

## 2016-2017 Annual Assessment Report Template

For instructions and guidelines visit our [website](#)  
or [contact us](#) for more help.

Please begin by selecting your program name in the drop down. If the program name is not listed, please enter it below:

MS Speech Pathology & Audiology

OR

### Question 1: Program Learning Outcomes

#### Q1.1.

Which of the following Program Learning Outcomes (PLOs), Sac State Baccalaureate Learning Goals (BLGs), and emboldened Graduate Learning Goals (GLGs) **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, Competency, and Perspectives**
- ☐ 13. Ethical Reasoning
- ☐ 14. Foundations and Skills for Lifelong Learning
- ☐ 15. **Global Learning and Perspectives**
- ☐ 16. Integrative and Applied Learning
- ☐ 17. Overall Competencies for GE Knowledge
- ☒ 18. **Overall Disciplinary Knowledge**
- ☐ 19. **Professionalism**
- ☐ 20. 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 including how your specific PLOs are **explicitly** linked to the Sac State **BLGs/GLGs**:

**NOTE:** One report is being submitted for both the MS in Communication Sciences and Disorders AND the Speech-Language Pathology Services Credential. The programs are one in the same: Earning the Master's degree equates to earning the credential.

Our graduate program has developed ten specific program learning goals (PLGs) with associated program learning outcomes (PLOs) 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 PLG/PLO 3 (Overall Competencies in the Major; ASHA Knowledge Standard IV-C) and we also assessed PLG/PLO 4 (Overall Competencies in the Major; ASHA Knowledge Standard IV-A).

**PLG/PLO3:**

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

- 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

**PLG/PLO4:**

Students will demonstrate knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences

**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", see <http://degreeprofile.org>) 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 **OR** type in **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):

If your PLO is **not listed**, please enter it here:

**Q2.1.1.**

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

PLG/PLO 3 (Overall Competencies in the Major; ASHA Knowledge Standard IV-C)

**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.

**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) over four clinical semesters, 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 possess basic knowledge and 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 each specific clinical competency line item designed to measure basic knowledge AND critical thinking through application of that knowledge 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 performance evaluation form (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	Standards of Performance/Expectations
Semester 1	Speech 1	Articulation (PLO3 area 1)	90% of students will earn an average rating of 80 or better for each of the <b><u>4 general</u></b> competency categories ( <i>Writing, Assessment, Treatment, and Professional Behavior</i> ) with no individual line item score of 59 or less
	Language 1	Receptive and Expressive Language (PLO3 area 4)	
Semester 1	Hearing Screenings	Hearing (PLO3 area 5)	Same
Semester 2	Speech 2	Fluency/Voice Resonance (PLO3 areas 2 & 3)	Same

	Language 2	Receptive/Expressive Language (PLO3 area 4)	
Semester 3	Speech 3	Social Aspects of Communication/AAC (PLO3 areas 8 and 9)	Same
	Language 3	Cognitive Aspects of Communication (PLO3 area 7)	
Semester 3	Assessment	Articulation (PLO3 areas 1-5 & 7-9)	Same
		Fluency	
		Voice Resonance	
		Receptive/Expressive Language	
		Hearing	
		Cognitive Aspects of Communication	
		Social Aspects of Communication/AAC	
Semester 4	2 Internships	Articulation (PLO3 areas 1-9)	Same
		Fluency	
		Voice Resonance	
		Receptive/Expressive Language	
		Hearing	
		Cognitive Aspects of Communication	
		Social Aspects of Communication/AAC	
		Swallowing	

Letter grades will be based upon the following:

SCORE	GRADE	DESCRIPTION
93 – 100%	A	<u><b>Exceeds Performance Expectations</b></u> (Minimum assistance required) <ul style="list-style-type: none"> <li>• Clinical skill/behavior well-developed, consistently demonstrated, and effectively implemented</li> <li>• Demonstrates creative problem solving</li> <li>• Clinical Instructor consults and provides guidance on ideas initiated by student</li> </ul>
90 – 92%	A-	
87 – 89%	B+	<u><b>Meets Performance Expectations</b></u> (Minimum to moderate assistance required) <ul style="list-style-type: none"> <li>• Clinical skill/behavior is developed/implemented most of the time, but needs continued refinement or consistency</li> <li>• Student can problem solve and self-evaluate adequately in-session</li> <li>• Clinical Instructor acts as a collaborator to plan and suggest possible alternatives</li> </ul>
83– 86%	B	
80 – 82%	B-	
77 – 79%	C+	<u><b>Needs Improvement in Performance</b></u> (Moderate assistance required) <ul style="list-style-type: none"> <li>• Inconsistently demonstrates clinical skill/behavior</li> <li>• Student's efforts to modify performance result in varying degrees of success</li> <li>• Moderate and ongoing direction and/or support from Clinical Instructor required to perform effectively</li> </ul>
73 – 76%	C	
70 – 72%	C-	
67 – 69%	D+	<u><b>Needs Significant Improvement in Performance</b></u> (Maximum assistance required) <ul style="list-style-type: none"> <li>• Clinical skill/behavior is beginning to emerge, but is inconsistent or inadequate</li> <li>• Student is aware of need to modify behavior, but is unsure of how to do so</li> <li>• Maximum amount of direction and support from clinical Supervisor required to perform effectively.</li> </ul>
63 – 66%	D	
60 – 62%	D-	

0 – 59%	F	<p><b><u>Unacceptable Performance</u></b></p> <p>(Maximum assistance is not effective)</p> <ul style="list-style-type: none"> <li>• Clinical skill/behavior is not evident most of the time</li> <li>• Student is unaware of need to modify behavior and requires ongoing direct instruction from Clinical Instructor to do so</li> <li>• Specific direction from Clinical Instructor does not alter unsatisfactory performance</li> </ul>
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## **2. Clinical Methods Coursework**

*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.

*Standard of Performance:* 90% of students will pass all associated methods courses with a grade of B or better

## **3. Learning Outcomes Assessment**

*Tool Description:* Each year, we distribute a 23-item multiple-choice learning assessment to each student in our program. The items include 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 as they progress through the program, as 48% of the questions have been designed to do this. 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.

*Standard of Performance:* By the fourth semester, 83% of students will answer each of the **basic knowledge** questions correctly.

The questions align to the ten specific PLGs/PLOs in the following manner:

Question	PLOs Assessed	ASHA Knowledge/Skill Outcome Area Assessed	Critical Thinking (CT) Basic Knowledge (BK)
1	2,8,9	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

#### **4. Didactic Coursework**

*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.

*Standard of Performance:* 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better.

#### **5. Performance on Praxis exam**

*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 candidate's level of preparation for independent practice as a speech-language pathologist in all employment settings and is aligned to ASHA's student learning outcomes. 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).

All of our graduate students have completed our undergraduate curriculum or its content equivalent (if their undergraduate degree was completed at another university). Foundational knowledge and skills required for graduate work and, ultimately, practice in the field of speech-language pathology begin in the undergraduate program and continue into the graduate program. The *Praxis* results, therefore, are one measure of the appropriateness of our undergraduate and graduate curriculum in preparing students for professional practice.

*Standard of Performance:* 90% of the students will score 162 or higher on the *Praxis*

Q2.4. | Q2.5. | Q2.6.

PLO	Stdrd	Rubric	Please indicate where you have published the <b>PLO</b> , the <b>standard</b> of performance, and the <b>rubric</b> that was used to measure the PLO:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. In <b>SOME</b> course syllabi/assignments in the program that address the PLO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. In <b>ALL</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Other, specify: All students are in possession of the 2014 ASHA Standards for Clinical ...

### 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?

7

#### 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
- Didactic Coursework
- National *Praxis* Exam

Indirect:

- 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. 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 submit 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 annually. Each question has one "correct" answer. That data are compiled electronically and analyzed by the Department Chair and Faculty using the alignment table previously provided.

Didactic course instructors submit grades for didactic Courses.

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 (key assignments, projects, portfolios, course work, student tests, etc.) 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:

**Q3.3.2.**

Please **provide** the direct measure (key assignments, projects, portfolios, course work, student tests, etc.) you used to collect data, THEN **explain** how it assesses the PLO:

Please see attached Sample Clinical Competency Performance Evaluation form and Learning Outcomes Assessment key.



Performance Evaluation \_ CALIPSO.pdf  
195.63 KB



2017learning\_outcome\_assesment\_questionnaire key & designation.docx  
31.17 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 participated 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?

Workshops are held each sem...

**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.

Didactic coursework scores are on file for each student.

National *Praxis* exam scores are provided to the department by ETS at student request.

**Q3.6.1.**

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

This year we focused on the clinical competency evaluation forms, methods course grades, didactic course grades, and Learning Outcome Assessment results for 33 expected program completers (students scheduled to complete fourth semester clinical work and graduate from the program). *Praxis* scores for those students electing to take the exam were also reviewed.

**Q3.6.2.**

How many students were in the class or program?

33 expected completers

84 graduate students total

**Q3.6.3.**

How many samples of student work did you evaluated?

33 expected completers  
competencies and methods  
and didactic 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 graduate students complete a Brief Clinical Experience Survey in one of their methods classes.

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.



No file attached



No file attached

#### Q3.7.2.

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

All graduate students complete a Brief Clinical Experience Survey in one of their methods classes.

#### Q3.7.3.

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

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.

#### Q3.7.4.

If surveys were used, what was the response rate?

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



### 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:

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## Question 4: Data, Findings, and Conclusions

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**Q4.1.**

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

## Q4 MS CRED SPEECH PATHOLOGY AUDIOLOGY

### **Direct Measure 1: Clinical Competencies**

In 2016-17, 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.

33 students completed the program in 2016-17 in two cohorts (fall and spring). The tables below include the average results of completers Speech I Methods (first semester) clinic and their Itinerant Public School Internship (fourth semester) clinic. These tables provide a representative example of the overall performance of this group as they moved through the clinical sequence.

<b>Speech I Clinic</b>	<b>Score Range</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Median</b>
<b>Writing</b>	<b>88-100</b>	<b>94.16</b>	<b>3.62</b>	<b>93.00</b>
<b>Assessment</b>	<b>87-100</b>	<b>95.26</b>	<b>3.70</b>	<b>95.00</b>
<b>Treatment</b>	<b>86-100</b>	<b>95.84</b>	<b>3.44</b>	<b>96.00</b>
<b>Professional Behavior</b>	<b>89-100</b>	<b>97.00</b>	<b>3.24</b>	<b>98.00</b>
<b>Total Overall</b>	<b>88-99</b>	<b>95.91</b>	<b>3.26</b>	<b>96.00</b>

<b>Itinerant Internship</b>	<b>Score Range</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Median</b>
<b>Writing</b>	<b>86-100</b>	<b>94.86</b>	<b>3.77</b>	<b>94.00</b>
<b>Assessment</b>	<b>88-100</b>	<b>95.31</b>	<b>3.58</b>	<b>95.00</b>
<b>Treatment</b>	<b>85-100</b>	<b>95.59</b>	<b>3.67</b>	<b>96.00</b>
<b>Professional Behavior</b>	<b>89-100</b>	<b>97.55</b>	<b>2.37</b>	<b>98.00</b>
<b>Total Overall</b>	<b>90-100</b>	<b>95.83</b>	<b>3.02</b>	<b>95.25</b>

Further analysis revealed that 100% of our 2016-17 completers successfully met the criteria for demonstrating clinical competency independently for each clinical experience in which they were enrolled during their time in the program. Also, there is a general trend of growth that is suggested upon analysis of clinical competencies across the clinical and internship experiences, because student scores remained constant or increased in most areas as they moved toward higher levels of independent practice with increasingly complex client profiles and larger caseloads.

### **Direct Measure 2: Clinical Methods Courses**

100% of our 2016-17 completers passed all methods classes associated with their clinical practicum courses with a grade of B or better on the first attempt.

### **Direct Measure 3: Learning Outcomes Assessment:**

In 2016-17, the data indicates that, by the approximately the fourth semester, 83% or more students are answering 6 of 11 (55%) of the **basic knowledge** questions correctly. The results do demonstrate a general trend of acquisition of basic knowledge as students progress through the program, as 83% or more of 1<sup>st</sup> year students only answered 4 of 11 (36%) of the basic knowledge questions correctly, while 83% or more of 2<sup>nd</sup> year students answered 6 of 11 (55%) of these questions correctly. Also, most questions show a steady increase in percent answered correctly across the two years. For example, while only 74% of 1<sup>st</sup> year students answered question 5 correctly, 100% of 2<sup>nd</sup> year students answered it correctly. Questions 2 (Basic Knowledge/Receptive and Expressive Language), 9 (Basic Knowledge/Voice and Resonance), 13 (Basic Knowledge/Cognitive Aspects of Communication), 18 (Basic Knowledge/Hearing and its Impact on Speech and Language), and 23 (Basic Knowledge/Augmentative and Alternative Communication Modalities) require further examination both in terms of their general trend of low growth or decrease across semesters, and because 83% of fourth semester students are not able to answer them correctly.

<b>2016-2017</b>											
Cohorts	% of students answering basic knowledge questions correctly										
	2	3	4	5	8	9	11	12	13	18	23
1 <sup>st</sup> Year (1&2 Clinic Semesters)	90%	90%	97%	74%	90%	43%	69%	93%	53%	50%	70%
2 <sup>nd</sup> Year (3 Clinic Semesters)	77%	94%	82%	100%	100%	53%	88%	88%	50%	59%	75%

#### **Direct Measure 4: Didactic Coursework**

100% of our 2016-17 completers passed all didactic coursework with a grade of B or better on the first attempt.

#### **Direct Measure 5: Praxis Exam**

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).

In 2016-17, 26 students took the *Praxis* exam. 25 students (96%) passed the exam on the first attempt. One student passed it on the third attempt. The mean passing score was 178. The high passing score was 191. The low passing score was 164.

#### **Indirect Measure 1: Brief Clinical Experience Survey**

A review of feedback from our Brief Clinical Experience Survey, completed by 84 students, indicates that the majority of students feel that they have been well prepared with theory and knowledge prior to associated clinical experiences.

#### **Indirect Measure 2: Biannual Advisory Committee Meetings**

A review of feedback from our advisory committee, which meets biannually, indicates that we are preparing out students well for independent clinical practice. The feedback did highlight a need to provide students with education and clinical experience in parent training models and early intervention, and to ensure that clear expectations and rules are established regarding sick days for students on internships (a professional behavior).



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**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?

## Q42 MS CRED SPEECH PATHOLOGY AUDIOLOGY

A triangulation of the data collected through both direct and indirect measures indicates that our students are, in many areas, exceeding our overall program standards for this PLG/PLO (See below). The analysis does, however, 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 2016-17 academic terms, 33 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 85 or above in all areas. Additionally, none of them scored 59 or less on any individual competency line item. Three students did not complete the program on time because they requested individual programs of part-time study. While it was not the case with this group of completers, the faculty recognize that, occasionally, one or two students do not complete our program on time because of failed clinics. Because of this, faculty have developed a standardized Performance Improvement Plan (PIP) 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 the identification of specific supports to be provided to the student. Any student with a PIP in place in two clinics will be provided with a department-level PIP identifying supports to be provided. The faculty will continue to review the results of the PIPs 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 2016-17 academic terms, 33 students completed our program on time. The group 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)**

The standard of performance, which is that 83% of students in the fourth semester will answer 100% of the basic knowledge questions correctly, was met for only 6 of the 11 questions. The results do demonstrate a general trend of acquisition of basic knowledge as students progress through the program, however, as 83% or more of 1<sup>st</sup> year students only answered 4 of 11 (36%) of the basic knowledge questions correctly, while 83% or more of 2<sup>nd</sup> year students answered 6 of 11 (55%) of these questions correctly. Also, most questions show a steady increase in percent answered correctly across the two years. For example, while only 74% of 1<sup>st</sup> year students answered question 5 correctly, 100% of 2<sup>nd</sup> year students answered it correctly. Questions 2 (Basic Knowledge/Receptive and Expressive Language), 9 (Basic Knowledge/Voice and Resonance), 13 (Basic Knowledge/Cognitive Aspects of Communication), 18 (Basic Knowledge/Hearing and its Impact on Speech and Language), and 23 (Basic Knowledge/Augmentative and Alternative Communication Modalities) require further examination both in terms of their general trend of low growth or decrease across semesters, and because 83% of fourth semester students are not able to answer them correctly.

### **Direct Measure 4: Didactic Coursework (Standard of Performance Exceeded)**

During the 2016-17 academic terms, 33 students completed our program on time. The group well exceeded our standard of performance of 90% passing all didactic coursework with a grade of B or better as 100% of them completed all didactic coursework with a B or better on the first attempt.

### **Direct Measure 5: Praxis Exam (Standard of Performance Exceeded)**



96% of students taking the *Praxis* exam in 2016-17 passed it on the first attempt. One student passed it on the third attempt. The mean passing score was 178. The high passing score was 191. The low passing score was 164. This exceeds 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 2016-17 *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 employment settings. 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 and critical thinking in our major annually through our Learning Outcomes Assessment in order to ensure development in areas across the curriculum and throughout the program. Dr. Roseberry-McKibbin has addressed 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 also plan to continue our biannual discussion regarding our comprehensive examination structure in an attempt to ensure the case-study format provides additional preparation for students preparing to take the *Praxis*.

### **Indirect Measure 1: Brief Clinical Experience Survey (Feedback Exceeds Expectations)**

This year, we conducted our Brief Clinical Experience Survey. The results indicate that the majority of students feel that they have been well prepared with theory and knowledge prior to associated clinical experiences.

### **Indirect Measure 2: Biannual Advisory Committee Meetings (Feedback Exceeds Expectations)**

Feedback from our Community Advisory Committee indicates that we are preparing our students well for independent clinical practice, but that an increased focus increased awareness in areas related to adult learning models and working with adults in the area of coaching models for early intervention would be helpful. Professional behaviors, including absence reporting and making up missed time were also concerns. We have implemented curriculum discussions in our faculty meetings focusing on particular areas in our graduate curriculum, such as CSAD 219, CSAD 223, CSAD 222, and CSAD 250, where these topics can be addressed. We have hired two new full time tenure-track faculty members to begin in fall 2017. Their expertise and teaching ability will provide additional benefit to student learning and critical thinking in these areas. We will attend to continued outcomes in this area and expect to see higher levels of performance in this area in future graduating cohorts.

 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.

We will continue to train faculty on the use of PIPs during our annual faculty Continuing Professional Development (CPD) series. The faculty will continue to review the results of the PIPs 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.

Learning Outcome Questions 2 (Basic Knowledge/Receptive and Expressive Language), 9 (Basic Knowledge/Voice and Resonance), 13 (Basic Knowledge/Cognitive Aspects of Communication), 18 (Basic Knowledge/Hearing and its Impact on Speech and Language), and 23 (Basic Knowledge/Augmentative and Alternative Communication Modalities) 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 any 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 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 as part of our annual faculty Continuing Professional Development (CPD) series. We will continue to adjust curriculum, culminating experience, and Learning Outcomes Assessment expectations to support students' preparation for the new version of the exam following our biannual discussion on the topic at our faculty retreats.

We will continue curriculum discussions in our faculty meetings focusing on particular areas in our graduate curriculum, such as CSAD 219, CSAD 223, CSAD 222, and CSAD 250, where adult learning models and working with adults in the area of coaching models for early intervention, along with professional behaviors in the field, can be addressed. Adult learning models and working with adults in the area of coaching models for early intervention will be discussed the Counseling Class at the graduate level. Professional behaviors, including absence reporting and make-up will be reviewed by the Clinic Coordinator and Graduate Coordinator at clinic orientation each semester and the contract that students sign indicating understanding of internship policies will be provided to internship supervisor to increase accountability for our students onsite during internship experiences. We have hired two new full time tenure-track faculty members to begin in fall 2017. Their expertise and teaching ability will provide additional benefit to student learning and critical thinking in these areas. We will attend to continued outcomes in this area, and to other areas identified by our Advisory Committee and brief clinical experience survey in the future.

#### 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.

Since your last assessment report, **how have the assessment data from then been used** so far?

	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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 faculty and Clinic Coordinator reviewed the results of remediation plans aligned to the Clinical Competency forms at the fall 2016 faculty retreat and at the end of spring 2017 to determine their effectiveness. Three plans were written in 2015-16 and six plans were written in 2016-17 and were found to be 88% effective in remediating the associated areas of weakness. 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. The faculty decided to formally call remediation plans "Performance Improvement Plans" (PIPS), an alignment to the pedagogical literature published by our national organization (ASHA). 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 PIPs 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) were analyzed to determine if the questions needed further development to improve the validity of this measure or if curricular modifications or enhancements were appropriate. In fact, the faculty reviewed the overall results from the Learning Outcomes Assessment, paying particular attention to these questions, at our fall 2016 faculty retreat. While new questions were not added, the current questions were refined to improve their validity. We will assess the impact of these changes as part of our ongoing cycle of review and revision to this annual measure. 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 PLG/PLO. The assessment is adjusted annually as needed in order to assess areas of perceived need that may also require pedagogical emphasis.

We continued 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 employment settings. Dr. Roseberry-McKibbin, a member of our Curriculum Committee, continued 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 also adjusted curriculum, culminating experience, and Learning Outcomes Assessment expectations to support students' preparation for the new version of the exam following our biannual discussions on the topic at our faculty retreats.

Articulation across the curriculum, with the Curriculum Committee's guidance, continued with particular attention paid to the topic of Autism Spectrum Disorder (ASD). A service learning opportunity was provided for our students in this area. The students worked in a group with a child with ASD. Students were required to determine communication strategies to facilitate communication for the child. Observations in the field were provided to ensure that students have a better understanding of treatment ideas and goals and to improve critical thinking across cohorts as information is shared in clinical methods courses. We will continue to assess the impact of these changes through our related questions on the Learning Outcomes Assessment, through student performance in the graduate program, and through ongoing feedback from our Community Advisory Committee.

Dr. Thompson continued to emphasize professional letter writing in Speech-Language Pathology in the Graduate Writing Intensive (GWI) course to ensure that students have experience with this. The course was piloted in Fall 2015 and officially approved for Spring 2016, so it is anticipated that professionals in the field will begin to notice the results with upcoming groups of program completers.

### Q5.3.

To what extent did you apply **last year's feedback** from the Office of Academic Program Assessment in the following areas?

	1. Very Much	2. Quite a bit	3. Some	4. Not at All	5. N/A
1. Program Learning Outcomes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Standards of Performance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Measures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Rubrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Alignment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Data Collection	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Data Analysis and Presentation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use of Assessment Data	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Other, please specify: <input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q5.3.1.**

Please share with us an example of how you applied **last year's feedback** from the Office of Academic Program Assessment in any of the areas above:

The feedback from last year's assessment report and our program review report helped us begin to better align our annual assessment at to our PLGs/PLOs. We also clearly identified BLGs and WSCUC goal areas that are associated with these PLGs/PLOs for the undergraduate program. We were advised to consider *Praxis* results as a direct assessment method rather than an indirect method at both the undergraduate and graduate levels, so we have done so in this year's report. *Praxis* scores cannot be disaggregated, however, so we were not able to meet that recommendation. We have also created a curriculum map that explicitly aligns our accrediting body's knowledge and skills outcomes, which are directly aligned to our PLGs/PLOs, to our coursework. You will find it attached to this report. As recommended, we are measuring different PLGs/PLOs on a rotating basis, as outlined in our assessment plan. We have clarified that each line item of our clinical competency form measures BOTH basic knowledge and critical thinking through application of this knowledge—further differentiation on the clinical competency form is not possible. We also reviewed our Learning Outcomes Assessment to ensure clear differentiation of critical thinking from basic knowledge.

(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:

## Q6 MS CRED SPEED PATHOLOGY AUDIOLOGY

### **Question 1: PLG/PLO4 (Overall Competencies in the Major; ASHA Knowledge Standard IV-A)**

Students will demonstrate knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

### **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, in many areas, exceeding our overall program standards for PLG/PLO 4 (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. Learning Outcomes Assessment: By the fourth semester, 90% of students will answer 90% of the IVA related questions correctly (Standard of Performance partially met)*

In 2016-17, the data indicates that, by the approximately the fourth semester, 90% or more students are answering 3 of 9 (33%) of the IV-A (biological sciences, physical sciences, statistics, and the social/behavioral sciences) questions correctly. The results do demonstrate a general trend of acquisition of basic knowledge in these areas as students progress through the program. For example, none of the basic knowledge questions were answered correctly by at least 90% of the 1<sup>st</sup> year students, while 90% or more of 2<sup>nd</sup> year students answered 3 of 9 (33%) of these questions correctly. Also, most questions show a steady increase in percent answered correctly across the two years. For example, while only 90% of 1<sup>st</sup> year students answered question 8 correctly, 100% of 2<sup>nd</sup> year students answered it correctly. Questions 9 (Basic Knowledge/Voice and Resonance), 13 (Basic Knowledge/Cognitive Aspects of Communication), 14 (Critical Thinking/Cognitive Aspects of Communication), 18 (Basic Knowledge/Hearing and its Impact on Speech and Language), and 22 (Critical Thinking/Receptive and Expressive Language) require further examination both in terms of their general trend of low growth or decrease across semesters, and because 90% of fourth semester students are not able to answer them correctly.

2016-2017												
Cohorts	% of students answering IVA questions correctly											
	3	8	9	13	14	18	19	21	22			
1 <sup>st</sup> Year (1&2 Clinic Semesters)	90	90	43	53	63	50	89	96	96			
2 <sup>nd</sup> Year (3 Clinic Semesters)	94	100	53	50	65	59	88	100	80			

*2. Pre-Major Requirements: Upon admission to the program, 100% of students will have successfully completed the following pre-major coursework: Human Development Lifespan; Introduction to Psychology, Introduction to Statistics; Introduction to Sign Language (Program Standard Met)*

All students applying for our Master's degree program are held to successful completion of these pre-major requirements. No students are admitted to the program without proof of this on a transcript.

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

96% of students taking the *Praxis* exam in 2016-17 passed it on the first attempt. One student passed it on the third attempt. The mean passing score was 178. The high passing score was 191. The low passing score was 164. This exceeds 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.

#### **Indirect Methods**

### *1. Student Survey Feedback (Feedback Exceeds Expectations)*

This year, we conducted our Brief Clinical Experience Survey. The results indicate that the majority of students 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 experiences in the areas of *Writing, Assessment, Treatment, and Professional Behavior*.

### *2. Biannual Advisory Committee Meeting Feedback (Feedback Exceeds Expectations)*

A review of feedback from our advisory committee, which meets biannually, indicates that we are preparing our students well for independent clinical practice. The feedback did highlight a need to provide students with education and clinical experience in parent training models and early intervention, and to ensure that clear expectations and rules are established regarding sick days for students on internships (a professional behavior).


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

Learning Outcomes Assessment questions 9, 13, 14, 18, 22 require specific analysis to determine if the questions need further development (which affects the validity of this measure) or if curricular modifications or enhancements are appropriate. In fact, 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 any changes as part of our ongoing cycle of review and revision to this annual measure.

We will continue to require completion of all pre-major requirements (*Human Development-Lifespan; Introduction to Psychology; Introduction to Statistics; Introduction to Sign Language*) prior to program admission.

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 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 as part of our annual faculty Continuing Professional Development (CPD) series. We will continue to adjust curriculum, culminating experience, and Learning Outcomes Assessment expectations to support students' preparation for the new version of the exam following our biannual discussions on the topic at our faculty retreats.

We will implement curriculum discussions in our faculty meetings focusing on particular areas in our graduate curriculum, such as CSAD 219, CSAD 223, CSAD 222, and CSAD 250, where adult learning models and working with adults in the area of coaching models for early intervention, along with professional behaviors in the field, can be addressed. Adult learning models and working with adults in the area of coaching models for early intervention will be discussed the Counseling Class at the graduate level. Professional behaviors, including absence reporting and make-up will be reviewed by the Clinic Coordinator and Graduate Coordinator at clinic orientation each semester and the contract that students sign indicating understanding of internship policies will be provided to internship supervisor to increase accountability for our students onsite during internship experiences. We have hired two new full time tenure-track faculty members to begin in fall 2017. Their expertise and teaching ability will provide additional benefit to student learning and critical thinking in these areas. We will attend to continued outcomes in this area, and to other areas identified by our Advisory Committee and Clinical Experience Survey in the future.

 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, Competency, and Perspectives**
- ☐ 13. Ethical Reasoning
- ☐ 14. Foundations and Skills for Lifelong Learning
- ☐ 15. **Global Learning and Perspectives**
- ☐ 16. Integrative and Applied Learning
- ☐ 17. Overall Competencies for GE Knowledge
- ☒ 18. **Overall Disciplinary Knowledge**

☐ 19. Professionalism

☐ 20. 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:

Sample Clinical Competency Performance Evaluation

Learning Outcomes Assessment Key

American Speech-Language-Hearing Association (ASHA) Knowledge and Skills Assessment (KASA) Curriculum Map

## Program Information (Required)

**Program:**

(If you typed your program name at the beginning, please skip to Q10)

**Q9.**

Program/Concentration Name: [skip if program name appears above]

MS Speech Pathology & Audiology

**Q10.**

Report Author(s):

Robert Pieretti, PhD CCC-SLP

**Q10.1.**

Department Chair/Program Director:

Robert Pieretti, PhD CCC-SLP

**Q10.2.**

Assessment Coordinator:

Robert Pieretti, PhD CCC-SLP

**Q11.**

Department/Division/Program of Academic Unit

Speech Pathology & Audio.

**Q12.**

College:

College of Health & Human Services

**Q13.**

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

Undergraduate 359  
Second Bachelor's 29  
Graduate: 84

**Q14.**

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:

**Q15.** Number of **undergraduate degree programs** the academic unit has?**Q15.1.** List all the names:

Communication Sciences and Disorders;

Second Bachelor of Science in Communication Sciences and Disorders (CSAD2B)

**Q15.2.** How many concentrations appear on the diploma for this undergraduate program?**Q16.** Number of **master's degree programs** the academic unit has?**Q16.1.** List all the names:

Communication Sciences and Disorders

**Q16.2.** How many concentrations appear on the diploma for this master's program?**Q17.** Number of **credential programs** the academic unit has?**Q17.1.** List all the names:

Speech-Language Pathology Services Credential with or without Special Class Authorization



**Q18.** Number of **doctorate degree programs** the academic unit has?

0

**Q18.1.** List all the names:

When was your **assessment plan...**

	1. Before 2011-12	2. 2012-13	3. 2013-14	4. 2014-15	5. 2015-16	6. 2016-17	7. No Plan	8. Don't know
<b>Q19.</b> developed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q19.1.</b> last updated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q19.2. (REQUIRED)**

Please **obtain** and **attach** your latest **assessment plan**:



Departmental Assessment Plan MS and Credential.docx  
41.12 KB

**Q20.**

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

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

**Q20.1.**

Please **obtain** and **attach** your latest **curriculum map**:



CALIPSO KASA 2017.docx  
50.7 KB

129 pages. File too large to include.

**Q21.**

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

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

**Q22.**

Does your program have a capstone class?

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

**Q22.1.**

Does your program have **any** capstone project?

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



# Performance Evaluation

Evaluation has been finalized and cannot be edited. (Except by an admin.)

Fields marked with an \* are required.

Supervisor:

Student:

Site: MJRLSHC

Evaluation Type: Midterm

Semester: 2016 Fall

Course number: Speech I - Yr 1

Patient population:

☐ Young Child (0-5)

☒ Child (6-17)

☒ Adult (18-64)

☐ Older adult (65+)

**Client(s)/Patient(s) Multicultural Aspects (check all that apply):** [\[?\]](#)

- ☐ Ethnicity
- ☐ Race
- ☐ Culture
- ☐ National origin
- ☐ Socioeconomic status
- ☐ Gender identity
- ☐ Sexual orientation
- ☐ Religion
- ☐ Exceptionality
- ☐ Other

**Client(s)/Patient(s) Linguistic Diversity (check all that apply):** [\[?\]](#)

- ☐ English
- ☐ English Language Learner
- ☐ Primary English dialect
- ☐ Secondary English dialect
- ☐ Bilingual
- ☐ Polyglot
- ☐ Gender identity
- ☐ Sign Language (ASL or SEE)
- ☐ Cognitive / Physical Ability
- ☐ Other

Save

# PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Unacceptable Performance

4 - Meets Performance Expectations

2 - Needs Significant Improvement in Performance

5 - Exceeds Performance Expectations

3 - Needs Improvement in Performance

\* If n/a, please leave space blank

Evaluation	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures as applicable (std IV-D, std V-B, 1a; CTC-SLP4) ?					4.50				
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b; CTC-SLP4) ?	4.50			4.50					
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c; CTC-SLP4) ?	4.50			4.50					
4. Administers and score diagnostic tests correctly (std V-B, 1c; CTC-SLP4) ?	4.50			4.50					
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d; CTC-SLP4) ?	4.25			4.25					
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C; CTC-SLP2) ?	4.50			4.50					
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e; CTC-SLP4) ?	4.50			4.50					
8. Makes appropriate	4.50			4.50					

recommendations for intervention (std V-B, 1e; CTC-SLP7) <a href="#">?</a>									
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f; CTC-SLP7) <a href="#">?</a>	4.50			4.50					
10. Refers clients/patients for appropriate services (std V-B, 1g; CTC-SLP7) <a href="#">?</a>									
Score totals:	35.75	0	0	35.75	4.5	0	0	0	0
Total number of items scored:	17	Total number of points:		76	Section Average:		4.47		
<b>Comments:</b>									

Save

Intervention	Articulation <a href="#">?</a>	Fluency <a href="#">?</a>	Voice <a href="#">?</a>	Language <a href="#">?</a>	Hearing <a href="#">?</a>	Swallowing <a href="#">?</a>	Cognition <a href="#">?</a>	Social Aspects <a href="#">?</a>	AAC <a href="#">?</a>
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a; CTC-SLP5) <a href="#">?</a>	4.25			4.25					
2. Implements intervention plans that involve clients and relevant others in the intervention process (std V-B, 2b; CTC-SLP5) <a href="#">?</a>	4.50			4.50					
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c; CTC-SLP5) <a href="#">?</a>	4.50			4.50					
4. Sequences tasks to meet objectives (std IV-D, CTC-SLP5) <a href="#">?</a>	4.50			4.50					
5. Provides appropriate									

introduction/explanation of tasks (CTC-SLP5) <a href="#">?</a>	4.50			4.50					
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d; CTC-SLP5) <a href="#">?</a>	4.50			4.50					
7. Uses appropriate models, prompts or cues. Allows time for patient response (CTC-SLP3)	4.25			4.25					
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e; CTC-SLP3) <a href="#">?</a>	4.25			4.25					
9. Identifies and refers patients/clients for services as appropriate (std V-B, 2g; CTC-SLP3) <a href="#">?</a>									
Score totals:	35.25	0	0	35.25	0	0	0	0	0
Total number of items scored: 16 Total number of points: 70.5 Section Average: 4.41									
<b>Comments:</b> <div></div>									

Save

Professional Practice, Interaction, and Personal Qualities	Score
1. Possesses foundation for basic human communication and swallowing processes (std IV-B; CTC-SLP3) <a href="#">?</a>	4.75
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F; CTC-SLP2) <a href="#">?</a>	4.75
3. Possesses knowledge of contemporary professional issues and advocacy (includes trends in professional practice, ASHA practice policies and guidelines, and reimbursement procedures) (std IV-G; CTC-SLP7) <a href="#">?</a>	4.50
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a; CTC-SLP5)	4.50
5. Establishes an effective therapeutic relationship with the client and caregivers (i.e.	4.50

emotionally-safe, promotes fairness, respect and supports productive treatment/assessment sessions) (CTC-SLP5)	
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c; CTC-SLP5)	4.50
7. Collaborates with other professionals in case management (std V-B, 3b; CTC-SLP7) ?	4.75
8. Displays effective oral communication with patient, family, or other professionals (std V-A; CTC-SLP5) ?	4.50
9. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std IV-E, std V-B, 3d; CTC-SLP5) ?	4.50
10. Prepares sufficiently and is prompt with the initiation of and termination of each therapy session. (CTC-SLP5) ?	5.00
11. Implements advice/guidelines/recommendations of the Clinical Instructor promptly (CTC-SLP7) ?	5.00
12. Maintains awareness of and complies with department and clinic/facility policies (CTC-SLP5) ?	4.75
Total number of items scored: <u>12</u> Total number of points: <u>56</u> Section Average: <u>4.67</u>	
<b>Comments:</b> <div style="border: 1px dashed black; height: 100px; width: 100%;"></div>	

Save

Clinical Writing	Score
1. Displays effective written communication for all professional correspondence (std V-A; CTC-SLP5) ?	4.25
2. Edits to ensure documentation is free of errors in sentence structure, grammar, spelling, punctuation and capitalization. No typographical errors are present	4.25
3. Written work adheres to the appropriate format and is coherent and appropriate for the defined audience	4.50
4. 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. Describes the functional impact of the identified speech/language/hearing problem(s). ?	4.25
5. 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). ?	4.25
6. Understands the difference between written semester goal and daily objectives. ?	4.50
7. Displays effective written communication in all professional writing. ?	

	4.50
8. Demonstrates appropriate writing style by selecting the appropriate tone, sentence length, phrasing and use of professional terminology.	4.50
9. Assesses his/her own writing and develops strategies for addressing weaknesses	5.00
10. Completes daily therapy log/charting, lesson plans, SOAP notes in a timely manner. Reports and subsequent drafts are completed according to established deadlines. ?	4.75
11. 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	
Total number of items scored: 10 Total number of points: 44.75 Section Average: 4.48	
<b>Comments:</b> <div></div>	

Save

**Midterm Evaluation (Strengths/Areas Needing Improvement):**

**Final Evaluation (Strengths/Areas Needing Improvement):**

**Remediation Plan:**

Total points (all sections included): 247.25 Adjustment: 0.0  
divided by total number of items 55  
Evaluation score: 4.5  
Letter grade A-  
Quality points: N/A

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name:  Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student. Supervisor name:  Date completed:

If you want to save an evaluation in progress and come back to it later, make sure the "final submission" is un-checked and then press Save.

☒ Final submission (if this box is checked, no more changes will be allowed!)

**Save**

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the [ASHA Web site](#) to access the standards in their entirety.



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

1. **Type:** Critical Thinking

**Subject Area:** CSAD 148

**Undergrad Curriculum:** Spring Senior

**Grad Curriculum:**

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. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:** CSAD 112 (Fall Junior), CSAD 125 (Spring Junior)

**Grad Curriculum:** CSAD 223 (1<sup>st</sup> sem)

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

3. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:** CSAD 127 (Spring of Senior), CSAD 126 (Spring Junior), CSAD 147 (Fall Senior)

**Grad Curriculum:**

Prior to surgery, which system would be primarily impaired if a child had a cleft palate?

- a. Phonology
- b. Semantics
- c. Syntax
- d. Resonance

4. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:** SPHP 112 (Fall J), CSAD 125 (F J), CSAD 126 (SJ),

**Grad Curriculum:** CSAD 223 (1), CSAD 242A (1)

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. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:** CSAD 147 (FS), CSAD 125 (SJ)

**Grad Curriculum:** CSAD 222 (2), 242b (2), 244 (3)

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 | c. 2 |
| b. 3   | d. 4 |

6. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** CSAD 147 (FS), CSAD 125 (SJ)

**Grad Curriculum:** CSAD 222 (2), 242b (2), 244 (3)

What is the corresponding qualifying standard score for the CELF-5?

- |       |       |
|-------|-------|
| a. 90 | c. 78 |
| b. 70 | d. 85 |

7. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** CSAD 147 (FS), CSAD 125 (SJ)

**Grad Curriculum:** CSAD 222 (2), 242b (2), 244 (3)

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. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:** 111 (FJ), 127 (SS)

**Grad Curriculum:** 228B(2)

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. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:** 111 (FJ), 123 (FS)

**Grad Curriculum:** 228b(2)

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. **Type: Critical Thinking**

**Subject Area:**

**Undergrad Curriculum:** 126 (SJ), 147 (FS)

**Grad Curriculum:**

Rosie, a 4-year old girl, has been referred to you for a potential speech sound disorder. Her mother tells you that she has had a number of ear infections, and was slow to talk. Most people have difficulty understanding her. When you talk with Rosie before you test her, you estimate that she is approximately 40% intelligible. You want to get a second opinion, so you ask a speech-language pathologist friend to listen to Rosie and independently estimate Rosie's intelligibility (the friend doesn't know what your rating was). Your friend says that in his estimation, Rosie is 40-45% intelligible. This process you have just engaged in with your friend is called establishing:

- a. Intrajudge reliability
- b. Interjudge reliability
- c. External validity
- d. Concurrent test validity

11. **Type: Basic Knowledge**

**Subject Area:**

**Undergrad Curriculum:** 147(FS), 148 (SS)

**Grad Curriculum:**

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.
- d. A measure of central tendency used to show how many individuals achieve an average score.

12. **Type: Basic Knowledge**

**Subject Area:**

**Undergrad Curriculum:** 111 (FJ), 125 (SJ), 126(SJ), 127 (SS)

**Grad Curriculum:** 221 (2),

What are the clinical red flags 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. **Type: Basic Knowledge**

**Subject Area:**

**Undergrad Curriculum:** 111 (FJ), 125(SJ),

**Grad Curriculum:** 221(2)

Traumatic brain injury (TBI) often results in cognitive-linguistic deficits due to:

- a. Slow and insidious confabulation and disorientation
- b. Primary progressive aphasia
- c. Oropharyngeal dysphagia
- d. Diffuse axonal injury

14. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** 111 (FJ), 125 (SJ),

**Grad Curriculum:** 221 (2),

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. **Type:** Critical Thinking

**Subject Area:** Autism

**Undergrad Curriculum:** 125(SJ), 142(FS)

**Grad Curriculum:** 223 (1), 242B (2), 229B(3)

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. **Type:** Critical Thinking

**Subject Area:** Autism

**Undergrad Curriculum:** 125(SJ), 142 (FS)

**Grad Curriculum:** 242b (2), 228c (3)

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. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** 130 (SJ)

**Grad Curriculum:**

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:

- a. Problems associated with understanding speech in noise
- b. Hearing aid use and care
- c. Listening and repair strategies
- d. All of the above

18. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:** 110(FJ), 130 (SJ)

**Grad Curriculum:**

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. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** 127 (SS)

**Grad Curriculum:** 227 (3)

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. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** 123 (FS)

**Grad Curriculum:** 228b(2)

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. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** 123 (FS),

**Grad Curriculum:** 228b(2)

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. **Type:** Critical Thinking

**Subject Area:**

**Undergrad Curriculum:** 143 (FS),

**Grad Curriculum:** 223 (1)

You are serving a child from a non-mainstream cultural background. Jose's parents 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, C

23. **Type:** Basic Knowledge

**Subject Area:**

**Undergrad Curriculum:**

**Grad Curriculum:** 217 (3)

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
- d. Principle of Attrition

# Departmental Assessment Plan Department of Communication Sciences and Disorders

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**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 (Revised 2017)

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## 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><b>Written Communication</b></p> <p><b>ASHA Skills Standard V-A</b></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"> <li>• Grammar</li> <li>• Clinical Report Writing</li> <li>• Written Treatment Plans</li> <li>• Research Literature Reviews</li> <li>• Self-Evaluation of Clinical Skills</li> <li>• Professional Letter Writing</li> </ul>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Clinical Competencies: 90% of students will earn an average rating of 4.0 or better for the <b>writing</b> competency category with no individual line item score of 2.9 or less in all of their clinic coursework</li> <li>• National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
2	<p><b>Critical Thinking</b></p> <p><b>ASHA Skills Standard V-B</b></p>	<p>To demonstrate <b>skills</b> 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"> <li>1) Articulation</li> <li>2) Fluency</li> <li>3) Voice and Resonance, including respiration and phonation</li> </ol>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Clinical Competencies: 90% of students will earn an average rating of 4.0 or better for each of the <b>4 general</b> competency categories with no individual line item score of 2.9 or less in all of their clinic coursework</li> <li>• Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better</li> <li>• Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the <b>critical thinking</b> questions correctly. <b>Note:</b> 83% equates to a cohort grade of B</li> </ul>

		<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>	<ul style="list-style-type: none"> <li>National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Positive Alumni, Employer, and Student Survey Feedback</li> <li>Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
3	<p><b>Overall Competencies in the Major</b></p> <p><b>ASHA Knowledge Standard IV-C</b></p>	<p>To demonstrate <b>knowledge</b> 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>1) Articulation</p>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Clinical Competencies: 90% of students will earn an average rating of 4.0 or better for each of the <b>4 general</b> competency categories with no individual line item score of 2.9 or less in all of their clinic coursework</li> <li>Clinical Methods Coursework 90% of students will pass all associated Methods Courses with a grade of B or better</li> <li>Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the <b>basic knowledge</b> questions correctly</li> </ul>

		<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>	<ul style="list-style-type: none"> <li>• Didactic Coursework: 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better</li> <li>• National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
4	<p><b>Overall Competencies in the Major</b></p> <p><b>ASHA Knowledge Standard IV-A</b></p>	Students will demonstrate knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Learning Outcomes Assessment: By the fourth semester, 90% of students will answer 90% of the <b>IV-A</b> related questions correctly</li> <li>• Pre-major requirements: Upon admission to the program 100% of students will have successfully completed the following pre-major coursework: <i>Human Development Lifespan; Introduction to Psychology;</i></li> </ul>

			<p><i>Introduction to Statistics; Introduction to Sign Language</i></p> <ul style="list-style-type: none"> <li>National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Positive Alumni, Employer, and Student Survey Feedback</li> <li>Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
5	<p><b>Overall Competencies in the Major</b></p> <p><b>ASHA Knowledge Standard IV-B</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"> <li>Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the <b>IV-B</b> related questions correctly</li> <li>Clinical Competencies: 90% of students will earn an average rating of 4.0 or better in the <b>assessment and treatment</b> competency categories with no individual line item score of 2.9 or less in all of their clinic coursework</li> <li>Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better</li> <li>Didactic Coursework: 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better</li> <li>National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Positive Alumni, Employer, and Student Survey Feedback</li> <li>Positive Biannual Advisory Committee Meeting Feedback</li> </ul>

6	<p><b>Overall Competencies in the Major/Intercultural knowledge and Competency</b></p> <p><b>ASHA Knowledge Standard IV-D</b></p>	<p>Students will demonstrate, for each of the areas specified in Standard IV-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>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the <b>IV-D</b> related questions correctly</li> <li>• Clinical Competencies: 90% of students will earn an average rating of 4.0 or better in the <b>assessment and treatment</b> competency categories with no individual line item score of 2.9 or less in all of their clinic coursework</li> <li>• Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better</li> <li>• Didactic Coursework: 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better</li> <li>• National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
7	<p><b>Ethical Reasoning</b></p> <p><b>ASHA Knowledge Standard IV-E</b></p>	<p>Students will demonstrate knowledge of standards of ethical conduct</p>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Clinical Competencies: 90% of students will earn an average rating of 4.0 or better in the <b>Professional Behavior</b> competency categories with no individual line item score of 2.9 or less in all of their clinic coursework</li> <li>• Clinical Methods Coursework: 90% of students will pass all associated Methods Courses with a grade of B or better</li> </ul>

			<ul style="list-style-type: none"> <li>National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Positive Alumni, Employer, and Student Survey Feedback</li> <li>Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
8	<b>Inquiry and Analysis</b>  <b>ASHA Knowledge Standard IV-F</b>	Students will demonstrate knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the <b>IV-F</b> related questions correctly</li> <li>Upon admission to the program 100% of students will have successfully completed a course in research methodology with a grade of C or better</li> <li>National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Positive Alumni, Employer, and Student Survey Feedback</li> <li>Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
9	<b>Overall Competencies in the Major</b>  <b>ASHA Knowledge Standard IV-G</b>	Students will demonstrate knowledge of contemporary professional issues	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>Learning Outcomes Assessment: By the fourth semester, 83% of students will answer each of the <b>IV-G</b> related questions correctly</li> <li>Clinical Competencies: 90% of students will earn an average rating of 4.0 or better in the <b>Professional Behavior</b> competency categories with no individual line item score of 2.9 or less in all of their clinic coursework</li> <li>Clinical Methods Coursework: 90% of students will pass all associated</li> </ul>

			<p>Methods Courses with a grade of B or better</p> <ul style="list-style-type: none"> <li>• Didactic Coursework: 90% of students will pass all didactic (non-clinical) coursework with a grade of B or better</li> <li>• National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
10	<p><b>Ethical Reasoning</b></p> <p><b>ASHA Knowledge Standard IV-H</b></p>	<p>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>	<p>Direct Methods/Standards of Performance</p> <ul style="list-style-type: none"> <li>• PS Internship Methods Seminar: 90% of students will pass CSAD 250 with a grade of B or higher</li> <li>• National <i>Praxis</i> Exam: 90% of students will score 162 or higher</li> </ul> <p>Indirect Methods/Standard of Performance</p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>

## 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 4.0 or better on the average combined score of the 4 general competency categories, provided that the student achieves; (a) an average rating of 4.0 or better for **each** of the 4 general competency categories **and** (b) a minimum score of 3.0 on **all** individual competency line items. **Therefore, any student receiving (a) a rating of 2.99 or less on any one (or more) specific line item or (b) a rating of 3.99 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:

<b>Question</b>	<b>PLOs Assessed</b>	<b>ASHA Knowledge/Skill Outcome Area Assessed</b>	<b>Critical Thinking (CT) Basic Knowledge (BK)</b>
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

#### 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								