

**Communication Sciences and Disorders (CMSD)  
Key Assessments**

*(Note: This document contains both descriptions and rubrics. Please follow the links for additional material)*

**CMSD.1 Comprehensive Examination – taken before spring of the 2<sup>nd</sup> 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

**CMSD.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

**CMSD.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, in 6 domains:

1. Prevention
2. Evaluation
3. Intervention
4. Interpersonal Skills
5. Reporting
6. Professional Behavior and Responsibilities

The assessment is conducted at the end of each of three internships completed during the 2<sup>nd</sup> year and the end of on-campus clinical practicum for 1<sup>st</sup> year graduate students.

- Average of 4.5 - 5= Outstanding
- Average of 3.0 – 4.5 = Acceptable
- Average 2.9 or below= Unacceptable

**CMSD.4 Performance Review –portfolio.** Information is added each semester. We review the portfolios periodically throughout the 2 year program. Areas include Basic Human Communication Process Phonological and Language Disorders Speech Disorders Neurogenic Disorders Audiology/Hearing Clinical Management Professional Issues/ Psychometrics/Research We provide a rating to the students as follows:

- 1 = Outstanding
- 2 = Acceptable
- 3 = Unacceptable

**CMSD.5 Exit Survey** Candidates complete an online exit survey that measures perception of preparedness in areas identified by program learning outcomes. Ratings are on a 5 point scale

- 1= poor
- 2= minimal
- 3= satisfactory
- 4= very good
- 5= exceptional

**Clinical Assessment**  
**APPENDIX F- STUDENT EVALUATION FORM**

Supervisor Evaluation of Student  
 Center for Communication Disorders

Midterm eval \_\_\_\_  
 Final eval \_\_\_\_  
 Self eval \_\_\_\_  
 Year: \_\_\_\_\_

Clinician: \_\_\_\_\_

Semester: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Site: \_\_\_\_\_

Setting: \_\_\_\_\_

(Please Print)

**KEY:**

- Level 5 = Demonstrates independence by taking initiative; displays superior competencies and evaluates self accurately.
- Level 4 = Demonstrates independence, but needs general direction to perform competently and evaluate self and/or client accurately.
- Level 3 = Needs general and some specific direction from supervisor to perform competently and evaluate self and/or client accurately.
- Level 2 = Needs repeated specific direction and/or demonstration from supervisor to perform competently and evaluate self and/or client accurately.
- Level 1 = Specific direction from supervisor does not alter unsatisfactory performance/evaluation skills. Inability to make change.

SKILLS	PERFORMANCE LEVEL					
	Level 1	Level 2	Level 3	Level 4	Level 5	Does Not Apply
<b>Prevention</b> (e.g., recognizes and assesses for concomitant disorders that may accompany the primary speech/language deficit (vision, hearing, irregular motor movements). Interviews and investigates indications and side effects for all medications taken by the client.						
<b>Evaluation</b> Conducts screening procedures, including hearing and acoustic and oral motor						
Collects case history information and integrates information from clients/patients, family, teachers and other professionals. Re-administers appropriate adult, adolescent or adult intake form, QOL instrument or biographical intake form						
(1) Selects, (2) provides rationale for, (3) administers and (4) scores diagnostic evaluations appropriately. (Includes behavioral observations, use of standardized and non-standardized tests.)						
Adapts evaluation procedures to meet client/patient needs. This includes administering diagnostic instruments in a practice format first, and understanding the rationale for dynamic testing.						
Interprets, integrates, and synthesizes in writing all information to develop operational definitions for the behaviors to be targeted and generates appropriate and measurable recommendations for intervention.						
Completes administrative and reporting functions necessary to support evaluation.						
Refers clients/patients for appropriate additional services; DSS, vocational rehab., Handy-Riders, etc.						
<b>Intervention</b> Develops appropriate intervention plans with measurable and achievable goals that meet client/patient needs.						

Documents collaboration with client/patient and relevant others in the planning process.						
Implements intervention plans (involve client/patient and relevant others in the intervention process).						
Generates appropriate materials and instrumentation for intervention based on evidence based practices.						
Plans strategies for maintaining on-task behavior, including structuring the teaching environment and setting behavioral limits.						
Presents feedback (verbal, visual, written, audio-visual) and/or reinforcement that are consistent, discriminating and meaningful to client.						
Measures and evaluates client/patient performance on-line and off-line. Maintains an audio record of each session should the supervisor wish to review off-line.						
<b>SKILLS</b>	<b>PERFORMANCE LEVEL</b>					
	Level 1	Level 2	Level 3	Level 4	Level 5	Does Not Apply
<b>Interpersonal Skills</b> Accepts, empathizes, shows genuine concern for the client as a person and understands the client's problems, needs, and stresses. Conveys to the client in a non-threatening manner what the standards of behavior and performance are. Creates an atmosphere based on honesty and trust; enables client to express his/her feelings and concerns						
Perceives verbal and nonverbal cues which indicate the client is not understanding the task; is unable to perform all or part of the task; or when emotional stress interferes with performance of the task.						
Develops understanding of teaching goals and procedures with client. Is clear and concise.						
Listens, asks questions, participates with supervisor in therapy and/or client related discussions; is not defensive. Requests assistance from supervisor and/or other professionals when appropriate.						
Communicates with other disciplines on a professional level.						
<b>Reporting</b> Generates reports, lesson plans and SOAPs that are thorough and reflective of the medical/clinical model. This model is integral to qualification for services and for operationally defining and quantifying clinical observations.						
Attends all meetings with supervisor to ensure quality of reporting; shares significant discoveries with peers during those meetings.						
Generates accurate client contact information, date of reports, name spelling, etc.						
Generates SOAP notes and FCRs that contain summaries of intervention and clear charts and graphs that demonstrate changes in behaviors targeted (similar to SS design).						
Generates ICRs and FCRs and lesson plans that contain references (including ref list) to EB literature that support the approaches taken.						
Writes in an organized, concise, clear and grammatically correct style. Spelling is accurate.						
Completes all necessary documentation in a <b>timely manner</b> , e.g. reports, lesson plans, SOAP notes.						
<b>Professional Behavior and Responsibilities</b> Respects confidentiality of all professional activities.						
Appears to recognize own professional limitations.						

Follows appropriate dress code guidelines for setting.					
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Comments

Grading protocol

<b>#5s</b> _____ x5 = _____	<b>GRADE</b>	
<b>#4s</b> _____ x4 = _____	<b>4.6 = A 3.0 -</b>	<b>3.29 = B-</b>
<b>#3s</b> _____ x3 = _____	<b>4.0 - 4.59 = A-</b>	<b>2.7 - 2.99</b>
= C+		
<b>#2s</b> _____ x2 = _____	<b>3.7 - 3.99 = B+</b>	<b>2.3 - 2.69</b>
= C		
<b>#1s</b> _____ x1 = _____	<b>3.3 - 3.69 = B</b>	<b>2.0 - 2.29</b>
= C-		

Sum of scores total = \_\_\_\_\_ / (divided by) # of scored items  
 DNA is included, but all boxes are typically applicable

**A grade of 2.0 or lower means that the clinician must re-enroll for an additional semester and may be placed on academic probation.**

Date \_\_\_\_\_  
 Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_  
 Clinician's Signature \_\_\_\_\_

10/1/11 (SBV:ls-revised) – Appendix F in Student Handbook

## **PERFORMANCE REVIEW AND THE PORTFOLIO**

### **Performance Reviews**

Performance Reviews constitute a formative assessment as they are designed to give students feedback on the quality of their achievements and rate of growth over time. For first year grads, the review will be in the form of a progress report from the faculty, which you will receive in April/May. Second year grads will also receive a progress report in November/December. Students with poor evaluations will be required to meet with the faculty as a whole. The third and final review is part of your exit interview at the end of the last semester. Your competence will be evaluated using a rubric of Outstanding – Acceptable - Unacceptable.

The portfolio will be the documentation you provide at your Performance Reviews to serve as evidence of your acquisition of knowledge and skills over time. You will turn in your portfolio 2 to 3 weeks prior to your report due date. Approximate portfolio due dates: March 25th (1<sup>st</sup> years); November 15th (2<sup>nd</sup> years); May 20th (2<sup>nd</sup> years for final review).

### **Description of the Portfolio**

Throughout your program in Communication Sciences and Disorders, you will be acquiring the knowledge, clinical skills, professional dispositions, critical thinking and problem solving skills necessary to become a competent speech-language pathologist. Traditionally, grades have been the primary measure to document your progress. Now you will have an additional means through which you can demonstrate and present your professional competences – your portfolio.

Your portfolio is a formative compilation of documents that you need to appropriately, accurately, and continually maintain in order to receive your master's degree. It is a collection of artifacts that should “tell a story” about your intellectual, clinical, and ethical growth and achievements over the course of your academic and clinical experiences. It is accompanied by a narrative, which will reflect your unique strengths and serve as a statement of who you are as a beginning professional. Importantly, through your portfolio you can demonstrate how you have achieved all the certification standards of the Council on Academic Accreditation in Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association.

### **Portfolio Nuts and Bolts**

The portfolio is a representation of you and your hard work. Make sure that it reflects thought and organization in its preparation. Models will be available.

#### *Format & Organization*

1. Develop as a hardcover three ring binder.
2. Label the front and side with your name. Please ensure the font is professional. Please avoid happy faces, flowers, etc. This is a professional tool.
3. Labeled tabbed dividers and high coverage pockets should be used for organization.
4. Please do not use plastic sheet protectors (we need to be able to have easy access to your papers and have the ability to mark on them).
5. Include 3 major sections: Overall Development, Knowledge, and Clinical Skills

#### *Section 1: Overall Development*

1. Table of Contents

2. Integrative Essay (see final page for description)
3. Resume
4. Official Documents
  - a. Recent transcripts
  - b. Undergraduate transcripts
  - c. Credential: Certificate of Clearance
  - d. NSSLHA membership card
  - e. Liability insurance
  - f. CPR training
  - g. TB test results
  - h. CBEST results
  - i. PRAXIS results

*Section II: Knowledge/Skills*

1. Master's Degree Program Plan
2. Knowledge area
  - a. KASA template
  - b. CCTC standards form- completed
3. Evidence of Writing Skills
  - a. Any major undergraduate papers
  - b. Research Methods paper
  - c. One paper from each of your graduate courses.
4. Evidence of Oral skills
  - a. Instructor feedback
  - b. Peer feedback (summarize)
  - c. Self-evaluation
  - d. From (e.g.) Communication & Aging, Hearing loss lectures from retirement facility, Fluency course, etc.

*Section III: Clinical Skills*

1. KASA skills supplement, with signatures accrued to date
2. Clinical supervisor evaluations (e.g., Supervisor evals, internship evals)
3. Self-evaluations
4. Clinic reports. Black out or redact any identifying information, including names, addresses, phone numbers, etc.
  - a. First draft and final draft of both Initial and Final Case Reports
  - b. Include the number of drafts required for the final draft at the upper right hand corner.
  - c. One from each supervisor
5. Evidence-based practice: include and **describe how you employed** research articles used to support your clinical decision-making for each client
6. Simulations (e.g., AR final project to satisfy aspect of pediatric AR): description of activity, skill area acquired, and course number
7. ASHA supervised clinical education hours accrued to date
8. Pink Hours tracking sheet (up to date)

*KASA Skills Signature Form*

Students are responsible for having their KASA skills form signed each semester, when appropriate. A rating of 4 or 5 on the Supervisor Evaluation of Student Form completed by each supervisor would constitute enough skill attainment to get a signature on the KASA for that particular skill.

Students will be given simulations or other activities for those experiences not typically encountered during campus clinic and internships. Ultimately the student is responsible for knowing what areas in which they do not have experience (a signature on the KASA) and approach faculty to address this issue.

\* The KASA signature form for clinical skills is a document that you must safeguard. Always know where it is, and keep it in a known, secured location.

*Integrative Essay Description*

The exercise of reflecting and integrating is critical to learning. In narrative format you will integrate your academic and clinical experiences and describe your development and performance. Reflect on your strengths and weaknesses, and describe a plan to remediate any problem areas. Where appropriate, include information on evidence-based practice, scope of practice, and code of ethics in the description of your clinical work. You will need to update your essay each time you turn in your portfolio. College level writing is expected.

NOTE: Please keep copies of all documents you submit in your portfolio.

## CMSD PROGRESS REPORT

Name \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> Year  
\_\_\_\_\_ 2<sup>nd</sup> Year  
\_\_\_\_\_ Exit

### PORTFOLIO

Organization, completeness, and accuracy of the following:

- Resume
  
- Essay
  
- Documents: TB test, insurance, transcripts, Certificate of Clearance, CBEST, CPR certification, NSSLHA card

**Rating:**

**Comments:**

1 Exceeds Expectations
2 Meets Expectations
3 Below Expectations

### ACADEMIC PERFORMANCE

- CCC---CCTC form
  
- Graduate Coursework Plan
  
- KASA template
  
- Evidence of writing skills
  
- Evidence of oral skills
  
- GPA (transcripts)

**Rating:**

**Comments:**

1 Exceeds Expectations
2 Meets Expectations
3 Below Expectations



CMSD Progress Report (Pg 2)

**CLINICAL PERFORMANCE**

- Forms & Hours / KASA Skills**
  - Observation hours form
  - Pink clock hours form
  - KASA Skills form
  - Diversity Statement
  
- Clinical Performance**
  - Evidence---based practice
  - Report writing: ICR/FCR
  - Evaluations (supervisor and self)

**Rating:**

**Comments:**

1 Exceeds Expectations
2 Meets Expectations
3 Below Expectations

**OVERALL EVALUATION RATING**

Summary/Comments: (Strengths/Weaknesses)

### CMSD Grad Student Exit Survey

On the scale questions please respond according to the following values. 1= poor  
2= minimal  
3= satisfactory  
4= very good  
5= exceptional  
\* Required

**The graduate program provided me with the ACADEMIC TRAINING necessary to begin a year of clinical fellowship as an SLP across all disorder types and clinical settings. \***

1	2	3	4	5
Poor				Exceptional

**The graduate program provided me with the CLINICAL TRAINING necessary to begin a year of clinical fellowship as an SLP across all disorder types and clinical settings. \***

1	2	3	4	5
Poor				Exceptional

**List any disorder areas in which you feel MOST PREPARED to work with as a professional \***

**List any disorder areas in which you feel LEAST PREPARED to work with as a professional \***

**I felt supported by CMSD FACULTY during my time as a graduate student (eg., when needed, faculty were able and willing to meet to discuss concerns and/or assist in devising improvement plans regarding academics or clinic; or provided general level of support to ensure success) \***

1	2	3	4	5
Poor				Exceptional

**I felt supported by CMSD STAFF during my time as a graduate student (eg., assistance with paperwork, general information) \***

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1	2	3	4	5
Poor				Exceptional

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**If you feel there are areas that were lacking in your overall educational experience, please describe in detail what those were and provide concrete ways that the program could be modified and improved, given the limitations of being on this campus and in this facility. \***

**Given your experience, what are the things you wish you would have known at the beginning of the graduate program (i.e., what words of wisdom would you give incoming students)? \***

**Thank you for completing this survey. We have enjoyed having you as a student and wish you all the best as you embark on your professional journey.**