

Comparison: Caseload vs. Workload Analysis

CASELOAD	WORKLOAD ANALYSIS
(definition) the number of <u>cases</u> handled (as by a clinic) in a particular period; “cases” = individuals.	(definition) the amount of work that is expected to be done; the amount of work to be done by someone or something.
Caseload language is based solely on the number of students with whom School Support Personnel work. There is no consideration given for the amount of work and/or subsequent effectiveness of interventions, no matter how many students were on a caseload for a particular service provider. In the mid 1970s, the statute limiting the number of students serviced by a speech-language pathologist “...shall not exceed 60” (Illinois Administrative Rules) became law.	In 2009, ISBE issued a directive to all districts in the state to develop a workload plan for determining staffing needs and balancing workloads with efficacy. ISBE’s directive stated that a Workload Plan is, “A best practice approach to ensuring that special education service needs in [your] district can be met through a collaborative, coordinated integration of staffing allocations, resource flexibility and articulation of service delivery.”
ISBE’s 1993 Technical Manual for Speech-Language Pathologists included a Severity Ratings Matrix which enabled the “weighing” of a caseload based on severity of disorder and number of minutes for direct therapy only. 100 units indicated a “FULL” caseload. This was the last technical manual published by ISBE.	Since ISBE did not publish any updates to the Severity Ratings Matrix, and because many changes had occurred in the field of speech-language pathology in the school setting, ISHA’s School Affairs committee members recognized that there was a need for updating the matrix and information relevant to SLPs in schools. Permission was received from ISBE to revise the matrix. The current total workload value for each SLP is considered to be the equivalent of the caseload maximum of 60 students.
Based on the number of students with identified IEP services.	Based on the needs of each individual student, as identified in his/her IEP, to provide the appropriate services and interventions determined by the IEP team.
Does NOT reflect the specific needs of service provision such as direct therapy minutes; preparation of materials to address unique individual needs; collaboration with teachers; communication with parents and outside therapists; time to identify needs and goals; preparation of IEP documents; the emerging return of special needs students to general education classrooms and schools, and regular/quarterly progress reporting.	Takes into consideration ALL activities necessary to provide FAPE to individual students with identified special education and/or speech-language needs. Involves an analysis and weighing of the severity of a student’s deficits, the amount of time and work needed to provide identified services to fulfill the requirements of the Individualized Education Plan using best practices, materials and programs developed using evidence-based research, in collaboration with all team members relevant to each individual student.
Extremely restrictive to therapists who aim to provide appropriate services to their students.	Can allow for flexibility in determining staffing needs, individual caseloads based on workload analysis, and service delivery.