A Research Project Presented to the Master's Program in Speech-Language Pathology in Partial Fulfillment of the Requirements for the Degree of Master of Science
Nova Southeastern University
Abstract

A survey was developed due to the documented discrepancies regarding the success of the collaborative classroom service delivery models. The survey was sent to eight elementary school speech-language pathologists who were utilizing a collaborative classroom service delivery model. The survey questions highlighted how the respondent’s classroom was initially implemented, collaborative classroom-based practices, benefits of the collaborative classroom, and the types of professional development obtained and needed regarding implementation and practices. Results indicated strengths concerning the benefits of the service delivery model. Weaknesses were reported in the education of implementation and in the overall effectiveness of the programs. Implications of this study suggest a need for more educational training and further research regarding collaborative classroom implementation and practices.
Collaborative Consultation Practices of Elementary School

Speech-Language Pathologists in the Public Schools

Introduction

In the past years, public school speech-language pathologists have been encouraged to become more involved in the classrooms (Dublinske, 1989). Many speech-language pathologists have continued to serve the speech and language students through a pull-out model (Rebulin, 1994). However, speech-language pathologists have been increasingly following a collaborative service delivery model due to its many potential benefits (Borsch & Oaks, 1992; Elksnin & Capilouto, 1994; Rebulin, 1994).

In a survey conducted by Elksnin and Capilouto (1994), speech-language pathologists listed several advantages of the collaborative model. Some benefits are as follows: promotion of carryover skills, more students served at one time, more therapy time, more continuity, and an increased knowledge of the relationship between speech and language and academics.

Disadvantages of the collaborative model have been identified in the research. Elksnin and Capilouto’s (1994) survey reported differences in teacher philosophy, lack of administrative and faculty support, and additional planning time. According to Brandel (1992), speech-language pathologists may be unfamiliar with grade level curriculum and may have difficulty incorporating goals into the classroom lesson. Brandel was also concerned that the speech-language pathologist would have difficulty adjusting to a larger group of children and implementing classroom management strategies.
The existing literature discusses reasons why the collaborative model is thought to be successful. Borsch and Oaks (1992) described their collaborative classroom experience with a third grade teacher and her class. In their model, pull-out therapy was used to teach specific skills and the collaborative model was used to target general communication skills. Borsch and Oaks felt that the essential components to their successful collaboration were scheduled meeting times and good rapport among the faculty involved.

The successes of incorporating collaborative classroom service delivery models, due to the involvement of speech-language pathologists in the classrooms and the effects associated with this changing capacity of speech-language pathologists, have been documented. Ellis, Schlaudecker, and Regimbal (1995) conducted an experimental study on an inner-city, at-risk Kindergarten class, which piloted an eight week collaborative classroom delivery model. The members of the collaborative team included a classroom teacher, a physical education teacher, and a speech-language pathologist. The goals for these children were based on acquiring knowledge of basic concepts. The children in the experimental group received the collaborative services and performed significantly higher on their knowledge of the target concepts, on a post-test, than the control group who received regular education, during the eight weeks.

Rebulin (1994) piloted a first-grade collaborative classroom service delivery model with many reported successes. The program consisted of a resource room teacher and speech language pathologist co-teaching with the classroom teacher for eight hours.
weekly. The curriculum was modified for all language levels and cooperatively taught by the three team members. The data indicated that there was a slight decrease in the number of speech and language referrals, and staff reported on questionnaires that they felt that students had done better in the regular classroom than they would have in a pull-out program. Because all of the lessons were connected, there was a significant increase in social skills, pragmatic skills, and generalization of articulation and language objectives. Rebulin reported that a collaborative service delivery model requires staff who are compatible, initial training, and sufficient planning time, in order to be successful.

Ford and Fritterman (1994) found that collaborative consultation increases educational options to exceptional students. The purpose of their study was to evaluate the collaborative classroom service delivery model and present the advantages of implementation, along with future recommendations. Their research was conducted by implementing a pilot collaborative classroom delivery model at three schools. Thirteen teachers at each of the three schools reported their attitudes and opinions by means of a survey. The results indicated that the increased educational options provided a variety of interventions that included the direct teaching of skills that could spontaneously be generalized to increase academic performance. Other benefits included an appropriate setting to incorporate socialization skills and develop language in a naturalistic context. Recommendations for the future included strong administrative support, implementation of pilot programs; collaborative members having the same goals, responsibilities, and good lines of communication; and inservices provided to parents and faculty before program
development.

The American Speech-Language and Hearing Association (ASHA) recommends the collaborative classroom as a service delivery option (Asha, 1991). ASHA credits the recent emphasis of this service delivery model to the popularity of the whole-language approach, the need for a least restrictive environment, and the increased numbers of opportunities offered to demonstrate generalization of therapy objectives. The collaborative classroom caseload guidelines stress the cooperation of all team members in developing, planning and implementing goals that incorporate the curriculum (ASHA, 1993).

Many teachers are resistant to speech-language pathologists in the classroom. Farber, Dennenberg, Klyman, and Lachman (1992) and Brandel (1992) both described a need for an adjustment period and suggested gradually increasing the amount of time spent in the room. Doing this allowed both the classroom teacher and the speech-language pathologist time to get comfortable with the new method of instruction.

Not all of the literature describes successful implementation of collaborative models. Problems can occur when the suggested implementation and procedural recommendations are not necessarily practiced. Brandel (1992) described her experience as being a “glorified aide” and had concerns regarding implementation without proper training. Elksnin and Capilouto’s (1994) survey had an area that focused on what mode of instruction speech-language pathologists preferred for training. The majority of respondents chose to attend inservices. Elksnin and Capilouto also discovered that the
surveyed speech-language pathologists communicated a need for more training activities related to collaborative classroom service delivery models.

**Research Question**

Given the discrepancy between the potential for successful collaborative models and the high degree of concern regarding implementation, it is important to investigate the existing practices of elementary school speech-language pathologists who incorporate a collaborative classroom model. The concerns are increased when the speech-language pathologist has no experience and/or limited training. Therefore, the following research will focus on the reported practices of elementary school speech-language pathologists who incorporate a collaborative classroom service delivery model.

**Method**

**Subject Selection**

During the 1996-1997 school year, a total of eight surveys were sent out to the speech-language pathologists at the four elementary schools in the Northeast Zone of Broward County Schools. Out of the eight surveys sent out, six were returned and analyzed. Two surveys were not returned because the respondents were not incorporating a collaborative classroom service delivery model or had not done so in the past.

**Instrumentation**

A survey, supported by a review of the literature and based upon ASHA’s (1991) position paper for a model for collaborative services in the public schools, was developed to reveal what practices speech-language pathologists follow (see Appendix A). The
survey was accompanied by a cover letter that explained the purpose of the study (see Appendix B). A question regarding whether or not the speech-language pathologist utilized a collaborative classroom service delivery model or has in the past, determined whether or not their responses would be valid for the purposes of this research. The questions in Section I., Initiation, are based on ASHA’s (1991) recommendation of obtaining administrative and faculty support. In Section II., Practices, the questions focus on how the collaborative team implements the model and the roles of the team members.

ASHA (1991) asserts that all the team members share the responsibility of collaborating to determine the needs and functioning status of the students; devise the goals and objectives; share intervention procedures, assessment, and documentation duties; and all team members should know the student’s entire curriculum. Rebulin’s (1994) study provided input regarding Section III., Benefits. In Rebulin’s study the speech-language pathologists reported increased rapport with the faculty, increased knowledge of grade level curriculum and normal child development, and increases in the generalization of students’ skills. Section III., is geared toward the speech-language pathologist who has had pre and post experiences with a collaborative classroom model and has seen evidence of these benefits. Section IV., Development, is based on Elksnin & Capilouto’s (1994) findings that found that speech-language pathologists in their survey were interested in learning more about how to effectively incorporate a collaborative classroom service delivery model. The survey ends with background information questions (e.g., gender, education, and experience).
The survey consists of yes/no questions and why/why not questions based upon initiation (e.g., "Were you initially comfortable with the idea of a collaborative classroom service delivery model?"), practices (e.g., "How often do you meet with the regular classroom teacher to plan?"), and benefits (e.g., "Do you feel that the regular education students and speech-language students have learned from each other?") of the collaborative service delivery model. Professional development (e.g., "Would you be interested in training regarding collaborative classroom service delivery models?") is addressed along with a request for background information.

Pilot Testing

The survey was piloted among Nova Southeastern University students earning their Master's degree in Communication Sciences and Disorders. Two graduate students answered, critiqued, and returned the survey. Modifications and adaptations were made based upon their suggestions.

Procedures

A copy of the survey was sent to Dr. Cary Sutton, Coordinator, Research and Evaluation for Broward County School District and Mr. Tom Ehren, Curriculum Specialist of Speech, Language, & Physically Impaired Programs. The survey was accompanied by a request for permission of distribution. In order to obtain permission, the research proposal was discussed at a committee meeting and all questions were analyzed for appropriateness. No questions were deemed inappropriate, however there were several conditions that had to be met in order to distribute the survey. Dr. Sutton
suggested that the intended population, consisting of all of Broward County elementary school speech-language pathologists, was too large and asked that only the Northeast Zone be surveyed. Other conditions were that the school mail system not be used and that the principals at the prospective schools were to receive a copy of the approval letter prior to the distribution of the survey.

**Follow-Up Procedures**

Follow-up procedures were utilized to get all surveys returned by the June 12, 1997, due date. The respondents who had not returned the consent form two weeks prior to the due date (see Appendix C), received a reminder phone call. Two of the speech-language pathologists reported at that time that they had never been involved in a collaborative classroom service delivery model.

**Data Results**

The data collected from the survey concentrated on four areas. These areas included: initiation, practices, benefits, and professional development regarding the collaborative classroom service delivery model.

**Subject Characteristics**

The distributed survey sampled data from six elementary school speech-language pathologists in the Northeast Zone of Broward County Schools. The sampled population’s background information was characterized by gender, level of education, and by the number of years worked in public schools.

All of the respondents were female. Approximately 66.6% (4/6) had been working
in the public schools for 0-5 years, 16.7% (1/6) for 5-10 years, and 16.7% (1/6) had ten or more years of experience.

Four out of the six respondents had earned a Bachelor’s Degree and were currently enrolled in a Master’s program for speech-language pathology. Two of the respondents had earned a Master’s Degree, one of whom was ASHA certified. Two out of the six respondents were licensed by the State of Florida.

Initiation

The analyzed survey data reported that approximately 66.6% (2/3) of the speech-language pathologists received administrative support. Two-thirds of the speech-language pathologists (66.6%) initially felt uncomfortable with the collaborative classroom service delivery model, as well as members of the collaborative team.

The survey data reported that the ideas of a collaborative classroom service delivery model were primarily the notions of a speech-language pathologist (40%), exceptional student education specialists (40%), and administrators (20%). None of the population sampled relayed that classroom teachers initiated the idea of a collaborative classroom service delivery model.

According to the data, there were no inservices provided to the faculty or parents explaining the collaborative model. None of the perspective models were evaluated for effectiveness by an administrator or ever observed by a parent.

Practices

Fifty percent (3/6) of the speech-language pathologists reported that they did not
co-teach with the classroom teacher. Survey respondents also reported a higher incidences of the classroom teacher not working collaboratively in determining the students’ communicative needs (3/6), 83.3% (5/6) did not collaboratively develop goals and objectives with the teacher, and 66.6% (4/6) of the teachers did not cooperate with integrating goals and objectives into curriculum content (see Figure 1). However, 66.6% (4/6) of the speech-language pathologists reported that they do incorporate the curriculum content into their services.

Five out six teachers (83.3%) were reportedly often present during speech-language pathologist intervention and 83.3% (5/6) of the speech-language students’ seats were scattered in the class.

Over half of the speech-language pathologists reported infrequent planning time with the classroom teacher. One third of the respondents reported meeting with the teacher two times a month and 16.6% (1/6) reported weekly planning (see Figure 2).

Benefits

Two-thirds (4/6) of the respondents had pre and post experience with their collaborative classroom models. Fifty percent (2/4) of the speech-language pathologists reported increased social interaction with the faculty. One hundred percent have had an increased knowledge of grade level curriculum and 75% (3/4) have had a more accurate view of normal child development since the implementation of a collaborative classroom service delivery model.

Fifty percent (2/4) of the speech-language pathologists noted increases in the
speech-language students' self esteem and in the generalization of objectives. Seventy-five percent (3/4) of the speech-language pathologists felt that the regular education students and the speech-language students had learned from each other (see Figure 3).

Development

Five out of six (83.3%) elementary school teachers, who were involved in the collaborative model with the respondents, were not trained to utilize a collaborative

![Chart](image)

Figure 1: Does the classroom teacher work cooperatively with you in determining the following:
- a: Students' communicative needs?
- b: The development of goals and objectives?
- c: How to integrate goals and objectives into curriculum content?

![Chart](image)

Figure 2: How often do you meet with the classroom teacher to plan?
classroom service delivery model; however, 83.3% of the speech-language pathologists were trained. Eighty percent (4/5) of the speech-language pathologists reported that the training was beneficial. All respondents reported that they would be interested in additional training (see Figure 4).

Over two thirds of the respondents (67%) felt that their collaborative classroom was effective in meeting the children's communicative needs (see Figure 5). In contrast, 83% (5/6) of the speech-language pathologists felt that their collaborative classroom was not effectively operated (see Figure 6).

![Figure 3: Do you feel that the regular education students and speech-language students have learned from each other?](image)

![Figure 4:](image)

**Figure 4a:** Were the teachers in your collaborative classrooms trained to utilize the collaborative classroom delivery model? Comments: "I gave her information on it to read, but minimal testing."

**Figure 4b:** Did you receive training or instruction regarding collaborative classroom delivery models?

**Figure 4c:** If yes, was the training beneficial? Comments: "It was too general to relate to my specific program."

**Figure 4d:** Would you be interested in additional training regarding collaborative classroom service delivery models?
Collaborative Classroom Practices

Figure 5: Do you feel that your collaborative classroom is effective regarding the children's' communicative needs? Comments: "Teacher does not get involved with speech. Teacher teaches- I do my own thing- It doesn't work. I can be more effective if I pull my kids into the therapy room!" "It enabled the children to communicate with regular children and enabled them to see good modeled communication." "Aids in the integration of functional speech and language skills." "I basically took small groups of speech students aside and assisted with spelling words- ways to increase kid's memory of spelling, multiple meanings, etc."

Figure 6: Do you feel that you collaborative classroom is effectively operated? Comments: "There was absolutely no co-teaching." "Lack of planning and support from school has been the pitfall." "I feel like an aid or helper most of the time. I cannot get the teacher to work with me." "Yes, but we've only been doing it for six months, so it needs a lot of improvement." "Individual needs are not being met."

Discussion

The purpose of this study was to research the existing practices of elementary school speech-language pathologists who incorporated a collaborative classroom service delivery model. The results were analyzed by comparing similarities and differences in the initiation, practices, benefits, and development of the collaborative model. The reported strengths and weaknesses of the collaborative classroom models were also noted.

The findings of this study indicate several similarities in the strengths of utilizing a collaborative classroom service delivery model. The strengths were weighted most heavily in the benefits of a collaborative classroom. The majority of the respondents reported an
increase in the generalization of speech-language skills, increases in speech-language students' self esteem, and an increase in the ability to learn from peer modeling. These results are commensurate with the literature (Beck & Dennis, 1997; Elksnin & Capilouto, 1994; Miller, 1989). The speech-language pathologists also reported personal benefits such as increases in social interaction with the faculty. Collaborative classrooms also increased the speech-language pathologists' knowledge regarding grade level curriculum and normal child development.

Weaknesses of the reported collaborative classrooms paralleled with a lack of appropriate inservice education concerning the incorporation of collaborative classroom service delivery models. The lack of inservice/training was perceived to have a direct negative impact on the collaborative classroom practices that were reported. All but one speech-language pathologist said that there was no teacher training regarding collaborative classrooms. The one teacher who had training was educated by literature that was provided by the speech-language pathologist. Over half of the speech-language pathologists claimed that they had never or only sometimes met with the classroom teacher to plan. Other answers given by the speech-pathologists indicated infrequent collaboration with the teachers regarding the purpose and goals of their collaborative classrooms. Without proper training on collaborative classrooms, it is difficult to understand the roles and responsibilities involved with the service delivery model, which impedes communication. Pogorzelski and Kelly (1993) stress the importance of teacher and speech-language pathologist inservices when planning to utilize a collaborative process because both professions have been taught to instruct differently. According to Prelock, Miller, and Reed (1995), inservice training is pertinent for all who are involved because it is essential that everyone receives the same knowledge base for implementation.
Two out of the three respondents who initiated their collaborative program reported that they felt that the teacher was not initially comfortable with the model. According to Ferguson (1991), teachers are frequently reluctant to change and sharing ownership of their classroom. Inservices can provide team support, understanding of the collaborative process, and ways to deal with change.

Another reported weakness was that none of the parents who had children in a collaborative classroom received inservice education. "Parents of regular education students and parents of special education students should be given the opportunity to have the program explained to them and have their questions answered," (Pogorzelski and Kelly, 1993, p. 21).

Most of the respondents were trained or received instruction regarding collaborative classroom service delivery model. Brandel (1992) reports that flexibility and perseverance are important when there is minimal adequate training. All of the speech-language pathologists surveyed reported they would be interested in additional training.

The speech-language pathologists' comments regarding whether or not they felt their collaborative classroom was effective in meeting the children's communicative needs differed significantly. Two of the respondents' comments were similar in that they both felt that because they had separated the speech-language children from the regular education children, within the classroom, that these needs were being met. Half of the respondents reported that the needs of the children were not being met. To ensure an effective program, ASHA (1991) recommends that each child's program should be overseen by a team member to guarantee that everything is coordinated and implemented according to a devised plan. The other comments were positive regarding the integration of children. However, in contrast, the speech-language pathologists who felt that the
communicative needs were being met did not feel that their collaborative classroom was operated effectively. Over 80% of the respondents reported that their children's collaborative classroom was not effectively operated. The various reasons were that the children's needs not being met, a lack of planning, decreased faculty support, and a lack of cooperation.

There are several limitations to this study. Generalizing these survey results cannot exemplify all programs and would be inaccurate. The main limitations are the small sample size and the limited geographical area represented. Other limitations are the number of years of experience the majority of the respondents have had as speech-language pathologists in the schools and the number of respondents who are currently involved in their graduate studies. There is also a possibility of bias regarding collaborative classrooms among the respondents.

The results of this study suggest a need for more education regarding the implementation of collaborative classrooms. It is apparent that schools providing a collaborative classroom service delivery model need a specific plan entailing the roles, responsibilities, goals and ways to determine effectiveness. Implications of this study include further research of collaborative classroom team members. Observations of collaborative classroom interventions is warranted. A follow-up study should be considered to provide more detailed information regarding the teachers and speech-language pathologists involved in this study and if applicable, how the results of future training would impact their collaborative classrooms. Further implications of this study support previous research concerning the benefits of the generalization of speech-language skills and the reported disadvantages, such as lack of planning time and meeting the children's specific needs (Beck & Dennis, 1997; Elksnin & Capilouto, 1994; Ford & Fritterman, 1994).
The collaborative classroom service delivery model is continuing to increase in popularity. Collaborative classrooms allow speech-language pathologists to use time more efficiently, provide services in a natural context, utilize peer models, increase the opportunities for reinforcement and generalization, and incorporate curriculum content. However, it is up to the speech-language pathologist to communicate and advocate the role that they play in a collaborative classroom.
References


Appendix A

Collaborative Classroom Service Delivery Model SURVEY

The Collaborative Classroom Service Delivery Model as defined by ASHA (1993): also referred to as integrated services, curriculum-based, transdisciplinary, interdisciplinary, or inclusive programming.
There is an emphasis on the speech-language pathologist providing direct services to the students within the classroom and other natural environments. Team teaching by the speech-language pathologist and the regular and/or special education teacher is frequent in this model.


Do you currently utilize a collaborative service delivery model? Yes No
Have you ever utilized a collaborative service delivery model? Yes No
If yes, when? ____________________________

I. Initiation of Your Collaborative Service Delivery Model
   -Please check Yes or No to the following questions if you were involved in the initial stages of your collaborative classroom service delivery model. If not, please go to Section II.

1. Does the administration at your school support your collaborative classroom by providing necessary resources (space, supplies) to the program?
   Yes _____ No _____
   Why or why not? ________________________________________________
   ________________________________________________

2. Do you feel that the members of your collaborative team were initially comfortable with the idea of a collaborative classroom service delivery model?
   Yes _____ No _____
   Why or why not? ________________________________________________
   ________________________________________________

3. Were you initially comfortable with the idea of a collaborative classroom service delivery model?
   Yes _____ No _____
   Why or why not? ________________________________________________
   ________________________________________________

4. Whose idea was it to incorporate a collaborative classroom service delivery model?
   Circle all that apply:
   Administrator Classroom Teacher Speech-Language Pathologist
   Special Education Teacher Exceptional Student Education Specialist
   District Speech-Language Pathologist Other: __________________________
   ________________________________________________
5. Was there a school inservice for the faculty explaining your collaborative classroom service delivery model?
   Yes ____  No ____

6. Was there an educational inservice provided to the parents whose children would be involved in your collaborative classroom service delivery model?
   Yes ____  No ____

7. Has your program ever been evaluated for effectiveness by an administrator?
   Yes ____  No ____

8. Has your program ever been observed by a parent whose child was in the collaborative classroom?
   Yes ____  No ____

   Comments: ________________________________________________________________

II. Your Collaborative Classroom-Based Practices
   -please check yes, no, or sometimes

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<tbody>
<tr>
<td>1. Do you co-teach with the classroom teacher?</td>
<td></td>
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<tr>
<td>2. Is the classroom teacher present when you are providing services?</td>
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<tr>
<td>3. Do you incorporate curriculum content into your services (science, math, health)?</td>
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4. How often do you meet with the classroom teacher to plan? Please check one:
   ____ once a year    ____ daily
   ____ twice a month  ____ once a week
   ____ once a month   ____ other: __________________________

5. Where are the speech-language students seated in the classroom when you are providing services?
   ____ scattered throughout the classroom
   ____ all within the same area of the classroom
6. Does the classroom teacher work cooperatively with you in determining the following:
   The students' communicative needs?  ____ Yes  ____ No
   The development of goals and objectives?  ____ Yes  ____ No
   How to integrate goals and objectives into curriculum content?  ____ Yes  ____ No

Comments: ________________________________________________________________

III. Benefits of Your Collaborative Service Delivery Model
    -please check yes or no if you have had pre and post experience regarding the implementation of your collaborative classroom service delivery model. If not, please go to Section IV.

<table>
<thead>
<tr>
<th>1. Is there more social interaction between you and the faculty since the initiation of your collaborative classroom model?</th>
<th>Yes</th>
<th>No</th>
<th>Does Not Apply</th>
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<tr>
<td>2. Do you have more of a knowledge of grade level curriculum?</td>
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<td>3. Have you seen an increase in the self-esteem of speech-language students in the collaborative classroom?</td>
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<td>4. Have you seen an increase in the generalization of the students' skills since the onset of the collaborative classroom?</td>
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<td>5. Do you have more of an accurate view of normal child development because you provide services in a collaborative classroom?</td>
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<tr>
<td>6. Do you feel that the regular education students and speech-language students have learned from each other?</td>
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</table>
Comments: ____________________________________________________________
__________________________________________________________

IV. Professional Development
-please check yes or no and explain if necessary

1. Were the teachers in your collaborative classrooms trained to utilize the collaborative classroom delivery model? Yes _____ No _____

2. Did you receive training or instruction regarding collaborative classroom delivery models? Yes _____ No _____
   If yes, was the training beneficial? ____________________________________________
   ____________________________________________

3. Would you be interested in additional training regarding collaborative classroom service delivery models? Yes _____ No _____

4. Do you feel that your collaborative classroom is effective regarding the children’s communicative needs? Yes _____ No _____
   Why or why not? ____________________________________________
   ____________________________________________

5. Do you feel that your collaborative classroom is effectively operated? Yes _____ No _____
   Why or why not? ____________________________________________
   ____________________________________________

V. Background Information
Gender: Male Female
Level of Education: -please check all that apply
B.A./B.S not attending graduate school _____
B.A./B.S. attending graduate school _____
M.A./M.S. _____
ASHA certified _____
Florida licensed _____

Number of years in public schools ________

Thank you for participating! Please forward survey in the enclosed envelope.

*Please return surveys by June 12, 1997
Appendix B

May 1997

School: _______________________

Dear _______________________,

I am a speech-language pathology graduate student at Nova Southeastern University in the Program of Communication Sciences and Disorders. I am conducting a study about the practices of public school speech-language pathologists who implement a collaborative classroom service delivery model. This study is a research project that will be presented to the Master’s Program in Speech-Language Pathology in partial fulfillment of the degree of Master of Science from Nova Southeastern University. Permission was granted to do this study by Nova Southeastern University and Broward County Schools.

Given the discrepancies, in the current research, between the potential for successful collaborative models and the high degree of concern regarding implementation, it is important to investigate the existing practices of elementary school speech-language pathologists who incorporate a collaborative classroom model.

I have designed the attached questionnaire, to obtain my information. I am asking for your participation in my study if you currently or previously, have provided speech-language services using a collaborative classroom model. Your participation is voluntary and would greatly be appreciated.

If you are interested in contributing to this study, please read, sign, and forward the attached consent form. To ensure confidentiality, please send the questionnaire separately from the consent form in the envelope provided.

I can be reached at home, 919-967-5368, if you have any questions. Also, feel free to contact me if you are interested in the results.

Thank you for your participation,

Teresa Madsen-Yarish
Appendix C

Consent Form

FUNDING SOURCE: None

TITLE: Collaborative Classroom Practices of Speech-Language Pathologists in the Public Schools

INVESTIGATOR: Teresa Madsen-Yarish, Graduate Student
Nova Southeastern University
LaBonte Institute for Hearing, Language, and Speech
(954) 475-7075

SUPERVISOR: Shelly Victor, Ed.D., CCC-SLP

DESCRIPTION

Teresa Madsen-Yarish is interested in learning about the practices of public school speech-language pathologists who implement a collaborative classroom service delivery model. I have been asked to participate in this study because I have provided speech-language services using a collaborative classroom model.

RISKS AND BENEFITS

I understand that there are no direct risks in participating in this study. I understand that the benefit of this study is to obtain information regarding the practices of public school speech-language pathologists who implement a collaborative classroom service delivery model. My participation in this study only consists of completing a questionnaire.

RIGHT TO WITHDRAW

I understand that my participation is voluntary and that I will not be penalized for not participating. I understand that I have the right to withdraw from this study at any time with no adverse affects.

CONFIDENTIALITY

The information that is obtained during the course of this study is strictly confidential. Any reports submitted concerning this study will not include any information which identifies me as a participant.
VOLUNTARY CONSENT

I read the consent form and I understand its contents. If I have any questions regarding this study they will be answered by Dr. Victor or another representative from the LaBonte Institute. A copy of this form will be forwarded to me for my own records.

-----------------------------------------------
Participant’s Signature                      Date
-----------------------------------------------
Investigator’s Signature                      Date

*In order to ensure confidentiality, please detach the consent form from the questionnaire and forward each separately in the envelopes provided.

Mail Address: Teresa Madsen-Yarish
50114 Manly
Chapel Hill, NC 27514

* Participation Deadline: June 12, 1997