

Section Two: WORKLOAD ANALYSIS--Individual Student

| NOTE: Complete ONE form per student on caseload. This form is for SERVICE PROVIDER USE ONLY, and is not intended to become part of the student's permanent record. | | | | |
|--|---|---|--|---|
| STUDENT NAME: | DOB: | GR/TCHR: | SCHOOL YEAR: | DATE: |
| SPECIAL EDUCATION and/or ADDITIONAL SERVICES (per IEP, 504, etc. check all that apply): | <input type="checkbox"/> Sp-Language Impaired <input type="checkbox"/> Specific Learn. Dis. <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Autism Spectrum Dis. <input type="checkbox"/> Social Work | <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Vision Itinerant <input type="checkbox"/> Hearing Itinerant | <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Orient. & Mobility <input type="checkbox"/> RTI/MTSS only <input type="checkbox"/> Other (specify): |
| SSP NAME: | TITLE: | <input type="checkbox"/> Case Manager | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Both CM + SP |
| Factors that influence need, frequency, duration, and intensity of service(s). MARK/IDENTIFY ALL THAT APPLY TO THIS STUDENT. | | | | |
| Activities required to provide FAPE, per IEP, for this student. | In the sections below, document any critical information that may assist current/future decisions. | ACTUAL TIME NEEDED In minutes per month | | |
| Student is referred for consultation with teacher and/or observation. | NOTE: | | | |
| Student is referred for screening and/or receives MTSS/RtI services. | NOTE: | | | |
| NO DIRECT services; Consult or Monitor Only. | NOTE: | | | |
| This student requires an initial evaluation or a 3-yr re-evaluation this year (180 minutes within 60 days, one time during the year = 20 mpm). | NOTE: | | | |
| Communications/networking with parents, outside agencies. Attendance and participation in meetings (i.e. domain, eligibility and/or initial IEPs, annual reviews, P/T conferences, transition meetings, etc.). | NOTE: | | | |
| DIRECT INTERVENTION SERVICES as determined by utilizing the Eligibility Guide and clinical judgment. Choose the amount of time most appropriate for this student (total monthly minutes for direct services). If a varied service delivery is documented on the IEP, enter a total amount of time allotted for direct services (eg. group and individual services, push-in, etc.). | From Section 1: Minimal = 60 mpm; Mild = 120 mpm; Moderate = 240 mpm; Severe = 360 mpm; Profound = 480 mpm. This will be the amount subtracted from the total to calculate the INDIRECT minutes required. NOTE: | | | |
| Outpatient/Home Program for minimal difference/mild articulation deficits only. | NOTE: | | | |
| Scheduling students for therapy services, evaluations, classroom observations, etc., as needed. | NOTE: | | | |
| Case Management responsibilities: scheduling meetings, preparing paperwork, maintaining files, etc. | NOTE: | | | |
| Record-keeping, progress monitoring and reporting, Medicaid billing, Fee for Service/Administrative Outreach, etc. | NOTE: | | | |
| Preparation and provision of specific oral-motor tools, and/or home practice materials. | NOTE: | | | |
| Individualized or specialized therapy program/materials needed (eg. social language stories, picture/visual cues and/or schedules, low tech AAC, PROMPT, Therapeutic Listening, etc.). | NOTE: | | | |
| Assistive Technology communication needs; training, use, maintenance of equipment for mid to high tech devices. | NOTE: | | | |
| Academic supports (eg. RTI/MTSS), curriculum modifications, team meetings, teacher/support staff consultations and/or trainings. | NOTE: | | | |
| Behavioral factors; student may exhibit chronic and/or severe aggression which has required the development of and/or implementation of a Behavioral Intervention Plan (BIP). | NOTE: | | | |
| TRAVEL TIME (between buildings or to off-site/homebound services). | NOTE: | | | |
| TOTAL DIRECT + INDIRECT WORKLOAD MINUTES PER MONTH REQUIRED TO PROVIDE FAPE FOR THIS STUDENT = | | | | |

Section Two: WORKLOAD ANALYSIS--Service Provider Summary Page

| NAME/TITLE OF SERVICE PROVIDER: | | | | | | | | | | | | | SCHOOL YEAR: | | | | | | | | |
|---|------------------|--------------|------------|--------------|--------------------|--------------|------------|--------------|------------------|--------------------|------------|--------------|------------------|--------------|--------------------|--------------|----------------------|----------------------------|--|----------|--|
| CURRENT CASE-LOAD | STUDENT INITIALS | TOTAL WL MPM | DIRECT MPM | INDIRECT MPM | STUDENT INITIALS | TOTAL WL MPM | DIRECT MPM | INDIRECT MPM | STUDENT INITIALS | TOTAL WL MPM | DIRECT MPM | INDIRECT MPM | STUDENT INITIALS | TOTAL WL MPM | DIRECT MPM | INDIRECT MPM | DISORDER TYPES | # of Students | | | |
| Illinois Administrative Rule 226.735 (Illinois Special Education Law) first requires an analysis of the work an SLP will be required to provide to each student in order to ensure FAPE, and secondly, ensures to the SLP that at no time shall his/her caseload be more than 60 students. Workload analysis first, then ensure no more than 60 students. Depending on workload analysis, an SLP may have significantly fewer than 60 students on his/her caseload and should not be required to service more than workload allows. | | | | | | | | | | | | | | | | | OM/Apraxia | | | | |
| | | | | | | | | | | | | | | | | | | Articulation | | | |
| | | | | | | | | | | | | | | | | | | Phonological Disorder | | | |
| | | | | | | | | | | | | | | | | | | Receptive Language | | | |
| | | | | | | | | | | | | | | | | | | Expressive Language | | | |
| | | | | | | | | | | | | | | | | | | Fluency | | | |
| | | | | | | | | | | | | | | | | | | Voice | | | |
| | | | | | | | | | | | | | | | | | | CAPD | | | |
| | | | | | | | | | | | | | | | | | | ASD | | | |
| | | | | | | | | | | | | | | | | | | TBI/Other | | | |
| | | | | | | | | | | | | | | | | | | OHI (ADHD, physical, etc.) | | | |
| | | | | | | | | | | | | | | | | | | Hearing Impairment | | | |
| | | | | | | | | | | | | | | | | | | Vision Impairment | | | |
| | | | | | | | | | | | | | | | | | | Intellectual Deficits | | | |
| | | | | | | | | | | | | | | | | | Emotional/Behavioral | | | | |
| SUBTOTALS 1 | | | | | SUBTOTALS 2 | | | | | SUBTOTALS 3 | | | | | SUBTOTALS 4 | | | | | RTI/MTSS | |

1. Enter your total session minutes for each day here: M + T + W + Th + F = TOTAL SESSION mpm

5. TOTAL TIME NEEDED BY SERVICE PROVIDER = mpm

2. TOTAL SESSION mpm x 4 (weeks) = TOTAL AVAILABLE DIRECT SESSION mpm.

6. TOTAL CONTRACTUAL TIME mpm = mpm

3. Calculate TOTAL INDIRECT mpm = add all INDIRECT WL mpm from the table above:
 Subtotals 1 + 2 + 3 + 4 = TOTAL INDIRECT mpm

7. Calculate WORKLOAD TIME:
 Total Time Needed
 Contractual Time --
 Amount Over/Under Contractual Time =

4. Calculate TOTAL TIME NEEDED BY THIS SERVICE PROVIDER:
 Add TOTAL AVAILABLE SESSION mpm +
 Add TOTAL INDIRECT mpm +
 Add contractual PLAN TIME mpm +
 Add contractual LUNCH TIME mpm +
 Add supervision/mentoring mpm (if any) +
 Add District-required meetings/duties in mpm +
 TOTAL TIME NEEDED BY SERVICE PROVIDER = mpm

8. Calculate Full Time Equivalent (FTE)
 Total Time Needed = mpm
 Divided by Contractual Time = mpm
 = FTE