INTRODUCTION

California State University – Chico (CSU), established in 1887, is one of 23 campuses of The California State University system. It has a student enrollment of approximately 16,000 (14,500 full-time; 1,500 part-time) undergraduate students and 1320 (328 full-time and 492 part-time) graduate students. The Communication Sciences and Disorders Program (CMSD) are located in the Department of Communication Arts and Sciences, along with the Communication Studies Program. This department and programs in Communication Design and Journalism are housed in the School of Communication, which is part of the College of Communication and Education (CME). The CME has the largest (3654) number of majors at the university, with more than 270 faculty and 2,800 full-time students enrolled in undergraduate and graduate professional programs. CMSD has 40 graduate (20 first year and 20 second year) and 95 undergraduate students enrolled. There are 6 tenure track faculty and 6 non-tenure track, adjunct faculty. The program is designed such that students with a graduate degree may be eligible for ASHA certification, a California license as a speech-language pathologist, and Speech-Language Pathology Services Credentials through the state Commission on Teacher Credentialing. The program in speech-language pathology is a residential program only. Affiliated with the program is the CSU, Center for Communication Disorders. This center is located on campus and provides diagnostic and treatment services for communicative disorders.

The site visitors toured all facilities, including the CSU, Center for Communication Disorders; reviewed program records and documents; and interviewed faculty, students, administrators, and others associated with the program. A list of individuals interviewed and related team activities follow:

1. Interview with the Provost and Vice President for Academic Affairs, Dr. Sandra Flake
2. Interview with the Senior Vice Provost for Academic Affairs, Dr. Arno Rethans
3. Interview with Dean of the College of Communication and Education, Dr. Phyllis Fernlund
4. Interview with the Chair of the Department of Communication Sciences and Disorders and Associate Professor, Dr. Suzanne Miller
5. Interview with the Program Director and Associate Professor, Dr. Doug McColl
6. Interview with the Graduate Coordinator and Assistant Professor, Dr. Susan Steffani
7. Interview with the Clinic Director and Assistant Professor, Dr. Shelly Von Berg
8. Interviews with the two remaining tenure track professors, Dr. Patrick McCaffrey and Dr. Judy Brasseur
9. Interview with the following part time faculty:
   a. Ms. Paula Kokal – Internship Coordinator
   b. Ms. Amy Lee
c. Mr. Greg Carlton
d. Ms. Jessica Lawrence
e. Ms. Sally Bonavito

10. Interviews with off-campus clinical practicum supervisors (N=5)
11. Interviews with the Administrative Support Coordinator, Ms. Linda Shaver
12. Interviews with students within the speech-language pathology program (Graduate students N=21 [10 first year and 11 second year]; Undergraduate students N=25 [mostly seniors])
13. Interviews with program alumni (N=11)
14. Review of academic and clinical files of current students (first and second year)
15. Review of portfolios of second year students
16. Tour of on-campus academic and clinical facilities
17. Review of Web site for university, college, school, department, and program
18. Review of course syllabi and university catalog
19. Review of the department handbooks (i.e., student handbook, internship handbook, faculty handbook)
20. Review of available faculty meeting minutes (from February 2009 to present) and faculty meeting agenda (prior to February 2009)
21. Review of program announcements
22. Public Meeting (N=3)

I. Site Team Observations

1.0 ADMINISTRATIVE STRUCTURE AND GOVERNANCE

1.1 The applicant institution of higher education holds regional accreditation.

The site visitors were able to observe evidence to support verification of this standard.

The institution is accredited by the Western Association of Schools and Colleges. The university’s ten year accreditation period began in June 2009 and will end in June 2019. The institution’s current accreditation status was verified through statements on its Web site.

The institution also is accredited by the Senior College Commission of the Western Association of Schools and Colleges (WASC), one of six regional associations that accredit public and private schools, colleges, and universities in the United States. In addition, educational programs in the institution are accredited by the National Council for Accreditation of Teacher Education (NCATE).

1.2 The program’s mission and goals are consistent with CAA standards for entry into professional practice (3.1B) and with the mission of the institution.

The site visitors were able to observe partial evidence to support verification of this standard.

The institution, college, and program mission statements were present on the Web site. From interviews with the department chair, program director, and the faculty, the site visitors were assured that the program’s goals are consistent with its academic and clinical missions in speech-language pathology and with the mission of the institution.

The site visitors were able to verify that there are mechanisms in place to regularly evaluate the congruence of program and institutional goals. From interviews with the program director, the site visitors verified that the program goals were developed in alignment with the institution’s goals. Review of the faculty minutes (which were available from February 2009 to present) revealed that the strategic goals (referred to by the program as the strategic plan) are discussed in faculty meetings.
Interviews with the Provost/Vice President for Academic Affairs, Senior Vice Provost for Academic Affairs, and Dean of the College of Communication and Education suggested that the program’s role in the institution is valued and considered in institutional planning. Such planning has included discussions of a multidisciplinary center which may involve the Communication Sciences and Disorders program.

The site visitors were not able verify that there are mechanisms in place to regularly evaluate the extent to which program goals are achieved.

**The program has developed a more comprehensive Strategic Plan that includes a vision statement, envisioned future, mission statement, and objectives. Focus areas have been identified based on CAA site visit team observations, employer surveys, internship supervisor’s feedback, Advisory Council feedback, PRAXIS results, student and alumni report, exit interviews, and faculty report. These focus areas are outlined within the Strategic Plan. These focus areas include baseline data as well as strategies for remediation, indicators of success, and a time schedule for assessment. In addition, a schedule for evaluating the objectives and the plan itself has been generated. The Strategic Plan is attached in Appendix A.**

1.3 The program develops and implements a long-term strategic plan.

The site visitors were able to observe partial evidence to support verification of this standard.

Based on the interviews with the program director and the department chair and information presented on the Web site and newly revised program brochure, it was determined that the program’s “Strategic Plan” consisted of four strategic goals. During the site visit, the program director provided the site visitors with two documents. The first document, provided on the first day of the visit, was entitled “Program Self-Study” and addresses “Recent Areas of Improvement,” “Future Short-Term Areas of Improvement,” and “Future Long-Term Areas of Improvement.” It was not clear as to how the information in this document related to the program’s strategic goals. The second document, provided the second day of the visit, was entitled “Standard 1.3: The program develops and implements a long-term strategic plan.” It included long term goals (which were the previously mentioned four strategic goals), measurable objectives (which were ways the long term goals are measured), and strategies for attainment (which were program activities related to the four goals). The site visitors were unable to verify the methods used to ensure congruence of a strategic plan with the mission of the institution. Although faculty minutes included statements such as “making progress on the strategic plan,” the site visitors were not able to verify that there are methods in place to assure the development of a strategic plan or that the plan has support from the university administration. However, in interviews with dean, department chair, and program director, the site visitors learned that there is administrative interest in the strategic goals related to increasing the number of students in the program and to providing clinical services to the community. The site visitors were not able to verify how the plan and the results of regular evaluation of the plan and its implementation is disseminated to faculty, students, alumni, and other interested parties.

An initial CAA observation asked that a copy of the brochure and the URL containing the program’s strategic plan be provided at the time of the site visit. Both items were reviewed at the visit. The “Strategic Plan” listed were the program’s four strategic goals.

**The program’s recently revised Strategic Plan has been reviewed and approved by the Dean. The dean and the CMSD program have determined that it is consistent with the mission of the institution. The plan will be posted on the program’s Web site by February 8, 2011. It will be presented to the Advisory Board during our meeting on May 4, 2011.**
1.4 The program’s faculty has authority and responsibility for the program.

The site visitors were able to observe evidence to support verification of this standard.

A review of faculty meeting minutes, and interviews with the program director, department chair, dean and the faculty, indicated that the program’s faculty is recognized as a body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum. Program input includes feedback from the program-appointed Advisory Board which consists of alumni, faculty, and university administrators. The Advisory Board meets annually; meeting minutes from 2005 to 2010 were available at the time of the site visit.

The program director has access to the department chair, who reported having regular monthly meetings with the dean. Interviews with the faculty, program director, and department chair revealed that substantive decisions regarding academic and clinical programs are initiated, developed, and implemented by program faculty.

1.5 The individual responsible for the program(s) of professional education seeking accreditation holds 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 individual effectively leads and administers the program(s).

The site visitors were able to observe evidence to support verification of this standard.

Based on the program director’s abbreviated vita and faculty, program director, and department chair interviews, the site visitors verified that the individual responsible for the program holds a graduate degree with a major emphasis in speech-language pathology and holds a full-time appointment in the institution. In January of 2010, Dr. Doug McColl became program director, replacing Dr. Suzanne Miller who became department chair in August of 2010. Dr. McColl holds a full-time appointment in the program and has overall responsibility for the program of professional education. Dr. McColl earned his Ph.D. degree in speech-language pathology at Ohio University – Athens. Faculty, the program director, and the department chair reported that the faculty conducts an annual evaluation of the director’s effectiveness in advancing the goals of the program and institution and in leadership and administration of the program. Documentation of this annual evaluation process is maintained with the program director. Evidence of the previous program director evaluations was provided. Currently, the program director is a two year appointment. The program has been discussing increasing this appointment to 3 years.

Dr. McColl is assisted in the administration of the program by a graduate coordinator, Dr. Susan Steffani (recently appointed). Dr. Steffani also serves as the program assessment administrator. Dr. Shelley Von Berg serves as the Clinic Director. Ms. Paula Kokal (a non-tenure track, part-time faculty member) serves as the Internship Coordinator.

1.6 Students, faculty, staff, and persons served in the program’s clinic are treated in a nondiscriminatory manner – that is, without regard to race, color, religion, sex, national origin, participation restriction, age, sexual orientation, or status as a parent. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.

The site visitors were able to observe partial evidence to support verification of this standard.
Equitable treatment of students, staff, and clients is assured by institutional compliance with relevant laws, regulations, and executive orders. This was verified in the university catalog, the university and program Web sites, as well as through interviews. Information regarding compliance with these laws is communicated to students, faculty, staff, and clients, including clinic postings. At the time of the site visit, statements regarding equitable treatment did not include “status as a parent.”

An initial CAA observation indicated that at the time of the site visit, the program should provide evidence that it demonstrates how information regarding equitable treatment is communicated to clients. The site visitors observed a statement of equitable treatment posted in the waiting room of the clinic, in materials sent to clients and their families prior to scheduled assessments or enrollment in treatment, and on the CSU, Center for Communication Disorders Web site. The statements did not include “status as parent.”

The Equitable Treatment Statement has been updated to include “status as a parent” in the Student and Clinic Handbooks, Supervisor’s Handbook, Web site, and clinic office. The statement now reads:

The Center for Communication Disorders provides equal opportunity in determining eligibility for clinical service for all qualified persons, and prohibits illegal discrimination based on age, race, religion, color, national origin, gender, sexual orientation, gender identity and/or expression, marital or veteran status, status as a parent, and physical or mental impairment.

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.

Public information about the program and institution is current and accessible. Based on a review of the program’s Web site, the catalog, and faculty and student handbooks, the program’s accreditation status, standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, grading policies and requirements, and fees and other charges are accurately presented. One faculty member and students reported that last academic year student handbooks were not available until November. This year they were available during orientation. The program disseminates printed information to prospective students that reflects up-to-date information pertaining to admission criteria, curriculum, and credentialing requirements. The program director reported that current processes for maintaining the currency and accuracy of program information on the Web site include annual faculty reviews. He also reported that there have been recent changes for updating the Web site that should allow for more frequent updates and enhance the program’s ability to maintain the accuracy and currency of program information, including catalog information.

Data on student outcome measures for Praxis examination pass rates are located on the program’s Web page and were easily found. At the time of the site visit, data regarding program completion rates and employment rates were incomplete and did not include the specific years, the student numbers, and the percentages.

An initial CAA observation indicated that at the time of the site visit, the program should demonstrate how the student outcome data posted to the program’s Web site has been updated to meet the requirements of the standards (1.7, 4.3). The site team was unable to verify that these updates were completed.
Graduation and employment rates have been updated to include specific years, the student numbers, and the percentages.

Graduation Rates

The CMSD program is designed to be completed in 2 years. Occasionally, students request to extend the program to 3 years generally for family reasons. These students are defined as Part Time (PT) below and are placed in this group when they ask to be part time within the first semester of the program. Graduation rates for the past 3 years are as follows:

<table>
<thead>
<tr>
<th>Year Graduated</th>
<th>Full Time Students</th>
<th>Part Time Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completed within 2 years</td>
<td>Completed within 3 years</td>
</tr>
<tr>
<td>2007 – 21 students</td>
<td>20/20=100%</td>
<td>1/1=100%</td>
</tr>
<tr>
<td>2008 – 18 students</td>
<td>16/18=89%</td>
<td>2/2=100%</td>
</tr>
<tr>
<td>2009 – 18 students</td>
<td>17/18=94%</td>
<td>17/18=94%</td>
</tr>
<tr>
<td>2010 – 17 students</td>
<td>14/15=93%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Employment Rates

Master’s program graduates enjoy multiple job offers and are sought across the state. Employment rates within 3 months of graduate for the past 3 years are as follows:

2008 18 students=100%
2009 17 students=100%
2010 17 students=100%

2.0 FACULTY

2.1 All faculty members, including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education assigned by the program.

The site visitors were able to observe evidence to support verification of this standard.

Faculty are qualified and competent to teach graduate level courses and to provide clinical education appropriate for the master’s degree. A review of the abbreviated faculty vitae, interviews with faculty, and inspection of syllabi indicated that the faculty possesses the appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum in speech-language pathology and which is consistent with the institutional expectations for clinical graduate programs.

The updated faculty summary (received 10/3/2010 and attached to this report) and program director and faculty interviews verified that for the current academic year, the CMSD program has 3 full-time, tenure track faculty and 3 part-time, tenure track faculty. In addition, 6 part-time faculty support clinical and classroom teaching. The Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) is held by all program faculty, including all who are in any way involved in the clinical education of students. One full-time faculty member is dually certified in speech-language pathology and audiology. All tenure track faculty and one adjunct lecturer (Dr. Jessika Lawrence) have Ph.D. degrees. Students
report that the faculty are passionate, care about learning, and are approachable.

All individuals providing clinical supervision, both on-site and off-site, have appropriate experience and credentials (ASHA certification and state licensure) for speech-language pathology, which is verified at least annually by the clinic director, internship coordinator, and/or administrative assistant. Interviews with graduate students and with 5 externship supervisors indicated that students’ clinical practicum experiences are being supervised by faculty with appropriate credentials and experience.

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 observe partial evidence to support verification of this standard.

Inspection of a revised version of the Faculty Summary report, the curriculum offerings, and interviews with faculty and students indicated 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 is not sufficient to offer the breadth and depth of the curriculum and to meet the current teaching, research and service needs of the speech-language pathology program, and to ensure a quality graduate program. Institution policies include clear guidelines regarding workload. Based on reports from the program director and faculty, for this current 2010-2011 academic year, the CMSD program has 3 full-time, tenure track faculty (McColl, Miller, and Steffani – all at less than .50 FTE commitment to the program) and 3 part-time, tenure track faculty (Brasseur, McCaffrey and Von Berg). Each of the full-time, tenure-track faculty have administrative duties (McColl - .20 as program director; Miller - .60 as departmental chair; Steffani - .20 as graduate coordinator). The part-time, tenure track faculty include Von Berg who was provided release time this fall (due to personal issues), resulting in a .60 FTE for the Fall 2010 term. Her appointment will be full time in the spring and subsequent terms. Von Berg serves as Clinic Director for, according to the program director, .20 FTE (including CMSD 684). Through participation in the Faculty Early Retirement Program (FERP), appointments that had been full-time are now reduced to only one semester for the academic year for Brasseur (Fall 2010 - half-time) and McCaffrey (Spring 2011- full time). Six additional part-time faculty (ranging from .10 to .80) support clinical and classroom teaching. Two instances of faculty unpaid overloads to meet programmatic needs were reported. McColl assumed the Clinic Director’s responsibilities for part of Fall 2010 while Von Berg’s appointment was reduced. Steffani serves as the program’s Assessment Coordinator (.20) in addition to her other responsibilities. The institution offered release time for this appointment, but the program was unable to find part-time faculty to cover her program responsibilities. Faculty numbers are insufficient to meet the combined needs of the undergraduate and graduate programs.

Program director and faculty interviews revealed that faculty do not have sufficient time for clinical and academic teaching duties, scholarly activities, and service to the program and institution. Faculty do not have sufficient time to participate in faculty governance and other activities consistent with the institution’s expectations. Typical workloads are 4 classes per term (.80) plus .20 for programmatic issues (including undergraduate and graduate advising) and research. McColl, Steffani, Miller, and Von Berg all have extensive administrative roles in the program and/or department. For example, in her assigned .20 FTE as Clinic Director, Von Berg’s responsibilities include, but are not limited to, overseeing the Center for Communication Disorders, assigning students to clients and matching them with supervisors, connecting with local facilities to assist the Internship Coordinator, supporting students in conducting the annual speech and hearing fair, administering an evidence-based practice “boot camp” for supervisors, conducting a 3-day student orientation prior to internship placements, and review of the clinical learning
portion of the student portfolios. As reported by the dean and faculty and as noted in departmental documents, the institution embraces the teacher-scholar model and expects peer reviewed scholarly publications of all faculty. In order to support research, new faculty have a reduced teaching load and the possibility of summer employment (i.e., a 12 month contract). After that, research is expected to be completed along with assigned teaching and other duties. There appears to be inadequate time to meet all of the expected responsibilities.

Based on interviews with the Provost/Vice President, Senior Vice Provost, and the Dean, department chair, program director, and faculty, the institution has experienced severe budget cuts in recent years, with a one third budget reduction in the last three years. Last year, 9 mandatory furlough days each semester and a hiring freeze were in place. For this current academic year, recent legislation has been in favor of higher eduction. The hiring freeze has been lifted and the college is expecting only a 4% reduction in budget. Faculty report good support from the dean. Institutional commitment to the program’s faculty includes providing release time for new full-time faculty appointments, hiring part-time faculty to support release time for Von Berg Fall 2010, and awarding a sabbatical for McColl (Fall 2009). The program has been approved to hire one full-time faculty for the upcoming year (one of seven new hires on campus). In addition, there have been discussions of one additional faculty hire for the program.

The program is currently conducting a tenure-track search. Five highly qualified individuals applied, and phone interviews have been conducted as of January 2011. We will be able to offer the position to the most qualified candidate by the end of February or beginning of March. The addition of this faculty member will help the program meet the needs of the undergraduate and graduate programs. We are engaged in discussion with the Dean to increase Clinical Director position from a 2 unit release to a half time position. Current discussions include the possibility of a full-time tenure-track faculty member receiving the release time or hiring of a full time master’s level Assistant Clinical Director. The combination of the new tenure-track hire, plus the increased assigned time for Clinical Director, will help the faculty meet the teaching, research, and service needs of the program. The Dean has also indicated that she expects us to conduct another full-time, tenure-track search during the 2011-12 academic year, budget permitting. This will increase our faculty to 6.5 full-time, tenure/tenure-track. The Dean has provided a letter confirming these actions. It is provided in Appendix B.

As a point of clarification, there is no possible 12 month contract for new faculty as the site visit team had noted.

Tenure and promotion policies were made available and provide the pathway by which faculty may be tenured and promoted. Interviews with faculty and the dean suggested that new and continuing faculty are familiar with the expectations of the institution. Faculty members have the opportunity to meet institutional criteria for tenure and promotion in accord with institution policies. One faculty member was tenured in Spring 2009 and two faculty members are up for tenure review this year. Faculty expressed concerns about meeting criteria for promotion post-tenure, expressing difficulties in meeting research expectations.

2.3 Faculty members maintain continuing competence.

The site visitors were able to observe evidence to support verification of this standard.

Based on interviews with the program director, faculty and dean, it was verified that support and resources are available for continued professional development of faculty. The university and department provide financial support for professional development for new faculty and when faculty is presenting at a
conference. In addition, internal competitive grants may be sought to support funding to attend professional development activities. Additional professional development may be obtained through the newly established professional workshops supported by the program’s NSSHLA group. Sabbatical leaves are available to faculty who meet the eligibility requirements; one faculty member was awarded a leave last year. Concern was expressed that faculty do not receive support for professional membership dues.

An initial CAA observation requested details about support provided for professional development. Professional development support appears to be provided at a limited level (e.g., $600 for faculty who are presenting; an amount that would not cover the cost of attending the conference). Internal competitive grants also may be sought to support professional development.

3.0B CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN SPEECH-LANGUAGE PATHOLOGY

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 observe partial evidence to support verification of this standard.

A review of program course offerings showed that the program offers a curriculum leading to the Master of Arts degree in Communication Sciences and Disorders that is a minimum of 52 semester credit hours. These hours are typically accrued over the course of 5 semesters (including clinic in one summer session). The program includes an opportunity for students to acquire ASHA certification, a California license as a speech-language pathologist, and Speech-Language Pathology Services Credentials through the state Commission on Teacher Credentialing. The current curriculum includes opportunity for students to complete a minimum of 400 clinical education hours (including 25 observation hours), 325 of which are attained at the graduate level. The majority of the students enrolled in the graduate program come from the program’s undergraduate program. Coursework for these majors begin at the junior level and, once admitted to the graduate program, is typically completed after 2 years of graduate studies. No clinical experiences are offered at the undergraduate level. Courses and clinical experiences are offered on a regular basis so that graduate students are able to satisfy the degree requirements within the published time frame.

A review of the program’s curriculum, documents available in student folders and portfolios, course syllabi, and interviews with students and instructional staff, showed that sufficient course work, practicum, and other opportunities are offered to allow students to acquire appropriate knowledge and skills in basic human communication and swallowing processes, disorders and differences related to articulation, fluency, voice and resonance, receptive and expressive language, hearing including the impact on speech and language, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities. In addition, off campus supervisors reported that the students were well prepared, had a good work ethic, were good problem solvers, and open to learning. Students reportedly had a good background in assessment and treatment planning, tracking responses, and advancing up a treatment hierarchy. The program also provides instruction in contemporary professional issues, principles and methods of prevention, and clinical skills and processes. Coursework in research is no longer offered at the graduate level (CMSD 610 is now an undergraduate course, CMSD 488). Very few students complete the thesis or master’s project options. (See Std. 3.3B). These resources indicate that, with the exception of research, the program of study is sufficient in breadth and depth with the scope of practice in speech-language pathology.
1. **Research Methods Course:** Our undergraduate students are required to take CMSD 488: Research Methods. Starting 2011-12 students will be admitted to the graduate program as Conditionally Classified if they have not taken CMSD 488: Research Methods or an equivalent. In order to be advanced to Classified status, the student must take CMSD 488: Research Methods. This language has been included in the 2011-12 catalog.

2. A course change will be made to CMSD 632: Seminar. Proposed changes will be initiated for the 2012-13 academic year. The new class will be CMSD 632: Evidence Based Practice. This class is required both fall and spring semesters of the student’s first year. The course description is as follows:

**CMSD 632 Evidence Based Practice and Clinical Research in Communication Sciences and Disorders**

This course teaches the student clinician how to apply evidence based practice to clinical practicum. EBP is the integration of best research evidence with clinical expertise and patient values. Thus, the student learns how to acquire and analyzing evidence that suggests intervention approaches are valid and reliable while ensuring that the approaches reflect client values. In this course, the student clinicians generate single subject experimental designs that apply baseline and treatment segments to collect data to assess the dependent variable. Required for fall and spring semesters for first-year students. Graded.

Sufficient opportunities are available for students to obtain a variety of clinical experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology. These opportunities appear to be, for some students, at the minimum needed for meeting graduation and other requirements. Students and faculty expressed concern that with the mandated furlough days last year, clinical opportunities in the on-campus Communication Sciences and Disorders Center were reduced to one client per student (e.g., 11 hours for the term). One faculty member expressed concerns about insufficient clinical diagnostic experiences on and off campus. A sufficient number of agreements are in place with clinical sites and appropriate supervisors to prepare students for independent professional practice. Students and one faculty member expressed concerns about the placement sites being restricted to current contracts and limited to the surrounding area (which includes up to a 75 mile drive). Students reported that they have been told that it takes years to establish new contracts. The department chair stated that the institutional unit responsible for internship contracts has reported that some potential internship sites have delayed the development process for new contracts.

Interviews with the department chair, program director, and the faculty led to partial verification that the program has met its responsibilities in designing, organizing, administering, and evaluating the overall clinical education of each student. The program could not demonstrate how credentialing requirements are met by graduates for the 2005 ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology.

There is minimal documentation of the frequency or amount of clinical supervision provided each student. No documentation was available for most supervisors at the campus center. Two campus supervisors indicated in emails to Dr. Von Berg during the site visit that they divided their time equally between the students supervised within one clinic period, but did not otherwise track time supervised. No documentation was provided for supervision frequency or amount at externship sites. Students reported inconsistencies in the amount and nature of supervision received. Differences in frequency of meetings and extent of feedback across supervisors were reported. Students described instances when they never knew if they had been observed and received only midterm and final evaluations. Other students reported
that they received excellent support including regular meetings with their supervisors and frequent notes after their clinical sessions.

1. **A Clinic Supervision Spreadsheet has been developed that supervisors will be required to complete and submit to the Clinic Director at the end of the semester. See Appendix C.**
2. **Previously, weekly meetings between student clinicians and supervisors were required but not documented. Beginning Spring 2011, documentation of these meetings will be completed on the Clinic Supervision Spreadsheet.**

Starting this year (2010-11 academic year), we have increased our requirements of supervisors, in both on-campus and off-campus placements. These requirements have been implemented and will be documented starting spring 2011.

1. **Beginning Spring 2011, clinic supervisors will be required to provide written feedback at least on a weekly basis. Students participating in on-campus clinic will be provided with binders to maintain SOAP notes, lesson plans, supervisor written feedback, video observations. These will be submitted to the Clinic Director at the end of each semester to ascertain that sufficient feedback has been provided.**
2. **For the 2010-11 academic year, on-campus supervisors are required to meet with student clinicians weekly, either individually or in a group as described above.**
3. **An observations hour grid has been generated and is maintained in the observation suite for on-campus clinic supervisors. This log requires written confirmation that internship supervisors provided at least 25% supervision for treatment and at least 50% for diagnostics, and that supervisors confirm that greater amounts of supervision were provided for students with less experience.**
4. **Clinic has been updated from Credit/No Credit to ABC grading beginning fall 2011.**

A review of the clinic schedule for the Fall 2010 term provided by the clinic director indicated that for approximately two-thirds of the scheduled supervision hours, supervisors had three clients/students scheduled per hour. It is not clear, given this supervisory load, how supervisors are able to vary their levels of supervision based on the needs of individual students.

**A maximum of three students are assigned to a supervisor at any given hour. When time is spent evenly across clinicians, supervision is at 33%. This allows some flexibility if another student clinician requires more supervision.**

Off campus supervisors expressed appreciation for recent improvements in the organization of clinical supervision. Both on and off-campus supervisors reported that Von Berg’s contributions to the organization of the clinic and supervisory process have been admirable.

The program assesses students’ communication skills during ongoing course work, as well as in on and off-campus clinical placements to ensure each person’s oral and written communication skills are at the program-desired skill levels.

Interviews with instructional and clinical staff and off-campus clinical supervisors verified the program’s processes to develop, validate, and assess student learning outcomes for acquisition of knowledge and skills. A tracking system is used to record the students’ development of knowledge and skills which includes input from clinical and classroom instructors. Clinical hours are tracked separately throughout the program.

Clinic clock hours are recorded for the term by students and signed by the clinical supervisor. The clinic
director, the program’s response to the CAA’s initial observations, and review of the Fall 2010 clinical schedule indicated that students may be assigned to teams for diagnostics, but not for treatment. On diagnostic teams, one student may be working directly and actively with the client and the other is formulating a follow-up probe/activity. Students alternate these roles throughout the session and are credited all hours for the diagnostic session. An additional example of team activity is where one student interviews the parents/family members and the other student assesses the client. In this example, the students also are credited total session minutes. Students participate in supervised clinical activities consistent with the scope of practice for speech-language pathology. Inspection of student files, and interviews with the clinical supervisors and off-campus clinical supervisors indicated that all of the clinical activities in which students engage were within the scope of practice for the field of speech-language pathology.

In its initial observations, the CAA asked the program to provide clarification about how clinical credit hours are counted for students in teams. As noted above, diagnostic teams of two students may involve, alternating roles, with one student working directly and actively with the client and the other formulating a follow-up probe/activity. Also, one student may interview the parents/family members and the other student may assess the client. For both of these examples, the students are credited total session minutes.

**Diagnostics at the CSUC CCD are administered in a dynamic fashion so that students have the full interactive experience with the client. Dynamic testing is also infused into clinical intervention. In the diagnostics that the supervisors conduct at the CCD, each student clinician is well grounded in each assessment protocol. For example, clinician A delivers the first diagnostic probe. As the patient responds, clinician B is formulating a follow-up probe to determine what types of therapeutic supports the patient needs to achieve success on that probe. Another example is found in situations where clinician A conducts case history interviews with parents or spouses, while clinician B directly assesses the client. This type of diagnostic approach is called “dynamic” and it is a time efficient method of ensuring the diagnostic session is successful and fruitful. It calls for rapid and thoughtful information processing and interaction on the part of both clinicians.**

**The other type of assessment is static. In this type of diagnostic, the second clinician is the observer only and does not interact to determine the potential for new learning or success on that task. Static testing is normally the model followed for qualifying elementary and high school students for SLP services, and the student-clinicians are made aware of the necessity of this model. However, it is the dynamic model that is practiced at the CCD; therefore, each student earns those hours spent in assessment.**

The CAA requested further information as to how students are informed about the requirement to complete 400 practicum hours. In some reports, the program had separated the 25 hours of observation and the 375 hours of clinical practicum. Based on interviews with the program director and review of the student handbook and Web site, the program is now making a concerted effort to consistently report the requirement of 400 hours in all communications with the students.

3.2B Academic and clinical education reflects current knowledge, skills, technology and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.

The site visitors were able to observe partial evidence to support verification of this standard.

Interviews with instructional staff, examination of course syllabi, and minutes of faculty meetings
indicated that the curriculum reflects current knowledge, skills, technology, scope of practice, contemporary professional issues, diversity of society, and instruction across the life span. Course content covering diversity of society and instruction across the life span is integrated within a number of courses dealing with evaluation and treatment of clients. Contemporary professional issues are addressed in CMSD 633 Professional Aspects of Speech-Language Pathology.

Off campus supervisors reported that students were well prepared for their internship placements and graduates of the program are viewed as being prepared to enter the profession.

It is unclear as to how the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession. Feedback about the curriculum is obtained using a variety mechanisms, including alumni surveys, exit interviews, Advisory Board meetings, completion of accreditation reports, and annual program assessment report. (See Std. 5.0). Feedback is solicited from internship clinical supervisors pertaining to student performance. There was no evidence suggesting how this information is used to regularly and systematically update the curriculum.

An annual assessment review and report is completed at the undergraduate and graduate levels. Exit interviews are conducted each year with graduating master’s degree students. Exit interviews are conducted following each student’s completion of master’s study. During the interview clinic hours are verified, students are asked to provide information about program strengths and weaknesses, and paperwork regarding CF, state licensure and credential is signed.

Although alumni and employer surveys have been collected over the past years, they have not been systematically reviewed. The program has developed these surveys and has posted them on Googledocs. These have been sent on a trial run to the graduates from the past two graduating classes (2009 and 2010). In May 2011, the faculty will analyze the aggregated data from Googledocs and will implement updates to the program based on those data.

Faculty review student academic and clinic performance through a portfolio submitted during the 2nd semester and 3rd semester of the program.

Each semester, the CMSD curriculum committee review and update curriculum in light of aggregated data. All faculty participate in this review as members of the CMSD Curriculum Committee.

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.

Examination of the curriculum and interview with the instructional staff and students revealed that scientific and research foundations are evident in basic sciences (biological, behavioral physical science, and math), basic science skills, (scientific methods and critical thinking) and basic human communication sciences (acoustics and physiological and neurological processes). The site visitors were able to verify that research literature is infused throughout the curriculum, but were not able to verify that research methodology is addressed for all students. Coursework in research is no longer offered at the graduate level (CMSD 610 is now an undergraduate course, CMSD 488). Students who complete their undergraduate studies at a program other than CSU (a small percentage of the total number of graduate students) may not have completed any research coursework at the undergraduate or graduate levels at the
completion of their studies. Students reported that there are no conversations about the thesis option and believed you would select this option only if you intended to complete doctoral studies. Faculty reported that very few students complete the thesis or masters project option (e.g., at the most, 12 theses in 30 years, per one faculty report). Of the 22 graduate students attending the student meeting, none were completing a thesis or reported being involved in faculty research. Incorporation of research/theory into clinical education is inconsistent according to the students. Current second year students reported that during their first year, they completed single subject projects along with on-site clinical assignments. This opportunity was not provided for the current first year students. Dr. Von Berg conducts an evidence-based practice “boot camp” for supervisors at the beginning of the term. Off-campus supervisors reported a recent shift toward evidenced based practice and research supported clinical activities. Evidence-based practice principles also are reinforced by the requirement that students are expected to support each therapy goal with a literature-based rationale. Students reported there is variability in these expectations across supervisors.

The CAA has requested that the program provide information as to how the students have sufficient opportunity to obtain knowledge and skills in the scientific bases of the professions and how it includes research methodology into the curriculum. Based on faculty and student interviews and curricular and student records, the site visitors were able to verify that knowledge and skills in the scientific bases of the professions are addressed in the curriculum but were unable to verify that research methodology is included in the program’s curriculum.

1. **Research Methods Course:** Our undergraduate students are required to take CMSD 488: Research Methods. Starting 2011-12 students will be admitted to the graduate program as Conditionally Classified if they have not taken CMSD 488: Research Methods or an equivalent. In order to be advanced to Classified status, the student must take CMSD 488: Research Methods. This language has been included in the 2011-12 catalog

2. A course change will be made to CMSD 632: Seminar. Proposed changes will be initiated for the 2012-13 academic year. The new class will be CMSD 632: Evidence Based Practice. This class is required both fall and spring semesters of the student’s first year. The course description is as follows:

**CMSD 632  Evidence Based Practice and Clinical Research in Communication Sciences and Disorders**

This course teaches the student clinician how to apply evidence based practice to clinical practicum. EBP is the integration of best research evidence with clinical expertise and patient values. Thus, the student learns how to acquire and analyzing evidence that suggests intervention approaches are valid and reliable while ensuring that the approaches reflect client values. In this course, the student clinicians generate single subject experimental designs that apply baseline and treatment segments to collect data to assess the dependent variable. Required for fall and spring semesters for first-year students. Graded.

3. **Incoming graduate students in 2011-12 will take CMSD 498 as a special topic course during their second semester. In this course, they will conduct single subject designs in clinic.**

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.

Interviews with students and instructional staff along with inspection of the curriculum and student files
revealed inconsistencies in the appropriate sequencing of course work and clinical education. There was evidence that course work dealing with the basic sciences typically precedes the study of communication disorders and their treatment. Professional course work in speech-language pathology may precede, be concurrent with, or follow related clinical educational experiences. Clinical support for students who are currently taking a course or will enroll in the course at a later time varies markedly across clinical experiences. In some cases, there is significant tutorial support with extensive student-supervisor interaction. Other students reported that there is limited support in these circumstances and they believe that they must figure it out on their own. One student reported that in her/his first year s/he had voice, AAC, aphasic, and tongue thrust clients prior to the related coursework. S/he reported that the professors were very helpful when s/he requested extra support.

1. **Because of the small size of our department and small pool of clients, it is not possible to ensure students have taken a graduate course prior to being assigned a specific disorder.** However, most disorders have been introduced at the undergraduate level, providing foundational knowledge. Beginning with the academic year 2011-12, clinical modules will be implemented that are reflective of client diagnosis and intervention needs for that particular semester. These will be encompassed into CMSD 632 Evidence Based Practice. Specific attention will be given to cases where there is reduced academic preparation. As these modules are developed and presented, they will be videotaped so that they can be provided online to students in the future.

2. **Students seek additional information from supervisors; supervisors may refer student clinicians to faculty members with expertise in that disorder area.**

3.5B Clinical supervision is commensurate with the clinical knowledge and skills of each student and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.

The site visitors were able to observe partial evidence to support verification of this standard.

Information from the clinic student handbook, the student files, and interviews with faculty and students indicate that the nature, amount, and accessibility of clinical supervision varies across supervisors and does not assure that supervision is commensurate with the clinical knowledge and skills of each student.

The clinical director, internship coordinator, and the Administrative Support Coordinator (ASC) are responsible for assuring that all of the clinical supervisors are qualified and available to provide the necessary supervision. The amount of direct supervision is not documented and does not appear to be adjusted dependent on the level and skills of the clinician. Supervision is provided through direct observation through two-way mirrors or through closed circuit viewing in a central location. In addition, students reported that some supervisors will join them in a clinical session. Some students reported that they have e-mail communications with their supervisors on a regular basis. Supervisory meetings with students are not consistent across supervisors, with only some supervisors requiring weekly meetings. Clinical session feedback is also inconsistent, with some students reporting receiving only mid-term and final evaluations. The site visitors were not able to verify that clinical decisions were consistently made or implemented with the supervisor’s input.

1. **Amount of direct supervision:** A Supervisor Observation Grid (SOG) will provide documentation of the number of minutes of direct supervision. This is currently being developed and will be in place by the first day of clinic Spring 2011. This document will be placed in the observation suite and will be completed by supervisors on a daily basis.
2. Adjustment of clinical supervision commensurate with level of experience: Supervisors will be informed by the Clinical Director of students who are lacking academic preparation for their specific clients and informed that they must provide extra support to these students in the form of additional supervision, meetings, referral to faculty with expertise, and supplemental EBP readings. These actions will be documented on our Clinic Supervision Spreadsheet. With the implementation of modules described above, this situation will be kept to a minimum.

3. Supervisory meetings: Supervisors meet with their clinicians in mandatory group and/or individual meetings on a weekly basis.

4. Clinical decisions are made through collaboration between supervisors and clinicians. These clinic decisions are well documented and reflected in initial goals, rationales, and objectives in the Initial Case Report.

With the exception of the above-mentioned concerns, the clinical education procedures ensure that the welfare of each client served by students is protected and that the clinical education is in accord with ASHA’s Code of Ethics. This was verified through review of the student clinic handbook, and interviews with clinical faculty. There were written policy statements regarding confidentiality, supervision, and ethical practices in various program materials, including the student clinic handbook. A clinical supervisor with appropriate credentials must be on site at all times when a student is engaged in evaluation/diagnostic services. Client files are kept in an area that is monitored. Students have clear guidelines for access to client files.

Procedures for client safety, confidentiality, and security of client records are clearly described in the program’s written policies, in accordance with relevant federal and state regulations.

At the end of each semester, student clinicians have the opportunity to evaluate supervisor performance and provide feedback to faculty supervisors. These evaluations are filed in the faculty member’s personnel files.

3.6B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

The site visitors were able to observe evidence to support verification of this standard.

Clinical education obtained at external placements is governed by written agreements between the program and the external facility. Policies regarding identification and ongoing evaluation of external facilities, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by program faculty was provided to the site visitors. The internship coordinator, Ms. Paula Kokal, is directly responsible for negotiating and monitoring all such agreements and secures appropriate signatures on all agreements. Students reported concerns about not being able to extend internship placements beyond current contracts, expressing a desire to have placements nearer to their homes. Students also are matched, which involves an interview process and is perceived to limit placement opportunities for some students. Faculty reported that this placement process is under review by the program.

Interviews with the internship coordinator and inspection of departmental files verified that these agreements are in place and are monitored by the program.

3.7B The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program’s stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.
The site visitors were able to observe evidence to support verification of this standard.

The program provides clinical education experiences that include a variety of clinical settings, populations, age groups, and culturally and linguistically diverse populations, and covers the breadth of the scope of practice. Clinical education includes experience with client populations with various types of severities of communication or related disorders, differences, and disabilities. Students are provided opportunities for clinical experience through the on-campus clinic as well as in hospitals, private practice, and public and private schools. The populations with whom they work cover the lifespan. Students are enrolled in internship clinical placements upon the completion of their first academic year of graduate study.

Although the “Summary of Master’s –SLP Clinical Population” included in the program’s re-accreditation application reported that no clinical hours were accrued by students in the cognitive and social aspects of communication or with multiple communication modalities, review of student files and portfolios demonstrated that students do acquire clinical hours in these areas.

3.8B The program must provide evidence that all curriculum standards are met, regardless of mode of delivery.

The degree program is offered as residential only.

4.0 STUDENTS

4.1 The program criteria for accepting students for graduate study in audiology and/or speech-language pathology meet or exceed the institutional policy for admission to graduate study.

The site visitors were able to observe evidence to support verification of this standard.

Inspection of the program’s Web pages as well as faculty interviews and review of student records indicated that the criteria employed for accepting students into graduate study meet or exceed institutional policy and are appropriate for the degree being offered.

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 evidence to support verification of this standard.

The program’s curriculum, policies and procedures for admission, clinical placements, and retention of students reflect respect for and understanding of cultural and individual diversity. According to faculty and alumni, the program makes reasonable adjustments to accommodate students as needed. Student disability statements were found in the student handbook and on all but two syllabi.

The program uses the university guidelines for passing the TOEFL as its policy regarding proficiency in English in service delivery. Policies regarding languages other than English and “all other performance areas” are lacking. Based on faculty meeting minutes and interviews with program director, the faculty have initiated discussions about developing a policy outlining essential functions expectations.

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 verification of this standard.

Information about program policies and procedures is provided to students in the student handbook, the catalog, the Web site, and other communications (e.g., class discussions, emails). Information about degree requirements and requirements for professional credentialing is provided to students and is current and accurate. Students are informed about ethical practice in CMSD 633 Professional Aspects of Speech-Language Pathology, in other relevant coursework, and during clinical practicum.

Students are informed about complaint procedures, including how to contact the CAA. Program handbooks indicate this information is accurate. The program has a file set up for maintaining documentation of student complaints. However, since the program has received no such formal complaints, the file is empty.

In its initial observations, the CAA requested further explanations regarding the program’s complaint process. Specifically, it asked if the complaint information is available to student at all times or just when the complaint has made its way to the Dean. Site visitors confirmed that the student complaint process is included in the student handbook and on the program’s Web site and, hence, available to them at all times. Further, the CAA requested clarification regarding whether student complaints are presented to the entire faculty for discussion and how student privacy is protected. The program director reported that there have been no formal student complaints in at least the last nine years. According to the program’s response to the CAA’s initial observations, in the case of a formal student complaint, at no time would the individual student be identified to the faculty.

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 verification of this standard.

Student and faculty interviews verified that students are advised in a timely and continuing basis regarding their academic and clinical progress. Advising of all graduate students in the program is done by the graduate coordinator, Dr. Susan Steffani. The program is lockstep in nearly all aspects. Students are provided their program plan and attend a meeting with their advisor at the onset of their studies. Academic and clinical performance and progress are evaluated through portfolio reviews completed by the faculty during the student’s second semester of Year 1 and first semester of Year 2. In addition, the Office of Graduate Studies monitors student progress and notifies the students in the fall of their second year as to what coursework has been completed to date and what is remaining to complete degree requirements. Planning records are maintained by both the advisor and student. Advising updates are communicated in class and via email. Students and faculty expressed that in addition to the graduate advisor, other faculty were always available for advising, mentoring, and any necessary support.

Students are informed about the support services available at the institute and given the necessary contact information. In addition, the institution’s Web site contains information regarding these services, and how students can take advantage of them if needed. Students reported that they were aware of the availability of support services.

4.5 The program must provide evidence that all student standards are met, regardless of mode of delivery for curriculum.
The degree program is offered as residential only.

5.0 ASSESSMENT

5.1 The program conducts ongoing and systematic formative and summative assessment of the performance of its current students.

The site visitors were able to observe partial evidence to support verification of this standard.

Interviews with the program director, faculty and students and review of faculty meeting minutes and student files and portfolios indicated that the program has a system in place for conducting ongoing and systematic assessment of academic and clinical education and performance of its students.

Student learning outcomes are identified on most (11 out of 16) course syllabus and are tied to ASHA certification standards, as appropriate.

A variety of assessment techniques have been developed to evaluate students’ academic and clinical progress. These assessment techniques include test performances, papers, written comprehensive exams, and clinical practicum. Student learning outcomes have been linked to the curriculum. Portfolio reviews of academic and clinical performance are completed in the spring of the students’ first year and the fall of the students’ year. Portfolio reviews are completed by the entire faculty. The assessment activities are administered by a range of program faculty and supervisors and provide students with feedback about progress toward achieving the expected knowledge and skills in all academic and clinical components of the program.

Students are provided regular feedback about their progress in achieving the expected knowledge and skills in all academic and clinical components of the program, including off-site experiences. Feedback mechanisms are used to evaluate student performances and are reported to be applied consistently across students. Clinical session feedback was inconsistent across supervisors (see Std. 3.5B).

Remediation for students who have not demonstrated competency of specific learning objectives includes the development of a specific plan with expected outcomes. These plans and follow-up are documented when behavioral (e.g., consistently late) or clinic concerns arise. Two clinic remediation plans from two student clinical files were provided at the time of the site visit. In the case of a course issue, the student concern is included on the faculty meeting agenda and the instructor and student plan for addressing the academic concern is shared during the meeting. Follow-up of the plan is in the form of discussion between the instructor and the student. No documentation of the plan and its follow-up is completed for academic concerns. The Office of Graduate Studies also monitors student academic progress. If a student’s grade point average is below 3.0, the student is notified and given one semester to improve his/her GPA. If this is not accomplished, the student is “disqualified” from the master’s program and dismissed from the university. Guidelines for institutional probation are documented in the catalog and student handbook, made available to students, and implemented consistently.

1. Academic Feedback and remediation: Graduate students develop and submit portfolios as evidence of academic and clinical development. The faculty provide written feedback to the students. Those students not meeting expectations are interviewed by the faculty and a formal remediation plan is developed to address areas of deficiency. A formal written record of the meeting and the remediation plan is provided to the student and maintained in the student file.

2. Academic difficulties in a specific class result in a contract generated between the faculty member and the student with specific details of the problem and required
steps for remediation. This contract is kept in the graduate coordinator’s student file. When the issue is resolved, appropriate documentation is kept in the file with all accompanying documents (e.g., grade change forms).

3. Clinic Feedback – Beginning Spring 2011, clinic Supervisors will be required to provide written feedback at least on a weekly basis. Students participating in on-campus clinic will be provided with binders to maintain SOAP notes, lesson plans, supervisor written feedback, video observations. These will be submitted to the Clinic Director at the end of each semester to ascertain that sufficient feedback has been provided.

5.2 The program documents student progress toward completion of the graduate degree and professional credentialed 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.

 Inspection of student records indicated that the program has a mechanism for maintaining accurate and complete records throughout each student’s graduate program. Each student’s file contained information that identified the requirements for their program of study, ASHA CCC, the state professional license, and credentials for working in the schools. This student portfolio documents courses that the student has satisfactorily completed, the clinical hours completed for each area, and the course work and clinical requirements completed for all certifications and licenses.

A review of the student files and portfolios indicated that student progress forms are kept accurate, complete, and current throughout each student’s graduate program. A review of the course syllabi for courses showed appropriate student learning outcomes and assessment strategies.

Course work is “lock stepped” and tracked on the student’s “Required Course Sequence” form and by the Office of Graduate Studies. Signed clinical hours are submitted to the Administrative Support Coordinator (ASC), Ms. Linda Shaver, at the end of each semester. The ASC has the primary responsibility for maintaining student clinical records. However, the ASC is not responsible for monitoring the student’s progress towards completion of the academic degree requirements; this responsibility falls upon the Program Director and the Graduate Coordinator. Additionally, the Office of Graduate Studies verifies completion of the graduate program plan prior to graduation. The Clinic Director is responsible for ensuring appropriate breadth and depth in completion of the 400 clock hours of the supervised clinical experience.

1. Clarification – The ASC has the primary responsibility for maintaining student clinical records. However, the ASC is not responsible for monitoring the student’s progress towards completion of the academic degree requirements; this responsibility falls upon the Program Director and the Graduate Coordinator. Additionally, the Office of Graduate Studies verifies completion of the graduate program plan. The Clinic Director is responsible for ensuring appropriate breadth and depth in completion of the 400 clock hours of the supervised clinical experience.

2. A new on-line clock hours rubric is being developed, through which students will input final clock hours each semester and verified by the ASC. This rubric will significantly streamline the process so that students and faculty know exactly how many hours a
student has accrued at any time. The Clinic Director will monitor number of hours, breadth, and depth and then provide information to the Program Director regarding completion of the 400 hours prior to exit interviews.

Clinical and coursework records are available for students to review upon request.

5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.

The site visitors were able to observe partial evidence to support verification of this standard.

Interviews with the department chair, program director, faculty/instructional staff, students, and off-campus supervisors, and review of the minutes of faculty meetings and program data, verified that the program evaluates the quality, currency, and effectiveness of its graduate program. The program does not appear to use all data from these evaluation processes to plan and implement program improvements.

Multiple mechanisms for collecting and evaluating the program are incorporated. Students assess tenured and tenure-track at least once a year. The Advisory Board (consisting of alumni, faculty and administrators) conducts annual meetings with minutes available to the program. Clinical supervisors are evaluated at the end of every semester. For on campus supervisors, evaluation results are reviewed by the supervisor and then placed in the person’s personnel file. Supervisors with longer contracts also are reviewed annually, through vita review, and/or a personnel committee. Evaluations of off-campus supervisors are submitted to the Internship Coordinator. These evaluations also may be reviewed by the Clinic Director and/or the Assessment Coordinator (i.e., Dr. Susan Steffani). Additional assessment mechanisms include alumni surveys which are sent out annually by the ASC. Alumni survey responses (n=12) were available from 2004 – 2009. Surveys were not sent during 2009-10, as the program was reportedly short staffed and the ASC reportedly did not have the time needed to distribute the surveys. Employer surveys are scheduled to be sent out in the summer, but were not sent in 2009 or 2010. The few returned surveys had no date included to identify when they were sent or returned. Clients receiving services on campus are also surveyed at the end of each term. The ASC distributes the surveys through the mail and they are returned to the Assessment Coordinator. Site visitors reviewed completed client surveys from Spring 2000 through Spring 2010 (with the exception of Spring 2009 and Fall 2009). There was no evidence that data from these assessment mechanisms are used by the program to determine if program goals are being met or used for program improvement.

1. Although alumni and employer surveys have been collected over the past years, they have not been systematically reviewed. We have developed these surveys on Googledocs. These have been sent on a trial run to the graduates from the past two graduating classes. Googledocs aggregates the data so that we can analyze it to make changes to the curriculum. Googledocs stamps all returned surveys with date and time.

2. Alumni surveys were not sent for the 2009-10 academic graduates due to reduced clerical staff support. They have since been sent out as described in 1 above. Additionally, the program currently has increased clerical staff support in the form of increased hours of student assistants and a temporary ASC hired to help address accreditation issues.

3. Data from client surveys had been inputted and reviewed by the Assessment Coordinator but for some reason was not shared with the SVT. No major concerns were identified by clients that needed to be addressed.
The site visitors also reviewed a copy of the 2010 “Annual Program Assessment Report” for the CMSD Undergraduate Program. This reported addressed student learning outcomes, assessment mechanisms, and program responses for improvement based on assessment outcomes. No report regarding the graduate program was provided.

Clarification: The 2010 Annual Program Assessment Report for both the undergraduate and graduate programs was provided to the SVT. It is not clear why they indicated they did not receive the graduate report. This report is provided in Appendix D.

In addition to the above mechanisms, student exit interviews are completed by the program director via the telephone the summer after the student graduates. Praxis scores and annual accreditation reports sent to CAA also have been used to evaluate the effectiveness of the program. Feedback from these assessment mechanisms reportedly have been used to make changes in the program.

Besides the formal mechanisms indicated above, students report that the program has made efforts to be responsive to less formal feedback. For example, when students expressed concern about the knowledge base of one adjunct faculty member who taught Language Disorders, that individual was not invited to teach the course again.

5.4 The program regularly evaluates all faculty members and faculty uses the results for continuous improvement.

The site visitors were able to observe evidence to support verification of this standard.

Clinical supervisors are evaluated by the students at the end of every semester. On-site clinical supervisor evaluations are filed in the supervisor’s personnel file and are available for review to members of the Retention, Tenure and Promotion (RTP) committee. Supervisors with longer contracts also are reviewed annually, through vita assessment and/or a personnel committee. Evaluations of off-site supervisors are submitted to the Internship Coordinator. These evaluations also may be reviewed by the Clinic Director and/or the Assessment Coordinator.

Interviews with department chair, program director, faculty, and students indicated that students assess tenured and tenure-track at least once a year. Faculty receive results of these reviews the following term and incorporate changes as needed into their classes. Evaluation of non-tenured, tenure track faculty follow the institutional Retention, Tenure and Promotion process. This process includes annual review by the departmental RTP committee, student and peer evaluation, dossier/teaching material review, and an interview. Post-tenure reviews are completed every 3 to 5 years.

6.0 PROGRAM RESOURCES

6.1 The institution provides adequate financial support to the program so that the program can achieve its stated mission and goals.

The site visitors were able to observe partial evidence to support verification of this standard.

Interviews with the department chair, program director, and faculty and a tour of the facilities the site visitors found that the program’s budgetary allocations received for space, equipment, materials, and supplies are regular, appropriate, and sufficient for its operations. They are adequate to meet the mission and goals of the program. Support for research and personnel, including faculty and administrative support personnel does not appear to be adequate.
As discussed in Std.2.2, current faculty teaching, administrative, and service responsibilities are extensive and appear to be impacting faculty abilities to conduct the research expected by the university. The FTE of tenure-track faculty to support the program appears to have diminished in recent years as two of the 6 tenure-track faculty have prepared to retire and current tenure-track faculty assumed additional administrative responsibilities within the department and program. Institutional budget cuts have been severe over recent years but seem to be improving. Both the program director and department chair report good support from the Dean throughout this challenging period. This support includes providing release time for new full-time faculty, hiring part-time faculty to support release time for Von Berg Fall 2010, and awarding a sabbatical for McColl (Fall 2009). In addition the program has been approved to hire one full-time faculty for the upcoming year. There has also been discussion of hiring an additional faculty member.

Financial resources for support personnel also have been decreased in recent years and appear to be impacting the program’s ability to complete program activities (e.g., conduct program assessments). (See Std. 6.4).

The program is continually seeking additional funding to hire a second ASC as we had years ago prior to the budget crisis. Approval of this would be dependent upon higher level administration. See Dean’s letter Appendix B.

6.2 The program has adequate physical facilities (classrooms, offices, clinical space, and research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program’s mission and goals.

The site visitors were able to observe evidence to support verification of this standard.

Based on a tour of program facilities, the physical facilities of the program are accessible, appropriate, safe, and sufficient to achieve the program’s missions and goals. The CSU, Center for Communication Disorders has two audiologic suites and six clinical rooms. Several of these rooms can accommodate both individual and group treatment. Outside of each room, observation space with viewing mirrors and headsets are available for family member and student observers. A monitoring room is provided for supervisors to view sessions via a closed circuit system. A student work room is outfitted with tables and chairs, storage cabinets and shelves, and student mailboxes. A computer lab also is available for students. The site visitors visited two traditional classrooms and one seminar room. At least one of these rooms was a “smart” classroom. Faculty reported ongoing concerns about the cleanliness of the facilities, particularly in areas that support clinical services. At the time of the visit, the buildings housing the program (including the Center) recently had been painted and new carpet installed. It appeared clean and safe. Accommodations meet the needs of persons with disabilities consistent with the mandates of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.

Reserved parking spaces are available for the public to access services at the on campus clinic.

6.3 The program’s equipment and educational/clinical materials are appropriate and sufficient to achieve the program’s mission and goals.

The site visitors were able to observe evidence to support verification of this standard.

The amount, quality, currency, and accessibility of equipment and materials are sufficient to meet the program goals, are maintained and are in good working order. Clinic observation is supported through a closed circuit viewing system. Although dated, this system appeared functional and supported clinical
teaching. Recent equipment acquisitions supported by internal competitive grants include the purchase of a Nasometer and other equipment. Review of current documents indicated that equipment is calibrated on a regular schedule and meets standards specified by the manufacturer, ANSI, or other appropriate agencies. The equipment used by the program for teaching, clinical, and research purposes is appropriate for the degree level and the needs of the instructional staff.

6.4 The program has access to clerical and technical staff, support services, and library and technology resources that are appropriate and sufficient to achieve the program’s mission and goals.

The site visitors were able to observe partial evidence to support verification of this standard.

Interviews with the program director, faculty, and students indicated that student support services, library resources, and computer and internet resources are sufficient to meet the program’s mission and goals. The program director and faculty expressed concerns that the clerical staff was inadequate to support the needs of the program.

In the January of 2009, one of the two program support personnel was relocated to another unit on campus. Due to state budget reductions, this position was not filled with a new hire. Instead, two student workers were assigned to the program to work approximately 30 hours per week. At the time of the site visit, program support personnel include these two student workers, the ASC (Ms. Linda Shaver), and some programmatic support from the departmental administrative assistant (who schedules classes and processes reimbursements). Current ASC clinic and program responsibilities include, but are not limited to, scheduling clients and coordinating schedules for the Center, maintaining student clinical clock hours, verifying credentials for all supervisors, serving as receptionist for the Center, administering program assessment surveys, and training and managing revolving student workers.

The site visitors were unable to verify how the program regularly evaluates the adequacy of the resources available to achieve the program’s mission and goals.

The adequacy of resources is not addressed in the program’s strategic plan.

In its initial observations, the CAA requested that the program demonstrate how adequacy of resources is addressed in the program’s strategic plan. The site visitors were unable to verify that resources were addressed in the four strategic goals of the program, including the one that relates to growing the program and enrolling more students in the program.

**Objective 7 of the Strategic Plan now addresses adequacy of resources (Appendix A). The dean also addressed this issue in her letter (Appendix B). See strategic plan and letter from the dean.**

II. Verification of Public Comment/Public Meeting Announcement

The meeting announcement was published in a local newspaper and announced to members of the CSD community including alumni, employers, supervisors, recipients of clinical services, and other members of the institution. Three individuals, a parent of a potential Center client, a retired clinical supervisor, and an alumnus who serves on the Advisory Board, attended the meeting. A copy of the announcement of the public meeting is included in Appendix 3.

**Appendices**
1. Accreditation Standards Inventory
The Site Visit Team would like to acknowledge and thank the administration, department chair, program director, faculty, staff, and students for their time, attention, and participation in the site visit process. The site visit is an integral part of the accreditation process, and serves to assist the CAA in meeting its mission – “to promote excellence in graduate education in the discipline of communication sciences and disorders for the professions of audiology and speech-language pathology through a peer review process of establishing and promulgating accreditation standards that encourage continuous quality improvement.”
Appendix A

Strategic Plan
COMMUNICATION SCIENCES AND DISORDERS
California State University, Chico
STRATEGIC PLAN

Vision Statement

The CMSD program is envisioned to be a model training program for developing the highest quality professionals, and to be a model clinical facility, recognized throughout the California northstate for high-quality speech-language and hearing services.

Envisioned Future

From our vision statement, the CMSD program foresees the following to result from strategic planning in the next 10 years:

- A complement of six full time, tenure/tenure track faculty, with at least two PT supervisors, and full time ASA and ASC dedicated to the program
- Increased graduate program size to 48
- Increased research opportunities for graduate students (joining faculty projects, theses, and conducting clinic-based single subject designs)
- State-of-the-art new clinical facility
- State-of-the-art clinical instrumentation, techniques, and specialty clinics/groups
- Increased clinical opportunities and K-12 connections through summer clinic and more varied internships
- Interdisciplinary clinical experiences through participation in university wide Center for Disabilities and through relationships with allied professionals
- Increased multicultural opportunities through participation with the International Student program and community outreach centers
- Opportunities for BA in CMSD through an SLPA program
- Innovative sequenced learning: such as modules
- CEU provider for speech-language pathologists in the northstate

Mission Statement

The mission of the Communication Sciences and Disorders (CMSD) program is to provide students with the knowledge and skills needed to enter the professions of speech-language pathology and audiology through an enriched, flexible, and innovative learning environment, both academically and clinically, that fosters quality of thought and creative, research-based problem-solving, life-long learning and consummate professionalism. To meet these ends, the program aims to employ expert, student-oriented faculty and staff. We are dedicated to program growth and to the procurement of the necessary supportive resources. We continue to enhance associations with the university and local communities to provide greater interdisciplinary and collaborative research and clinical opportunities for our students, clients, and faculty. The CMSD program is committed to being a model clinical facility, recognized throughout the California northstate for both the advancement of student learning and for high quality, state-of-the-art services, outreach, and resources to the community.
Strategic Objectives

Based on the two primary goals of excellence in academic and clinical education and excellence in clinical service in speech-language pathology, the CMSD program is committed to the following seven strategic objectives.

Objective 1) Promote and maintain a student learning environment that fosters intellectual curiosity, creative problem-solving, and use of research and technology in teaching and learning through an innovative, flexible curriculum with service learning and community service opportunities.

Objective 2) Promote the highest standards for academics and clinical training in order to maintain national accreditation through CAA-ASHA, regional accreditation through (WASC, NCATE), and state accreditation through CCTC.

Objective 3) Prepare graduate students for professional licensure, certification, and credentialing, employment in any setting, and when appropriate, doctoral level training.

Objective 4) Promote life-long learning by supporting professional continuing education for faculty, staff, local SLP professionals.

Objective 5) Through the Center for Communication Disorders, provide quality service to the Northstate-at large, university, and K-12 communities, through the use of technology, research, and excellence in clinical teaching, including currency in clinical knowledge and interdisciplinary approaches, through continued training of faculty and supervisors.

Objective 6) Employ a sufficient number of expert faculty and staff in order to meet mission goals.

Objective 7) Accommodate a growing program by improving, strategically managing, and systematically evaluating adequacy of resources for faculty, staff, and facilities.

Focus Areas/Issues (2 to 3-year plan)

The following areas were identified as barriers to attaining our vision and mission and meeting our long-term goals and strategic objectives, and are based on CAA site visit team observations, employer surveys, internship supervisor feedback, Advisory Council feedback, PRAXIS results, student and alumni report, exit interviews, and faculty report. Detailed below are strategies for attaining our objectives, the baselines for each strategy, indicators of success, and timelines.

(1) Sufficiency in faculty and staff resources, both in number & time, in order to carry out required activities and plan for future program growth, innovations, and additional program activities

Strategy (1.1): Increase faculty size by 2 over the next two years (6 FT T/TT faculty)
• Baseline: 4 FT T/TT faculty, with appointments reflecting fewer than .5 commitment to grad program. We are currently interviewing a pool of candidates for one FT TT. We have one half time tenured faculty member in his first year of FERP; 3 PT supervisors, and currently 1 PT instructor.
• Indicators of Success: Two new FT TT faculty
• Time schedule: First faculty member to begin fall 2011; Second to begin fall 2012

Strategy (1.2): Increase staff assistance by adding an additional FT/PT ASA, or FT student assistance
• Baseline: 1 FT ASC, one ASC with 20% dedication to our grad program, 2 student assistants (totaling 36 hours/week), 1 temporary ASA (3 month FT position).
• Indicators of Success: One FT ASA
• Time schedule: fall 2011

Strategy (1.3): Increase Clinic Director to half time position beginning AY 11-12
• Baseline: Current CD is a .2 position
• Indicators of Success: Allocation increased to .4 WTU
• Time schedule: spring 2012

Strategy (1.4): Advertise in local and extended areas for PT positions
• Baseline: Building our PT pool up to this point has consisted of the CMSD program informally contacting members of the SLP community to solicit their application to our PT supervisor pool. Formal advertising began in fall 2010 through local media.
• Indicators of Success: Increased PT pool
• Time schedule: Place ads once at the end of each semester until a pool of qualified supervisors has been established

(2) Resources to support ongoing clinical activities
Strategy (2.1): Evaluate income and expenses related to clinic operations (outside of staffing of supervisor positions); prioritize expenditures and items we wish to purchase on both a one-time basis and continuing basis. Develop a clinic funds budget to support ongoing education of faculty and supervisors, technology and diagnostic/treatment materials.
• Baseline: No baseline data. Items were ordered from the clinic funds on an as-needed basis. No formal analysis of incoming and outgoing monies has been conducted.
• Indicators of Success: Development of a formal clinic budget with a schedule for expenditures.
• Time schedule: fall 2011

(3) Data collection methodology and use of data for program improvement
Strategy (3.1): Create electronic/online data collection systems
• Baseline: We have been using hard copy data, standard mailing, clinical logs, etc., which has been difficult for clerical staff to maintain and for faculty to interpret in a timely manner and use for program improvement on a consistent basis.
• Indicators of Success: Increased return rate of the various survey instruments; Consistent use of data for program improvement
• Time schedule: Initiation in spring 2011 with all documents completed and used by spring 2014

Strategy (3.2): Train faculty, staff and students in the use of the electronic data systems
• Baseline: No systems currently in place
• Indicators of Success: Electronic systems are used appropriately
• Time schedule: Initiation in spring 2011 with all documents used by spring 2014

Strategy (3.3): Create a schedule for regularly evaluating the data and detail how it will be used for program improvement.
• Baseline: The program has been reactive in its use of data as problems arise
• Indicators of Success: Program will develop a schedule in order to be proactive
• Time schedule: spring 2011

(4) Research experience for graduate students
Strategy (4.1): Increase clinical research into curriculum
• Baseline: Currently students take a course in research at the undergraduate level only. While it’s true that research is infused in all graduate coursework, there is currently no specific graduate class dedicated to more advance research methodology.
• Indicators of Success: Restructure CMSD 632 with a new title and description that will focus on EBP and clinical research; EBP will be required in clinical practicum and included in therapy plans and reports.
• Time schedule: This plan has been implemented for AY 11-12

(5) Grad student preparation prior to clinical experiences
Strategy (5.1): Revamp CMSD 632 to address difficult disorder areas or those not comprehensively dealt with in the student’s program to date, and offer a new 681 course to better prepare first year students for diagnostics in internship placements; continual analysis of course sequencing
• Baseline: When assigned their first clients, students meet with their supervisor to review the file and develop an appropriate assessment and therapy plan. There are instances when clients present with a disorder area in which the assigned clinician has minimal background.
• Indicators of Success: Student feedback via course evaluation
• Time schedule: fall 2011

Strategy (5.2): Require supervisors to change their level of direct training dependent upon the student’s level of experience
• Baseline: In the instances when students are assigned a client with a disorder area in which they lack academic background, some supervisors provide additional materials, reading, tutorials, and videos, but this has been applied inconsistently.
• Indicators of Success: Questions regarding this will be included on the newly revised student evaluation of supervisor form
• Time Schedule: Revision of clinical supervisor evaluation form in fall 2011, with implementation in spring 2012

(6) Uniformity and quality of clinical supervision
Strategy (6.1) Improve clinical supervision at CCD through the implementation of a standardized procedures
• Baseline: In the previous semester, the CMSD program established informal requirements and procedures regarding supervision.
Indicators of Success: Supervisor have been provided with the following: Standardized clinical syllabus for supervisors; Supervisor’s Handbook with detailed expectations, policies and procedures; standardized feedback reporting forms; mandatory supervisor orientation; Student Evaluation of clinical supervisor

Time schedule: Initiation in spring 2011 as a pilot; full implementation in fall 2012

Strategy (6.2): Support supervisor’s continuing education

Baseline: NSSLHA hosts a free annual continuing education event.

Indicators of Success: Appropriate funding for a registration fee for one local continuing education workshop

Time schedule: spring 2012

(7) Audio-visual equipment for clinical supervision

Strategy (7.1): Obtain new lighting

Baseline: Current lighting is inadequate in the clinical suites

Indicators of Success: Obtain approval for funding, purchase, and installation of adequate lighting

Time schedule: spring 2012

Strategy (7.2): Obtain new audio/visual recording equipment

Baseline: Our current closed circuit monitoring equipment does not provide for clarity, either visually or auditorily, to allow for quality supervision, teaching, and research.

Indicators of Success: New equipment is purchased, installed, and utilized

Time schedule: spring 2014

Evaluating the Strategic Plan

Progress in meeting focus area strategies will be evaluated each semester by the faculty as a whole. Progress in meeting the plans’ objectives will be evaluated annually by the faculty as a whole and the advisory council each spring. Results of the evaluation will be posted on the CMSD program Web site. The Strategic Plan in its entirety will be evaluated every three years by the faculty as a whole and Advisory Council, or sooner based on any potential changes in the institution’s goals and strategic plan, in order to ensure congruence.
Appendix B

Dean’s Letter
Dear Review Committee,

As Dean of the College of Communication and Education, I value and support the four departments in the college who have nationally accredited programs. I believe such a review process makes us better and serves our students with the assurance that we are meeting external, high quality standards.

I have reviewed the response by our faculty as well as the CAA Site visit report. The strategic plan and supervisors' handbook address many of the concerns cited in the report. I would like to address two other issues. One issue is the number of full-time doctoral faculty in speech-language pathology. We have now completed selection of candidates to bring to campus for interviews in the current tenure track search. This is one of a small number of approved searches in 2010-2011 as we face an anticipated state budget cut to the UC and California State University systems. Our hiring plan in Communication Sciences and Disorders includes an additional search next year. If we have a more moderate budget cut next year, I believe that search will go forward. Funds generated by faculty retirements can support that planned additional new hire as well as needed part-time faculty.

In regard to support for the program, we have a temporary support staff member working this spring on data management and other tasks. The Chico State provost and president are not approving any permanent staff hires at this time. We should be able to continue a temporary position as needed. I have discussed with the department chair, Suzanne Miller, the possibility of augmenting the faculty clinic director with an assistant director. In this way we could lessen the release time from their teaching and research responsibilities in order to direct the clinic, and reassign those duties to an assistant director. The assistant director could handle many of the day-to-day duties in the administration of the clinic. Related to another issue, we are pursuing the department request for additional lab space and equipment with our Information resources and Academic Affairs leadership. I am optimistic that we can use this year's funding to move forward on these proposals.

I appreciate the careful review of the site visit team and look forward to our continued work together. Please contact me if there are additional questions.

Sincerely,

Phyllis Fernlund, Dean
College of Communication and Education

The California State University
Appendix C

Clinic Supervision Spreadsheet
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(PC/Forms-Supervisor Report Log)
Appendix D

2010 Annual Program Assessment Report – Graduate Program
CALIFORNIA STATE UNIVERSITY, CHICO
ANNUAL PROGRAM ASSESSMENT REPORT

CMSD Graduate Program

Date: 9/28/10

Assessment of Student Learning Outcomes

Name and Contact Information of Program Assessment Coordinator: Susan Steffani x6838

Student Learning Outcomes

List current version of SLOs here for reference, or provide URL.

1. Demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

2. Demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

3. Possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

4. Complete a program of student that includes supervised clinical experiences.

E. Course Alignment Matrix:

Insert matrix here for reference or provide URL.

<table>
<thead>
<tr>
<th>SLO #1</th>
<th>SLO #2</th>
<th>SLO #3</th>
<th>SLO #4</th>
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F. Learning Outcome(s) Assessed in AY 2008-09:

Which SLOs were assessed this year?

SLO #1
SLO #2
SLO #3
SLO #4

5. Assessment Methodology Used:
What kinds of assessment methods were used: embedded assessment of student work in a particular course? Type of assignment? Performance on standardized or other exams? Sample size? Sampling strategy? Who evaluated student performance? How was successful performance measured? Etc.

Sample sizes varied for each measure depending on data returned and number of students in the 1st and 2nd year classes. Two formative and two summative assessments are conducted each year for our program as follows:

1. Comprehensive Examination – taken before Spring of the 2nd year. Comprehensives consist of 6 questions written over two days. Each faculty member writes and scores 1-2 questions. Questions cover the 9 areas of learning required by our accrediting body. Scoring is as follows:
   - 3.7 = Outstanding
   - 3.69 - 2.1 = Acceptable
   - 2.0 or below = Unacceptable

2. PRAXIS – the national standardized examination for all CMSD students. Students cannot receive certification unless they pass this test. The national passage rate for this test hovers around 75%.
   - 700+ = Outstanding
   - 600-699 = Acceptable
   - Below 600 = Unacceptable

3. Clinic Assessment – an assessment form for clinical performance. The assessment was developed by faculty and clinical staff; it consists of a 1-5 rating of 28 clinical skills. The assessment is conducted at the end of each (3) internships completed during the 2nd year and the end of on-campus clinical practicum for 1st year graduate students..
   - Average of 4.5 - 5 = Outstanding
   - Average of 3.0 - 4.5 = Acceptable
   - Average 2.9 or below = Unacceptable

4. Performance Review – students compile a portfolio. Information is added each semester. We review the portfolios periodically throughout the 2 year program. We provide a rating to the students as follows:
   - 1 = Outstanding
   - 2 = Acceptable
   - 3 = Unacceptable

6. Assessment Results:

Please describe outcomes of assessment. How well did students perform on the assessment task? Feel free to use the table below to report results, adapting the table as necessary, or provide narrative describing the assessment results.

<table>
<thead>
<tr>
<th>Student Learning Outcome</th>
<th>Sample and Sample Size</th>
<th>Measure</th>
<th>Percent of Students Achieving</th>
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<td>Internship Evaluations</td>
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### Assessment #3 – 1st years (SLO 4)

| Assessment #3 – 1st years (SLO 4) | 40 | Clinical Practicum Evaluations | 5%=outstanding  
95%=acceptable  
0%=unacceptable |
|----------------------------------|----|--------------------------------|------------------|

### Assessment #4 – 2nd years (SLOs 1, 2, 3, 4)

| Assessment #4 – 2nd years (SLOs 1, 2, 3, 4) | 14 | Performance Reviews | 0%=outstanding  
100%=acceptable  
0%=unacceptable |
|--------------------------------------------|----|---------------------|------------------|

### Assessment #4 – 1st years (SLOs 1, 2, 3, 4)

| Assessment #4 – 1st years (SLOs 1, 2, 3, 4) | 19 | Performance Reviews | 10%=outstanding  
85%=acceptable  
5%=unacceptable |
|--------------------------------------------|----|---------------------|------------------|

### Analysis / Interpretation of Results

How do the assessment data you have collected and evaluated inform your understanding of student learning? How were the results shared with faculty, students, and/or other stakeholders?

#### 2nd years

1. Students performed satisfactorily on comprehensive examinations. No questions were failed; hence, no students failed comprehensives.
2. Students performed extremely well on the PRAXIS. We made changes to our program in the previous years in order to improve performance that had slipped to the national average. We had 100% passage this year (national average =~75%) and have maintained a 98% passage rate in the past 3 years. We feel confident that this indicates that students are learning well. Curriculum is appropriate and information in individual classes is consistent with programs nationally.
3. Students also performed well in internship placements. In fact, 8 students received perfect 5.0 evaluations by supervisors.
4. The performance review revealed acceptable ratings for all students. Faculty unanimously agreed that there were not any students that were truly outstanding; however, all students successfully completed all program requirements.

#### 1st years

1. Students are in their first experiences of clinic; therefore, it is expected that there would be few students in the outstanding area. All students that were evaluated were in the acceptable range. We encouraged supervisors to be very specific in evaluating student performance and to not be too lenient in grading. This was clearly done particularly in the fall as student numbers were lower than they have been in the past. Still, all students performed adequately.
2. We had 2 students in the outstanding range with all but one other in the acceptable range. The one student in the unacceptable range has been discussed by the faculty and feedback has been given to the student regarding areas that need improvement.

Data were provided to all faculty members during program meetings. All faculty members participate in performance reviews and comprehensives. Performance reviews, clinical performance assessments, and comprehensive scores and feedback are returned to students. The PRAXIS scores are provided to the university and the individual student by EBS.

### G. Planned Program Improvement Actions Resulting from Outcomes (if applicable)

How will the assessment data and their evaluation be used to improve the program? Possible actions might include revising pedagogy, courses, curricula, or other learning support mechanisms.
We feel that we have made changes that have developed a very strong program. At this point, no curricular changes are planned.

**H. Planned Revision of Measures or Metrics (if applicable)**

A possible revision of a measure might be to recommend a change in the assignments that are evaluated for program assessment, or the number of assignments examined, and by whom. A metric revision might be for program faculty to decide to change the “bar” for acceptable performance.

1. Because we made a change last during 2008-09 to our scoring of comprehensive, the process was reviewed by all faculty in the program. It was unanimously decided that the new scoring process worked well and should be continued. We did review are outstanding, acceptable, and unacceptable ratings of Comprehensive exams to determine score ranges. The results of this discussion resulted in the numbers provided above in #5.

2. We continue to evaluate the best way to assess clinic and internship evaluations. We feel comfortable with the current rubric used for assessment. However, this included a section on “interpersonal skills” which routinely are graded as superior for all students. This could possible skew results to higher numbers. We are in discussion about whether to include these in final ratings.

**I. Planned Revisions to Program Objectives or Learning Outcomes (if applicable):** None at this time.

**11. Changes to Assessment Schedule (if applicable)**

*Do the results create a need for change in your assessment schedule? Is so, please describe.*

No.

**12. Information for Next Year**

What learning outcome(s) are you examining next year and who will be the contact person?

All assessment must be conducted every year. Contact Person: Susan Steffani

**Appendices (please include any of the following that are applicable to your program)**

A. **Assessment Data Summaries (Details that elaborate on item 6, above.):** not applicable at this time

B. **Measurement Standards (Rubrics, etc.):** not applicable at this time

C. **Survey Instruments:** not applicable at this time