HOW PUBLIC SCHOOL SPEECH AND HEARING THERAPISTS IN INDIANA VIEW THEIR ROLE

A SENIOR HONORS THESIS
INTERDEPARTMENTAL 499
BY
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CHAPTER I

PROBLEM

Some articles have appeared recently which have discussed the idea that there is a dichotomy in the speech
and hearing profession. The purpose of this study was to
determine how Indiana public school speech and hearing
therapists felt about the following questions:

1. Should the public school clinician be a "separatist" or a "participant" in the total
school program?

2. How do public school therapists view their role in the school and how does the school
view their role?

3. Is the American Speech and Hearing Association (ASHA) meeting their needs—
especially concerning certification requirements, representation, and requested aid?

In this paper the term "separatist" indicates a speech and hearing therapist who cooperates but does not
actively work with the teaching profession. He diagnoses
and treats the speech disorders of children in the public
schools, but his role does not extend any further. This
concept of the therapist in the public school assumes that if the certification requirements of ASHA are completed, the person is adequately prepared to function in his role.$^1$

The term "participant" indicates a speech and hearing therapist who makes a direct contribution to and is an important part of the on-going educational program. This recognizes that the therapist may have some responsibilities not found in other job settings and for which he may not be prepared by merely meeting the certification requirements of ASHA.$^2$

If the dichotomy that exists between the "participant" and "separatist" factions is not resolved, there is a possibility that the American Speech and Hearing Association could split into two groups. The clinical workers and the public school workers could separate, viewing their roles as completely different and incompatible.

Little actual research has been done on this subject. This study will show how the therapists in one state--the state of Indiana--feel about these questions.
CHAPTER II

REVIEW OF RELATED LITERATURE

Services for children with speech handicaps were initiated in 1910 by the Chicago public schools. It has been estimated that two and one-half million school children in the United States have speech problems and should be dealt with by personnel with special training. There are more speech specialists today in the public schools than there are in any other employment setting. It is even thought that there may be more in the schools than in all other employment settings combined. In fact, work with speech handicapped children was begun in the schools before the profession of speech pathology and audiology was even conceived as such.

For a child to be able to make the most of his educational opportunities it is important that any disorders of communication be alleviated. This is part of a ... pattern of helping the child acquire specific communicative skills, improved tools for academic and social learning, and ways of thinking and feeling about himself and the world about him which will enable him to realize his potentialities more fully and satisfyingly.

In spite of the profession's early beginnings in the school and its obvious importance, there are
disagreements regarding the responsibilities and training of these school-oriented specialists. Discussions center around the problems of professional standards and state certification requirements.

The primary responsibility the speech and hearing therapist in the public schools has is to the child who has the disorder. This responsibility can best be carried out by the therapist acting as a "participant." Next the therapist has a responsibility to the schools. If the speech specialist is not aware of and does not contribute to achieving the goals of the institution by which he is employed, he may actually obstruct the whole program. 6

For the speech and hearing therapist to be a "participant" in the total school program he should receive some special training that therapists working in other situations would not need. The therapist needs training in program management and should be provided with knowledge of the goals, procedures, and organization of the school and educational program so that he can view his role as a part of the entire setting.

Program management involves being able to develop and carry out an extensive program of case selection. The therapist must be able to determine the length and frequency of therapy sessions and the size and composition of his groups. He is expected to hold conferences with
teachers, parents, administrators, and with others who are in special education. He attends school meetings. In addition, he must establish and conduct a complex reporting system. He must make other school personnel see the importance of his presence in the school and must be able to suggest ways in which they can help. Most importantly, a positive attitude toward participation in the whole school program permits the best management of the therapeutic environment.

The speech and hearing therapist must have a professional understanding of the social basis of the schools and the goals of the educational program. He needs to know the basic procedures for achieving these goals and he needs to know how his services relate and are integrated with these goals. A knowledge of human growth and development is necessary. Also, an understanding of speech and language development and the principles of learning as they apply to the modification of speech behavior is needed.

The therapist who participates actively in the total program will discover that the public school offers several assets. The school situation is a natural one for the pupil. Here he is not marked as different by going to a class for speech therapy. This is just one of the many special classes offered for many different reasons.
The therapist has many opportunities to collaborate with the classroom teacher. The classwork and materials the student is working with in class can be utilized in many ways. The classroom teacher is often a good check on carryover also. The guidance department can provide academic records, psychological tests, and other information concerning the child. The school health department offers the child's developmental history. The library can provide materials such as poems, pictures, and stories. The library can also secure books on a trial basis for the therapist and can borrow books through state libraries and university libraries. In the school, audio-visual aids such as films, records, tapes, and the equipment necessary for running them are available. Staff conferences provide an opportunity to gather information from others working with the child in different situations. An opportunity to confer with the parents is provided through P.T.A. meetings. 10

There has been discussion about the title a speech and hearing therapist in the public schools should use. Many schools, and even some therapists, give this person the title of "speech teacher" which is confusing. A speech teacher is one who teaches public speaking, oral interpretation, choral reading, acting, and play production. 11 This title of "speech teacher" also can "contribute to
demands in regard to duties and training which are frustrating and professionally destructive."12

There has also been controversy over whether the therapist should spend most of her time with speech improvement or with speech correction of a more clinical nature. It is said that speech improvement deals with deviations within the range of normal and should be part of the Language Arts program.13 A statement by the American Speech and Hearing Association says,

A particular problem exists when the speech clinician is so deeply involved in the comprehensive instructional program (that is, speech improvement) that he cannot fulfill his primary obligation to those children whose handicapping problems are of the nature or severity which require intensive clinical attention.14

The speech therapist can be very useful in planning programs for speech improvement, in demonstrating techniques, and in being available for consultation by the classroom teachers.

Working as a "participant" in the school places the therapist and the profession in a position to speak with authority about the contributions that can be made and the manner in which they can be made the most effectively.15 Being a "separatist" does not provide the freedom for professional self-determination which the term implies.

Instead it offers only increasing isolation and subsequent uncertainties in regard to our position and actual existence in the school setting. It forces us to concentrate on our differences from all other personnel in the school. It prevents any
substantial influence on agencies and individuals who make decisions about the educational program by saying to them, "We are not part of your program. The responsibility for what our professional people do lies solely within our profession." This, in turn, asks them to accept an intrusion into the educational program which interferes with it and modifies it, but which they cannot directly influence or control. Such an attitude on our part effectively results in a rejection by educational leaders of any modifications that we might propose in certification. If we reduce our potential for leadership by promoting the separatist view, we may find the education profession assuming all primary decisions for our programs in the schools. 16

Complaints have been made that ASHA does not adequately meet the needs of the profession in the school setting. They seem to support the "separatist" viewpoint in their statement for delineating the functions of the therapists from those of regular instructional personnel even though the statement was helpful in many other ways.

Van Hattum says that "an organization is needed where the thinking of fifty-six per cent of its membership is adequately represented." 17 It is felt that ASHA's dues are too high. Policies are established that the therapist in the school may not understand or perhaps agree with. The journals are often not helpful to him. Research is made and surveys are conducted in order to "upgrade" the school therapists. He is not adequately represented or given enough recognition on committee appointments or recommendations for office. The Association does not
answer questions, give help on state or local policies, and does not establish national policies. "It seems to him that in the 'give and take' of the organization much of the 'give' has come from him!"\textsuperscript{18}

The importance for understanding and agreement on key issues cannot be overemphasized. "These differences of opinion threaten to disrupt the unity of the profession and thus to affect the quality of services for those with communicative disorders."\textsuperscript{19}

It would be best if the people in the profession of speech pathology and audiology could define their role in a simple manner; a manner that views the profession as operating in a unified and consistent way in all employment settings.\textsuperscript{20} The profession can best express itself as an entity through a professional organization such as the American Speech and Hearing Association.

Ainsworth lists some recommendations for ASHA, state organizations, and for individuals. They are:

For ASHA
1. Publish a statement recognizing the appropriateness of and promising support for a "participant" role by the speech clinician in public schools.
2. Publish a statement recognizing that a variety of organizational and administrative structures for clinical speech programs are appropriate, as long as there is freedom for the specialist to carry out his functions effectively and in a manner consistent with his professional standards.
3. Prepare detailed statements of the specific knowledge necessary, the attitudes that are important, and suggested adaptations of clinical
procedures for the conduct of a clinical speech program in the schools.

4. Suggest ways that the designated knowledge and experience can be obtained in the training program.

5. Prepare suggestions for use by state departments of education in establishing certification requirements.

For State Organizations
1. Discuss concepts contained in this article with reference to state certification requirements, local school programs, and membership.
2. Prepare resolutions on specific needs for action on state and national levels.
3. Inform the Executive Council of ASHA concerning these resolutions through reports to *Asha* and the House of State Delegates and by direct contacts.

For Individuals
1. Participate in state and local discussion of ideas in this article.
2. Let your state organization and ASHA officials know how you feel about what should be done.

Some encouraging things that are happening are:

1. A conference entitled "Conference on Research for Public School Speech and Hearing Personnel" was held in January, 1966. The purpose was to stimulate and facilitate investigations into speech and hearing problems by public school speech and hearing personnel.
2. A research project entitled "Public School Speech and Hearing Programs." This is to explore the idea of cooperative research involving many school systems.
3. *JSHD*, under a new editor, changed its basic content to include more articles of interest and value to the school clinician.
4. *Asha* has been including discussion of issues important to school clinicians with increasing frequency. Also, the news and announcements contain information pertinent to school clinicians.
5. The Committee on Speech and Hearing Services in the Schools has:
   a. held several open meetings which elicited free exchange of ideas.
b. formed a subcommittee on housing.
c. been working with other members of the association such as State Supervisors, Directors of Programs in cities over 200,000, and the House of State Delegates Committee on the schools.
d. been exchanging important information and ideas with the Professional Services Board and the Committee on Standards, representing the viewpoint of the school speech clinicians.
CHAPTER III

METHOD

To find out how public school speech and hearing therapists feel about the issues discussed in this paper, a questionnaire was prepared. This questionnaire was based on the controversial issues discussed in several articles.

The questionnaire was sent to one hundred and forty speech and hearing therapists in Indiana who work in public school settings. These therapists were randomly selected from a list of all of the public school therapists. Every county was included, however, and as many school systems as possible were also included.

The therapists were each sent a cover letter, a questionnaire, and a stamped, addressed envelope to be sent back to the researcher. The replies were sent in care of the Ball State University Speech and Hearing Clinic.
CHAPTER IV
FINDINGS

Seventy out of the one hundred and forty questionnaires were returned, making a fifty per cent return. This was felt to be good as it was necessary to send out the questionnaires just before the start of school when the therapists were busy setting up their programs for the year.

It was felt by seventy-eight per cent of the respondents that their training included adequate knowledge of the goals of the educational program and a professional understanding of the social basis of the schools. Many thought that student teaching was a great help to them in this area.

A course in program organization and administration for carrying out therapy in the public schools was taken by sixty per cent of the therapists. Many commented, however, that their courses were inadequate. One stated that she had had such a course—but on the graduate level. Again, student teaching was felt to be a great help, especially student teaching done in the fall of the year.

Ninety-eight per cent saw their relationship to the schools to be one in which they cooperate with the schools
and ninety-seven per cent considered themselves as representatives of the school system. One said, "I view myself as a member of a working team," and another said, "It is of the most importance as a public relations 'man' for therapy and for needed help."

Ninety-four per cent felt that the administration believed they were contributing to the total school program, and only fifteen per cent felt they were being put in the category of a regular classroom teacher. One said that most of the problems that do arise are the result of "lack of communication and understanding of the functions of a therapist and administration of a program that is effective."

It was felt by ninety-three per cent of the respondents that the cooperation of the classroom teachers was either good or excellent, and ninety-two per cent felt the same about the administration.

Only fourteen per cent of the therapists desired the title of "speech teacher," but thirty-nine per cent are given this title. Most—seventy-four per cent—preferred the title of "therapist."

Fifty-three per cent felt that their basic responsibilities are not the same as in a clinic, hospital, or rehabilitation unit. This question caused some misunderstanding. It was not understood that the word "basic" was the key to this question. Most of the replies commented on
insignificant details that make their responsibilities different. Forty-seven per cent, however, definitely felt that their basic responsibilities were the same, and one comment read as follows: "In the public school situation close cooperation exists between the therapist, parents, teacher, and child. The goals of therapy in both situations are to help the individual learn to communicate effectively and become more socially adjusted. The public school therapist has a larger number of functional articulation problems which are closely related to educational, emotional, and social problems. It seems to me, it is only logical the public school therapist should have more extensive training in this direction."

There was a close relationship between the way the therapists answered the question, "Do you view yourself as an independent professional who provides a remedial and therapeutic service to the children in the schools?" and the question, "Do you feel that your basic responsibilities are the same as in a clinic, hospital, or rehabilitation unit?" They were almost evenly divided in answering each of these two questions. It appears that about one-half of the therapists view their role as entirely different from a therapist's role in another employment setting. They seem to feel that they are members of a separate profession rather than one unified profession. The other half feel
that they are part of one profession with certain responsibilities common to all. This points up rather vividly the division that may be found in the speech and hearing profession.

Only thirty-nine per cent of the respondents felt that ASHA certification requirements were appropriate for public school therapists. Most felt the requirements were too strict as shown by one answer, "Too rigid. As a mother and wife I cannot return to a campus and obtain a M. A. in speech and hearing therapy." Several, however, felt the requirements were entirely appropriate. One said, "Lack of enough academic background and clinical experience will always hamper us. It does so especially now." Another said, "The more stringent the requirements the more training and experience the therapist has at command to put to use in public school service." It was commented by one that the requirements are appropriate "if we plan to maintain our standing as specialists."

It was felt by eighty-two per cent that ASHA does not adequately represent the therapist working in the school. Some, however, blamed this upon the public school therapists rather than upon ASHA. One said the public school therapists were not adequately represented because the majority do not belong to ASHA. Another commented, "But this is not the fault of ASHA. It is the fault of the
public school membership who do not run for national office."

Fifty-nine per cent said that they thought that ASHA "looks down" upon school therapists. One did say that "ASHA can't afford to 'look down' upon school therapists with the public school therapist comprising the majority of the membership."

Most replied that they had never requested any help or information from ASHA. Of the ones who answered this question, however, sixty-four per cent thought that ASHA did or would give this aid when needed. A few disagreed and one commented, "ASHA is slow and disorganized in responding," and another said, "They don't possess the information or necessary help in their present framework."

There was no significant difference between male and female therapists in their opinion of ASHA. Eighty-one per cent of the female respondents and seventy-eight per cent of the male respondents felt that ASHA was not adequately meeting the needs of the public school therapist. There was a difference of nine per cent between those who had been employed more than five years in the public schools and those who had been employed less than five years. Eighty-two per cent of the less experienced ones felt that ASHA was not meeting their needs and seventy-three per cent of the more experienced ones agreed. Of those who had
worked in settings for speech and hearing therapy other than public schools, however, only forty-four per cent felt that ASHA was inadequate for the needs of the public school worker. Eighty-nine per cent of the therapists who had bachelor degrees only believed that ASHA was inadequate while only sixty-nine per cent of those with masters' degrees felt this way.

A great many comments were made concerning the changes the therapists felt should be made concerning the relationship between ASHA and the public school therapist. Many comments were made concerning the requirements for membership and certification. Most wanted a lowering of requirements and a reduction of the "red tape" required to be a member.* One said, "Elimination of unrealistic qualifications for membership—basically a penalty for beginners who need the organization most." Another disputed taking a test to join ASHA. She said, "If a university confers a degree on an individual, why the 'test' to gain admission to ASHA??" One commented, "As one who has certification with ASHA, I feel that new standards discriminate against public school personnel, discouraging many from trying to gain certification. As a result, loss of membership from public school personnel may cause dues increases which some

*See appendix.
of us will be unwilling or unable to bear--resulting in further loss of membership." One therapist said, "A more realistic approach is needed in considering ASHA certification, public school therapists, the needs of public school therapy, and the great shortage of public school therapists. Questions like 'Is it necessary to have a master's degree in order to be a good public school therapist?' need to be carefully considered." Another commented, "Until such time as the public schools insist upon a M. A. degree to practice therapy, ASHA should also allow membership (not certification) to the B. S. and B. A. people." It was thought by some that there should be "more levels for different status of members," and others thought there should be "a difference in membership requirements for public school and other types of therapeutic work such as in the clinical situation."

A reduction in dues was desired by many. Some wanted a reduction to compensate for fees paid to professional educational associations. Others wanted a reduction for women who are not presently employed as therapists.

Some thought there should be a change in ASHA's attitude toward public school therapists. Their attitude of condescension is resented. They also felt that ASHA should have a better concept of public school problems. One had this to say about the attitude of ASHA, "They should
take a good look at the public school therapist instead of seeing only what they can do to make things more miserable for them. They sit up in their offices and don't really know what we do. Our jobs are important to many children. They fail to recognize this. Clinic work is not for all of us. I wouldn't work in a clinic even if I could, so certification doesn't really matter to me. They should realize that if all of us would pull out they could be hurt."

Others thought that the public school therapist should be given a more active role in ASHA, especially in increased representation on committees. One therapist thinks we need "a public school therapist(s) in ASHA's public relations that encourages membership, research, the writing of articles for publication and someone to follow through and see that the journal gets mailed when ordered and paid for."

There were a few therapists who felt that the public school therapists should raise their standards to meet those of ASHA. Here are some of the comments made upon these lines:

I feel that if the members of ASHA who are public school therapists would participate, work to improve, submit research, and generally take over more of the burden of the organization, there would be no problem. The public school therapists must not expect everything to be thrown into their laps—they must do for themselves!

I don't know if this is a change, but based on my own experiences and the association with thirteen student clinicians assigned to me over the past six years, I feel that we are drawing a population of clinicians who are "sharp" and who could be made
"sharper" by additional post-graduate work and participation (active) in both state and national professional organizations (ISHA and ASHA). These are the only organizations which really are concerned with our field and its advancements and problems—not NEA,ISTA, etc.—to which so many clinicians belong rather than to an organization in their own specialty. If all public school clinicians belonged and participated actively (this means they would have to speak out, which they seldom do) then ASHA would have to assist them or face again the loss of membership which it faces now in the public school area.

It appears our profession is stressing research at the present time. Although vital to the growth of our field, ASHA must not forget the one who handles the majority of cases of speech and hearing problems—the public school therapist. However, I feel the therapist must go more than half way to assert herself in the organization. Only through professional performance in the school setting will she gain her recognition. Our field should not be so preoccupied with WHERE we do our work but should concentrate on HOW we do our work.

It was generally believed that the journals should contain more articles of interest to the public school therapist. Several thought there should be a separate publication for the therapists in the public schools.

Some thought that complete separation should be made with the public school therapists forming an independent organization. Some of the comments concerning this were:

Either devote part of the journals and publications to public school problems (discussed by public school people) and provide representation in the organization of public school people—or let public school people form their own organization to fit their own needs and the needs of their students.
Perhaps a separate department within ASHA for public school clinicians. I feel, however, that it is only a matter of time until most school clinicians will withdraw from ASHA.

ASHA leans more toward the clinical therapist. I think the speech therapist needs a strong motional organization to back him as a public school therapist. If they don't, a new organization specifically for public school therapists should be started.

I feel it is hard to combine your professionals and your public school therapists. I do feel that both groups can help each other, but not as one group.

Many never felt the need to join ASHA or were never informed of the requirements necessary for admission. One man, a therapist for fifteen years with a master's degree, said, "Haven't yet joined ASHA--just never got around to it and never felt need of it--state and local groups fill my needs." Another man stated, "I have been in this field for eleven years and have had no communication with ASHA. I would be glad to become a member, but short of holding a 'seance' I have never found a way of discovering to whom I should write or what the requirements are."

In interpreting the findings, it appears that Indiana speech and hearing therapists in the public schools desire to be active participants in the school program and consider themselves as such. The majority feel that the school agrees with this and that they are given both respect and cooperation by the teachers and the administration.
The great majority feel that ASHA certification requirements are not appropriate for public school therapists and they believe many changes should be made. They also feel that they are not adequately represented by ASHA. The only area in which ASHA appears to be meeting their needs is possibly in the area of giving them information when they request it.
CHAPTER V
SUMMARY AND CONCLUSIONS

Several articles have recently brought up the idea that there is a split in the speech and hearing profession. This study was carried out to determine how Indiana public school speech and hearing therapists felt about the following questions:

1. Should the public school clinician be a "separatist" or a "participant" in the total school program?
2. How do public school therapists view their role in the school and how does the school view their role?
3. Is the American Speech and Hearing Association (ASHA) meeting their needs—especially concerning certification requirements, representation, and requested aid?

To determine the therapists' opinions on these questions, a questionnaire was prepared and sent to one hundred and forty randomly selected therapists in Indiana's public schools. Seventy of these were received by the examiner for a fifty per cent return.
The results of this survey showed that Indiana speech and hearing therapists in the public schools in Indiana overwhelmingly desire to be active participants in the school program and consider themselves as such. The majority felt that the school agreed with this and that they were given both respect and cooperation by the teachers and the administration.

The great majority felt that ASHA certification requirements are not appropriate for public school therapists, and they believe many changes should be made. They also felt that they are not adequately represented by ASHA.

This study was limited by the small number of questionnaires sent out, the number returned, and the small amount of literature on the subject. Related subjects for further research could include opinions from the following people concerning the role of the public school speech and hearing therapist: teachers, administrators, university professors in speech and hearing, and speech and hearing therapists in other employment settings.

2. Ibid., pp. 495-96.


5. Ibid., p. 499.

6. Ibid., p. 496.


9. Ibid., p. 500.


16. Ibid., p. 499.


18. Ibid., p. 233.
20. Ibid., p. 498.
21. Ibid., p. 503.
22. Ibid.
23. Ibid.
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FORM LETTER
July 31, 1967

The question has been raised in the field of speech and hearing of whether the public school therapist should be active in the total program of the school or instead remain more aloof. There are also differences of opinion concerning the relationship of the American Speech and Hearing Association to public school therapists. Is ASHA meeting their needs — especially through certification requirements, representation and requested aid?

This questionnaire has been prepared in conjunction with a thesis to be written to partially fulfill the requirements for graduation on the Honors Program at Ball State University. It is an attempt to find out what therapists working in the public schools in the state of Indiana feel about some of the above problems.

Your participation in this project would be greatly appreciated. Please fill out the questionnaire and send it back in the enclosed envelope as quickly as possible.

Thank you very much for your co-operation.

Sincerely,

Sara Cronk

Sara Cronk
Speech and Hearing Clinic
Ball State University
QUESTIONNAIRE WITH RESULTS
Questionnaire

Sex:____  Number of years in public school therapy____

Age:____  Have you ever worked in a different clinical situation?
yes____  no____

If yes, in what type of situation and for how long?____

Degrees held_____________________________________________________

Are you presently in public school therapy?  yes____  No____

If not, why?_____________________________________________________

1. Do you feel your training included adequate knowledge of the goals of
the educational program and a professional understanding of the social
basis of the schools?
  yes 52-78%
  no 15-22%
  comments 67 total

2. Did you have a course in program organization and administration for
carrying out therapy in the public schools?
  yes 41-60%
  no 27-40%
  comments 68

3. Do you view yourself as an independent professional who provides a
remedial and therapeutic service to the children in the schools?
  yes 32-50%
  no 32-50%
  comments 64

4. Do you feel your relationship to the schools to be one in which you
co-operate with the teaching profession?
  yes 68-98%
  no 1-2%
  comments 69

5. Do you consider yourself a representative of your school system?
  yes 67-97%
  no 2-3%
  comments 67

6. Do you feel that the program of speech and hearing therapy contributes
to the total school program?
  yes 67-97%
  no 1-3%
  comments 68
7. Does the administration seem to feel that you are contributing to the total school program?
   yes 60-94%
   no 4-6%
   comments: 66

8. Do you feel that participating actively in the total educational program threatens the essential autonomy of the speech and hearing therapist?
   yes 4-13%
   no 59-87%
   comments: 66

9. What title is given to you?
   speech teacher 27-39%
   clinician 0-0%
   therapist 40-39%
   other 1-2%

10. What title do you prefer?
    speech teacher 9-14%
    clinician 4-6%
    therapist 48-74%
    other 4-6%

11. Do you feel that the administration and faculty attempts to put you in the category of a regular classroom teacher?
    yes 10-15%
    no 56-85%
    comments: 66

12. How have you found the cooperation of the classroom teachers?
    Excellent 26-38%
    Good 38-55%
    Fair 4-6%
    Poor 1-1%
    comments: 69

13. How have you found the cooperation of the administration?
    Excellent 31-46%
    Good 31-46%
    Fair 5-7%
    Poor 1-1%
    comments: 68

14. Which do you feel is more important -- general speech improvement or speech correction with severe problems?
    general speech improvement 3-5%
    speech correction with severe problems 47-70%
    comments: Both 17-25%

15. Which are you expected to do more of?
    General 9-14%; Severe 47-71%, Both 10-15% Total 66

16. Do you feel that your basic responsibilities are the same as in a clinic, hospital, or rehabilitation unit?
    yes 31-42%
    no 35-53%
    comments: 66
17. Do you feel that \( \text{A} \) certification requirements are appropriate for public school therapists?
   - yes ~22-39%
   - no ~35-61%
   - comments ~57

18. Do you feel that AHPA adequately represents the therapist working in the school?
   - yes ~10-18%
   - no ~46-82%
   - comments ~56

19. Do you feel that AHPA "looks down" upon school therapists?
   - yes ~30-59%
   - no ~21-41%
   - comments ~51

20. Does AHPA give you help and information when requested?
   - yes ~21-64%
   - no ~12-36%
   - comments ~53

21. What changes do you feel should be made concerning the relationship between \( \text{A} \) and the public school therapist?

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Thanks for your cooperation. Please return to:

Sara Cronk
Speech and Hearing Clinic
Ball State University
Muncie, Indiana
MEMBERSHIP AND CERTIFICATION REQUIREMENTS
FOR THE AMERICAN SPEECH AND HEARING ASSOCIATION