

**Assessment Plan
Department of Communicative Disorders
College of Letters and Science**

INTRODUCTION

The Undergraduate Major: The undergraduate major provides students with an overview of the field of communication disorders and the disciplines of speech pathology, audiology, and language delays, disorders and differences. Course work provides students with the knowledge and skills to pursue one of three goals: 1) a liberal arts degree leading to a career outside the field 2) a career in clinical service, which requires a master's or doctorate degree as the entry level degree or 3) a career in scientific research, which requires doctoral and post-doctoral study. Undergraduate students may complete a Bachelor of Arts degree, a Bachelor of Science degree or a bachelor of science in education degree. The degree that a student chooses is dependent upon the career goal. Those students who wish to pursue a career focusing on clinical service in a public school setting may complete specific education courses for certification through the School of Education. Currently the total undergraduate population of students who have declared or have expressed an intention to declare (through advising) a major in communicative disorders is approximately 170. Of these students there are 31 declared majors in the College of Letters and Science and 45 in the School of Education.

The Graduate Program: The masters and doctoral programs offer students an opportunity to deal with advanced knowledge, scholarly research, theoretical frameworks, laboratory experiences and clinical practices related to audiology, speech pathology, normal aspects of hearing and speech development, language disorders and differences across the life span. A non-clinical degree is also offered focusing exclusively on research. There are approximately 100 graduate students in the department.

ASSESSMENT PLAN ABSTRACT

The assessment plan focuses on the specific educational goals of the program, methods used to evaluate the goals, the process used to monitor the program and the action plan to implement changes necessary to meet the goals. The assessment plan is flexible so that revisions are possible. The tools used in the assessment plan include performance evaluations, pre- and post-testing, exit interviews, theses, embedded testing, alumni surveys, employer surveys, use of the national exams and external reviews.

The assessment plan addresses both the undergraduate major and the graduate program. It draws from the mission statements of the University of Wisconsin-Madison, the College of Letters and Science, the School of Education and the Department of Communicative Disorders as well as the Code of Ethics of the American Speech Language Hearing Association. It considers the goals of the students, careers in research, careers in clinical service (whether audiology or speech-language pathology) and careers outside the field with a focus on speech and hearing sciences.

METHODS OF ASSESSMENT AND MOST RECENT DATA

I. Direct Indicators

	<u>Undergraduate Major</u>	<u>Graduate Program</u>
1-A National Exams	N/A	Fall, 2006
2-A Embedded Testing	Fall, 2006	Fall, 2006
3-A Theses & Dissertations	N/A	Fall, 2006
4-A Performance Evaluations	Fall, 2006	Fall, 2006
5-A Pre and Post Testing	Fall, 2006	Fall, 2006

II. Indirect Indicators

	<u>Undergraduate Major</u>	<u>Graduate Program</u>
1-B Student Surveys	Fall, 2006	Fall, 2006
2-B Exit Interviews	Fall, 2006	Fall, 2002
3-B Alumni Surveys	N/A	Fall, 2002
4-B Employer Surveys	N/A	Fall, 2002
5-B External Reviews	Fall, 2006; Spring 1997	Fall, 2006; Spring 1997

NARRATIVE DESCRIPTION OF THE ASSESSMENT TOOLS

1-A National Exams: Students focusing their careers in clinical service must take the National Examination in Audiology or Speech-Language Pathology administered by the Educational Testing Service (Praxis II, <http://www.ets.org/praxis>). In the past three years 100% of our students taking the exam have passed. This compares nationally to a pass rate of between 75-76% for speech and language pathology and between 71-75% for audiology over the same three years.

2-A Embedded Testing: During the Spring 1998 semester, the department replaced masters-level comprehensive exams with embedded testing within all graduate courses. The form of the embedded testing varies across all graduate courses.

3-A Review Thesis & Dissertations: The department offers an opportunity to do a masters thesis involving the conduct of original research. Students complete their work under the supervision of a committee consisting of 3 faculty members chaired by the student's thesis advisor. The process requires a meeting to approve the topic and research plan with the student presenting a written document detailing the research and question(s) and rationale. The completed research document is defended by the student at a 2-hour final oral examination.

4-A Performance Evaluations: The Wisconsin Tracking Record and Assessment of Clinical Knowledge and Skills is a new tool that will soon be implemented to evaluate student performance in both audiology (see Appendix A) and speech-language pathology (see Appendix D).

5- A Pre and Post Testing: The department evaluates students enrolled in CD 390 "Practicum in Communicative Disorders". This course provides the students with an introductory clinical experience and is usually taken during the junior or senior year. The evaluation tool consists of a

pretest/post test measure (See Appendix A) and a performance evaluation. Previously students were required to develop a poster related to a clinical case and present the poster to the faculty, academic staff and students in the department during a three-hour discussion. The poster session has since been replaced with group presentations focusing primarily on the development of literacy.

1-B Student Surveys: The department continues to collect data addressing the number of our undergraduate students who are accepted into Masters Degree programs in accredited universities around the country. We have also recently implemented a questionnaire survey that is given to all graduating seniors (see Appendix B).

2-B Exit Interviews: The department surveys graduates every other year, two years following graduation. Two new exit interview surveys have been implemented since the last assessment report. (See Appendix B and C).

3-B Alumni Surveys: The department surveys employers of graduates every other year, two years following graduation (See Appendix C). The department will continue to collect data addressing the employment rate of our graduates. Over the past 10 years, data indicated 95% of our students have acquired employment within four weeks of graduation. Many employers recruit our students before they graduate, citing the students' reputations for exceptional academic training, clinical skills, experience and maturity.

4-A & 2-B: New performance evaluation tools will be implemented in the fall of 2006. The evaluation tool scores individual students on their achievement of a broad spectrum of specific skills and knowledge pertaining to their area of professional specialization (see Appendix A for Audiology and Appendix D for Speech-Language Pathology).

5-B External Reviews: The Department is accredited by the Council for Academic Accreditation of the American Speech-Language-Hearing Association (see Appendix E). Also, in February of 1997 the department participated in the College Academic Program Review.

APPENDIX A

Audiology Clinical Practicum Performance Evaluation

Updated for 2006

Evaluation of Clinical Practicum in Audiology: First Semester

(Adapted from St. Luke's Medical Center and Froedtert Hospital Medical College of Wisconsin, Milwaukee, Wisconsin)

Name: _____ Site: _____

Dates: _____ Supervisor: _____

RATING KEY

1. Not responding to guidance
2. Requires maximum guidance
3. Adequate performance with minimal guidance
4. Ability to function independently
5. Demonstrates outstanding skills in this area

*The sixth column used to indicate growth from midterm to final or skill not observed.
 (+ = growth; n/a = not applicable; n/o = not observed)

The column shaded in grey represents the level at which we expect a first year Graduate student to be performing. If a whole line is shaded grey, then that skill is not assessed for grade during this term.

A. PROFESSIONAL RESPONSIBILITY

	1	2	3	4	5	*6
Punctuality in Reporting to Assignment						
Promptness in Submitting Written Reports and Summaries(D15)						
Orderliness in Maintaining Test Suite/Equipment						
Demonstration of Initiative & Creativity						
Adheres to Hospital and Department Policy and Procedures(D15)						
Adheres to infection control standards/policies(B12)						
Maintains a safe and barrier free work environment						
Appropriately monitors and maintains calibration records of instrumentation. (D18,E19)						
Maintains records in a manner consistent with legal and professional standards (E16)						
Comments						

B. PROFESSIONAL INTERACTION

	1	2	3	4	5	*6
Approachability and Responsiveness to Supervisor(E1)						
Approachability and Responsiveness to Patients and Professionals(C1,D1,E1)						
Respect in Dealing with Patients/Parents(C1,E1)						
Effectiveness in Dealing with Patients/Parents(E1)						
Provides appropriate comments to students being supervised. (B19,E1)						
Can communicate with other professionals effectively (E3,E6)						

C. PROFESSIONAL ATTITUDE

	1	2	3	4	5	*6
Pride in Professional Role						
Interest in Practicum						
Interest in Improving Performance						
Emotional Control and Stability						
Attainment of Self-Evaluation Skills						
Comments:						

D. HISTORY TAKING/COUNSELING

	1	2	3	4	5	*6
Asking Appropriate Questions(D3)						
Use of Appropriate Terminology and Level of Voice(D3)						
Understands Reasons for Asking Questions(D3)						
Utilizes Time Efficiently(D3)						
Appropriately counsels patients regarding noise exposure and effects on hearing(C3) (D13,14)						
Appropriately counsels patients when audiometric results indicate retrocochlear pathology(D13,14)						
Appropriately counsels patients regarding the results of balance assessment.(D14)						
Uses information from other sources to appropriately plan assessment.(D2)						
Comments:						

E. EVALUATION AND MANAGEMENT OF THE EXTERNAL AUDITORY CANAL (EAC)

	1	2	3	4	5	*6
Demonstrates appropriate Otoscopic evaluation skills(D4)						
Correctly identifies patients requiring cerumen management						
Refers appropriate patients to physician for cerumen management						
Uses correct mechanical cerumen removal techniques						
Uses correct irrigation techniques for cerumen removal						
Appropriately counsels patients regarding cerumen removal						
Appropriately provides patients with information regarding cerumen removal at home.						

F. CONVENTIONAL AUDIOMETRY

	1	2	3	4	5	*6
Familiarity with Equipment(D17)						
Giving Instructions						
Air Conduction Techniques(C4,E18)						
Bone Conduction Techniques(E18)						
Speech Audiometry Techniques(E18)						
Speech Discrimination Technique(E18)						
Use of Masking (Pure Tone and Speech Audiometry) (E18)						
Ability to Adapt Test Procedures as Needed						
Utilizes Time Efficiently						

Ability to interpret test results (C3,D12)						
Uses culturally sensitive methods for assessment(D6)						

Comments:

G. ACOUSTIC IMMITANCE TECHNIQUE

	1	2	3	4	5	*6
Familiarity with Equipment(E18)						
Tympanometry						
Acoustic Reflex						
Eustachian Tube Testing						
Correlates Immittance Results to Audiogram Results						
Ability to interpret test results						

Comments:

H. PEDIATRIC AUDIOMETRY

	1	2	3	4	5	*6
Behavior Shaping and Management						
Visual Reinforcement Audiometry						
Conditioned Play Audiometry						
Speech Audiometric Techniques						
Speech Recognition Measures						
Ability to interpret test results						

Comments:

I. AMPLIFICATION/AURAL REHABILITATION

	1	2	3	4	5	*6
Can correctly select and perform tests related to the selection and fitting of hearing aids(D10,D17,E8)						
Electroacoustic Hearing Aid (HA) Analysis(E7,E8)						
Real Ear Measurement(E7,E8)						
Functional Gain Measurement(E7,E8)						
HA Modification(E8)						
HA Repair(E8)						
Earmold Impression(E8)						
Earmold Modification(E8)						
Selects Appropriate Amplifying Device(E8)						
Selects Appropriate Earmold(E8)						
Demonstrates Knowledge of the Different HA/ALD Options(E8)						
Demonstrates Knowledge of the Effect of HA/Earmold Modifications(E8)						
Applies Electroacoustic Analysis/Probe Microphone for Fitting the HA/Earmold(E8)						
Applies Electroacoustic Analysis/Probe Microphone for HA/Repair/Earmold Modification(E8)						
Understands How to Trouble-Shoot Repair Problems(E8)						
Provides Appropriate Counseling Regarding HA/Earmold Use(E4,E5,E9)						

Provides Appropriate Counseling Regarding ALD Use(E4,E5,E9)						
Provides Appropriate Counseling Regarding CI Use(E4,E5,E9)						
Provides Appropriate Counseling Regarding Communication Strategies(E4,E5,E10)						
Recognizes the Relationship Between the Communicative Disorder and Other Needs (E.g. School, Medical, Home, Social, etc.)(B18,D10)						
Sets Up Realistic Goals and Expectations for Patient(D10,E2)						
Demonstrates Smooth Transition of Procedures Within a Session						
Demonstrates Creativity						
Demonstrates appropriate techniques in communicating with hearing impaired individuals.(B21,E4,E5)						
Accurately and thoroughly documents treatment progress(E11,E15)						

Comments:

J. ELECTROPHYSIOLOGIC TESTING TECHNIQUE

	1	2	3	4	5	*6
Familiarity with Equipment and Stimulus Parameters(D8,17)						
Instructions to Participant(D8)						
OAE Test Administration and Analysis(D17)						
Auditory Evoked Potential (AEP) Threshold/Screenings(D8)						
AEP Neuro-Otologic Assessment(D8)						
Electrocochleography (ECOG)/Promontory Stimulation(D8)						
Electroneuronography (ENOG) (D8)						
Ability to Interpret Test Findings						
Utilizes Time Efficiently						

Comments:

K. CENTRAL AUDITORY PROCESSING (CAP)

	1	2	3	4	5	*6
Knowledge of CAP Tests						
Administrations of CAP Tests						
Interpretations of CAP Test Data						
Recognizes the Relationship Between the Communication Problem and Other Needs (e.g. School, Home, Social, etc.)						

Comments:

L. SPECIAL AUDITORY TESTS (not identified in previous sections)

Refers to test/procedures the student has been exposed to previously in class/clinic.

	1	2	3	4	5	*6
Instructions						
Administration						
Selection of Appropriate Tests						
Interpretation of Individual Tests						
Interpretation of Test Profile						
Insight Regarding Test Significance						

Comments:

M. ELECTRONYSTAGMOGRAPHY

Performance expectations increase after completion of Balance System Class

	1	2	3	4	5	*6
Familiarity with Equipment(D9,17)						
ENG Testing Techniques(D9)						
Interprets ENG Data(D9)						
Knowledge of What ENG Measures(D9)						
Demonstrates appropriate balance rehabilitation techniques(D9,E12)						
Utilizes Time Efficiently						
Comments:						

N. REPORT WRITING

	1	2	3	4	5	*6
Demonstrates Ability to Organize Reports/Progress Notes(D11,16,E17)						
Uses Professional Terminology Appropriately(D11,16,E17)						
Includes Concise and Pertinent Information(D11,D16,E17)						
Attends to Details of Grammar and Spelling(D11,D16,E17)						
Keeps Records Up-to-date(D11,D15,E16,E17)						
Uses Accepted Medical Abbreviations Correctly(D11,D16,E17)						
Comments:						

Student Signature

Date

Supervisor Signature

Date

Evaluation of Clinical Practicum in Audiology: Second Year

(Adapted from St. Luke's Medical Center and Froedtert Hospital Medical College of Wisconsin, Milwaukee, Wisconsin)

Name: _____

Site: _____

Dates: _____

Supervisor: _____

RATING KEY

The column shaded in grey represents the minimum level at which we expect a third year student to be performing.

- 6. Not responding to guidance
- 7. Requires maximum guidance
- 8. Adequate performance with minimal guidance
- 9. Ability to function independently
- 10. Demonstrates outstanding skills in this area

*The sixth column used to indicate growth from midterm to final OR skill not applicable/observed.
(+ = growth; - = no growth; n/a = not applicable; n/o = not observed)

B. PROFESSIONAL RESPONSIBILITY

	1	2	3	4	5	*6
Punctuality in Reporting to Assignment						
Promptness in Submitting Written Reports and Summaries(D15)						
Orderliness in Maintaining Test Suite/Equipment						
Demonstration of Initiative & Creativity						
Adheres to Hospital and Department Policy and Procedures(D15)						
Adheres to infection control standards/policies(B12)						
Maintains a safe and barrier free work environment						
Appropriately monitors and maintains calibration records of instrumentation. (D18,E19)						
Maintains records in a manner consistent with legal and professional standards (E16)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 4.0

Comments :

B. PROFESSIONAL INTERACTION

	1	2	3	4	5	*6
Approachability and Responsiveness to Supervisor(E1)						
Approachability and Responsiveness to Patients and Professionals(C1,D1,E1)						
Respect in Dealing with Patients/Parents(C1,E1)						
Effectiveness in Dealing with Patients/Parents(E1)						
Provides appropriate comments to students being supervised. (B19,E1)						
Can communicate with other professionals effectively (E3,E6)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 4.0

Comments:

C. PROFESSIONAL ATTITUDE

	1	2	3	4	5	*6
Pride in Professional Role						

Interest in Practicum						
Interest in Improving Performance						
Emotional Control and Stability						
Attainment of Self-Evaluation Skills						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 4.0

Comments:

D. HISTORY TAKING/COUNSELING

	1	2	3	4	5	*6
Asking Appropriate Questions(D3)						
Use of Appropriate Terminology and Level of Voice(D3)						
Understands Reasons for Asking Questions(D3)						
Utilizes Time Efficiently(D3)						
Appropriately counsels patients regarding noise exposure and effects on hearing(C3) (D13,14)						
Appropriately counsels patients when audiometric results indicate retrocochlear pathology(D13,14)						
Appropriately counsels patients regarding the results of balance assessment. (D14)						
Uses information from other sources to appropriately plan assessment.(D2)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.4

Comments:

E. EVALUATION AND MANAGEMENT OF THE EXTERNAL AUDITORY CANAL (EAC)

	1	2	3	4	5	*6
Demonstrates appropriate Otoscopic evaluation skills(D4)						
Correctly identifies patients requiring cerumen management						
Refers appropriate patients to physician for cerumen management						
Uses correct mechanical cerumen removal techniques						
Uses correct irrigation techniques for cerumen removal						
Appropriately counsels patients regarding cerumen removal						
Appropriately provides patients with information regarding cerumen removal at home.						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.4

Comments:

F. CONVENTIONAL AUDIOMETRY

	1	2	3	4	5	*6
Familiarity with Equipment(D17)						
Giving Instructions						
Air Conduction Techniques(C4,E18)						
Bone Conduction Techniques(E18)						
Speech Audiometry Techniques(E18)						
Speech Discrimination Technique(E18)						
Use of Masking (Pure Tone and Speech Audiometry) (E18)						
Ability to Adapt Test Procedures as Needed						
Utilizes Time Efficiently						
Ability to interpret test results (C3,D12)						
Uses culturally sensitive methods for assessment(D6)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.8

Comments:

G. ACOUSTIC IMMITANCE TECHNIQUE

	1	2	3	4	5	*6
Familiarity with Equipment(E18)						
Tympanometry						
Acoustic Reflex						
Eustachian Tube Testing						
Correlates Immittance Results to Audiogram Results						
Ability to interpret test results						
(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.8						

Comments:

H. PEDIATRIC AUDIOMETRY

	1	2	3	4	5	*6
Behavior Shaping and Management						
Visual Reinforcement Audiometry						
Conditioned Play Audiometry						
Speech Audiometric Techniques						
Speech Recognition Measures						
Ability to interpret test results						
(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.0						

Comments:

I. AMPLIFICATION/AURAL REHABILITATION

	1	2	3	4	5	*6
Can correctly select and perform tests related to the selection and fitting of hearing aids(D10,D17,E8)						
Electroacoustic Hearing Aid (HA) Analysis(E7,E8)						
Real Ear Measurement(E7,E8)						
Functional Gain Measurement(E7,E8)						
HA Modification(E8)						
HA Repair(E8)						
Earmold Impression(E8)						
Earmold Modification(E8)						
Selects Appropriate Amplifying Device(E8)						
Selects Appropriate Earmold(E8)						
Demonstrates Knowledge of the Different HA/ALD Options(E8)						
Demonstrates Knowledge of the Effect of HA/Earmold Modifications(E8)						
Applies Electroacoustic Analysis/Probe Microphone for Fitting the HA/Earmold(E8)						
Applies Electroacoustic Analysis/Probe Microphone for HA/Repair/Earmold Modification(E8)						
Understands How to Trouble-Shoot Repair Problems(E8)						
Provides Appropriate Counseling Regarding HA/Earmold Use(E4,E5,E9)						
Provides Appropriate Counseling Regarding ALD Use(E4,E5,E9)						

Provides Appropriate Counseling Regarding CI Use(E4,E5,E9)						
Provides Appropriate Counseling Regarding Communication Strategies(E4,E5,E10)						
Recognizes the Relationship Between the Communicative Disorder and Other Needs (E.g. School, Medical, Home, Social, etc.)(B18,D10)						
Sets Up Realistic Goals and Expectations for Patient(D10,E2)						
Demonstrates Smooth Transition of Procedures Within a Session						
Demonstrates Creativity						
Demonstrates appropriate techniques in communicating with hearing impaired individuals.(B21,E4,E5)						
Accurately and thoroughly documents treatment progress(E11,E15)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.2.

Comments:

J. ELECTROPHYSIOLOGIC TESTING TECHNIQUE

	1	2	3	4	5	*6
Familiarity with Equipment and Stimulus Parameters(D8,17)						
Instructions to Participant(D8)						
OAE Test Administration and Analysis(D17)						
Auditory Evoked Potential (AEP) Threshold/Screenings(D8)						
AEP Neuro-Otologic Assessment(D8)						
Electrocochleography (ECOG)/Promontory Stimulation(D8)						
Electroneuronography (ENOG) (D8)						
Ability to Interpret Test Findings						
Utilizes Time Efficiently						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 2.9

Comments:

K. CENTRAL AUDITORY PROCESSING (CAP)

	1	2	3	4	5	*6
Knowledge of CAP Tests						
Administrations of CAP Tests						
Interpretations of CAP Test Data						
Recognizes the Relationship Between the Communication Problem and Other Needs (e.g. School, Home, Social, etc.)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.0

Comments:

L. SPECIAL AUDITORY TESTS (not identified in previous sections)

Refers to test/procedures the student has been exposed to previously in class/clinic.

	1	2	3	4	5	*6
Instructions						
Administration						
Selection of Appropriate Tests						
Interpretation of Individual Tests						
Interpretation of Test Profile						
Insight Regarding Test Significance						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.0

Comments:

M. ELECTRONYSTAGMOGRAPHY

Performance expectations increase after completion of Balance System Class

	1	2	3	4	5	*6
Familiarity with Equipment(D9,17)						
ENG Testing Techniques(D9)						
Interprets ENG Data(D9)						
Knowledge of What ENG Measures(D9)						
Demonstrates appropriate balance rehabilitation techniques(D9,E12)						
Utilizes Time Efficiently						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 2.0

Comments:

N. REPORT WRITING

	1	2	3	4	5	*6
Demonstrates Ability to Organize Reports/Progress Notes(D11,16,E17)						
Uses Professional Terminology Appropriately(D11,16,E17)						
Includes Concise and Pertinent Information(D11,D16,E17)						
Attends to Details of Grammar and Spelling(D11,D16,E17)						
Keeps Records Up-to-date(D11,D15,E16,E17)						
Uses Accepted Medical Abbreviations Correctly(D11,D16,E17)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.5

Comments:

Student Signature

Date

Supervisor Signature

Date

Evaluation of Clinical Practicum in Audiology: Third Year

(Adapted from St. Luke's Medical Center and Froedtert Hospital Medical College of Wisconsin, Milwaukee, Wisconsin)

Name: _____

Site: _____

Dates: _____

Supervisor: _____

RATING KEY

The column shaded in grey represents the minimum level at which we expect a third year student to be performing.

- 11. Not responding to guidance
- 12. Requires maximum guidance
- 13. Adequate performance with minimal guidance
- 14. Ability to function independently
- 15. Demonstrates outstanding skills in this area

*The sixth column used to indicate growth from midterm to final OR skill not applicable/observed.
 (+ = growth; - = no growth; n/a = not applicable; n/o = not observed)

C. PROFESSIONAL RESPONSIBILITY

	1	2	3	4	5	*6
Punctuality in Reporting to Assignment						
Promptness in Submitting Written Reports and Summaries(D15)						
Orderliness in Maintaining Test Suite/Equipment						
Demonstration of Initiative & Creativity						
Adheres to Hospital and Department Policy and Procedures(D15)						
Adheres to infection control standards/policies(B12)						
Maintains a safe and barrier free work environment						
Appropriately monitors and maintains calibration records of instrumentation. (D18,E19)						
Maintains records in a manner consistent with legal and professional standards (E16)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 4.0

Comments

B. PROFESSIONAL INTERACTION

	1	2	3	4	5	*6
Approachability and Responsiveness to Supervisor(E1)						
Approachability and Responsiveness to Patients and Professionals(C1,D1,E1)						
Respect in Dealing with Patients/Parents(C1,E1)						
Effectiveness in Dealing with Patients/Parents(E1)						
Provides appropriate comments to students being supervised. (B19,E1)						
Can communicate with other professionals effectively (E3,E6)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 4.0

Comments

C. PROFESSIONAL ATTITUDE

	1	2	3	4	5	*6
Pride in Professional Role						

Interest in Practicum						
Interest in Improving Performance						
Emotional Control and Stability						
Attainment of Self-Evaluation Skills						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 4.0
 Comments

D. HISTORY TAKING/COUNSELING

	1	2	3	4	5	*6
Asking Appropriate Questions(D3)						
Use of Appropriate Terminology and Level of Voice(D3)						
Understands Reasons for Asking Questions(D3)						
Utilizes Time Efficiently(D3)						
Appropriately counsels patients regarding noise exposure and effects on hearing(C3) (D13,14)						
Appropriately counsels patients when audiometric results indicate retrocochlear pathology(D13,14)						
Appropriately counsels patients regarding the results of balance assessment. (D14)						
Uses information from other sources to appropriately plan assessment.(D2)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.4
 Comments

E. EVALUATION AND MANAGEMENT OF THE EXTERNAL AUDITORY CANAL (EAC)

	1	2	3	4	5	*6
Demonstrates appropriate Otoscopic evaluation skills(D4)						
Correctly identifies patients requiring cerumen management						
Refers appropriate patients to physician for cerumen management						
Uses correct mechanical cerumen removal techniques						
Uses correct irrigation techniques for cerumen removal						
Appropriately counsels patients regarding cerumen removal						
Appropriately provides patients with information regarding cerumen removal at home.						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.4
 Comments

F. CONVENTIONAL AUDIOMETRY

	1	2	3	4	5	*6
Familiarity with Equipment(D17)						
Giving Instructions						
Air Conduction Techniques(C4,E18)						
Bone Conduction Techniques(E18)						
Speech Threshold Techniques(E18)						
Word Recognition Technique(E18)						
Use of Masking (Pure Tone and Speech Audiometry) (E18)						
Ability to Adapt Test Procedures as Needed						
Utilizes Time Efficiently						
Ability to interpret test results (C3,D12)						
Uses culturally sensitive methods for assessment(D6)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.8

Comments

G. ACOUSTIC IMMITANCE TECHNIQUE

	1	2	3	4	5	*6
Familiarity with Equipment(E18)						
Tympanometry						
Acoustic Reflex						
Eustachian Tube Testing						
Correlates Immittance Results to Audiogram Results						
Ability to interpret test results						
(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.8						
Comments						

H. PEDIATRIC AUDIOMETRY

	1	2	3	4	5	*6
Behavior Shaping and Management						
Visual Reinforcement Audiometry						
Conditioned Play Audiometry						
Speech Threshold Techniques						
Speech Recognition Measures						
Ability to interpret test results						
(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.0						
Comments						

I. AMPLIFICATION/AURAL REHABILITATION

	1	2	3	4	5	*6
Can correctly select and perform tests related to the selection and fitting of hearing aids(D10,D17,E8)						
Electroacoustic Hearing Aid (HA) Analysis(E7,E8)						
Real Ear Measurement(E7,E8)						
Functional Gain Measurement(E7,E8)						
HA Modification(E8)						
HA Repair(E8)						
Earmold Impression(E8)						
Earmold Modification(E8)						
Selects Appropriate Amplifying Device(E8)						
Selects Appropriate Earmold(E8)						
Demonstrates Knowledge of the Different HA/ALD Options(E8)						
Demonstrates Knowledge of the Effect of HA/Earmold Modifications(E8)						
Applies Electroacoustic Analysis/Probe Microphone for Fitting the HA/Earmold(E8)						
Applies Electroacoustic Analysis/Probe Microphone for HA/Repair/Earmold Modification(E8)						
Understands How to Trouble-Shoot Repair Problems(E8)						
Provides Appropriate Counseling Regarding HA/Earmold Use(E4,E5,E9)						
Provides Appropriate Counseling Regarding ALD Use(E4,E5,E9)						
Provides Appropriate Counseling Regarding CI Use(E4,E5,E9)						
Provides Appropriate Counseling Regarding Communication						

Strategies(E4,E5,E10)						
Recognizes the Relationship Between the Communicative Disorder and Other Needs (E.g. School, Medical, Home, Social, etc.)(B18,D10)						
Sets Up Realistic Goals and Expectations for Patient(D10,E2)						
Demonstrates Smooth Transition of Procedures Within a Session						
Demonstrates Creativity						
Demonstrates appropriate techniques in communicating with hearing impaired individuals.(B21,E4,E5)						
Accurately and thoroughly documents treatment progress(E11,E15)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.2
 Comments

J. ELECTROPHYSIOLOGIC TESTING TECHNIQUE

	1	2	3	4	5	*6
Familiarity with Equipment and Stimulus Parameters(D8,17)						
Instructions to Participant(D8)						
OAE Test Administration and Analysis(D17)						
Auditory Evoked Potential (AEP) Threshold/Screenings(D8)						
AEP Neuro-Otologic Assessment(D8)						
Electrocochleography (ECOG)/Promontory Stimulation(D8)						
Electroneuronography (ENOG) (D8)						
Ability to Interpret Test Findings						
Utilizes Time Efficiently						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.0
 Comments

K. CENTRAL AUDITORY PROCESSING (CAP)

	1	2	3	4	5	*6
Knowledge of CAP Tests						
Administrations of CAP Tests						
Interpretations of CAP Test Data						
Recognizes the Relationship Between the Communication Problem and Other Needs (e.g. School, Home, Social, etc.)						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.0
 Comments

L. SPECIAL AUDITORY TESTS (not identified in previous sections)

Refers to test/procedures the student has been exposed to previously in class/clinic.

	1	2	3	4	5	*6
Instructions						
Administration						
Selection of Appropriate Tests						
Interpretation of Individual Tests						
Interpretation of Test Profile						
Insight Regarding Test Significance						

(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is 3.0
 Comments

M. ELECTRONYSTAGMOGRAPHY

Performance expectations increase after completion of Balance System Class

	1	2	3	4	5	*6
Familiarity with Equipment(D9,17)						
ENG Testing Techniques(D9)						
Interprets ENG Data(D9)						
Knowledge of What ENG Measures(D9)						
Demonstrates appropriate balance rehabilitation techniques(D9,E12)						
Utilizes Time Efficiently						
Total Points Earned/# of Skills Scored = Ave. Earned _____ Expected Ave. Is 3.0						
Comments						

N. REPORT WRITING

	1	2	3	4	5	*6
Demonstrates Ability to Organize Reports/Progress Notes(D11,16,E17)						
Uses Professional Terminology Appropriately(D11,16,E17)						
Includes Concise and Pertinent Information(D11,D16,E17)						
Attends to Details of Grammar and Spelling(D11,D16,E17)						
Keeps Records Up-to-date(D11,D15,E16,E17)						
Uses Accepted Medical Abbreviations Correctly(D11,D16,E17)						
(Total Points Earned) / (# of Skills Scored) = Ave. Points Earned _____ Expected Ave. is <u>3.5</u>						
Comments						

Student Signature

Date

Supervisor Signature

Date

APPENDIX B

Dept. of Communicative Disorders
Undergraduate Education Assessment Survey

Spring 2006

**Department of Communicative Disorders
Undergraduate Education Assessment Survey**

Spring 2006

1. Do you intend to pursue graduate study in communication disorders?

1 = Yes

2 = No

1. The program as a whole...

5 = very good

4 = good

3 = fair

2 = poor

1 = very poor

2. Overall course organization and sequencing...

3. Clarity of responsibilities and requirements...

4. Quantity and quality of work assignments (test, papers, clinical practicum, etc) ...

5. Evaluative and grading techniques...

6. Availability of extra help when needed...

7. Advising for the major...

What did you like MOST about the program and why.

What did you like LEAST about the program and why.

**Department of Communicative Disorders
Undergraduate Education Assessment Survey**

Spring 2006

Numerical Responses

ITEM	1	2	3	4	5	OMIT	MEAN	S.D.
1.	36 0.77	10 0.21	0 0.00	0 0.00	0 0.00	1 0.02	1.22	0.42
2.	0 0.00	2 0.04	10 0.21	29 0.62	6 0.13	0 0.00	3.83	0.70
3.	0 0.00	2 0.04	6 0.13	28 0.60	11 0.23	0 0.00	4.02	0.74
4.	0 0.00	0 0.00	8 0.17	31 0.66	7 0.15	1 0.02	3.98	0.58
5.	0 0.00	0 0.00	9 0.19	32 0.68	6 0.13	0 0.00	3.94	0.57
6.	0 0.00	1 0.02	6 0.13	19 0.40	20 0.43	1 0.02	4.26	0.77
7.	1 0.02	14 0.30	16 0.34	8 0.17	8 0.17	0 0.00	3.17	1.11

SAMPLE SIZE = 47

Department of Communicative Disorders Undergraduate Education Assessment Survey

Written Responses:

What did you like MOST about the program and why.

- The advising was great! I felt I knew what was expected of me-and if I had any questions-help was always there.
- Faculty and staff are very enthusiastic and supportive; they make learning fun.
- Gary Weismer
- The range of topics in both audiology and speech-related courses
- CD 390—Practicums help apply what you have learned
- The ability to get help whenever I had questions about the major in general or in a specific class
- I thought the professors were really good at meeting the needs of students in general. They were available for extra help and were approachable and friendly.
- I liked that I got a broad range of classes and many teachers. My favorite part was my clinical practicum.
- I liked that the professors were extremely knowledgeable and available for questions.
- The sequence worked well in that if you decided to declare the major after sophomore year, can still graduate in four.
- Generally, professors are knowledgeable of subject and make class interesting
- I thought it was great to have an undergraduate clinical practicum as it gave me a real sense of what is to come. I also thoroughly enjoyed the faculty as they were always willing to help.
- The clinical practicum—definitely the most applicable learning experience I got. Sets us apart from other school's programs.
- I enjoyed the professors' enthusiasm and degree of knowledge in their field of specialty.
- Interesting courses
- I loved most of the professors/faculty and the wide range of their expertise. Also loved CD 390 with Peggy Rosin. It was a wonderful chance for application of what I had been learning.
- CD 390, the practicum, was the most enjoyable and useful class of the program. Being able to apply our knowledge in a supportive setting was extremely beneficial.
- Interesting material
- Small size
- That I was able to get it done in 4 years
- I liked how small and intimate the program was. I knew all of my professors and most all of the students, which really created a great atmosphere for learning. I liked having the same professors for several classes because then I really knew how they taught and it really helped me learn a lot.
- My practicum experiences—I loved the child I worked with and it was nice to get outside of the classroom to apply my knowledge.
- I liked having the opportunities to take courses with the same instructor. I liked having courses follow each other logically. Both of those help students have better success rates.

- The professors were all so different in their teaching methods and personalities. It kept me interested. CD 390 was / is a great experience. It gave me a great “preview” to clinical teaching. It is a great part of the undergrad experience.
- Knowledgeable faculty
- The class content, it was interesting and informative.
- The faculty—they are excellent teachers, advisors, and caring professionals.
- Smaller classes, personal attention helped to make me feel comfortable in program. I also loved clinical practicum—great experience.
- Small size classrooms
- Interesting to me, informative, got extra help if I needed it, most teachers willing and nice enough to help, others not so accommodating.
- The experienced professors who you can tell put a lot of time into your learning, set high expectations and want you to learn the valuable information that they have.
- Mary Smith as an advisor was helpful and kind. All other advisors were unkind and uncaring. Gary Weismer was also a wonderful teacher and honestly cared about what he was teaching. Tina Greico has also been a great teacher.
- Continuity among CD classes and how it made it easy to “put things together.”
- I liked that it was a smaller program, so more people knew each other.
- I liked the variety of classes, such as anatomy/physiology, acoustics, audiology, AR, etc.
- The faculty is great. I learned a lot from each of them and they made coming to class exciting. The sequence of courses is very good.
- I liked the wide variety of course subjects and was very impressed by most of the professors’ knowledge and passion about the subject.
- I liked the variety of topics/material.
- Interesting material, motivating professors—I enjoyed the difficulty of Westbury’s classes most. Overall, good teachers—good at getting material across.
- I thought the sequence of courses was appropriate and the professors were wonderful.
- I liked the courses on language development.
- Teachers are knowledgeable and available.
- I liked that the faculty was well-informed and up-to-date with current research, but was also knowledgeable about clinical aspects of the field.

What did you like LEAST about the program and why.

- I wish there would be more hands-on opportunities to see different settings.
- Despite the small department, it is difficult for professors to get to know you.
- John Westbury
- The extreme competitiveness and some instructors who taught very poorly and seemed to want you to fail
- That as a graduate of this program with above a 3.3 in the major that I wasn’t accepted to grad schools anywhere in the state.
- Not enough hands-on/labs
- Too much bookwork
- We took the audiology classes way too late into the program. I felt like I had to make a decision before I really knew about audiology.

- The advising wasn't very good. I found I had to figure out a lot on my own, which was a little stressful at times.
- I did not like the switching of teachers in many classes and felt that advising for graduate school was unclear.
- I wish there were options for elective credits within the department on other aspects of speech/hearing studies.
- A lot of times when I went to see an advisor, I got conflicting information about requirements and whether they were satisfied and this was frustrating.
- Hard to find out program requirements from advisors (especially when going through School of Education too).
- I was enrolled through the School of Education and found a LOT of discrepancies between advisors, which made course planning stressful.
- Poor coordination between Education advisors and Com Dis advisors.
- It was difficult to find an advisor who would be honest about programs to apply to for my next step, which was/is the Au.D. I would have appreciated a more involved program where there was professors in this area available to us more.
- Professors were not overly friendly or helpful in general.
- Advising department—extremely slow and my personal advisor was rude/unhelpful.
- I am upset that nobody told me I would have no longer needed to go through the School of Ed. Nobody could tell my why I was in those classes and most of them didn't relate to what I want to do.
- Related to that, Education advisors knew nothing about Com Dis and Com Dis knew nothing about School of Ed.
- The advisors were not very helpful and did not know anything about the School of Ed. Requirements; likewise, the School of Ed. advisors know nothing about the Com Dis requirements so it is an extreme pain trying to figure out what we're supposed to be doing.
- Poor advising
- AUDIOLOGY
- I thought the facilities were really outdated and could have used a lot of work. There was a great lack of advising and every person you asked said a different answer. Every time I went they switched my tracking. I also thought that the program could have done a lot better advertising their graduate programs. I felt like I knew nothing about the AuD program and I went here. That made me not want to apply here.
- Lack of emphasis on audiology and too much on SLP, for different major, there should be different emphasis.
- Tracking—came in as a junior and it was hard to complete the requirements when the courses were only offered in the spring or fall.
- I did not like being locked into a certain sequence by your advisor and not having the opportunity to take manually-coded English.
- Some professors seemed full of themselves. That interfered with my ability to focus and learn the materials. Those were the classes I always seemed to struggle a bit in.
- The building!
- Location—it's really far out.
- The location of the building!!
- The facilities—Goodnight Hall is too far from rest of campus and the building is depressing.
- Many of the professors
- Don't feel very prepared for grad school

- Some teachers expect us to know everything they know, which is impossible, so sometimes grading can be unfair.
- The inexperienced professors whose course requirements were unclear or inadequate and didn't expect enough out of the class. It's hard to put effort in when the professor doesn't!
- Overall, the teachers were unenthusiastic about teaching and did not really seem to care if the material was understood. As a student, I felt like I was not important to the teacher, especially compared to their work outside of teaching. I really have not enjoyed this program.
- I feel the following courses need improvement: 210, 240, 440, 315. I think course content and who teaches these should be reevaluated. Learned the least from these.
- Having to take all of the education classes
- I felt there was a push toward more SLP classes, when audiology is just as much an option in grad school.
- I don't feel that Linguistics 101/301 is needed for this program. I feel like it is a waste of 3 credits of our time because we get all of it in CD 315.
- For those of us who aren't necessarily going into audiology or SLP, I wish we would have had more guidance and catering to non-Com Dis graduate degrees.
- I wish there had been more consideration of people who don't intend to pursue communicative disorders.
- Advising for the School of Ed was very unhelpful when I had questions.
- My tracking experience—I was given wrong info that cost me an extra \$6000 because I could've actually graduated May '05.
- I think CD 318 should be a year course.
- Also, I think undergrads should be given the option to take a swallowing/vestibular system course as an elective.
- Excessive detail regarding acoustics
- Poor location on campus.
- Many courses are only offered in fall or spring. Com Dis 631 was added as a requirement without notifying majors.
- I didn't like that the programs focus was more on SLP's in a school setting. I wish there had been more info on medical roles.
- Way too many courses revolve solely around the SLP portion of the major and few, just one or two, have anything to do with audiology. Maybe add more or separate them into individual majors—also have an advisor who has an audiology background.

APPENDIX C

Survey of Master's Program Graduates 1995-2001

25 August 2003
(Revised 29 August 2003)

Michael R. Chial, Ph.D.

Survey of Master's Program Graduates 1995-2001

25 August 2003
(Revised 29 August 2003)

Michael R. Chial, Ph.D.

Introduction

The Department of Communicative Disorders routinely surveys former graduates to assess perceptions about their academic experiences and the professional preparation they receive while enrolled in our program. The most recent activity of this type was conducted July-September of 2002 covering Master's program students who graduated between 1995 and 2001. A parallel survey was designed for current employers of our graduates to discover their satisfaction with our former students.

Method

Questionnaires were drafted, (Chial) then reviewed by Master's Program Committee members and revised. Student surveys included ten Likert scale items intended to sample overall academic program goals as they have evolved over the past decade. A second series of rating scales addressed professional goals drawn from ASHA certification standards and scopes of practice. Because these documents differ by profession, 30 items were identified for speech-language pathology and 33 items for audiology. Rating scale items were organized to capture degree of agreement or disagreement with assertions stated in positive language. The response alternative "1" was associated with strong agreement and the alternative "5" with strong disagreement. For each item in the second series, responses were sought in two separate categories: (1) UW-Madison preparation, and (2) importance to current career. Thus, smaller values suggest more positive perceptions (re preparation), or greater perceived importance (to current careers).

Open-ended questions probed general opinions about our program in five areas.

- 1) Comments.
- 2) Are there tasks important to your career not noted above (*in the rating scale items*)?
- 3) What were the major strengths of the program?
- 4) What were the major weaknesses of the program?
- 5) How might the program be improved?

Employer surveys were identical with two exceptions: overall academic program goals were not included, and survey instrument language was modified to focus on the former student as an employee. Copies of cover letters and survey forms appear in are appended to the end of this section.

Caveats

To maintain respondent anonymity, we did not ask individuals to identify themselves by name, employer or employment setting. Although our survey was not designed to allow explicit consideration of differences in work-settings, it became clear that some issues are highly dependent on workplace. Nor were analyses designed to focus on changes in perception across cohorts of students defined by graduation year. No formal effort was made to assess the reliability or validity of the questionnaire, or of the responses thereto. As defined in the present analysis, discrepancy scores are (at best) a first approximation to identifying differences between perceptions of how well we prepared students and the requirements of current careers. Finally, the somewhat modest response rates temper generalizations to our entire student cohort.

Sampling

We graduated 258 students in speech-language pathology (SLP) and 53 students in audiology between 1995 and 2001. Cover letters, surveys and first-class mail, pre-addressed return envelopes were prepared for all 311 former students and their employers. An initial mailing (July, 2002) used student addresses maintained by the UW-Madison Alumni Association. Twenty-three packets were returned with incorrect addresses. Of these, 11 more current addresses were obtained from membership directories of ASHA, WSHA, or AAA. A second mailing was made in August 2002.

Analyses

Seventy-four (29%) SLP surveys and 14 (26%) audiology surveys were returned. Recipients of surveys were asked to provide appropriate versions of surveys to their employers, or not, at their option. Responses were received from 15 (6%) of SLP employers and one (2%) audiology employer.

Rating scale data were entered in an Excel spreadsheet separately for SLP and audiology students, and for SLP employers. Means and standard deviations were calculated for each survey item, and across survey items within the broad categories of (1) overall academic program goals, (2) perceived preparation, and (3) importance to current career. A discrepancy (D) score was defined as the signed difference between ratings of current career needs and of ratings of academic preparation. D-scores of zero (0) were taken to suggest ideal fit (no disparity) between training and current career needs. Negative D-scores were taken to suggest less preparation than is required based upon current employment needs.

Three arbitrary decision rules were defined to focus attention on areas of possible concern. These rules were applied separately to audiology and speech-language pathology data sets.

Rule 1: Preparation scores were used to identify issues (survey items) based upon whether the value for a particular item exceeded the mean score across items.

Rule 2: D-scores were used to identify issues (survey items) based upon whether the value for a particular item exceeded the mean of D-scores across items.

Rule 3: Survey items were identified if they satisfied both criteria just noted.

Responses to the ten items dealing with overall program goals were averaged across respondents separately for SLP and audiology students. Because the two cohorts produced dissimilar dispersions of scores, results were not combined.

Verbatim Responses

Unedited responses to open-ended items were transcribed. These are organized (please see appended to the end of this section) by question and (within questions) by respondents identified by serial numbers and declared graduation year. Separate identification numbers are used for SLP and audiology students. Within each subject group, identification numbers can be used to track responses across questions. SLP employer verbatim responses (page 18) follow those of SLP graduates (pages 1-17). Audiology student responses appear on pages 19-22.

Results: Rating Scales

Overall Academic Program Goals

Results of rating scales are appended to the end of this section. Table B1 presents mean results to survey items dealing with overall academic program goals for both SLP and audiology students. Generally, both groups indicated mixed agreement to items 4, 6, 7 and 9. One common concern appears to be integration of research and practice; another seems to be anticipation of the world of work.

Speech-Language Pathology Professional Program Goals

Using decision Rule 3 (see above), five of thirty items dealing with program professional goals were identified from the responses of both speech-language pathology employers and students: 3, 8, 10, 11 and 13. Most of these deal with practice management issues; item 3 deals with infection control. Student responses flagged six additional items 2, 5, 7, 9, 14 and 30. Most of these deal with practice management or inter-professional relations. Item 30 deals with counseling.

It is fair to say that we have already responded to some concerns expressed by our former SLP students. We recently renewed and replaced clinical support materials in speech and language and we completely replaced our video observation and recording capabilities in the first-floor clinic in support of practicum instruction. By restricting enrollments in SLP, we have begun to rebalance the numbers of students and available practicum sites. A swallowing disorders course is now essentially required for SLP students, and a counseling course is available (required for audiology students). Both professional programs now emphasize the importance of infection control.

Audiology Professional Program Goals

Again using decision Rule 3, 13 of 33 issues were identified from the responses of audiology students: 2, 6, 7, 8, 9, 10, 12, 13, 14, 23, 26, 28, 31 and 33. Of these, four items (6, 7, 8, 9 and 10) deal with practice management and two deal with inter-professional relations (12 and 13). Two (items 2 and 33) deal with counseling and three deal with specific areas of practice: 23 (electrophysiologic testing), 26 (selection of hearing protection devices), and 28 (amplification).

We have recently upgraded clinical facilities and equipment in audiology and we continue to do so. Most, if not all, of the concerns arising from the survey are being addressed through our transition to an Au.D. curriculum scheduled to become effective Fall semester 2004. Included in the new degree program will be two additional courses in amplification, a separate course dealing

with vestibular disorders and assessment, two courses dealing specifically with professional issues, and expanded coverage of counseling.

Results: Verbatim Comments

As expected, we received both strong kudos and a few knocks. Verbatim comments from former students were more positive than otherwise, and in some instances glowing. Representative statements included--

Strengths

“Research, depth of knowledge of research; critical thinking skills.”

“Clinical instructors and professors.”

“Good clinical experiences; wide range of courses; classes covered topics in depth. Many SLPs I know didn’t have courses like this.”

“Research-based courses—may be too much of a strength.”

Weaknesses

“Didn’t prepare us enough for scheduling crises in the schools. Should also make AAC and counseling courses mandatory.”

“Lack of practical application of the information/data obtained from research.”

“Practicum in school did not prepare me for the IEP processes.”

“The aphasia coursework was too theory and diagnosis based. I didn’t learn much about actual treatment.”

“My only true ‘gripe’ is that we didn’t have more training with Medicare and Medicaid. Billing seems to be the first topic employers ask about in interviews.”

Suggested Improvements

“It was a wonderful program. No recommendations.”

“More opportunities for diverse practicum sites.”

“Bring treatment into coursework.”

“More case studies in academic classes to go through the process of case Hx, Dx, and Tx goals.”

When reviewing of verbatim comments, it is useful to consider respondent self-selection and reactive measurement. Two contrary factors tend to bias surveys of this type: self-fulfillment of

prophecy (“I made the right decision”), and buyer’s regret (“I made the wrong choice”). If truth exists, it likely lies at an intersection of such biases. Respondents who complete questionnaires may do so out of passion, be it positive or negative, with or without benefit of accurate memory. A reflection of passion exists in the percentages of respondents who chose to offer comment to open-ended items. For example, among SLPs, 22% responded to item (1-comments), 27% to item (2-other professional tasks), 91% to item (3-program strengths), 86% to item (4-program weaknesses), and 73% to item (5-suggested changes).

Second, the chronological context of these responses is relevant. For example, students who graduated in 1995 and commented about the lack of coursework in counseling left the program before we added a course in that area. Others, for whom this course was an elective, may have opted not to take it.

Third, student perceptions of strengths and weaknesses are not mutually exclusive—a single respondent may list the same issue or concern (e.g., emphasis on research) as both a strength and a weakness.

Fourth, it is useful to balance verbatim comments against our overall academic values and goals as identified on first page of the student version of the survey. Where student comments suggest we did not meet our own aspirations, there may be opportunities for improvement.

Finally, in no instance did a student respondent complain about choices they made or initiated (e.g., electives not taken; preparation prior to matriculation, post-graduate continuing education, post-graduate changes in career goals or work-settings).

Recommendations

Rating scale outcomes and verbatim responses were presented to the faculty and clinical instructors of the Department 25 August 2003. Discussion included identification of nine areas that will be considered during the 2003-2004 academic year as part of our on-going review of curricula in both speech-language pathology and audiology. These include the following, stated here as propositions for consideration and possible action.

- We should add learning activities focused specifically on professional ethics.
- We should consider a “professional issues” course or colloquium featuring presentations and learning activities led by clinicians from the field, including communicative disorders specialists, occupational therapists, special educators and physical therapists. Topics might include site-specific policies, procedures and challenges, as well as current issues in client care. It probably will be necessary to approach this issue separately for speech-language pathology and audiology.
- We should institute tracking and auditing systems to insure that students encounter cases in practicum only after they have demonstrated knowledge and skill pertinent to the disorders and clinical venues presented by those cases.
- We should revisit the integration of theory, research and practice in selected courses.

- We should re-examine curriculum-wide expectations for a range of academic and professional communication skills (written and oral) to insure application and performance appropriate to practice in various clinical settings, including clinical report writing.
- We should craft criteria and procedures to more formally and systematically evaluate and audit off-site practicum venues.
- We should pursue additional observation and practicum opportunities involving skilled nursing and adult long-term care facilities.
- For speech-language-pathology students, we should revisit the option of requiring coursework in counseling.
- For audiology students, we should audit and verify the balance of screening and diagnostic testing in the early portions of the program.

Rating Scale Item Results

Table B-1: Overall Program Goals (SLP and Audiology Students)

Table B-2: SLP Professional Program (SLP Students)

Table B-3: SLP Professional Program (SLP Employers)

Table B-4: Audiology Professional Program Goals (Audiology Students)

Table B-1. Program academic goals

	The academic program at UW-Madison . . .	
	<u>SLP Mean</u>	<u>Audiology Mean</u>
1. Prepared you to succeed during your time with us.	1.6	2.1
2. Provided you with coursework to satisfy ASHA requirements	1.2	1.8
3. Provided you with practicum to satisfy ASHA requirements.	1.4	2.1
4. Integrated didactic and practicum training.	1.9	2.6
5. Prepared you to pass the National Exam.	1.6	1.9
6. Prepared you to succeed in your clinical fellow year.	1.8	2.4
7. Prepared you to compete for employment.	1.7	2.4
8. Prepared you to succeed in your career through leadership based upon intellectual, social, and/or communication skills.	1.6	2.2
9. Prepared you to integrate research findings into your professional work.	1.9	2.1
10. Prepared you to pursue life-long learning.	1.6	2.1
Overall Mean	1.6	2.2

SLP Response counts by graduation year

1995	6	1998	10	2001	11
1996	8	1999	9	Unknown	3
1997	13	2000	14		

Audiology response counts by graduation year

1995	3	1998	0	2001	0
1996	0	1999	7		
1997	1	2000	3		

Table B-2. Speech-language pathology program professional goals. Student responses.

Rule 1	Rule 2	Rule 3	ISSUE	Prep Mean	Prep SD	Career Mean	Career SD	Discrep Mean	Discrep SD
			1	1.0	0.5	1.2	0.4	-0.2	0.5
*	*	*	2	2.4	0.9	1.6	0.7	-0.7	0.9
*	*	*	3	2.2	1.1	1.6	0.7	-0.7	1.1
			4	1.9	0.8	1.5	0.8	-0.4	0.6
*	*	*	5	2.2	1.0	1.1	0.3	-1.1	1.0
			6	1.7	0.8	1.2	0.4	-0.5	0.8
*	*	*	7	2.0	0.8	1.2	0.4	-0.8	0.9
*	*	*	8	2.5	1.1	1.6	0.6	-0.9	0.9
*	*	*	9	2.7	0.9	2.0	0.8	-0.7	0.9
*	*	*	10	2.9	1.0	1.6	0.8	-1.3	1.1
*	*	*	11	3.4	1.0	1.8	0.9	-1.6	1.3
			12	1.5	0.7	1.2	0.4	-0.4	0.6
*	*	*	13	2.3	0.9	1.5	0.7	-0.8	1.0
*	*	*	14	2.1	0.9	1.2	0.4	-0.9	1.0
*			15	2.6	0.8	2.1	0.8	-0.5	0.8
*			16	2.5	1.1	3.1	0.9	0.6	1.2
			17	1.7	0.7	1.5	0.6	-0.2	0.6
			18	1.9	0.7	1.7	0.7	-0.2	0.9
			19	1.5	0.5	1.3	0.5	-0.2	0.5
			20	1.5	0.6	1.2	0.4	-0.3	0.6
			21	1.7	0.8	1.3	0.4	-0.5	0.7
			22	1.7	0.8	1.2	1.4	-0.5	0.8
			23	1.8	0.8	1.2	0.4	-0.5	0.9
			24	1.7	0.9	1.2	0.4	-0.5	0.9
			25	1.8	0.7	1.3	0.7	-0.5	0.7
			26	1.7	0.9	1.5	0.5	-0.3	0.8
			27	1.6	0.7	1.3	0.5	-0.4	0.7
			28	1.8	0.7	1.3	0.5	-0.5	0.7
*			29	2.5	1.0	2.6	1.0	0.0	1.1
*	*	*	30	2.2	1.0	1.4	0.6	-0.8	1.1
			OVERALL	1.98		1.47		-0.56	

Table B-2. Speech-language pathology program professional goals. Employer responses.

Rule 1	Rule 2	Rule 3	ISSUE	Prep Mean	Prep SD	Career Mean	Career SD	Discrep Mean	Discrep SD
			1	1.4	0.6	1.0	0.3	1-0.2	0.6
*			2	1.9	0.9	1.6	1.2	-0.2	1.1
*	*	*	3	1.8	0.8	1.5	0.8	-0.3	0.5
			4	1.2	0.6	1.1	0.4	0.0	0.4
	*		5	1.4	0.6	1.0	0.3	-0.3	0.6
			6	1.4	0.5	1.4	0.5	-0.1	0.3
			7	1.4	0.6	1.2	0.4	-0.2	0.6
*	*	*	8	1.9	0.8	1.7	1.0	-0.3	0.8
			9	1.8	0.7	1.6	0.8	-0.2	0.4
*	*	*	10	1.7	0.7	1.4	0.6	-0.3	0.6
*	*	*	11	2.4	1.0	1.7	0.9	-0.8	0.9
			12	1.4	0.5	1.1	0.4	-0.2	0.4
*	*	*	13	1.8	0.8	1.3	0.5	-0.3	0.5
			14	1.5	0.5	1.4	0.5	-0.2	0.4
*			15	1.9	0.8	1.8	0.9	-0.2	0.6
*			16	2.7	0.9	3.4	1.2	0.3	0.9
			17	1.5	0.5	1.4	0.5	-0.1	0.5
*			18	1.9	1.2	1.7	0.8	-0.2	1.1
	*		19	1.6	0.6	1.3	0.5	-0.3	0.6
			20	1.4	0.6	1.2	0.4	-0.2	0.7
			21	1.4	0.5	1.3	0.5	-0.1	0.3
			22	1.4	0.6	1.4	0.9	0.0	0.4
			23	1.4	0.6	1.2	0.4	-0.2	0.6
			24	1.3	0.6	1.1	0.3	-0.2	0.6
			25	1.4	0.5	1.3	0.5	-0.1	0.3
	*		26	1.6	0.9	1.2	0.4	-0.4	0.9
			27	1.5	0.8	1.2	0.4	-0.2	0.8
			28	1.4	0.6	1.2	0.4	-0.2	0.4
*			29	2.2	1.3	1.7	0.9	-0.2	1.2
			30	1.6	0.9	1.2	0.4	-0.2	0.4
			OVERALL	1.63		1.42		-0.2	

Table B-4. Audiology program professional goals.. Student responses.

Rule 1	Rule 2	Rule 3	ISSUE	Prep Mean	Prep SD	Career Mean	Career SD	Discrep Mean	Discrep SD
			1	1.7	0.5	1.2	0.4	-0.5	0.5
*	*	*	2	2.7	0.9	1.6	0.6	-1.1	0.9
			3	1.8	0.7	1.6	0.8	-0.2	0.9
			4	1.9	0.6	1.6	0.8	-0.4	0.9
	*		5	2.3	1.0	1.4	0.5	-0.9	1.3
*	*	*	6	2.8	1.2	1.3	0.5	-1.5	1.4
*	*	*	7	3.4	1.0	1.7	0.4	-1.6	1.3
*	*	*	8	3.1	1.2	2.1	1.1	-0.9	1.8
*	*	*	9	3.6	1.3	2.0	1.1	-1.6	1.6
*	*	*	10	3.6	1.0	2.2	1.5	-1.4	1.9
			11	2.1	0.8	1.6	0.7	-0.5	0.7
*	*	*	12	2.6	1.0	1.8	1.1	-0.8	1.3
*	*	*	13	2.8	1.1	1.9	1.0	-0.9	1.5
*	*	*	14	3.2	1.0	2.1	1.1	-1.1	1.6
*			15	2.6	1.2	3.5	1.4	0.9	2.0
			16	2.2	0.8	1.6	0.5	-0.6	0.9
			17	1.9	0.7	2.5	1.2	0.6	1.3
			18	1.8	0.9	1.6	1.2	-0.1	1.3
	*		19	2.3	1.0	1.5	1.1	-0.8	1.3
			20	1.9	1.1	1.6	1.1	-0.4	1.1
			21	1.6	0.7	1.5	1.1	-0.1	0.7
			22	1.6	0.7	1.4	1.1	-0.2	0.8
*	*	*	23	3.1	1.4	2.4	1.4	-0.7	1.8
*			24	3.3	0.8	3.2	1.4	-0.1	1.6
			25	2.2	1.1	1.6	1.1	-0.6	1.4
*	*	*	26	2.7	1.3	1.8	1.3	-0.9	1.9
*			27	2.6	1.1	2.9	1.2	0.4	1.4
*	*	*	28	3.0	1.4	1.4	1.1	-1.6	1.3
			29	1.7	1.2	1.3	1.1	-0.4	1.3
	*		30	2.3	1.6	1.3	1.1	-1.0	1.4
*	*	*	31	3.1	1.2	2.1	1.3	-0.9	1.5
*			32	3.1	1.2	3.2	1.5	-0.1	1.8
*	*	*	33	2.8	1.3	1.7	1.2	-1.1	1.3
			OVERALL	2.52		1.89		-0.63	

Dear

The Department of Communicative Disorders of the University of Wisconsin-Madison periodically assesses the quality of our graduate clinical programs in speech-language pathology and audiology. We are contacting you through your employee to ask your help in evaluating the graduate education your employee received from us.

We ask that you place completed surveys in the enclosed unmarked letter-sized envelope, then place the unmarked envelope in the enclosed stamped return envelope. When we receive the latter from you, the outer envelopes will be opened and discarded to eliminate postal processing information.

Our survey is designed to protect your privacy and that of your employee. Survey forms are coded only to reflect the year in which we granted the Master's degree, and otherwise include no identifying information.

If you have any questions about this survey or how we will use the information you are asked to provide, please feel free to contact Professor Mike Chial by telephone (608-262-3951) or by Email (mrchial@facstaff.wisc.edu).

We know your time is valuable and we hope you will take the 10-15 minutes needed to complete this survey. We also hope you will consider your time and reflection a useful investment in the future of our program. Your response will be most useful if we receive it by July 19, 2002.

Thanks in advance for your time and cooperation.

Sincerely,

Michael R. Chial, Ph.D.
Professor

Dear

The Department of Communicative Disorders of the University of Wisconsin-Madison periodically assesses the quality of our graduate clinical programs in speech-language pathology and audiology. We are contacting you to ask your help in evaluating the graduate education you received during your time with us.

Two survey forms are enclosed. One of these is for you, the other is for your current employer, should you choose to ask your employer to participate (please see the enclosed letter for your employer).

We ask that you place completed survey in the enclosed unmarked letter-sized envelope, then place the unmarked envelope in the enclosed stamped return envelope. When we receive the latter from you and from your employer, the outer envelopes will be opened and discarded to eliminate postal processing information.

Our survey is designed to protect your privacy and that of your employer. Survey forms are coded only to reflect the year in which you received your Master's degree, and otherwise include no identifying information.

If you have any questions about this survey or how we will use the information you are asked to provide, please feel free to contact Professor Mike Chial by telephone (608-262-3951) or by Email (mrchial@facstaff.wisc.edu).

We know your time is valuable and we hope you will take the 10-15 minutes needed to complete this survey. We also hope you will consider your time and reflection a useful investment in the future of our program. Your response will be most useful if we receive it by July 19, 2002.

Thanks in advance for your time and cooperation.

Sincerely,

Michael R. Chial, Ph.D.
Professor

Audiology Program Professional Goals

Please respond to the items below using the following rating scale and checking the most appropriate number

Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
------------------------	------------	--------------	---------------	---------------------------

	UW-Madison prepared our employee to . . .	This is im to our faci
1. Demonstrate professional conduct and ethical practice in the clinical setting.	1 2 3 4 5	1 2 3 4
2. Assess and respond to client's psychological status.	1 2 3 4 5	1 2 3 4
3. Comply with infection control principles.	1 2 3 4 5	1 2 3 4
4. Demonstrate safe behavior in the clinical setting.	1 2 3 4 5	1 2 3 4
5. Schedule and prioritize direct and indirect service activities and documents professional contacts and clinical reports in a timely manner.	1 2 3 4 5	1 2 3 4
6. Demonstrate effective time management.	1 2 3 4 5	1 2 3 4
7. Use supportive personnel effectively.	1 2 3 4 5	1 2 3 4
8. Participate in the management of the audiology service.	1 2 3 4 5	1 2 3 4
9. Comply with administrative and policy requirements including reports, service statistics, and budget requests.	1 2 3 4 5	1 2 3 4
10. Use local, state, national, and funding agency regulations to make decisions regarding service eligibility and, if applicable, third-party payer reimbursement.	1 2 3 4 5	1 2 3 4
11. Demonstrate communication skills, including listening, speaking, nonverbal communication and writing, taking into consideration the communication needs, as well as the cultural values of the client, family, caregivers, significant others, and other professionals.	1 2 3 4 5	1 2 3 4
12. Identify and refer clients for speech-language, educational, medical, psychological, social, and vocational services as appropriate.	1 2 3 4 5	1 2 3 4
13. Collaborate with other professionals in matters relevant to case management.	1 2 3 4 5	1 2 3 4
14. Plan, implement and evaluate educational programs for other professionals and the general public to facilitate prevention, acceptance, and treatment of communication disorders.	1 2 3 4 5	1 2 3 4

Audiology Program Academic Goals

Please respond to the items below using the following rating scale and checking the most appropriate number

Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
------------------------	------------	--------------	---------------	---------------------------

The academic program
in audiology at UW-Madison . . .

1. Prepared you to succeed during your time with us. 1 2 3 4 5
2. Provided you with coursework to satisfy ASHA requirements. 1 2 3 4 5
3. Provided you with practicum to satisfy ASHA requirements. 1 2 3 4 5
4. Integrated didactic and practicum training. 1 2 3 4 5
5. Prepared you to pass the National Exam in audiology. 1 2 3 4 5
6. Prepared you to succeed in your clinical fellow year. 1 2 3 4 5
7. Prepared you to compete for employment. 1 2 3 4 5
8. Prepared you to succeed in your career through leadership based upon intellectual, social, and/or communication skills. 1 2 3 4 5
9. Prepared you to integrate research findings into your professional work. 1 2 3 4 5
10. Prepared you to pursue life-long learning. 1 2 3 4 5

Year of Graduation: _____

Comment: _____

Speech-Language Pathology Program Professional Goals

Please respond to the items below using the following rating scale and checking the most appropriate number

Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
------------------------	------------	--------------	---------------	---------------------------

	The UW-Madison prepared our employee to. . .					This to our facility			
1. Demonstrate professional conduct and ethical practice in the clinical setting.	1	2	3	4	5	1	2	3	4
2. Assess and respond to client's psychological status.	1	2	3	4	5	1	2	3	4
3. Comply with infection control principles.	1	2	3	4	5	1	2	3	4
4. Demonstrate safe behavior in the clinical setting.	1	2	3	4	5	1	2	3	4
5. Schedule and prioritize direct and indirect service activities in a timely manner.	1	2	3	4	5	1	2	3	4
6. Documents professional contacts and completes clinical reports in a timely manner.	1	2	3	4	5	1	2	3	4
7. Demonstrate effective time management.	1	2	3	4	5	1	2	3	4
8. Use supportive personnel effectively.	1	2	3	4	5	1	2	3	4
9. Participate in the management of the SLP service.	1	2	3	4	5	1	2	3	4
10. Comply with administrative and policy requirements such as required due process documentation, reports, service statistics, and budget requests.	1	2	3	4	5	1	2	3	4
11. Use local, state, national, and funding agency regulations to make decisions regarding service eligibility and, if applicable, third-party payer reimbursement.	1	2	3	4	5	1	2	3	4
12. Demonstrate communication skills, including listening, speaking, nonverbal communication and writing, taking into consideration the communication needs, as well as the cultural values of the client, family, caregivers, significant others, and other professionals.	1	2	3	4	5	1	2	3	4
13. Identify and refer clients for related services including audiological, educational, medical, psychological, social, and vocational as appropriate.	1	2	3	4	5	1	2	3	4

Speech-Language Pathology Program Academic Goals

Please respond to the items below using the following rating scale and checking the most appropriate number

Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
------------------------	------------	--------------	---------------	---------------------------

The academic program
in SLP at UW-Madison . . .

- 1. Prepared you to succeed during your time with us. 1 2 3 4 5
- 2. Provided you with coursework to satisfy ASHA requirements. 1 2 3 4 5
- 3. Provided you with practicum to satisfy ASHA requirements. 1 2 3 4 5
- 4. Integrated didactic and practicum training. 1 2 3 4 5
- 5. Prepared you to pass the National Exam in speech-language pathology. 1 2 3 4 5
- 6. Prepared you to succeed in your clinical fellow year. 1 2 3 4 5
- 7. Prepared you to compete for employment. 1 2 3 4 5
- 8. Prepared you to succeed in your career through leadership based upon intellectual, social, and/or communication skills. 1 2 3 4 5
- 9. Prepared you to integrate research findings into your professional work. 1 2 3 4 5
- 10. Prepared you to pursue life-long learning. 1 2 3 4 5

Year of Graduation _____

Comment: _____

APPENDIX D

Speech and Language Pathology Clinical Practicum Performance Evaluation

Updated for Fall 2006

WISCONSIN TRACKING RECORD AND ASSESSMENT OF CLINICAL KNOWLEDGE AND SKILLS (W-TRACKS)

Purpose

The purpose of W-TRACKS is to track and assess students' clinical performance, experiences, and learning needs during their clinical training program. The information is used to place students into appropriate practica, evaluate clinical performance, document fulfillment of some KASA standards, and identify areas in which additional training is needed. W-TRACKS only addresses KASA standards that are met through clinical practica; other KASA standards will be met through course work, labs, and other types of experiences.

Directions

Learner outcomes are to be documented in the student's W-TRACKS document at the end of each semester of clinical training.

For each learner outcome that was addressed during the semester

- Select the column/columns that best describe the student's status.
- Select the sub-column/columns that describe the clients' ages (P = Preschool; S = School Age; A = Adult [age 16+]).
- In each selected column, enter the date (month/year) when the student's status was documented, followed by a dash (-).
- In each selected column, enter the number of the disorder area after the dash.
 - 1 = Articulation
 - 2 = Fluency
 - 3 = Voice
 - 4 = Receptive & Expressive Language
 - 5 = Hearing
 - 6 = Swallowing
 - 7 = Cognitive Aspects of Communication
 - 8 = Social Aspects of Communication
 - 9 = Communication Modalities

For example, the entry 12/05-1 in the S sub-column would mean that the student had a practicum experience during the fall semester, 2005, with a school-aged child, who had an articulation disorder

Wisconsin Tracking Record and Assessment of Clinical Knowledge and Skills (W-TRACKS)

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
A. INTERPERSONAL SKILLS						
1. Client-Related						
a. Accepts, empathizes, shows genuine concern for the client as a person and understands the client's problems, needs, stresses, and learning style						
b. Perceives verbal and nonverbal cues that indicate the client is not understanding the task; is unable to perform the task; or when emotional stress interferes with performance on the task						
c. Creates an atmosphere based on honesty and trust that facilitates learning and enables the client to express his / her feelings, concerns, ideas, etc.						
d. Conveys to the client in a non-threatening manner what the standards of behavior and performance are						
2. Supervisor-Related						
a. Listens, asks questions, participates with the supervisor in therapy and / or client-related discussions; is not defensive						
3. Family / Team-Related						
a. Creates an atmosphere based on honesty and trust, enabling family / team members to express their feelings and concerns						
b. Develops understanding of teaching goals and procedures with family / team members						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
c. Articulates a sound theoretical rationale for the selected model(s) and procedure(s)						
4. Administration of Assessment / Evaluation Procedures						
a. Administers standardized test instruments accurately (List specific tests at end of W-TRACKS form)						
b. Administers systematic nonstandardized assessment procedures accurately (List specific procedures at end of W-TRACKS form)						
c. Makes accurate informal observations of behavior						
d. Performs dynamic assessment accurately						
e. Performs authentic assessment accurately						
f. Obtains relevant supplemental information from parents, caregivers, etc., during the course of the assessment / evaluation to include, but not limited to cultural, linguistic, and educational issues						
g. Effectively uses appropriate assessment technology						
5. Accurately Scores and Records Data from:						
a. Standardized assessment						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
b. Nonstandardized assessment						
c. Behavioral observations						
d. Dynamic assessment						
e. Authentic assessment						
6. Accurately Interprets Data from:						
a. Standardized assessment						
b. Nonstandardized assessment						
c. Behavioral observations						
d. Dynamic assessment						
e. Authentic assessment						
f. Case history and supplemental information						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
7. Adapts Interview and Assessment Procedures On-line						
a. Recognizes when the assessment procedures need to be adapted to accommodate the unique needs of the client						
b. Adapts assessment procedures and materials appropriately to meet the unique needs of the client						
c. Accurately scores and interprets information collected through the adapted assessment procedures and materials						
8. Integration of Assessment / Evaluation Information						
a. Integrates results from the evaluation process and develops accurate diagnostic impressions						
b. Integrates results from the evaluation process and constructs an accurate developmental profile						
c. Integrates results from the evaluation process and develops an accurate functional needs profile						
9. Develops appropriate recommendations that:						
a. Are based on information gained from all evaluation activities and sources.						
b. Explicitly address the reason for referral						
10. Assessment / Evaluation Reports Writes assessment reports that:						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
a. Are accurate and informative						
b. Are clearly written and organized						
c. Accommodate the needs of the audience						
d. Clearly support the underlying purpose of the assessment / evaluation (e.g., summarizes the client's status, demonstrates a medical need, etc.)						
C. INTERVENTION SKILLS						
1. Theory to Practice Relationship						
a. Selects intervention strategies that are evidence-based and address the individual needs of the client						
b. Articulates a sound theoretical rationale for the intervention strategies						
2. Development of Treatment Plans						
a. Identifies meaningful and measurable long-term goals (e.g., functional, developmentally relevant, etc.)						
b. Identifies meaningful and measurable short-term goals or benchmarks which directly relate to the long-term goals						
c. Takes into account collateral data from other sources when developing treatment goals and objectives						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
d. Develops strategies to establish shared expectations with the client						
e. Identifies most appropriate time, space, materials, and setting(s) (i.e., client contexts) for implementing the treatment plan						
f. Identifies the most appropriate service delivery model:						
g. Accommodates client's unique communication and / or learning style needs with regard to						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
<ul style="list-style-type: none"> • Culture • Inter-personal factors • Intra-personal factors • Environmental factors 						
h. Develops strategies for facilitating participation of relevant agents of change						
i. Selects relevant materials and instrumentation						
j. Constructs appropriate teaching tasks						
k. Constructs meaningful teaching activities						
l. Selects stimuli that are at an appropriate speech and language level for the client						
m. Identifies appropriate hierarchical cues						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
n. Develops effective strategies for training / facilitating self-monitoring						
o. Develops relevant feedback strategies						
p. Identifies relevant strategies for handling no responses / error responses						
q. Develops effective strategies for motivating the client						
r. Develops effective strategies for managing off-task or challenging behavior						
s. Appropriately sequences teaching tasks						
t. Develops effective strategies for facilitating generalization						
u. Researches problems and obtains pertinent information from supplemental reading and / or observing other clients with similar problems						
3. Implementation of Intervention						
a. Provides effective services in most appropriate setting(s) (i.e., client contexts)						
b. Effectively functions within the selected service delivery model:						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
m. Acts in a timely way with meaningful strategies to address no responses / error responses						
n. Effectively uses relevant strategies to motivate the client's attention and effort						
o. Effectively uses relevant strategies to manage off-task or challenging behavior						
p. Manages clinical setting to meet client and observer needs						
q. Effectively uses relevant strategies to facilitate generalization						
r. If mistakes are made in the treatment situation, is able to generate ideas of what might have improved the situation						
4. Data Collection						
a. Develops data collection systems that are meaningful and manageable						
b. Collects meaningful data on performance during treatment tasks						
c. Collects meaningful generalization data:						
<ul style="list-style-type: none"> • Within the session 						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
<ul style="list-style-type: none"> • In outside setting(s) • From outside source 						
d. Routinely summarizes the collected data in a meaningful way						
e. Accurately interprets the summarized data						
f. Appropriately uses the data to modify treatment goals / objectives, strategies, materials, and/or instrumentation to meet the needs of the client						
5. Types of Intervention						
a. Effective stimulation of target behaviors						
b. Effective shaping of target behaviors						
c. Effective stabilization of target behaviors						
d. Effective generalization of target behaviors						
6. Intervention Formats						

Clinical Outcome Skill	Unsatisfactory performance given specific directions / demonstration			Satisfactory performance		
	P	S	A	P	S	A
<ul style="list-style-type: none"> • Are clearly written and organized 						
<ul style="list-style-type: none"> • Accommodate the needs of the audience 						
<ul style="list-style-type: none"> • Clearly support the underlying purpose of the report (e.g., to document progress and the need for additional service, to document that additional service is no longer indicated, etc.) 						
D. ANCILLARY SKILLS AND EXPECTATIONS						
1. Counseling / Conferencing						
a. Demonstrates active listening during conference and counseling sessions						
b. Demonstrates clear speaking and appropriate nonverbal communication skills during conferences and counseling sessions						
c. Actively seeks relevant information regarding the client, family dynamics, etc.						
d. Collaborates with family and other professionals when developing treatment plans						
e. Appropriately maintains ongoing contacts with family members, other professionals, etc.						
f. Communicates to client and team members taking into account the needs and cultural values of the client, family, caregivers, significant others, and other professionals						

Clinical Outcome Skill	Satisfactory performance		
	Unsatisfactory performance given specific directions / demonstration P : S : A	Given specific direction / demonstration P : S : A	Given general direction P : S : A
g. Identifies clients who require related services including audiological, educational, medical, psychological, social, vocational, etc., as appropriate h. Refers, in a timely way, clients who require related services including audiological, educational, medical, psychological, social, vocational, etc., as appropriate. i. Provides appropriate counseling and supportive guidance regarding the client's communication disorder to client, family, caregiver, other professionals, and significant other, etc.	P : S : A	P : S : A	P : S : A
	P : S : A	P : S : A	P : S : A
	P : S : A	P : S : A	P : S : A

Clinical Outcome Skill	Not Acceptable	Inconsistently Acceptable	Resolved to Acceptable	Acceptable
E. Professional Qualities				
1. Accepts responsibility for assigned tasks, including:				
a. Is prepared and has a frame of mind appropriate to the professional task; places the importance of professional duties, tasks, and problem-solving above own convenience				
b. Takes responsibility for own actions, reactions, and inactions; does not seek to export responsibility by offering excuses, blaming others, emotional displays or helplessness				
c. Follows through on what had agreed to do, by the time and to the extent and level of quality that was promised.				
2. Respects role of clinical supervisor in guiding his/her professional growth, including:				
a. Accepts directions (including corrections) from those who are more knowledgeable or more experienced; when she/he does not recognize the importance of the directives, seeks information to gain understanding				
b. Recognizes that while she/he may not always agree with provided directives, she/he will pursue them as long as they are not objectively harmful to the person being served				
3. Considers various therapy approaches in a non-judgmental way, by according respect to the values, interests, and opinions of others that may differ from her/his own				
4. Cooperates with colleagues including: strives to work effectively with others for the benefit of all; pursues professional duties, tasks, and problem-solving in ways that make it easier (not harder) for others to accomplish their work; gives credit where credit is due, both to others as well as to self; values the resources required, both for her/himself and for others, to accomplish professional duties and tasks				
5. Maintains appropriate professional communications, including:				
a. Vigorously seeks the truth and tells the truth, even when the truth is not personally flattering				

	Not Acceptable	Inconsistently Acceptable	Resolved to Acceptable	Acceptable
<p>b. Bases opinions, actions and relations with others upon empirical evidence and examined personal values</p> <p>c. Monitors disclosure of personal information to clients</p> <p>d. Signs own work</p>				
6. Provides constructive input to clients, clinical supervisors, and colleagues				
7. Monitors targeted goals of professional growth, including:				
a. Only seeking professional duties or tasks for which she/he is professionally and personally prepared				
b. Takes responsibility for expanding own limits of self-knowledge, understanding, and skills; when attempting a task for the second time, seeks to do better than the first time; accepts the imperfections of the world in ways that do not compromise the pursuit of excellence				
c. Revises the way duties, tasks, and problem-solving are approached in consideration of best-practice				
d. Can self-reflect on own performance and discuss this self-reflection process and its effect on professional growth				
8. Is punctual for client appointments				
9. Cancels client appointments in a timely manner and only for appropriate reason				

	Not Acceptable	Inconsistently Acceptable	Resolved to Acceptable	Acceptable
10. Keeps appointment with clinical supervisor or cancels appointment when necessary				
11. Submits lesson plans on time				
12. Meets deadlines for reports				
13. Respects confidentiality of all professional activities				
14. Acts in accordance with the policies and procedures of the treatment site				
15. Uses socially acceptable voice, speech, and language				
16. Maintains personal appearance that is appropriate for the clinical setting and maintaining credibility				
17. Performance during conferences with clinical supervisor reflects review of client's performance, progress, needs, and other relevant information				

APPENDIX E

Department of Communicative Disorders
University of Wisconsin – Madison

Certification by
The American Speech, Hearing and Language Association
Department of Public Instruction Standards

Fall 2004

Standard	ASHA	Standard	DPI	Learner Outcome
III-C	III-B		I	<p>Comprehend the development of voice; speech; gesture; representation and language through the developmental period; through age 21. Integrate knowledge of development of voice; speech; gesture; representation and language at the prelinguistic period (birth-18 months); emerging language period (18-36 months); developing language period (3-5 years) and language for learning (5 years through adult competence). Apply developmental knowledge of speech production; vocabulary; syntax; semantics; and pragmatics to understand the theories of developmental change. CD 201; 210; 240; 303; 315; 703 (was 640); 709 (was 840); 706 (was 717); 719; 705 (was 711/731)</p>
III-C	III-B		I	<p>Comprehend the genetics of syndromes associated with developmental disabilities and how they relate to the development of communication. Apply knowledge of individual syndrome to voice; speech and language outcomes through the developmental period. CD 318; 440; 703 (was 640); 705 (was 711/705 (was 711/731)); 719; 705 (was 711/731); 819; 709 (was 840)</p>

<p>III-D</p>	<p>I</p>	<p>Apply knowledge of communication development to understand cognitive; perceptual and motor requirements of clinical assessment methods through the developmental period. CD371; 390; 692; 790</p>
<p>III-A III-C</p>	<p>I</p>	<p>Comprehend normal anatomy and physiology of speech production and hearing as it crosses life-span; including respiration; phonation; and vocal tract and nasal resonance. Apply knowledge of central and peripheral nervous system control; muscle activity; and aerodynamic and acoustic consequences of speech movements to understand physiology of pitch; loudness; quality control; whisper; registers; and singing. Understand the influence of age and gender on these processes. CD 210; 303; 320; 503; 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 719; 819</p>
<p>III-A</p>	<p>I</p>	<p>Comprehend embryological processes of development of orofacial; respiratory; laryngeal and hearing mechanisms. Apply knowledge of normal embryological development to deviant development and congenital disorders. Understand the influence of genetics on these processes. CD 201; 202; 315; 318; 320</p>
<p>III-A</p>	<p>I</p>	<p>Know basic developmental milestones of speech; language; voice and hearing from birth-5; school-aged; adulthood and through geriatric years. Understand the causes of deviation in development. CD 201; 202; 240; 440; 425; 703 (was 640); 709 (was 840)</p>

III-D	I	<p>Know various program formats related to the field of speech-language pathology that are relevant to birth-to-three programs; early childhood programs; elementary school programs; middle school programs; high school programs; and transition programs.</p> <p>CD 390; 425; 692; 702 (was CI 392)</p>
III-G	I	<p>Use knowledge of human development to determine and plan appropriate level of instruction for students. CD 390; 425; 692; 790</p>
III-G	I	<p>Design lessons and implement teaching methods that reflect knowledge of human development and learning; taking into account clients' individual and cultural differences. CD 390; 425; 692; 790</p>
III-G	I	<p>Combine knowledge of human development and learning with knowledge about individual's or group's needs; abilities; and interests to create a supportive and challenging learning environment. CD390; 631; 692; 705 (was 711/731); 790</p>
III-G	I	<p>Select appropriate materials and equipment. CD 390; 692; 790</p>

III-G	I	Adapt commercial materials or create materials when commercial materials do not meet the needs of the individual; group or class. CD 390; 425; 631; 692; 704 (was 712); 705 (was 711/731); 790
III-D	II	Know the WI PI 34 Standards; U.W. – Madison Teacher Education Standards; & ASHA ESB Standards. CD 692; 790; 702 (was CI 392)
III-D	II	Read WI Legislative Rule PI 34. CD 692; 702 (was CI 392)
III-D	II	Know how legal; social; professional; and program issues impact school services in communicative disorders. CD 425; 692; 790; 702 (was CI 392)
III-D	II	Know how the Individuals with Disabilities Act; other laws; and court cases have influenced special education and related services in public schools. CD 425; 692; 702 (was CI 392)
III-D	II	Know the mandated components of an Individualized Education Program plan. CD 692; 702 (was CI 392)
III-D	II	Know the mandated components of an Individualized Family Service Plan. CD 790; 702 (was CI 392)
III-D	II	Know a framework for assessment and evaluation. CD 704 (was 712); 705 (was 711/731); 790; 702 (was 813); 702

III-D	II	Know a framework for treatment. CD 390; 631; 702 (was CI 392); 704 (was 712); 705 (was 711/731); 790; 702 (was 813)
III-D	II	Use curriculum and instruction which reflects knowledge about how multiple social and political factors affect student outcomes within the free; appropriate public education. CD 390; 631; 692; 705 (was 711/731); 702 (was CI 392)
III-D	II	Understand and follow the mandate of "least restrictive environment." CD 390 631; 692; 705 (was 711/731); 702 (was 813); 702 (was CI 392)
III-G	II	Collaborate with parents and other school personnel in planning and carrying out intervention for individuals or groups. CD 390; 692; 790; 702 (was 813)
III-D	II	Know policies regarding evaluation and programming in a school or medical setting. CD 390; 425; 631; 692; 705 (was 711/731); 790; 702 (was 813)
III-D	II	Can explain IEP process from referral to placement. CD 692; 702 (was CI 392)
III-D	II	Can write an accurate present-level-of-performance statement. CD 692; 790; 702 (was 813); 702 (was CI 392)
III-G	II	Can write IEP goals and benchmarks. CD 692; 702 (was CI 392)

III-D	II	Know legal paperwork related to IEP process. CD 692; 702 (was CI 392)
III-B	III	Identify; compare and contrast the perceptual characteristics and putative neuropathophysiology of the Mayo Classification system of dysarthria. CD 705 (was 711/705 (was 711/731)); 790; 702 (was 813)
III-C	III	Identify the kinds of neuromotor disorders associated with swallowing disorders. CD 790; 702 (was 813); 707 (was 910)
III-G	III	Examine key ideas; assumptions; controversies; and uncertainties in disciplines to plan lessons that link to an individuals' prior knowledge. CD 390; 425; 692; 705 (was 711/731); 790; 702 (was CI 392)
III-G	III	Know different viewpoints; theories; and methods of inquiry in teaching by incorporating a variety of instructional methods. CD 390; 425; 692; 790/702 (was CI 392)
III-D	III	Evaluate teaching resources and curriculum materials for thoroughness; accuracy; biases and usefulness. CD 390; 425; 692; 790/702 (was CI 392)
III-G	III	Create interdisciplinary learning experiences that allow individuals or groups to integrate knowledge; skills and methods of inquiry. CD 390; 425; 631; 692; 705 (was 711/731); 702 (was 813); 702 (was CI 392)
III-D	IV	Know the problems; challenges; and opportunities related to the use of inclusive practices in the public school setting. CD 425; 631; 692; 704 (was 712); 705 (was 711/731); 790; 702 (was CI 392)
III-D	IV	Know the problems; challenges; and opportunities related to the use of inclusive practices in the community. CD 425; 631; 692; 705 (was 711/731); 790; 702 (was 813)/CI392

III-G	IV	Develop conflict resolution strategies. CD 692; 790; 702 (was CI 392)
III-C	IV	Use knowledge from research and practice in how individuals learn to make instructional decisions. CD 390; 425; 692; 790; 702 (was 813)
III-D	IV	Can explain why a particular method (WAS used. CD 390; 425; 692; 790; 702 (was 813))
III-D	IV	Can relate research that supports a particular method. CD 692; 790
II-A	V	Comprehend basic genetic terminology and how genetics relates to communicative disorders. Apply knowledge of DNA; stem cells; molecular biology; ethics to understand prevention and treatment of communicative disorders.
II-A	V	Know basic principles of test ethics applicable to test practices including audio; visual and physiologic measures. Adhere to safety standards and universal precautions guidelines to ensure protection of patients; students; staff; and equipment. CD 704 (was 712); 790
III-G	V	Know the Code of Ethics published by the American Speech-Language Hearing Association. CD 692; 790
III-C	V	Articulate how his or her philosophy of education impacts clinical decisions. CD 692
III-D	V	Can defend lesson designs and instructional methods based on knowledge of sound ethical and pedagogical practices. CD 692; 790

III-G	V	Create an environment that recognizes cultural diversity and promotes positive interaction. CD 692; 704 (was 712); 790
III-D	VI	Know how to write transition goals on an Individualized Education Program plan. CD 692; 705 (was 711/731); 702 (was CI 392)
III-G	VI	Know how to write transition goals on an Individualized Family Service Plan. CD 705 (was 711/731); 790; 702 (was 813)
III-D	VI	Know strategies for professional collaboration. CD 425; 692; 790; 702 (was 813); 702 (was CI 392)
III-D	VI	Know strategies for interagency communications. CD 425; 692; 790; 702 (was 813); 702 (was CI 392)
III-D	VI	Know strategies for building home; school; and community partnerships. CD 425; 692; 702 (was 813); 702 (was CI 392)
III-D	VI	Know how to communicate with parents and/or legal guardians. CD 425; 692; 790; 702 (was 813); 702 (was CI 392)
III-D	VI	Identify and use resources that help individuals or groups make connections between community-based knowledge and school knowledge. CD 425; 692; 705 (was 711/731); 790; 702 (was CI 392)
III-G	VI	Participate in collaborative activities designed to make the school or medical site a productive learning environment. CD 425; 692; 704 (was 712); 705 (was 711/731); 790; 702 (was 813)

III-G	VI	Establish respectful and productive relationships with parents; guardians; and community members from diverse home and community environments in ways that support individual or group learning. CD 692; 790; 702 (was 813)
III-D	VI	Use information within the current school/community context to design activities that connect learning to home and school experiences. CD 692; 790; 702 (was 813)
III-D	VI	Professional conduct and communication style demonstrates an understanding and respect for diverse environments. CD 692; 790; 702 (was 813)
III-B	VII	Apply knowledge of speech; vocabulary; syntax; semantics and pragmatic development to understand theories and models of disordered communication performance. Apply knowledge of brain cognitive development to understand the complex effects on communication development. Apply knowledge of environmental support mechanisms to understand the effects of deprivation on communication development. Apply knowledge of perceptual development and function to understand etiologies of central auditory processing disorders. Apply knowledge of communication development to understand the impact of communication impairment on social development. CD 703 (was 640); 704 (was 712); 790; 819; 709 (was 840)
III-A	VII	Comprehend system interactions and how deviations in one area cause problems across various parts of the system. Apply knowledge of the communicative consequences of cerebral palsy; hearing loss; craniofacial disorders and stroke. CD 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 719; 707 (was 910)
III-D	VII	Use teaching and assessment approaches that help individuals or groups demonstrate their feelings; knowledge; and skills in multiple ways. CD 390; 631; 692; 705 (was 711/731); 790

III-G	VII	Communicate in ways that demonstrate sensitivity to cultural differences. CD 390; 425; 631; 692; 704 (was 712); 705 (was 711/731); 790
III-G	VII	Create an educational environment that encourages students to communicate their feelings; knowledge; and skills in multiple ways. CD 390; 425; 631; 692; 705 (was 711/731); 790
III-G	VII	Model sensitivity to cultural differences by incorporating into instructional practices recognition of; support for; and encouragement of multiple forms of communication within the current classroom environment. CD 390; 425; 631; 692; 705 (was 711/731); 790
III-G	VII	Introduce lesson and explains goals clearly. CD 390; 692; 790
III-G	VII	Gives meaningful feedback. CD 390; 692; 790
III-G	VII	Use visual cues; context clues; verbal cues; tactile use; and motor cues as needed to facilitate progress. CD 390; 692; 790
II-A	VIII	Apply knowledge of the clinical methods of assessment; including outcome measures; auditory-perceptual judgments; acoustic analyses; physiological measurements; aerodynamic measurements; electromyographic measurements; and visualization imaging techniques. Understand the benefits; limits and potential risks of each technique; including possible threats to validity; task and measurement artifacts; issues of intra- and inter-judge reliability; test administration and interpretation standards. Understand how the scientific approach relates to test standards; protocol development and interpretation of measures. Apply knowledge of sensitivity and specificity to test selection and protocol development. CD 692; 704 (was 712); 790

II-A	VIII	Identify; compare; and contrast the strengths and weaknesses of the typical assessment procedures used in the dysarthria clinic; including oromotor; nonspeech testing; generic “speech” tests; such as sustained vowels and diadochokinesis as well as other maximal performance tasks; and speech intelligibility testing. CD 390; 705 (was 711/705 (was 711/731)); 790
II-A	VIII	Know the underlying theory for the oromotor exam; as well as the role of the exam in diagnosis of disorder; diagnosis of speech production deficit; and predictor of speech production skills. CD 503; 705 (was 711/705 (was 711/731)); 790
II-A	VIII	Participate in practical exercises on the administration of the oromotor exam. CD 705 (was 711/705 (was 711/731)); 790; 819
III-D	VIII	Administer; score; and interpret standardized tests. CD 390; 692; 790
III-D	VIII	Administer; and interpret non-standardized; authentic; and dynamic assessment tools. CD 390; 692; 790
III-D	VIII	Make evaluation decisions based on assessment data collected from standardized tests and/or non-standardized; authentic; or dynamic assessment tools. CD 692; 790
III-D	VIII	Obtain case history and/or gathers existing data. CD 390; 692; 790
III-D	VIII	Select appropriate assessment tools. CD 692; 704 (was 712); 790

III-C III-D	VIII	Knows how to conduct a clinical observation. CD 371; 390; 692; 790
III-C	VIII	Summarize client's strengths and challenges; interprets information. CD 390; 692; 790; 702 (was CI 392)
III-G	VIII	Write clear and concise reports in an objective; clinical style that avoids professional jargon. CD 390; 692; 790; 702 (was 813)
III-G	VIII	Plan and modifies teaching strategies based on assessments to accommodate the different learning strengths and needs of students. CD 390; 692; 790
III-D	VIII	Recognize biases and assumptions in assessment designs. CD 390; 425; 692; 790; 702 (was 813)
III-G	VIII	Maintain useful records of client work and communicates information about client performance to client's parents; guardians; and other colleagues. CD 390; 692; 790; 702 (was 813)
III-G	VIII	Integrate multiple assessment techniques into lessons and teaching methods to assess client's achievements that are aligned with state; district; and school curricular standards. CD 390; 692; 790; 702 (was 813)
III-D	VIII	Integrate knowledge of client's diverse cultural; linguistic; and educational backgrounds by evaluating and employing multiple assessment techniques. CD 390; 425; 692; 790; 702 (was 813)
III-G	VIII	Maintain a record of on-going assessment of client's readiness; growth; and achievement over time. CD 390; 692; 790

III-G	VIII	Work with clients; designing self-assessment practices to help them understand their strengths and needs. CD 390; 692; 790
III-B	IX	Comprehend brain development; cognitive development; perceptual development; mechanisms of environmental support; and socialization on the development of language and communication skills. Apply knowledge of communication development through voice and speech to understand alternative symbols (graphic or gesture); message delivery systems (aided or unaided); message exchange and communication development through augmented means. CD 210; 240; 318; 424; 425; 434; 440; 503; 631; 703 (was 640); 705 (was 711/731); 709 (was 840)
III-A	IX	Apply knowledge of structural deviations to their complex effects on communication function. Apply knowledge of plasticity and deprivation to communication disorders to understand their potential influence on the etiology and rehabilitation of communication problems. CD 318; 320; 503; 703 (was 640); 705 (was 711/705 (was 711/731)); 704 (was 712); 705 (was 711/731); 709 (was 840)
III-D	IX	Know behavior management strategies. CD 390; 692; 790/702 (was CI 392)
III-G	IX	Plans and manages time; space; materials; activities; and transitions using knowledge of individual or group needs. CD 692; 790
III-G	IX	Develop shared expectations with individuals or groups for academic work; social interactions; and classroom routines. CD 692; 790
III-G	IX	Identify physical and socioemotional safety issues before instruction. CD 692; 790

III-G	IX	Employ methods by which social conflicts can be resolved. CD 692; 790
III-G	IX	Organize; allocate; and manage resources to provide for the equitable and active engagement of individuals or groups in productive tasks. CD 692; 790
III-G	IX	Develop expectations and routines with individuals or groups and use their feedback to make adjustments. CD 692; 790
III-G	IX	Design lessons and implement methods that reflect awareness of issues of physical and socioemotional safety. CD 692; 790
III-G	X	Design lessons that are at an appropriate level. CD 692; 790
III-G	X	Combine knowledge of current academic needs; learning styles; and culture when designing and implementing lesson plans. CD 692; 790
III-A	XI	Expertise developed through web-based self-paced instruction. Competency tested through web-based examinations. CD 703 (was 640); 706 (was 717); 790; 709 (was 840)/702 (was CI 392)
III-B	XI	Know how to make clinical judgments through the use of the Systematic Analysis of Language Transcripts software program. CD 703 (was 640); 790; 702 (was CI 392)
III-D	IX	Know how to use published software to enhance a treatment program. CD 703 (was 640); 692; 706 (was 717); 790

III-D	IX	Know how to use specialized equipment in a diagnostic session. CD 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 702 (was 813)
III-D	IX	Know the capabilities of augmentative programs and assistive listening devices. CD 631; 692; 705 (was 711/731); 790;
III-B	X	Apply knowledge of communication development to understand speech and language intervention methods; selecting intervention targets; structuring learning environments and the complex relationships among disorders of speech and other aspects of the communication system. CD 390; 425; 692; 705 (was 711/731); 790
III-D	X	Know clinical strategies related to the treatment of communication delays; disorders; and differences across the life span. CD 390; 425; 692; 705 (was 711/731); 790; 831
III-D	X	Design and implement clear and engaging lessons to meet goals and benchmarks using a variety of methods of instruction while considering current research and multiple perspectives on best practices. CD 390; 692; 790; 702 (was 813)
III-G	X	Design lessons to meet state/local curriculum standards. CD 692; 790
III-G	X	Design lessons or treatment plans that utilize best practices. CD 390; 692; 790; 702 (was 813)
III-G	X	Design lessons or treatment plans that consider different learning styles and cultures. CD 390; 425; 692; 705 (was 711/731); 790; 702 (was 813)
III-D	XI	Explore; critically evaluate and use technology to support learning opportunities for individuals or groups. CD390; 631; 703 (was 640); 692; 705 (was 711/705 (was 711/731)); 705 (was 711/731); 790; 702 (was 813); 709 (was 840)

III-G	XI	Design learning activities that foster creative; ethical; and legal uses of technology. CD 390; 692; 790
III-G	XI	Use technology to facilitate a variety of effective assessment and evaluation strategies. CD 390; 692; 705 (was 711/731); 790
III-D	XI	Design and implement technology-enhanced instructional strategies to support the diverse needs of individuals or groups. CD 692; 705 (was 711/731); 790
III-B	XII	Comprehend the impact of brain injury on the plasticity of communication development and recovery. Apply knowledge of communication development to understand the complex effects of different congenital brain syndromes; brain injury during the developmental period; and degenerative diseases on communication development and function. CD 210; 503; 692; 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 719; 790; 819
III-A	XII	Understand the concept of apraxia as a general neurological deficit; and as a speech production deficit as it is thought to be manifest in both adults and children. CD 318; 503; 819
III-B III-C	XII	Comprehend linguistic and cognitive models/frameworks that relate to acquired linguistic-cognitive deficits associated with aphasia; traumatic brain injury (TBI); right hemisphere (non-dominant) brain dysfunction (RHBD); and dementia. CD 503; 704 (was 712); 819; 942
III-D	XII	Apply these linguistic-cognitive models/frameworks that related to acquired linguistic; cognitive and communication symptomatology associated with aphasia; TBA; RHBD; and dementia. CD 503; 704 (was 712); 819, 942
III-B III-C	XII	Comprehend the neuropathologies and underlying neurophysiologic mechanisms associated with aphasia. CD 503; 704 (was 712)

III-B III-C	XII	Comprehend the language and communication symptomology associated with aphasia. CD 503; 704 (was 712)
III-B III-C	XII	Comprehend the neuropathologies and underlying neurophysiologic mechanisms associated with TBI. CD 503; 692; 790; 819; 942
III-B III-C	XII	Comprehend the cognitive-linguistic and communication symptomology associated with TBI. CD 503; 692; 790; 819
III-B III-C	XII	Comprehend the neuropathologies and underlying neurophysiologic mechanisms associated with RHBD. CD 503; 692; 704 (was 712); 790
III-B III-C	XII	Comprehend the cognitive-linguistic and communication symptomology associated with RHBD. CD 503; 692; 704 (was 712); 790
III-A	XII	Comprehend the neuropathologies and underlying neurophysiologic mechanisms associated with dementia. CD 503; 704 (was 712); 705 (was 711/705 (was 711/731)); 790; 942
III-A	XII	Comprehend the cognitive-linguistic and communication symptomology associated with dementia. CD 503; 705 (was 711/705 (was 711/731)); 790; 942
III-G	XII	Create an environment that supports and respects inquiry; exploration; intellectual risk-taking. Learning differences; and multiple perspectives. CD 503; 703 (was 640); 692; 7 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 719; 790; 709 (was 840); 942
III-G	XII	Design and implement varied learning structure which appropriately supports the goals. CD 692; 790

III-G	XII	Monitor and adjust teaching and learning strategies in response to assessment of learners' performance.
III-G	XII	Model respect for and acceptance of the multiple ways in which individuals learn through instructional practices and within the environment. CD 703 (was 640); 692; 790; ; 709 (was 840)
III-G	XII	Adjust teaching and learning experiences so individuals or groups are challenged while being supported to succeed. CD 692; 790
III-A	XIII	Compare and contrast the linguistic-cognitive and communication symptomology associated with aphasia; TBI; RHBD; and dementia. CD 503; 703 (was 640); 705 (was 711/705 (was 711/731)); 704 (was 712); 719; 790; 709 (was 840)
III-G	XIII	Articulate own professional growth as a result of examining; revising; and learning from his or her own clinical practices. CD 390; 692; 790
III-C	XIII	Seek out resources to support self-development as a learner. CD 503; 703 (was 640); 692; 705 (was 711/705 (was 711/731)); 704 (was 712); 719; 790; 709 (was 840)
III-D	XIII	Gather information about personal and societal beliefs and use them to reflect on how they influence practice. Revise instructional practice based on this reflection. CD 390; 503; 703 (was 640); 692; 705 (was 711/705 (was 711/731)); 704 (was 712); 719; 790; 709 (was 840)
III-G	XIII	Seek out opportunities to grow professionally. CD 390; 692; 790
III-B	XIV	Comprehend basic epidemiology terminology and how communicative disorders are distributed in the population of the United States. CD 503; 703 (was 640); 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 719; 819; 709 (was 840); 707 (was 910)

III-D	XIV	Seek to understand clients' families; cultures; and communities; and use this information as a basis for connecting to clients' lives. CD 390; 425; 692; 790; 704 (was 712); 831
III-G	XIV	Obtain family members' or legal guardian's input about clients. CD 692; 790
III-G	XIV	Maintain ongoing contact with parents and caregivers about client's progress. CD 692; 790
III-G	XIV	Seek knowledge about individual's family cultures and consider this information when relating to individuals or groups. CD 390; 692; 790
III-G	XIV	Communicate with parents and guardians; and capitalize on family cultures in activities. CD 390; 692; 790
III-G	XIV	Participate in communicating individual's progress to parents and guardians. CD 390; 692; 790
III-G	XIV	Document an individual's strengths; challenges; interests; and learning style; via parent and professional input; at an IEP meeting or team meeting. CD 390; 692; 790
III-C	XV	Practices reflect an understanding of protocols and procedures in the school; district; or medical setting dealing with legal rights and responsibilities.
III-C	XV	Seek out school district or medical site guidelines regarding professional conduct and responsibilities and follow them. CD 692; 790

III-G	XV	Interact with students and parents in a manner that is legal and approved by the district or medical site. CD 692; 790
III-G	XV	Maintain confidentiality. CD 692; 790
III-C	XV	Meet time-lines; deadlines; and is punctual. CD 503; 703 (was 640); 692; 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 719; 705 (was 711/731); 790; 8 702 (was 813); 819; 709 (was 840); 707 (was 910)
III-G	XV	Follow through on assigned tasks. CD 503; 703 (was 640); 692; 705 (was 711/705 (was 711/731)); 704 (was 712); 706 (was 717); 719; 705 (was 711/731); 790; 702 (was 813); 819; 709 (was 840); 707 (was 910)
III-G	XV	Recognize own professional limitations. CD 692; 790
III-G	XV	Maintain legal documentation and files. CD 692; 790