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 15th, 2012

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

Program's Response to External Reviewer's Report (at site visit) completed on: June 15th, 2012 (Appendix B)

Complete 5-Year Program Review Report submitted to CAPR on: May 30th, 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 trenure-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.

California State University East Bay: APR Summary Data Fall 2008 – Fall 2012

Communicative Sciences & Disorders	Fall Quarter				
	2008	**2009**	**2010**	**2011**	**2012**
A. Students Headcount					
1. Undergraduate	55	81	68	61	81
2. Postbaccalaureate	11	18	10	4	0
3. Graduate	118	104	99	104	95
4. Total Number of Majors	184	203	177	169	176
	College Years				
B. Degrees Awarded	**07-08**	**08-09**	**09-10**	**10-11**	**11-12**
1. Undergraduate	5	12	29	25	19
2. Graduate	29	35	37	33	27
3. Total	34	47	66	58	46
	Fall Quarter				
	2008	**2009**	**2010**	**2011**	**2012**
C. Faculty					
Tenured/Track Headcount					
1. Full-Time	4	4	4	3	4
2. Part-Time	0	0	1	2	0
3a. Total Tenure Track	4	4	5	5	4
3b. % Tenure Track	50.0%	50.0%	55.6%	71.4%	66.7%
Lecturer Headcount					
4. Full-Time	0	0	0	0	0
5. Part-Time	4	4	4	2	2
6a. Total Non-Tenure Track	4	4	4	2	2
6b. % Non-Tenure Track	50.0%	50.0%	44.4%	28.6%	33.3%
7. Grand Total All Faculty	8	8	9	7	6
Instructional FTE Faculty (FTEF)					
8. Tenured/Track FTEF	3.3	1.7	3.1	3.7	3.0
9. Lecturer FTEF	1.0	0.5	1.8	0.8	0.6
10. Total Instructional FTEF	4.3	2.2	4.9	4.6	3.6
Lecturer Teaching					
11a. FTES Taught by Tenure/Track	91.3	66.3	73.5	80.1	80.4
11b. % of FTES Taught by Tenure/Track	73.5%	54.5%	60.8%	78.1%	73.5%
12a. FTES Taught by Lecturer	33.0	55.3	47.3	22.5	28.9
12b. % of FTES Taught by Lecturer	26.5%	45.5%	39.2%	21.9%	26.5%
13. Total FTES taught	124.3	121.7	120.8	102.5	109.3
14. Total SCU taught	1865.0	1825.0	1812.0	1538.0	1640.0
D. Student Faculty Ratios					
1. Tenured/Track	27.4	38.3	23.5	21.5	26.8
2. Lecturer	33.0	118.5	26.3	26.8	48.8
3. SFR By Level (All Faculty)	28.7	55.3	24.5	22.4	30.4
4. Lower Division	.	.	31.8	31.3	48.0
5. Upper Division	43.8	77.9	27.8	24.4	26.8
6. Graduate	19.6	37.5	20.3	19.9	29.3
E. Section Size					
1. Number of Sections Offered	17.0	20.0	19.0	20.0	15.0
2. Average Section Size	40.9	33.4	33.5	28.1	39.2
3. Average Section Size for LD	0.0	0.0	48.0	47.0	72.0
4. Average Section Size for UD	54.2	40.3	36.8	29.0	44.3
5. Average Section Size for GD	27.7	22.4	27.7	25.1	31.2
6. LD Section taught by Tenured/Track	0	0	1	1	1
7. UD Section taught by Tenured/Track	4	4	3	4	3
8. GD Section taught by Tenured/Track	8	6	8	8	4

9. LD Section taught by Lecturer	0	0	0	0	0
10. UD Section taught by Lecturer	3	7	4	3	1
11. GD Section taught by Lecturer	2	5	4	5	7

4. Outside Reviewer Report: ATTACHMENT B

Council on Academic Accreditation in Audiology and Speech-Language Pathology

ACCREDITATION 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. **Current Accreditation Cycle: 9/2004 – 8/2012**
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.

5. CSD Response to External Reviewer Site Visit: ATTACHMENT C

California State University, East Bay (CAA File #209)
College of Letters, Arts, and Social Sciences
Department of Communicative Sciences and Disorders

RESPONSE FROM CSD TO SITE VISIT REPORT
Dates of Site Visit: April 9-10, 2012

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.

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.

2.2 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.

3.1B 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,
3. California State Licensure Report of Clinical Practicum.

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 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 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:

Survey Monkey Statement	Fall 2011	Winter 2012
This assignment was appropriate for my academic preparation.	3.71	3.57
Supervisor evidenced knowledge of communication disorder of assigned client.	3.81	3.73

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:
http://www20.csueastbay.edu/class/departments/commsci/files/docs/pdf/essential-functions.pdf

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

http://www20.csueastbay.edu/class/departments/commsci/files/docs/pdf/essential-functions-plan-of-action.pdf

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).

Two recent challenges to advising are a lack of available advisors and a revised curriculum.

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.

5.2 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

DEPARTMENT OF COMMUNICATIVE SCIENCES AND DISORDERS
Accreditation Self Study
July 2011

A. Administration

1. What is the administrative structure of the program?

- President CSUEB
  - Provost and VP of Academic Affairs
    - Dean, CLASS
      - Associate Deans (2)
      - CSD Department Chair
        - Tenure track faculty
        - Part-time instructional staff (lecturers)
        - Administrative Support Coordinator (ASC)
          - Clinic Administrative Assistant (ASA)
        - Clinic Director
          - Full-time clinical staff and Administrative Assistants
          - Temporary part-time clinical supervisors

2. What are the lines of authority? What is the allocation of responsibility?

The Department Chair reports to the College Dean/Associate Deans. The Chair oversees the Academic Program and the operation of the Clinic. Faculty/instructional staff, Department and the Administrative Support Coordinator (ASC) report directly to the Chair. Full-time clinical staff and part-time clinical supervisors report to the Clinic Director. The Clinic Administrative Support Assistant (ASA) is supervised by the Department ASC. The Chair is responsible for approving all expenditures, timesheets, quarterly classes, faculty workloads and teaching schedules.

3. How stable is the administrative structure and program support? Is the administrative structure functional?

Although there have been changes in personnel in key administrative positions on the campus, the administrative structure of the university remains stable and functional. Support for the program is strong. Both Associate Deans and the Dean are readily available to the Department Chair and the program as needed.

4. What is the budget support for the program? What foreseeable changes may occur in budget support?

The CA State Budget affects allocation of state allotted funds. Foreseeable changes include budget shortfalls, which affect state allocation of funds to the University/College/Program.

5. What budget support is provided for salaries, equipment, maintenance, and library?

The University budget provides for staff salaries, start-up equipment for new faculty, equipment and building maintenance, and library. The budget is based on the CA State budget, which has been in a deficit for the past two years. The Department has had to subsidize state funds with its Trust Fund.

6. How dependent is the program on soft money? Is administrative support adequate to continue a quality educational service?

The Program has a Trust Fund, supported by clinic fees, which helps fund expenses not typically covered by State Funds. In times of low state support, the Program has used Trust Funds to cover expenses, such as supportıng part-time supervisor salaries, clinical and Department expenses, etc. Administrative support for the ASC position is adequate to continue a quality educational service. However, the ASC has had to assume duties of the ASA staff position. Since January 2011, the Department has been using its Trust to fund the salary of a temporary part-time ASA and will continue to do so until the University budget situation improves. This is necessary because the Administration cut the position in December 2010 when the previous ASA transferred to a 12-month position within the University. (The position was first reduced to an 11-month position effective summer 2010, then was cut in December.)

7. How does the administration assure instructional staff of opportunities for salary and rank increases?

A faculty member may apply for tenure and promotion to the rank of Associate Professor following the completion of five successful years of teaching/research/internal-external service as governed by the Collective Bargaining Agreement between the California State University and the California Faculty Association. Following five more years of successful teaching/research/service, faculty may apply for promotion to the rank of Professor. Lecturers may apply for an increase in salary, known as a “range elevation,” by providing evidence of exemplary performance within their work assignment.

8. Does administration policy permit structuring of reasonable workload? If not, how can this be corrected?

All CSU instructional staff on a quarter system have the same workload: 15 WTU/quarter. Summer teaching is available when the budget permits. Staff typically teach 8 WTU,

supervise in the Clinic 4 WTU (8 student/client pairs), and have 3 WTU for research, advising, and service to the Department/University. Staff may increase/decrease teaching or supervision, as long as WTU remains at 15. Faculty may use grant funds to “buy-out” of teaching a class or supervising in the Clinic.

9. What is the program's status within the institution? Does the program have adequate communication with the administration of the institution? If not, how can this be improved?

The Department of CSD is a highly respected Program in the University. The faculty is known for its work ethic and efficiency, despite its small number of members. The hearing screening van has brought positive attention to the Program through its visibility on campus. Articles in the faculty magazine about several faculty members and the hearing van have brought increased attention to the Program and to the Speech, Language and Hearing Clinic on campus. The Department Chair communicates with the Dean, Associate Deans, and the Department Chairs in the College during bi-monthly meetings.

10. To what extent does the program's instructional staff have the responsibility for designing, approving, and evaluating the curriculum?

The instructional staff has the responsibility for designing, approving and evaluating the curriculum. For example, from 2006-2008, the staff evaluated and re-designed the curriculum. It was approved by the instructional staff at the Program level, then was presented to the University and was approved in 2009. It is being implemented over the 2010-13 academic years. The new curriculum will be evaluated on an on-going basis. Student course evaluations, together with graduate exit surveys**,** will help the staff determine the efficacy of the new curriculum.

11. Do all the instructional staff share in the decision-making activities of the program? If not, why not?

Yes, all full-time instructional staff share in all decision-making activities of the program, both those involving the clinic and those involving academics.

12. Is the difference between disagreement and dissension recognized in the program? When dissension exists, how can this be converted to a constructive activity in program development?

The difference between disagreement and dissension is recognized in the Program. There has not been any recognized dissention in the Department. Disagreements are recognized, openly discussed, and alternative solutions are posed, debated, and voted upon.

13, Does the institution's administration understand the unique goals of the program? If not, why not?

The Department has done its best to educate the Administration about the unique goals of the program; however, there have been two permanent and three interim Deans in the College over the past six years; three Presidents, and four Provosts/Interim Provosts. The Department is currently educating the new CLASS Interim Dean, Associate Dean, and Provost about the Speech, Language and Hearing Clinic on campus and the unique needs of the clients. In addition, with the University beginning to focus on science-based education (STEM), the Department is reviewing its envisioned future to ensure it aligns with the mission and vision of the University.

Summary: The organizational structure at the campus allows for needed dialogue at all levels regarding the role and needs of the program as a whole, as well as those of the individuals working within it. The looming CA State budget deficit has limited state funding for the Program. The main problem at this time is the inability to fund the ASA position. The ASC has had to assume some of the responsibilities of this position, and the Department has had to use its Trust to fund a temporary part-time replacement. The State budget situation is expected to worsen during the next several years, so the Department must continue to use its Trust to subsidize funding received from the College/State. Goal: Maintain visibility in the face of changing key administrative personnel at very high levels on campus.

B. Curriculum

1. Is the course of study described in terms of course content?

   Yes. Each course is described in terms of content + learning objectives, which are based on the ASHA 2008 Standards.

2. Is sufficient course work provided to meet program objectives? For example, does the course work permit students to meet qualifications for ASHA's Certificate of Clinical Competence, state licensure, state and/or local department of education certification, and state and/or local department of health qualifications?

   Coursework provided meets Program objectives. Graduates meet qualifications for ASHA's CCC, CA state license, and the CA State Speech-Language Pathology Services Credential.

3. Are courses offered frequently enough to permit a student sufficient opportunity to obtain qualifications as described in B.2 above?

   Most academic courses are offered once per year; a few are offered twice per year. Clinical practicum is offered every quarter. When graduate students holding an undergraduate degree in SLP follow the Academic Roadmap (the prescribed sequence of courses) they acquire qualifications for ASHA's CCC, State License, and State Credential over a two-year period. Leveling graduate students (who do not hold an undergraduate degree in speech-language pathology) typically complete their prerequisite coursework and graduate classes in 3 years + two additional quarters.

4. Is the course work sequenced to provide maximum educational growth?

   The Department has laid out an academic "Roadmap" for students: a sequence of courses at the 3000-level that build upon basic knowledge, followed by disorder courses at the 4000-6000 level (senior – graduate). All courses have been sequenced with prerequisites. The Roadmap combined with catalog prerequisites deters students from enrolling in courses for which they have not attained the underlying knowledge or skill level to succeed.

5. How does the program ensure that each student follows the appropriate curricular sequence?

   The faculty has established a set of prerequisite courses which must be satisfied in order for students to enroll in 4000 or higher level (disorder) courses. Students are required to follow their Academic Roadmap and meet with advisors during group and/or individual advising if questions arise. Instructors and the Department Administrative Services Coordinator (ASC) verify that students have the appropriate prerequisites to enroll in disorder courses. If not,

students are disenrolled. The ASC is also able to restrict registration to majors and graduate students only, thus ensuring that qualified students are able to register.

6. Does the curricular sequence move from courses on normal processes to classes on communication disorders? If not, why not?

The curricular sequence moves from courses covering normal processes to classes involving communication disorders. The Academic Roadmap lays out the sequence of courses to be taken, so students learn about normal development and processes prior to enrolling in courses focusing on communication disorders.

7. Are courses taught by faculty/instructional staff with appropriate academic and experiential background? If not, what steps are planned to correct this situation?

All faculty members hold the Ph.D. Part-time instructors hold Master's or Doctoral degrees and work (outside of teaching) with clients in the areas in which they teach and/or supervise.

8. Is the program adequately planned in terms of length, timing, progressive specialization, and availability of advanced courses and seminars? Is any future restructuring planned?

The Program is adequately planned in terms of length and timing. There is no progressive specialization as students gain information and clinical clock hours with both children and adults who have communication disorders. Some advanced courses and seminars are offered. The recently revised curriculum is in the second year of implementation. As the new curriculum is implemented, more neurocognitive courses and advanced-level elective courses will be offered. No future restructuring is planned until the Program can effectively evaluate the new curriculum.

9. Is the graduate program clearly identifiable and qualitatively different from the undergraduate sequence? If not, how soon can this separation be effected? When graduates are placed in undergraduate courses, what is the difference in the performance standard required?

The graduate program is clearly identifiable and qualitatively different from the undergraduate sequence. Students gain basic knowledge about normal development and processes at the undergraduate level with articulation/phonological disorders and language disorders being the only disorders courses offered. All other disorders courses are offered at the graduate level, including a second language disorders course. Leveling graduate students must attain at least a B in all undergraduate coursework.

10. Does the curriculum reflect a commitment to currency in terms of changes in knowledge, legislation, and human resource needs?

The curriculum reflects a commitment to currency in terms of changes in knowledge, legislation, and human resource needs. Our 2008 curriculum review included a review of

currency. The Department will continue to monitor the implementation of the new coursework, which was begun in 2010, as well as review the curriculum for currency. Additionally, all instructional staff teach within their field of expertise and remain current via research and/or continuing education. Several of the instructional staff are very active in CSHA (the CA State Association) and either serve on the Board of Directors or on various committees within the organization. CSHA is very involved in state legislative issues and regularly disseminates information to its members who include the CSD faculty and staff. New information is then included in courses to which it pertains. For example in the Clinical Organization and Management class (SPPA 6030), SLPs working in schools and hospitals speak to graduate students about current issues they encounter in the course of their duties and what students can expect after graduation.

11. How adequate are the assessment procedures used to evaluate students? If inadequate, how can they be improved?

Students are evaluated annually in various ways throughout their program. The Department submits an annual report to the University as required by CAPR in which assessment methods, findings, and measures are reported. In addition, assessment data and analysis is reported to the CTC in a biennial report and is submitted annually to the College of Education and Allied Studies as required for NCATE/CTC accreditation. Assessments are adequate in that they identify students who require more in-depth assistance to improve their academic standing or clinical skills. Assessments also identify students who are doing very well in the program and who require no additional assistance. The Department reviews and modifies its assessment tools and procedures for effectiveness on an on-going basis.

12. Do grades accurately reflect a student's academic and clinical performance? If not, in what way can grading be improved?

Grades accurately reflect a student’s academic and clinical performance. Grades tend to predict students’ performance in clinical internships, on comprehensive finals, and on the PRAXIS exam.

13. Do students have sufficient research experience so that they are able to develop a viable method of problem formulation and solution? If not, are additional research opportunities planned?

Students receive sufficient research training in SPPA 6000, so they are able to plan and implement a clinical research project. Students who wish further research experiences may work with a faculty member as a paid graduate assistant. All graduate courses include some aspect of research, including problem solving when treating various types of clients in therapy.

14. When and where, in the program sequence, do students obtain adequate guidance in professional and scientific responsibility, as well as ethics?

Clinical Methods (SPPA 6052) focuses on professional and scientific responsibility and ethics; an elective Ethics course (SPPA 6224) is also offered periodically. In addition, all courses include varying degrees of guidance in professional, ethical and scientific responsibility.

15. What is the mechanism for systematic review and updating of each course in the program?

Each instructor is responsible for reviewing and updating his/her own classes. Student evaluations collected at the end of each course help guide instructors in evaluating the content and delivery of their courses. The Department Chair reviews all student evaluations and makes suggestions for improvements when indicated.

16. What do students value most in the curriculum? Least? What is the cause of this difference? How can "least valuable" be improved?

According to graduate survey data, students **most highly** value the variety of their clinical experiences, and the expertise of the faculty.

Students **least value** the requirement of taking two courses each in Aural Rehab and Vocal Pathologies while having no dedicated Autism course and only limited coursework in AAC and neuropathologies (e.g., TBI, right hemisphere, and treatment for Aphasia).

The cause of this difference is not having enough faculty members. In 2010 a new faculty member with expertise in Autism and AAC joined the faculty. The curriculum was changed, effective fall 2010. The requirement for two courses each in Aural Rehab and Voice was decreased to one course in each. The one Aphasia course was revamped to include TBI, right hemisphere damage, and Aphasia. A second course was added that focuses on treatment for these types of neuropathologies, with a course in neuroanatomy as a prerequisite.

17. Is the program sufficiently flexible to allow students an opportunity to maximize their own personal and professional growth? How can this flexibility be expanded?

Students are given a choice of Internship sites. Students are also allowed to request various types of clinics (e.g., Aphasia Treatment Program) or clients (e.g., fluency, phonology, autism). The Clinic Director closely monitors clock hours to verify breadth and sufficiency. Students interested in pursuing research may opt to work with a professor in his/her lab, including the Speech Science Lab. As the number of faculty increases in the Department, more types of clinical and research opportunities are anticipated.

18. What course work is permitted and encouraged outside the immediate program to give students an opportunity to learn the viewpoints of those in related professions-for example, psychology, learning disabilities, deaf education?

General Psychology, Developmental Psychology, Psycholinguistics, Educational Psychology, Child Cognitive Development, and Sign language. In addition, the Department has reviewed the entire University General Catalog of offerings and compiled a list of courses that are considered beneficial and aligned with issues in communication disorders.

19. What procedures have been established to evaluate transfer credit? Does the mechanism adequately evaluate the competencies that the units attest to?

All undergraduate courses completed by graduate students from an accredited university are accepted. **www.assıst.org** ıs used to evaluate transfer credıt for courses taken ın the state of Calıfornıa. All graduate students must enroll in the entire graduate program at CSUEB. Any other evaluations for transfer credit (e.g., leveling students not holding an undergraduate degree in SLP) for courses not included in **www.assist.org** are completed by the student's faculty advisor.

Summary: Overall, the curriculum offered at CSUEB is strong and well thought out. Courses are sequenced so that students who follow the academic roadmap can graduate in a timely manner. Courses build upon others, so prerequisites must be taken prior to courses with more advanced content. The curriculum has recently been updated, with full implementation by spring 2013. In addition to close review of revised ASHA standards, student feedback was a strong consideration in the determination of courses to add/change/delete. Students can take various elective courses and may request particular clinic populations and internship sites.

C. Clinical Practicum

1. Is the clinical experience appropriately sequenced with the academic offering? Do students always understand the theoretical principles of a particular procedure before they are required to conduct the task? If not, how can this be ensured in the future? How soon can necessary changes be implemented?

Clinical sequences are generally appropriately sequenced, but there are rare cases in which a clinician might be assigned a disorder case, but has not yet had the coursework. In this case the supervisor and Clinic Director are responsible for assisting the student in working with the client in clinic.

- Supervisors are specialists who typically follow the same clients qtr. to qtr. providing resources, demonstration, and extra instruction according to the needs of clinicians.
- Strong emphasis is placed on rationales, including literature-based research to ensure best practices and appropriateness for a particular client.
- The *Clinician Background Sheet*, completed by student clinicians prior to each quarterly assignment includes past courses, clinical exp. & observations, along with clinician requests/interests and past non-clinical experiences (e.g., volunteer or related work, Clinical Methods client assignment,) which drive clinical assignments.
- An observation component is required prior to clinic & has been revamped with stronger emphasis on a guided interactional component with updated DVDs reflecting a wider variety of cases.
- Permanent clinical staff teach Clinical Methods and hold a weekly clinical mtg. with continual updating in response to their own observations and that of their intermittent supervisors.
- Permanent staff is teaching Phonological Disorders.
- Permanent clinical staff members provide specific input to faculty regarding relation of theoretical principles to clinical application (e.g., input to a part-time instructor about her syllabus).

What learning experiences are provided that actually relate theory and practice?

Listed below are several examples of how theory and practice are related in the curriculum:

- Students design a vocal hygiene program in Vocal Pathologies.
- Students are given case studies in which they must assess and plan a course of treatment for a mock client in the following courses: Fluency Disorders, Child Language Disorders, and Articulation/Phonological Disorders.

- Students learn language sampling techniques in Introduction to Child Language Disorders.
- Students gain hands-on experience administering and reviewing various assessment instruments in Diagnosis of Speech-Language Pathology, Articulation/Phonological Disorders, Dysphagia, Advanced Child Language Disorders, Motor Speech Disorders, Neuropathologies, Vocal Pathologies, and Fluency Disorders.
- Students are introduced to the Speech Science Laboratory equipment in Speech Science, and gain hands-on experience in Advanced Speech Science.

2. Is the clinical experience designed so that it follows substantial course work in general education and normal development as well as specific courses related to communication disorders?

Yes; please refer to roadmap and prerequisites referred to in the Curriculum Section (B) of this report.

3. & 4. Are the clinical hours distributed over a reasonable period of time? If not, how can distribution be appropriately spread? When can this be accomplished? Is the student's clinical experience graduated and sequential? If not, what changes are planned and when?

Yes, pre-internship treatment and speech/language diagnostic clinics take place over the course of 5-7 consecutive quarters, except for a possible gap in summer or with an advisor-approved petition. One clinical practicum may be taken by an undergraduate who has a GPA of 3.5 or better in the major. Assignment to off-site clinics prior to internships is reserved for intermediate and advanced clinicians only. Specific coursework is required prior to scheduling two internship experiences. Refer to *Intern Preference Form* (Appendix A), which requires advisor approval.

5. Does the program and its associated facilities have a sufficient client pool to provide the broad clinical experience that the profession requires? If not, what steps are being taken to remedy this situation? What types of experiences are not provided for students? What types of clients did students see last year? What types are planned for next year?

Yes, on-site clinic offers breadth in terms of disorders, age spectrum and diversity. Clinic Director carefully monitors assignments to ensure breadth. Off-site clinical (e.g., preschool-adult within a variety of settings with different specialties, including AAC, group treatment, special day class,) and internship placements continue to expand in an effort to meet needs of clinicians. CSD significantly expanded the Mobile Audio Screening Program through new contracts with public and independent schools and community partnerships with a variety of health fair sponsors in the greater East Bay area.

6. Is the clinical program sequenced in a way that allows all of the students to obtain similar educational experience? Is there significant variation in the experiences provided students? Why?

All students obtain a similar educational experience. A "significant variation" might occur if a clinician wanted to specialize in pediatrics and would thus opt for two pediatric internships; in this case the Clinic Director would ensure adequate breadth across age spectrum, in speech vs. language, and in treatment vs. assessment clock hours prior to the internship. The two pediatric experiences must be sufficiently different in one or more of the following aspects: age groups (i.e., early intervention, preschool, elementary, middle school, or high school), populations (i.e., special needs vs. regular education), and/or settings (i.e., school, hospital or community clinic).

7. Does the program's off campus component provide students with an opportunity to participate in a variety of inter-professional activities? If not, how can this be improved?

Yes. The CSUEB Intern Supervisors have always closely monitored this (see *Intern Contact Form,* Appendix B). The newly revised *Record of Supervised Internship Hours* includes a column– Consultation—to track these hours as required by the revised CA Teacher Commission Standards.

8. Are all of the field supervisors committed to educating students, or are some totally service oriented?

Yes. All field assignments include an initial observation component, which for the internship lasts 2-3 weeks, with the intern gradually taking over the caseload according to ASHA standards. Some placements require review of additional resources to prepare for placement. Others include student clinicians/interns in their staff continuing education offerings. Since almost all of our off-site placements are in settings unlike our on-site university clinic (e.g., acute, acute rehab, SNF, larger group treatment, including push-in and consultative models), the on-site supervisor must provide specific education relative to the demands of the specific settings with many opportunities for instruction and new learning.

9. How much contact with the field supervisor is needed to ensure that the instructional staff is aware of the progress the students are actually making in the placement? Is this amount of contact provided?

Following initial phone or email contact from the Clinic Director or other dedicated full time CSUEB supervisor, which includes details regarding ASHA standards, clock hour expectations, grading standards, etc., one mid-term contact is required**,** followed by a final one. In the event of questions or concerns, both clinician/interns and site supervisors are expected to contact CSUEB staff immediately to address these as appropriate by scheduling additional contacts, designing an action plan, etc.

10. How is continuity of supervisory practices across the instructional staff promoted?

Continuity is best accomplished by employment of long term staff, including intermittent supervisors, a few of whom are CSUEB alums. The Program provides a Supervisor's Handbook and orientation throughout the first quarter of employment, including the Clinic Director's review of work folders for new and all supervisors. The Clinic Director regularly supervises in the event of supervisors' absences or for supervisor review. The Program reinforces close adherence to Clinic Handbook, including rubrics, etc. There is close and immediate communication by the Clinic Director with all supervisors. The Program also regularly reviews clinicians' evaluation of supervisors. Periodic meetings are held with supervisors to discuss concerns, issues, etc. The supervisors consistently respond positively to these yearly meetings, and there will be a concerted effort to provide more such opportunities, including the possibility of electronic virtual meeting platforms.

11. How objective is assessment of students' clinical performance? Do assigned grades actually represent their performance? If not, why not?

CSUEB revised and simplified all clinical evaluation forms two years ago so that standards were consistent across all and aligned with CTC standards in terms all descriptors of performance. The Clinic Director continues to emphasize these descriptors especially in view of the challenges of the "millennium generation," who have high self-expectations and also tend to associate effort with performance or competence. Grade inflation seems to be more of an issue with internship supervisors, so the CSUEB supervisors reiterate adherence to the descriptors. Refer to grading memo (Appendix C), posted in the program's Clinic Manual.

12. How is feedback provided to students regarding their clinical efforts? How frequently is such feedback provided?

Oral and written feedback is provided, with records of it kept within the work folder for on-site clinical assignments. In addition, both on-site and off-site supervisors provide their supervisees with mid-term and final evaluations, which include identified student objectives. On-site supervisors have scheduled office hours and most also utilize electronic communications to meet clinicians' needs in terms of responsiveness.

13. Is adequate and appropriate clinical supervision provided for all of the students? Is the staffing formula correct? If not, what improvements are planned?

Yes, on-site staffing is set to meet minimum CTC standards of 25% for treatment and 50% for assessment. Within those parameters, supervisors manage their time according to clinician needs. Both on-site and off-site placements have a Record of Observation to

document observational percentages. The Record of Supervised Internship Hours also requires a signature verifying appropriate supervisory percentages.

14. Are any of the instructional staff members providing direct clinical service for student observation? If not, why not?

Instructional staff typically have an assigned caseload of 4 WTU for direct clinical services, unless they are diverted to teaching or administrative duties, which has been the case in the past two years due to faculty research grants or leaves of absence. The Department hires part-time intermittent clinical supervisors when needed. On occasion, instructional staff have worked as master clinicians. All supervisors are expected to provide demonstrations as part of their supervisory duties, especially for illustrating specific treatments, modeling more naturalistic and/or efficient therapy, intervening for especially challenging cases**,** and ensuring best practices during assessments.

15. How are supervisors (both on and off-campus) made aware of requirements for supervision? How is compliance with these requirements ensured?

The requirements for supervision are detailed in the Supervisor's Handbook for on-site supervisors, along with personal and electronic communication, including updating of forms, procedures, etc. for all supervisors. Both on-site and off-site placements have a *Record of Observation* to document observational percentages. The *Record of Supervised Internship Hours* also requires a signature verifying appropriate supervisory percentages.

Summary: Overall, feedback from onsite, offsite and internship supervisors regarding the preparation of the student clinicians has been very positive. Strengths noted in graduates' exit surveys is the variety of clinical practicum experiences received at CSUEB. For example, the College has supported a half time SLP position to oversee the expanding audio screening program, enabling community outreach with diverse populations across the age span throughout the greater SF Bay area. Also, the Clinic Director has expanded off-site and internship placements to provide student clinicians with a greater variety of settings. In the past several years, the Clinic Director has revised the evaluation and clock hour forms for off-site and internship placements so that competency expectations and observation standards are consistent across all settings. These placements also provide excellent opportunities for graduate students to experience the varying roles of an SLP across a variety of settings, including a wide-range of delivery models. Depending on the placement, graduate clinicians engage in a variety of consultative opportunities with other professionals (e.g., SST & IEP mtgs., rehabilitation rounds, co-treatments) work with different service delivery models; learn new record-keeping systems; and provide services in specialized

settings (e.g., SNF, acute care, forensic medicine) or with particular disorders (e.g., ASD, MS, cochlear implants, oral facial anomalies, dysphagia). A weakness noted is the need for more full-time faculty to supervise in the clinic. Due to several faculty leaves of absence over the past two years, the clinic has had to rely on part-time supervisors and off-site placements to meet its clinical supervision needs.

D. Faculty/Instructional Staff

1. Are there sufficient experienced, trained personnel capable of effective teaching in all necessary areas of specialization of a comprehensive program? If not, what plans exist to remedy any gaps?

   In 2010-11, there were 5 full-time faculty members who held the Ph.D. One faculty member was completing a two-year professional leave of absence and retired at the end of the academic year. One faculty member will retire in September, enter the Faculty Early Retirement Program [FERP], and work half-time. The Department has been granted a tenure-track faculty search in 2011-12 to begin fall 2012 to help remedy this anticipated gap. The Department has been very fortunate to find qualified lecturers to augment the cohort of regular faculty in order to teach all required and some elective courses in the curriculum.

2. To what extent are faculty/instructional staff teaching outside of their area of expertise?

   All faculty teach within their areas of expertise.

3. How is the teaching load balanced with various other professional responsibilities?

   Faculty are allotted 15 WTU per quarter, which is typically divided as follows: 8 WTU teaching; 4 WTU clinical supervision; 3 WTU university service/advising/research. Faculty may buy out of teaching or clinical supervision with grant funds. Faculty may teach more than 8 WTU and reduce their clinical supervision accordingly, if needed to cover courses for whom no instructor is available.

4. If new instructional staff members could be hired, what would be the priorities in terms of selection of experience and education?

   Phonology, fluency, childhood speech and language disorders, hearing and speech science, and bilingualism

5. How is research competence promoted and rewarded?

   At CSUEB, the focus is on quality teaching; however, faculty members must be engaged in research in order to qualify for tenure and promotion following 5 years of full-time experience at the university.

6. Has the instructional staff remained sufficiently stable so that continuity exists in the program?

   No, faculty have taken numerous leaves of absence from 2008-11. There has been one retirement in 2008 (replaced, but the replacement did not begin full-time until fall 2010). The

Audiology Tenure-Track faculty member resigned in 2008. The department received funding support from the college for a replacement lecturer and part-time clinical staff position, which allowed the department to continue offering required coursework and audiological screening hours. All required courses have been taught during the numerous faculty leave of absences using faculty/part-time lecturers.

7. Are the rank and tenure of the faculty/instructional staff different from those of other departments? If so, what steps can be taken to adjust for the discrepancy?

The Program has no full professors due to retirement in 2008. There were 3 Associate and 2 Assistant professors in 2010-11. One assistant professor was granted tenure and promotion in June 2011. A faculty search was begun spring 2011 for an Assistant professor to begin fall 2012. Due to the University budget situation, no additional faculty lines can be approved at this time. This is a common problem across CSU departments.

8. What is the teaching load carried by other departments that have clinical programs? Does this vary significantly from that within the audiology and/or speech language pathology program? If so, why?

The Program is in line with other CSD Departments in the CSU System. At CSUEB, which is on the quarter system, faculty have a requirement of 15 WTU (8 teaching/4 clinical supervision/3 university service, research, advising).

9. What mechanism exists within the program to ensure that all faculty/instructional staff remain educationally current?

It is the responsibility of each faculty/instructional staff member to remain educationally current as mandated by ASHA. The Department pays for ASHA annual dues for full-time faculty and clinical staff. There is travel money available in the Department for continuing education units (CEU) activities. In 2008-09, the Department purchased CEU's from SpeechPathology.Com for each full-time employee. Due to the CA state budget crisis, this practice has not continued.

10. Do the students have sufficient opportunity for contact with all the faculty/instructional staff? If not, how can this be remedied?

Yes. Class size in graduate classes = 30-32 students. There is ample opportunity to meet with professors before/after class and during class breaks. Instructors must hold one office hour per week per course outside of class to meet with students. Students may also telephone instructors and contact them via e-mail. Student evaluations have not complained about not having sufficient time to meet with an instructor.

11. Is the faculty/instructional staff sufficiently diverse so that students can be exposed to a variety of thought? If not, can steps be taken to provide diversity?

Of the 5 full-time faculty members, one is male, two are Caucasian, and two are East Indian. When recruiting for future faculty, the Program would like to recruit an individual of Asian, Hispanic, or African-American descent.

Summary: The most problematic area in the Program is that of faculty attrition. Since 2008, the Department has not had sufficient full-time tenure-track faculty members to provide service to the Department. All classes have been covered, but committee work and the ability to adequately advise students has suffered. In addition to one resignation and one retirement in 2008, all faculty members except one have taken a personal or professional leave of absence. The current Department Chair will be retiring in September 2011 and will enter the Faculty Early Retirement Program. To fill the gap, the Department requested three faculty searches to be granted in 2011-12, but the College only recommended one position to the Provost due to the great need for faculty within the entire College and the budget shortfall within the state. In Spring 2011, the Department was granted a TT search. The position is slated to begin fall 2012.

E. Facilities

1. Is the space available for classrooms, offices, observation areas, and research labs adequate? If not, is there a plan, including time lines, to obtain additional space?

Yes. Additional clinic, classrooms, offices and lab space was acquired in 2008.

2. Are there architectural barriers that limit participation by persons with physical disabilities? If so, when will steps be taken to remove them?

The Clinic is located on the first floor. The closest entrance from the parking lot has a set of steps and a ramp. Other entrances are ground level.

Requirements include:

- A handrail along the steps outside the Music Building;
- A bench for resting and waiting for transportation just inside the glass doors in the MB Building;
- Three benches with arms along the corridor leading to the Speech, Language and Hearing Clinic from the parking lot;
- A handicapped accessible restroom in the CSD hallway leading to the Clinic.

In January, 2011 all of the above listed items were approved for construction/renovation by the Facilities Department. In March 2011, facilities placed several chairs with arms along the corridor leading from the parking lot to the Clinic treatment rooms in the MB building. It is anticipated all changes will be completed by fall, 2011.

3. Is equipment adequate for all aspects of the program? If not, when will necessary equipment be purchased?

The equipment in the Department is adequate, but is not always operational. In 2009, the Dept. hired a student technical assistant to work in the Speech Science Lab to train individuals on the operations of the equipment. She is also responsible for coordinating with IT and the Vendor (e.g., Kay Elemetrics) for needed maintenance and/or repairs. The Department is currently purchasing AAC equipment with Trust funds. In Winter 2011, the College/University funded the Department $36,680 purchase new equipment, including a Lena Pro, which can be used for research and additional AAC equipment.

4. What are the equipment priorities? How are these priorities developed?

Priorities include equipment needed for instructional and clinic use. Faculty may submit suggestions and requests to the Department Chair. Major equipment requests are considered and approved by all faculty members. Expenses less than $200 can be approved by the Dept. Chair. In 2009, the faculty approved $5000 for purchasing teaching aides (e.g., anatomical models of the brain and speech mechanism in conjunction with implementation of the new curriculum) and $10,000 on AAC equipment. In Spring 2011, the Department used

Trust Funds to replace outdated equipment, clinical materials, and teaching aids. The Department is planning to replace worn and poorly-installed carpeting in the Speech-Language and Hearing Clinic.

5. Are the standards for calibration and maintenance of equipment adequate? If not, what steps are planned to improve them?

Yes, audiometers are calibrated annually by a professional organization (e.g., Health Care Industries were contracted in fall 2010). Maintenance of equipment is handled by the vendor's representative. The Lab assistant is responsible for contacting the Vendor representative to report maintenance needs.

6. Are the library holdings adequate both within the professional disciplines of the program and related disciplines? Is the budget sufficient to ensure that holdings are current?

The Program has its own library liaison who works closely with the Program re: faculty library holding requests. The library budget for the department is controlled by the University, which is affected by the CA state budget. The Department is able to make requests for books, and the library liaison contacts the Department annually re: book requests. In addition, the library is part of the CSU system and is able to obtain any requested book via inter-library loan.

7. Is there adequate support staff for the program-for example, secretaries, maintenance, technology assistance? If not, is additional staff budgeted?

The program had adequate secretaries with an 11-month administrative support assistant + a full-time administrative support coordinator. However, the administrative support assistant left in December 2010, and the University did not authorize a replacement due to budget issues. The Program used its Trust Fund to fund the position @ 18 hours per week through July, 2011. The Department is currently researching the possibility of a 32 hour per week position to work only during the 10-week quarters and 7 weeks in the summer, which would be funded by the Department Trust. If this is not possible, the faculty has approved the hiring of a graduate student assistant beginning fall, 2011 who will be paid out of the Department's Trust Fund. Overall, the university has been responsive to general maintenance requests such as carpet cleaning, repairs, minor installations of equipment and signage. Major work requests are very slow (e.g., removal of old hearing booths, mobility upgrades to bathrooms, ramps, stairways, and curb cutouts). The underlying problem is the state budget deficit; many maintenance personnel at the University have been laid off due to the deficit. Technology assistance using the university "Service Desk" request has been a major improvement in handling all computer problems. However, it is unknown whether the University will further cut IT personnel if the deficit situation worsens in the future.

Summary: The Department is doing adequately in the area of facilities. The Administration and Finance Division approved needed restrooms, handrails, benches for clients in the CSD hallway, which will allow the Department to be ADA compliant. The Department has used its Trust to fund various expenditures in the Department, including equipment and the salary of the Clinic receptionist. The Department will need to continue relying on its Trust to fund equipment, salaries, etc., as State funds dwindle during the era of the CA State budget crisis. A goal for the Department is to monitor Department Trust Funds (adjust clinic fees as necessary) in order to supplement State funds.

F. Admission and Advisement

1. What objective measures are used to select students? What is the relative value of each?

Undergraduate GPA is a primary factor in selecting applicants for further consideration. Other indicators include a panel assessment of volunteer/clinical-type experiences, multicultural experience, letters of recommendation from professors, statement of intent, etc.

2. What evidence exists to show that the criteria used for selecting students are related to success within the program?

- PRAXIS scores
- Graduation statistics
- COMPS scores

The incidence of drop-out and clinical action plans have been fairly low, which support effective admission criteria.

3. Are students admitted to the program who do not meet the selection criteria? What happens to these students? Are special students provided with any additional experiences to facilitate their successful completion of the program? Does additional support really help? Given experience with these students, under what circumstances should they continue to be admitted?

For more than four years, the Department has not admitted students who do not meet selection criteria.

4. Once a student is admitted to the program, how is his or her progress monitored?

Each student is assigned an advisor who monitors his or her progress and signs off on all appropriate paperwork. During the initial advising session, students are given an academic roadmap that lays out the sequence of classes they must take in order to graduate on time. This model is part of a University-wide move to provide self-support for students.

5. How adequate is the feedback provided to students regarding their performance? If not considered adequate, what improvements should be made, and how soon can they be put into effect?

In clinical practicum and internships, students receive feedback from their clinical supervisor regarding their performance at mid-term and at the end of the quarter. In classes, students receive official grades after every quarter or 10 weeks of instruction.

6. Is there a systematic advising program? If not, why not?

Students receive initial advisement using an academic "roadmap" which specifies the sequence of courses they must complete in order to graduate from the program in a timely manner. Doctoral level faculty members advise students within their allotted FTEs.

Due to the faculty shortage in 2009-10, the program moved to a group advising model. Group advising sessions were held 1-2 times each quarter. Individual advising appointments were also offered during each quarter. Each year new graduate students are equally assigned to faculty advisors, so advisement is manageable within faculty members' allotted FTEs.

7. Are students' academic and clinical records up to date? If not, why not?

Yes. PeopleSoft software is used by the University for on-line grades and academic records. Clinical records are updated every quarter (10 weeks). Clock hour forms are updated, reviewed, and signed off by supervisors every 10 weeks. A copy is kept in each student's file.

8. How is the acquisition of knowledge and skills tracked within the program?

Grades, KASA forms, Competency Statements; advising summary forms, Key assignments, which include clinical practicum and internship grades, scores on comprehensive finals, and PRAXIS scores.

Summary: In the area of graduate admissions, the Department is doing well for the past 3 years, after each round of admissions, the application form has been evaluated based on both questions regarding the process gathered by the ASC from applicants and from feedback from faculty and/or clinical staff reviewing the applications for admission decisions. In addition, the application ranking rubric has also been evaluated to assess and improve as needed the consistency of ranking across application reviewers. The Program has consistently accepted 30-32 graduates into the Program each year. Attrition rate is very low as the Department has not admitted students for more than four years who do not meet selection criteria. Students who are accepted into the Program typically possess a GPA of 3.5 or greater and have had some volunteer or clinical experience. In the area of advisement, the University has moved to a model of self-advisement. The Department has a Roadmap for each cohort posted on its website, which lays out an academic plan of coursework to be completed for graduation. Each student is assigned an advisor upon entering the Program. A suggested improvement would be for advisors to sit down quarterly with all their advisees to discuss their progress. However, this change cannot be implemented until the Department has additional full-time tenure-track faculty.

G. Questions for Employers

The following information is based on the responses of 17 employers (rating 19 employees) who completed the survey (using Survey Monkey) during the spring 2011 quarter. Ratings are on a 4–point Likert scale (4=strongly agree; 3=agree; 2=disagree; 1=strongly disagree that CSUEB CSD Program Graduates demonstrate adequate knowledge and skills in the following areas).

1. Can a graduate of the program complete speech, language, or hearing screening procedures appropriately? Are there procedures that the graduate cannot perform? If so, please specify.

   100% of employers agreed or strongly agreed that CSD graduates were able complete speech, language, and hearing screening procedures accurately. Mean: 3.81

2. Does the program graduate demonstrate adequate knowledge of diagnostic techniques and instrumentation? With which techniques and/or instruments should the graduate be more proficient?

   100% of employers agreed or strongly agreed that CSD graduates demonstrate adequate knowledge of diagnostic techniques and instrumentation. Mean: 3.78

3. Is the graduate able to establish an appropriate caseload? What, if any, problems does the graduate have in establishing a caseload? How would you suggest the training program be modified to correct for any problems that occur in establishing a caseload?

   94% of employers agreed or strongly agreed that CSD graduates were able to establish an appropriate caseload and effectively manage their time and documentation in their work setting. Mean: 3.53

4. Does the graduate apply current research findings to therapy regimens?

   94% of employers agreed or strongly that CSD graduates were proficient at applying current research findings to therapy regimes. Mean: 3.39

5. Does the graduate work better in a one to one treatment situation or in a group situation? What accounts for this difference? Is it a problem? What do you believe the training program could do to ensure that the graduate works equally well in a one to one and in a group situation?

   94% of employers agreed or strongly agreed that CSD graduates were prepared to provide adequate treatment to both groups and individual clients. Mean: 3.61

6. Does the graduate establish appropriate long and short range goals for each client in the caseload? What problems, if any, does the graduate have in establishing these? What do you believe the education program could do to improve the graduate's ability to establish clinical objectives?

   100% of employers agreed or strongly agreed that CSD graduates were able to establish appropriate long and short range goals for all clients on their caseload. Mean: 3.78

7. Are there certain types of handicapping conditions the graduate handles extremely well? Poorly? What do you believe accounts for the difference? Is it a problem? What do you believe the educational program could do to equalize the graduate's ability to handle all types of problems?

   94% of employers agreed or strongly agreed that CSD graduates were sensitive and proficient at working with all types of handicapping conditions. Mean: 3.66

8. Are the reports that the graduate writes complete? What are their strengths, weaknesses? What do you believe the educational program could do to improve report writing?

   100% of employers agreed or strongly agreed that CSD graduates were sensitive and proficient in writing clear, grammatically accurate and complete reports. Mean: 3.82

9. Does the graduate respond well to supervision? If not, what appears to be the primary source of difficulty? How could this be resolved?

   100% of all employers strongly agreed that CSD graduates appropriately sought out and responded to supervisor's suggestions. Mean: 4.0

10. Does the graduate maintain positive relationships with clients and instructional staff? If not, what appears to be the primary source of difficulty? How could this be resolved?

    100% of employers agreed or strongly agreed that CSD graduates worked collaboratively and respectfully with clients, their families/caregivers, and professional colleagues. Mean: 3.99

Summary –The CSD program has prepared candidates well to work in the field as speech-language pathologists as indicated by employer surveys. Ninety-four percent (94%) of employers rated CSD graduates to be "as prepared" or "better prepared" than graduates from other universities. All employers agreed that CSD graduates were well prepared in the areas of diagnostic testing, screenings, instrumentation, interpretation and analysis of diagnostic information, and establishing long and short-term goals. All employers also agreed that CSD graduates were proficient in writing clear, grammatically accurate and complete reports, and were well prepared to work collaboratively with clients, families, caregivers, professionals, and their direct supervisors. 83% of employers agreed that CSD graduates were well prepared to be successful with clients from linguistically and culturally diverse backgrounds, but 100% indicated that CSD graduates demonstrated sensitivity and knowledge in working with culturally and linguistically diverse clients and their families/caregivers. Although these two statements are contradictory, the Program should target clinical opportunities wherein students work with clients from diverse backgrounds in their internships and in the Mobile Audio Screening Program.

H. Questions for Students

The following information is based on the responses of 81 students who completed on-line Surveys via Survey Monkey at the end of Fall 2010, Winter 2011, and Spring 2011 quarters. Ratings are on a 4–point Likert scale (4=strongly agree; 1=strongly disagree).

1. In general, are the objectives of the program and of the courses in the curricular sequence clear? If not, what do you believe could be done to improve the situation?

   91% of respondents indicated the objectives of their courses, including clinical practicum and internships, were clear. Mean rating: 3.40

2. Have you found that, in general, there has been considerable agreement between the announced objectives of the courses and what was actually taught? If there have been major discrepancies, what, in your opinion, has been the cause?

   95.3% of students indicated there was agreement between the stated objectives of their courses and what was actually taught. Mean rating: 3.37

3. In general, have the reading assignments been relevant to class objectives? If not, what do you believe caused the discrepancy?

   94% of students responded that reading assignments were relevant to course objectives. Mean rating: 3.41

4. Were the lectures given by the program's faculty/instructional staff well organized and designed to facilitate the understanding of the subject? If not, how do you believe they could be improved?

   88.5% of respondents indicated that lecturers were well-organized. Students indicated one lecturer (SPPA 6060) was not well-organized. This lecturer was filling-in for a regular faculty member who was on leave of absence. Mean rating: 3.37

5. In general, do the program's faculty/instructional staff challenge you? If not, what steps would you suggest modifying this situation?

   88.7% of students indicated they felt challenged by the regular faculty/instructional staff in their coursework and clinical practicum. Mean rating: 3.20

6. Has your interest in the professions been increased or decreased as a result of your interaction with the program's faculty/instructional staff? If decreased, why?

   91.8% of students indicated their interest in the profession had increased as a result of their interaction with regular faculty and instructional staff in classes and clinical practicum/internships. Mean rating: 3.46

7. Does the program's faculty/instructional staff attempt to relate course content to the total discipline? If not, how could this be improved?

94.8% of respondents indicated the Program's regular faculty and instructional/clinical staff related course content to the total discipline. Mean rating: 3.50

8. Does the program's faculty/instructional staff provide sufficient opportunity for you to apply concepts and to demonstrate understanding of the subject? If not, how could this be improved?

90.7% of students felt their coursework offered sufficient opportunities (via exams, class projects, discussions, etc.) to apply concepts and to demonstrate understanding of the subject. Students indicated they would like more *hands-on* learning experiences in their coursework, including case studies and projects. Mean rating: 3.31

9. In general, has the program's faculty/instructional staff genuinely been concerned about your progress and attempted to be actively helpful? If not, how do you believe this could be improved?

87.7% of students indicated they thought that the Program's regular faculty/ instructors and clinical supervisors were genuinely concerned about their progress and were actively helpful. Mean rating: 3.23

10. Is the program's faculty/instructional staff readily available to you for consultation? If not, how could the program be modified to provide more student/faculty dialogue?

80.2% of students responded that the Program's regular faculty/instructional staff were readily available to them for consultation. All instructors are required to hold office hours and are available via e-mail. Some students indicated they also wanted instructors to be available during breaks and immediately after class, which is not always possible. Mean rating: 3.10

Summary: 90.3% of students were pleased with their courses in the Program, their instructors, and their clinical practicum/internship supervisors. Average ratings equaled 3.34 on a 4-point scale. Students indicated they would like more "hands-on" experiences offered in their courses and less of an emphasis on working "independently" in clinical practicum. Students want to be able to consult with their supervisors about clinical cases, but fear they will be graded down for asking questions. Students also indicated they felt the emphasis in clinical practicum was more on paperwork than actual client treatment. Students indicated they were very pleased with course materials being posted on Blackboard. Overall, there were no areas requiring major changes other than the addition of more "hands-on" experiences in courses. A goal for the Department is to review syllabi to determine which courses currently include "hands-on" experiences and to determine appropriate "hands-on" experiences for additional courses.

I . Questions for Alumni

Thirty alumni who graduated between fall 2006 and summer 2009 from the CSUEB CSD Program completed the survey (sent via Survey Monkey). Questions were aimed to determine respondents' level of satisfaction for 25 aspects of the Program, as well as the graduate curriculum. Responses are summarized in the following questions.

1. If you were starting school again, would you apply for admission to the program? If not, why not?

Yes = 57%
Undecided = 29% of alumni were unsure whether or not they would re-apply to the program
No = 14%

Reasons included the following:

- Moved out of area
- Dissatisfaction with clinical supervision, (e.g., very stressful, lack of help from some supervisors, expected to read literature to find out treatment, too much emphasis on paperwork)
- Inadequate advising
- Very small regular faculty who teach all the courses
- Need **more** coursework in autism, AAC, dysphagia and **less** aural rehabilitation and voice disorders courses
- Need for teaching more practical skills to SLPs
- Lack of opportunities for adult internships, e.g., hospital/skilled nursing facilities and hearing screenings

2. Considering all aspects, were you completely satisfied with the program? If not, which aspects would you improve and how?

75% of alumni indicated they were *very* satisfied or satisfied with the overall quality of the CSUEB CSD graduate training program.

Areas alumni rated **above** the overall average of 75% (which are not included in other questions) included the following:

- CSD Graduate Program application process = 79%
- Regular faculty were qualified and competent = 89%
- Lecturers were qualified and competent = 79%

- Full-time clinical staff were qualified and competent = 79%
- Academic coursework provided up-to-date knowledge, skills, technology and scope of practice = 82%
- Clinical practicum provided up-to-date knowledge, skills, technology and scope of practice = 79%
- Academic coursework provided information on communication with diverse populations = 89%
- Clinical practicum provide opportunities for communication with diverse populations = 86%
- The program provide information about client safety, confidentiality, and security of records = 96%
- The curriculum was offered in an appropriate sequence of learning experiences = 79%

Areas which fell **below** the overall average of 75% included the following (suggestions for ways to improvement deficits are included in parentheses. Department comments are included in **bold** font.):

- Ability to find needed information on the department website = 64% (revamp the website, making it more user-friendly – (anticipated completion date: end of Spring Quarter.)
- Correlation between academic coursework/assignments and clinical application = 57% (Include more hands-on projects involving treatment – **presently, disorder courses include projects to link academic coursework with clinical application. The Clinical Methods course was re-designed to include more clinical application assignments.**)
- Opportunities to participate in research = 46% (hire more regular faculty so students have more opportunities. **Requests for 3 new regular faculty members were submitted to the College effective 11/10. At the end of the spring 2011 quarter, the Provost granted the Department one search to begin fall 2012.**
- Breadth of curriculum/coursework = 57% (Add coursework in Autism, AAC, and more coursework in dysphagia. **Completed**.)
- The program provided information about advocacy for patient rights = 71% (Include in coursework. Advocacy for patient rights information should be presented by internship supervisors. **The Clinic Director will address this concern with supervisors.**)

3. Did you have sufficient opportunity to present problems, complaints, or suggestions to the instructional staff? If not, what hampered you in these efforts?

Responsiveness of regular faculty, lecturers, and clinical staff to student concerns, problems, and/or suggestions = 57%.

Department Comment: The regular faculty/lecturers/clinical staff are quite responsive to student concerns, problems, and suggestions. However, students may not perceive anything is being done to remediate the identified problem. Students who have a concern first meet with their immediate supervisor/instructor. If the problem is not handled to student's satisfaction, student then meets with the (a) regular faculty advisor, (b) Department Chair, and (c) University liaison – in this order. In the past 5 years, all student complaints have been handled at the Department level. In the area of student suggestions, things move slowly in the CSU system. For example, the Department has revamped its curriculum, including student feedback in the revision process. However, it took the Department 4 years to move the new curriculum from regular faculty discussions to University approval and implementation in the 5th year. Students are unable to see the full progression of events during their short time in the graduate program.

4. Do you believe that your clinical practicum supervisors spent sufficient time observing and guiding your clinical practicum? If not, what do you believe accounted for their lack of availability?

Amount of **on-site** clinical practicum supervision = 79%
Quality of **on-site** clinical practicum supervision = 79%
Amount of **off-site** clinical practicum supervision = 86%
Quality of **off-site** clinical practicum supervision = 89%
Amount of internship supervision = 74%
Quality of internship supervision 71%

- Comment: Supervisors focused on paperwork more than providing "hands-on" supervision

5. Do you believe the counseling that the program provided was adequate? If not, what would you suggest be done to improve this situation?

Amount of academic advising = 64%
Quality of academic advising = 70%

Suggestion:
Hire more regular faculty to provide more advising.

Provide a roadmap of classes that should be taken each quarter. **The Department has implemented this suggestion.**

6. Which academic/clinical areas do you feel most/least prepared in? What do you believe accounts for the difference? What steps would you recommend be taken to reduce this discrepancy?

Most prepared in: Report writing, childhood language, audiology, voice
Least prepared in: Dysphagia, AAC, autism, apraxia of speech, adult cognitive disorders
Difference: Not enough coursework offered in these areas
Recommendation: Offer course in autism, AAC, more work in dysphagia. **The Department has implemented this recommendation.**

7. Generally, do you believe that most of what you learned was relevant to clinical work? If not, why not? What could be done to improve the curriculum so that it is more relevant?

Yes, alumni responded that coursework was relevant to clinical work

8. Which courses in the program have proven to be the most/least beneficial? Please list and explain why.

Most beneficial:

SPPA 6050 – Neuropathologies in Speech and Language: 41% (course content good, but poor instruction)
SPPA 6056 – Graduate Clinical Practicum: 86%
SPPA 6060 – Adv. Study of Children' Language Disorders: 96%
SPPA 6064 – Advanced Seminar in Fluency Disorders: 83%
SPPA 6066 – Internship: 100%
SPPA 6120 – Amplification and Aural Rehabilitation: 81%
SPPA 6156 – Audiology Practicum: 78%
SPPA 6220 – Dysphagia: 56%
SPPA 6223 – Early Language Assessment and Intervention: 95%
SPPA 6225 – Dementia: 53%

- Information is used every day in respondents' work settings

Least beneficial:

SPPA 6000 – Research Methods: 43%
SPPA 6010 – Adv. Speech and Hearing Science: 42%

SPPA 6020 – Adv. Vocal Rehabilitation: 50%

- Information not used in respondents' work settings
- information presented was a repeat of the prerequisite course
- Advanced Speech Science was offered too late in the course sequence to be useful in Clinic

9. Given the opportunity, what would you have deleted from your academic program? Why?

Advanced Vocal Rehabilitation

Advanced Speech Science and Hearing Science

- Both of these courses repeated information from the undergrad course -- information could have been combined into a single course

10. Given the opportunity, what would you have added to your academic program? Why?

Autism – work caseload consists of students with autism

More "hands-on" experiences – learn best through doing

Course focusing on guidelines for CFY/RPE tracking and paperwork -- confusing

A graduate handbook laying out the process for graduation/paperwork – had to scramble at the last minute

Opportunity to participate in research, including collaboration with professors

11. Alumni clinical service settings: (more than one work setting per respondent may apply)

Schools:	61%
Private Practice:	25%
Hospitals:	21%
Skilled Nursing:	18%
Other:	11%
Early Intervention:	7%
University:	4%

12. Percentage of alumni who responded that they were **satisfied** or **very satisfied** with the courses offered in the CSD curriculum:

SPPA 6000 – Research Methods:	43%
SPPA 6010 – Adv. Speech and Hearing Science:	42%
SPPA 6020 – Adv. Vocal Rehabilitation:	50%
SPPA 6030 – Clinical Organization and Management:	54%

SPPA 6040 – Adv. Seminar in Speech/Language/Hearing Disorders:	67%
SPPA 6050 – Neuropathologies in Speech and Language:	41%
SPPA 6056 – Graduate Clinical Practicum:	86%
SPPA 6060 – Adv. Study of Children' Language Disorders:	96%
SPPA 6064 – Advanced Seminar in Fluency Disorders:	83%
SPPA 6066 – Internship:	100%
SPPA 6070 – AAC:	47%
SPPA 6120 – Amplification and Aural Rehabilitation:	81%
SPPA 6156 – Audiology Practicum:	78%
SPPA 6220 – Dysphagia:	56%
SPPA 6223 – Early Language Assessment and Intervention:	95%
SPPA 6224 – Issues in Ethics:	63%
SPPA 6225 – Dementia:	53%
SPPA 6226 – Traumatic Brain Injury:	48%
SPPA 6999 – Issues in Speech Pathology and Audiology:	40%

Summary: The Program has responded to student feedback regarding the need for new courses and changes in the curriculum along with a roadmap of classes offered. Curricular changes have been made, which include the following:

- Roadmaps have been designed for each cohort of students (UG, Grad, and CC1 leveling students), which lays out the sequence of courses to be followed each quarter in order to graduate in a timely fashion. Roadmaps are posted on the Department's Website by cohort.
- SPPA 6000 – Course completely revamped. New Ph.D. instructor began teaching this course in Winter 2011.
- SPPA 6010 – Course offering is being moved to first year of grad program effective Winter, 2012. Alumni commented the course had been offered too late to be beneficial in clinical practicum when it was offered during the second year of the Program.
- SPPA 6020 – Alumni were dissatisfied with having to enroll in both an undergrad and grad Voice course. Effective fall 2010, the undergraduate voice class was no longer offered in the curriculum.

- SPPA 6050 – A full-time regular faculty member with expertise in neuromotor speech disorders began teaching this course in 2010. It had previously been taught by a part-time instructor who works in the field with adults.
- SPPA 6220 – This class was changed to a 4-unit course (from 2-units) and became a required course in fall 2010.
- SPPA 6228 – Issues in the Schools was offered Spring 2011 to help students prepare for school internships and working in the public schools.
- SPPA 6070 – Became a required course in fall 2010. It is currently being taught by a new regular faculty member with expertise in AAC. New equipment has been purchased for "hands-on" experience using the Department's Trust fund and special equipment funding from the Provost and College.
- Autism – A new regular faculty member who began full-time in fall 2010 with expertise in this area is teaching a course on Autism in summer 2011. She now heads an Autism clinic in the on-campus Speech-Language and Hearing Clinic.

J. Conclusion:

The Department of Communicative Sciences and Disorders is a small, hard-working Department housed in the College of Letters, Arts, and Social Sciences. Five regular faculty serve approximately 177 undergraduate and graduate students. However, since fall 2008, there have been multiple leaves of absence, leaving only three or four regular faculty available to teach courses, advise students, serve on committees, etc. The Department has offered all required courses, however, and students have continued to graduate in a timely fashion. (Faculty have taught more courses and supervised less in the Clinic.) However, remaining faculty have not been able to offer full-scale advising every quarter, which was the norm prior to 2008. To be in compliance with university guidelines, the Program has moved to self-advising with degree self-audit forms, academic roadmaps posted on the Department's website and group advising by cohort.

The Department implemented a new curriculum in fall 2010. All new classes should be taught by spring 2013. The changes were made in connection with the revised ASHA standards, in addition to state licensure and CTC/NCATE standards, making sure our program was in compliance with the highest standard required for each. Additional changes were based on student feedback regarding types of courses needed (i.e., autism, adult neurogenic disorders, neuroanatomy, etc.) and redundancy between undergrad and grad

courses in Aural Rehab and Voice Disorders. (The undergraduate course was eliminated in both cases.)

A major accomplishment made during the 2010-11 academic year was the approval of ADA Improvements for clients in the Clinic. These included handrails along the steps leading to the building, handicapped accessible restrooms, and benches for resting and waiting for transportation. These items were the last remaining needs from the Clinic expansion project, begun in 2007. It is anticipated these items will be completed during the summer of 2011.

Changes in students' clinical practicum experience have been ongoing. These include updated forms, including clock hour and grading forms, training to increase consistency across supervisors with regards to feedback, re-writing assignments, grading, etc. First-time clinicians now treat one client as a result of feedback received from first-quarter clinicians who were feeling overwhelmed treating two clients their first quarter in clinic. The Program has a limited number of adult internship sites and no skilled nursing facility placements. It is recommended the Program expand fieldwork placements, adding post-acute and skilled nursing facilities and more sites with populations from culturally/linguistically diverse backgrounds. Additionally, the mobile community audiometric screening program should be expanded to make full use of the Program's Audio Van and to better serve the community, thus increasing opportunities for graduates to work with clients from culturally/linguistically diverse backgrounds.

The Department has also made accommodations in dealing with the lack of a full cohort of regular faculty members in that it has implemented a self-advising system, wherein items like Roadmaps, listing of classes by cohort, student forms and instructions are posted on the Department website. (The University has also moved to a similar system of self-advising.) In addition, students are currently advised through group sessions 1-2 times per quarter with one-on-one advising offered as needed. The current number of regular faculty members is insufficient to offer every graduate student one-on-one advising prior to enrolling in classes each quarter, which would be the ideal situation. The Department has requested additional regular faculty to help remedy the situation However, due to the CA State budget deficit, increasing the size of the regular faculty is not currently possible. Two regular faculty will be retiring at the end of summer 2011. One will be joining the Faculty Early Retirement Program and will continue to work half-time. In Spring 2011, the Department was granted one regular faculty search to begin fall 2012.

The Department is very fortunate to have a Trust Fund, which is funded by clinic fees. In the past several years, the Department has had to rely on its Trust to fund part-time clinic supervisor salaries, and most recently, the temporary part-time clinic receptionist position. In winter 2012, it is anticipated this position will be funded from the Trust as a 32 hour per week regular staff position or, alternately, as a 16 hour per week graduate student assistantship. The Trust has also been used to fund major purchases, such as carpeting, new equipment in the Speech Science Laboratory, clinic furniture, and therapy materials for the Clinic. In light of the Department's need to rely on the Trust fund, it is imperative that the fund be closely monitored, and clinic fees adjusted when necessary to keep the fund sustainable.

The Department has updated goals for its Strategic Plan that are based on CTC/NCATE and ASHA Standards and Program/student assessments. These include:

1) Hire additional regular faculty;
2) Obtain approval for and hire a part-time ASA using Department Trust funds;
3) Improve candidates' preparation to be successful with clients from linguistically and/or culturally diverse backgrounds;
4) Expand fieldwork placements targeting post-acute and skilled nursing facilities and sites with populations from culturally/linguistically diverse backgrounds;
5) Expand the community audiometric screening program, increasing opportunities for graduate students to work with more clients from culturally/linguistically diverse backgrounds;
6) Improve collaboration with peers, clients/families, and professionals in classes, clinic, and fieldwork (e.g., include information in course syllabi explaining how each class project is designed to promote collaboration);
7) Add additional "hands-on" experiences in coursework where deemed appropriate;
8) Review new curriculum implemented fall 2010-2012 using student feedback, and modify as needed;
9) Improve candidates' preparation to plan appropriate group/individual lessons to meet goals and to effectively manage time, caseload, and documentation (e.g., offer SPPA 6228 course regularly);
10) Monitor Trust Fund so money is sufficient for Program usage (adjust clinic fees when deemed necessary);
11) Provide more face-to-face student advising when regular faculty are sufficient.

Additional Assessments to Ascertain Program Effectiveness

In addition to the ASHA Self-Study questions, the Department reviewed data collected for NCATE and CTC accreditation, including "Key Assignments," alumni surveys, candidate exit surveys, client surveys, and employer surveys. Following is a review of this data.

Key Assignments

a) SPPA 4856; SPPA 6056 (fall 2010…) – Post Practica I

In SPPA 4856, 6056, and 6066 -- Clinical supervisors rated student clinicians on a 4-point scale in 11 areas including – knowledge of theory and research, planning lessons, modifying tasks, giving instructions, eliciting target behaviors, collecting data, report writing, interacting with clients/families, using supervisor's suggestions, taking initiative, and behaving professionally. (Scoring: 4=Independent level; 3=needs only general direction; 2= requires specific direction; 1= Unsatisfactory performance)

Year	Avg. Rating
2006-07	3.84
2007-08	3.64
2008-09	3.84
2009-10	3.58
2010-11	3.59
Average	**3.70**

Summary – Clinical supervisors gave candidates in their 1st quarter of clinical practicum an average rating of 3.7 (range = 3.58 to 3.84) from 2006-2010. A few candidates required specific direction/demonstration in data collection, modifying tasks appropriately during clinical sessions, and clinical report writing. Approximately one third of candidates needed some general direction from their supervisors at least one of the 11 areas assessed. The most frequent areas requiring direction from supervisors included: applying knowledge of theory and research to clinical treatment, eliciting target behaviors, and planning appropriate lessons to meet the client's goals. It should be noted that supervisors believed candidates implemented their suggestions appropriately.

b) SPPA 6056 – Post Practica II

Year	Avg. Rating
2006-07	3.98
2007-08	3.94
2008-09	3.91
2009-10	3.83
2010-11	3.85
Average	**3.90**

Summary – From 2006-10, students in their 4th quarter of clinical practicum were performing almost independently with supervisor average = 3.90 (range = 3.83 to 3.98). Graduate students improved in their clinical writing skills, but continued to require general guidance in the area of collecting data, eliciting target behaviors, and modifying tasks and expectations appropriately. Overall, there was a significant improvement from first quarter clinicians' performance, given additional experience and guidance.

c) SPPA 6066 – Supervisor Evaluations of Student Internships

Year	Setting	Avg. Rating
2008-09	School	3.96
2008-09	Hospital	3.99
2009-10	School	3.98
2009-10	Hospital	3.87
2010-11	School	3.95
2010-11	Hospital	3.70
Average		3.91

Note—Prior to 2008, supervisors provided only written comments to evaluate Students' clinical skills within their internship placements; thus no numerical ratings could be ascertained for the years 2006-08. Students must complete child internship in the public schools in order to apply for the CA credential. Adult internships may include placement at acute care hospitals, state mental hospital, Veterans Administration, etc.

Summary – During 2008-11, there were no consistent areas reported that required assistance by supervisors. Significant improvement was seen in all 11 areas assessed from practicum II. From 2008-2011, fieldwork supervisors gave interns an average rating of 3.91, with scores ranging from 3.70 to 3.99. The overwhelming majority (87-95%) of graduate students were working independently on all tasks as reported by their supervisors. Overall, students made steady improvement in their ability to work independently as they advanced from their first clinical practicum experience, to their fourth in SPPA 6056, then on to their Internship placements in SPPA 6066.

d) SPPA 6030 – Comprehensive Final Examinations

During their final quarter in the Program, graduate students were tested in 4 major areas to determine whether they understood and could synthesize course content learned during their undergraduate and graduate studies. The four areas tested included: child speech/language/fluency disorders; voice and resonance disorders; adult neurogenic disorders; and hearing disorders.

Scoring: 4=high pass; 3=pass; 2=low pass; 1=fail. Students who achieve scores of 1-2 must re-write the question to demonstrate competency.

Quarter/Year	**Average Score**
Fall 2006	2.85
Spring 2007	3.04
Fall 2007	3.05
Spring 2008	2.67*
Fall 2008	3.03
Spring 2009	2.99
AY 2009-2010	3.01
AY 2010-2011	3.07
Average	**2.96**

Summary – The overall average score of 2.96 reflected graduate student demonstrated a strong understanding of the CSD curriculum. Scores have remained fairly consistent across cohorts. (*See Praxis Exam summary below for explanation.)

e) PRAXIS Examination

Year	**Passage rate** (Score = 600+)
06-07	88%
07-08	95%
08-09	97%
90-10	96%
10-11	94%
Average	**94%**

Summary – The overall average percentage of students passing the Praxis Exam was 94%. In 2006, one student failed the exam three times, which attributed to the lower rate of passage. (This student also had difficulty passing Comprehensive finals. She was mentored by one faculty member and was given various readings and chapters to outline to aid her in passing Comps and the Praxis Exam.)

Summary of Key Assignments

Analysis of the 7 key assignments included in the NCATE/CTC accreditation data overwhelmingly suggests that students enrolled in the CSUEB CSD Program are very strong candidates for the Master's Degree in Speech-Language Pathology. The CSD Program is doing an excellent job preparing students to become speech-language pathologists as indicated by students' approximating independence during their clinical practicum experiences and the majority of students working independently during fieldwork placements. In the area of understanding and synthesizing academic coursework, students have demonstrated a high level of passage of their comprehensive finals and PRAXIS examination.

Survey Data

f) Alumni Survey

Alumni Surveys were collected from alumni in 2004, 2005, 2008, and 2010. Alumni indicated how prepared they felt they were in their employment setting having graduating from the CSD Program (as opposed to just having completed internships in the Candidate Exit Surveys). The survey used the same set of questions contained in the Candidate Exit Survey.

Year	% agreeing
2004	82%
2005	78%
2008	72%
2010	83%
Average	**79%**

Summary – Alumni were surveyed approximately 2 years post-graduation from the Program. An average of 79% of alumni indicated they were well or adequately prepared for employment as a speech-language pathologist in their work setting in the areas which comprise the CSD curriculum.

Areas in which alumni felt especially prepared (percentages above the average of 79%) included: communication development; problem-solving; hearing & hearing screenings; evidence-based practice; written documentation; vocal pathologies; fluency; articulation/phonology; adult language disorders; diversity; ethics; evaluating outcomes of service delivery; and written documentation.

Areas in which alumni felt ill prepared (percentages = 67% or below for both years) included: Autism; neurogenic disorders, licensure/certification/credentialing; collaboration; and swallowing.

g) Candidate Exit Surveys

Candidates for the Master's Degree complete Exit Surveys in SPPA 6030, Clinical Management, which is the last academic class taken by graduates. Survey data reflects the average number of students who agreed they were well or adequately prepared with basic knowledge and skills for employment in 28 areas of the CSD curriculum, including clinical practicum experiences.

Year	% of Grads agreeing
06-07	74%
07-08	80%
08-09	78%
09-10	79%
10-11	80%
Average	**78%**

Summary – From 2006-11, an average of 78% of graduate students exiting the CSD Program indicated they believed they were well or adequately prepared for employment along 28 areas which comprise the CSD curriculum.

Lower percentages of agreement were indicated in several areas in which recent changes have been made. These include the following:

- **Swallowing Disorders** – increased from a 2-unit elective to a 4-unit required course, effective fall 2009.
- **AAC course** – new faculty member began teaching the course in spring 2009. $47,769 of equipment was purchased in Winter 2011 to outfit a state-of-the-art AAC lab providing hands-on experience for students. In addition, the Department was able to purchase a Lena Pro and Sigma Plot Graphing and Analysis Software for the Lab. Graduate students indicated on their Exit Surveys they did not feel adequately prepared in the area of AAC with the course taught by a lecturer and having no real AAC equipment for hands-on experience. In 2010 the AAC course became required and will be offered every year in the Program.
- **Autism** – A new faculty member with expertise in autism began full-time in fall 2010. Autism will be highlighted in the child language disorders course and counseling. An elective seminar in Autism is planned for summer 2012.
- **Voice Disorders** – undergraduate and graduate course combined into one graduate level course as students indicated there was repetition of information presented during the graduate level class.
- **Aural Rehabilitation** – undergraduate and graduate course combined into one graduate level course as student feedback reflected aural rehabilitation is a low incidence disorder.
- **Advanced Speech Science** – to be offered during first year of graduate program so students can use the instrumentation during clinical practicum. Student surveys indicated course was offered too late to be useful when previously offered during 2nd year of graduate program. (In addition, the undergraduate speech science course was switched from a second to a first year course offering in fall 2010.)

- **Adult neurological courses** – three new/revised courses were added to the curriculum, which are being implemented during 2011-12. These include Neuroanatomy, Neurocognitive Disorders, and Aphasıa & Related Neurogenıc Language Dısorders. Prior, all three content areas were included in a single course offering. These classes were added to the curriculum based on student feedback requesting more coursework in the area of adult neurological disorders.

i) Client's Evaluation of their of Student Clinician (SPPA 4856/6056)

Year	Avg. Rating	Range
2006-07	97%	88-100%
2007-08	98%	94-100%
2008-09	98%	89-100%
2009-10	99%	97-100%
2010-11	98%	95-100%
Average	**98%**	**88-100%**

Summary – For the past five years, 98% of clients have rated their student clinician's skills as good or excellent. Clients rated their student clinician's skills at the end of the academic quarter in 14 areas, including: thoroughness of care, level of knowledge, counseling skills, homework assignments, functional communication, respect for privacy, explanation of therapy/assessments, listening skills, and satisfaction with amount of progress made. Averages ranged from 88-100% agreement.

j) Employer Surveys

In spring 2011, the Department used Survey Monkey to gather feedback from employers who supervise CSD graduates in their work settings. Survey data was used to ascertain how well supervisors feel candidates who graduated from the Program between 2009-2010 were prepared for employment in the areas of assessment, treatment, collaboration, written documentation, caseload management, professionalism, and diversity. Ninety-four percent of respondents rated their CSD graduate as being "as prepared" or "better prepared" in their training in comparison to graduates from other universities. All employers agreed that CSD graduates were well prepared to work collaboratively with clients, their families or caregivers, their direct supervisor and other professional colleagues. All employers agreed that CSD graduates displayed sensitivity

and knowledge about working with client disabilities and participated in professional activities to maintain currency in best practices and current regulations. Although all employers rated CSD graduates as demonstrating sensitivity and knowledge in working with culturally and linguistically diverse clients and their families/caregivers, three employers rated their supervisees as being only "somewhat prepared" to be successful with clients from linguistically or culturally diverse backgrounds.

Summary – Employers rated CSD graduates highly, with an overall average rating of 3.75 out of 4 possible points (range = 3.25-4.0). Employers found CSD graduates to be "as" or "better" prepared than graduates from other universities. Areas surveyed included: assessment, treatment, collaboration, written documentation, caseload management, professionalism, and diversity. Preparation re: working with clients from linguistically or culturally diverse backgrounds was found to be a weakness in the program—even though diversity and cultural sensitivity is infused across the curriculum, and a diversity course is offered.

k) Student Survey -- Advising

Current students in the program were surveyed in Spring 2011via Survey Monkey; 33 graduate students responded. Students rated the effectiveness of the types of academic advising offered by the Department, accuracy of information received, the Department website, and experiences with faculty advisors, the Department Chair, Department Secretary, group advising sessions, and group e-mails.

Effectiveness and Accuracy of the types of Advisement offered by the Department
(Ratings on a 3-point Liker scale, where 1=very effective, 2=somewhat effective, and 3=ineffective).

	Effectiveness	Accuracy
Department Website	2.13	2.19
Faculty Advisor	2.00	2.00
Department Chair	2.53	2.59
Faculty—not student's advisor	2.17	2.17
Department Secretary	2.79	2.68
Group Advising Sessions	2.00	2.30
E-mailed Advising Notifications	2.48	2.63

For the each of the types of advisement received, students ranked their agreement along a 4-point Liker scale, where 4=strong agreement, 3=somewhat agree, 2=somewhat disagree, 1=strongly disagree. Mean rankings are reported for each question.

Department Website (91% of respondents have used the website for advising purposes.)

- Easy to locate 3.29
- Easy to navigate 2.87
- Provided everything needed 2.42
- Accurate and current information 2.50

Advisement Experiences (75% of respondents have received advising from their assigned advisor; 47% have received some type of advising from the Department Chair; and 45% have interacted with a faculty member other than their assigned advisor; and 68% have received some type of advisement information from the Department Secretary.)

	Assigned Advisor	Dept. Chair	Other Faculty	Secretary
Availability	3.08	3.08	3.29	3.81
Timely response to e-mails	2.96	3.79	3.24	3.90
Timely response to phone messages	3.33	3.67	3.53	3.80
Respectful and courteous	3.04	3.79	3.20	3.86
Provided needed information	2.91	3.71	3.42	3.86
Provided accurate information	2.92	3.79	3.45	3.81

Group Advising Sessions (58% of respondents have attended one or more group advising Sessions offered by the Department.)

- Adequate number of sessions provided to meet needs 2.81
- Sessions offered at convenient times 3.35
- Information provided at session met needs 3.00
- Information provided was accurate 3.24
- Desire Department to continue offering group advising 3.54

Group Advising E-Mails (87% of respondents had received/read advising via e-mail.)

- E-mails were pertinent 3.37
- Tone of e-mails was appropriate and professional 3.59
- E-mails provided important Department information 3.56
- Desire continued advisement via group e-mails 3.54

Summary – The Department offers 7 different modes of advisement. Students are assigned a faculty advisor, but may interact with the Department Chair, another faculty member, or the Department Secretary. Respondents used all modes of advisement in the following order: website, e-mail notifications, assigned advisor, Department Secretary, group advising sessions, Department Chair, and lastly another faculty member. The Department Website is currently being updated to improve ease of navigation and consistency across the College. New information (e.g., student Roadmaps, revised forms, requirements, etc.) is posted as soon as possible to maintain currency. Students desire the Department to continue offering group advising sessions and mass e-mail notifications. Students praised some faculty advisors and the Department Chair, but had complaints that sometimes faculty members are not as approachable, prompt in responding to e-mails and phone messages, or courteous in student interactions. Students may seek advisement from another faculty member or change advisors when they are dissatisfied with their assigned advisor. The Department secretary was rated very highly in her providing prompt, accurate information in a courteous and respectful manner. It should be noted that the secretary does not provide graduate academic advising per se, but rather answers questions and gives general information about courses to graduates. The Department is in compliance with University guidelines to provide students with the necessary tools for self-advising. The Department would like to offer more face-to-face advisement when faculty are sufficient to do so.

CSUEB Department of Communicative Sciences and Disorders

2006-2011 Assessments used in Self-Study

CTC vs. ASHA Standards "Crosstalk"

CTC Standard	ASHA Standard
Standard 10 Each candidate demonstrates knowledge of the ethical standards, professional practices, laws and regulations re: service provision to individuals with disabilities and their families.	**Standard III-E** The applicant must demonstrate knowledge of standards ethical conduct.
Standard 11 Each candidate develops a professional perspective by examining educational policies and practices re: fundamental issues, theories, legal requirements, status of special education, services and research in education.	**Standard III-H** The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.
Standard 12 Each candidate demonstrates understanding and acceptance of differences in culture, ethnicity, gender age, socio-economic status, lifestyle, language abilities, disabilities and aspirations of individual learners.	**Standard IV-F** Supervised practicum must include exp. with client/patient populations across the lifespan and from culturally/linguistically diverse backgrounds.
Standard 13 The program provides sequence of field experiences involving a broad spectrum of interactions with diverse populations.	**Standard IV-C** The applicant for certification is SLP must complete a minimum of 400 clock hours in supervised clinical experience in the practice of speech-language pathology.
Standard 15 Each candidate demonstrates knowledge and skills in managing learning environments for diverse learners. .	**Standard IV-G** The applicant must recognize the needs, values, preferred mode of communication, cultural/linguistic background of the client/patient.
Standard 16 Each candidate demonstrates the ability to collaborate and communicate effectively with individuals with disabilities and their parents, school administrators and personnel.	**Standard IV-G** The applicant for certification must be able to collaborate effectively with other professionals in case management.

Standard 17 Each candidate demonstrates knowledge of basic principles of assessment, curriculum and instruction appropriate for individuals with diverse backgrounds varying language/cognitive abilities and needs.	**Standard IV-F** Supervised practicum must include exp. with client/patient populations across the lifespan and from culturally/linguistically diverse backgrounds.
Standard 19 Each candidate demonstrates understanding of the underlying mechanism of speech, language, and acoustic hearing.	**Standard III-B** The applicant must demonstrate knowledge of basic human communication processes incl. biological, neurological, psychological, developmental, linguistic, and cultural bases.
Standard 21 Each candidate acquires experience with a variety of and acquisition of speech, language and hearing skills, including language difference/dialectal variation and second language acquisition.	**Standard III-C** The applicant must demonstrate knowledge of the nature of speech, language, hearing disorders and differences, incl., etiologies, characteristics, developmental, anatomical, acoustic, physiological, linguistic, psychological, and cultural correlates.
Standard 22 Each candidate demonstrates understanding of speech language and hearing disorders, incl. special populations (Autism/PDD, CP, Cleft Palate, HI, LD, and TBI).	**Standard IV-F** Practicum must include exp. with client/patient populations various types and severities of communication and/or related disorders, differences, and disabilities.
Standard 23 Each candidate demonstrates proficiency in screening for and evaluation of speech and language disorders and in screening for hearing disorders.	**Standard III-D** The applicant must possess knowledge of the principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders.
Standard 24 Each candidate demonstrates proficiency in the management of speech, language and hearing disorders.	**Standard IV-F** Practicum must include exp. with client/patient populations various types and severities of communication and/or related disorders, differences, and disabilities.

Key Assessments based on CTC and ASHA Standards

Table 1

Communication Sciences and Disorders Department

Post Practica I Evaluations 2006-2007

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 17
1. Applies knowledge of theory & research to therapy (K)			9	56	3.82
2. Plans appropriate lessons (K)			6	60	3.88
3. Modifies tasks and expectations appropriately during sessions (k)			12	52	3.76
4. Gives instructions appropriately (S)			3	64	3.94
5. Elicits target behaviors Appropriately (D)			3	64	3.94
6. Collects data accurately (S)			3	64	3.94
7. Writes in clear, complete, accurate, professional format (S)			9	48	3.35
8. Interacts appropriately with clients and families (D)			12	44	3.29
9. Uses supervisors suggestions appropriately (D)			0	68	4.0
10. Takes initiative and works in self-directed manner (D)			3	64	3.94
11. Demonstrates professional behavior (D)			3	64	3.94
Overall Average					3.84

Table 2

Communication Sciences and Disorders Department

Post Practica I Evaluations 2007-2008

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 18
1. Applies knowledge of theory & research to therapy (K)			33	28	3.39
2. Plans appropriate lessons (K)			9	60	3.83
3. Modifies tasks and expectations appropriately during sessions (K)			21	44	3.61
4. Gives instructions appropriately (S)			21	44	3.61
5. Elicits target behaviors appropriately (S)			21	44	3.61
6. Collects data accurately (S)			36	24	3.33
7. Writes in clear, complete, accurate, professional format (S)		2	30	28	3.33
8. Interacts appropriately with clients and families (D)			6	64	3.89
9. Uses supervisors suggestions appropriately (D)			9	60	3.83
10. Takes initiative and works in self-directed manner (D)			12	56	3.72
11. Demonstrates professional behavior (D)			9	60	3.83
Overall Average					3.64

Table 3

Communication Sciences and Disorders Department

Post Practica I Evaluations 2008-2009

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 15
1. Applies knowledge of theory & research to therapy (K)			12	44	3.73
2. Plans appropriate lessons (K)			9	48	3.8
3. Modifies tasks and expectations appropriately during sessions (k)			9	48	3.8
4. Gives instructions appropriately (S)			6	52	3.87
5. Elicits target behaviors Appropriately (D)			15	40	3.67
6. Collects data accurately (S)			9	48	3.87
7. Writes in clear, complete, accurate, professional format (S)			6	48	3.87
8. Interacts appropriately with clients and families (D)			3	56	3.93
9. Uses supervisors suggestions appropriately (D)			3	56	3.93
10. Takes initiative and works in self-directed manner (D)			3	56	3.93
11. Demonstrates professional behavior (D)			3	56	3.93
Overall Average					3.84

Table 4

Communication Sciences and Disorders Department

Post Practica I Evaluations 2009-2010

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 11
1. Applies knowledge of theory & research to therapy (K)		4	9	24	3.36
2. Plans appropriate lessons (K)			9	32	3.73
3. Modifies tasks and expectations appropriately during sessions (K)		2	9	28	3.55
4. Gives instructions appropriately (S)			15	24	3.55
5. Elicits target behaviors appropriately (S)		2	9	28	3.55
6. Collects data accurately (S)			9	32	3.73
7. Writes in clear, complete, accurate, professional format (S)		2	12	24	3.27
8. Interacts appropriately with clients and families (D)			6	36	3.82
9. Uses supervisors suggestions appropriately (D)			12	28	3.37
10. Takes initiative and works in self-directed manner (D)			15	24	3.55
11. Demonstrates professional behavior (D)			12	28	3.37
Overall Average					3.58

Table 5

Communication Sciences and Disorders Department

Post Practica I Evaluations 2010-11

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 33
1. Applies knowledge of theory & research to therapy (K)			57	56	3.42
2. Plans appropriate lessons (K)			42	76	3.58
3. Modifies tasks and expectations appropriately during sessions (K)		2	39	76	3.55
4. Gives instructions appropriately (S)			36	84	3.64
5. Elicits target behaviors appropriately (S)			45	72	3.55
6. Collects data accurately (S)		10	42	56	3.27
7. Writes in clear, complete, accurate, professional format (S)		2	48	64	3.45
8. Interacts appropriately with clients and families (D)			21	104	3.79
9. Uses supervisors suggestions appropriately (D)			18	108	3.82
10. Takes initiative and works in self-directed manner (D)			30	96	3.82
11. Demonstrates professional behavior (D)			36	84	3.64
Overall Average					3.59

Table 6

Communication Sciences and Disorders Department

Post Practica II Evaluations 2006-2007

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 15
1. Applies knowledge of theory & research to therapy (K)				60	4.0
2. Plans appropriate lessons (K)				60	4.0
3. Modifies tasks and expectations appropriately during sessions (K)				60	4.0
4. Gives instructions appropriately (S)				60	4.0
5. Elicits target behaviors appropriately (S)				60	4.0
6. Collects data accurately (S)			9	48	3.8
7. Writes in clear, complete, accurate, professional format (S)			3	56	3.93
8. Interacts appropriately with clients and families (D)				60	4.0
9. Uses supervisors suggestions appropriately (D)				60	4.0
10. Takes initiative and works in self-directed manner (D)				60	4.0
11. Demonstrates professional behavior (D)				60	4.0
Overall Average					3.98

Table 7

Communication Sciences and Disorders Department

Post Practica II Evaluations 2007-2008

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 18
1. Applies knowledge of theory& research to therapy (K)			3	68	3.94
2. Plans appropriate lessons (K)			3	68	3.94
3. Modifies tasks and expectations appropriately during sessions (K)			3	68	3.94
4. Gives instructions appropriately (S			6	64	3.89
5. Elicits target behaviors appropriately (S)			3	68	3.94
6. Collects data accurately (S)			9	60	3.83
7. Writes in clear, complete, accurate, professional format (S)			6	64	3.89
8. Interacts appropriately with clients and families (D)			3	68	3.94
9. Uses supervisors suggestions appropriately (D)				72	4.0
10. Takes initiative and works in self-directed manner (D)				72	4.0
11. Demonstrates professional behavior (D)				72	4.0
Overall Average					3.94

Table 8

Communication Sciences and Disorders Department

Post Practica II Evaluations 2008-2009

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 18
1. Applies knowledge of theory & research to therapy (K)			6	64	3.89
2. Plans appropriate lessons (K)			3	68	3.94
3. Modifies tasks and expectations appropriately during sessions (K)			12	56	3.78
4. Gives instructions appropriately (S)			9	60	3.83
5. Elicits target behaviors appropriately (S)			9	60	3.83
6. Collects data accurately (S)			6	64	3.89
7. Writes in clear, complete, accurate, professional format (S)			3	68	3.94
8. Interacts appropriately with clients and families (D)				72	4.0
9. Uses supervisors suggestions appropriately (D)			3	68	3.94
10. Takes initiative and works in self-directed manner (D)				72	4.0
11. Demonstrates professional behavior (D)				72	4.0
Overall Average					3.91

Table 9

Communication Sciences and Disorders Department

Post Practica II Evaluations 2009-2010

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 20
1. Applies knowledge of theory & research to therapy (K)			6	72	3.9
2. Plans appropriate lessons (K)			9	68	3.85
3. Modifies tasks and expectations appropriately during sessions (K)			6	72	3.9
4. Gives instructions appropriately (S)			3	76	3.95
5. Elicits target behaviors appropriately (S)			6	72	3.9
6. Collects data accurately (S)		2	15	56	3.65
7. Writes in clear, complete, accurate, professional format (S)			6	72	3.9
8. Interacts appropriately with clients and families (D)		2	12	60	3.7
9. Uses supervisors suggestions appropriately (D)		2	3	72	3.85
10. Takes initiative and works in self-directed manner (D)		2	6	68	3.8
11. Demonstrates professional behavior (D)		2	12	60	3.7
Overall Average					3.83

Table 10

Communication Sciences and Disorders Department

Post Practica II Evaluations 2010-2011

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 32
1. Applies knowledge of theory & research to therapy (K)			12	108	3.75
2. Plans appropriate lessons (K)			6	116	3.81
3. Modifies tasks and expectations appropriately during sessions (K)			12	108	3.75
4. Gives instructions appropriately (S)			6	116	3.81
5. Elicits target behaviors appropriately (S)			18	100	3.69
6. Collects data accurately (S)			18	100	3.69
7. Writes in clear, complete, accurate, professional format (S)			3	120	3.84
8. Interacts appropriately with clients and families (D)				128	4.0
9. Uses supervisors suggestions appropriately (D)				128	4.0
10. Takes initiative and works in self-directed manner (D)				128	4.0
11. Demonstrates professional behavior (D)				128	4.0
Overall Average					3.85

Table 11

Communication Sciences and Disorders Department

SPPA 6066: School Internship Evaluations 2008-2009

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 31
1. Applies knowledge of theory & research to therapy			6	116	3.94
2. Plans appropriate lessons			6	116	3.94
3. Modifies tasks and expectations appropriately during sessions			3	120	3.97
4. Gives instructions appropriately			3	120	3.97
5. Elicits target behaviors appropriately			3	120	3.97
6. Collects data accurately			9	96	3.90
7. Writes in clear, complete, accurate, professional format			6	116	3.94
8. Interacts appropriately with clients and families				124	4.00
9. Uses supervisors suggestions appropriately				124	4.00
10. Takes initiative and works in self-directed manner				124	4.00
11. Demonstrates professional behavior				124	4.00
Overall Average					3.96

Table 12

Communication Sciences and Disorders Department

SPPA 6066: Adult Internship Evaluations 2008-2009

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 21
1. Applies knowledge of theory & research to therapy				84	4.0
2. Plans appropriate lessons				84	4.0
3. Modifies tasks and expectations appropriately during sessions			3	80	3.95
4. Gives instructions appropriately				84	4.0
5. Elicits target behaviors appropriately			3	80	3.95
6. Collects data accurately				84	4.0
7. Writes in clear, complete, accurate, professional format				84	4.0
8. Interacts appropriately with clients and families				84	4.00
9. Uses supervisors suggestions appropriately				84	4.00
10. Takes initiative and works in self-directed manner				84	4.00
11. Demonstrates professional behavior				84	4.00
Overall Average					3.99

Table 13

Communication Sciences and Disorders Department

SPPA 6066: School Internship Evaluations 2009-2010

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N =28
1. Applies knowledge of theory & research to therapy (K)				112	4.00
2. Plans appropriate lessons (K)				112	4.00
3. Modifies tasks and expectations appropriately during sessions (K)				112	4.00
4. Gives instructions appropriately (S)			3	108	3.96
5. Elicits target behaviors appropriately (S)			3	108	3.96
6. Collects data accurately (S)				112	4.00
7. Writes in clear, complete, accurate, professional format (S)			3	108	3.96
8. Interacts appropriately with clients and families (D)			6	100	3.92
9. Uses supervisors suggestions appropriately (D)				112	4.00
10. Takes initiative and works in self-directed manner (D)				112	4.00
11. Demonstrates professional behavior (D)				112	4.00
Overall Average					3.98

Table 14

Communication Sciences and Disorders Department

SPPA 6066: Adult Internship Evaluations 2009-2010

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N = 31
1. Applies knowledge of theory & research to therapy			9	80	3.87
2. Plans appropriate lessons			6	84	3.91
3. Modifies tasks and expectations appropriately during sessions		2	6	80	3.83
4. Gives instructions appropriately			9	80	3.87
5. Elicits target behaviors appropriately			9	80	3.87
6. Collects data accurately			12	76	3.83
7. Writes in clear, complete, accurate, professional format			9	80	3.87
8. Interacts appropriately with clients and families			3	88	3.96
9. Uses supervisors suggestions appropriately			9	80	3.87
10. Takes initiative and works in self-directed manner			9	80	3.87
11. Demonstrates professional behavior			9	80	3.87
Overall Average					3.87

Table 15

Communication Sciences and Disorders Department

SPPA 6066: School Internship Evaluations 2010-2011

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N =30
1. Applies knowledge of theory & research to therapy (K)			9	108	3.90
2. Plans appropriate lessons (K)			6	112	3.93
3. Modifies tasks and expectations appropriately during sessions (K)			3	116	3.97
4. Gives instructions appropriately (S)			3	116	3.97
5. Elicits target behaviors appropriately (S)			3	116	3.97
6. Collects data accurately (S)			6	112	3.93
7. Writes in clear, complete, accurate, professional format (S)			6	112	3.93
8. Interacts appropriately with clients and families (D)				120	4.0
9. Uses supervisors suggestions appropriately (D)			3	116	3.97
10. Takes initiative and works in self-directed manner (D)			6	112	3.93
11. Demonstrates professional behavior (D)			3	116	3.97
Overall Average					3.95

Table 16

Communication Sciences and Disorders Department

SPPA 6066: Adult Internship Evaluations 2010-2011

Clinical Profile: **Knowledge, Skill, or Disposition**	Unsatisfactory Performance (Scores 1-3) 1	Needs specific direction/demo. (Scores 4-6) 2	Needs only general direction (Scores 7-9) 3	Can work Independently (Scores 10-12) 4	Average Score N =4
1. Applies knowledge of theory & research to therapy (K)			6	8	3.75
2. Plans appropriate lessons (K)			3	12	3.75
3. Modifies tasks and expectations appropriately during sessions (K)			6	8	3.50
4. Gives instructions appropriately (S)			3	12	3.75
5. Elicits target behaviors appropriately (S)			3	12	3.75
6. Collects data accurately (S)			3	12	3.75
7. Writes in clear, complete, accurate, professional format (S)			3	12	3.75
8. Interacts appropriately with clients and families (D)			3	12	3.75
9. Uses supervisors suggestions appropriately (D)			3	12	3.75
10. Takes initiative and works in self-directed manner (D)			3	12	3.75
11. Demonstrates professional behavior (D)			3	12	3.75
Overall Average					3.70

Table 17

Communication Sciences and Disorders Department

Program Completion

Comprehensive Finals Fall 2006

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 20
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	2	39	24	3.25
2. Demonstrates knowledge of assessment and management of hearing/disorders	0	6	42	12	3.0
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	0	12	36	8	2.8
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	28	15	4	2.5
Overall Average (N= 80)	n = 0	n = 24	n = 44	n = 12	2.85

Table 18

Communication Sciences and Disorders Department

Program Completion

Comprehensive Finals Spring 2007

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 13
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	2	21	20	3.31
2. Demonstrates knowledge of assessment and management of hearing/disorders	0	6	15	20	3.15
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	0	6	15	20	3.15
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	12	21	0	2.54
Overall Average (N = 52)	n = 0	n = 13	n = 24	n = 15	3.04

Table 19

Communication Sciences and Disorders Department

Program Completion

Comprehensive Finals Fall 2007

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 14
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	0	27	20	3.36
2. Demonstrates knowledge of assessment and management of hearing/disorders	0	2	30	12	3.14
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	0	14	6	20	2.86
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	10	18	12	2.86
Overall Average (N= 56)	n = 0	n = 13	n = 27	n = 16	3.05

Table 20

Communication Sciences and Disorders Department

Program Completion - Comprehensive Finals Spring 2008

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 16
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	4	30	12	2.88
2. Demonstrates knowledge of assessment and management of hearing/disorders	0	14	18	12	2.75
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	0	18	18	4	2.5
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	20	18	0	2.38
Overall Average (N = 64)	n = 0	n = 28	n = 28	n = 7	2.67

Table 21

Communication Sciences and Disorders Department

Program Completion - Comprehensive Finals Fall 2008

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 16
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	0	27	28	3.44
2. Demonstrates knowledge of assessment and management of swallowing disorders	0	12	15	20	2.94
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	0	8	21	20	3.06
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	14	21	8	2.69
Overall Average (N= 64)	n = 0	n = 17	n = 28	n = 19	3.03

Table 22

Communication Sciences and Disorders Department

Program Completion - Comprehensive Finals Spring 2009

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 20
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	4	48	8	3.00
2. Demonstrates knowledge of assessment and management of swallowing disorders	0	10	27	24	3.05
3. Demonstrates knowledge of voice and fluency disorders, incl. assess. and management	0	8	27	24	2.95
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	18	18	20	2.8
Overall Average (N = 79)	n = 0	n = 20	n = 40	n = 19	2.99

Table 23

Communication Sciences and Disorders Department

Program Completion - Comprehensive Finals Fall 2009

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 21
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	4	33	32	3.29
2. Demonstrates knowledge of assessment and management of hearing/disorders	0	2	45	20	3.19
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	1	20	6	32	2.81
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	8	39	16	3.0
Overall Average (N= 84)	n = 1	n = 17	n = 41	n = 25	3.07

Table 24

Communication Sciences and Disorders Department

Program Completion - Comprehensive Finals

Academic Year 2009-10

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 33
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	14	48	40	3.09
2. Demonstrates knowledge of assessment and management of hearing/disorders	0	6	60	40	3.21
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	1	30	21	40	2.79
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	0	16	57	24	2.94
Overall Average (N= 132)	n = 1	n = 33	n = 62	n = 36	3.01

Table 25

Communication Sciences and Disorders Department

Program Completion - Comprehensive Finals

Academic Year 2010-11

Comprehensive Final Examinations	Little or No Evidence of Knowledge Demonstrated Fail 1	Weak Evidence Demonstrated in one area Low Pass 2	Clear Evidence of Knowledge Demonstrated Pass 3	Superior Evidence of Knowledge Demonstrated High Pass 4	Average Score N= 28
1. Demonstrates knowledge of artic /phono, fluency, and language disorders in children, incl. assessment and treatment	0	6	42	44	3.29
2. Demonstrates knowledge of assessment and management of hearing/disorders	0	16	57	4	2.75
3. Demonstrates knowledge of voice and resonance disorders, incl. assess. and management	0	8	48	32	3.14
4. Demonstrates knowledge of assessment and management of adult neurological disorders, including cognitive/social aspects of communication.	1	8	39	40	3.14
Overall Average (N= 112)	n = 1	n = 19	n = 63	n = 29	3.08

Table 26

Communication Sciences and Disorders Department

Program Completion – PRAXIS Exam

2006-2011

PRAXIS Exam Scores	Little or No Evidence of Knowledge Score 500- 600 FAIL N =	Clear Evidence of Knowledge Score 600-690 PASS N =	Superior Evidence of Knowledge Score 700 + HIGH PASS N =	Total Number of Candidates who took PRAXIS N =	Percentage of Candidates who passed the PRAXIS Exam
Academic year: July 2006-June 20007	3	11	10	24	88%
Academic year: July 2007- June 2008	1	9	11	21	95%
Academic year: July 2008 – June 2009	2	9	16	27	93%
Academic year: July 2009 - June 2010	1	14	10	25	96%
Academic year: July 2010-June 2011	2	18	13	33	94%
Average	2	12	12	37	94%

Additional Assessments to Ascertain Program Effectiveness

Table 27

Communication Sciences and Disorders Department

Survey Data on Candidates Exiting Program 2006-11

		06-07	07-08	08-09	09-10	10-11
1.	Speech and hearing science	94%	73%	58%	55%	58%
2.	Normal and abnormal lifespan communication development	88%	87%	90%	81%	82%
3.	Problem solving approach to clinical work	82%	87%	68%	71%	73%
4.	Oral and written communication standards	82%	80%	93%	97%	97%
5.	Prevention, assessment, treatment for communication/swallowing disorders	56%	80%	77%	84%	85%
6.	Pediatric language and early intervention clinical services	76%	80%	84%	74%	76%
7.	Receptive and expressive language development and disorders	82%	93%	94%	90%	91%
8.	Social aspects of communication, incl. Autism spectrum	76%	73%	68%	84%	85%
9.	Certification, specialty recognition, licensure, professional credentials	59%	87%	61%	61%	64%
10.	Fluency and fluency disorders	76%	79%	93%	97%	97%
11.	Auditory assessment within scope of practice	82%	87%	77%	84%	85%
12.	Contemporary professional issues	70%	73%	73%	65%	67%
13.	Evaluating outcomes of service delivery	82%	87%	80%	58%	61%
14.	Ethical conduct standards in professional practice	82%	80%	80%	77%	79%
15.	Basic human communication processes	81%	87%	93%	87%	88%
16.	Variety of practicum experiences (settings, populations, age groups)	76%	87%	90%	87%	88%
17.	Cultural and linguistic diversity and service delivery	82%	60%	74%	84%	85%
18.	Collaborative consultation approach	65%	73%	67%	74%	76%
19.	Interdisciplinary Teamwork	12%	67%	58%	77%	79%
20.	Articulation and phonological development and disorders	76%	87%	90%	84%	85%
21.	Adult language disorders, including Aphasia	81%	87%	90%	94%	94%
22.	Communication modalities, (e.g., oral, manual, written, AAC)	82%	67%	73%	84%	85%
23.	Cognitive aspects of communication, incl. Cognitive and neurogenic disorders	59%	80%	55%	58%	61%
24.	Voice and resonance including disorders	76%	87%	94%	94%	94%
25.	Hearing, including aural rehabilitation and rehabilitation	82%	87%	73%	61%	61%
26.	Swallowing and related functions and disorders	50%	67%	68%	55%	58%
27.	Written documentation and record keeping	76%	80%	87%	97%	97%
28.	Research methodology and principles, incl. evidence-based practice	81%	87%	80%	84%	85%
	Total candidates who responded:	n=17	n=15	n=31	n=31	n=33

Table 28

Communication Sciences and Disorders Department

Survey Data on Candidates Exiting Program 2009-11

% who agreed or strongly agreed they were very well prepared with basic knowledge and skills in the following areas:

	09-10	10-11
1. Speech and hearing science	58%	58%
2. Normal and abnormal lifespan communication development	90%	82%
3. Problem solving approach to clinical work	68%	73%
4. Oral and written communication standards	93%	97%
5. Prevention, assessment, treatment for communication/swallowing disorders	77%	85%
6. Pediatric language and early intervention clinical services	84%	76%
7. Receptive and expressive language development and disorders	94%	91%
8. Social aspects of communication, incl. Autism spectrum	68%	85%
9. Certification, specialty recognition, licensure, professional credentials	61%	64%
10. Fluency and fluency disorders	93%	97%
11. Auditory assessment within scope of practice	77%	85%
12. Contemporary professional issues	73%	67%
13. Evaluating outcomes of service delivery	80%	61%
14. Ethical conduct standards in professional practice	80%	79%
15. Basic human communication processes	93%	88%
16. Variety of practicum experiences (settings, populations, age groups)	90%	88%
17. Cultural and linguistic diversity and service delivery	74%	85%
18. Collaborative consultation approach	67%	76%
19. Interdisciplinary Teamwork	58%	79%
20. Articulation and phonological development and disorders	90%	85%
21. Adult language disorders, including Aphasia	90%	94%
22. Communication modalities, (e.g., oral, manual, written, AAC)	73%	85%
23. Cognitive aspects of communication, incl. Cognitive and neurogenic disorders	55%	61%
24. Voice and resonance including disorders	94%	94%
25. Hearing, including aural rehabilitation and rehabilitation	73%	61%
26. Swallowing and related functions and disorders	68%	58%
27. Written documentation and record keeping	87%	97%
28. Research methodology and principles, incl. evidence-based practice	80%	85%
Total candidates who responded:	n=31	n=33

Table 29

Communication Sciences and Disorders Department

Alumni Survey Data

% who agreed, strongly agreed, or very strongly agreed they were very well prepared with basic knowledge and skills in the following areas:

	2004[1]	2005[2]	2008[3]	2010[4]
Speech and hearing science	89%	82%	85%	66%
Normal and abnormal lifespan communication development	83%	80%	80%	100%
Problem solving approach to clinical work	91%	78%	80%	100%
Oral and written communication standards	n/a	76%	75%	100%
Pediatric language and early intervention clinical services	78%	84%	75%	100%
Receptive and expressive language development and disorders	n/a	n/a	75%	100%
Social aspects of communication, incl. Autism spectrum	69%	60%	65%	50%
Certification, specialty recognition, licensure, professional credentials	67%	81%	60%	66%
Fluency and fluency disorders	86%	81%	80%	100%
Auditory assessment within scope of practice	84%	79%	80%	100%
Contemporary professional issues	n/a	n/a	70%	100%
Evaluating outcomes of service delivery	85%	77%	80%	83%
Ethical conduct standards in professional practice	88%	87%	80%	83%
Basic human communication processes	85%	79%	70%	100%
Variety of practicum experiences (settings, populations, age groups)	89%	84%	70%	83%
Cultural and linguistic diversity and service delivery	72%	79%	75%	100%
Collaborative consultation approach	86%	73%	60%	67%
Interdisciplinary Teamwork	80%	74%	20%	83%
Articulation and phonological development and disorders	88%	80%	70%	100%
Adult language disorders, including Aphasia	86%	85%	70%	100%
Communication modalities, (e.g., oral, manual, written, AAC)	39%	57%	75%	84%
Cognitive aspects of communication, incl. cognitive and neurogenic disorders	89%	79%	60%	66%
Voice and resonance including disorders	89%	86%	75%	100%
Hearing, including aural rehabilitation and rehabilitation	81%	84%	75%	100%
Swallowing and related functions and disorders	n/a	55%	45%	67%
Written documentation and record keeping	91%	86%	75%	83%
Research methodology and principles, incl. evidence-based practice	88%	83%	70%	100%
Design and implement a research-based treatment program	n/a	n/a	n/a	66%
Create environment where all are treated with respect/dignity/trust/fairness	n/a	n/a	n/a	83%
Work collaboratively to achieve equitable learning outcomes/environments	n/a	n/a	n/a	67%
Work in school-based internship	n/a	n/a	n/a	67%
Total candidates who responded:	n=36	n=88	n=20	n= 06

[1] Survey sent to all graduate program alumni
[2] Survey sent to all alumni, including undergraduate students
[3] Survey sent to graduate program alumni graduating Fall 2005 through Spring 2007
[4] Survey sent to graduate program alumni graduating Fall 2007 through Summer 2008

Table 30

Communication Sciences and Disorders Department

CSUEB Speech, Language, and Hearing Clinic Client Surveys

2006-2011

% of clients who rated their student clinician as good or excellent in the following areas:

	06-07	07-08	08-09	09-10	10-11
1. Thoroughness of care	100%	98%	100%	97%	100%
2. Student clinician demonstrated adequate respect for client	100%	100%	100%	100%	100%
3. Overall satisfaction with client's progress over quarter	100%	96%	95%	97%	95%
4. Positive influence of therapy made on client's life	97%	98%	100%	97%	95%
5. Given adequate explanation of therapy or assessment	100%	100%	100%	100%	100%
6. Given complete and thorough answers to questions	97%	100%	100%	97%	100%
7. Provided excellent discussions and counseling to family	97%	98%	100%	97%	100%
8. Respected privacy re: giving info/recommendations to family	100%	100%	100%	100%	97%
9. Student clinician's willingness to listen to client's concerns	100%	100%	100%	100%	98%
10. Adequate explanation of therapy goals/objectives, methods	97%	100%	94%	100%	100%
11. Student clinician's demonstrated level of knowledge	97%	94%	97%	100%	98%
12. Student clinician's planning and organization of sessions	97%	100%	100%	100%	98%
13. Usefulness of homework assignments provided	97%	100%	89%	100%	100%
14. Usefulness of recommendations re: functional communication	88%	94%	100%	100%	97%
Total clients who responded:	n=33	n=49	n=23	n=34	n=42

Table 31

Communication Sciences and Disorders Department

Employer Survey – 2009-10 Graduates

% of employers who strongly agreed or agreed their CSD Program graduate was well prepared with adequate knowledge and skills in the following areas:

1. Diagnostic techniques and instrumentation	100%
2. Administration of setting-appropriate assessments/screenings	100%
3. Interpretation and analysis of diagnostic information	100%
4. Establishment of short and long term goals	100%
5. Utilization of appropriate therapy techniques across all handicapping conditions	94%
6. Planning and organization of effective treatment sessions to meet individual goals	94%
7. Planning and organization of effective treatment sessions to meet group goals	94%
8. Evaluation of client's goals and adjustment of treatment plan, as needed	100%
9. Application of current research findings during therapy	94%
10. Clear, grammatically accurate, and complete written reports	100%
11. Effective management of time, caseload, and documentation	94%
12. Demonstration of sensitivity and knowledge in working with client disabilities	94%
13. Demonstration of sensitivity and knowledge in working with culturally and linguistically diverse clients, and their families/caregivers	100%
14. Works collaboratively and respectfully with clients and their families/caregivers	100%
15. Works collaboratively and respectfully with direct supervisor	100%
16. Works collaboratively and respectfully with professional colleagues	100%
17. Appropriately seeks out and responds to supervisor's suggestions	100%
18. Participation in professional activities to maintain currency in best practices and current regulations	100%
19. Preparation to be successful with clients from linguistically/culturally diverse backgrounds	83%
20. Preparation to work collaboratively with clients/caregivers/professional colleagues	100%
21. Compared to employees supervised from other university programs, the CSUEB graduate was adequately trained and prepared	94%
Total employers who responded:	n=19

APPENDIX A

CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF COMMUNICATIVE SCIENCES AND DISORDERS

STUDENT PREFERENCE FORM FOR INTERNSHIP

Instructions: To be completed by student with their advisor approval **at least 4 months prior** to first internship.
Forward completed form to Clinic Director Note that internship placements, especially adult placements, are not guaranteed for the quarter preferred due to limited availability.

NAME: _____ Net ID:_____

DATE:_____ Email address: _____

1. Are there specific populations within your internships that you are of special interest to you? Please realize that your internship in a school setting requires a minimum of 100 contact hours and is required for the CA Rehabilitation Credential-Speech, Language and Hearing Specialist.

2. List your preferences and prioritize choices within each of your two internship placements. Please note that summer placements are typically limited to non-school settings, with the exception of a few exclusively special needs programs or year round schools. The latest you can begin a regular school placement in the spring is March 1st, because schools typically conclude in the first or second week of June.)

Internship #1 - Type: _____	Internship #2 - Type: _____
Quarter: _____	Quarter: _____
1st preference: _____	1st preference: _____
2nd preference: _____	2nd preference: _____
3rd preference: _____	3rd preference: _____

3. Are there any special factors that should be considered in arranging your internship, e.g., out of S.F. Bay area placement, distance restrictions, transportation, need for clock hours in a specific disorder area, etc.? Please be advised that an internship outside the Bay Area requires a lengthy procedure to secure a contract with CSUEB.

4. Anticipated date/quarter of comprehensive examination _____.

Minimum Requirements for Clinical Internship - *Lack of completion may cancel your internship placement.*

1. *Certificate of Clearance (School Internship)* Date submitted: _____
(Submit & process, including fingerprinting through Credential Student Service Ctr. 4 months prior to school internship.)

2. The following course work must be completed prior to starting an Internship:
Write in the following below; C=complete, IP=in progress, TBC=to be completed

***School Internship – SPPA 6066* - 6 units –*Pediatric Population* (Required for CA Clinical Rehab Services Credential)**

a. _____All B.S. Requirements
b. _____SPPA 4863 – Artic. and Phonological Disorders
_____SPPA 6064 – Fluency Disorders
c. _____SPPA 6000 – Research Methods
_____SPPA 6020 – Vocal Pathology and Rehab [5]
_____SPPA 6060 – Adv. Study of Lang. Dis. In Children

Hospital Internship – SPPA 6066- 6 units – Adult Population

a. _____All B.S. Requirements
b. _____SPPA 4863 – Artic. and Phonological Disorders
_____SPPA 4866 – Neurocognitive Disorders
_____SPPA 6064 – Fluency Disorders
c. _____SPPA 6000 – Research Methods
. _____SPPA 6020 – Vocal Pathology and Rehab.
_____SPPA 6050 – Neurogenic Motor Speech Disorders
_____SPPA 6220 – Dysphagia

3. Comments:

Academic Advisor:_____
(Signature) (Date)

5 *May enroll concurrently with approval of advisor.*

APPENDIX B

INTERNSHIP CONTACT FORM

INTERN _____ **QUARTER/YEAR**_____

AGENCY/SITE_____ **CSUEB SUPERVISOR** _____
(school district, hospital, private practice/specific school or location)

SITE SUPERVISOR & ASHA CCC # VERIFICATION_____

SITE SUPERVISOR CONTACT (PHONE & EMAIL) _____

PLEASE CHECK OFF THAT THE FOLLOWING ITEMS DISCUSSED W/ INTERN & SITE SUPERVISOR:

☐ Clockhour needs in regards to breadth (including consultation – staffings, rounds, IEP, family training, etc. of which ASHA only accepts time with client/family present, but CTC accepts up to 25 hrs. in all such activities w/o restriction that req't..); DX versus TX and within minor audiology minor (audio screenings ≈_____ & TX w/ H.I. ≈_____)

☐ Types of clients/patients_____

☐ Percentage of caseload intern is managing at mid-term contact & comments _____

☐ Client/patient age range _____ ☐ Diversity Info _____

☐ Expectations in regards to commitment (e.g. attendance & duration of placement, etc.) and achieving increasing independence & competence within internship, including a discussion of grading (A=independent & effective, B=effective w/general supervision, C=minimal skills requiring specific supervision and/or demonstration)

☐ Professionalism (e.g., appropriateness, communication, dress, timeliness, etc.)

	Mid-Term	Final
Type of Contact/Date	☐ Visit ☐ Phone Date _____	☐ Visit ☐ Phone Date _____
Grade		
Strengths		
Challenges		
Most Improved Skills		
Comments Regarding Preparation and/or Placement (e.g., caseload, possible future placement, etc.)		

(Please use reverse as needed to document additional contacts & list goals for intern or need for separate action plan.)

APPENDIX C

Department of Communicative Sciences and Disorders
Speech, Language, Hearing Clinic
California State University East Bay

Policy Statement

EXPECTATIONS & GRADING

We would like to share with you some of our thoughts regarding the clinical training process:

First and foremost is the issue of **grading** in the clinic. We seem to have reached a point in our program where students consider a "B" or "B+" an unacceptable grade. We hear that students have "worked hard", "spent hours", and "improved tremendously" and put forth "lots of effort". However, we must emphasize that **grading in clinic is not and CANNOT be based on either *effort* or *good intentions***. **This is a professional preparation program!** We are preparing individuals to work in and represent our profession. Grading is based on "ability to manage a client's program effectively and independently". No one expects a student clinician to be able to do that at the onset. Clinic is an enormous learning experience with a given client(s) and/or disorder. We want to reaffirm that a grade of 'B' in clinic indicates just what 'B' means in other grading schema – good work, but not excellent, and not yet independently able to manage a case effectively. A 'B+', on the other hand, suggests successful management with *general direction and guidance* needed, with demonstration of emerging independence. Likewise, a 'B-' , indicates inability to manage a case successfully, (e.g. difficulty exhibited in, preparation, implementation and/or interpretation of therapy and/or progress, specific direction or frequent modeling/demonstration is required, timeline for professional paperwork is not met and/or content is inappropriate. A 'B-' grade is treated differently as detailed in the previous policy statement– How Grades Relate to Satisfactory Progress Toward Graduate Degree Completion. As clinical supervisors, we must uphold high standards and adhere to the descriptions for grading criteria noted at the top of the clinical profile (i.e., Intermediate skills = B = only *general* direction is required).

A second issue concerns what supervisors expect from student clinicians, and what the primary concerns are. The consensus is that supervisors look for and expect initiative, effort, and responsibility in students. That is, the student is expected to be responsible for her or his own learning. This is not to say that students cannot and should not ask questions, on the contrary, good thoughtful questions are desired and promoted, as are focused requests for assistance. However, supervisors react poorly to a student who has ***not shown*** initiative or effort, and who says, "I don't know what to do" or "Tell me what to do." It is the supervisor's assumption that a certain amount of coursework has been completed, that textbooks and notes are available, and that the student knows how to research the disorders she or he is assigned to work with. We, as supervisors, are responsible for guiding our students. We need to assist them or provide them with direction in locating appropriate resources or generating more appropriate or creative therapy implementation activities.

The issues of effort and initiative also are raised when we think about student response to supervisory input. If a problem is identified and strategies defined for changing the problem are identified, supervisors expect that the student is moving toward a resolution of the problem. If it is necessary to point out the same areas repeatedly, something is wrong. We should re-visit the situation and think of other ways to communicate the same message so that the student is provided with ample opportunity to make a change. It has been our consensus, that for the most part, our students in clinic are working hard toward independence and have shown increasing competence, so we should be mindful in looking for evidence of the student's active participation in this growth process.

Finally, we want to acknowledge the beginning student's feelings of confusion and frustration as she or he embarks on clinic. These feelings are entirely reasonable and to be expected in this situation. It may be the student's failure to expect and respect these feelings that is a problem. We acknowledge that there are no cookbooks or recipes for working with various disorders; the clinical process requires analysis and synthesis. It takes time. The supervisor's role is to guide the clinician as he/she develops the skills

necessary to participate in the clinical process. Toward that end, a certain amount of "constructive feedback" is necessary. We want to affirm that this feedback is not personal; it is directed at the clinical process and should be presented to the student in a positive and constructive manner. Our goal should be to train our students to become "competent clinicians", rather than harp on negative criticisms. Student clinicians that respond defensively to feedback of their work may not be allowing themselves to develop optimally. The supervisor's ultimate goal is to become dispensable so the student eventually becomes capable of self-supervision. ***But, no one begins at this level, and many people don't achieve it for many years. Feedback, *constructive we hope*, is a necessary part of the learning process.

These are some of the major issues in clinical training as we see them. We thank you for your cooperation in looking at and thinking about them in relation to yourself and your clinical training. We hope you will join us in our efforts to maintain **consistency** throughout our program.

Date	***Department Chair***	***Clinic Director***
04/2010	Patricia Lohman-Hawk	Shelley Simrin
09/04	Janet Patterson, Interim Chair	Shelley Simrin