



College of Audiologists and  
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et  
des Orthophonistes de l'Ontario

# REFERENCE GUIDE FOR SPEECH-LANGUAGE PATHOLOGISTS EMPLOYED IN THE SCHOOL BOARD SETTING

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# INTRODUCTION

CASLPO receives many practice advice calls and inquiries from members who work in the school board environment. In reviewing the nature of these inquiries, several areas of practice have emerged as particularly challenging for members and can be categorized under three main headings: **consent**, **maintaining records**, and **use of support personnel**.

The purpose of this Guide is to provide the school SLP with a reference to relevant health care legislation, regulations and their application in a non-health care workplace environment, with respect to the three key areas identified. The most commonly challenging practice scenarios are presented as examples of how the member may determine the best course of action with regard to complying with legislation, regulations and practice standards. The scenarios are not intended to be an exhaustive set of settings and circumstances. This guide is divided into four sections:

- Consent
- Records
- Support Personnel
- Resources

# CONSENT

Consent issues within the school setting relate to both [consent to information](#) and [consent to services](#), both of which must be obtained when the member is providing services for a specific student.

## CONSENT TO INFORMATION

Members must obtain the patient's/client's knowledgeable consent for the collection, use, and/or disclosure of personal health information during service provision, including, but not limited to, screening, assessment and management, as required by the [Personal Health Information Protection Act, 2004](#) (PHIPA).

## CONSENT TO SERVICES

Valid and informed consent must be obtained for [screening, assessment](#), consultation direct and indirect treatment, as directed by the [Health Care Consent Act, 1996](#) as well as CASLPO's position statement, [Consent to Screening and Assessment](#).

Valid consent means it is voluntary, is not obtained through misrepresentation or fraud, relates to the services being proposed, and is informed. The concept of informed consent is embodied within the [Health Care Consent Act, 1996](#) and directs the practitioner to communicate:

1. The nature of the services.
2. The expected benefits of the services.
3. The material risks of the services.
4. The material side effects of the services.
5. Alternative courses of action.
6. The likely consequences of not having the services.

CASLPO defines "material risks and side effects" as:

- Those which are probable or likely to occur
- Those that are possible rather than probable, but can have serious consequences and
- Anything else which would be considered relevant by a reasonable person in the same circumstances

In the context of a school setting, risks and side effects may be related, to missing instructional time while the student is withdrawn from class, being singled out in front of peers as requiring additional help, and fatigue related to listening and speaking that may impact classroom behaviour.

Members must document every consent received, as specified in CASLPO's [Records Regulation](#). This may take the form of a note in the records indicating informed consent was



discussed and obtained. Members may want to have a checklist of items to cover during the informed consent discussion.

When considering consent to collect, use and disclose information, the SLP in the school setting must comply with both the [Personal Health Information Protection Act, 2004](#) (PHIPA) and the [Municipal Freedom of Information and Protection of Privacy Act, 1990](#) (MFIPPA). Under PHIPA, SLPs are Health Information Custodians (HICs). A HIC can also be an individual or an organization that provides health care, such as a hospital or [Community Care Access Centre](#). All SLPs who provide speech-language pathology care are considered HICs and must also comply with PHIPA.

## CIRCLE OF CARE

One of the advantages of PHIPA is that it allows for timely sharing of personal health information among HICs who are involved with the same patient/client. As a result, an expressed consent is not necessary for information to be shared by HICs for the purpose of treating or assisting in the treatment of the same patient/client. These HICs are considered part of the “circle of care”, as defined by the document [Circle of Care](#) produced by the Office of the Information and Privacy Commissioner, Ontario. In these cases, implied consent is sufficient and understood to be of benefit to the individual receiving care. Thus, members of a health care team can freely share health information about a common patient/client, or in this case, a student, with assumed implied consent. This means that the psychology professional, who is a health care professional, may share information with the SLP, provided the initial consent described the purpose and that the sharing of the information is still for the same purpose (e.g. to assist with educational development).

However, more frequently the school SLP participates in multidisciplinary teams and case conferences whose members are a mix of health care professionals, such as psychology staff, audiologists, occupational therapists, physiotherapists and non-health care professionals, such as social workers, teachers, and educational assistants. These are situations where the SLP, as a designated HIC, is potentially providing information to a non-HIC and/or the non-HIC is sharing information with the HIC. In either situation, consent must be obtained to share information. Parents<sup>1</sup> or other substitute decision makers must be informed of the purpose and give consent to the information sharing at a team meeting or conference. Consent, verbal or written, must be obtained before information protected under education and health care legislation (MFIPPA and PHIPA) is shared across health and non-health professions. This typically translates into the teacher obtaining consent from parents before the student is discussed at a team meeting or conference. Additionally, the school board, as an employer, may have requirements or procedures for obtaining consent, to which an employee must also adhere.

In the school setting, the parent or legal guardian is often providing consent. However, depending on the child and the situation, children may be involved to varying degrees in the consent process. The [Health Care Consent Act, 1996](#), indicates that there is no fixed age at which a child becomes capable of providing consent. As a result, children who are judged capable to provide informed consent may choose to include or exclude their parents from

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<sup>1</sup> The term “parent” in this document refers to both a parent and/or legal guardian.

the consent process. Children are considered capable if they are able to understand the information provided and appreciate the consequences of their decision. It is up to the SLP to determine if the student is considered capable or not. For more information on determining capacity, consult CASLPO's document, [Obtaining Consent for Services: A Guide for Audiologists and Speech-Language Pathologists](#).

## SUMMARY POINTS:

- Consent must be valid and informed
- Informed consent includes an understanding of the nature, benefits, risks, side effects, alternatives and consequences of not receiving service
- PHIPA, MFIPPA and employer requirements must be adhered to in the school setting

## PRACTICAL APPLICATION:

**Q:** I frequently get stopped in the hallway of my school and asked to informally listen to or look at a student in a teacher's class so she can determine if she should refer the student. For example, a teacher may ask "My student sounds funny but I can't put my finger on whether it is a speech problem or not". Can I go ahead, without consent, if the teacher does not tell me the student's name and I don't withdraw the student from the classroom?

**A:** No. If your purpose for going into the classroom and observing a specific student is to determine whether he or she requires a speech language pathology referral, then you are screening the student and you require consent.

However, if you are visiting a classroom for another purpose and you incidentally notice a student who might benefit from a screening or assessment, you must not be prevented from mentioning a possible hearing, balance, communication, swallowing or similar disorder[s] to the appropriate person, in this case the teacher. This would not be considered a screening and therefore, you would not be required to obtain consent.

However, if you go into the classroom and intentionally interact with, or observe the student with the intension of determining if there may be a speech or language issue, this would be considered a 'screening'. A screening requires informed consent and consent for the collection, use and disclosure of health information.

When these types of requests occur, it would be prudent for you to encourage the teacher to discuss the concerns with the parent(s) in order to begin the process of obtaining the required consents for screening or assessment. If the parents wish to pursue screening or assessment, then consent for the collection, use and disclosure of information, as outlined in [A Guide to the Personal Health Information Act](#) and informed consent for screening/assessment as outlined in the [Obtaining Consent for Services: A Guide for Audiologists and Speech-Language Pathologists](#) must be obtained.

Alternately, you may wish to provide educational materials and general suggestions for the teacher so that he/she may be more confident about which students may need a referral.

Q: Can I discuss a student that is not yet referred to me at a school team meeting without obtaining consent?

A: No. Consent to share information must be obtained from the parent. In the school board context, students may be discussed initially at a team meeting where staff, other professionals (e.g. psychology staff, social workers) and the team determine management directions, which may or may not include a referral to the speech-language pathologist. Much information is commonly shared at this stage, including academic and health information (e.g. psycho-educational reports, occupational therapy reports, physician reports). As health care professionals, care must be taken to ensure that consent has been obtained to share the health information. Further, under the [Education Act, 1990](#), only supervisory officers and the principal and teachers of the school have access to the Ontario School Record (OSR) for the purpose of enhancing the instruction of the student. Consequently, consent is needed to share the information from the OSR with the non-teaching staff on the team.

This consent is typically obtained by the teacher, who discusses with the parent the plan to share information about the student with the team. A member is not required to personally obtain the required consent. However, it is advisable to ensure that this has in fact occurred. Sometimes teachers are unaware that this type of consent is required, this is not unusual given that consent to discuss students at team meetings is not required for teaching staff within the school system. The teacher-parent discussion around the learning issues can easily involve discussion of consent regarding the sharing of this information with the professionals on the team. This would constitute consent to collect, use and disclose information as outlined in [PHIPA](#).

Q: As a school board SLP, do I need consent from the parent to refer a student to another SLP outside the board, such as a private SLP or Community Care Access Centre (CCAC) SLP?

A: Yes. Consent must be obtained when there is a significant change in service. The [Health Care Consent Act, 1996](#) (HCCA) indicates that consent is required when variations or adjustments in the original treatment results in significant changes in the nature, expected benefits, material risks and/or material side effects. Referring to another speech and language service would constitute a significant change in the original treatment plan. With regard to the collection, use and disclosure of health information both SLPs are considered to be HICs and are therefore considered to be in the '[Circle of Care](#)'. However, it is prudent to make sure that the parents know that healthcare information will be disclosed from one SLP to the other. In some instances consent to provide information and to refer to an outside service may have been obtained in your original consent discussion, in which case additional consent would not be required. For example, many school boards require the school SLP to screen candidates for the CCAC service. In these instances, the original discussion with the parent often involves discussion of consent to refer the student to the CCAC service if it is deemed appropriate through the screening.



Q: I frequently participate in screening kindergarten children for phonological awareness skills. Because this is something the teacher does anyway, I am essentially assisting the teacher to do what are educationally based screenings. Can I assume that this does not require consent since I am not providing speech/language services but rather assisting in an educational function?

A: No. You cannot assume consent is not needed. Regardless of the specific screening task, you are essentially using your knowledge, skills and judgment as a speech-language pathologist in the screening task and that necessitates obtaining consent from the parent(s). Again, as mentioned above, there may be an opportunity to have the board consider other options to allow you to do screenings, such as obtaining consent from all students' families early in the kindergarten year. It should be noted that when conducting group screenings, informed consent is required, although a separate record for each student screened is not. The clinician may simply keep a record of who was screened, the consents and the results of the screening via a master list.



# RECORDS

Retention of records is an area where the school SLP must be aware of both health care and non-health care legislation. The SLP is a Health Information Custodian (HIC) and as such must comply with the [Personal Health Information Protection Act, 2004](#) (PHIPA) in terms of the collection, use and disclosure of the health information. PHIPA also states that to share information with a non-HIC (such as the school board), the HIC must obtain consent that includes the purpose. Parents must be informed that their child's health information will be maintained and therefore shared with non-health information custodians and more importantly, that it will be retained within the school board system. Typically, this is conveyed to the parent in the consent discussion, and includes a discussion pertaining to the fact that the SLP's information will be retained in the (OSR) and, in some cases, may be maintained in a central system to which school staff have access. It should be noted that once the speech and language information is in the OSR and/or other document storage system, it is protected under the [Municipal Freedom of Information and Protection of Privacy Act, 1990](#) (MFIPPA), which governs the school board.

Furthermore, the SLP's records must also be maintained in accordance with [CASLPO's Records Regulation](#), as stated in Section 1: "A member shall, in relation to his or her practice, take all reasonable steps necessary to ensure that records are kept in accordance with this regulation." The Records Regulation requires the member to retain specific information with regard to the patient/client that may not typically be retained by the school board, such as:

- Date of each contact
- Name, address, telephone number, date of birth
- Assessment and treatment results
- Recommendations and referrals
- History
- Written reports received
- Documented consent
- Cancellations with reason

The school board setting may have a variety of systems for record management in addition to the OSR. This central record system housed by the school board, either electronically or in paper form does not typically satisfy the record requirements outlined in the [CASLPO Records Regulation](#). Consequently, in most cases speech and language information is retained within the school board, both in the student's Ontario School Record (OSR) and in either a special services department or a speech and language services department so the regulation requirements can be met.

Record keeping can also pose challenges when the SLP works in collaboration with a variety of school staff, including teachers, special education resource personnel, educational assistants, psychology staff, etc. There may be arrangements whereby assessments and interventions are delivered as a coordinated effort between these health and non-health care professionals, an interdisciplinary team approach. The [Records Regulation](#) provides guidance with regard to record keeping in these situations and essentially states that a

separate record is not required, provided a multidisciplinary report or record is produced and maintained by a member of a college under the RHPA. Further, in cases where the member consults another member of CASLPO or another health professional who is regulated under the RHPA, a separate record of that consultation is not required. If the other members of the team are not members of a college under the RHPA, then the CASLPO member must maintain a record separately and ensure that is maintained in accordance with the [Records Regulation](#) and [PHIPA](#).

## SUMMARY POINTS:

- CASLPO Records Regulation must be adhered to with regards to record keeping and retention
- Records in the OSR or in other school board systems do not necessarily fulfill these requirements
- In most cases a separate records system is recommended

## PRACTICAL APPLICATION:

Q: A parent has provided the teacher with a report from a private SLP that includes assessment information and recommendations. Can the teacher share the information with the school SLP without consent?

A: Yes. The report was given to the teacher by the parent. One can reasonably assume that the parent wanted the teacher and the school board to have this information and use it to assist them in educating the child. In this instance the privacy of this information is protected by the [Municipal Freedom of Information and Protection of Privacy Act, 1990](#) (MFIPPA), which applies to information in the school board. MFIPPA allows the teacher to disclose the information to the school board SLP as long as it is for the same or a consistent purpose as the one for which the parent disclosed it to the teacher. The teacher is discussing the report with the CASLPO member who works for the school board so that she may incorporate recommendations for the classroom, which is presumably what the parent wanted. In this instance, it is appropriate for the SLP to review the report at the teacher's request. If, however, the SLP acts further, such as observing the student in the class, reviewing the student's academic work, or suggesting significant programming changes, then consent for services must be obtained.

Q: If after reviewing the outside report and discussing it with the teacher, the SLP feels that the child should be further assessed or seen for audiology or speech-language pathology services, is consent required?

A: Yes. At this point, specific consent for assessment or treatment must be obtained from the parent. The information is now being used for a purpose other than simply explaining the information within the report. Once the student receives the above-mentioned services from the SLP, the purpose for seeing the child is specifically to evaluate and perhaps provide treatment for communication. In this case, consent for services must be obtained in order to be in compliance with the [Health Care Consent Act, 1996](#)

Q: I regularly provide consultative and direct services to a language class in my school. The team that is responsible for this class includes the teacher, the educational assistant, the social worker and the psychologist. Given that the teacher generates lesson plans and reports regularly through the report card do I need to keep student records?

A: Yes; because you provide consultation to people who are not members of a college under the RHPA you must maintain a student record. Similarly, because you provide speech and/or language services directly, perhaps alongside or in collaboration with a team member who is not a member of a college under the RHPA (e.g. teacher, educational assistant), you must maintain a record of your services. However, if you work with the students in collaboration with the psychologist, who is a member of a college under the RHPA, then that person could, in fact, maintain the record as long as you ensure it is accurate and are accountable for the speech language pathology information.

Q: My role with the school board is primarily as a consultant to other SLPs within the board. I do not conduct formal assessment protocols; rather I conduct informal observations and then provide suggestions to the SLP who requested the consultation. Do I need to maintain my own records for these students?

A: No. Since you are providing consultative services to another regulated healthcare professional, they can maintain the record for that student. You must be confident that they are accurately reflecting your involvement. To this end, you may want to provide a written summary of your involvement that will be included in the record and/or review the documentation the SLP generates from your consultation.

Q: At the beginning of each academic year, I screen all the students entering Junior Kindergarten for speech and language difficulties. A small number will require further involvement but the majority will never require my services. Do I need to maintain individual records for all the students?

A: No. When conducting group screenings, a separate record for each student screened is not required. However, informed consent is required, and somehow needs to be documented. The clinician may simply keep a record of who was screened and the results of the screening via a master list. There should be a reference to the group with whom the student is identified, such as the class teacher, year, etc.

# SUPPORT PERSONNEL

Support personnel are those individuals who are assigned specific tasks and activities by the supervising SLP to augment the speech-language service delivery. The SLP is accountable for all professional services provided by support personnel. The SLP must develop protocols that specify the assigned tasks and the supervisory structure. The SLP must also ensure that tasks assigned are within the limits of the individual competence of the support personnel.

The CASLPO position statement on [Use of Support Personnel by Speech-Language Pathologists](#) outlines tasks that cannot be assigned, which include:

1. Completing any assessment or diagnostic activities.
2. Selecting patients/clients for service.
3. Developing patient/client intervention plans.
4. Monitoring patient/client progress and modifying intervention plans as necessary.
5. Accepting or discharging patients/clients for or from service.
6. Signing formal documents that are part of the patient/client record such as reports, etc. without counter signature of the SLP. This does not preclude support personnel from documenting progress in a formal record (e.g. Ontario Student Record) as long as the record also includes documentation of the assigned activities by the SLP.
7. Selecting patients/clients for referral to other professionals or agencies.

Within the school board setting, the SLP often provides advice and guidance to other professionals or unregulated service providers whom the SLP does not supervise, including teachers, early childhood educators and educational assistants. These recipients of advice are not to be considered support personnel. Similarly, if the SLP provides information or support to family or volunteers for assistance and support in the course of their usual daily activities with their child (e.g. feeding, communication support, implementation of home program), again these recipients of information and support are not to be considered support personnel.

However, that is not to say that educational assistants and in some cases volunteers can never be in the role of support personnel. It will be in the preparation of such an arrangement that the member will determine if the individual may be appropriate for that role. The member must be confident that several conditions are met so that the member can responsibly supervise. The CASLPO position statement, *Use of Support Personnel by Speech-Language Pathologists*, provides the following considerations in preparation for using support personnel:

- Employer commitment to ensuring that speech-language services provided by support personnel occur only under the supervision of a SLP registered with CASLPO.
- Employer understanding of the appropriate role of support personnel in speech-language pathology service delivery, including benefits and restrictions.
- Employer understanding of the conditions that allow for appropriate use of support personnel. (This should include procedures for supervision, inappropriate conduct and poor task performance).
- Availability of support personnel with at least minimum competence.

- Sufficient awareness of other team members (e.g. other professionals and support staff) and parents/caregivers of the role of support personnel when they are used.
- Provision of sufficient resources and empowerment of the SLP to decide when and how to use support personnel.
- Provision of sufficient time to adequately train and supervise support personnel.

Although there are no specific educational criteria for support personnel, there are guidelines for consideration of competence, outlined in the CASLPO position statement, Use of Support Personnel by Speech-Language Pathologists and they specify that, "Prior to assigning/delegating administrative and support activities to support personnel, the SLP must consider whether the personnel have training and/or demonstrate:

- Knowledge of the appropriate role of support personnel;
- Knowledge of the professional ethics applicable to their activities;
- The ability to relate to and interact respectfully and positively with patients/clients, families/caregivers, and other service team members;
- The ability to manage time allotted to accomplish assigned tasks."



Within the school setting it is prudent that the SLP pays particular attention to item (a) above, as school staff will not be aware of the appropriate role of the SLP's support personnel and may make inappropriate demands/requests of this person in the absence of the SLP. Care must be taken to ensure that the support person is aware of the limits of their role. When it is determined that there is a support personnel relationship with the SLP,

tasks that may be assigned to support personnel are to be direct service activities or non-patient/client care activities. Such tasks may include:

- Conducting speech-language pathology screenings following specified screening protocols approved by the supervising SLP, without interpretation beyond pass/fail status.
- Gathering information as directed by the SLP.
- Delivering direct treatment, remediation or education programs to patients/clients selected by the supervising SLP.
- Documenting patient/client progress toward meeting established objectives as stated in the treatment/remediation plan, and reporting this information to the supervising SLP. When such documentation appears in a formal record (e.g. medical record, OSR) which would be normally accessed by other professionals, the documentation must reflect that the SLP has assigned the activities to the support personnel and that the SLP is maintaining appropriate supervision.

- Performing administrative tasks that do not involve patient/client contact (such as preparing materials) or involving non-clinical patient/client contact (such as scheduling appointments). Supervision would entail ensuring that the tasks have been carried out as requested.
- Participating in any activity in which the member and support personnel work in tandem would be appropriate (such as administering an intervention procedure together). This type of cooperative activity may increase efficiency and builds in natural opportunities for supervision while ensuring that the skills of both the member and support personnel are used to advantage.
- Providing assistance with public education events.

However, it should be noted that in most school board settings, an educational assistant is under the direct supervision of the teacher. This arrangement means that all tasks and activities must be approved and supervised by the teacher. Consequently, under these conditions it may not be possible for the member to supervise responsibly the educational assistant.

## SUMMARY POINTS:

- Guidelines for use of support personnel pertain to direct service
- When the SLP is responsible for consultation services only, then the people who implement these suggestions are not considered support personnel
- Use of support personnel involves consideration of not only the individual's competence but also the employer's conditions

## PRACTICAL APPLICATION:

Q: I have a student on my caseload who is diagnosed with Autism Spectrum Disorder (ASD) and has a full-time Educational Assistant (EA). I have provided detailed suggestions to the EA and the teacher regarding strategies to foster peer interactions and I have set up visual schedules and developed social stories for use in the classroom. Should I be regarding the EA as support personnel and therefore supervising this person directly?

A: No. In this case you are providing consultation services to the teaching staff. Because neither the EA nor the teacher is required to follow your suggestions, you are not likely in the position to supervise either of them in a manner that would suggest they are support personnel. There are no specific goals that you have set, nor is there a mechanism for the staff to report to you the progress towards any goals. Further, they are free to alter any communication goals and methods without your approval or input. This does not constitute a supervisory relationship so the EA would not be considered support personnel.

Q: Our school board has a kindergarten language class that also employs an Educational Assistant (EA). I am hired to work with the teachers and students for the year. My responsibilities include assessing the student's language and literacy and setting goals for

the teacher and EA based on my evaluations. I am in the class on a regular basis and also work directly on speech and language goals with the students. I have provided training to the staff to enhance their skills for developing the students' articulation, language and literacy skills. Should I consider the EA Support Personnel?

Probably not; although you are establishing goals for the students, it is likely that the nature of your relationship with school staff prevents you from supervising them in the manner that is required in a support personnel situation. In most school boards the teaching staff cannot be technically supervised by a non-teaching staff person, such as the speech-language pathologist. Therefore, you would regard this role as a consultative role to the teaching staff and a direct service delivery role for yourself.

If there was an arrangement whereby the educational assistant was either under your employment and/or you were the primary supervisor with the authority to supervise directly, then you could regard this person as a support personnel provided the conditions outlined in the CASLPO position statement, [Use of Support Personnel by Speech-Language Pathologists](#) are met. In most, if not all, instances an EA must be directed by the classroom teacher, who is responsible for their work. As such, suggestions, materials, etc. all must be approved by the teacher, which then precludes you supervising the EA.

Q: There is a volunteer who comes in regularly to the kindergarten classroom and works with students whom I have assessed. I would like to provide her with speech goals and practice materials. Should I consider this person as support personnel?

A: If you are providing specific speech goals and methods and materials to carry out intervention, then you must ensure that requirements described above and in the position statement, [Use of Support Personnel by Speech-Language Pathologists](#), are met. Given that you are responsible for their actions, it is prudent to ensure that the volunteer understands that the goals, methods and materials are to be applied only to the students you have specified and that any changes in goals can only be made by you. Observation and monitoring, as outlined in the above mentioned position statement, would be required. Further, in this scenario it would be prudent to maintain a high degree of observation and monitoring.

# RESOURCES

CASLPO has many documents some of which may be particularly relevant to school board SLPs in the provision of services. These include, but are not limited to:

## [PSG ON THE ASSESSMENT OF CHILDREN BY SPEECH-LANGUAGE PATHOLOGISTS](#)

These Practice Standards and Guidelines apply to children 18 years and under. They outline resource requirements, collaboration requirements and utilize the standard PSG framework including competencies, components of service delivery and documentation requirements. The document applies to screening and assessment of articulation, oral language, written language, social language and dysphagia. Competencies include knowledge of:

- Developmental milestones
- Neuroanatomy and anatomy
- Roles of other professionals
- When to recommend other professionals
- Current and appropriate materials

As well as skills in:

- Selection, administration and interpretation of measures, standardized and non-standardized procedures
- Obtaining background information
- Supervision of support personnel
- Interpretation of atypical findings
- Formulating recommendations

## [ALTERNATIVE APPROACHES TO INTERVENTION](#)

This document provides guiding principles for considering novel or less commonly accepted intervention practices and methods. Members are expected to inform the patient/client of the novel or alternative nature of the approach and what the available alternatives are. Members are encouraged to offer patients/clients written documentation discussing the recommended intervention method.

## [CONCURRENT INTERVENTION PROVIDED BY CASLPO MEMBERS](#)

This document provides guiding principles for managing situations when more than one SLP is providing services. If this is the case, the member must determine if this is in the best interest of the patient/client. To do so, the member must make a reasonable attempt to contact the other clinician(s) with patient/client consent. If the patient/client chooses not to provide consent or the member cannot contact the other clinician, the member should consider the risks of proceeding with intervention and inform the patient or client of these



risks prior to providing intervention. The document also outlines what information should be shared between service providers as well as guidelines around when concurrent intervention is appropriate and when it is not appropriate.

## [SERVICE DELIVERY TO CULTURALLY AND LINGUISTICALLY DIVERSE POPULATIONS](#)

This document provides guidelines for the provision of communication intervention which is sensitive to the linguistic and cultural needs of the patient/client. It is assumed that culture and language have a profound effect on how the patient/client views assessment and treatment and that in the course of learning another language an individual will experience reduced linguistic competency as part of the normal learning process. Guidelines are offered for determining the language(s) of intervention, use of an interpreter or informant, consideration of biases inherent in standardized tests/evaluation procedures, use of non-standardized procedures and materials that reflect the linguistic and cultural norms of the client/patient as well as documentation needs.

## [SUPERVISION OF STUDENTS](#)

This document outlines assumptions and guiding principles that cover most aspects of the member's involvement in student supervision, including responsibility to the patient/client, requirements of the member in order to supervise a student, amount of supervision required, consent and record keeping.

## [OBTAINING CONSENT FOR SERVICES: A GUIDE FOR AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS](#)

This document provides detailed information regarding consent to services across all practice settings. It outlines the meaning of valid and informed consent, as well as implied consent. The guide discusses the meaning of the term "treatment" as used in the RHPA and as it pertains to audiologists and speech-language pathologists. In addition, the guide outlines issues regarding the substitute decision maker (SDM) and emergency services.

## **OTHER DOCUMENTS:**

[Regulated Health Professions Act, 1991](#)

[Healthcare Consent Act, 1996](#)

[Education Act, 1990](#)

[Audiology and Speech-Language Pathology Act, 1991](#)

[Personal Health Information Protection Act, 2004](#)

[Municipal Freedom of Information and Protection of Privacy Act, 1990](#)

[Child and Family Services Act, 1990](#)

[Circle of Care, 2004, Information and Privacy Commissioner, Ontario](#)

[A Guide to the Personal Health Information Act, 2004](#)

[Ontario Student Record \(OSR\) Guidelines, 2000](#)

[THE CIRCLE OF CARE: Disclosure of personal health information in the provision of health care, the Information Commissioner and the protection of privacy in Ontario, 2009](#)

[Guide to the Law on the protection of personal health information, the Information Commissioner and the protection of privacy in Ontario, 2004](#)

[Ontario Student Record: Guide 2000](#)

## SUMMARY

In summary, working as a regulated health care professional within a non-health environment poses unique challenges, particularly with regard to consent, maintaining records and using support personnel. This document provides guidance for applying the relevant legislation, regulations and standards of practice to specific, common practice scenarios. However, this document is not considered to be exhaustive. The College encourages you to contact our staff with questions regarding your own, unique practice challenges. You can reach us at: (416)975-5347 [or by email.](#)

## GLOSSARY

### Screening:

Screening is a process where a member applies certain measures that are designed to identify patients who may have a hearing, balance, communication, swallowing or similar disorder[s], for the sole purpose of determining the patient's need for a speech-language pathology assessment, an audiological assessment, or both. This does not include:

- Inadvertently noticing possible hearing, balance, communication, swallowing or similar disorder[s], or
- Considering information that is shared about an individual's possible hearing, balance, communication, swallowing or similar disorder[s], for the purpose of providing general educational information and/or recommending a referral for a speech-language pathology screening or assessment, an audiological screening or assessment, or both.

Screening may be conducted by a member or support personnel. Interpretation and communication of the results are made by the member. Screening results are limited to advising the patient/client/SDM on whether or not there is a need for a speech-language pathology assessment and/or an audiology assessment. Results must not be used for treatment planning.

### Assessment:

Use of formal and/or informal measures by an audiologist or speech-language pathologist, in accordance with the member's scope of practice, to determine a patient/client's functioning in a variety of areas of functional communication and/or swallowing or hearing, resulting in specific intervention recommendations.