California State University, East Bay

5-year Program Review for Communicative Sciences and Disorders - CSD (Same as the Speech-Language Pathology Program)

2007-2012

Self Study and 5-year Plan approved by faculty on: Feb 15\textsuperscript{th}, 2012

External Reviewer Reports: Received comments at the end of site visit on by the April 10\textsuperscript{th}, 2012; Written report on August 7\textsuperscript{th}, 2012 (Appendix A)

Program’s Response to External Reviewer’s Report (at site visit) completed on: June 15\textsuperscript{th}, 2012 (Appendix B)

Complete 5-Year Program Review Report submitted to CAPR on: May 30\textsuperscript{th}, 2013
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1. Program Summary

   The Department of Communicative Sciences and Disorders (also the Speech-Language Pathology Program) was founded at CSUEB in 1970 and has been continuously accredited nationally by the American Speech-Language Hearing Association (ASHA). It’s Speech-Language Pathology Credential is also accredited by the National Council for Accreditation of Teacher Education (NCATE) and state-wide by the California Commission on Teacher Credentialing (CCTC). CSD recently successfully completed a comprehensive reaccreditation site visit by the American Speech Language Hearing Association in April 2012. Subsequent to this site visit, the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) met July 18-21st 2012 and voted to reaccredit the graduate education program in speech-language pathology at CSUEB for the maximum allowable 8-year period from September 1st, 2012 until August 31st, 2020. This report from CAA is included as part of this 5-year review (see Pg 10-14). The program’s response to this report is also included in this 5-year review (see Pg 15-20). CSD will submit an initial follow-up report in August 2013 to ASHA, detailing the program’s efforts to address specific areas of concern identified in our reaccreditation site visit. These concerns primarily centered around:

   a. strategic planning for continuity in program/department leadership
   b. increasing the number of full-time tenure-track/tenured faculty in the department
   c. enhancing graduate student advising for coursework and clinical practicum sequencing
   d. ensuring stability in curricular planning and offering coursework, and
   e. improving consistency in tracking of student performance in clinical practicum

2. Self-Study

   An 83-page detailed self-study document was submitted for external review in AY 11-12. The information contained therein is not reproduced here; the original self-study document is separately provided for CAPR’s records in Attachment A.

3. 5-year Plan

   The Department had been approved to align its 5-year review with ASHA re-accreditation in AY 2012-13. Following the Spring 2012 ASHA site visit, and our re-accreditation report expectations issued in August 2012, the following new goals have been developed to be addressed by August 1st, 2013:

   a. Implementing a strategic plan for continuity in department leadership.
      At the end of AY 11-12, CSD had only 3 faculty (see 5-year Program APR data on Pgs 8-9 of this document) having lost two senior faculty- one (Janet Patterson) resigned following a 2-year professional leave of absence. The other, Patricia Lohman, entered the FERP program in Fall 2011, served as Program Director in AY 11-12 and resigned in June 2012. The Dean appointed an outside-the-department FERP faculty member (Marilyn Silva) as Interim Department Chair in AY 11-12, who completed her FERP tenure in June 2012. The new Department Chair (Nidhi Mahendra), a tenured faculty member assumed Chair duties in July 2012 and was appointed for a 1-year term in AY 12-13. The most crucial need for the department is to establish a line of leadership for the foreseeable future. One way for CSD to do this is to request a Chair or senior faculty hire. CSD requested a Chair search in 2011-2012 which was turned down; subsequently, an
open-rank search was requested to hire senior faculty in AY 12-13 which was turned down as well. With a recent FERP announcement, in AY 13-14, the department will have 3 Assistant Professors, 1 Associate Professor and 1 FERP faculty. The department is considering a rotation model for Chair at this time; Nidhi Mahendra will likely serve an additional 2-year term as Chair beyond AY 12-13. The department’s strategic plan identifies the subsequent 2 Chairs (Kashinath: 2015-2018; Dukhovny: 2018-2021).

b. **Increasing the number of full-time TT faculty in the department**

Excellent progress has made towards this goal with the addition of two new Assistant Professors in AY 12-13 (Elena Dukhovny who began in Fall 2012; Kai Green who began in Winter 2013). Further, CSD has been approved for an additional Assistant Professor of Audiology search in AY 2013-2014. In light of the recent retirement and entry into FERP of Dr. Robert Peppard, CSD plans on requesting an additional TT faculty in Speech-Language Pathology next year.

c. **Enhancing graduate student advising for completion of coursework and clinical practicum sequencing**

CSD is working hard to respond to this area of concern in our reaccreditation site visit. The advising issues stemmed primarily from a dire shortage of faculty in the last 3 years. With the addition of new faculty, CSD is overhauling its advising systems and resources via multiple approaches including – group/cohorted advising with follow-up individual advising for special circumstances, expansion of advising resources and roadmaps on the department website, creating designated faculty advisor roles by cohorts (e.g. undergraduates, first-year grad students, second-year grad students, graduate students without a Bachelor’s in CSD). Further, CSD is currently conducting a survey deployed via Survey Monkey on better understanding student concerns about advising, responding to suggestions, and examining student practices for advising information/resource utilization.

d. **Ensuring stability in curricular planning and offering coursework**

See Section 3.1 below on Curriculum

e. **Improving consistency in tracking of student performance in clinical practicum**

Revisions to electronic forms, substantive changes to the website to promote clear communication with prospective and current students, policy changes to advising record keeping, and FERPA training for all clinical staff, part-time supervisors, and lecturers in addition to TT faculty has been implemented in response to feedback provided during the site visit in April 2012. Subsequently, faculty and lecturer training on advising consistency and record keeping has been a focal point in AY 12-13.

### 3.1. Curriculum

A major curriculum revision for the undergraduate and graduate Speech-Language Pathology degrees was completed and approved in AY 08-09. The new curriculum went into effect Fall 2010. All new courses will be offered by Fall 2013 as the new curriculum is fully phased in. All but two courses in the new curriculum (SPPA 6055: Aphasia Rehabilitation; SPPA 4869: Neuroanatomy) have been offered consistently since AY 2010-2011. CSD has been recently approved by the Academic Senate to offer one of its introductory courses, SPPA 2850: Introduction to Communication Sciences and Disorders, as a lower-division GE science course for GE approval as a science course. This is a positive development and will increase
CSUEB undergraduates’ exposure to the Speech-Language Pathology major. Currently, faculty are actively engaged in mapping the MS and BS curriculum to the CSUEB ILOs and expect to complete this process prior to the end of this academic year. In Winter 2013, the Program redrafted its Student Learning Outcomes, which will shortly appear on the Department website, in time for the start of AY 2013-14.

Another concern about curriculum that emerged at the 2012 accreditation site visit was ensuring policies/procedures be in place when a student is assigned to a specific clinical practicum (or client) prior to having had a course specific to that client’s disorder. For example, CSD needs to consider how best to support a student assigned to work with a client with a voice disorder in clinic when they have not yet had the class on Rehabilitation of Voice Disorders. Whereas this does not happen very frequently, the potential for this to happen always exists because the composition of clients/their disorders requesting services changes, as does the number of students signed up for practicum by cohort each quarter. The Department is giving careful thought to including more information/resources that span the Speech-Pathology scope of practice in introductory courses (SPPA 2850) and preparatory-to-clinic courses (SPPA 4854/6054: Diagnosis of Speech and Language Disorders; SPPA 4852/6052: Clinical Methods). Further, clinical rounds have been introduced in multiple areas of clinical practicum in AY 12-13 as a means for students to receive more support from clinical supervisors, during practicum. Additionally, CSD has been steadily expanding its service learning opportunities integrated within the curriculum to offer more clinical context to coursework. We expect a plan to address this concern to be complete in AY 2013-2014.

3.2. Students

In Fall 2012, CSD had 81 undergraduates and 95 graduate students, for a total of 176 majors (see 5-year Program APR data on Pgs 8-9 of this document). Interest in the graduate program has increased tremendously, evidenced by 432 applications in Winter 2013 for admission to the MS program beginning Fall 2013. Of these 432, a cohort of 35 has just been admitted to the program. Our undergraduate numbers are also up by 20 majors from Fall 2011. We expect the GE science course (SPPA 2850) to draw still more undergraduate majors to CSD. Undergraduates have to have grades of B or better in three foundational courses to progress in the major; further they must have a 3.5 GPA in the major to do clinical practicum and serve patients under supervision. There is no plan to increase the number of spots in the graduate program.

CSD students have had significant accomplishments with multiple awardees receiving Outstanding Student Awards each year from the California Speech Language Hearing Association. Two CSD students were research fellows funded by the Center for Student Research in 11-12; over 10 students have presented at national and international conferences in the last few years. In the last 5 years, 3 students have co-authored scientific articles in peer-reviewed journals with faculty. The department is also able to offer internally funded teaching assistant positions and multiple scholarships through the Stephanie Amore fund, the Lindemann-Rosenthal endowment fund, and through a 3-year training grant funded by The California Wellness Foundation (2012-2015). This training grant allowed 12 scholarships to be presented in AY 12-13 to CSD students.

3.3. Faculty

Effective Fall 2013, CSD will have 3 Assistant Professors, 1 Associate Professor, and a half-time FERP faculty. The Assistant Professors have expertise in autism spectrum
disorders (Kashinath), augmentative and alternative communication (Dukhovny), and bilingualism and serving English-language learners (Greene). The Associate Professors have expertise in aging/dementia and multicultural issues (Mahendra) and voice disorders (Peppard). As a sample of accomplishments, in AY 12-13, the faculty have collectively brought in $180,000 in external grants (Mahendra/Kashinath: The California Wellness Foundation), $20,000+ in internal RSCA grant funding, and $10,000+ in conference funding from Kaiser Permanente. Goals for faculty in the forthcoming years are to hire an Audiology faculty in AY 13-14 and a Speech-Language Pathology faculty in AY 14-15 to ensure stability in numbers for offering coursework and advising for the foreseeable future.

3.4. Other Resources

Administrative support staff

CSD has two full-time clinical speech-language pathologists and an ASC. Given that the clinical staff members are integrally involved in clinical supervision on-campus and off-campus and teach classes to alleviate faculty unavailability (e.g. faculty on assigned time for administrative/research duties, leaves/sabbaticals). An additional full-time permanent staff member was hired in Spring 2007 as an ASA. The position was cut at the end of the Fall 2010 quarter. CSD used its Trust funds to hire a temporary part-time person through July 2011. This arrangement continued in AY 2011-2012 and is expected to continue in AY 2012-2013. This is an ongoing need that CSD will bring up in an MOU meeting, for support from the College/University. Additionally, CSD pays for much of its part-time clinical supervisors on campus who directly teach students in the context of clinical practicum.

Space

Faculty/Classroom/Clinic Space

In the AY 04-05 accreditation visit by ASHA, lack of adequate space was a concern and the department subsequently more than doubled the square footage of space for clinical and academic use, acquiring 4 therapy rooms, 3 labs, 2 classrooms, 1 group therapy room, 1 lecturer office, and 6 faculty offices. In Summer 2011, CSD was asked to vacate one large faculty office, subsequently occupied by Athletics in their relocation out of Warren Hall. In Summer 2012, another clinical/research space was requested back to serve as a Student Success Center next to the CLASS Dean’s Office. These spaces served key functions and were used regularly by CSD. At this time, there is no office space for the faculty member who will arrive to start in Fall 2014. This is an area of concern and the department will be exploring ways to acquire 2 faculty offices within the next 2 academic years.

Accessibility of Clinic Space inside the MB building

CSD has been a strong advocate for improving the accessibility of the Speech Language Hearing Clinic for clients/patients from the community. In AY 2010-2011, with CLASS Dean Rountree’s support, discussions were had with then CFO Shawn Bibb and presentations made to Facilities Management about concerns pertaining to ADA compliance and building accessibility. In response to this, Facilities Management approved three projects that included a) restrooms closest to the CSD clinic converted to being handicapped accessible (completed in Fall 2011), b) handrails installed along the brick steps and ramp leading to the west entrance of the Music and Business building (completed in Summer 2012), and c) placement of benches with armrests along the path leading to the CSD Clinic from the parking lot for clients who have difficulty ambulating and who wait a while, for paratransit pick up (incomplete at this time). The CSD Chair has been corresponding with Bob Andrews in Facilities Management and will be pursuing the incomplete request as well
as requesting handrails along the CSD hallway to allow safe mobility for patients with physical disabilities.

Equipment/Infrastructure Needs

Clinic Needs

The Speech-Language Hearing Clinic is actively considering moving to paperless record keeping of student clock hours and clinical practicum data using the Calipso online system (http://www.calipsoclient.com), used by other Speech-Language Pathology programs. It is expected we will switch to this system in AY 13-14 or AY 14-15.

Audio-Visual Observation System Upgrade in Clinic

A minor upgrade was made in AY 2008-09 to outfit new therapy rooms with cameras, and to upgrade cameras in older clinic therapy rooms. CSD is submitting an IREE grant in June 2013 to request a fuller upgrade to convert from VHS-based audiovisual technology to digital technology that would allow greater efficiency in student supervision and convert to digital storage of patient videos from therapy and evaluation sessions. This will be a focal point for the clinic upgrade in the next 2 academic years.

Instructional/Research Equipment

CSD has competed actively in IREE grant submission and has successful received nearly $75,000 in equipment funds in the last 2 academic years. These funds have been a lifeline for the program in upgrading speech science lab equipment for analysis of voice and respiratory disorders, computerized analysis of nasal and oral airflow (for speech production), and in ordering state-of-the art neuroanatomy models and instructional materials. Contemporary analysis of language transcripts and interview data can now be accomplished with the thoughtful addition of several software packages and cloud-based analytic tools to support clinical training and faculty research. An exciting area of focus has been the use of therapeutic apps on the ipad to transform therapy and patient/family training. The IREE grant funds have made it possible to acquire multiple ipads and purchase therapeutic applications for treatment of a variety of speech/language/hearing/cognitive disorders. With the combined use of department trust funds and IREE and ECL grant funding, the department has improved instructional and research equipment considerably in the last 3 years.
## Communicative Sciences & Disorders

### Fall Quarter 2008 – Fall 2012

#### A. Students Headcount

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<th>2011</th>
<th>2012</th>
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#### B. Degrees Awarded

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#### C. Faculty

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<td><strong>Tenured/Track Headcount</strong></td>
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<td>6a. Total Non-Tenure Track</td>
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<td>6b. % Non-Tenure Track</td>
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<td>50.0%</td>
<td>44.4%</td>
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<td>7. Grand Total All Faculty</td>
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<td>8. Tenured/Track FTEF</td>
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#### Lecturer Teaching

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<td>11a. FTES Taught by Tenure/Track</td>
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<td>66.3</td>
<td>73.5</td>
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<td>80.4</td>
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<td>11b. % of FTES Taught by Tenure/Track</td>
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<td>54.5%</td>
<td>60.8%</td>
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<td>73.5%</td>
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<td>12a. FTES Taught by Lecturer</td>
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<td>47.3</td>
<td>22.5</td>
<td>28.9</td>
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<td>12b. % of FTES Taught by Lecturer</td>
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<td>45.5%</td>
<td>39.2%</td>
<td>21.9%</td>
<td>26.5%</td>
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<td>13. Total FTES taught</td>
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<td>121.7</td>
<td>120.8</td>
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<td>14. Total SCU taught</td>
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#### D. Student Faculty Ratios

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<td>1. Tenured/Track</td>
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<td>38.3</td>
<td>23.5</td>
<td>21.5</td>
<td>26.8</td>
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<td>2. Lecturer</td>
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<td>118.5</td>
<td>26.3</td>
<td>26.8</td>
<td>48.8</td>
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<td>3. SFR By Level (All Faculty)</td>
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<td>24.5</td>
<td>22.4</td>
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<td>26.8</td>
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<td>6. Graduate</td>
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<td>20.3</td>
<td>19.9</td>
<td>29.3</td>
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#### E. Section Size

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<td>1. Number of Sections Offered</td>
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<td>33.5</td>
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<td>5. Average Section Size for GD</td>
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<td>7. UD Section taught by Tenured/Track</td>
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ACCREDTATION ACTION REPORT
Reaccreditation (or Initial Accreditation) Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 19-21, 2012 meeting, as indicated below.

Name of Program: California State University, East Bay
File #: 209

Professional Area:
- Audiology
- Speech-Language Pathology

Residential Program
- Distance Education
- Satellite Campus
- Contractual Arrangement

Degree Designator(s): M.S.
Action Taken: Re-Accredit for 8 years
Effective Date: July 21, 2012

New Accreditation Cycle: September 1, 2012 – August 31, 2020

Next Review: Annual Report due August 1, 2013

Notices: The program is advised to adhere to the following notices that are appended to this report.
- PROGRAM COMPLIANCE EXPECTATIONS
- PUBLIC DISCLOSURE OF DECISION AND ACCREDITATION STATUS

As a result of its comprehensive review, the CAA found the program to be in compliance with the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, except as noted below.

AREAS OF NON-COMPLIANCE
The CAA found the program to be not in compliance with the following standards for accreditation. Non-compliance means that the program does not have in place the essential elements necessary to meet the standard. The program should demonstrate its compliance with these standards in the Prior Concerns section of the next Annual Report or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance.

- There are no areas of non-compliance.

AREAS OF PARTIAL COMPLIANCE
The CAA found the program to be in partial compliance with the following standards for accreditation. Partial compliance means that the program has in place some, but not all, of the essential elements necessary to meet all aspects of the standard. The program must demonstrate its compliance with these standards in the Prior...
Concerns section of the next Annual Report or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance.

**Standard: 1.5**
**Evidence of Partial Compliance:**
The individual responsible for the graduate program, as program director, does not hold a full time appointment at the institution and is participating in a phased retirement program. Additionally, the individual who served as department head holds a degree in linguistics and also does not hold a full time faculty member and is in a phased retirement program. In addition, the program reports that a full time faculty member, Dr. Nidhi Mahendra, who holds a full time position at the institution with a degree in SLP, has been recommended as department chair and is expected to take over as department chair and program director Summer 2012.

**Steps to be Taken:**
In the next annual report, please discuss how effective administration and leadership for the program is sustained during the transition to appointing the full-time program director. Within 30 days of the appointment of the new program director please submit a “Program Director Change Notification” to CAA.

**Standard: 3.1B**
**Evidence of Partial Compliance:**
The curriculum may include opportunity for students to complete a minimum of 400 clinical education hours, 325 of which are attained at the graduate level; however, documentation in student and alumni files did not include a record of the total number of clinic hours obtained by each student. The site visit team could not confirm that the program is tracking its own clinic hour requirements and some alumni did not show a record of completing the required hours in hearing.
In the response to the site visit report, the program described its current approach to documentation and plans for a new recording keeping system, using technology currently available on the campus.

**Steps to be Taken:**
In the next annual report, please provide a detailed report to the CAA on the development and implementation of the new record keeping system to demonstrate how the program documents student progress toward completion of the graduate degree.

**Standard: 3.4**
**Evidence of Concern:**
Student interviews revealed that professional course work in communication disorders does not always precede or occur concurrently with clinical education in these disorders. On occasion, students are assigned to work with clients when the student has not completed coursework in the disorder area and does not have coursework in progress at the time of the assignment. Requirements for such assignments vary between supervisors, with no consistent policy to ensure adequate preparation of the clinician.

**Steps to be Taken:**
In the next annual report, please update CAA on the plan and procedures for ensuring students have adequate academic preparation for clients whom they will treat and procedures to address rare occasions when a mismatch between course preparation and clinical assignments occur.

**Standard: 4.4**
**Evidence of Concern:**
Student interviews revealed concerns about inconsistent academic advising and changes in the curriculum which may have hindered students progressing through the program. In the response to the site visit report, the program reported that this issue was related to availability of advisors, which will be addressed with two new faculty hires, and implementation of a new curriculum, which will be completed in 2012.

**Steps to be Taken:**

In the next annual report, please update CAA on how implementation of the new curriculum and the addition of new faculty has improved student progress toward completion of the program and advisors.

**Standard: 5.2**

**Evidence of Partial Compliance:**

For state licensure and national certification, records were not kept in sufficient detail to verify that each student obtained the required clock hours since the hours were not totaled.

In the response to the site visit report, the program described its current approach to documentation and plans for a new recording keeping system, using technology currently available on the campus.

**Steps to be Taken:**

In the next annual report, please provide a detailed report to the CAA on the development and implementation of the new record keeping system to demonstrate how the program documents student progress toward professional credentialing requirements and makes this information available to students.

**AREAS FOR FOLLOW-UP (clarification/verification)**

The program should provide an update in the next Annual Report on the issues related to the following standards for accreditation. The CAA did not find the program to be out of compliance with these standards at this time, but requires that additional information be provided in the next Annual Report in order to monitor the program’s continued compliance in the stated areas.

**Standard: 2.2**

**Evidence of Concern:**

The number of full-time doctoral level faculty in speech-language pathology, audiology, and speech-language-hearing sciences, and other full- and part-time faculty/instructional staff are not sufficient to meet the teaching needs of the program without the interim hiring of qualified lecturers when tenure track faculty are not available to teach courses. However, the program indicates that two new faculty hires will begin in Fall 2012, and in Winter 2013.

**Steps to be Taken:**

In the next annual report, please update CAA on the status of the new faculty hires and provide updated faculty detail for each new hire that documents their role to the program and appropriate qualifications.

**STRENGTHS/COMMENDATIONS**

The CAA identified the following strengths and commends the program in these areas relevant to the accreditation standards.

**Standard: 3.1B, 3.7B**

**Comments/Observations:**

The program’s intensive Aphasia Treatment Program is a clear strength. It provides opportunities for interdisciplinary work and collaboration for the program’s students and members of the community, families, and caregivers. There are many and varied activities including the group’s choir which are unique and quite valuable for persons with aphasia and the students enrolled in the program.
The CAA has evaluated this program regarding its performance with respect to student achievement and provides the following report, required as an accrediting agency recognized by the US Secretary of Education [34 CFR 602.17(f)(2)].

**PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT**

Comments/Observations:

The CAA assessed the program’s performance with respect to student achievement and found the program to meet or exceed the established CAA expectations (as described in accreditation standard 5.0-Assessment) in the following checked areas. Details regarding any of these areas found to be not in compliance are described earlier in this report in the context of the relevant standard.

| x | Program Completion Rates |
| x | Employment Rates |
| x | Praxis Examination Rates |

**PROGRAM COMPLIANCE EXPECTATIONS**

CAA's recognition by the United States Secretary of Education requires that, if an accrediting agency’s review of a program under any standard indicates that the program is not in compliance with that standard, the agency must require the program to take appropriate action to bring itself into compliance with the agency’s standards within a time period that must not exceed two years. [34 CFR 602.20(a)(2)(iii)] If, after review of a required report, the program remains out of compliance with any standard and sufficient progress toward compliance has not been demonstrated, CAA may act to place the program on probation in accordance with the policy and procedures outlined in the Accreditation Manual on the academic accreditation Web site. If the program does not bring itself into compliance within the specified period, the accrediting agency must take immediate adverse action. If the program continues to remain out of compliance with any standard at the end of the specified period, CAA will withdraw accreditation, unless the CAA judges the program to be making a good faith effort to come into compliance with the standards. In such case, the CAA may, for good cause, extend the period for achieving compliance for no longer than one additional year, and may decide to continue the accreditation cycle and to monitor the program's progress. CAA defines a “good faith effort” as 1) an appropriate plan for achieving compliance within a reasonable time frame, 2) a detailed timeline for completion of the plan, 3) evidence that the plan has been implemented according to the established timeline, and 4) reasonable assurance that the program can and will achieve compliance as stated in the plan.

**PUBLIC DISCLOSURE OF THIS DECISION AND ACCREDITATION STATUS**

The CAA publishes a notice of final accreditation actions on its Web site after comprehensive reviews are completed in accordance with its published policies. In the event an adverse action is taken and becomes final (i.e., withdrawal or withholding of an accreditation status), the CAA is required to publish a brief statement summarizing the reasons for withholding or withdrawing an accreditation status of a program and the comments, if any, that the affected program may wish to make. The US Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about accreditation or preaccreditation status, contents of site visit reports, and accrediting or preaccrediting actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)] The program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program, using the suggested language provided in the Accreditation Manual on the academic accreditation Web site. If the program chooses to disclose any additional information within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the CAA’s name, address, and telephone number as described in the Accreditation Manual. If a program misrepresents or distorts any action by the CAA with respect to any aspect of the accreditation process, its accreditation status, the contents of the site visit report, or final CAA accreditation actions or decisions, the CAA will notify the chief executive officer of the institution and the program director, informing them that corrective action must be taken. If corrective action is not taken, the CAA will release a public statement that provides correct information and may invoke other sanctions as may be appropriate. If the Accreditation unit discovers that a program has released incorrect or misleading information within the scope of the USDE rule, then it, acting on behalf of CAA, will make public correction, and it reserves the right to disclose this Accreditation Action Report in its entirety for that purpose.
The Program at CSU East Bay would like to thank the CAA accreditation team, as well as the three site visitors for their careful review of our program and for bringing their concerns regarding the following ten standards to our attention. In this document we have responded to the concerns reported by the site visit team during their April 9-10, 2012 visit.

**Standard 1.5**

The individuals responsible for the program of professional education seeking accreditation hold a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full-time appointment in the institution. The individuals effectively lead and administer the program(s).

The site visitors were able to observe partial evidence to support verification of this standard since the program director does not hold a full-time appointment with the university.

The program acknowledges this problem. The plan for remediation is as follows: Dr. Nidhi Mahendra, a full-time, tenured associate professor, has been recommended by the Dean of the college for appointment as Chair [and Program Director] of the Department of Communicative Sciences and Disorders, effective Fall Quarter 2012. She will also serve as summer chair during Summer Quarter 2012. Plans for department leadership during academic year 2013-2014 are not yet firm. The Department and the Dean of CLASS had anticipated a search for a department chair during 2012-2013, but this request has not been approved at the presidential level at this time (possibly because the department was permitted to hire two new faculty beginning employment in 2012-2013). We are certain, however, that the Dean will provide for future leadership, and we have every hope of getting approval for a search for chair in the following hiring cycle.

**Standard 1.7**

The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

The site visitors were able to observe partial evidence to support verification of this standard. The information about admission requirements on the department’s web site for the graduate program is not accurate and reflective of departmental practice. Under the web site section on “Frequently asked questions” the information provided states “The University’s official GPA requirement is 2.5 and we do not admit students under a 3.0.” Review of student and alumni folders revealed that students are admitted to the program who have a GPA less than 3.0.

The Program’s minimum admissions requirement is an overall GPA in all undergraduate course work of 2.5 or better, which matches the university requirement for graduate admission, and a minimum GPA in the undergraduate CSD major of 3.0 or better. We have clarified the admission GPA standards in all posted materials. Please see URL:

http://www20.csueastbay.edu/class/departments/commsci/prospective/frequently-asked-questions.html#FAQ7

Please note that the Program does not admit students to the program who have less than a 3.0 GPA in Communication Disorders coursework. The site visit team did not have sufficient information about the basis for admission. In a review of the student folder singled out as not meeting the minimum 3.00 GPA, we confirmed that the student had a 2.9 overall undergraduate GPA, but did have a GPA in the undergrad CSD major of 3.67, both consistent with our admission standards.
The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty is sufficient to meet the teaching, research, and service needs of the program and the expectations of the institution. The institution provides stable support and resources for the program’s faculty.

The site visitors were able to verify partial evidence to support verification of this standard. Inspection of the faculty summary table and interviews with program faculty indicate the number of full-time doctoral level faculty in speech-language pathology, audiology, and speech-language-hearing sciences, and other full- and part-time faculty/instructional staff are not sufficient to meet the teaching needs of the program so that students are able to complete the requirements of the graduate program within a reasonable time period and achieve the expected knowledge and skills.

The Program acknowledges the problem of not having enough tenure-track faculty. In order to address this problem, two new tenure-track faculty will join the Department in 2012-2013: Dr. Elena Dukhovny in Fall 2012, and Mr. Kai Greene in Winter 2013. Mr. Greene is completing his dissertation at the University of Texas, Austin and will defend in December 2012.

Please note that we disagree with the assertion above that “that students are [not] able to complete the requirements of the graduate program within a reasonable time period and achieve the expected knowledge and skills.” We schedule courses so that students in each cohort can enroll in the appropriate courses in the approved sequence; if tenured/tenure-track faculty are not available to teach some of these courses, we hire highly qualified lecturers to replace them. We are aware, however, that some students do not follow our “roadmaps” for personal or academic reasons, so these students may in fact take longer to complete degree requirements than do students who follow the prescribed sequence.

The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.

The site visitors were able to partial observe evidence to support verification of this standard. The curriculum may include opportunity for students to complete a minimum of 400 clinical education hours, 325 of which are attained at the graduate level; however, documentation in student and alumni files did not include a record of the total number of clinic hours obtained by each student. Also, the program requires 60 contact hours with adults, including 50 in treatment, 15 each in speech and language, ten contact hours in diagnosis, and 30 contact hours in hearing, including 10 hours in treatment of hearing. The site visit team could not confirm that the program is tracking its own clinic hour requirements and some alumni did not show a record of completing the required hours in hearing. For state licensure and national certification, records were not kept in sufficient detail to verify that each student obtained the required clock hours since the hours were not totaled.

To address the concern about the accuracy of the total number of documented clock hours earned by our program’s graduate students, the department plans to convert documentation to electronic or on-line formats that will total hours automatically. The department uses three documents to track clock hours:

1. Record of Clinic and Observation Clinic Hours,
2. Record of Internship Hours,

Since the April site visit, the Department has revised the California State Licensure Report of Clinical Practicum (3) so that it totals hours automatically; the revised form is now being used by students graduating in Spring 2012, and thereafter.

The Record of Internship Hours (2) is being converted to an Excel document that will allow supervisors to enter data electronically and will automatically calculate total earned clock hours; secondary paper documentation will be retained. This new form will include all the 9 disorder categories required for clinical certification. Implementation of this new internship tracking form will begin in Fall 2012.

The Record of Clinic and Observation Clinic Hours (1), which covers multiple quarters of practicum and will include all 9 disorder areas, will be converted to an on-line data tracking system accessible only by password. In
the proposed model, supervisors will be able to enter hours, and students will be able to view hours. The system will track total earned hours automatically, and be used to generate reports at any point in the student’s training program to monitor progress toward completion of clock hour requirements. The department plans to meet with university IT personnel this summer to determine the most effective way to design such a system using technology currently available on the CSUEB campus. Implementation will begin with incoming Fall 2012 graduate students; data for current students will be manually uploaded to the new system throughout 2012-2013.

The revised forms (1) and (2) above will provide evidence of completion of the program’s own clock hour requirements.

3.3B  The scientific and research foundations of the profession are evident in the curriculum.

The site visitors were able to observe partial evidence to support verification of this standard. There is not documentation that the program requires coursework in physical sciences and the documentation in alumni folders does not provide evidence that such coursework is completed by every student. Additionally, the program’s tracking of the coursework completed for individual students in biological sciences, mathematics, and behavioral/social sciences is not consistently reflected on the tracking sheet in student/alumni folders. Some tracking sheets were partially completed, while other tracking sheets for alumni were blank.

Physical science has been added to all advising and tracking material in the same area where we track the requirements in human anatomy, psychology, statistics and cognitive development. We will accept any physical science already on a student’s transcript. If a student does not have one listed on the transcript, we will recommend an introductory physics course as the preferred choice, but will consider other physical sciences such as chemistry, geology, and astronomy.

In regards to some students’ tracking sheets not being fully completed, the program acknowledges this problem. Due to the limited faculty members present during the past two years, students were unable to meet with their assigned advisors. Beginning fall 2012, given a full cohort of faculty members, students will be required to meet with their assigned advisor at least one time during each academic year to update their tracking sheet and to make sure they are following their Roadmap of required classes.

3.4B  The academic and clinical curricula reflect an appropriate sequence of learning experiences.

The site visitors were able to observe partial evidence to support verification of this standard. Student interviews revealed that professional coursework in communication disorders does not always precede or occur concurrently with clinical education in these disorders. On occasion, students are assigned to work with clients when the student has not completed coursework in the disorder area and does not have courses in progress at the time of the assignment. Requirements for such assignments vary between supervisors, with no consistent policy to ensure adequate preparation of the clinician.

On occasion, a student is assigned a client presenting a disorder in an area in which he/she has neither complete nor concurrent coursework at the time of the assignment. An infrequent occurrence, this situation is the result of recent changes in the curriculum or course offerings and/or a student missing a course because of a personal leave. In such cases, the Clinic Director ensures that each supervisor provide the degree of support needed by the student clinician in keeping with ASHA standards. Given the individual needs of student clinicians, the deficit may be addressed in a number of ways, yet the competency expectations remain consistent. Examples of support include, but are not limited to:

1. Maintaining supervisor with client across quarters;
2. Assigning cases to supervisors with expertise in a disorder area;
3. Scheduling rounds;
4. Providing demonstration therapy.

In addition, prior to enrolling in clinic, CCI graduate students (those with an undergraduate degree in an area other than Communicative Sciences & Disorders) must have completed the equivalent of a first year sequence of
prerequisites, a minimum number of disorder and clinical courses, along with 25+ required hours of guided supervision of a variety of disorders, including closely following a client in the University Clinic. CC II graduate students hold an undergraduate degree in Communicative Sciences and Disorders and must have completed the clinical methods course before beginning clinic practicum.

As noted in the Self-Study document [August 2011 report submission] and site visit interview, the Clinic Director considers numerous factors in making all clinician assignments, which are based on the Clinician Background Sheet and Schedule form found in the Clinic Handbook (e.g., academic preparation, client followed in Clinical Methods course, student’s needs, breadth of experience in terms of disorders, ages and diversity, skill level, difficulty of client assignment, established versus new client, past volunteer or work experience, student requests, variety of supervisors), supervisory issues (e.g., areas of expertise, continuity, availability), and overall scheduling issues/constraints.

A review of items surveyed in the newly revised Clinician Evaluation of Supervisor and On-Site Clinic Experience on Survey Monkey using a 4-point scale [4=strongly agree, 3=agree, 2=disagree, 1= strongly disagree] for Fall 2011 and Winter 2012, the first two quarters of collection, suggests that coursework preparation and the Clinic Director’s management of it, including appropriateness of supervision, are not significant issues:

<table>
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<th>Survey Monkey Statement</th>
<th>Fall 2011</th>
<th>Winter 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>This assignment was appropriate for my academic preparation.</td>
<td>3.71</td>
<td>3.57</td>
</tr>
<tr>
<td>Supervisor evidenced knowledge of communication disorder of assigned client.</td>
<td>3.81</td>
<td>3.73</td>
</tr>
</tbody>
</table>

Lastly, for all clinic assignments, regardless of prior and concurrent coursework, the CSUEB clinical training program places an emphasis on rationales, including researching best practices for any assessment or therapeutic procedure. The Clinic Manual and Clinical Methods syllabus provide evidence that the Clinical Practicum is a closely supervised and mentored training experience: Student clinicians are expected to engage in research and apply clinical principles to a small number of clinical disorders in preparation for internships that will present more diverse client populations in settings far different from that of the University Clinic. Thus, the skills acquired in training, with its focus in critical thinking, extend far beyond coursework in order to prepare graduates for the new challenges that await them.

4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

The site visitors were able to observe partial evidence to support verification of this standard. The site visit team could not confirm that the program has a complete policy regarding proficiency in English. There is a stated policy on proficiency in written English with clear guidelines specified. For oral communication skills, the program posts a policy requiring that students “pass an oral communication screening,” but no level of proficiency in English is required as part of the policy, nor is there any information provided on what a student might do if they failed to pass the screening.

In response to the concern about the incompleteness of the Program’s policy regarding oral English proficiency we have added this information in a revised policy statement. Please refer to:

We have also posted the Department’s Essential Functions Plan of Action document, which has been in place since February 2008.

Although our policy statement was incomplete with respect to English oral proficiency, we have long been adhering to ASHA’s policy regarding standards of oral English proficiency and have been screening students since at least 2004. Since that time, we have identified several students who did not pass the initial screening, thus requiring further action. To date, only one international student has not met the standards despite a Plan of Action that included several quarters of accent modification services. At that time, she pursued a non-clinical
degree, which is no longer an option available at CSUEB. Presently we have two native Mandarin speakers who will graduate in June and September 2012 as bilingual Speech-Language Pathologists after successfully completing a course of accent modification in our university clinic.

4.3 Students are informed about the program’s policies and procedures, degree requirements, requirements for professional credentialing, and ethical practice. Students are informed about documented complaint processes.

The site visitors were able to observe evidence to support partial verification of this standard. The CAA is not mentioned in the complaint process and there is no address and telephone number for the CAA provided in the complaint process.

The complaint process has been updated. Please see URL: http://www20.csueastbay.edu/class/departments/commsci/files/docs/pdf/student-complaint-procedure.pdf

4.4 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress. Students also are provided information about student support services.

The site visitors were able to observe evidence to support partial verification of this standard. Each student is assigned an academic advisor and a “roadmap” to degree completion is provided on the web site. Interviews with the students revealed that students are concerned that roadmaps provided earlier in their program change later on. Some students stated that they were not able to progress through the program in a timely manner because of this, however faculty commented that students are counseled that it takes 4 years to finish (when entering the program with an undergraduate degree that is not in CSD), and that while students may wish to move faster, that is not an approved sequence in the curriculum. Nonetheless, students and faculty have quite different perceptions and thus it would appear advising needs improvement in order to improve student understanding of the program. In addition, it should be noted that changing course offerings may have less to do with advisement than with adequacy of faculty (see comments under Standard 2.2).

The first relates to the reduced faculty numbers through both retirements and leaves, making advising often inconsistent, since students have had to see a number of different advisors over the course of their academic careers. With two new additions to the department faculty in 2012-2013, we will be able to provide consistent advising throughout a student’s time in the graduate program. The new faculty will work with a senior faculty mentor to assist them in providing appropriate advising for all students.

The second advising challenge relates to a dramatically changed curriculum, which took effect Fall Quarter 2010. Because many course offerings were changed or modified, those students who were admitted under a pre-2010 catalog had requirements that had to be met through a number of substitutions. This became confusing both for students and advisors since some students were taking a particular course as an elective while others were taking the course as a requirement (AAC would be an example). Students who spoke to other students sometimes thought there was conflicting advising, but indeed each was taking the course as either a requirement or an elective, depending upon the catalog year under which they were admitted. This challenge will therefore be addressed in two ways:

1. As advisors become more familiar with all the changes in curriculum, fewer differences in advising will occur.

2. Since no students enrolled effective fall 2012 will have been admitted as graduate students before fall 2010, all students in each course will be taking it as designated in one catalog.
The program documents student progress toward completion of the graduate degree and professional credentialing requirements and makes this information available to assist students in qualifying for certification and licensure.

The site visitors were able to observe partial evidence to support verification of this standard. The program does not provide sufficient detail in student and alumni records to verify completion of all academic and clinical requirements for the graduate degree and eligibility for relevant national credentials. (See discussion under Standard 3.1 and 3.3B). The tracking sheet used by the program to track required coursework in the areas of mathematics, biology, physical science and behavioral science and undergraduate deficiency coursework in Communicative Sciences and Disorders is not consistently completed by the program. Student clinic hours are documented in categories required for California licensure, but these categories do not include the 9 disorder areas specified for clinical certification by ASHA. Additionally, clinic hour records are not totaled to ensure that each student meets the clinic hour requirements for licensure and national certification. There is also not evidence of tracking of completion of the program’s own clinic hour requirements.

Please see the response to Section 3.1B above: The Program is updating and modernizing its forms, which will reflect the 9 disorder areas specified for clinical certification effective Fall 2012.

Please see the response to Section 3.3B above: Beginning Fall 2012, the tracking sheet will be completed by the advisor during required one-on-one advising sessions. In the past several years, due to lack of sufficient faculty, students have received group advising, and/or may have seen faculty members who were not their assigned advisors. This has led to tracking forms not being completed, or updated as needed by assigned advisors. With a full complement of faculty, this problem should be rectified.

Thank you for your review of our response to the site team report.

Sincerely,

Patricia Lohman, Ph.D.
Communication Sciences and Disorders Program Director
California State University, East Bay #209

Submitted: June 15th, 2012