans or protocols developed by the supervisor.
- Documenting student performance and progress toward meeting established goals and objectives or benchmarks and reporting the information to the supervisor.
- Assisting with documentation, material preparation and other duties as directed by the supervisor.
- Scheduling activities, preparing charts/records/graphs, and performing checks and maintenance of equipment.
- Acting as an interpreter for non-English speaking students and their family members when competent to do so.

ACTIVITIES OUTSIDE THE SCOPE OF RESPONSIBILITIES

The paraprofessional **may not:**

- Administer or interpret tests or conduct evaluations.
- Participate in consultations, meetings or conferences without the presence of the supervisor or another designated, certified SLP.
- Develop, write, or modify IEPs or treatment plans in any way.
- Work with students without following the IEP or treatment plans prepared by the supervisor or without the required amount of supervision.
- Sign any document without the co-signature of the supervisor.
- Disclose clinical or confidential information to anyone not designated by the supervisor.
- Make referrals to other professionals or other agencies.
- Represent himself or herself as a speech-language pathologist.

NOTE: The specific role of the paraprofessional is determined by the supervisor. The supervisor is 100% responsible for the paraprofessional's activities. When paraprofessionals are responsible for carrying out treatment plans for individual students, parents must be notified **in writing** of this fact.

APPLICATION PROCEDURES

Entities applying for this program must submit the following information for each individual approval requested. This information must be submitted to the appropriate Regional Superintendent on or before 30 days after a special class or service is started per the School Code. Applications not submitted in this manner will be denied.

1. “Request for Approval of a Speech and Language Paraprofessional,” [ISBE 73-51](#)
2. An assurance that no appropriately certified SLP is available. The documentation that substantiates the assurance must detail the entity’s **comprehensive** search efforts. Any entity that employs a paraprofessional under this program must continue to keep the vacancy posted and to actively search for a certified SLP.
3. Supervisor information, including (1) the name of the SLP who will be responsible for supervision of the paraprofessional, (2) the supervisor’s employer, and (3) a copy of the supervisor’s ISBE certificate and IDPR license.
4. The applicant’s name, social security number, and a copy of the university transcripts that document a bachelor’s degree in communication disorders or its equivalent.
5. Evidence (copy) of Illinois teaching certification – minimally a Type 39 Substitute Certificate.
6. A description of supervision, including **(1)** the number of hours per week that the paraprofessional is directly and indirectly supervised, **(2)** the activities that constitute direct and indirect supervision, and **(3)** caseload limitations and restrictions for the paraprofessional and the supervisor.
7. A description of work assignment, including the number and type of students to be served by the paraprofessional as well as the severity of their *speech-language* impairments.
8. Annual documentation of continuing professional development activities for paraprofessionals who were employed under this program during the prior school year.

After approval has been granted, the entity is eligible to be reimbursed (per the School Code) if it **directly** employs the individual. *Contractual employees are not eligible for approval.* **Tenure is not attainable in this program.** Approvals are granted for one year at a time. Any work assignment or supervision changes must be submitted to ISBE in writing for approval.

Compliance with these guidelines will be monitored at selected sites throughout the school year.

Illinois State Board of Education
**Speech-Language Paraprofessional
Continuing Professional Development Worksheet**

Continuing education is required for individuals who were approved as speech-language paraprofessionals during the prior school year. For each full or partial year of employment, the paraprofessional must document the successful completion of at least one of the following:

1. A 3-semester-hour course in an area related to the field of communication disorders.
2. A 3-semester-hour course that is required for the completion of a master's degree in communication disorders or its equivalent.
3. A minimum of 10 clock hours of inservice training in an area related to communication disorders.
4. A minimum of two state or national conferences in communication disorders.

Paraprofessional's Name _____

Social Security Number _____

Employer _____

Employer's Address _____

City, State, Zip _____

Telephone (_____) _____ Fax (_____) _____

Supervising Speech/Language Pathologist's Name _____

Social Security Number _____

Supervising Speech/Language Pathologist's Employer _____

CONTINUING PROFESSIONAL DEVELOPMENT DOCUMENTATION

A 3-semester-hour course in an area related to the field of communication disorders.

Institution where course was completed _____

Course name _____ Course number _____

Date of completion (attach a copy of the final grade report) _____

A 3-semester-hour course that is required for the completion of a master's degree in communication disorders or its equivalent.

Institution where course was completed _____

Course name _____ Course number _____

Date of completion (attach a copy of the final grade report) _____

A minimum of 10 clock hours of inservice training in an area related to communication disorders.

DATE	LOCATION	TOPIC	HOURS	PRESENTER(S)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A minimum of two state or national conferences in communication disorders.

DATE	LOCATION	TOPIC(S)	CONFERENCE
_____	_____	_____	_____
_____	_____	_____	_____

I verify that the information on the Speech-Language Paraprofessional Annual Continuing Professional Development Worksheet and all supporting documentation submitted with the worksheet is current and accurate to the best of my knowledge.

Signature of paraprofessional applicant _____
Date

Signature of supervising speech-language pathologist _____
Date