Intensive and Individual Treatment in Schools… Are You Serious?

Creative Scheduling Solutions for Students with Childhood Apraxia of Speech

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School-based speech-language pathologists (SLPs) are accustomed to delivering services in 30-minute small groups, balancing large caseloads, competing schedules, and limited time. When recommendations for Childhood Apraxia of Speech (CAS) include frequent, individual treatment sessions several times each week, many clinicians immediately ask, “How could that possibly work in a school setting?” The good news is that intensive treatment does not necessarily require hour-long sessions or an entirely separate service delivery model. With thoughtful scheduling, creative problem-solving, and a willingness to prioritize the unique needs of students with CAS, school-based SLPs can successfully provide short, frequent, individual sessions within a typical caseload. The goal is not to abandon efficient service delivery for all students, but rather to recognize that children with CAS often require a different approach and to build schedules that make those opportunities possible.

We know that children with CAS respond best to frequent, individual, and intensive motor-based speech therapy sessions, especially in the early stages of intervention. Because motor-based approaches can require high levels of practice and repetition, children may benefit from shorter, more frequent sessions to help facilitate attention. Consider the following approaches to creative scheduling:

- Use a Receding or Tapered Scheduling Cycle

  Tapered intensity – starting with very frequent, short bursts of treatment and slowly tapering off – can yield greater and longer lasting gains compared to a fixed schedule. Frontload your schedule so there is time in the schedule for more frequent and intensive work with the child at the beginning of treatment, with a gradual phase down in frequency and intensity as motor movements and motor planning are established.

  Define distinct phases in the Schedule of Services of the Individualized Education Plan (IEP).

Service	Frequency/ Duration	Effective Dates	Location/ Service Delivery
Speech Therapy Phase 1	15 minutes, 6x/week	9/1/2026 – 11/30/2026	Pullout
Speech Therapy Phase 2	15 minutes, 4x/week	12/1/2026 - 3/15/2027	Pullout
Speech Therapy Phase 3	30 minutes, 1x/week	3/16/2027 - 6/1/2027	Pullout

When the SLP is assigned to more than one campus, meet this frequency schedule by providing two or more sessions on the same day.

- Stack Sessions to Increase Efficiency
  To minimize schedule fragmentation, schedule other therapy groups with children in the same class as the student with CAS immediately before or after the individual session. Find a space in or near the classroom for speech therapy to reduce transition time to the speech therapy room. Have a small number of reinforcers and “movement strategies” on hand (such as changing positions or imitating body movements or gestures) to give yourself greater flexibility with where you hold your session while enabling you to keep students engaged. Work with the child’s classroom teacher to schedule individual sessions during independent reading time, morning work, or center rotations, so the student does not miss core instructions.

- Leverage Time During Natural Transitions
  Maximize the use of noninstructional time by making slight adjustments to the student’s schedule so that short individual speech therapy sessions are scheduled to overlap with whole-class transitions such as preparing to walk in a line to the cafeteria and stand in the lunch line. With careful attention to timing, the SLP can coordinate ending the session and walking with the student to lunch to avoid the waiting time inherent in this natural transition during the school day. Look carefully at the class schedule to identify the times that natural transitions during the school day may lend themselves to “inventing” a few minutes of time as part of the therapy session.

- Use the “Backpack” Time of Day
  Schedule individual sessions at the beginning or end of the school day when most students in the class are transitioning into their morning routines or preparing to leave. For example, the student’s speech therapy sessions can be scheduled during the last 15 minutes of the school day, with timely school dismissal from speech. If the student rides a bus to school and generally arrives early, the SLP can meet the student at the drop off point (e.g. cafeteria) to provide a 15-minute session before and into the start of school. Short speech therapy sessions during backpack times of the day can avoid academic loss, reduce scheduling conflicts, and provide consistent daily routines.

- Coordinate Within the Master Schedule
  When possible, carve out time for individual sessions before establishing the entire schedule. It's easier to schedule around these reserved times than to fit

individual sessions into an established schedule. Some schools have dedicated blocks of time for in-school tutoring, response to intervention, advisory periods, and enrichment or flex periods. These schoolwide dedicated times provide natural opportunities for brief individual treatment. Communication and coordination with the child's teacher and other specialists who want to schedule time with the child are essential.

- Make Every Minute Count
  High-intensity treatment includes increased numbers of trials during every session. Use best practice and a child-centered focus when planning your sessions to allow for high numbers of quality productions. Total practice volume matters more than service delivery schedules – so think about making every minute of each therapy session count. Avoid materials that detract from production practice, use frequent feedback that fades as accuracy increases, and limit distractions as much as possible. Implement treatment approaches with fidelity and monitor progress for data-driven decisions about next steps in the treatment program.

Intensive, frequent treatment for CAS in schools is not primarily a scheduling problem; it is a prioritization problem. When the need for frequent, individual practice is recognized; creative scheduling solutions often emerge. Fifteen minutes, carefully protected and thoughtfully planned, can make a meaningful difference in a child's speech outcomes.

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