

Motion to Address the APS Plan for Reducing Remote Direct SLP Service

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ATF Fed Rep Council Discussion Item - April 4, 2023

Whereas, APS has developed the following Plan for Reducing Remote Direct SLP Service and has already made plans to implement it for the 2023-2024 School Year (copied directly from the District created document):

- Prioritize on-site service to preschoolers and elementary students with disabilities in 23-24
 - On-site SLPs assigned to elementaries stay put
 - On-site SLPs at mid and high schools are moved to elementaries (choices determined by seniority, for employees)
 - This realignment of assignments happens in late May for 23-24
- Mid schools in 23-24 combine remote direct service and remote consult service
 - 6th graders get remote direct service (including monitors)
 - 6th graders get a district SLP at their annual IEP to plan for the migration to the consult model for 7th grade
 - 7th and 8th graders get remote consult service to their classroom teachers - see comment above
 - District SLPs will need to be at each IEP in spring 2023 to explain this new service model
 - Students with speech difficulties experience social issues
 - Remote SLPs schedule virtual meetings with all teachers who serve students with speech difficulties at that school
 - Teachers can explain the issues they see to the remote SLP and get advice on how to use strategies to address this throughout the day
 - Students will benefit socially from NOT being pulled out for speech therapy
 - Students will benefit academically by increased time in class
- High schools in 23-24 shift to remote consult service
 - 9th - 12th graders get remote consult service to their classroom teachers
 - District SLPs will need to be at each IEP in spring 2023 to explain this new service model
 - Students with speech difficulties experience social issues
 - Remote SLPs schedule virtual meetings with all teachers who serve students with speech difficulties at that school
 - Teachers can explain the issues they see to the remote SLP and get advice on how to use strategies to address this throughout the day
 - Students will benefit socially from NOT being pulled out for speech therapy
 - Students will benefit academically by increased time in class
 - Exceptions at MS and HS
 - Students with feeding/swallowing issues continue to get on-site service
 - Students with recent TBI get on-site service
 - Students in SCS3 programs get on-site service, and

Whereas, Speech Language Pathologists work on much more than “speech therapy”, including, but not limited to:

- Working to improve student intelligibility, including articulation, fluency (stuttering, cluttering) and voice;
- Working on the underlying language skills which are necessary to be a good student and reader/writer – understanding and using different sentence structures, making inferences or using context clues to define words appropriately;
- Working to improve student's ability to participate in the classroom;
- Helping students make sense of the curriculum and improve their academics;
- Working with students at neighborhood schools who have difficulty understanding/using social language;
- Assisting students who have difficulty with language such as the slow development of vocabulary, concepts or grammar, an inability to use different communication styles for different situations, poor building blocks of understanding/expressing ideas, social development, learning, reading, and writing;
- Working with students, staff, and family on developing and using Augmentative Alternative Communication (AAC) systems from low to high tech;
- Working with children in their neighborhood school who have a variety of disabilities such as autism, cerebral palsy, or developmental delays;
- Working with students' speech-language needs who suffer from social issues because of their impairments;
- Assisting other educators who work with students (besides special education classroom teachers) and families on how to best get children to improve their communication skills in order to improve their educational outcomes; and

Whereas, This plan demonstrates that the employees who created the plan have very little understanding of the job that SLPs do in APS (for example, SLPs do not work with students on “feeding and swallowing” - Nursing does this with a Doctor’s Feeding Plan); and

Whereas, The implementation of this plan leaves many questions unanswered such as:

- What happens to the AAC team? Will they be forced to move to elementary schools as well?
- What will happen to the district SLP evaluators? Will they be forced to move to elementary schools as well? Will we then be forced to hire remote SLP evaluators?
- Who will be checking for compliance and writing Progress Towards Goals?
- What data is being used to substantiate that only students with recent TBIs and those in SCS3 programs should receive direct services? and

Whereas, This plan does not address the students whose sole eligibility is Speech-Language Impaired (SLI) and who must have direct services listed on their IEPs and those services must be provided by an SLP; and

Whereas, This plan puts even more work on overloaded classroom teachers, who have no specific training in the scope and depth of the speech and language needs of their students or delivering Speech-Language services and no extra time to meet regularly with the remote SLPs; and

Whereas, We believe that this change in the delivery of services model could be perceived as predetermination of services for these students, and therefore against the Federal IDEA and NM PED regulations; and

Whereas, The decisions of IEP teams regarding SLP services for students, a direct violation of the individualization of student plans and least restrictive environment provisions of IDEA, are being systematically usurped for the sake of administrative convenience; and

Whereas, In a well-prepared and thought out IEP, students who need direct services should get the amount of support necessary to meet their individual goals. Services should be discontinued only when these goals have been met. IEP teams have been told for years that no service may be given using the “consult model”, yet the district is now making this change with no direct data to support the change;

Whereas, This plan was created with no input from the District SLP Instructional Council, the official, democratically established forum for collaboration and shared decision making among practitioner and administrative stakeholders; and

Whereas, APS has refused to participate in the creation of the E&RSE Staffing Levels and Use of Contract/Tele-Practitioners Task Force, jointly negotiated between APS and ATF for the 2021-2022 School Year, which would have had direct input on this plan; and

Whereas, We believe this is plan a clear violation of our SLPs use of independent and evidence-based clinical judgment and puts them in the unethical position of explaining the new service model to parents, when they don't even believe in or agree with the changes; and

Whereas, We believe that this plan violates several rules of the Code of Ethics from the American Speech-Language Hearing Association (ASHA), and therefore would put the national Certificate of Clinical Competence (CCC-SLP) of Speech-Language Pathologists at risk. Relevant rules from the ASHA Code of Ethics that would be violated by this policy:

- Code of Ethics Principles of Ethics I; Rules of Ethics part E: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- Code of Ethics Principles of Ethics I; Rules part F: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- Code of Ethics Principles of Ethics I; Rules part M: Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served; and

Whereas, We believe that the plan opens the District up to lawsuits which would take money and resources away from our students; and

Whereas, Implementation of this plan may violate the right to bargain over terms of conditions of employment for the educators that ATF represents.

Therefore, be it firmly resolved, That the ATF Fed Rep Council directs our ATF union leadership to formally oppose the implementation of this plan through all options open to them, including good faith bargaining with APS, formal grievance procedures, and/or prohibited practice complaints.