

2015-2016 Annual Assessment Report Template

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Report: BS Speech Pathology & Audiology

Question 1: Program Learning Outcomes

Q1.1.

Which of the following Program Learning Outcomes (PLOs) and Sac State Baccalaureate Learning Goals (BLGs) **did you assess?** [Check all that apply]

- ☒ 1. Critical Thinking
- ☐ 2. Information Literacy
- ☒ 3. Written Communication
- ☐ 4. Oral Communication
- ☐ 5. Quantitative Literacy
- ☐ 6. Inquiry and Analysis
- ☐ 7. Creative Thinking
- ☐ 8. Reading
- ☐ 9. Team Work
- ☐ 10. Problem Solving
- ☐ 11. Civic Knowledge and Engagement
- ☐ 12. Intercultural Knowledge and Competency
- ☐ 13. Ethical Reasoning
- ☐ 14. Foundations and Skills for Lifelong Learning
- ☐ 15. Global Learning
- ☐ 16. Integrative and Applied Learning
- ☐ 17. Overall Competencies for GE Knowledge
- ☐ 18. Overall Competencies in the Major/Discipline
- ☐ 19. Other, specify any assessed PLOs not included above:

- a.
- b.
- c.

Q1.2.

Please provide more detailed background information about **EACH PLO** you checked above and other information such as how your specific PLOs are **explicitly** linked to the Sac State BLGs:

Our graduate program has developed ten specific program learning outcomes aligned to the knowledge and skills acquisition outcomes required by our accrediting body, the American Speech-Language-Hearing Association (ASHA) (See assessment plan on file). This year, we assessed PLO 1 (written communication) and we also assessed PLO 2 (critical thinking).

PLO1: Students will communicate effectively in writing in the following formats, genres, and styles of writing used in communication sciences and disorders:

- Grammar
- Clinical Report Writing
- Written Treatment Plans
- Research Literature Reviews
- Self-Evaluation of Clinical Skills
- Professional Letter Writing

PLO2: To demonstrate skills in the areas set forth by the American Speech-Language Hearing Association (ASHA) (2014).

Students will demonstrate clinical competence in the areas of Writing, Assessment (Evaluation), Treatment (Intervention), and Professional Behavior (Interaction and Personal Qualities) for required clinical and internship experiences in order to demonstrate skills across the nine major areas delineated by ASHA:

- 1) Articulation
- 2) Fluency
- 3) Voice and Resonance, including respiration and phonation
- 4) Receptive and Expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, and writing
- 5) Hearing, including the impact on speech and language
- 6) Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- 7) Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- 8) Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- 9) Augmentative and alternative communication (AAC) modalities

Q1.2.1.

Do you have rubrics for your PLOs?

- ☒ 1. Yes, for all PLOs
- ☐ 2. Yes, but for some PLOs
- ☐ 3. No rubrics for PLOs
- ☐ 4. N/A
- ☐ 5. Other, specify:

Q1.3.

Are your PLOs closely aligned with the mission of the university?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know

Q1.4.

Is your program externally accredited (other than through WASC Senior College and University Commission (WSCUC))?

- ☒ 1. Yes
☐ 2. No (skip to **Q1.5**)
☐ 3. Don't know (skip to **Q1.5**)

Q1.4.1.

If the answer to Q1.4 is **yes**, are your PLOs closely aligned with the mission/goals/outcomes of the accreditation agency?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know

Q1.5.

Did your program use the *Degree Qualification Profile* (DQP) to develop your PLO(s)?

- ☒ 1. Yes
☐ 2. No, but I know what the DQP is
☐ 3. No, I don't know what the DQP is
☐ 4. Don't know

Q1.6.

Did you use action verbs to make each PLO measurable?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know

(Remember: Save your progress)

Question 2: Standard of Performance for the Selected PLO

Q2.1.

Select **ONE(1)** PLO here as an example to illustrate how you conducted assessment (be sure you *checked the correct box* for this PLO in Q1.1):

Critical Thinking

Q2.1.1.

Please provide more background information about the **specific PLO** you've chosen in Q2.1.

See **Q1.2. above**

Q2.2.

Has the program developed or adopted **explicit** standards of performance for this PLO?

- ☒ 1. Yes
- ☐ 2. No
- ☐ 3. Don't know
- ☐ 4. N/A

Q2.3.

Please **provide the rubric(s)** and **standards of performance** that you have developed for this PLO here or in the appendix.

PLO 2 (Critical Thinking)

1. Clinical Competencies:

Tool Description: Our department requires students to complete approximately 32 hours in EACH of five in-house clinics (Speech I, Speech II, Language II, Speech III, Language III), approximately 20 hours in the Language I Clinic, 4 hours in the Assessment Clinic, 4 hours in the Hearing Screenings Clinic, and 200 hours in two internship placements for a total of a minimum of 388 hours of direct client/patient contact. Our graduate program is hierarchical in nature: Each student must have completed coursework related to each disorder before enrolling in the associated clinic. These clinical experiences require the student to apply previously acquired knowledge to real-life situations. Success in these experiences is dependent upon the ability to think critically as the student assesses and treats clients under the supervision of a Clinical Instructor.

The assigned Clinical Instructor completes a clinical competency form for each student in each clinic at midterm and final. Through this process, each clinical experience is assessed formatively and summatively with specific clinical competencies designed to measure critical thinking across the nine skill areas set forth by ASHA divided into four areas: *Writing, Assessment, Treatment, and Professional Behavior*. Specific clinical competency forms are in place for each clinic and internship. Students are provided with the clinical competency evaluations before they begin each clinical experience. Clinical Instructors, who have been trained on the form and its use by the Clinic Coordinator, use this form to provide feedback to students regarding progress.

An example of a rubric maintained for each student, including standards of performance and expectations, is below. A sample competency (Speech 1) is attached. Additionally, as a student meets clinical competency in each clinic, the associated skills are recorded as being met on their ASHA Knowledge and Skills form, maintained electronically by the department.

Standard of Performance: 90% of students will earn an average rating of 80 or better for each of the **4 general** competency categories with no individual line item score of 59 in all of their clinic coursework

Semester	Clinic	Critical Thinking/Skills Area	Standard Performance/Ex
Semester 1	Speech 1 Language 1	Articulation (PLO2 area 1) Receptive Language (PLO2 area 4)	90% of students w average rating of 8 for each of the <u>4 general</u> competen (<i>Writing, Assessm nt, and Profession Behavior</i>) with no line item score of
Semester 1	Hearing Screenings	Hearing (PLO2 area 5)	Same
Semester 2	Speech 2 Language 2	Fluency/Voice Resonance (PLO2 areas 2 & 3) Receptive/Expressive Language (PLO2 area 4)	Same
Semester 3	Speech 3 Language 3	Social Aspects of Communication/AAC (PLO2 area 8 and 9) Cognitive Aspects of Communication (PLO2 area 7)	Same
Semester 3	Assessment	Articulation (PLO2 areas 1-5 & 7-9) Fluency	Same

 No file attached  No file attached

Q2.4. PLO	Q2.5. Stdrd	Q2.6. Rubric	Please indicate where you have published the PLO , the standard of performance, and the rubric that was used to measure the PLO:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. In SOME course syllabi/assignments in the program that address the PLO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. In ALL course syllabi/assignments in the program that address the PLO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. In the student handbook/advising handbook
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. In the university catalogue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. On the academic unit website or in newsletters
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. In the assessment or program review reports, plans, resources, or activities
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. In new course proposal forms in the department/college/university
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. In the department/college/university's strategic plans and other planning documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. In the department/college/university's budget plans and other resource allocation documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Other, specify: <input type="text"/>

Question 3: Data Collection Methods and Evaluation of Data Quality for the Selected PLO

Q3.1.

Was assessment data/evidence **collected** for the selected PLO?

- ☒ 1. Yes
- ☐ 2. No (skip to **Q6**)
- ☐ 3. Don't know (skip to **Q6**)
- ☐ 4. N/A (skip to **Q6**)

Q3.1.1.

How many assessment tools/methods/measures **in total** did you use to assess this PLO?

5

Q3.2.

Was the data **scored/evaluated** for this PLO?

- ☒ 1. Yes
- ☐ 2. No (skip to **Q6**)
- ☐ 3. Don't know (skip to **Q6**)
- ☐ 4. N/A (skip to **Q6**)

Q3.2.1.

Please describe how you collected the assessment data for the selected PLO. For example, in what course(s) or by what means were data collected:

Direct:

- Clinical Competencies
- Clinical Methods Coursework
- Learning Outcomes Assessment

Indirect:

- National *Praxis* Exam
- Student Survey Feedback
- Biannual Advisory Committee Meeting Feedback

An assigned Clinical Instructor completes a clinical competency form for each student in each clinical course at midterm and final. These are stored electronically by the Clinic Coordinator. As a student meets clinical competency in an area, the required skill is also recorded as being met on their Knowledge and Skills form, maintained electronically by the department.

Methods course instructors file grades for Clinical Methods Courses.

The Learning Outcomes Assessment is distributed in selected course sections. Through this process, it is completed by each student in our program. Each question has one “correct” answer. That data are compiled through survey monkey and analyzed by the Department Chair and Faculty using the alignment table previously provided.

Student results for the National *Praxis* Exam are sent to our department by ETS.

Undergraduate students complete an Undergraduate Experience Exit Survey in a selected class. Graduate students complete a Brief Clinical Experience Survey in one of their methods class. There are sets of evaluative questions on each survey. All of the questions target evaluation of the quality of our program and/or the student experience.

Minutes are taken at biannual advisory committee meetings.

(Remember: Save your progress)

Question 3A: Direct Measures (key assignments, projects, portfolios, etc.)

Q3.3.

Were direct measures (key assignments, projects, portfolios, course work, student tests, etc.) used to assess this PLO?

- ☒ 1. Yes
- ☐ 2. No (skip to Q3.7)
- ☐ 3. Don't know (skip to Q3.7)

Q3.3.1.

Which of the following direct measures were used? [Check all that apply]

- ☐ 1. Capstone project (e.g. theses, senior theses), courses, or experiences
- ☐ 2. Key assignments from required classes in the program
- ☐ 3. Key assignments from elective classes
- ☐ 4. Classroom based performance assessment such as simulations, comprehensive exams, or critiques
- ☐ 5. External performance assessments such as internships or other community-based projects
- ☐ 6. E-Portfolios
- ☐ 7. Other Portfolios
- ☒ 8. Other, specify: Clinical Competency Forms, Methods course grades, and Learning Outcomes Assessment

Q3.3.2.

Please **explain** and **attach** the direct measure you used to collect data:

An assigned Clinical Instructor completes a clinical competency form for each student in each clinical course at midterm and final. These are stored electronically by the Clinic Coordinator. As a student meets clinical competency in an area, the required skill is also recorded as being met on their Knowledge and Skills form, maintained electronically by the department.

Methods course instructors file grades for Clinical Methods Courses.

The Learning Outcomes Assessment is distributed in selected course sections. Through this process, it is completed by each student in our program. Each question has one “correct” answer. That data are compiled through survey monkey and analyzed by the Department Chair and Faculty using the alignment table previously provided.

Please see attached sample Clinical Competency forms and Learning Outcomes Assessment.



Clinical Competency Example.xlsx
20.75 KB



2016 learning_outcome_assesment_questionnaire key.docx
29.63 KB

Q3.4.

What tool was used to evaluate the data?

- ☐ 1. **No** rubric is used to interpret the evidence (skip to **Q3.4.4.**)
- ☐ 2. Used rubric developed/modified by the faculty who teaches the class (skip to **Q3.4.2.**)
- ☐ 3. Used rubric developed/modified by a group of faculty (skip to **Q3.4.2.**)
- ☒ 4. Used rubric pilot-tested and refined by a group of faculty (skip to **Q3.4.2.**)
- ☐ 5. The VALUE rubric(s) (skip to **Q3.4.2.**)
- ☐ 6. Modified VALUE rubric(s) (skip to **Q3.4.2.**)
- ☐ 7. Used other means (Answer **Q3.4.1.**)

Q3.4.1.

If you used other means, which of the following measures was used? [Check all that apply]

- ☒ 1. National disciplinary exams or state/professional licensure exams (skip to **Q3.4.4.**)
- ☐ 2. General knowledge and skills measures (e.g. CLA, ETS PP, etc.) (skip to **Q3.4.4.**)
- ☐ 3. Other standardized knowledge and skill exams (e.g. ETC, GRE, etc.) (skip to **Q3.4.4.**)

☐ 4. Other, specify: (skip to Q3.4.4.)

Q3.4.2.

Was the **rubric** aligned directly and explicitly **with the PLO**?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know
☐ 4. N/A

Q3.4.3.

Was the **direct measure** (e.g. assignment, thesis, etc.) aligned directly and explicitly **with the rubric**?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know
☐ 4. N/A

Q3.4.4.

Was the **direct measure** (e.g. assignment, thesis, etc.) aligned directly and explicitly **with the PLO**?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know
☐ 4. N/A

Q3.5.

How many faculty members participated in planning the assessment data **collection** of the selected PLO?

All full and part-time faculty participate in the development of the Clinical Competency Forms. Each

Q3.5.1.

How many faculty members participated in the **evaluation** of the assessment data for the selected PLO?

All full time faculty participate ...

Q3.5.2.

If the data was evaluated by multiple scorers, was there a norming process (a procedure to make sure everyone was scoring similarly)?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know
☐ 4. N/A

Q3.6.

How did you **select** the sample of student work (papers, projects, portfolios, etc.)?

The competency forms are automatically completed for each student at midterm and final.

Methods course grades are on file for each student.

All students complete the Learning Outcomes Assessment. We reviewed all of these.

Q3.6.1.

How did you **decide** how many samples of student work to review?

This year we focused on the competency forms, methods course grades, and Learning Outcome Assessment results for 30 expected program completers (students scheduled to complete fourth semester clinical work and graduate from the program).

Q3.6.2.

How many students were in the class or program?

30 expected completers

84 graduate students total

Q3.6.3.

How many samples of student work did you evaluated?

30 expected completers
competencies and methods
course grades.

Q3.6.4.

Was the sample size of student work for the direct measure adequate?

- ☒ 1. Yes
- ☐ 2. No
- ☐ 3. Don't know

(Remember: Save your progress)

Question 3B: Indirect Measures (surveys, focus groups, interviews, etc.)

Q3.7.

Were indirect measures used to assess the PLO?

- ☒ 1. Yes
- ☐ 2. No (skip to **Q3.8**)
- ☐ 3. Don't Know (skip to **Q3.8**)

Q3.7.1.

Which of the following indirect measures were used? [Check all that apply]

- ☐ 1. National student surveys (e.g. NSSE)
- ☐ 2. University conducted student surveys (e.g. OIR)

- ☒ 3. College/department/program student surveys or focus groups
- ☐ 4. Alumni surveys, focus groups, or interviews
- ☐ 5. Employer surveys, focus groups, or interviews
- ☒ 6. Advisory board surveys, focus groups, or interviews
- ☐ 7. Other, specify:

Q3.7.1.1.

Please explain and attach the indirect measure you used to collect data:

All students not absent from class on the day the survey was distributed completed the Brief Clinical Experience Survey. All data was analyzed.

While no formal survey is provided to the Community Advisory Board, minutes are taken at each meeting and are reviewed by the faculty at faculty meetings and retreats in order to inform program design.

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 No file attached

Q3.7.2.

If surveys were used, how was the sample size **decided**?

All students not absent from class on the day the survey was distributed completed the Brief Clinical Experience Survey. All data was analyzed.

While no formal survey is provided to the Community Advisory Board, minutes are taken at each meeting and are reviewed by the faculty at faculty meetings and retreats in order to inform program design.

Q3.7.3.

If surveys were used, how did you **select** your sample:

Each of 84 graduate students completed the Brief Clinical Experience Survey.

Our Community Advisory Board, which meets biannually, maintains a system of three cohorts (public schools, hospitals, and private practices) in the community, each with a designated liaison. These cohorts are charged with conducting a caucus prior to the meetings so that an equally-distributed agenda can be created that defines the needs of the group and brings current issues from the field to the direct attention of our faculty. The mission of the committee, which has 19 community members and one student member, is to collaboratively discuss current trends in the fields and to discuss the department's academic and clinical programs so that the department can integrate input from the committee into plans for the ongoing improvement and updating of these programs. While no formal survey was provided to this group in 2015-16, minutes were taken at each meeting and are reviewed by the faculty at faculty meetings and retreats in order to inform program design. Particular attention is paid to the Committee's impression of our graduates and their preparation for clinical practice in the field in the areas outlined in PLO2.

Q3.7.4.

If surveys were used, what was the response rate?

See Q3.7.3

Question 3C: Other Measures (external benchmarking, licensing exams, standardized tests, etc.)

Q3.8.

Were external benchmarking data, such as licensing exams or standardized tests, used to assess the PLO?

- ☒ 1. Yes
- ☐ 2. No (skip to **Q3.8.2**)
- ☐ 3. Don't Know (skip to **Q3.8.2**)

Q3.8.1.

Which of the following measures was used? [Check all that apply]

- ☒ 1. National disciplinary exams or state/professional licensure exams
- ☐ 2. General knowledge and skills measures (e.g. CLA, ETS PP, etc.)
- ☐ 3. Other standardized knowledge and skill exams (e.g. ETC, GRE, etc.)
- ☐ 4. Other, specify:

Q3.8.2.

Were other measures used to assess the PLO?

- ☒ 1. Yes
- ☐ 2. No (skip to **Q4.1**)
- ☐ 3. Don't know (skip to **Q4.1**)

Q3.8.3.

If other measures were used, please specify:

The *Praxis II* exam in Speech-Language Pathology is required, in addition to the earned Master's Degree and a required professional experience, in order to apply for the American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence, the California License in Speech-Language Pathology, and the Clear California Speech-Language Pathology Services Credential with or without the Special Class Authorization. This summative assessment measures candidate's level of preparation for independent practice as a speech-language pathologist in all primary employment settings and is aligned to the knowledge and skills in the 9 areas outlined in PLO2. A pass rate at the national average is threshold for curricular assessment. As of September 2014, *Praxis* Speech-Language Pathology (SLP) test scores are reported on a 100–200 score scale in one-point increments. The required score for ASHA and the state boards of examiners (including the California Speech-Language Pathology and Audiology Licensing Board and the CTC) on the new scale is 162 (equivalent to the required score of 600 or greater on the former 250–990 scale). Initial reports by students and faculty indicate that the new version of the exam highlights critical thinking through the presentation of case studies.

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(Remember: Save your progress)



Question 4: Data, Findings, and Conclusions

Q4.1.

Please provide simple tables and/or graphs to summarize the assessment data, findings, and conclusions for the selected PLO for **Q2.1**:

Direct Measure 1: Clinical Competencies:

In 2015-16, 100% of graduate students completing the program earned an average rating of 80 or better for each of the **4 general** competency categories (*Writing, Assessment, Treatment, and Professional Behavior*) in all of their required clinical courses with no individual line item score of 59 or less.

 No file attached No file attached**Q4.2.**

Are students doing well and meeting the program standard? If not, how will the program work to improve student performance of the selected PLO?

A triangulation of the data collected through both direct and indirect measures indicates that our students are exceeding our overall program standards for this PLO (See below). One Direct Measure, our Learning Outcomes Assessment, does provide an opportunity for discussions across our curriculum with regard to specific topics that may require curricular emphasis.

Direct Measure 1: Clinical Competencies (Standard of Performance Exceeded):

During the 2015-16 academic terms, 30 students completed our program on time. All of them well exceeded the program standard of 90% earning an average rating of 80 on each general competency area as 100% of the competency scores were 83 or above in all areas. The faculty recognize that, occasionally, one or two students do not complete our program on time. Because of this, faculty have developed a standardized remediation plan form that corresponds to the clinical competencies form. The form is used as a teaching tool to promote critical thinking in specific competency areas in which a student is demonstrating difficulty and for which the student is at-risk for not reaching moderate to independent level mastery by semester's end. It includes student and Clinical Instructor responsibilities and timelines in the process and requires specification of specific supports to be provided to the student. Any student with a remediation plan in place in two clinics will be provided with a department-level remediation plan specifying specific supports to be provided. The faculty will continue to review the results of the remediation plans developed to determine their effectiveness and to note methodologies that may be of support to future students and Clinical Instructors when a student is demonstrating difficulty in specific areas of clinical skill.

Direct Measure 2: Clinical Methods Course Grades (Standard of Performance Exceeded):



During the 2015-16 academic terms, 30 students completed our program on time. All of them well exceeded our standard of performance of 90% passing all methods courses with a grade of B or better as 100% of them completed all methods courses with a B or better on the first attempt.

Direct Measure 3: Learning Outcomes Assessment (Standard of Performance Partially Met):

During the 2015-16 academic terms, 30 students completed our program on time. These students, however, only partially met the standard of performance set for our Learning Outcomes Assessment on 8 questions (67%). Our goal is for 83% of the students to meet the program standard on 12(100%) of the questions. Questions 10 (Critical thinking/standard scores), 16 (Critical thinking/Autism), 17 (Critical Thinking/Hearing), and 20 (Critical Thinking/fluency) require further analysis to determine if the questions need further development (which affects the validity of this measure) or if curricular modifications or enhancements are appropriate.

Indirect Measure 1: *Praxis* Exam (Standard of Performance Exceeded)

93% of students taking the *Praxis* exam in 2015-16 passed it on the first attempt, exceeding our program's predetermined standard of performance. Our goal is for 90% of students to pass the exam with a score of 162 or higher. The 2015-16 *Praxis* results indicate that our program has been doing an adequate job of preparing most students for independent practice, but that we realize that we need to attend to the new version of the exam to ensure that our students are prepared for success. We will continue to monitor *praxis* scores to ensure that all of our students are graduating from our program possessing knowledge that is considered by national and state agencies to be essential for independent practice as a speech-language pathologist in all primary employment settings, including schools. Students will be encouraged to take the *Praxis* at the end of the program, after they have had a variety of clinic experiences, including two internships, because the *Praxis* is designed to test both students' knowledge of our field's core content AND their ability to problem solve when given case studies related to practical application. We will continue to test both basic knowledge in our major and critical thinking in our major annually through our

 No file attached No file attached**Q4.3.**

For the selected PLO, the student performance:

- ☒ 1. **Exceeded** expectation/standard
- ☐ 2. **Met** expectation/standard
- ☐ 3. **Partially** met expectation/standard
- ☐ 4. Did not meet expectation/standard
- ☐ 5. No expectation/standard has been specified
- ☐ 6. Don't know

Question 4A: Alignment and Quality

Q4.4.

Did the data, including the direct measures, from all the different assessment tools/measures/methods directly align with the PLO?

- ☒ 1. Yes
- ☐ 2. No
- ☐ 3. Don't know

Q4.5.

Were **all** the assessment tools/measures/methods that were used good measures of the PLO?

- ☐ 1. Yes
- ☐ 2. No
- ☒ 3. Don't know

Question 5: Use of Assessment Data (Closing the Loop)

Q5.1.

As a result of the assessment effort and based on prior feedback from OAPA, do you anticipate *making any changes* for your program (e.g. course structure, course content, or modification of PLOs)?

- ☒ 1. Yes
- ☐ 2. No (skip to **Q5.2**)
- ☐ 3. Don't know (skip to **Q5.2**)

Q5.1.1.

Please describe *what changes* you plan to make in your program as a result of your assessment of this PLO. Include a description of how you plan to assess the impact of these changes.

The faculty and Clinic Coordinator will review the results of any remediation plans developed that are aligned to the Clinical Competency forms at the fall 2016 faculty retreat to determine their effectiveness. To date, I can report that three plans were written in 2015-16. These students successfully passed the clinical course for which the plan was written. The competencies, when coupled with the standardized remediation plan, appear to be providing support to students in the acquisition of clinical competency in areas essential for independent practice as a speech-language pathologist, but particularly to those who may be having a difficult time demonstrating competency in specific areas requiring advanced skill sets that require synthesis and application of previously learned information. Reviewing clinical skill development in this manner will continue to provide opportunities for students and Clinical Instructors to set goals for improvement earlier in the clinical sequence and earlier in specific semesters. The faculty will continue to review the results of the remediation plans developed to assess the impact of these changes in our students educational plans and to determine their effectiveness and to note methodologies that may be of support future students and Clinical Instructors when a student is demonstrating difficulty in specific areas of clinical skill.

Learning Outcome questions 10 (Critical thinking/standard scores), 16 (Critical thinking/Autism), 17 (Critical Thinking/Hearing), and 20 (Critical Thinking/fluency) require further analysis to determine if the questions need further development to improve the validity of this measure or if curricular modifications or enhancements are appropriate. The faculty will review the overall results from the Learning Outcomes Assessment, paying particular attention to these questions, at our fall faculty retreat. We will assess the impact of these changes as part of our ongoing cycle of review and revision to this annual measure.

We will continue to monitor *Praxis* scores to ensure that our students are graduating from our program possessing knowledge that is considered by national and state agencies to be essential for contemporary independent practice as a speech-language pathologist in all primary employment settings. Dr. Roseberry-McKibbin, a member of our Curriculum Committee, will continue to address faculty on the creation of academic experiences that prepare students for the critical thinking required to pass the newest version of the *Praxis* exam. We will adjust curriculum, culminating experience, and Learning Outcomes Assessment expectations to support students' preparation for the new version of the exam and following our biannual discussion on the topic at our faculty retreat in fall 2016.

Articulation across the curriculum with the Curriculum Committee's guidance will continue related to the topics of Autism Spectrum Disorder (ASD). A goal for next year is to do a service learning opportunity to provide experience for our students in working with clients with autism. The students will be working in a group with a client with ASD. Students will be required to determine communication strategies to facilitate communication for the child with ASD. Observations in the field will help students have a better understanding of treatment ideas and goals and improve critical thinking across cohorts as information is shared in clinical methods courses. We will assess the impact of these changes through our related questions on the Learning Outcomes Assessment and through ongoing feedback from our Community Advisory Committee.

Q5.1.2.

Do you have a plan to assess the *impact of the changes* that you anticipate making?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know

Q5.2.

How have the assessment data from the last annual assessment been used so far? **[Check all that apply]**

	1. Very Much	2. Quite a Bit	3. Some	4. Not at All	5. N/A
1. Improving specific courses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Modifying curriculum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Improving advising and mentoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Revising learning outcomes/goals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Revising rubrics and/or expectations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Developing/updating assessment plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Annual assessment reports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Program review	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Prospective student and family information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Alumni communication	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. WSCUC accreditation (regional accreditation)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Program accreditation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. External accountability reporting requirement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Trustee/Governing Board deliberations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15. Strategic planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. Institutional benchmarking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17. Academic policy development or modifications	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Institutional improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. Resource allocation and budgeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
20. New faculty hiring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Professional development for faculty and staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Recruitment of new students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

23. Other, specify:

Q5.2.1.

Please provide a detailed example of how you used the assessment data above:

The feedback from last year's assessment report helped us begin to better align our annual assessment to our PLOs. We also realized that we needed to update our Assessment Plans. The plans, along with curriculum maps, were successfully updated and have been submitted to the Office of Program Assessment at Sacramento State.

We added new questions in key areas to our Learning Outcomes Assessment as a result of the analysis of data for last year's report because it was clear that we were not assessing the following PLO ASHA areas: A (culture), C2, C5, C6, C9. Questions were added in these areas. We also added new questions in key areas as a result of the assessment data in the report that indicated areas needed more curricular focus: AAC, audiology, and aural rehabilitation. All questions were coded according to which of our 10 PLOs they assess, which of the ASHA Learning outcomes they address, and whether they assess Basic Knowledge or Critical Thinking. The learning assessment results are reviewed each year at our fall faculty retreat when an item analysis is conducted. This item analysis allows us to see our students' mastery of each element of the PLO. The assessment is adjusted annually as needed in order to assess areas of perceived need that may also require pedagogical emphasis.

We also adjusted our culminating experience comprehensive exam question to support students' preparation for the new version of the *Praxis* exam following a robust discussion on the topic at our faculty retreat in fall 2015. In the spirit of the exam, specific questions were designed to highlight critical thinking through the presentation of case studies. Students are required to provide written responses to these questions on the Comprehensive Exam.

We have continued our emphasis on undergraduate audiology mentoring and tracking. In fact, our National Student Speech-Language Hearing Association (NSSLHA) Chapter has developed a focus group for students emphasizing Audiology in our program and we have initiated an annual Audiology orientation for junior-level students who want to investigate the possibility of a career in the field. The event is attended by all of our Audiology part-time faculty and led by the department chair. We have also continued to focus on the development of our adult language disorders strand with didactic instruction spanning the undergraduate and graduate programs. Our program also includes a plethora of opportunities for volunteer work with adult populations at the undergraduate level and required clinical practicum at the graduate level. We have further developed our instruction and opportunities in the areas of AAC and Interprofessional Education (IPE). A specific AAC strand, which moves from undergraduate and graduate educational experiences for all students to specific internship experiences for students interested in pursuing AAC as a specialty, has been developed. Interprofessional education is regularly conducted at the graduate level with the department of Nursing in the area of dysphagia and one of our faculty members has been instrumental in the design and approval of an Interprofessional Education Center on campus that will be developed in the next years and will involve the departments of Nursing, Social Work, Speech Pathology and Audiology, and Physical

(Remember: Save your progress)

Additional Assessment Activities

Q6.

Many academic units have collected assessment data on aspect of their program *that are not related to the PLOs* (i.e. impacts of an advising center, etc.). If your program/academic unit has collected data on program *elements*, please briefly report your results here:

We also measured:

Question 1: PLO1 Writing

Students will communicate effectively in writing in the following formats, genres, and styles of writing used in communication sciences and disorders:

- • Grammar
- • Clinical Report Writing
- • Written Treatment Plans
- • Research Literature Reviews
- • Self-Evaluation of Clinical Skills
- • Professional Letter Writing

Question 2/3/4 Standard of Performance/Data, Findings, and Conclusions

A triangulation of the data collected through both direct and indirect measures indicates that our students are exceeding our overall program standards for this PLO1 (See below). One Direct Measure, our Learning Outcomes Assessment, does provide an opportunity for discussions across our curriculum with regard to specific topics that may require curricular emphasis.

Direct Methods

1. Graduate Intensive Writing Course (CSAD 242A): 90% of students will earn a grade of B- or better on specific assignments and an overall course grade of B (Standard of Performance Exceeded)

In Fall 2015, 18 students (all first-semester clinic students) were enrolled in the class. 100% of them met the standard of performance above: 10 students obtained a grade of A and 8 students obtained a grade of A-. All students demonstrated competency on the specific assignments by earning a grade of B- or higher.

In Spring 2016, 17 students (all first-semester clinic students) were enrolled in the course. 100% of them met the standard of performance above: 15 students obtained an A and 2 students obtained an A-. All students demonstrated competency on the specific assignments by earning a grade of B- or higher.

*2. Clinical Competencies: 90% of students will earn an average rating of 80 or better for the **writing** competency category in all of their clinical courses. No individual line item score of 59 or less (Program Standard Met)*

In both fall and spring, all students enrolled in all of our clinics met the program standard above.

Indirect Methods

1. National Praxis Exam: 90% of students will score 162 or higher (Standard of Performance Exceeded)

93% of students taking the *Praxis* exam in 2015-16 passed it on the first attempt. Our goal is for 90% of students to pass the exam.

2. Student Survey Feedback (Feedback Exceeds Expectations)

This year, we conducted our Brief Clinical Experience Survey. The results indicate that the majority of students report (100% in the “agree” or “strongly agree” categories) that they feel they have been well prepared with theory and knowledge prior to associated clinical experiences. They feel they have the tools to be successful in clinical

 No file attached No file attached**Q7.**What PLO(s) do you plan to assess next year? **[Check all that apply]**

- ☐ 1. Critical Thinking
- ☐ 2. Information Literacy
- ☐ 3. Written Communication
- ☐ 4. Oral Communication
- ☐ 5. Quantitative Literacy
- ☐ 6. Inquiry and Analysis
- ☐ 7. Creative Thinking
- ☐ 8. Reading
- ☐ 9. Team Work
- ☐ 10. Problem Solving
- ☐ 11. Civic Knowledge and Engagement
- ☐ 12. Intercultural Knowledge and Competency
- ☐ 13. Ethical Reasoning
- ☐ 14. Foundations and Skills for Lifelong Learning
- ☐ 15. Global Learning
- ☐ 16. Integrative and Applied Learning
- ☐ 17. Overall Competencies for GE Knowledge
- ☒ 18. Overall Competencies in the Major/Discipline
- ☐ 19. Other, specify any PLOs not included above:

a.

b.

c.

Q8. Please attach any additional files here: No file attached No file attached No file attached No file attached**Q8.1.**

Have you attached any files to this form? If yes, please list every attached file here:

2016 learning_outcome_assesment_questionairre key.docx

Clinical Competency Example.xlsx

Departmental Assessment Plan MS and Credential.docx (Curriculum Map embedded in document)

Program Information (Required)

P1.

Program/Concentration Name(s): [by degree]

BS Speech Pathology & Audiology

P1.1.

Program/Concentration Name(s): [by department]

Speech Pathology & Audiology BS

P2.

Report Author(s):

Robert Pieretti, Ph.D., CCC-SLP

P2.1.

Department Chair/Program Director:

Robert Pieretti, Ph.D., CCC-SLP

P2.2.

Assessment Coordinator:

Robert Pieretti, Ph.D., CCC-SLP

P3.

Department/Division/Program of Academic Unit

Speech Pathology & Audio.

P4.

College:

College of Health & Human Services

P5.

Total enrollment for Academic Unit during assessment semester (see Departmental Fact Book):

Undergraduate: 330 Second
Bachelor's 31 Graduate: 84

P6.

Program Type:

- ☐ 1. Undergraduate baccalaureate major
- ☐ 2. Credential
- ☐ 3. Master's Degree
- ☐ 4. Doctorate (Ph.D./Ed.D./Ed.S./D.P.T./etc.)
- ☒ 5. Other, specify: MS and Credential. The Programs are identical. Earning the MS qualifies students for c...

P7. Number of undergraduate degree programs the academic unit has?

2

P7.1. List all the names:

Speech Pathology & Audiology

Second Bachelors of Science in Speech Pathology & Audiology (SBSSPA)

P7.2. How many concentrations appear on the diploma for this undergraduate program?

0

P8. Number of **master's degree programs** the academic unit has?

1

P8.1. List all the names:

Speech Pathology

P8.2. How many concentrations appear on the diploma for this master's program?

0

P9. Number of **credential programs** the academic unit has?

1

P9.1. List all the names:

Speech Pathology Services Credential with or without Special Class Authorization

P10. Number of **doctorate degree programs** the academic unit has?

0

P10.1. List all the names:

When was your assessment plan ...	1. Before 2010-11	2. 2011-12	3. 2012-13	4. 2013-14	5. 2014-15	6. No Plan	7. Don't know
P11. developed?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P11.1. last updated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

P11.3.Please attach your latest **assessment plan**:

Departmental Assessment Plan MS and Credential.docx
40.08 KB

P12.Has your program developed a **curriculum map**?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know

P12.1.Please attach your latest **curriculum map**:

Departmental Assessment Plan MS and Credential.docx
40.08 KB

P13.Has your program indicated in the curriculum map where assessment **of student learning** occurs?

- ☒ 1. Yes
☐ 2. No
☐ 3. Don't know

P14.

Does your program have a capstone class?

- ☐ 1. Yes, indicate:
- ☒ 2. No
☐ 3. Don't know

P14.1.Does your program have **any** capstone project?

- ☐ 1. Yes
☒ 2. No
☐ 3. Don't know

(**Remember:** Save your progress)

CALIPSO Clinical Performance Evaluation Form

Speech 1

Student	Example Student
Clinical Instructor	Example Clinician
Semester & Year	Spring 2015

A passing grade (for clinic that is a B-/80% or higher) can be obtained by achieving an average rating of 80 or better for each of the 4 general competency categories. Any student receiving a rating of 59 or less on any specific item or 79 or less for a competency category will not pass the clinic.
Note: All lines must be scored

Assessment/Evaluation		Grade Period	
	Enter a grade between 0 and 100 for each competency.	Midterm	Final
1	Collects case history information and integrates information from clients and/or relevant others.	1	1
2	Selects appropriate evaluation instruments/procedures.	1	1
3	Reviews and practices the selected test sufficiently enough to administer and scores diagnostic tests correctly.	1	1
4	Adapts evaluation procedures to meet client/patient needs.	1	1
5	Clinician effectively manages client behavior during testing.	1	1
6	Obtains a speech sample and analyses it appropriately.	1	1
7	Demonstrates knowledge of etiologies and characteristics of the communication disorder.	1	1
8	Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses.	1	1
9	Makes appropriate recommendations for intervention.	1	1
10	Reviews data from the beginning of the treatment period and compares to end of semester data in an objective manner.	1	1
Total Score		10	10
Total Competencies Scored		10	10
Average		1	1
Highest Score		1	1
Lowest Score		1	1

CLINIC FAILED:
Score 59 or less
CLINIC FAILED:
Score 59 or less
CLINIC FAILED:
Average 79 or less
CLINIC FAILED:
Average 79 or less

Category Comments
Enter comments in this box. It should auto wrap, however if not, place cursor over the line between rows on the left sided of the screen. Once you see the cross hairs, click and drag the row down to expand.

Midterm

Final

Student Example Student

Clinical Instructor Example Clinician

Semester & Year Spring 2015

A passing grade (for clinic that is a B-/80% or higher) can be obtained by achieving an average rating of 80 or better for each of the 4 general competency categories. Any student receiving a rating of 59 or less on any specific item or 79 or less for a competency category will not pass the clinic.
Note: All lines must be scored

Treatment/Intervention		Grade Period	
	Enter a grade between 0 and 100 for each competency.	Midterm	Final
1	Reviews textbooks, course notes, and assessment and treatment methods to prepare for this clinic.	1	1
2	With Clinical Instructor guidance, develops appropriate and measurable semester goals that are based on the assessment results and observations.	1	1
3	Identifies and uses materials that are motivating to the client and achieve the treatment objectives.	1	1
4	Implements intervention plans that involve clients and relevant others in the intervention process.	1	1
5	Provides appropriate introduction/explanation of tasks.	1	1
6	Uses appropriate models, prompts or cues. Allows time for patient response.	1	1
7	Provides the client with immediate and specific feedback as to the accuracy of client responses.	1	1
8	Modifies intervention plans, strategies, materials, or instrumentation to meet client needs.	1	1
9	Reliably and regularly takes accurate data in order to measure client progress.	1	1
10	Identifies and refers clients for services as appropriate.	1	1
Total Score		10	10
Total Competencies Scored		10	10
Average		1	1
Highest Score		1	1
Lowest Score		1	1

CLINIC FAILED:
Score 59 or less

CLINIC FAILED:
Score 59 or less

CLINIC FAILED:
Average 79 or less

CLINIC FAILED:
Average 79 or less

Midterm

Final

Category Comments

Enter comments in this box. It should auto wrap, however if not, place cursor over the line between rows on the left sided of the screen. Once you see the cross hairs, click and drag the row down to expand.

Student	Example Student
Clinical Instructor	Example Clinician
Semester & Year	Spring 2015

A passing grade (for clinic that is a B-/80% or higher) can be obtained by achieving an average rating of 80 or better for each of the 4 general competency categories. Any student receiving a rating of 59 or less on any specific item or 79 or less for a competency category will not pass the clinic.
Note: All lines must be scored

Writing		Grade Period	
	Enter a grade between 0 and 100 for each competency.	Midterm	Final
1	Edits to ensure documentation is free of errors in sentence structure, grammar, spelling, punctuation and capitalization.	1	1
2	Written work adheres to the appropriate format and is coherent and appropriate for the defined audience.	1	1
3	Summarizes the test results, takes into account the historical information and develops a written diagnostic statement that describes the speech/language/hearing problem(s) being addressed.	1	1
4	Writes goals and objectives that address the area of need/baseline and are S.M.A.R.T. (specific, measureable, attainable, results-oriented and timely.)	1	1
5	Understands the difference between written semester goal and daily objectives.	1	1
6	Displays effective written communication in all professional writing.	1	1
7	Demonstrates appropriate writing style by selecting the appropriate tone, sentence length, phrasing and use of professional terminology.	1	1
8	Assesses his/her own writing and develops strategies for addressing weaknesses.	1	1
9	Completes daily Therapy Log, lesson plans, SOAP notes in a timely manner. Reports and subsequent drafts are completed according to established deadlines.	1	1
10	Clearly documents the progress a client has made or lack thereof. Includes a discussion of the barriers to greater success/progress in the Final Case Report.	1	1
Total Score		10	10
Total Competencies Scored		10	10
Average		1	1
Highest Score		1	1
Lowest Score		1	1

Score 59 or less
CLINIC FAILED:
Average 79 or less

Score 59 or less
CLINIC FAILED:
Average 79 or less

Midterm	Category Comments
	Enter comments in this box. It should auto wrap, however if not, place cursor over the line between rows on the left sided of the screen. Once you see the cross hairs, click and drag the row down to expand.
Final	

Student	Example Student
Clinical Instructor	Example Clinician
Semester & Year	Spring 2015

A passing grade (for clinic that is a B-/80% or higher) can be obtained by achieving an average rating of 80 or better for each of the 4 general competency categories. Any student receiving a rating of 59 or less on any specific item or 79 or less for a competency category will not pass the clinic.

Note: All lines must be scored

Professional Behavior/Preparedness, Interaction and Personal Qualities		Grade Period	
	Enter a grade between 0 and 100 for each competency.	Midterm	Final
1	Attends all weekly conferences with the Clinical Instructor and discusses foundation for basic human communication disorders associated with clinic.	1	1
2	Is prepared to discuss all department forms coherently, effectively and submits them promptly.	1	1
3	Asks for help when appropriate.	1	1
4	Reviews books, research articles and lecture notes pertinent to ensure adherence to evidence-based clinical practices.	1	1
5	Possesses knowledge of contemporary professional issues and advocacy (includes trends in professional practice, and ASHA practice policies and guidelines.	1	1
6	Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client, family, caregiver, and relevant others.	1	1
7	Establishes an effective therapeutic relationship with the client and caregivers (i.e. emotionally-safe, promotes fairness, respect and supports productive treatment sessions.)	1	1
8	Implements advice/guidelines/recommendations of the Clinical Instructor promptly.	1	1
9	Reviews Clinical Instructor's session comments, initials them and responds as appropriate.	1	1
10	Provides counseling regarding communication disorders to clients, family, caregivers, and relevant others.	1	1
11	Collaborates with other professionals in case management.	1	1
12	Displays effective communication with client, family, or other professionals, to clearly and professionally communicate the goal and the desired behaviors for each goal to the client and/or caregiver, and to discuss progress or lack thereof.	1	1
13	Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner.	1	1
14	Complies with the department dress code.	1	1
15	Notifies the Clinical Instructor of any client or clinician absences, per department and clinic policies.	1	1
16	Is prompt with the initiation of and termination of each therapy session.	1	1
17	Sufficient preparation has been given to each session.	1	1
18	Maintains client confidentiality and complies with HIPAA regulations.	1	1
19	Maintains awareness of and complies with department and clinic policies.	1	1
Total Score		19	19
Total Competencies Scored		19	19
Average		1	1
Highest Score		1	1
Lowest Score		1	1

CLINIC FAILED:
Score 59 or less

CLINIC FAILED:
Score 59 or less

CLINIC FAILED:
Average 79 or less

CLINIC FAILED:
Average 79 or less

Category Comments
Enter comments in this box. It should auto wrap, however if not, place cursor over the line between rows on the left sided of the screen. Once you see the cross hairs, click and drag the row down to expand.

Midterm

--

Final

Student

Clinical Instructor

Semester & Year

	Overall Comments
Midterm	<div>Enter comments in this box. It should auto wrap, however if not, place cursor over the line between rows on the left sided of the screen. Once you see the cross hairs, click and drag the row down to expand.</div>
Final	

Remediation Plan

CALIPSO Clinical Performance Evaluation Form

Speech 1

Student	Example Student
Clinical Instructor	Example Clinician
Semester & Year	Spring 2015

A passing grade (for clinic that is a B-/80% or higher) can be obtained by achieving an average rating of 80 or better for each of the 4 general competency categories. Any student receiving a rating of 59 or less on any specific item or 79 or less for a competency category will not pass the clinic.

	Grade Period	
	Midterm	Final
Assessment/Evaluation	1	1
Treatment/Intervention	1	1
Writing	1	1
Professional Behavior/Preparedness, Interaction and Personal Qualities	1	1

Total Score	49	49
Total Competencies Scored	49	49
Average	1	1
Highest Score	1	1
Lowest Score	1	1
Any Line Item 59 or less?	CLINIC FAILED: Score 59 or less	CLINIC FAILED: Score 59 or less
Any Category 79 or less?	CLINIC FAILED: Average 79 or less	CLINIC FAILED: Average 79 or less

DESCRIPTION	SCORE	GRADE
Exceeds Performance Expectations (Minimum assistance required) <ul style="list-style-type: none"> Clinical skill/behavior well-developed, consistently demonstrated, and effectively implemented Demonstrates creative problem solving Clinical Instructor consults and provides guidance on ideas initiated by student 	93 – 100%	A
	90 – 92%	A-
Meets Performance Expectations (Minimum to moderate assistance required) <ul style="list-style-type: none"> Clinical skill/behavior is developed/implemented most of the time, but needs continued refinement or consistency Student can problem solve and self-evaluate adequately in-session Clinical Instructor acts as a collaborator to plan and suggest possible alternatives 	87 – 89%	B+
	83 – 86%	B
	80-82%	B-
Needs Improvement in Performance (Moderate assistance required) <ul style="list-style-type: none"> Inconsistently demonstrates clinical skill/behavior Student's efforts to modify performance result in varying degrees of success Moderate and ongoing direction and/or support from Clinical Instructor required to perform effectively 	77 – 79%	C+
	73 – 76%	C
	70 – 72%	C-

Needs Significant Improvement in Performance (Maximum assistance required)	67 – 69%	D+
<ul style="list-style-type: none"> · Clinical skill/behavior is beginning to emerge, but is inconsistent or inadequate · Student is aware of need to modify behavior, but is unsure of how to do so · Maximum amount of direction and support from clinical Supervisor required to perform effectively. 		
	63 – 66%	D
	60 – 62%	D-
Unacceptable Performance (Maximum assistance is not effective)	0 – 59%	F
<ul style="list-style-type: none"> · Clinical skill/behavior is not evident most of the time · Student is unaware of need to modify behavior and requires ongoing direct instruction from Clinical Instructor to do so · Specific direction from Clinical Instructor does not alter unsatisfactory performance 		

Signature of Student

Date

Signature of Clinical Instructor

Date

Department of Speech Pathology & Audiology 2016 Learning Outcome Assessment

Course & Section: _____

Please circle one response for each question

Academic Level

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Sophomore b. Junior c. Senior d. Other Undergraduate e. 2nd Bachelor's Degree | <ul style="list-style-type: none"> f. Clinical/Classified -1st semester g. Clinical/Classified - 2nd semester h. Clinical/Classified Grad-3rd Semester i. Clinical/Classified Grad- 4th Semester j. Other Graduate |
|---|---|

1. CT: The focus of a research study is to determine how cognition is impacted by meditation exercises. Clients will participate in meditation exercises and cognition will be measured to determine if meditation impacts performance on language and cognition. The independent variable in this study is _____ and the dependent variable is _____.
 - a. Relaxation, number of clients
 - b. Meditation, cognition**
 - c. Cognition, meditation
 - d. Measures of client independent participation, measures of clients need to support

2. BK: A child with a language impairment tells you about her weekend. She says things like "We eated food," "my kitty meow at me," and "the doggy bark at my 3 friend." This child has difficulty with which specific domain of language?
 - a. Phonology
 - b. Morphology**
 - c. Syntax
 - d. Semantics
 - e. Pragmatics

3. BK: Prior to surgery, which system would be primarily impaired if a child had a cleft palate?
 - a. Phonology
 - b. Semantics
 - c. Syntax
 - d. Resonance**
 - e. Fluency/stuttering
 - f. Both a and d

4. BK: The essential difference between speech and language is
 - a. Speech is communication, language is ideas
 - b. Speech is physical/motor, language is symbolic representation**
 - c. Language is communication, speech is organized
 - d. Language is learned, speech is innate.

The CELF-5 has a mean of 100 and a Standard Deviation of 15. Scores within one standard deviation of the mean are considered to be in the "average" range. Gina received the following standard scores on the test: Receptive Language Index 70, Expressive Language Index 80, Core Language Score 75. Please complete the following (Questions 5, 6 & 7):

5. BK: In most public agencies, Gina must score at or below _____ standard deviations below the mean (or below the 7th percentile) on two "measures."
 - a. 1.5**
 - b. 3
 - c. 2
 - d. 4

6. CT: What is the corresponding qualifying standard score for the CELF-5?
 - a. 90
 - b. 70
 - c. 78**
 - d. 85

7. CT: If we consider each of Gina's scores listed above to be one "measure," would Gina qualify for language services based on her test results? (circle one): **Y**/N

8. BK: The maximum amount of air in the lungs after inhaling as much air as possible is referred to as the:
 - a. residual volume
 - b. vital capacity
 - c. resting expiratory level
 - d. expiratory reserve capacity

9. BK: The first step necessary before the vocal folds can be set into vibration is to:
 - a. adduct the vocal folds
 - b. abduct the vocal folds
 - c. allow the recoil forces of the vocal fold tissues to pull them apart
 - d. allow the inertia from the supraglottal column of air to increase subglottal pressure

10. CT: A public school SLP is assessing the skills of Justin, a 10-year old boy who was referred for a possible language disorder. The teacher is concerned because "Justin just can't write a story with all the events in correct order." After the SLP is finished administering a formal test, the Yarrow Achievement Written Narrative (YAWN) test, she finds that Justin's overall score is at the 25th percentile rank. This means that:
 - a. Out of 100 children, 75 did better than Justin on the YAWN and 25 children did worse
 - b. 75% of the children in the YAWN's normative sample performed better than Justin
 - c. 75% of the children in the YAWN's normative sample performed about the same as Justin did, but they scored 4-5 higher on the test overall
 - d. Justin scored about the same as 75% of fifth graders in the YAWN's normative sample
 - e. Justin scored 25 points lower than the average fifth grader in the YAWN's normative sample

11. BK: The definition of Standard Deviation is:
 - a. A measure of variability or diversity used to show how much variation exists from the average
 - b. When a criterion has been set in order to determine if an individual's score is normal, less than normal, or non-normal.
 - c. It is used to rank an individual's score in comparison to other individuals' scores.

12. BK: What are the clinical red flags that would that would help you differentiate apraxia and dysarthria in a client?
 - a. Error consistency & respiratory problems
 - b. Error consistency & weakness
 - c. Hypernasality & phonation difficulties
 - d. Onset of diagnosis & rate of progression

13. BK: Traumatic brain injury (TBI) often results in cognitive-linguistic deficits and most frequently involve:
 - a. Slow and insidious confabulation and disorientation
 - b. Primary progressive aphasia
 - c. Oropharyngeal dysphagia
 - d. Diffuse axonal injury

14. CT: An individual presenting with sudden onset left hemiparesis and moderate-severe oral-stage dysphagia is likely to also be diagnosed with:
 - a. Left hemisphere CVA, aphasia and moderate apraxia of speech
 - b. Left hemisphere CVA, mild dysarthria
 - c. Right hemisphere CVA , impulsivity and flat affect
 - d. Right hemisphere CVA, aphasia and minimal apraxia of speech

15. CT: For children diagnosed with Autism Spectrum Disorder, which of the following areas of social communication would apply?
- I. Deficits in social-emotional reciprocity.
 - II. Deficits in nonverbal communicative behaviors used for social interaction.
 - III. Deficits in developing, maintaining and understanding relationships.
 - IV. Deficits in attention, learning and memory.
- a. I, III, IV
 - b. II, III, IV
 - c. I, II, III
 - d. All of the above
16. CT: A diagnosis of Autism Spectrum Disorder contains elements of the following, EXCEPT:
- a. Persistent deficits in social communication and social interactions
 - b. Restricted, repetitive patterns of behavior, interests, or activities
 - c. Symptoms present from 2 years of age
 - d. Symptoms cause clinically significant impairment in occupational functioning
17. CT: John recently began wearing hearing aids, following the identification of a moderate-severe hearing loss. He and his wife, Marie, are about to attend a workshop to learn about John's hearing aids. The following topics should be included as part of a course for new hearing aid wearers, EXCEPT:
- a. Problems associated with understanding speech in noise
 - b. Assertiveness
 - c. Hearing aid use and care
 - d. Listening and repair strategies
 - e. None of the above
18. BK: What are the physical properties of sound?
- a. Vibrating source, medium, audible
 - b. Frequency, duration, amplitude
 - c. Intensity, frequency, amplitude
 - d. Force, inertia, velocity
19. CT: A patient comes for an evaluation and therapy after being diagnosed w/ right-sided base of tongue cancer and 16 sessions of radiation therapy. What primary deficit(s) might you expect to find & what phase(s) of swallowing might it mostly affect?
- a. Lymphedema affecting the pharyngeal and esophageal phase.
 - b. Fibrosis with decreased lingual range of motion, trismus, xerostomia affecting the oral preparatory phase.
 - c. GERD affecting the pharyngeal phase of swallowing.
 - d. Aerophagia affecting the oral transit phase.
20. CT: Your client is a person who stutters with blocks and prolongations being the most frequent core disfluencies. These disfluencies are produced with a lot of tension and last for several seconds when they occur. Which would probably be the best technique to teach from Stuttering Modification therapy?
- a. Easy onset
 - b. Soft contact
 - c. Bounce
 - d. Continuous phonation

21. CT: Your 32-year-old voice client is a professional who has to talk a lot at her job. She is also a very social person who frequently goes out with friends at night to clubs and bars where a band is playing. She has a cocktail or two when she's out and admits to talking pretty loud when she's "partying". Her voice has been hoarse for a several weeks and it's getting hard for her to talk at work. She says her voice feels tired but not sore and she has no sense of globus. She is otherwise in very good health and has not been ill. What do you suspect her diagnosis is going to be?
- a. Polyps
 - b. Nodules
 - c. Laryngeal cancer
 - d. Leukoplakia
22. CT: You are serving a child from a non-mainstream cultural background. Jose's parents have immigrated from Mexico, and are experiencing poverty in the U.S. because they do not speak English and have had very little formal schooling. Fluent Spanish is spoken in the home. Jose comes to kindergarten at age 5 with no preschool experience. He speaks only Spanish. In December of his kindergarten year, his teacher refers him for a speech-language evaluation. She is concerned because she thinks he might have a language impairment and that he needs therapy. Which of the following might be impacting Jose's classroom performance that are NOT signs of a language impairment?
- a. Coming from a background of poverty
 - b. Grammatical errors in English directly due to the influence of Spanish in the home
 - c. Making sound substitutions in English that are directly due to the influence of Spanish in the home (e.g., saying "berry" instead of "very")
 - d. A, B
 - e. A, B, C
23. BK: As an SLP, if I complete a functional behavioral assessment (FBA) and using the results, I alter the environment of a child with complex communication needs (CCN) who is a beginning communicator, I am following the:
- a. Principle of Functional Equivalence
 - b. Principle of Goodness-of-Fit
 - c. Principle of Efficient and Effective Manner

Departmental Assessment Plan Department of Speech Pathology and Audiology

**MASTER OF SCIENCE: COMMUNICATION SCIENCES AND DISORDERS
CREDENTIAL: SPEECH-LANGUAGE PATHOLOGY SERVICES**

Note: Degree title will change from “Speech Pathology” to “Communication Sciences and Disorders” for cohorts entering the program in Fall 2016

Posted: **Spring 2016**

ASSESSMENT PLAN

MASTER OF SCIENCE: COMMUNICATION SCIENCES AND DISORDERS CREDENTIAL: SPEECH-LANGUAGE PATHOLOGY SERVICES

Mission Statement: Our mission is to train competent professionals in speech-language pathology and audiology with an appropriate scientific background, clinical skill, and an appreciation for the need to continue learning beyond formal academic training.

Strategic goals:

- Encourage innovative teaching, research opportunities, and scholarly activities
- Enhance community partnerships
- Provide quality academic and clinical training
- Support student success

I. Program Learning Outcomes

Our program is held to strict accreditation standards and required annual reporting as set forth by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). The accreditation standards are directly related to the knowledge and skills outcomes required of students applying for national certification through ASHA.

The ASHA accreditation standards, which resonate with most, if not all, of the Sacramento State Program Learning Outcome areas, can be found at: <http://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>

The 2014 ASHA certification standards can be found at: <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

The Master's Degree program and the Credential program are identical. Earning the Master's Degree equates to earning the Credential.

Upon completion of the graduate program, graduate students in Communication Sciences and Disorders will demonstrate expertise in and a deep understanding of advanced theories and methodology in our field. They are expected to apply these acquired knowledge and skill sets in order to effectively assess and treat clients and effectively document their work in both oral and written forms. The following learning goals and outcomes, which are measured regularly, are aligned with the missions of the university and the department and our accrediting body, ASHA.

	Graduate Program Learning Goals (PLGs)	Program Learning Outcome (PLOs)	Method of Data Collection
1	<p>Written Communication</p> <p>ASHA Skills Standard V-A</p>	<p>Students will communicate effectively in writing in the following formats, genres, and styles of writing used in communication sciences and disorders:</p> <ul style="list-style-type: none"> • Grammar • Clinical Report Writing • Written Treatment Plans • Research Literature Reviews • Self-Evaluation of Clinical Skills • Professional Letter Writing 	<p>Direct Methods/Standard of Performance</p> <ul style="list-style-type: none"> • Graduate Intensive Writing Course (CSAD 242A): 90% of students will earn a grade of B- or better on specific assignments and an overall course grade of B • Clinical Competencies: 90% of students will earn an average rating of 80 or better for the writing competency category with no individual line item score of 59 or less in all of their clinic coursework <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
2	<p>Critical Thinking</p> <p>ASHA Skills Standard V-B</p>	<p>To demonstrate skills in the areas set forth by the American Speech-Language Hearing Association (ASHA) (2014).</p> <p>Students will demonstrate clinical competence in the areas of Writing, Assessment (Evaluation), Treatment (Intervention), and Professional Behavior (Interaction and Personal Qualities) for required clinical and internship experiences in order to demonstrate skills across the nine major areas delineated by ASHA:</p> <ol style="list-style-type: none"> 1) Articulation 2) Fluency 	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> • Clinical Competencies: 90% of students will earn an average rating of 80 or better for each of the 4 general competency categories with no individual line item score of 59 or less in all of their clinic coursework • Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better • Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the critical thinking questions correctly. Note: 83% equates to a cohort grade of B

		<p>3) Voice and Resonance, including respiration and phonation</p> <p>4) Receptive and Expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, and writing</p> <p>5) Hearing, including the impact on speech and language</p> <p>6) Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)</p> <p>7) Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</p> <p>8) Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)</p> <p>9) Augmentative and alternative communication (AAC) modalities</p>	<p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> National <i>Praxis</i> Exam: 90% of students will score 162 or higher Positive Alumni, Employer, and Student Survey Feedback Positive Biannual Advisory Committee Meeting Feedback
3	<p>Overall Competencies in the Major</p> <p>ASHA Knowledge Standard IV-C</p>	<p>To demonstrate knowledge in the areas set forth by the American Speech-Language Hearing Association (ASHA) (2014).</p> <p>Students will demonstrate knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in order to demonstrate knowledge across the nine major areas delineated by ASHA:</p>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> Clinical Competencies: 90% of students will earn an average rating of 80 or better for each of the 4 general competency categories with no individual line item score of 59 or less in all of their clinic coursework Clinical Methods Coursework 90% of students will pass all associated Methods Courses with a grade of B or better Learning Outcomes Assessment: By the fourth semester, 83% of students

		<p>1) Articulation</p> <p>2) Fluency</p> <p>3) Voice and Resonance, including respiration and phonation</p> <p>4) Receptive and Expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, and writing</p> <p>5) Hearing, including the impact on speech and language</p> <p>6) Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)</p> <p>7) Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</p> <p>8) Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)</p> <p>9) Augmentative and alternative communication (AAC) modalities</p>	<p>will answer each of the <u>basic knowledge</u> questions correctly</p> <ul style="list-style-type: none"> • Didactic Coursework: Pass all didactic (non-clinical) coursework with a grade of B or better <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
4	<p>Overall Competencies in the Major</p> <p>ASHA Knowledge Standard IV-A</p>	<p>Students will demonstrate knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences</p>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> • Learning Outcomes Assessment: By the fourth semester, 90% of students will answer 90% of the <u>IV-A</u> related questions correctly • Pre-major requirements: Upon admission to the program 100% of students will have successfully completed the following pre-major coursework: <i>Human Development</i>

			<p><i>Lifespan; Introduction to Psychology; Introduction to Statistics; Introduction to Sign Language</i></p> <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
5	<p>Overall Competencies in the Major</p> <p>ASHA Knowledge Standard IV-B</p>	<p>Students will demonstrate knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the lifespan.</p>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> • Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the IV-B related questions correctly • Clinical Competencies: 90% of students will earn an average rating of 80 or better in the assessment and treatment competency categories with no individual line item score of 59 or less in all of their clinic coursework • Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better • Didactic Coursework: 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
6	<p>Overall Competencies in the</p>	<p>Students will demonstrate, for each of the areas specified in Standard IV-</p>	<p>Direct Methods/Standards of Performance</p>

	<p>Major/Intercultural knowledge and Competency</p> <p>ASHA Knowledge Standard IV-D</p>	<p>C, current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.</p>	<ul style="list-style-type: none"> • Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the IV-D related questions correctly • Clinical Competencies: 90% of students will earn an average rating of 80 or better in the assessment and treatment competency categories with no individual line item score of 59 or less in all of their clinic coursework • Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better • Didactic Coursework: 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
7	<p>Ethical Reasoning</p> <p>ASHA Knowledge Standard IV-E</p>	<p>Students will demonstrate knowledge of standards of ethical conduct</p>	<p>Direct Methods/Standard of Performance</p> <ul style="list-style-type: none"> • Clinical Competencies: 90% of students will earn an average rating of 80 or better in the Professional Behavior competency categories with no individual line item score of 59 or less in all of their clinic coursework • Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better <p>Indirect Methods</p>

			<ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
8	Inquiry and Analysis ASHA Knowledge Standard IV-F	Students will demonstrate knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice	<p>Direct Methods/Standard of Performance</p> <ul style="list-style-type: none"> • Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the IV-F related questions correctly • Upon admission to the program 100% of students will have successfully completed a course in research methodology with a grade of C or better <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
9	Overall Competencies in the Major ASHA Knowledge Standard IV-G	Students will demonstrate knowledge of contemporary professional issues	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> • Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the IV-G related questions correctly • Clinical Competencies: 90% of students will earn an average rating of 80 or better in the Professional Behavior competency categories with no individual line item score of 59 or less in all of their clinic coursework • Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better

			<ul style="list-style-type: none"> • Didactic Coursework: 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback
10	Ethical Reasoning ASHA Knowledge Standard IV-H	Students will demonstrate knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice	<p>Direct Methods</p> <ul style="list-style-type: none"> • PS Internship Methods Seminar: 90% of students will pass CSAD 250 with a grade of B or higher <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> • National <i>Praxis</i> Exam: 90% of students will score 162 or higher • Positive Alumni, Employer, and Student Survey Feedback • Positive Biannual Advisory Committee Meeting Feedback

II. OUTCOME MEASURES OF COMMUNICATION SCIENCES AND DISORDERS GRADUATES

This outline identifies the tools and timelines for assessing program graduates, and how this information is used in the review and revision process. Our assessment process includes analyzing data provided from several courses, including our graduate writing intensive course, our students' clinical competencies portfolios, our students' learning outcomes assessment, our students' performance on the National *Praxis* Exam, alumni, employer and student surveys, and feedback from our community advisory committee.

Graduate Writing Intensive Course (CSAD 242A)

Tool Description: Our Graduate Writing Intensive (GWI) course prepares all new graduate students in the area of professional writing in communication sciences and disorders.

Timeline: The class is taken during the first clinical semester. Student grades are analyzed each semester and annually during assessment.

Use of Data in Review and Revision: This course identifies and remediates any new graduate student who needs writing support early in the semester and in the program sequence. Students must obtain a B- or better on an assignment in each of the following areas to pass the course: Grammar, clinical report writing, written treatment plans, research literature reviews, self-evaluation of clinical skills, and professional letter writing. They must also earn an overall grade of B or better to pass the course. Additionally, as the class is taken during the first clinical semester.

Evaluation of graduates' clinical competencies portfolios:

Tool Description: Our department requires students to complete approximately 32 hours in EACH of five in-house clinical courses (Speech I, Speech II, Language II, Speech III, Language III), approximately 20 hours in the Language I Clinic, 4 hours in the Assessment Clinic, 4 hours in the Hearing Screenings Clinic, and 200 hours in two internship placements for a total of a minimum of 388 hours of direct client/patient contact. Our graduate program is hierarchical in nature: Each student must have completed coursework related to each disorder before enrolling in the associated clinic. These clinical courses require the student to apply previously acquired knowledge to real-life situations. Success in these experiences is dependent upon the ability to think critically as the student assesses and treats clients under the supervision of a Clinical Instructor.

The assigned Clinical Instructor completes a clinical competency form for each student in each clinical course at midterm and final. Through this process, each clinical experience is assessed formatively and summatively with specific clinical competencies designed to measure critical thinking across the nine skill areas set forth by ASHA divided into four areas: *Writing, Assessment, Treatment, and Professional Behavior*. Specific clinical competency forms are in place for each clinic and internship. Students are provided with the clinical competency evaluations before they begin each clinical experience. Clinical Instructors, who have been trained on the form and its use by the Clinic Coordinator, use this form to provide feedback to students regarding progress.

A passing grade for each clinic is a B- or higher. A passing grade is obtained by achieving a rating of 80% or better on the average combined score of the 4 general competency categories, provided that the student achieves: (a) an average rating of 80 or better for **each** of the 4 general competency categories and (b) a minimum score of 60 on **all** individual competency line items. **Therefore, any student receiving (a) a rating of 59 or less on any one (or more) specific line item or (b) a rating of 79 or less for a competency category will not pass the clinic, even if their average combined score of the 4 general competency categories is a B- or higher. In such cases, a grade of C+ will be given for the clinic.** As a student meets clinical competency in an area, the required skill is recorded as being met on their Knowledge and Skills form, maintained electronically by the department.

Timeline: The faculty Curriculum Committee meets each week of the semester to discuss any student who is at risk for not passing a clinic. The faculty and Clinic Coordinator review the results of the remediation plans developed annually.

Use of Data in Review and Revision: The Curriculum Committee has developed a standardized remediation plan form that corresponds to the clinical competencies form. The Graduate Coordinator follows up with the student and the Clinic Coordinator follows up with the student and Clinical Instructor to provide support in the development of the remediation plan. The plan is used as a teaching tool to promote critical thinking in specific competency areas in which a student is demonstrating difficulty and for which the student is at-risk for not reaching moderate to independent level mastery by semester's end. It includes student and Clinical Instructor

responsibilities and timelines in the process and requires specific supports to be provided to the student. Any student with a remediation plan in place in two clinics will be provided with a department-level remediation plan specifying specific supports to be provided. The faculty and Clinic Coordinator review the results of the remediation plans developed annually to evaluate their effectiveness with regard to student program completion and to review the clinical competencies score trends by clinic to determine if we are meeting our pre-determined standard of performance and the subsequent need for overall revision in clinical instruction.

Clinical Methods Coursework (See Curriculum Map)

Tool Description: Each clinical practicum course is paired with a methods course in which students discuss client profiles, plan assessment and treatment, and complete specific assignments designed to support their developing clinical skills.

Timeline: This coursework is taken during all four clinical semesters. Methods Instructors and Clinical Instructors meet each semester to discuss the alignment of Methods courses and Clinical Practicum courses.

Use of Data in Review and Revision: Students must obtain a B or better or better to pass each course. Methods Instructors and Clinical Instructors meet each semester to review student success, clinical competency expectations, and methods class expectations in order to ensure alignment of all three of these areas and to identify trends in student learning that should shape Clinical Instruction or design of the associated Methods Course.

Student Learning Outcome Assessment:

Tool Description: Each year, we distribute a 23-item multiple-choice learning assessment to each student in our program. The measure is made up of a focused set of questions in general areas of the curriculum, including specific targets related to the use and interpretation of normative data and basic to higher level distinctions between speech and language. Each question has only one correct answer. The assessment is useful in tracking candidates' mastery of basic knowledge in our major and as they progress through the program. It also provides information regarding the development of critical thinking, as 52% of the questions have been designed as "case study" questions that require a higher level of analysis and problem-solving in the style of our national *Praxis* exam.

The questions align to the ten specific PLO areas and the ASHA Knowledge and Skills certification standards in the following manner:

Question	PLOs Assessed	ASHA Knowledge/Skill Outcome Area Assessed	Critical Thinking (CT) Basic Knowledge (BK)
1	8,9	IVF, IVG, V	CT
2	5,3,9	IVB, IV(C4), IVG	BK
3	3,4,9	IVA, IV(C3), IV(C4), IVG	BK
4	3, 9	IV(C4), IVG	BK
5	3,5,6,9	IVB, IV(C4), IVD, IVG	BK
6	2,5,6,9	IVB, VB(C4), IVD, IVG	CT
7	2,5,6,9	IVB, VB(C4), IVD, IVG	CT
8	3,4,9	IVA, IV(C3), IVG	BK

9	3,4,9	IVA, IV(C3), IVG	BK
10	2,5,6,9	IVB, VB(C4), IVD, IVG	CT
11	5,6,8,9	IVB, IVD, IVF, IVG	BK
12	3,5,6,9	IVB, IV(C1), IVD, IVG	BK
13	3,4,5,6,9	IVA, IVB, IV(C7), IVD, IVG	BK
14	2,4,5,6,9	IVA, IVB, VB(C7), IVD, IVG	CT
15	2,5,6,9	IVB, VB(C8), IVD, IVG	CT
16	2,5,6,9	IVB, VB(C8), IVD, IVG	CT
17	2,9	VB(C5), IVG	CT
18	3,4,9	IVA, IV(C5), IVG	BK
19	2,4,5,6,9	IVA, IVB, VB(C6), IVD, IVG	CT
20	3,6,9	IV(C2), IVD, IVG	CT
21	2,4,5,6,9	IVA, IVB, VB(C3), IVD, IVG	CT
22	2,4,5,6,9	IVA, IVB, VB(C4), IVD, IVG	CT
23	3,5,6,9	IVB, IV(C9), IVD, IVG	BK

Timeline: The assessment is distributed to each student enrolled in the program at the end of each academic year. The resulting data is analyzed each year in June and reviewed at the faculty retreat in August.

Use of Data in Review and Revision: The learning assessment results are reviewed each year at our fall faculty retreat when an item analysis is conducted. This item analysis allows us to see our students' mastery of elements that are directly related to our PLOs. The overall analysis allows us to determine whether or not our students are meeting the predetermined standards of performance. The assessment is adjusted annually as needed in order to assess areas of perceived need that require pedagogical emphasis and the need for curriculum modification and development.

Didactic Coursework (See Curriculum Map)

Tool Description: Our non-clinical practicum coursework builds on our students' prior knowledge of specific etiologies and furthers their training in theory and evidence-based practice in these areas.

Timeline: The coursework is taken during the first three clinical semesters.

Use of Data in Review and Revision: Students must obtain a B or better or better to pass each course. Student grades are analyzed each semester and annually during assessment. The Curriculum Committee and faculty meet each semester to discuss student success in this coursework and to identify trends in student learning that would warrant curriculum modification.

Graduates' performance on the National Speech Language Pathology *Praxis* Examination:

Tool Description: The *Praxis II* exam in Speech-Language Pathology is required, in addition to the earned Master's Degree and a required professional experience, in order to apply for the American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence, the California License in Speech-Language Pathology, and the Clear California Speech-Language Pathology Services Credential with or without the Special Class Authorization. This summative assessment measures each candidate's level of preparation for independent practice as a speech-language pathologist in all primary employment settings and is aligned to ASHA's student learning outcomes, particularly to the knowledge and skills in the 9 areas outlined in PLO2 and PLO3. A pass rate at

the national average is our threshold for curricular assessment. As of September 2014, *Praxis* Speech-Language Pathology (SLP) test scores are reported on a 100–200 score scale in one-point increments. The required score for ASHA and the state boards of examiners (including the California Speech-Language Pathology and Audiology Licensing Board and the CTC) on the new scale is 162 (equivalent to the required score of 600 or greater on the former 250–990 scale). *Timeline:* The Chair receives regular reports from the National *Praxis* organization. The Chair shares the results with faculty at both our fall and spring retreat and with the Community Advisory Committee.

Use of Data in Review and Revision: The Curriculum Committee, which includes a faculty member with extensive knowledge of the *Praxis* examination, evaluates whether or not our students are meeting the pre-determined standard of performance. Recommendations are considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures.

Alumni, Employer and Student surveys:

Tool Description: We distribute surveys to alumni, employers and students. The alumni and employer surveys are distributed electronically. Undergraduate students complete an Undergraduate Experience Exit Survey in a selected class. Graduate students complete a Brief Clinical Experience Survey in one of their methods classes. There are sets of evaluative questions on each survey. All of the questions target evaluation of the quality of our program and/or the student experience.

Timeline: The alumni and employer surveys are distributed every three years. The student surveys are distributed at the end of every academic year.

Use of Data in Review and Revision: The surveys are reviewed at the fall faculty retreat. If/when common themes emerge, the Curriculum Committee examines whether or not there are indications for needed curricular change. The Curriculum Committee submits any recommendations to the faculty for any proposed curricular changes consistent with the department's policies and procedures. Any evaluation of proposed curricular changes also takes into account the feedback and evaluation from multiple sources including our Community Advisory Committee.

Biannual Advisory Committee Meetings

Tool Description:

Our Community Advisory Committee maintains a system of three cohorts (public schools, hospitals, and private practices) of professionals in the community, each with a designated liaison. These cohorts are charged with conducting a caucus prior to the meetings so that an equally-distributed agenda can be created that defines the needs of the group and brings current issues from the field to the direct attention of our faculty. The mission of the committee is to collaboratively discuss current trends in the fields and to discuss the department's academic and clinical programs so that the department can integrate input from the committee into plans for the ongoing improvement and updating of these programs. While no formal survey is provided to this group, minutes are taken at each meeting and are reviewed by the faculty at faculty meetings and retreats in order to inform program design. Particular attention is paid to the committee's impression of our graduates and their preparation for clinical practice in the field in the areas outlined in PLO2 and PLO3.

Timeline: Our Community Advisory Committee meets biannually (fall and spring). The minutes are reviewed by faculty once each semester.

Use of Data in Review and Revision: The chair of the Community Advisory Committee presents highlights from the meeting minutes to the Curriculum Committee. The Curriculum Committee evaluates the content to identify curricular implications, and presents the findings to the faculty. Recommendations are considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures.

III. Curriculum Map and Lines of Evidence

Curriculum Map and Lines of Evidence
I=Introduced, D=Developed, M=Mastered

	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	Lines of Evidence
Undergraduate Research Methodology Course			I					D			Assignments, Projects, Quizzes and Exams
CSD Undergraduate Curriculum			I	IDM	I	I	I	I	I		Assignments, Projects, Quizzes and Exams
CSAD 217 AAC & Assistive Technologies			I		I	I	I		I		Assignments, Projects, Quizzes and Exams
CSAD 218 Motor Speech Disorders			I		I	I	I		I		Assignments, Projects, Quizzes and Exams
CSAD 219 Counsel Speech Path+Audio			I		I	I	I		I		Assignments, Projects, Quizzes and Exams
CSAD 222 Curr Lang-Learn Dis Child			I		I	I	I		I		Assignments, Projects, Quizzes and Exams
CSAD 223 Advanced Child Language			I		I	I	I		I		Assignments, Projects, Quizzes and Exams
CSAD 227 Dysphagia & Medical Setting			I		I	I	I		I		Assignments, Projects, Quizzes and Exams
CSAD 228A Meth: Speech Disorders I	I	D	D		D	D	D		D		Assignments, Projects, and Presentations
CSAD 228B Meth: Speech Disorders II	I	D	D		D	D	D		D		Assignments, Projects, and Presentations

CSAD 228C Meth: Speech Disorders III	I	D	D		D	D	D		D		Assignments, Projects, and Presentations
CSAD 229A Prac: Speech Disorders I	M	M	M		M	M	M		M		Clinical Competency
CSAD 229B Prac: Speech Disorders II	M	M	M		M	M	M		M		Clinical Competency
CSAD 229C Prac: Speech Disorders III	M	M	M		M	M	M		M		Clinical Competency
CSAD 241S Hearing Screenings		M	M								Clinical Competency
CSAD 242A Meth: Language Disorders I	M	D	D		D	D	D		D		Assignments, Projects, and Presentations
CSAD 242B Meth: Lang Disorders II	I	D	D		D	D	D		D		Assignments, Projects, and Presentations
CSAD 242C Meth: Lang Disorders III	I	D	D		D	D	D		D		Assignments, Projects, and Presentations
CSAD 243A Prac: Language Disorders I	M	M	M		M	M	M		M		Clinical Competency
CSAD 243B Prac: Lang Disorders II	M	M	M		M	M	M		M		Clinical Competency
CSAD 243C Prac: Lang Disorders III	M	M	M		M	M	M		M		Clinical Competency
CSAD 244 Meth: Sph-Lang Assessment	I	I	D		D	D	D		D		Assignments, Projects, and Presentations
CSAD 245 Prac: Sph-Lang Assessment	M	M	M		M	M	M		M		Clinical Competency
CSAD 250 Speech/Language Internships			D							IDM	Assignments, Projects, and Presentations
CSAD 295I Intern: SLHS Schools	M	M	M		M	M	M		M		Clinical Competency
CSAD 295M Intern: SLP Medical	M	M	M		M	M	M		M		Clinical Competency
CSAD 295 P Intern: SLP Private Practice	M	M	M		M	M	M		M		Clinical Competency
CSAD 295S Internship: SLP Special Class	M	M	M		M	M	M		M		Clinical Competency
CSAD 500C Comprehensive Exam	M		M								Exam
CSAD 500P. Culminating Experience: Project.	M		M					M			Project

CSAD 500T. Culminating Experience: Thesis.	M		M					M			Thesis
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IV. Assessment Timeline

While we measure many of the PLOs annually, the Curriculum Committee will focus on one or two program learning outcomes each year. The Curriculum Committee will evaluate the data collected and compare it to the predetermined standards of performance. The Committee will also identify curricular implications and present the findings to the faculty. Recommendations are considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures. Proposed curricular changes take into account feedback from multiple sources including, our Community Advisory Committee. The Curriculum Committee will assess the impact of the new changes on the student learning outcomes, student services, and student success and assess each learning outcome at least once every six years. The following is our detailed timeline.

	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10
2015-16	X	X								
2016-17			X	X						
2017-18					X	X				
2018-19							X	X		
2019-20									X	X
2020-21	X	X								