**2016-17 Speech-Language Caseload Survey**

***Please submit by April 26, 2017.***

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please indicate the number of students on SCRAM who receive Speech-Language services at your school for each SLP/T. If you are in a school that is being impacted by a boundary change, please also indicate the number of students currently at your school who are anticipated to be attending a new school and which school.***

SLP/SLT Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of time assigned to this school \_\_\_\_\_\_ days/week \_\_\_\_\_\_\_\_ FTE

Total number of students on SCRAM:\_\_\_\_\_\_\_\_\_\_\_

# of Artic only students \_\_\_\_\_\_\_\_, # of students in SCSC classes

# of preschool students\_\_\_\_\_\_\_\_, # of home/private school

If secondary, # of students you are case manager for \_\_\_\_\_\_

SLP/SLT Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of time assigned to this school \_\_\_\_\_\_ days/week \_\_\_\_\_\_\_\_ FTE

Total number of students on SCRAM:\_\_\_\_\_\_\_\_\_\_\_

# of Artic only students \_\_\_\_\_\_\_\_, # of students in SCSC classes

# of preschool students\_\_\_\_\_\_\_\_, # of home/private school

 If secondary, # of students you are case manager for \_\_\_\_\_\_

Total students currently receiving speech services at this school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(#s will be verified through SCRAM)*

Anticipated number of students who will be served at a different school next year due to boundary changes:

 # of students\_\_\_\_\_\_\_\_\_\_\_\_ School they will be attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 # of students\_\_\_\_\_\_\_\_\_\_\_\_ School they will be attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of students moving out to secondary Schools \_\_\_\_\_\_\_\_\_\_

 *(Please contact the SLP at this school to let them know numbers for next year.)*

Total # of students moving in from preschool or elementary schools \_\_\_\_\_\_\_\_\_\_

***Please attach a copy of your schedule, and indicate how you creatively schedule your students (outside of the 30 minutes once/twice a week “standard”). E.G. 5-minutes -Artic, language lessons in the classroom, team-teaching parent training, adapting times to meet educational needs, etc.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am willing to be a SLT supervisor Yes 🞏 No 🞏

I am willing to be a mentor Yes 🞏 No 🞏 I have been trained as a mentor Yes 🞏 No 🞏

I am willing to be a CFY supervisor Yes 🞏 No 🞏

***Additional responsibilities that impact the SLP’s workload (assignments, committees, specialty team, supervisory responsibilities)***

***Signatures:*** Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SLP/SLT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SLP/SLT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SLP/SLT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_