

2023 CAA Application - Speech Language Pathology

Utah State University

[See Standard 5.0, page 117, for Student and Program Assessment](#)

General Information & Instructions

Reports submitted to the CAA are major sources of substantiating information about elements of an education program in relation to its compliance with the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology. Programs must report on the continuity and recovery of the program's operations if events occur that significantly interrupt normal institutional operations, as applicable. It is the responsibility of the program director to submit completed reports to the CAA on or before the due date.

Programs are required to submit accreditation review materials by February 1 or August 1, except for programs applying for candidacy status for which applications are scheduled to be submitted January 1 or July 1. Due dates for programs that hold an accreditation status, e.g., accredited, candidate, are assigned based on the dates of the programs' accreditation or candidacy cycles. Accreditation reports must be filed through the on-line reporting system unless otherwise directed.

I. Entering Responses

- a. Save often! When entering data, clicking the NEXT button will advance you to the next section of the instrument, however the SAVE feature should be used often to prevent loss of data.
- b. Whenever possible, program responses to questions within this instrument should be **plain, unformatted text**. Using other text formatting may cause the system to slow and content may be lost. If content needs to be added from a website, Word document, or other computer application, users should do the following:
 - i. Open Notepad or a similar application to create a new text file.
 - ii. Copy the desired content from the website, Word document, or other application.
 - iii. Paste the copied content into the Notepad text file (this will strip out formatting).
 - iv. Copy your now unformatted content from the text file and paste into the report.
 - v. Save. Failure to follow these steps will cause the system to freeze and content will be lost.

II. Reporting Prior Concerns

- a. You **must** have the previous year's Accreditation Action Report and respond to any concerns from that report in the Annual Report. There is a text box at the start of each section to respond to prior concerns.
- b. When providing supporting evidence to the CAA for Standards and especially prior concerns, refer to the **Document Guidance** resource from the CAA website for tips on how to respond that can be found here: <https://caa.asha.org/siteassets/files/accreditation-standards-documentation-guidance.pdf>

III. Use of Distance Education Technologies

- a. If your program offered (or is currently offering) coursework via distance education on a temporary basis due to the pandemic *or* if your program has been approved for a permanent distance education modality, your

program **must** address institutional policies regarding verification of student identity.

b. Standard 4.10 states the following:

- **Standard 4.10: The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.**
 - The program must document that the institutional policies regarding verification of a student's identity are followed and implemented and applied consistently.
 - The program must make clear that the identities of students enrolled in a distance education course or program are protected.
 - All programs who utilized distance education technologies, even if on a temporary basis, are required to answer the questions related to distance education.

IV. Submitting Your Report

a. Before submitting:

- i. Review and verify all data reported is accurate and current.
- ii. Ensure that all links to websites are accurate and are working.

b. **Only Program Directors may submit the report.**

c. It is understood that any information submitted for the purposes of this evaluation shall be used to determine compliance with CAA Standards; furthermore, non-identifying program data may be analyzed and published in the aggregate in order to further the purpose of the CAA, which is to assure quality in preparation of students in audiology and speech-language pathology to serve the professions and the public.

V. Additional Resources

- a. Refer to the following policies regarding report submission and timelines which are outlined in the **Accreditation Handbook** (Chapter XI. EXPECTATIONS OF PROGRAMS). Make sure you are familiar with the rationale, criteria, and timelines for each of these policies.
 - i. Requests for Submission Extension (Chapter XI.C)
 - ii. Administrative Probation (Chapter XI.D)
 - iii. Lapse of Accreditation (Chapter XI.E)
- b. Additional reporting resources may be found on the CAA website (<https://caa.asha.org/>) and include data collection worksheets, templates for documents to be uploaded with your CAA report, additional documentation guidance (<https://caa.asha.org/siteassets/files/accreditation-standards-documentation-guidance.pdf>), and other information about submitting your CAA report.

Institution Description and Authorization

Accreditation Authorization Form

[COMDDE SLP 2024 Accreditation Applic.pdf](#)

Download, complete, and save the [Accreditation Authorization form](#), then upload that document to this question.

The institution desires that its graduate education program leading to a master's degree in speech-language pathology or a clinical doctoral degree in audiology be accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) and hereby applies for an evaluation of this graduate education program. It is understood that the evaluation will be conducted in accordance with the procedures set forth in the (CAA) [Accreditation Handbook](#). The institution agrees to cooperate fully in the evaluation procedures therein described; including furnishing such written information to the CAA as shall be required for the evaluation and arranging of a site visit to the education program.

The institution of higher education verifies that it has conducted a comprehensive self-analysis that demonstrates how the program has met each of the accreditation standards. The results of this analysis are documented in this accreditation application.

The signatures of the President of the institution, or designee, and the Program Director attest to adherence of the conditions stipulated in the attached Accreditation Authorization.

Federal Grant

Has the program been awarded a Federal grant?

Yes

Federal Grant Information

Indicate the Federal grant program, the grant name, and the Federal Award Identification Number (FAIN).

Federal grant program	Grant name	FAIN
Office of Special Education Program 84.325 "Personnel Development to Improve Service and Results for Children with Disabilities"	Personnel Preparation for Audiologists and Speech-Language Pathologists Serving Children Who are Deaf or Hard of Hearing	H325K190017
Office of Special Education Program 84.325 "Personnel Development to Improve Service and Results for Children with Disabilities"	Preparing Personnel to Serve Infants, Toddlers, and Preschool-Age Children with Disabilities	H325K17004

RESPONSE - 1

Indicate the Federal grant program, the grant name, and the Federal Award Identification Number (FAIN).

Federal grant program	Grant name	FAIN
Office of Special Education Program 84.325 "Personnel Development to Improve Service and Results for Children with Disabilities"	Personnel Preparation for Audiologists and Speech-Language Pathologists Serving Children	H325K190017

Results for Children with Disabilities"	Who are Deaf or Hard of Hearing	
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RESPONSE - 2

Indicate the Federal grant program, the grant name, and the Federal Award Identification Number (FAIN).

Federal grant program	Grant name	FAIN
Office of Special Education Program 84.325 "Personnel Development to Improve Service and Results for Children with Disabilities"	Preparing Personnel to Serve Infants, Toddlers, and Preschool-Age Children with Disabilities	H325K17004

Modalities

Modality Information and Confirmation

If coursework is offered via distance learning (DE) or satellite campus, then any changes and updates in both residential and DE and/or satellite must be noted throughout the report with respect to all program offerings.

****Your response to the following questions could enable additional questions within this report. If you later alter your response to these questions, you risk losing information entered.****

Confirm

Distance Education

Are graduate courses for the entry-level graduate program available through distance education?

Yes, 50% or more of the academic credit hours

First Time Reporting DE

Are you reporting this level of course offerings to the distance education modality to the CAA for the first time? **If you are reporting on 50% or more of academic credit hours for the first time, you must submit an application for substantive change offering a Distance Education modality. Contact the accreditation office at caareports@asha.org for more information about substantive changes.**

No

Satellite Location

Is this graduate program or a component of the program offered through a satellite location?

No

Standard 1.0 Administrative Structure and Governance

Standard 1.0 Administrative Structure and Governance

Standard 1.1 Institutional Accreditation

Standard 1.1 Institutional Accreditation

The sponsoring institution of higher education holds current institutional accreditation.



Requirement for Review:

- The institution of higher education within which the audiology and/or speech-language pathology program is housed must hold institutional accreditation from one of the following institutional accrediting bodies:
 - Middle States Commission on Higher Education;
 - New England Commission of Higher Education;
 - North Central Association of Colleges and Schools, The Higher Learning Commission;
 - Northwest Commission on Colleges and Universities;
 - Southern Association of Colleges and Schools, Commission on Colleges;
 - Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities.

Findings

No findings provided

Standard 1.1 Prior Concerns

If there were areas of non-compliance or follow-up regarding Institutional Accreditation noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Institutional Accreditation listed in the last Accreditation Action Report

Standard 1.1 Institutional Accreditor

Name of Institutional Accreditor:

Northwest Commission on Colleges and Universities

Standard 1.1 Institutional Accreditor URL

Provide the URL from your Institutional Accrerator's website that specifically shows your institution's accreditation information. You will need to navigate to your institution's page and then provide the URL in the field below:

https://www.usu.edu/aaa/nw/

Standard 1.1 Institutional Review

Is the institution currently undergoing review by the Institutional Accrerator?

No

Standard 1.1 Consortium Institutional Accreditation

List all institutions participating in the consortium, the institutional accreditation for the participating entity, and which entity(s) will be granting the degree.

Check the Degree Granting Entity (Check all that apply)	Name of Institution	Name of Institutional Accrerator
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Program is not part of a consortium

Standard 1.1 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.1.

None

Standard 1.2 Degree Granting Authority

Standard 1.2 Degree Granting Authority

The sponsoring institution of higher education must be authorized to provide the program of study in audiology and/or speech-language pathology.



Requirement for Review:

- The sponsoring institution of higher education must be authorized under applicable laws or other acceptable authority to provide the program of post-secondary education.
- The sponsoring institution of higher education must have appropriate graduate degree-granting authority.

Findings

No findings provided

Standard 1.2 Prior Concerns

If there were areas of non-compliance or follow-up regarding Degree Granting Authority noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Degree Granting Authority listed in the last Accreditation Action Report

Standard 1.2 Initial Accreditation

Is this your program's initial application for accreditation (i.e. you did not go through candidacy, you have not previously held accreditation)?

No, this program has either previously held accreditation or has gone through the candidacy process

Standard 1.2 Degree Authority

Provide documentation that the program has received authorization to provide the program of study from a state agency that has authority for higher education or other authorized entity that has authority for programs of study at the sponsoring institution, OR provide a letter of attestation from the sponsoring institution's board of regents or from a recognized board or panel with this authority. If the program is part of a consortium, provide the appropriate attestation for each entity within the consortium, if different.

Authorization Documentation

[Download](#)

RESPONSE - 1

Provide documentation that the program has received authorization to provide the program of study from a state agency that has authority for higher education or other authorized entity that has authority for programs of study at the sponsoring institution, OR provide a letter of attestation from the sponsoring institution's board of regents or from a recognized board or panel with this authority. If the program is part of a consortium, provide the appropriate attestation for each entity within the consortium, if different.

[USU Letter Speech Audiology Hearing.docx](#)

Standard 1.2 Degree Granting Authority

Provide documentation that the sponsoring institution of higher education has appropriate graduate degree-granting authority.

[USU Letter Speech Audiology Hearing.docx](#)

See attached letter

Standard 1.2 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.2.

None

Standard 1.3 Mission, Goals and Objectives

Standard 1.3 Mission, Goals, and Objectives

The program has a mission and goals that are consistent with preparation of students for professional practice.



Requirement for Review:

- The mission statement and the goals of the program (including religious mission, if relevant) must be presented.
- The program must describe how the mission statement and program goals are used to guide decision making to prepare students for entry level into professional practice in audiology or speech-language pathology.

Findings

No findings provided

Standard 1.3 Prior Concerns

If there were areas of non-compliance or follow-up regarding Mission, Goals and Objectives noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Mission, Goals and Objectives listed in the last Accreditation Action Report

Standard 1.3 Program Mission

Provide the mission and goals of the program. If the program is part of a consortium, provide the mission statement and goals for each entity within the consortium.

The Department of Communicative Disorders and Deaf Education at Utah State University is committed to: (a) advancing knowledge of normal and disordered processes of communication; (b) teaching clinical and educational practices to meet the diverse needs of individuals with communication differences and disorders; and (c) providing access to educational opportunities that prepare learners for diverse careers in health and education.

We fulfill this mission through the core themes of learning, discovery, and engagement:

- Learning
 - Teaching knowledge and skills pertaining to typical and disordered hearing, balance, language, speech, cognition, literacy, and swallowing
 - Fostering professional competencies of problem solving and critical thinking; spoken, visual, written, and digital communication; interpersonal skills and teamwork; professional and ethical behavior
 - Offering student-centered opportunities for learners of diverse ages, cultures, backgrounds, and locations to further their own educational and professional goals
 - Offering graduate professional programs in audiology, deaf education, and speech-language pathology that train effective, dedicated teachers and clinicians
- Discovery
 - Conducting research that advances knowledge pertaining to the nature and management of typical and disordered hearing, balance, language, speech, cognition, and swallowing
 - Conducting research that improves the training of teachers and clinicians, and the implementation of evidence-based practices in deaf education, audiology, and speech-language pathology
 - Providing research opportunities and mentoring that develop students into professionals who implement evidence-based decisions, and into scientists and scholars who continue to advance knowledge and improve the professions
- Engagement
 - Offering person-centered clinical and educational services in campus and outreach settings that help maximize communication outcomes and achieve functional goals for individuals and their families in Utah and the inter-mountain west
 - Promoting leadership, service, and civic engagement of faculty and students in ways that benefit individuals with communication differences and disorders within local, state, national, and global communities

AUDIOLOGY DIVISION MISSION STATEMENT

The Audiology program prepares doctors of audiology students to evaluate and treat hearing and balance disorders through education, research and clinical experiences for individuals throughout the lifespan.

DEAF EDUCATION DIVISION MISSION STATEMENT

The mission of the Deaf Education program at Utah State University is to train future teachers to provide effective, evidence-based services to children who are deaf or hard of hearing, ensuring breadth of knowledge across Deaf Education and expertise in either Bilingual-Bicultural or Listening and Spoken Language specializations.

SPEECH-LANGUAGE PATHOLOGY DIVISION MISSION STATEMENT

The Speech-Language Pathology master's program prepares students to evaluate and treat speech, language, cognition, literacy, and swallowing disorders for individuals across the lifespan through academic, research, and clinical experiences. The Ph.D. and non-clinical master's degrees prepare students for research, teaching, and scholarship in basic and applied

aspects of speech-language pathology

Standard 1.3 Mission Statement

Describe how the program will use the mission and goals statements to guide decision making to prepare students for entry into professional practice in audiology or speech-language pathology.

The mission and goals statement are used as a basis for our curriculum, student engagement opportunities, clinical education offerings, and resource allocation decisions. The program uses the mission and goals to guide decision making in preparing students for entry into professional practice in speech-language pathology, by using objective measures to gather data from students and other stakeholders about each program component. We have a large, multi-specialization department that must consider the research, teaching, and service needs of all three divisions, our inter-division opportunities such as the Listening and Spoken Language emphasis available to our SLP and Audiology graduate students, as well as our large undergraduate program, and our interdisciplinary PhD offerings.

Standard 1.3 Credentials

For which credentials are students prepared? Select all that are relevant to the program's mission and goals.

Certificate of Clinical Competence (CCC)

State licensure

Teaching Credentials

Standard 1.3 State Licensure

Specify States for State Licensure:

Utah

Standard 1.3 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.3.

None

Standard 1.4 Evaluation of Mission and Goals

Standard 1.4 Evaluation of Mission and Goals

The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.



Requirement for Review:

- The program monitors its mission and goals to ensure that they remain congruent with those of the institution.
- The program periodically reviews and revises its mission and goals.
- The program systematically evaluates its progress toward fulfillment of its mission and goals.

Findings

No findings provided

Standard 1.4 Prior Concerns

If there were areas of non-compliance or follow-up regarding the Evaluation of Mission and Goals noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Evaluation of Mission and Goals listed in the last Accreditation Action Report

Standard 1.4 Institution's Mission

Provide the mission statement of the institution and the URL where this may be found if published on the institution's website. If the program is a consortium, include information for all participating entities.

Mission

Utah State University is a premier land- and space-grant institution committed to excellence, access, and inclusion.

Vision

We empower all people to lead successful lives of involvement, innovation, and impact.

Strategic Direction

We champion exceptional education, research and discovery, and community contribution.

<https://www.usu.edu/president/mission-statement/>

Standard 1.4 Institutional Goals

What mechanisms are used by the program to regularly evaluate the congruence of the mission and goals of the program and the institution? (Select all that apply)

Discuss and review at faculty retreat

Compare program goals with institutional goals

Develop program goals based on institutional goals

Discuss program goals with institution administration

Standard 1.4 Program Goals

What mechanisms are used by the program to regularly review and revise its mission and goals? (Select all that apply)

Establish measurable outcomes for the goals

Monitor achievement of outcomes and progress toward goals

Discuss and review at faculty retreat

Standard 1.4 Evaluate Mission and Goals

Describe how the program will systematically evaluate its progress toward fulfilling its mission and goals.

The program evaluates progress towards fulfilling the mission and goals by systematically gathering data, monitoring, and discussing program data at the annual retreat. The program also critically considers events and items that arise each year and bring issues and proposals to the faculty to make principled adjustments as needed.

Standard 1.4 DE Mission

Describe how the distance education component fits the mission of the overall program and that of the institution.

USU is a Land Grant Institution with a high priority on educating and serving the people of Utah. The graduate SLP distance education component provides a way to meet the SLP needs of underserved and rural communities in Utah. We only take distance students who are employed as SLPAs in Utah school district with commitment from those districts to facilitate their employee-students earn their SLP master's degrees. Utah State Board of Education recognizes this need by funding an annual grant to support the SLP distance education program. We graduate about 5 distance students a year and most stay in Utah, fulfilling the institutional and program mission.

Standard 1.4 DE Rationale

Describe the explicit rationale for providing the distance education component. Your explanation must discuss the needs addressed specifically by this component.

Same answer as to the prior question. USU is a Land Grant Institution with a high priority on educating and serving the people of Utah. The graduate SLP distance education component provides a way to meet the SLP needs of underserved and rural communities in Utah. We only take distance students who are employed as SLPAs in Utah school district with commitment from those districts to facilitate their employee-students earn their SLP master's degrees. Utah State Board of Education recognizes this need by funding an annual grant to support the SLP distance education program. We graduate about 5 distance students a year and most stay in Utah, fulfilling the institutional and program mission.

Standard 1.4 DE Institutional Goals

What mechanisms are used by the program to evaluate regularly the congruence of the distance education component and the institutional goals? (Select all that apply)

Compare program goals with institutional goals

Develop program goals based on institutional goals
Discuss program goals with institution administration

Standard 1.4 DE Program Goals

What mechanisms are used by the program to evaluate the extent to which the goals are achieved for the distance education component? (Select all that apply)

Establish measurable outcomes for the goals
Monitor achievement of outcomes and progress toward goals
Discuss and review at faculty meetings

Standard 1.4 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.4.

None

Standard 1.5 Program Strategic Plan

Standard 1.5 Program Strategic Plan

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



Requirement for Review:

- The plan must be congruent with the mission and goals of the program and the sponsoring institution, have the support of the administration, and reflect the role of the program within its community.
- The plan identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan.
- The plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives.
- An executive summary of the strategic plan or the strategic plan must be shared with faculty, students, staff, alumni, and other interested parties.

Findings

No findings provided

Standard 1.5 Prior Concerns

If there were areas of non-compliance or follow-up regarding the Strategic Plan noted in the CAA Accreditation Action

Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Strategic Plan listed in the last Accreditation Action Report

Standard 1.5 Strategic Plan Process

Describe the process for creating, implementing, and evaluating the program's strategic plan.

The strategic plan is created by mandate when the university creates a new strategic plan. The items and wording reflect elements of the institutional plan while addressing the specific needs and priorities of the program. Data are collected and reviewed annually to evaluate the strategic plan. The university is currently engaging in a revision of the overarching strategic plan, so we are beginning the process of revising our strategic plan to match the institutional one.

Standard 1.5 Method for Mission

Describe the methods used to assure the congruence of the program's strategic plan with the mission and goals of the program and the sponsoring institution.

The program leaders and faculty periodically discuss how the SLP strategic plan fit with the very general statements of the mission and goals of the SLP grad program and the institution. The plan is modified if it does not reflect the mission and goals.

Standard 1.5 Method for Plan in Community

Describe the methods used to ensure that the strategic plan reflects the role of the program within its community.

The program leaders and faculty periodically discuss how the SLP strategic plan fits with the Utah community. The plan would be modified if it clashed with the community, but it never has.

Standard 1.5 Strategic Plan and Goals

Describe how the disseminated plan is regularly updated to reflect the results of the ongoing evaluation of the plan.

Annual outcome data are posted on our department website at <https://cehs.usu.edu/comdde/assessment/strategic-plan>

Standard 1.5 Executive Summary of Plan

Provide an executive summary of the strategic plan that is shared with faculty, students, staff, alumni, and other interested parties.

“Three Divisions, One Department”

To meet the land grant mission of Utah State University, the Emma Eccles Jones College of Education & Human Services, and the Department of Communicative Disorders & Deaf Education plans to implement the following 5-year strategic plan

to address: national reputation, growth, and program quality.

SPEECH-LANGUAGE PATHOLOGY

1. Goal: Maintain applicant numbers at 100 or more to allow for a strong pool of diverse applicants.

Outcome measure: Number of applicants in annual spring application

2. Goal: Maintain or increase faculty and student presentations and publications to continue the wide recognition of contributions to field.

Outcome measure: Count of presentations and publication

3. Goal: Maintain or increase total grant dollars from internal and external sources to support our research, teaching, and service.

Outcome measure: Grant dollar annual total

4. Goal: Maintain or increase collaborations among academic and clinical faculty to promote continuity and quality of teaching, research, and service.

Outcome measure: Count of substantive collaborative interactions.

Standard 1.5 Plan Accessibility

Describe how the executive summary of the strategic plan is disseminated to faculty, staff, alumni, and other interested parties.

Shared and discussed at our annual division retreat.

Also available at <https://cehs.usu.edu/comdde/assessment/strategic-plan>

Standard 1.5 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.5.

None

Standard 1.6 Program Authority and Responsibility

Standard 1.6 Program Authority and Responsibility

The program's faculty has authority and responsibility for the program.



Requirement for Review:

- The institution's administrative structure demonstrates that the program's faculty is recognized as the body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum.
- The program faculty has reasonable access to higher levels of administration.

Findings

No findings provided

Standard 1.6 Prior Concerns

If there were areas of non-compliance or follow-up regarding Program Authority and Responsibility noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Authority and Responsibility listed in the last Accreditation Action Report

Standard 1.6 Organizational Chart

Provide an organizational chart that demonstrates how the program fits into the administrative structure of the institution.

[Standard 1.6 Organizational Chart.docx](#)

Uploaded

Standard 1.6 Independent Dept Status

If your program does not have independent departmental status, describe how the program will maintain authority and responsibility for the program within the structure or policies and procedures of the institution.

The COMDDE department has independent departmental status. The SLP graduate program is one of many programs within the department. The department head, in consultation with the SLP Program Director, maintains authority and responsibility within the structure or policies and procedures of the institution.

Standard 1.6 Administratively Housed

Where is the program housed administratively (e.g., College of Education, School of Medicine)?

Other

Standard 1.6 Administratively Housed "Other"

Specify Other:

College of Education and Human Services

Standard 1.6 Program Authority

Describe how the program faculty and instructional staff have authority and responsibility to initiate, implement and evaluate substantive decisions affecting all aspects of the professional education program, including curriculum.

The College allows the department and SLP program faculty and instructional staff to initiate, implement and evaluate substantive decisions affecting all aspects of the professional education program, including curriculum. There are checks and balances in place at the college and institutional level to assure the quality of decisions and how they impact other parts of the college and institution.

Standard 1.6 Faculty Access to Admin

Describe the ways in which the faculty have access to higher levels of administration.

Faculty have access to higher levels of administration through various means: two faculty members are part of faculty senate, the department head meets monthly with the dean of the college and has phone and email access to the provost office, and a college department head is part of an executive group that meets monthly with the provost. In addition, individual faculty can directly communicate with the department head about any issue. If the results are not satisfactory, they can contact the Dean. If that does not work out, they can contact the Provost.

Standard 1.6 Department Chair

If applicable, discuss the role of the department chair over the program director/coordinator and any shared responsibilities regarding decisions about faculty, student admissions, curriculum and budget.

The Department Head is the leader of the department and oversees everything. The department head manages personnel, facilities, and budget. The SLP Program Director oversees student admissions, curriculum, student well-being, and minor faculty concerns. The SLP program director can make budget and personnel requests to the Department Head. The SLP Program Director is also the Assistant Dept Head and deals with undergraduate students, advising, and curriculum, so the two leaders have many reasons to communicate frequently.

Standard 1.6 DE Admin

Explain how the administrative components of the distance education component are integrated with those of the overall program.

The SLP distance education program's administrative duties are accomplished by multiple personnel. There is an SLP Outreach Director (Chad Bingham) who secures the distance funding grant each year. That person is also the SLP Externship Coordinator for all the SLP externships. There is also an Outreach externship assistant & educator who supervises the SLP distance students in their school practica, guides the SLP supervisors of each of those school practicum sites, and secures the SLP distance students' summer medical externships. The SLP distance program falls under the

responsibility of the SLP Program Director who is then under the Department Head.

Standard 1.6 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.6.

None

Standard 1.7 Program Director

Standard 1.7 Program Director

The individual responsible for the program 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.



Requirement for Review:

- The individual designated as program director holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science
- The individual designated as program director holds a full-time appointment in the institution.

Findings

No findings provided

Standard 1.7 Prior Concerns

If there were areas of non-compliance or follow-up regarding the Program Director noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Program Director listed in the last Accreditation Action Report

Standard 1.7 Program Director

Provide the name of the individual designated as program director below.

Name of Program Director:	Teresa Ukrainetz
<input checked="" type="checkbox"/> The program understands that it must notify the CAA of program director changes as soon as possible, but no later than 30 days after the change, including temporary appointments and sabbaticals. Failure to notify the CAA Accreditation Office within the timelines may jeopardize the program's accreditation status.	

Information about reporting changes can be found on the CAA website at <https://caa.asha.org/reporting/reporting-changes/>

Standard 1.7 Program Director Date

Date appointed:

01/01/2017

Standard 1.7 New Program Director

Is the program director new since submission of the last CAA report?

No

Standard 1.7 Program Director Interim

If this program director is serving in an interim capacity, describe the program's specific plans for appointing a permanent program director.

This Program Director has a permanent appointment

Standard 1.7 Program Director Example

Describe how the individual responsible for the program effectively leads and administers the program. Include examples of contributions made by this individual to support your explanation.

Because of her dedication, determination, and expertise, this person effectively leads and administers this program. The program director coordinates the systematic collection of program data. The program director presents data for review and discussion to other leadership personnel (e.g., SLP Clinic Director, SLP Externship Coordinator), and at monthly faculty meetings and the annual retreat, to facilitate ongoing program improvement. Faculty input is regularly solicited and modifications are made to the program based on data.

For example, as one of her myriad responsibilities as SLP Program Director, this person is completing this report and overseeing every other person's contribution to it. Another example is overseeing curriculum and instruction in this program. For example, the SLP Program Director checks syllabi for whether they include KASA competency expectations, guides faculty on competency-based instruction, completes CALIPSO KASA outcomes each semester, and if necessary, with the instructor sets up formal Remediations for students. She also guides the Graduate Advisor on approving new grad students' CFCC-acceptable foundational courses, and enforces sad decisions on when they have to take a missing course while in the graduate program: today she was in communication with another institution about one of our new students and why they approved a clearly non-appropriate course to fulfill a student's physical science requirement in her bachelor's program. Another example is, when the Graduate School repeatedly failed to give us accurate GPAs on SLP graduate

program applications, this year the SLP Program Director had the advisors hand-calculate GPAs for the last 60 credits for every applicant and then initiating meetings with CSDCAS and the Graduate School over better solutions for graduate applications. Another example is finding instructors and adjusting course delivery across SLP Grad and COMDDE Undergrad to cover faculty who are on sabbatical, maternity leave, and have left -- in 2022-23, all of which occurred in the same year. Those are just a few moments in the busy life of the SLP Program Director, while also being Assistant Dept Head, teaching grad and undergrad courses, and having a 50% research role statement.

Standard 1.7 DE Program Director Responsibilities

Clearly describe the responsibilities and qualifications of the individual who has major responsibility for the coordination of activities of the individuals involved in the administration of the [distance education](#) component.

The SLP Program Director has the major responsibility for the coordination of activities of the individuals involved in the administration of the distance education component. The SLP Program Director oversees the work of the Outreach Clinical Coordinator who supervises and guides the students and their individual SLP supervisors in their school externship sites where they are also employed as SLPAs. The Outreach Clinical Coordinator is a certified SLP with the job rank of Assistant Clinical Professor. She has extensive SLP work experience, extensive clinical supervision experience, extensive distance education experience, and extensive institutional and community experience. The Outreach Clinical Coordinator tends carefully to her small flock of distance students with dedication and expertise.

Standard 1.7 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.7.

None

Standard 1.8 Equitable Treatment

Standard 1.8 Equitable Treatment

The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.



Requirement for Review:

- The institution and program must comply with all applicable federal, state, and local laws, regulations, and executive orders prohibiting discrimination, including laws that prohibit discrimination based on age,

citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

- The program must adhere to its institutional policies and procedures—including non-harassment policies, internal complaint procedures, and appropriate educational programs—to ensure that the program complies with all applicable nondiscrimination statutes and that all staff, faculty, and students are made aware of the policies and the conduct they prohibit.
- The program must maintain, as relevant, a record of internal and external complaints, charges, and litigation alleging violations of such policies and procedures and ensure that appropriate action has been taken.

Findings

No findings provided

Standard 1.8 Prior Concerns

If there were areas of non-compliance or follow-up regarding Equitable Treatment noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Equitable Treatment listed in the last Accreditation Action Report

Standard 1.8 Complaint Records

Describe the mechanism(s) used to maintain a record of internal and external complaints, charges, and litigation alleging violations of policies and procedures related to non-discrimination.

Records of complaints and concerns are kept by the SLP Program Director in the USU Box server. The Department Head has access to all the SLP Program Director's administrative files. If the complaints and concerns are not resolved at the SLP program level, they escalate to the Department Head. Records at this level are kept in the Dept Head's administrative Box folders. Concerns that go above that level, and anything that turns into charges and litigation are kept in high administrative Box folders. Students, faculty, and staff can submit complaints about discrimination directly to the USU Office of Equity at <https://www.usu.edu/equity/non-discrimination>

Standard 1.8 Corrective Action

Describe the program's policy for ensuring that appropriate corrective action is taken when violations of compliance with non-discrimination laws and regulations occur.

The department works with the Office of Equity, Dean and Provost offices to ensure appropriate corrective action is taken.

Standard 1.8 Student Communication

How is information regarding equitable treatment communicated to students? (Select all that apply)

Student handbook

Website

Other

Standard 1.8 Student Communication "Website URL"

Website URL:

<https://www.usu.edu/equity/non-discrimination>

Standard 1.8 Student Communication "Other"

Specify Other:

Required university trainings

Standard 1.8 Faculty and Staff Communication

How is information regarding equitable treatment communicated to faculty and staff? (Select all that apply)

Departmental/program meetings

Employee orientation

Website

Other

Standard 1.8 Standard 1.8 Faculty and Staff Communication "Website URL"

Website URL:

<https://www.usu.edu/equity/non-discrimination>

Standard 1.8 Standard 1.8 Faculty and Staff Communication "Other"

Specify Other:

Required university trainings

Standard 1.8 Clinic Communication

If your program has a clinic, how is information regarding equitable treatment communicated to clients? (Select all that apply.)

Brochures

Posted signage

Website

Standard 1.8 Clinic Communication "Website URL"

Website URL:

<https://cehs.usu.edu/scce/client-resources> [located mid-page: under "What is the Sorenson Center's Non-discrimination Policy?"]

Standard 1.8 Complaint Process

Describe the process used by the program to ensure adherence to institutional policies related to non-discrimination, non-harassment, internal complaint procedures, and training to ensure that all staff, faculty and students are made aware of the policies and the conduct they prohibit.

University trainings are required for staff, faculty, and graduate students. Complaints are taken seriously and receive immediate attention. Department administrators seek guidance from higher levels of authority.

Standard 1.8 Exemption Request

Have you ever requested an exemption from any federal anti-discrimination provisions based on your institution's religious tenets?

No

Standard 1.8 Exemption Qualification

If you have not requested an exemption from federal anti-discrimination provisions, do you believe you qualify for such an exemption? If so, clarify which provisions and for what reasons.

N/A

Standard 1.8 Clarifying Information

Use the text box provided to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.8.

None

Standard 1.9 Public Information

Standard 1.9 Public Information

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



Requirement for Review:

- The program must publish to the general public on its website the program's CAA accreditation status, in accordance with the language specified in the Public Notice of Accreditation Status in the *CAA Accreditation Handbook*, as required under federal regulations. This must be displayed in a clearly visible and readily accessible location. Additional references to the program's accreditation status must be accurate but need not include all components of the accreditation statement.
- Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges.
- The program must make student outcome measures available to the general public by posting the results on the program's website via a clearly visible and readily accessible link.
- The program must make public the number of expected terms for program completion for full-time and part-time students.
- At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:
 - number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years,
 - number and percentage of program test-takers who pass the *Praxis*[®] Subject Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting period),
- Student outcome measures must be labeled "Student Achievement Data" or "Student Outcome Data."
 - If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program.
 - If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality.

Findings

No findings provided

Standard 1.9 Prior Concerns

If there were areas of non-compliance or follow-up regarding Public Information noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Public Information listed in the last Accreditation Action Report

Standard 1.9 Accreditation Statement

The CAA requires programs to disclose accurate and complete information on their respective websites about their accreditation status to include the specific degree program holding the accreditation status and the full name, address, and phone number of the accrediting agency: Council on Academic Accreditation in Audiology and Speech-Language Pathology.

See chapter XII.C *Public Notice of Accreditation Status* within the [Accreditation Handbook](#) for guidance and examples of applicable accreditation statements.

Be sure to confirm the current Accreditation Statement is written in accordance with the Accreditation Handbook, **then** provide the URL where this information can be found:

<https://cehs.usu.edu/comdde/graduate/ms-ma-in-comdde-slp> <https://cehs.usu.edu/comdde/assessment/student-achievement-data/accreditation-statement>

Standard 1.9 Checklist for Programs

The CAA has developed a checklist for programs to use related to Standard 1.9 – Public Information:

- Are the student data labeled as "Student Achievement Data" or "Student Outcome Data"?
- Are the outcome data separated by professional area and modality (if applicable)?
- Do you have the number AND percentage for each of the required outcomes listed?
- Do the data reflect the last 3 mostly recently completed years?
- Are the specific academic years listed, so that timelines are clear to a potential student?
- Do you have written policies and procedures for updating the website content at least annually? If so, where is that documentation stored for faculty/staff to reference? Does it specify *when* the program data will be updated?

Check this box to confirm that the above items have been reviewed prior to answering all remaining questions below.

Standard 1.9 Praxis URL

Provide the URL where the Praxis pass rates are located on the program's website.

<https://cehs.usu.edu/comdde/assessment/student-achievement-data/praxis-exam-pass-rate>

Standard 1.9 Completion URL

Provide the URL where the completion rates are located on the program's website.

<https://cehs.usu.edu/comdde/assessment/student-achievement-data/program-completion-rate>

Standard 1.9 Student Achievement Posted

In addition to publishing these student achievement data (Praxis pass rate, program completion rates, and program's

graduation rates) on the program's website, does the program publish student achievement information anywhere else?

(Select all that apply)

Not applicable

Standard 1.9 Public Info Update

When is information about the program and institution updated?

Annually

Standard 1.9 Process for Public Info

What is the process for maintaining the currency and accuracy of public information? (Select all that apply)

Program director reviews for currency and accuracy

Graduate coordinator reviews for currency and accuracy

Standard 1.9 Responsible Party

Who is responsible for ensuring information is available about the program and the institution to students and to the public? (Select all that apply)

Graduate coordinator

Program director

Other

Standard 1.9 Responsible Party "Other"

Specify Other:

The institution has countless people responsible for ensuring information is available about the institution to students and to the public

Standard 1.9 Public Info Access

How is public information about your program accessed and readily available? (Select all that apply)

Catalogs – online

Program websites

Standard 1.9 Public Info Access "Catalogs – online"

Provide URL:

https://catalog.usu.edu/preview_program.php?catoid=38&poid=36768&returnto=29122

Standard 1.9 Public Info Access "Program websites"

Provide URL:

<https://cehs.usu.edu/comdde/index> <https://comdde.usu.edu/programs/graduate/slp>

Standard 1.9 Program Completion Made Public

Describe how information regarding the number of expected terms for program completion (full-time, part-time, different delivery modalities, etc.) is made available to the public and to students. If it is available on the program's website, include the specific URL.

Described in the COMDDE website under SLP Graduate Program

<https://comdde.usu.edu/programs/graduate/slp>

Standard 1.9 DE Praxis URL

Provide the URL where the Praxis pass rates for the distance education component are located on the program's website.

<https://comdde.usu.edu/assessment/student-achievement-data>

Standard 1.9 DE Completion URL

Provide the URL where the completion rates for the distance education component are located on the program's website.

<https://cehs.usu.edu/comdde/graduate/ms-ma-in-comdde-slp>

Standard 1.9 DE Student Achievement Posted

In addition to publishing these student achievement data (Praxis pass rate, program completion rates, and program's graduation rates) for the distance education component on the program's website, does the program publish distance education student achievement information anywhere else? (Select all that apply)

Other

Standard 1.9 DE Student Achievement Posted "Other"

Specify Other:

Answer is No. Only on the program's website

Standard 1.9 DE Public Updated

When is information about the distance education component updated?

Annually

Standard 1.9 DE Process For Public Info

For distance education, what is the process and frequency for updating and maintaining the currency and accuracy of public information? (Select all that apply)

Program director reviews for currency and accuracy

Graduate coordinator reviews for currency and accuracy

Standard 1.9 DE Responsible Party

Who is responsible for ensuring that information about the distance education component is readily available, current and accurate? (Select all that apply)

Graduate coordinator

Program director

Standard 1.9 DE Public Access

How is information about the distance education component provided to the public? (Select all that apply)

Catalogs – online

Program websites

Standard 1.9 DE Public Access "Catalogs – online"

Provide URL:

https://catalog.usu.edu/preview_program.php?catoid=38&poid=36768&returnto=29122

Standard 1.9 DE Public Access "Program websites"

Provide URL:

<https://cehs.usu.edu/comdde/index> <https://comdde.usu.edu/programs/graduate/slp>

Standard 1.9 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.9.

DE academic course topics, credits, sequence is the same as campus. The tracks differ only for the clinical education sites.

The main public info is on the COMDDE SLP webpage.

Standard 2.0 Faculty

Standard 2.0 Faculty

Standard 2.0 Faculty Roster and Details

Standard 2.0 Faculty Roster and Details

Provide information about individuals who are currently employed by the university and contribute to the graduate program for which you are seeking accreditation.

Visit the CAA website's [Program Resources](#) webpage to download the Faculty Roster Summary Worksheet. Once this worksheet is completed, you will be able to upload it below.

For each faculty listed on the roster summary, a [Faculty Data Collection Worksheet](#) must be downloaded and completed. Each completed faculty data worksheet must be uploaded to the Documents section of your program record in Fabric. This can be accomplished by logging into the Armature Fabric site and selecting Organization Representative on the *Choose your Persona* screen. Once you select your program, or are automatically brought to the organization Home tab, you will click the Documents tab. You will then click on the Faculty Data Collection Worksheets folder in the folder library in order to upload each worksheet to that folder.

[standard-2.0-faculty-roster-summary-worksheet 2023.xlsx](#)

Standard 2.0 Faculty Roster and Details Confirmation

Faculty data collection document(s) have been uploaded to the "Faculty Data Collection Worksheets" folder under the Documents tab in the organization record, for each faculty member listed in the Faculty Roster Summary Worksheet.

Check box to confirm

Standard 2.1 Faculty Sufficiency – Overall Program

Standard 2.1 Faculty Sufficiency – Overall Program

The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:



2.1.1 allows students to acquire the knowledge and skills required in Standard 3,

2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,

2.1.3 allows students to meet the program's established goals and objectives,

2.1.4 meets the expectations set forth in the program's mission and goals,

2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.

Requirement for Review:

- The program must document
 - the number of individuals in and composition of the group that delivers the program of study;
 - the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master's degrees;
 - how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3;
 - how the faculty composition is sufficient to allow students to acquire the scientific and research fundamentals of the profession;
 - how the faculty composition is sufficient to allow students to meet the program's established learning goals and objectives;
 - how the faculty composition is sufficient to allow students to meet the expectations set forth in the program's mission and goals;
 - how the faculty composition ensures that the elements (classes and clinical practica) of the program are offered on a regular basis so that students can complete the program within the published time frame.

Findings

No findings provided

Standard 2.1 Prior Concerns

If there were areas of non-compliance or follow-up regarding Overall Program Faculty Sufficiency noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Overall Program Faculty Sufficiency listed in the last Accreditation Action Report

Standard 2.1 Define FT and PT Student

Provide the institution's definition of full-time and part-time student.

A full-time graduate student is one enrolled in at least 9 credit hours; a part-time graduate student is one enrolled in 1-8 credit hours.

Standard 2.1 Faculty Changes

Have there been any faculty changes since your last report to the CAA?

Yes

Standard 2.1 Faculty Changes Table

Faculty Name	Status	Courses Taught/Assigned	Effective Date
Daphne Hartzheim	New and replaced former faculty member	COMD 6100 - Advanced Clinical Practicum in SLP (clinical supervisor) COMD 6220 - Severe Communication Impairments	08/01/2022
Vicki Simonsmeier	Left the program	COMD 6100 - Advanced Clinical Practicum in SLP (clinical supervisor)	06/30/2022

RESPONSE - 1

Faculty Name	Status	Courses Taught/Assigned	Effective Date
Daphne Hartzheim	New and replaced former faculty member	COMD 6100 - Advanced Clinical Practicum in SLP (clinical supervisor) COMD 6220 - Severe Communication Impairments	08/01/2022

RESPONSE - 2

Faculty Name	Status	Courses Taught/Assigned	Effective Date
Vicki Simonsmeier	Left the program	COMD 6100 - Advanced Clinical Practicum in SLP (clinical supervisor)	06/30/2022

Standard 2.1 Residential Enrollment

What is the total number of students currently enrolled in the residential component of the CAA accredited graduate education program?

Student Status	Current Report	Prior Report	Percent Change
Full-time	41	39	5.13%

Part-time	0	0	0.00%
Total	41	39	5.13%

Standard 2.1 DE Enrollment

What is the total number of students currently enrolled in the distance education component of CAA accredited graduate education program?

Student Status	Current Report	Prior Report	Percent Change
Full-time	10	12	-16.67%
Part-time	0	0	0.00%
Total	10	12	-16.67%

Standard 2.1 Enrollment Totals

Percentage change of enrollment across all modalities

% Change Full-time	0.00%
% Change Part-time	

Standard 2.1 Enrollment Increase

If student enrollment has increased 50% or more since last year for any modality (residential, distance education, satellite/branch campuses), explain steps taken by the program to ensure:

- Sufficient faculty
- Sufficient financial and other resources
- Students meet student outcome measures (Praxis pass rates, program completion rates)
- Students have access to 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.
- Program mission and goals are met
- Long-term stability and quality programming

Enrollment did not increase by 50% or more in the last year

Standard 2.1 Undergraduate CSD Program

Do you offer an undergraduate program in the field of Communication Sciences and Disorders (CSD)?

Yes

Standard 2.1 CSD Program Table

Complete the table with your total enrollment for Undergraduate CSD degrees.

Degree Program	Current Total Enrollment	Full-time Enrollment	Part-time Enrollment
BA/BS in COMDDE	468	280	188

RESPONSE - 1

Complete the table with your total enrollment for Undergraduate CSD degrees.

Undergraduate Degree (e.g.BA,BS,etc)	Current Total Enrollment	Full-time Enrollment	Part-time Enrollment
BA/BS in COMDDE	468	280	188

Standard 2.1 Graduate Degrees Offered

Does your department offer any other graduate programs in addition to the one you are currently reporting on?

Yes

Standard 2.1 Graduate Program Table

List all other graduate programs offered in your department, in addition to the one you are currently reporting on:

Degree Program	Current Total Enrollment	Full-time Enrollment	Part-time Enrollment
MS in Communication Sciences, non-clinical degree	1	1	0
AuD	26	26	0
Interdisciplinary PhD in Developmental Disabilities, housed in Dept of Sp Ed & Rehab	1	1	0
Interdisciplinary PhD in Neuroscience, housed in Dept of Psychology	1	1	0

RESPONSE - 1

List all other graduate programs offered in your department, in addition to the one you are currently reporting on:

Degree Program	Current Total Enrollment	Full-time Enrollment	Part-time Enrollment
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MS in Communication Sciences, non-clinical degree	1	1	0
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RESPONSE - 2

List all other graduate programs offered in your department, in addition to the one you are currently reporting on:

Degree Program	Current Total Enrollment	Full-time Enrollment	Part-time Enrollment
AuD	26	26	0

RESPONSE - 3

List all other graduate programs offered in your department, in addition to the one you are currently reporting on:

Degree Program	Current Total Enrollment	Full-time Enrollment	Part-time Enrollment
Interdisciplinary PhD in Developmental Disabilities, housed in Dept of Sp Ed & Rehab	1	1	0

RESPONSE - 4

List all other graduate programs offered in your department, in addition to the one you are currently reporting on:

Degree Program	Current Total Enrollment	Full-time Enrollment	Part-time Enrollment
Interdisciplinary PhD in Neuroscience, housed in Dept of Psychology	1	1	0

Standard 2.1 Adjunct Reliance

Provide the program's rationale for reliance on adjunct faculty.

Regular faculty provide our academic and clinical SLP graduate program. Adjunct faculty are used in the SLP graduate program occasionally and temporarily to substitute for instructors on sabbatical or grant buy-out or leave. No adjunct faculty were employed in the graduate program in 2022-23.

Standard 2.1 Sufficient Methods

Describe the methods that the program uses to ensure that the number of individuals in and the composition of the group that delivers the program of study are sufficient to allow students to:

Acquire the knowledge and skills in sufficient breadth and depth as required in Standard 3 and meet the expected student learning outcomes

The program ensures that the number and composition of the instructional team are sufficient to facilitate student learning and meet the required breadth and depth of knowledge and skills. This is accomplished by maintaining an adequate ratio of faculty to students, employing qualified and experienced faculty members with expertise in relevant areas, and providing appropriate support staff. Regular evaluation and assessment of faculty performance and qualifications help ensure that students receive the necessary breadth and depth of instruction to meet expected learning outcomes.

Acquire the scientific and research fundamentals of the profession including evidence-based practice

A qualified and experienced faculty member with expertise in the scientific and research fundamentals of the profession including evidence-based practice teaches the research methods course (6230). There are sufficient research-intensive PhD faculty to provide research experiences to interested students. The clinical instructors in this research-intensive (R01) institution are familiar with science and research applications to clinical practice, and guide students in making evidence-based decisions.

Meet the program's established learning goals and objectives

The program ensures that the number and composition of the instructional group in speech-language pathology are sufficient to enable students to meet the established learning goals and objectives. This is achieved by maintaining a faculty-to-student ratio that allows for personalized instruction, expertise in speech-language pathology among faculty members, and a diverse range of clinical and research experiences. The program regularly assesses the adequacy of the instructional group to ensure that students receive the necessary support and guidance to achieve the program's learning goals and objectives in speech-language pathology.

Meet other expectations set forth in the program's mission and goals

The program ensures that the number and composition of the instructional group in speech-language pathology are sufficient to enable students to meet the mission of educating speech-language pathologists ready for entry level employment across the scope of practice. This is achieved by maintaining a faculty-to-student ratio that allows for personalized instruction, expertise in speech-language pathology among faculty members, and a diverse range of clinical and research experiences. The program regularly assesses the adequacy of the instructional group to ensure that students receive the necessary support and guidance to achieve the program's missions and goals in speech-language pathology.

Complete the program within the published timeframe

The program ensures that the number and composition of the instructional group are sufficient to enable students to complete the program within the published timeframe through several methods. These include careful planning of course offerings, on-site clinical education, clinical externships, plus sequencing, effective faculty-student communication, and continuous monitoring of student progress. The program maintains an appropriate faculty-to-

student ratio to provide timely guidance and the talents and efforts of our experienced externship coordinator to obtain sufficient externship sites for all our campus and distance students. Additionally, proactive academic advising, clear program requirements, and efficient resource allocation contribute to students' ability to successfully complete the program within the designated timeframe.

Standard 2.1 DE Faculty Responsibilities

Describe the faculty responsibilities for the distance education component. Indicate how the responsibilities for the distance education component impact those for the overall program including teaching load, research time, and the ability to participate in faculty governance.

The distance education component minimally impacts overall program resources. It is designed to dovetail seamlessly with campus student instruction and the first summer of clinical education. The majority of the clinical experiences are obtained by moving a student around within their employing district (as SLPAs) to obtain experiences across ages and disorders. The medical externship occurs in the summer, and is consistently obtained in locations suitable to distance students due to the talents and efforts of our experienced outreach clinical coordinator teaming with our similarly wonderful externship coordinator.

Standard 2.1 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.1.

The MS in Communication Sciences is a research-based non-clinical degree offered by COMDDE. A program of study is created for the student from the graduate SLP coursework and courses taught for the interdisciplinary doctoral programs. The two interdisciplinary PhD programs are shared among 4+ departments each, resulting in low demand on faculty resources from each dept. For example, currently, one COMDDE faculty member co-teaches a course for the DD PhD every second year and one COMDDE faculty member has a service duty as Neuroscience Program Director. The student numbers listed for the PhD programs are for COMDDE students only.

Standard 2.2 Faculty Sufficiency – Institutional Expectations

Standard 2.2 Faculty Sufficiency – Institutional Expectations

The number, composition, and workload of all full-time faculty who have responsibility in the graduate program are sufficient to allow them to meet expectations with regard to teaching, research, and service of the sponsoring institution.



Requirement for Review:

- The program must demonstrate that all faculty who have responsibility in the graduate program and have

obligations to provide teaching, research, and service as part of their workload

- are accessible to students,
 - have sufficient time for scholarly and creative activities,
 - have sufficient time to advise students,
 - have sufficient time to participate in faculty governance,
 - have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution.
- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and service as part of their workload
 - are accessible to students,
 - have sufficient time for scholarly and creative activities,
 - have sufficient time to advise students,
 - have sufficient time to participate in faculty governance,
 - have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution.
 - The program must demonstrate that faculty who are tenure eligible have the opportunity to meet the criteria for tenure of the sponsoring institution.
 - The program must demonstrate that faculty who are eligible for promotion have the opportunity to meet the criteria for promotion of the sponsoring institution.
 - The program must demonstrate that faculty who are eligible for continuing employment have the opportunity to meet the expectations for continued employment of the sponsoring institution.

Findings

No findings provided

Standard 2.2 Prior Concerns

If there were areas of non-compliance or follow-up regarding Institutional Expectations for Faculty Sufficiency noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Institutional Expectations for Faculty Sufficiency listed in the last Accreditation Action Report

Standard 2.2 Workload Formula

What is the institution's formula for assigning faculty workload.

Role statement determines faculty teaching load. Standard research faculty is 50% research, 5% service, 45% teaching. That translates into four 3-credit courses per 9-month year. As the research allotment increases or decreases, teaching credit hours decrease or increase. For faculty who only teach, the course workload is 24 credit hours per year.

Standard 2.2 Workload Exceptions

Describe any exceptions to the institution's policy for assigning faculty workload that are currently being employed. Provide the rationale for making this exception.

Course workloads may vary further with resources and specific situations. Typically, new faculty receive a one-course release in their first

year. Faculty may buy out a course with grant funds, depending on the grant and department instructional resources.

Some administrative duties are classified as teaching within role statements, such as those of that of this SLP Program Director. For this position, the administrative work is considered equal to one academic course.

Standard 2.2 Methods for Faculty

Describe the methods that the program uses to ensure that faculty (including adjuncts) who have responsibility in the graduate program and who have obligations to provide teaching, research, and service as part of their workload:

Are accessible to students

Faculty teach graduate classes in person. They have office hours which may be virtual. Students can email or phone them directly or message them through the learning management system of Canvas. The Department Head meets with the graduate student representatives at least once per semester. Student course evaluations and department surveys of student well-being are used to check on possible issues.

Have sufficient time to advise students (if required)

Not required.

Have sufficient time to pursue scholarly and creative activities, and participate in faculty governance and other activities that are consistent with the expectations of the sponsoring institution

The teaching load is standard for a research-intensive university. Faculty plan their time.

Standard 2.2 Methods for Clinical Faculty

Describe the methods that the program uses to ensure that faculty (including adjuncts) who have responsibility in the graduate program and who have obligations to provide clinical education and service as part of their workload:

Are accessible to students

Clinical faculty provide services in person, so they are constantly available to the graduate students. They can also be contacted by email and phone. Students contact the SLP Clinic Director if there are issues with accessibility. Next step up is the Department Head.

Have sufficient time to advise students (if required)

Not required.

Have sufficient time to pursue scholarly and creative activities, and participate in faculty governance and other activities that are consistent with the expectations of the sponsoring institution

Scholarly, governance, and leadership activities are optional parts of their role statement that are required only for promotion. Very little time is expected in this arena. It is consistent with the expectations of the sponsoring institution.

Standard 2.2 Tenure Process

Describe the processes that the program uses to ensure that tenure-eligible faculty have the opportunity to meet the criteria for tenure of the sponsoring institution.

Tenure-eligible faculty are assigned a Promotion and Tenure Committee to guide and evaluate them annually. There are university trainings and resources available. In the first 1-2 years pre-tenure, faculty receive a reduced teaching load. They are given lab space and start-up funds for equipment, supplies, and graduate assistants. SLP research faculty can have 1.5 semesters of a "mini" Graduate Assistant for 10hrs/wk to assist with research and undergraduate teaching. The Department Head reviews faculty annually across all dimensions of their role statement. There are institutional resources available to help faculty teach better.

Standard 2.2 Continued Employment

Describe the processes that the program uses to ensure that faculty who are eligible for continuing their employment have the opportunity to meet the criteria for continued employment of the sponsoring institution.

Term faculty (Clinical Professors and Lecturers) are assigned a Promotion Committee to guide and evaluate them toward promotion. The SLP Clinic Director or Department Head reviews term faculty annually and gives guidance toward success as needed. Adjunct instructors are reviewed by the Online Program Coordinator or the Department Head, and their employment is either renewed with support given as needed or is not renewed. There are institutional resources available to help all faculty teach better.

Standard 2.2 Opportunity for Other Activities

Describe the processes that the program uses to ensure that faculty will have the opportunity to participate in other activities consistent with institutional expectations.

The Department Head provides either a course reduction or summer pay to allow all the rest of us on the administrative team carry out these roles. The Department Head will help us problem-solve our task management if we are feeling way overloaded.

Standard 2.2 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.2.

None

Standard 2.3 Faculty Qualifications

Standard 2.3 Faculty Qualifications

All faculty members (full-time, part-time, adjuncts), 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 as assigned by the program leadership.



Requirement for Review:

- The program must demonstrate that the qualifications and competence to teach graduate-level courses and to provide clinical education are evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education.
- The program must demonstrate that all individuals providing didactic and clinical education, both on-site and off-site, have appropriate experience and qualifications for the professional area in which education is provided.
- The program must demonstrate that the faculty possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum as specified in Standard 3.
- The program must demonstrate that the majority of academic content is taught by doctoral faculty who hold the appropriate terminal academic degree (PhD, EdD).

Findings

No findings provided

Standard 2.3 Prior Concerns

If there were areas of non-compliance or follow-up regarding Faculty Qualifications noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Faculty Qualifications listed in the last Accreditation Action Report

Standard 2.3 Majority Doctoral Faculty

If the information provided in the Standard 2.0 Faculty section **does not** demonstrate that the majority of academic content

is taught by doctoral faculty who hold a PhD or EdD degree, provide rationale.

NOTE: The majority of academic content should be calculated based on credit hours (not the number of courses) for academic courses only, not clinical coursework.

Academic content includes lectures or other pedagogical methods, laboratory experiences, and/or clinically related activities or experiences provided within the context of a credit-earning didactic course or research experience.

Majority of academic content is taught by doctoral faculty who hold a PhD or EdD degree

Standard 2.3 Tenure Expectations

Briefly summarize the institution's expectations for granting tenure. Provide the URL for the institution's policy if available.

Tenure and promotion from assistant to associate professor are awarded on the basis by which a faculty member performs his or her responsibilities as defined by the role statement. Although tenured and tenure-eligible faculty members are expected to carry out the major university functions of teaching, research or creative endeavors, extension, and service, individual emphasis will vary within and among academic departments as described in each faculty member's role statement. Each candidate must present evidence of effectiveness in all of the professional domains in which he or she performs, and must present evidence of excellence in the major emphasis of his or her role statement.

The criteria for the award of tenure and the criteria for the award of promotion from assistant to associate professor are the same. These criteria include, but are not limited to: an established reputation based upon a balance of teaching, research or creative endeavors, extension, and service; broad recognition of professional success in the field of appointment; evidence of effectiveness in all of the professional domains in which the faculty member performs; and evidence of excellence in the major emphasis of his or her role statement (policies 401.3.2(3) and 405.2.1). Excellence is measured by standards for associate professors within the national professional peer group.

<https://www.usu.edu/policies/405/>

Standard 2.3 CCC Supervisor Credentials Verified

Describe how verification of supervisor certification is completed.

Each supervisor (on campus and off campus) is required to submit proof of certification (copy of ASHA card) and documentation of supervisory CEU's each year. Updated ASHA cards are stored in Calipso for all supervisors, as well as in the COMD Box Folder for on-campus supervisors.

Standard 2.3 CCC Verification - Responsibility

Identify who is responsible for verifying that all clinical supervision of clock hours counted for [ASHA certification](#) requirements is provided by persons who currently hold the ASHA CCC in the appropriate area. (Select all that apply)

Clinic Director or Coordinator

Program Director

Standard 2.3 CCC Hours Verified

Describe how the program ensures that all clinical supervision of clock hours counted for [ASHA certification](#) requirements is provided by persons who currently hold the ASHA CCC in the appropriate area.

The clinic director and/or externship coordinator verify approved hours in CALIPSO. Supervisors must be ASHA certified to access CALIPSO website and approve hours.

Standard 2.3 CCC Verification - When

When does the program verify ASHA certification status for individuals providing supervision?

Annually

Standard 2.3 State License Verification - How

Describe how the program verifies that individuals providing supervision hold credentials consistent with [state licensure requirements](#)?

On campus supervisors submit proof of Utah Licensure every 2 years, it is uploaded into the USU COMD Box folder. Off campus supervisors submit proof of Utah Educator Licensing or State of Utah Professional Licensing. Documentation is uploaded into CALIPSO.

Standard 2.3 State License Verification - Responsibility

Who is responsible for verifying that credentials for individuals providing supervision are consistent with [state licensure requirements](#)? (Select all that apply)

Clinic Director or Coordinator

Standard 2.3 State License Verification - When

When does the program verify the [state licensure](#) status for individuals providing supervision?

Annually

Standard 2.3 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.3.

None

Standard 2.4 Faculty Continuing Competence

Standard 2.4 Faculty Continuing Competence

All faculty members maintain continuing competence and demonstrate pursuit of lifelong learning.



Requirement for Review:

- The program must demonstrate that all individuals who have responsibility to deliver academic and clinical components of the graduate program maintain continuing competence.
- The program must demonstrate that all individuals who have responsibility to deliver the graduate program pursue lifelong learning.

Findings

No findings provided

Standard 2.4 Prior Concerns

If there were areas of non-compliance or follow-up regarding Faculty Continuing Competence noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

No data available

Standard 2.4 Continuing Competence

How do faculty obtain continuing competence in a variety of ways, including course and curricular development, professional development, and research activities?

Faculty seek their own ways of improving their competence across role responsibilities. There is professional development funding available in the department for travel to in-person events. There are institutionally-based in-person and online workshops and trainings.

Standard 2.4 DE Technology Training

Describe training provided to faculty in regard to distance education technology and the unique requirements for such

components.

USU has extensive resources and trainings available for learning online education technology and the unique requirements for distance education students. Canvas is the institutional online learning management system that is used for both campus and distance education. Canvas can provide minor instructional support or an entire online class. There is no longer a clear distinction between campus and distance instruction with all the technology available and being used by both campus and distance instructors and students.

Standard 2.4 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.4.

In this SLP Grad program, the distance and campus students take the courses together in a synchronous format. Some campus students may be linking by state broadcast site or zoom if their externships are far away. Some distance students may be coming to the campus classroom if their externship location is close by.

Standard 3.0 Curriculum (Academic and Clinical Education) in Speech-Language Pathology

Standard 3.0B Curriculum (Academic and Clinical Education) in Speech-Language Pathology

Standard 3.0B Curriculum (Academic and Clinical Education) in Speech-Language Pathology

Standard 3.0B Courses

Standard 3.0B Courses Worksheet

Visit the CAA website's [Program Resources](#) webpage to download the Standard 3.0 Courses Worksheet. Once this worksheet is completed, you will be able to upload it below.

[standard-3.0-courses-worksheet 2023.xlsx](#)

Standard 3.0B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's courses.

There is an optional emphasis available for selected students in Listening and Spoken Language (for deaf and hearing impaired children). It is a grant-based opportunity that involves extra coursework and clinical experiences in our Sound Beginnings program. Each year, four to six SLP grad students, along with Audiology and Deaf Ed grad students are funded to participate in this elective extra learning opportunity.

Standard 3.1B Overall Curriculum

Standard 3.1B Overall Curriculum

An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology.



Requirement for Review:

The master's program in speech-language pathology must perform the following functions.

- Provide the opportunity for students to complete a minimum of 400 supervised clinical practice hours, 25 of which may be in clinical observation; 325 of these hours must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study.
- The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education 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, sufficient to enter professional practice. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.
- Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into professional practice.
- Establish a clear process to evaluate student achievement of the program's established objectives.
- Offer opportunities for each student to acquire the knowledge and skills needed for entry into professional practice, consistent with the scope of practice for speech-language pathology, and across the range of practice settings.
- Offer a plan of study that encompasses the following domains:
 - professional practice competencies;
 - foundations of speech-language pathology practice;
 - identification and prevention of speech, language, and swallowing disorders and differences;
 - assessment of speech, language, and swallowing disorders and differences;
 - intervention to minimize the impact for speech, language, and swallowing disorders and differences.
- Offer high quality learning environments that are learner centered, knowledge and skill centered, and assessment centered.
- Offer the academic and clinical program on a regular basis so that students are able to

satisfy degree and other requirements within the program's published time frame.

- Offer opportunities for students to qualify for state and national credentials that are required for entry into professional practice, consistent with the program's mission and goals (e.g., state license, state teacher certification, national credential).

Findings

No findings provided

Standard 3.1B Prior Concerns

If there were areas of non-compliance or follow-up regarding Overall Curriculum noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Overall Curriculum listed in the last Accreditation Action Report

Standard 3.1B Credit Hours

How are credit hours offered at the institution?

Semester

Standard 3.1B Course Descriptions

Provide the URL for the current graduate program course descriptions.

<https://catalog.usu.edu/content.php?catoid=35&navoid=26241>

Standard 3.1B Degree Requirements

Based on full-time enrollment, indicate the academic and clinical requirements for the degree, including the minimum number of graduate semester/quarter credit hours required to earn the degree.

Requirements	Number of Credits
Minimum required academic credits	32
Minimum elective academic credits	0
Minimum required practicum/clinical credits	25
Minimum elective practicum/clinical credits	0
Minimum required research credits (include dissertation if applicable)	0

Minimum elective research credits (include dissertation if applicable)	1
Indicate any other requirements below:	
Total:	58

Standard 3.1B DE Course Equivalent

Describe how the courses offered by distance education are equivalent to those that are offered in the residential program, including number of credits, availability, sequence, etc.

The academic courses are offered as the same number of credits, availability, and sequence. All of an SLP master's cohort moves through the coursework together. Campus and distance take Summer 1 courses together on campus. Campus and distance students take the other semesters' courses in a synchronous broadcast format: students situated locally attend the Logan campus classroom and those situated outside Cache Valley attend via regional broadcast site or zoom link. There may be distance students attending the Logan campus classroom and campus students attending via the distance modalities.

Standard 3.1B DE Mechanisms for Engagement

Indicate the mechanisms that will be used by faculty to substantively engage students enrolled in the distance education component in teaching, learning, and assessment. (Select all that apply)

Providing direct instruction

Assessing or providing feedback on a student's coursework

Providing information or responding to questions about the content of a course or competency

Facilitating a group discussion regarding the content of a course or competency

Other instructional activities approved by the institution

Standard 3.1B DE Mechanisms for Engagement "Other"

Specify Other:

Distance and campus are engaged in the same manner for teaching, learning, and assessment. See the answer above.

Standard 3.1B Curriculum Missions and Goals

Describe how the curriculum is consistent with the mission and goals of the program.

The curriculum is built around a department mission of fulfilling learning, discovery, and engagement in communication sciences and disorders. More specifically, the curriculum adheres closely to the SLP program mission to prepare students to evaluate and treat speech, language, cognition, literacy, and swallowing disorders for individuals across the lifespan

through academic, research, and clinical experiences.

Standard 3.1B Knowledge and Skills

Download, complete, and save this [Knowledge and Skills chart](#) document, then upload the completed document to this question.

[slp-knowledge-and-skills-within-the-curriculum 2023.docx](#)

SLP KASA curriculum lists the SLP graduate courses by area. For basic human communication and swallowing, as well as for hearing related disorders and intervention, undergraduate courses are also listed because those are the primary sources of that area of knowledge and skills. Students must have a COMD Bach degree or equivalent to ensure they have this coursework. The two areas that new graduate SLP students are sometimes missing are neurological bases of communication and aural rehabilitation. If so, students must take those undergraduate courses (5240, 5330). They typically take those missing courses online from our department in the first summer or fall in addition to their regular course load. The intro course (2600) is also listed because that is where USU students obtain their required 25 clinical observation hours. If those are missing, they must complete complete them in the first summer: if most hours are missing, then they take 2600. If only a few hours are missing, those are completed in variable ways such as through clinic or by the 2600 instructor setting up some Master Clinician opportunities.

Standard 3.1B Prerequisites

How do students entering the graduate program with degrees from other disciplines complete the prerequisite academic and clinical requirements? (Select all that apply)

Completion of prerequisite requirements prior to admission

Take an overload of course work

Other

Standard 3.1B Prerequisites "Other"

Specify Other:

Typically, students meet all the UG requirements. Sometimes they are missing a neurological bases, aural rehabilitation, or statistics. We try to discover that in time for them to take the missing course online in the first summer. If not, they take the missing course overload, preferably in the first fall semester. For the foundational Physical, Social, and Biological Sciences, a missing course may be completed after graduation but before beginning the Clinical Fellowship.

Standard 3.1B Communication Assessment

Indicate the assessments used to ensure students have oral and written communication skills sufficient for professional practice. (Select all that apply)

Class exam scores/grades

Completion and review of clinical assignments (reports, lesson plans, progress notes)

Completion and defense of research project, thesis, or dissertation

Completion of class assignments (oral and written)

Comprehensive exams (oral and/or written)

Standard 3.1B Graduate Credits in Combined Course

Indicate how graduate students earn graduate credit when a course may be taken for either graduate or undergraduate credit. (Select all that apply)

Note: A different grading scale alone would not meet the intent of this standard.

Courses for both graduate and undergraduate credit are not offered

Standard 3.1B Verifying Clinical Experience

Describe the process for verifying the successful completion of the minimum clinical experience required for each student in the graduate program of study.

CALIPSO records, communication with clinical instructors, and course grades. For the campus clinical experiences (COMD 6100), the Clinic Director reviews opportunities, guidance, and performance on CALIPSO and through communication with the clinical faculty. For campus students, the Externship Coordinator communicates about opportunities, guidance, and performance with externship supervisors, checks CALIPSO, and submits grades (COMD 6200, 6300, 6400). For Distance students, the Outreach Clinical Coordinator reviews opportunities, guidance, and performance with the externship supervisors, checks CALIPSO, and submits grades (COMD 6200, COMD 6400). The Clinic Director reviews all students' clinical performance and progress on CALIPSO in their final semester to determine possible gaps to be filled before graduation.

Standard 3.1B Professional Practice Infused

Describe how the professional practice competencies of accountability, effective communication skills, evidence-based practice, and professional duty, are infused throughout the curriculum.

Accountability, communication skills, evidence-based practice, and professional duty are addressed specifically and explicitly through clinical requirements and assignments in COMD 6100 for campus students across three semesters. For distance students, the first summer of COMD 6100 and the subsequent four semesters of COMD 6200 address these in clinical requirements and assignments. For example, for accountability, students must adhere to clinical documentation products and processes; for communication skills, students must speak and write to and about clients and their families in clinical documentation; for evidence-based practice, students must complete an evidence-based practice project in the spring semester of their first year; and for professional duty, students must prepare for sessions and contact their clients in advance if they must cancel a session.

Academic coursework also addresses accountability, communication skills, evidence-based practice, and professional duty in lectures and assignments. For example, oral presentations are required in multiple courses. In the research methods course (COMD 6230), students complete two assignments that involve scientific prose-style writing and a team evidence-based practice presentation involving document-style writing, with accountability involving firm due dates. An example of professional duty is how the instructor in COMD 6230 emphasizes respecting client autonomy and choices, considering the individual clinical context, and providing the highest level of care despite competing financial and resource factors.

Standard 3.1B Professional Practice Demo

Describe how the professional practice competencies are demonstrated, assessed, and measured, including inter-professional education and supervision.

Students must demonstrate professional competencies at their clinical sites under the supervision of their clinical educators. The supervisors write feedback and assign performance grades that are reported in CALIPSO. All campus students participate in interprofessional activities at the Sorenson Center for Clinical Excellence. Clinical opportunities to work with interprofessional teams occur in the campus Sorenson Center for Clinical Excellence Integrated Assessment clinic, and as part of IEP teams in educational settings and allied health teams in medical settings.

Standard 3.1B Education of Life Span

List the ways in which students obtain academic and clinical education pertaining to normal and impaired human development across the life span.

Normal human communication and swallowing development across the lifespan is the focus of undergraduate education in speech and language development, anatomy, physiology, acoustics, and neurology. Students are required to have undergrad preparation in these areas. Graduate education focuses on impaired human development in communication and swallowing across the life span, using normal development as a point of reference. Across the three semesters of campus clinic (COMD 6100), students are assigned clients of a variety of disorders across a range of ages. Across the four semesters of Educational Externship (COMD 6200), distance students are assigned to schools and moved between schools within a district that allow them clinical experiences with clients of a range disorders and ages. All students engage in one to two externships in medical and other settings for further clinical education pertaining to normal impaired communication and swallowing across the lifespan.

Standard 3.1B Interrelationship of SLP and AUD

How do students obtain information about the interrelationship of speech, language, and hearing in the discipline of human communication sciences and disorders? (Select all that apply)

Clinical experiences (e.g. hearing screening, speech screening, audiologic (re)habilitation, co-supervision, multidisciplinary teams)

Other

Standard 3.1B Interrelationship of SLP and AUD "Other"

Specify Other:

Undergraduate coursework in anatomy, physiology and acoustics of hearing; audiology; and aural rehabilitation

Standard 3.1B Professional Issues

Describe how contemporary professional issues (such as reimbursement and credentialing regulations) are presented in the curriculum.

Students learn about professional issues as they arise in their clinical settings. For example, for campus clinic (COMD 6100), students learn about billing for insurance. In the educational practicum (COMD 6200), students learn about IEPs and in the medical practicum (COMD 6400) about billable hours. In the Fall 2 semester, students take a 2-credit Professional Practices class that address a variety of contemporary professional issues (such as reimbursement and credentialing regulations).

Standard 3.1B Student Clinical Assessments

Describe how the program guides students to assess the effectiveness of their clinical services?

Students participate in weekly meetings with supervisors where they are asked to reflect upon and discuss the effectiveness of their services. They complete self video evaluations each semester which entails watching a video of a session they completed and answering reflective questions about their service delivery. Students also complete qualtrics surveys through out the semester which reflect on service delivery and overall session effectiveness.

Standard 3.1B Hours for Team Assessments

When students are assigned in teams for assessment or intervention, describe how the students count the hours and how this time is verified.

Students are divided into 2 member outpatient evaluation teams. The students assess 2-3 clients as a team and then begin solo assessments. When students are working as a team they alternate providing the direct service (e.g. one student will perform an articulation assessment and the other student will collect case history) both students are present and serve as collaborators. Students count the hours that they provided the direct service to the client.

Standard 3.1B Clinical Ed for Undergrad

Does the program offer clinical education for undergraduates?

Yes

Standard 3.1B Clinical Ed for Undergrad Table

Provide the following information regarding clinical education for undergraduates:

Average number of undergraduate students enrolled in clinical practicum	10
Average number of clock hours earned per undergraduate student per academic term	10.0
Average number of academic terms (semester/quarters) undergraduates are enrolled in clinical practicum	1

Standard 3.1B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.1B.

The clinical education for undergraduates is an elective, available by invitation only, to top-achieving students. Students are assigned one child client. The clinical experience is provided on a P/F basis in a highly supportive manner.

Standard 3.2B Curriculum Currency

Standard 3.2B Curriculum Currency

An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.



Requirement for Review:

- The program must demonstrate that the
 - curriculum is planned and based on current standards of speech-language pathology practice;
 - curriculum is based on current literature and other current documents related to professional practice and education in speech-language pathology;
 - curriculum is delivered using sound pedagogical methods;
 - curriculum is reviewed systematically and on a regular basis;
 - review of the curriculum is conducted by comparing existing plans with current standards of speech-language pathology practice, current literature, and other documents related to professional practice and education in speech-language pathology.

Findings

No findings provided

Standard 3.2B Prior Concerns

If there were areas of non-compliance or follow-up regarding the Curriculum Currency noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Curriculum Currency listed in the last Accreditation Action Report

Standard 3.2B Curriculum Planning

Describe the curriculum planning process used by the program.

The curriculum is basically stable -- it meets our mission, purposes, and accreditation requirements. Our last major curriculum review was in 2017. We have only required minor changes since then. The curriculum is full, so no major additions can be made without dropping something else -- and KASA demands never get lighter.

At the annual retreat and monthly faculty meetings, we examine formal program outcomes such as student exit interviews and alumni surveys along with other data sources. We review whether the curriculum is meeting our needs or should be modified. New courses and changes to existing courses are considered in the context of the other graduate coursework, the undergraduate curriculum, instructional resources, and space within the curriculum. For example, three years ago, we moved the stuttering course (6030) into Spring1 from Fall2 so students were prepared for some private clinic externship sites in Summer 2. Another example this year was that, after receiving student and instructor feedback on the severe disorders & AAC course (6220), we increased the credit hours to better address needed content especially autism, be consistent with other content courses, and still be manageable re: course load for that semester.

Standard 3.2B Planning Documents

How did the program use literature and other guiding documents to facilitate curriculum planning?

The overall curriculum is guided by the literature and documents specifying accreditation and certification curriculum requirements. Individual course content is determined by instructors who are guided by the literature, and accreditation and certification documents,

Standard 3.2B Pedagogy

Describe the pedagogical approaches that the program will use to deliver the curriculum.

The program incorporates diverse pedagogical approaches to deliver the curriculum effectively. These approaches focus on engaging learners, teaching knowledge and skills, promoting critical thinking, fostering collaboration, and accommodating diverse learning styles. The program utilizes interactive lectures, experiential learning, inquiry- and project-based learning, collaborative learning, differentiated instruction, and technology integration.

Standard 3.2B Currency of Curriculum

Describe the mechanisms and schedule that the program will use to review and update the academic and clinical curriculum to reflect current knowledge, skills, technology, and scope of practice.

The program employs a systematic approach to review and update the academic and clinical curriculum in order to align it with current knowledge, skills, technology, and the scope of practice. This is accomplished through the annual retreat and monthly faculty meetings. Other smaller meetings occur between the program director or clinic director and instructors as needed. Data informing decisions includes regular needs assessments, stakeholder feedback, and professional development, and periodic curriculum mapping reviews.

Standard 3.2B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.2B.

None

Standard 3.3B Sequence of Learning Experiences

Standard 3.3B Sequence of Learning Experiences

An effective speech-language pathology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established learning goals and objectives and develop into a competent speech-language pathologist.



Requirement for Review:

- The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.

Findings

No findings provided

Standard 3.3B Prior Concerns

If there were areas of non-compliance or follow-up regarding the Sequence of Learning Experiences noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Sequence of Learning Experiences listed in the last Accreditation Action Report

Standard 3.3B Course Sequence

Provide a typical academic program, showing the sequence of courses and clinical experiences.

SEMESTER 1

COURSE	COURSE TITLE	CREDITS
COMD 5240	Neural Bases of Communication ^a	3
COMD 6250	Birth to Five Language Intervention	3
COMD 6150	Phonological Assessments & Intervention	3
COMD 6100	Advanced Clinical Practicum in Speech-Language Pathology	1

SEMESTER 2

COURSE	COURSE TITLE	CREDITS
COMD 6020	Language Assessment & Intervention for School-Age Children & Adolescents	3
COMD 6130	Motor Speech Disorders	3
COMD 6230	Introduction to Research in Communicative Disorders	3
COMD 6100	Advanced Clinical Practicum in Speech-Language Pathology (Campus)	3
COMD 6200	Internship in the Public Schools (Outreach)	3

SEMESTER 3

COURSE	COURSE TITLE	CREDITS
COMD 6120	Adult Language Disorders	3
COMD 6140	Dysphagia	3
COMD 6100	Advanced Clinical Practicum in Speech-Language Pathology (Campus)	3
COMD 6200	Internship in the Public Schools (Outreach)	3
COMD 6030	Disorders of Fluency/Stuttering	3

SEMESTER 4

COURSE	COURSE TITLE	CREDITS
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SEMESTER 1

COURSE	COURSE TITLE	CREDITS
COMD 6300	Specialty externship in Speech-Language Pathology (Campus) ^{bc}	3
COMD 6400	Medical externship in Speech-Language Pathology (Outreach)	10

SEMESTER 5

COURSE	COURSE TITLE	CREDITS
COMD 6050	Professional Practice in Speech Language Pathology	2
COMD 6220	Severe Communication Impairments	3
COMD 6810	Voice and Resonance Disorders	3
COMD 6200	Internship in the Public Schools: Speech-Language Pathology (Campus) ^c	5
COMD 6200	Internship in the Public Schools: Speech-Language Pathology (Outreach)	4

SEMESTER 6

COURSE	COURSE TITLE	CREDITS
COMD 6200	Internship in the Public Schools: Speech-Language Pathology (Outreach)	4
COMD 6400	Medical externship in Speech-Language Pathology (Campus) ^c	10
COMD 6930	Comprehensive Examination in Speech-Language Pathology ^d	1

^a Not part of graduate program, if needed, may be taken online Summer 1 or Fall 1

^b Variable arrangements, equivalent to minimum 6 wks full-time

^c Order of externships may be changed

^d Or Plan B thesis project (COMD 6970, 2 credits)

Standard 3.3B DE Course Sequence

Provide a typical academic program, showing the sequence of courses and clinical experiences for the distance education component.

SEMESTER 1

COURSE	COURSE TITLE	CREDITS
COMD 5240	Neural Bases of Communication ^a	3
COMD 6250	Birth to Five Language Intervention	3
COMD 6150	Phonological Assessments & Intervention	3
COMD 6100	Advanced Clinical Practicum in Speech-Language Pathology	1

SEMESTER 2

COURSE	COURSE TITLE	CREDITS
COMD 6020	Language Assessment & Intervention for School-Age Children & Adolescents	3
COMD 6130	Motor Speech Disorders	3
COMD 6230	Introduction to Research in Communicative Disorders	3
COMD 6100	Advanced Clinical Practicum in Speech-Language Pathology (Campus)	3
COMD 6200	Internship in the Public Schools (Outreach)	4

SEMESTER 3

COURSE	COURSE TITLE	CREDITS
COMD 6120	Adult Language Disorders	3
COMD 6140	Dysphagia	3
COMD 6100	Advanced Clinical Practicum in Speech-Language Pathology (Campus)	3
COMD 6200	Internship in the Public Schools (Outreach)	4
COMD 6030	Disorders of Fluency/Stuttering	3

SEMESTER 4

COURSE	COURSE TITLE	CREDITS
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SEMESTER 1

COURSE	COURSE TITLE	CREDITS
COMD 6300	Specialty externship in Speech-Language Pathology (Campus) ^{bc}	3
COMD 6400	Medical externship in Speech-Language Pathology (Outreach)	10

SEMESTER 5

COURSE	COURSE TITLE	CREDITS
COMD 6050	Professional Practice in Speech Language Pathology	2
COMD 6220	Severe Communication Impairments	3
COMD 6810	Voice and Resonance Disorders	3
COMD 6200	Internship in the Public Schools: Speech-Language Pathology (Campus) ^c	5
COMD 6200	Internship in the Public Schools: Speech-Language Pathology (Outreach)	3

SEMESTER 6

COURSE	COURSE TITLE	CREDITS
COMD 6200	Internship in the Public Schools: Speech-Language Pathology (Outreach)	3
COMD 6400	Medical externship in Speech-Language Pathology (Campus) ^c	10
COMD 6930	Comprehensive Examination in Speech-Language Pathology ^d	1

^a Not part of graduate program, if needed, may be taken online Summer 1 or Fall 1

^b Variable arrangements, equivalent to minimum 6 wks full-time

^c Order of externships may be changed

^d Or Plan B thesis project (COMD 6970, 2 credits)

Standard 3.3B Differences in Tracks

Describe any differences in the expected sequence of courses and clinical experiences that result from different tracks.

There are no differences in the academic course sequence for different tracks. Campus students who have an additional optional emphasis in the grant-based Listening & Spoken language (for children who are deaf or hearing impaired) take

extra coursework and clinical experiences but that does not affect their core course sequence. Distance students take their Medical externship (6400) in Summer2 while campus students typically take it in Spring2.

Standard 3.3B DE Differences in Tracks

For the distance education component describe any differences in the expected sequence of courses and clinical experiences that result from different tracks.

There are no differences in the academic course sequence for campus versus distance education. Distance students take their Medical externship (6400) in Summer2 while campus students typically take it in Spring2. The coursework is planned to provide the knowledge and skills needed to be success in the medical externship in Summer2.

Standard 3.3B Integration

Describe the method(s) used to organize, sequence, and provide opportunities for integration across all elements of the content.

The academic course curriculum sequence is planned to match the clinical populations that students encounter earlier versus later in the program. Research Methods occurs in Fall1 to prepare students to understand the research literature supporting EBP and, for those who choose a thesis project, to embark on that. Clinical faculty know what courses students have completed and are taking in a semester, and match expectations to that. Students integrate their learning between coursework and clinic by applying academic knowledge and skills to clinical situations and by bringing examples of clients and clinical events into classwork, with appropriate confidentiality re: client identification.

Standard 3.3B Examples of Integration

Provide two (2) examples of the sequential and integrated learning opportunities

Example One:

One example of an integrated learning opportunity is learning how to do phonological cycles treatment in 6150 in Summer1 and applying the treatment to a client in that same summer. Another is learning a narrative language intervention program in 6020 in Fall1 through simple and then more complicated assignments, and using the taught narrative intervention program with a child client in clinic that same semester.

Example Two:

One example of a sequential learning opportunity is completing a group EBP presentation on a fictionalized case based on a student's clinical experience and wonderings in 6230 in Fall 1 and then doing an individual EBP project on their own client in Spring2 in 6100 (campus)or 6200 (distance).

Standard 3.3B Integration Goals

Describe how the organization, sequential nature, and opportunities for integration allow each student to meet the

program's established learning goals and objectives.

The organization of the program ensures that each student can meet the established learning goals and objectives by providing a structured and coherent curriculum. The sequential nature of the program allows students to build upon previously acquired knowledge and skills, gradually advancing towards mastery. Opportunities for integration, such as projects, assignments, and collaborative activities, enable students to apply their learning across different clinic and courses, fostering a deeper understanding and better application of concepts. This holistic approach ensures that every student can achieve the desired learning outcomes effectively and efficiently.

Standard 3.3B Course Order Preparation

When a student is assigned to a clinical experience before or concurrent with appropriate coursework, how does the program ensure that the student is appropriately prepared for this clinical experience? (Select all that apply)

Additional time spent with supervisor

Extra readings

Observations prior to hands-on experience (live or video)

One-to-one tutorial

Standard 3.3B Course Order Preparation Adequacy

If students are assigned to a clinical experience before or concurrent with appropriate coursework, how does the program evaluate the adequacy and effectiveness of the activities used to ensure the student is appropriately prepared for the clinical experience?

The clinical supervisor tracks the student's performance, the client's progress, and the support given to the student to be successful in that clinical experience. If difficulties are revealed, the supervisor gives additional support and assigns the student additional learning events to be successful, keeping in mind that the welfare of the client is always paramount.

Standard 3.3B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.3B.

None

Standard 3.4B Diversity Reflected in the Curriculum

Standard 3.4B Diversity Reflected in the Curriculum

An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.



Requirement for Review:

- The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.
- The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.
- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
- The program must provide evidence that students are given opportunities to identify and acknowledge:
 - The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
 - The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
 - The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
 - The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.
 - The impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.
- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.

Findings

No findings provided

Standard 3.4B Prior Concerns

If there were any areas of non-compliance or follow-up regarding Diversity Reflected in the Curriculum noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Diversity Reflected in the Curriculum listed in the last Accreditation Action Report

Standard 3.4B Incorporation of Diversity

Describe how and where diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and in practice.

The program incorporates DEI in the academic and clinical program within courses and clinical practicum. Last year instructors reported the extent DEI is covered in their courses, and we learned that there is variability in what is covered and to what extent topics are covered. Clinical supervisors discuss aspects of DEI during preparation for sessions, during debriefing discussions, and during clinic meetings with students. We have identified a need for systematic improvement to provide a structured approach that ensures all students receive similar learning opportunities on the theory and practice. Students in our program that completed their undergraduate degree at USU had the opportunity to take a course dedicated to DEI, COMD 5210 Cultural and Linguistic Diversity in Communicative Disorders.

Standard 3.4B Clinic Diversity

Describe how students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.

Students have opportunities to address clinic diversity through discussions with their clinical supervisors during preparation for sessions, during debriefing discussions, and during clinic meetings. Person-centered care (PCC) incorporates acknowledging and addressing issues related to differences in culture and language, and our program embraces PCC as an essential foundation to practice. Students have opportunities to explore their questions broadly in clinic meetings during group discussions and individually for specific clinical encounters with their supervisors.

Standard 3.4B Multicultural Education

Describe how students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.

Students have opportunities to discuss implicit and explicit bias and explore their individual biases related to clinical services in clinic meetings during group discussions and individually with their supervisors, as well as discussions with course instructors. We have identified a need for systematic improvement to provide a structured approach that ensures all students receive similar learning opportunities and will be incorporating specific exercise and discussions into course work early in the program.

Note: For each of the following questions, “variables” include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status.

Standard 3.4B Variables Impact

Describe how students are given the opportunities to identify and acknowledge the impact of how their own set of cultural and linguistic variables affects clients/patients/students’ care.

Students have opportunities to explore how their own individual variables can affect patient care in clinic meetings during group discussions and individually with their supervisors, as well as discussions with course instructors. We have identified a need for systematic improvement to provide a structured approach that ensures all students receive similar learning opportunities through experiences such as reflective exercises and dialogue in clinic and in courses.

Standard 3.4B Variables Impact Delivery

Describe how students are given the opportunities to identify and acknowledge the impact cultural and linguistic variables of the individual served may have on delivery of effective care.

Students have opportunities to discuss and explore how the variables of the individual served may impact delivery of effective services through discussions in clinic meetings and individually with their supervisors, as well as discussions with course instructors. We have identified a need for systematic improvement to provide a structured approach that ensures all students receive similar learning opportunities, such as case-based scenarios to raise awareness and discussions to explore actions that can reduce disparities and improve effective delivery of services in clinic and in courses.

Standard 3.4B Variables Interaction

Describe how students are given the opportunities to identify and acknowledge the interaction of cultural and linguistic variables between the caregivers and the individual served.

Students have opportunities to explore how variables between the caregivers and the individual served can impact services through discussions in clinic meetings and individually with their supervisors, as well as discussions with course instructors. We have identified a need for systematic improvement to provide a structured approach that ensures all students receive similar learning in clinic and in courses to explore critical factors and actions to reduce negative impacts.

Standard 3.4B Social Determinants

Describe how students are given the opportunities to identify and acknowledge the social determinants of health and environmental factors for individuals served.

Students have opportunities to identify and acknowledge the social determinants of health and environmental factors for individuals served in clinic meetings and individually with their supervisors, as well as discussions with course instructors. We have identified a need for systematic improvement to provide a structured approach that ensures all students receive

similar learning in clinic and in courses.

Standard 3.4B Multiple Languages

Describe how students are given the opportunities to identify and acknowledge the impact of multiple languages and ability to explore approaches to addressing bilingual/ multilingual individuals requiring services, including understand the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.

Students have opportunities to identify and acknowledge the impact of multiple languages in clinic meetings and individually with their supervisors, as well as discussions with course instructors. We have identified a need for systematic improvement to provide a structured approach that ensures all students receive similar learning in clinic and in courses.

Standard 3.4B Diversity/Foster Acquisition

Describe how students are given opportunities to 1) recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and 2) foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.

Students have opportunities to recognize that cultural and linguistic diversity exists among various groups and to foster the acquisition and use of all languages based on individual priority and needs. PCC is the foundation of our approach to service delivery and inherent in PCC is respecting the individual's preferences, priorities and supporting them in meeting their needs through a shared process. Students are taught this in classes and in clinic, this is modeled by supervisors, and students develop skills in PCC through clinical experiences that scaffold and support their learning.

Standard 3.4B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.4B.

The program is engaged in a department lead initiative that began in 2022 to increase faculty awareness about DEI, explore status of teaching and learning opportunities in our program, and to identify areas in need of improvement. This process is ongoing, with annual goals and expectations to expand integration of DEI in the curriculum, evaluate learning outcomes, and to continue to engage in a process of ongoing improvement.

Standard 3.5B Scientific and Research Foundation

Standard 3.5B Scientific and Research Foundation

An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident.



Requirement for Review:

- The program must demonstrate the procedures used to verify that students obtain knowledge in
 - the basic sciences and statistics;
 - basic science skills (e.g., scientific methods, critical thinking);
 - the basics of communication sciences (e.g., acoustics, linguistics, and neurological processes of speech, language, and hearing).
- The program must demonstrate how the curriculum provides opportunities for students to
 - understand and apply the scientific bases of the profession,
 - understand and apply research methodology,
 - become knowledgeable consumers of research literature,
 - become knowledgeable about the fundamentals of evidence-based practice,
 - apply the scientific bases and research principles to clinical populations.
- The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.

Findings

No findings provided

Standard 3.5B Prior Concerns

If there were areas of non-compliance or follow-up regarding the Scientific and Research Foundations noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Scientific and Research Foundations listed in the last Accreditation Action Report

Standard 3.5B Knowledge of Sciences

How do you verify that students have obtained knowledge in the basic sciences (e.g. biology, physics, social sciences, and statistics)?

After students are accepted into the SLP graduate program, the graduate advisor examines their transcripts to identify completion of the four foundational science courses (biology, physics, social sciences, and statistics). The graduate advisor has a list of acceptable courses from our institution and the other institution from which most of our students obtain their COMD bachelor degrees. She also has the ASHA-CFCC document outlining the allowable content for these courses. For any questionable courses, she finds a course catalog description and a syllabus that delineates course objectives and topic schedule. Any items that are still questionable are then sent to the SLP Program Director to examine. If it does not appear that the course fits the requirements, the student is given an opportunity to explain and give evidence. If it still does not pass, the student must take the missing course sometime prior to obtaining Program Director Verification for Clinical Certification.

Standard 3.5B Basis Communication Science Skills

How do students obtain knowledge in the basic communication sciences (e.g. acoustics, physiological and neurological processes of speech, language, hearing; linguistics)? (Select all that apply)

Deficiency or prerequisite course work

Graduate course work

Undergraduate course work in another department

Standard 3.5B Scientific Basis

How does the curriculum reflect the scientific basis of the professions and include research methodology and exposure to research literature? (Select all that apply)

Attend research conferences

Complete research literature reviews within courses

Complete research project or dissertation

Incorporate evidence-based practice into the clinic

Participate in faculty research

Require research course

Standard 3.5B Basic Science Skills

How do you verify that students have obtained knowledge in basic science skills (e.g., scientific methods and critical thinking)?

There is a required graduate course in research methods and scientific thinking in communication disorders (6230) that

occurs in Fall 1. It is taught with interactive lectures, weekly readings and homework, and multiple assignments. The course systematically builds the knowledge and skills needed to be both a consumer and a novice producer of research. Students must demonstrate knowledge and skill competencies, and undergo remediation as needed. There are additional learning opportunities embedded in content courses, and through the elective thesis project, research participation, and clinic assignments, but 6230 is the main verification venue.

Standard 3.5B Research Opportunities

How does the program ensure that there are opportunities for each student to participate in research and scholarship that are consistent with the mission and goals of the program? (Select all that apply)

Participate in faculty research

Thesis

Standard 3.5B Consumers of Literature

Describe the methods that the program uses to ensure all students have opportunities to become knowledgeable consumers of research literature.

There is a required graduate course in research methods and scientific thinking in communication disorders (6230) that occurs in Fall 1. It is taught with interactive lectures, weekly readings and homework, and multiple assignments including a literature search, a research evaluation, and an EBP presentation. The course systematically builds the knowledge and skills needed to be a consumer of research literature. Students must demonstrate knowledge and skill competencies, and undergo remediation as needed. There are additional learning opportunities embedded in content courses, and through the elective thesis project, research participation, and clinic assignments, but 6230 is the main venue for learning to read and evaluate research literature.

Standard 3.5B Knowledge of EBP

Describe the methods that the program uses to ensure that there are opportunities for each student to become knowledgeable about the fundamentals of evidence-based practice.

There is a required graduate course in research methods and scientific thinking in communication disorders (6230) that occurs in Fall 1. It is taught with interactive lectures, weekly readings and homework, and multiple assignments including a literature search, a research evaluation, and an EBP presentation. The course systematically builds the knowledge and skills needed to be a consumer of research literature. Students must demonstrate knowledge and skill competencies, and undergo remediation as needed. There are additional learning opportunities embedded in content courses, and through the elective thesis project, research participation, and clinic assignments, but 6230 is the main venue for learning to read and evaluate research literature. In Spring 2, an EBP project about an assigned client is required in the clinical courses (6100 for Campus and 6200 for Outreach). That is the KASA sign-off assignment.

Standard 3.5B Apply Research

Describe methods that the program uses to ensure that there are opportunities for each student to apply the scientific bases and research principles to clinical populations.

The program provides opportunities for students to apply the scientific bases and research principles to clinical populations. This occurs in the research methods course, (6230), where topics, examples, and assignments all involve clinical populations. Opportunities to apply scientific bases and research principles also occur embedded in the academic content coursework, which is all about clinical populations. The clinical courses (6100 for campus and 6200 for distance) also include scientific bases and research principles in their EBP approach to client management.

Standard 3.5B Research Within Institution

Describe how research opportunities offered by the program are consistent with the institution's expectations for this program.

Students learn about research methods and scientific thinking, and have multiple opportunities to apply it across coursework, thesis, and research project participation. It would be better if students could do more of it, but they do as much as possible given the heavy professional education demands of the SLP program. There are also opportunities for undergraduate students to gain research experiences by course credit, paid positions, research fellowships, honors program, and other more. Undergraduate research experience is a positive factor selecting applicants for the graduate program. The provided opportunities are consistent with the institution's expectations for this program.

Standard 3.5B Research Within Mission

Describe how the research opportunities offered by the program are consistent with the specified mission and goals of the program.

The department and program explicitly identify discovery and research as part of the mission and goals. The previously described research opportunities offered by the program are consistent with this.

Standard 3.5B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.5B.

None

Standard 3.6B Clinical Settings/Populations

Standard 3.6B Clinical Settings/Populations

The clinical education component of an effective entry-level speech-language pathology program is



planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.

Requirement for Review:

- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to
 - experience the breadth and depth of clinical practice,
 - obtain experiences with diverse populations,
 - obtain a variety of clinical experiences in different work settings,
 - obtain experiences with appropriate equipment and resources,
 - learn from experienced speech-language pathologists who will serve as effective clinical educators.

Findings

No findings provided

Standard 3.6B Prior Concerns

If there were areas of non-compliance or follow-up regarding Clinical Settings/Populations noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Clinical Settings/Populations listed in the last Accreditation Action Report

Standard 3.6B Clinical Sites Details - SLP

Visit the CAA website's [Program Resources](#) webpage to download the Standard 3.6 Clinical Sites Worksheet. Once this worksheet is completed, you will be able to upload it below.

[standard-3.6-clinical-sites-worksheet Done.xlsx](#)

The clinical sites worksheet is attached.

Standard 3.6B Clinical Site Category Summary - SLP

Provide the average number of clock hours per semester earned in each category in the past 2 years across all clinical sites.

Category	Children	Adults
ARTICULATION		

Evaluation	98	7
Intervention	859	38
VOICE & RESONANCE		
Evaluation	3	17
Intervention	3	66
FLUENCY		
Evaluation	16	7
Intervention	49	12
LANGUAGE DISORDERS (Receptive & Expressive)		
Evaluation	241	40
Intervention	889	188
SWALLOWING DISORDERS		
Evaluation	33	163
Intervention	67	249
COGNITIVE ASPECTS OF COMMUNICATION		
Evaluation	7	130
Intervention	12	464
SOCIAL ASPECTS OF COMMUNICATION		
Evaluation	33	3
Intervention	108	13
AUGMENTATIVE & ALTERNATIVE COMMUNICATION		
Evaluation	7	4

Intervention	71	36
HEARING		
Evaluation	27	2
Intervention	88	3

Standard 3.6B Clinical Education Plan

Describe the methods used to ensure that the plan of clinical education for each student includes the following:

Experiences that represent the breadth and depth of speech-language pathology clinical practice

Our goal is to ensure that students have clinical experiences across the lifespan and across the nine major areas of communicative and swallowing disorders. We strive to provide excellent experiences both on and off campus in a variety of settings. They are given experiences in the following skills: prevention and pre-referral, screening, assessment/evaluation, consultation, diagnosis, treatment, intervention, management, counseling, collaboration, documentation, and referral. Students complete three off-campus externships in pediatric, school, and medical settings in addition to the 4-5 hours a week of clients they have in the on-campus clinic each of the 3 semesters they are on campus.

Opportunities to work with individuals across the life span and the continuum of care

We provide services in our clinic to individuals across the lifespan, across all disability areas in our scope of practice, with a variety of culturally and linguistically diverse populations, and across a variety of severity levels.

Opportunities to work with individuals from culturally and linguistically diverse backgrounds

We provide services in our on campus clinic to individuals across the lifespan, across all disability areas in our scope of practice, with a variety of culturally and linguistically diverse populations, and across a variety of severity levels. They also get additional experiences to work with culturally and linguistically diverse populations in their off-campus externship placements.

Experiences with individuals who express various types of severities of changes in structure and function of speech and swallowing mechanisms

We provide services in our clinic to individuals across the lifespan, across all disability areas in our scope of practice with individuals who express various types of changes in structure and function of speech and swallowing mechanisms. Students also have the opportunity to provide services to individuals who express changes in structure and function in their off-campus externship placements.

Exposure to the business aspects of the practice of speech-language pathology and swallowing (e.g., reimbursement requirements, insurance and billing procedures, scheduling)

Our students use an EMR (electronic medical records) system where they not only complete documentation about their clients' performance and progress but they are also billing, supplying FCMS, ICD-10 codes, CPT codes and meeting reimbursement requirements for Medicare and Medicaid. Their clients are typically scheduled for an entire semester at a time, but they are familiar with how this process is completed and are responsible for scheduling make-up sessions for missed or cancelled sessions.

Standard 3.6B DE Clinical Settings

How does the program ensure that each student is exposed to a variety of clinical settings, client/patient populations, and age groups for the [distance education](#) component?

Students in our distance education (outreach) program are exposed to a variety of clinical settings, client/patient populations and age groups through externship opportunities. Distance students complete 4 semesters of clinical hours in a local school district setting with both a university clinical instructor and a certified school district speech language pathologist. Outreach students complete a semester of on-campus university clinic with a university clinical instructor during summer 1 and a full time medical speech pathology externship placement with a certified SLP during summer 2 of their program.

Standard 3.6B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.6B.

None

Standard 3.7B Clinical Education - Students

Standard 3.7B Clinical Education - Students

An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student.



Requirement for Review:

- The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice.
- The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.

Findings

No findings provided

Standard 3.7B Prior Concerns

If there were areas of non-compliance or follow-up regarding Clinical Education - Students noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Clinical Education - Students listed in the last Accreditation Action Report

Standard 3.7B Supervision for Independence

Explain the policies and procedures that describe how the manner and amount of supervision are determined and are adjusted to reflect the competence of each student and that allow each student to acquire the independence to enter independent professional practice.

At the beginning of the semester, a Clinical Instructor who is a certified speech-language pathologist is assigned for each client/student clinician at the USU Speech-Language Clinic. The Clinical Instructor directly observes the student clinician's practicum. Supervision is in real time and is never less than 25% of the total contact time (diagnostic and/or treatment) with each client.

Supervision is adjusted upward when warranted depending on student skill level or specific need of client. Clinical Instructors provide more direct assistance early in the clinical experience to guide the student. More support is also provided when students have not yet completed the graduate coursework relevant to that client. This may involve Clinical Instructors modeling during the session, extra readings, extra meetings with clinical instructor, assistance in planning, role playing, a meeting with the relevant course instructor, or other types of extra activities. The percentage of direct supervision is much higher in these

cases, given the student's beginning knowledge and skill level.

Clinical Instructors will provide written feedback to students. Clinical Instructors will keep a copy of the feedback for grading purposes.

Standard 3.7B Practicum Described

Describe how clinical practicum will be offered and how supervision of practicum will be managed, including sequence, supervision, and coordination of placements with external facilities, and diversity of client populations.

All graduate students complete at least one semester in the USU Speech-Language-Hearing Center (COMD 6100). Campus students complete three on-campus semesters as well as three off-campus externships: (1) a part-time school externship (6200/5 credits/3 days per week/12-15 weeks); (b) a full-time healthcare adult externship (6300/10 credits/350-400 work hours/10-12 weeks), and a specialty externship, part-time or full-time, in a chosen location (6300/3 credits/200-250 work hours/6-10 weeks). Students may complete clinical education practicum at more than three practicum sites due to their training needs or professional interests. All clinical practicum are supervised by an on-site ASHA certified speech language pathologist, coordinating with a university instructor.

Standard 3.7B Undergraduate Practicum

If undergraduate students are enrolled in practicum, explain how this impacts resources for clinical supervision to the graduate program.

Undergraduate students may enroll in a supervised practicum experience during their senior year by invitation (COMD 4100). Senior clinic is an introductory clinical practicum experience, involving guided evaluation and treatment of individuals who present with speech sound disorders. Senior clinicians are mentored by both graduate level students and certified clinical instructors. The weekly clinic meeting supports students by scaffolding learning from their practicum experience through discussion and demonstration.

Standard 3.7B DE Practicum

For the distance education component, describe how clinical practicum will be offered and how supervision of practicum will be managed, including sequence, supervision, and coordination of placements with external facilities, diversity of client populations, etc.

Students in our distance education (Outreach) program are exposed to a variety of clinical settings, client/patient populations and age groups through externship opportunities. Distance students complete 4 semesters of clinical hours in a local school district setting with both a university clinical instructor and a certified school district speech language pathologist (COMD 6200). Outreach students complete a semester of on-campus university clinic with a university clinical instructor during summer 1 (COMD 6100) and a full time medical speech pathology externship placement with a certified SLP during summer 2 of their program (COMD 6400).

Standard 3.7B Qualified Supervisor

What indicators and/or criteria are used to identify qualified supervisors/preceptors both in and outside the professions?

(Select all that apply)

Accessibility to students

Appropriate state credentials for clinical practice

Appropriate national credentials for clinical practice

Clinical practice setting

Demonstrated abilities in the supervisory processes

Educational experience (including post-graduate continuing education activities)

Mastery and expertise in the clinical area supervised

Previous student evaluations

Previous supervisory experience

Recommendations or referrals from other professionals

Specialized training in supervision

Standard 3.7B DE Qualified Supervisor

For the distance education component, what indicators and/or criteria are used to identify qualified supervisors/preceptors both in and outside the professions? (Select all that apply)

Accessibility to students

Appropriate state credentials for clinical practice

Appropriate national credentials for clinical practice

Clinical practice setting

Demonstrated abilities in the supervisory processes

Educational experience (including post-graduate continuing education activities)

Mastery and expertise in the clinical area supervised

Previous student evaluations

Previous supervisory experience

Recommendations or referrals from other professionals

Specialized training in supervision

Standard 3.7B Amount of Supervision

How does the program determine the appropriate amount of supervision for the development of clinical skills in individual students? (Select all that apply)

Establish and monitor reasonable supervision schedules to ensure supervisor availability during diagnostic and treatment

sessions

Evaluate student clinical performance at mid-term

Evaluate student clinical performance at end of term

Maintain records of the amount of time of observations, meetings and conferences

Use student feedback

Use supervisor feedback

Standard 3.7B DE Amount of Supervision

For the distance education component how does the program determine the appropriate amount of supervision for the development of clinical skills in individual students? (Select all that apply)

Establish and monitor reasonable supervision schedules to ensure supervisor availability during diagnostic and treatment sessions

Evaluate student clinical performance at mid-term

Evaluate student clinical performance at end of term

Maintain records of the amount of time of observations, meetings and conferences

Use student feedback

Use supervisor feedback

Standard 3.7B Access to Supervisors

How do students have access to supervisors/preceptors when providing services to clients in on- and off-campus placements? (Select all that apply)

During the clinical session

Email

Clinical labs

Phone

Posted office hours

Regularly scheduled meetings/conferences

Unscheduled meetings

Standard 3.7B DE Access to Supervisors

For the distance education component, how do students have access to supervisors/preceptors when providing services to clients in on- and off-campus placements? (Select all that apply)

During the clinical session

Email

Phone

Posted office hours

Regularly scheduled meetings/conferences

Unscheduled meetings

Standard 3.7B Informing Students

How does the program inform students regarding ethics, legal and safety issues and procedures? (Select all that apply)

Acknowledgement of confidentiality policies (e.g. sign agreements)

Clinical handbook

Clinical labs

Clinical practice

Coursework

HIPAA training

Professional practice coursework

Website

Student handbook

Student orientation

Universal precautions training

Universal precautions training

Standard 3.7B DE Informing Students

For the distance education component, how does the program inform students regarding ethics, legal and safety issues and procedures? (Select all that apply)

Acknowledgement of confidentiality policies (e.g. sign agreements)

Clinical handbook

Clinical practice

Coursework

HIPAA training

Professional practice coursework

Website

Student handbook

Student orientation

Universal precautions training

Universal precautions training

Standard 3.7B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.7B.

None

Standard 3.8B Clinical Education - Client Welfare

Standard 3.8B Clinical Education - Client Welfare

Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.



Requirement for Review:

- The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.
- The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.
- The program must demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations.
- The program must demonstrate that it provides the opportunity for students to understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.

Findings

No findings provided

Standard 3.8B Prior Concerns

If there were areas of non-compliance or follow-up regarding Clinical Education – Client Welfare noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Clinical Education – Client Welfare listed in the last Accreditation Action Report

Standard 3.8B Client Needs

Describe policies and procedures that the program uses to ensure that the amount of supervision provided to each student is adjusted so that the specific needs are met for each individual who is receiving services.

At the beginning of the semester, a Clinical Instructor who is a certified speech-language pathologist will be assigned for each client/student clinician at the USU Speech-Language Clinic. The Clinical Instructor

will directly observe the student clinician's practicum. Supervision is in real time and is never less than 25% of the total contact time (diagnostic and/or treatment) with each client.

Supervision is adjusted upward when warranted depending on student skill level or specific need of client. Clinical Instructors provide more direct assistance early in the clinical experience to guide the student. More support is also provided when students have not yet completed the graduate coursework relevant to that client. This may involve Clinical Instructors modeling during the session, extra readings, extra meetings with clinical instructor, assistance in planning, role playing, a meeting with the relevant course instructor, or other types of extra activities. The percentage of direct supervision is much higher in these cases, given the student's beginning knowledge and skill level.

Standard 3.8B Clinical Consultation

Describe how consultation between the student and the clinical educator occurs in the planning and provision of services.

The student and the clinical educator initially meet weekly to consult regarding client welfare, planning and provision of services. Feedback is provided to the student clinician following the majority of sessions. Clinicians and supervisors communicate frequently regarding soap notes, plan of care and provision of services. Weekly meeting may become more or less frequent depending on the skill level of the student clinician and the needs of the client.

Standard 3.8B Client Welfare

Describe policies and procedures that ensure that the welfare of each individual who is served is protected.

The Utah State University Speech and Language Manual explicitly states policies and procedures specific to client welfare including: HIPAA, contacting and communicating with clients, required assessments, reports and notes, universal precautions, client safety and supervision. Students complete professional onboarding through the Sorenson Center for Clinical Excellence which includes HIPAA, FERPA, Medicare reimbursements and confidentiality.

Standard 3.8B Client Ethics

Provide policies and procedures describing how the care that is delivered by the student and clinical educator team is in accordance with recognized standards of ethical practice and relevant state and federal regulation.

Client welfare is paramount to our clinical training model. Each client/student is supervised by an ASHA certified speech language pathologist who has specific knowledge and experience relating to the disorder being served. ASHA's Code of Ethics is explicitly taught to students in COMD 4100 and 6100 and followed by clinical supervisors. Student's must read the ASHA Code of Ethics in the Utah State University Speech and Language Manual and sign a document stating that they have read and will abide by the code of ethics.

Standard 3.8B Code of Ethics

Describe where the codes of ethics are in the relevant published materials provided by the program.

Utah State University Speech Language Student Manual

Standard 3.8B Disease Prevention

Provide policies and procedures that demonstrate how the program provides the opportunity for students to understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.

Universal precautions are explicitly taught in COMD6100 clinicians meeting as well as posted in the Utah State University Speech and Language Manual (Appendix A) and in the clinic space.

Standard 3.8B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.8B.

None

Standard 3.9B External Placements

Standard 3.9B External Placements

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



Requirement for Review:

- The program must have evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences.
- The program must have written policies regarding the role of students in the selection of externship sites and the placement of students in the sites.
- The program must have written policies that describe the processes used by the program to select and place students in external facilities.
- The program must have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student.
- The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.

Findings

No findings provided

Standard 3.9B Prior Concerns

If there were areas of non-compliance or follow-up regarding External Placements noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding External Placements listed in the last Accreditation Action Report

Standard 3.9B Agreements to Accept Students

Describe how valid agreements (written or electronic) or statements of intent to accept students are established and maintained, once agreements are established with all active external facilities in which students will be placed for clinical practicum experiences.

Students are advised regarding potential clinical practicum sites in the state of Utah during meetings with the clinical externship supervisor. The clinical externship supervisor works with the facilities and schedules students for interviews with those facilities. Some facilities use MyClinicalExchange.com to handle student requests. Once approved, affiliation agreements are coordinated with the cooperating clinical practicum sites and those agreements are valid for 5 years.

Standard 3.9B Externship Sites Policy

Describe policies regarding: (a) the role of students in the selection of externship sites, and (b) the placement of students in the sites.

Students are welcome to request any site across the state of Utah or across the nation. If in the state of Utah, the clinical externship coordinator will reach out to the site to determine if the facility is able to accept the student for a clinical rotation. If a clinical site is outside of the state of Utah, the student will typically reach out to the respective site and then contact the clinical externship coordinator once a site potentially accepts a student

Standard 3.9B Policy for External Facilities

Describe policies and procedures the program uses to select and place students in external facilities.

Students are scheduled to formally meet with the Externship Clinical Coordinator of SLP a minimum of two times during their first year of graduate study to discuss potential externship placements. Students need to apply for most externship sites no less than two semesters prior to the beginning of the externship. Each site has a specific application procedure and may have an application deadline. Most of the externship sites select only a small number of applicants for their student placements each year and are highly competitive. In addition to specified application materials, some sites require an on-site interview

Standard 3.9B Clinical Due Diligence

Describe policies and procedures that demonstrate due diligence to ensure that each external facility has the clinical population and personnel to meet the educational needs of each student assigned to that site.

After an externship has been assigned, the externship coordinator works with the facility supervisors to discuss client populations and verify ASHA certification and eligibility (CEUs in supervision & clinical experience) of the supervisors. Midterm and final clinical evaluations are also completed and clinical practicum hours are reviewed in Calipso as they are submitted and verified.

Standard 3.9B Effective Sites

Describe the processes that the program uses to evaluate the effectiveness of the educational opportunities provided at each active site.

In addition to CALIPSO records and evaluations, it is requested that students complete Supervisor Feedback Forms and the Student Evaluation of Clinical Placement form within Canvas. This information is used to monitor the quality of our clinical practicum sites.

Standard 3.9B Monitoring Sites

Describe the processes that the program uses to ensure monitoring of the clinical education in external facilities.

CALIPSO is used for clinical grading of our students and tracking their clinical experiences to ensure that they are meeting the ASHA KASA standards. Midterm and Final evaluations are also completed for externships.

Standard 3.9B Objectives Sites

Describe the process that the program uses to verify that the educational objectives of each active site are met.

CALIPSO is used for clinical grading of our students and tracking the clinical experiences to ensure that they are meeting the ASHA KASA standards. Midterm and Final evaluations are also completed for externships.

Standard 3.9B Signed Agreements

Describe the procedures that the program uses to ensure that valid agreements (written or electronic) between the external site and the program are signed before students are placed.

All current and past affiliation agreements are kept in a secure folder on the USU Box.com website. Prior to attending any off-campus externship, the status of the affiliation agreement is verified by the externship coordinator

Standard 3.9B DE Maintained Agreements

How will written agreements between the external site and the program be maintained for the distance education component?

The outreach clinical coordinator interacts weekly with the distance student and externship supervisor in the the educational practicum (6200), allowing a clear view of how well written agreements are maintained across the multiple semesters of this site. The program director monitors that distance students are given time from their SLPA duties to attend daytime classes, as per the written agreement with these sites. For the summer medical externship (6400), the outreach clinical coordinator and/or the externship coordinator checks in with the supervisor and student multiple times. Midterm and final evaluations are also completed during the externships.

Standard 3.9B External Facilities Agreements

Who is responsible for monitoring agreements with external facilities? (Select all that apply)

Faculty

Legal (contracts) office

Other

Standard 3.9B External Facilities Agreements "Other"

Specify Other:

Instructor Chad Bingham as Clinical Externship Coordinator

Standard 3.9B DE External Facilities Agreements

Who is responsible for monitoring agreements with external facilities used for the distance education component? (Select all that apply)

Faculty

Legal (contracts) office

Other

Standard 3.9B DE External Facilities Agreements "Other"

Specify Other:

Instructor Chad Bingham as Clinical Externship Coordinator and Clinical Professor Jill Andrus as Outreach Clinical Coordinator

Standard 3.9B Placement Coordinator

Who is responsible for coordinating clinical education placements? (Select all that apply)

Faculty

Intern\externship supervisor

Standard 3.9B DE Placement Coordinator

Who is responsible for coordinating clinical education placements for the distance education component? (Select all that apply)

Faculty

Other

Standard 3.9B DE Placement Coordinator "Other"

Specify Other:

Clinical Outreach Coordinator

Standard 3.9B Placement Monitor

How does the program monitor and document clinical education placements? (Select all that apply)

Intern/extern supervisor

Meeting with the externship supervisor

Onsite visits

Phone calls

Review of clinical practicum evaluations

Review of externship supervisor evaluation

Review of student clinical records/files

Written contractual agreement

Standard 3.9B DE Placement Monitor

How does the program monitor and document clinical education placements for the distance education component? (Select all that apply)

Intern/extern supervisor

Meeting with the externship supervisor

Onsite visits

Phone calls

Review of clinical practicum evaluations

Review of externship supervisor evaluation

Review of student clinical records/files

Written contractual agreement

Standard 3.9B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.9B.

A long-time faculty member, Chad Bingham, holds the position of Externship Coordinator in addition to his teaching of undergraduate courses and the graduate Professional Education course (COMD 6050). Chad is assisted on securing medical externships (6400) for the distance students by another long-time faculty member, Jill Andrus, who is Clinical Outreach Coordinator. Jill does clinical supervision and support of the distance students and their individual externship supervisors across their four semesters of school placements (COMD 6200) that combine with their SLPA jobs.

Standard 3.10B Student Conduct

Standard 3.10B Student Conduct

An effective entry-level speech-language pathology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.



Requirement for Review:

- The program must have written policies and procedures that describe program expectations of student behavior with regard to academic and clinical conduct.
- The program must have policies and procedures that describe the processes used to address violations of academic and clinical conduct, including, but not limited to, plagiarism, dishonesty, and all aspects of cheating, and violations of ethical practice.

Findings

No findings provided

Standard 3.10B Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Conduct noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Conduct listed in the last Accreditation Action Report

Standard 3.10B Policy for Student Conduct

Describe policies and procedures that are pertinent to expectations of student academic and clinical conduct.

The program has specific policies and procedures in place to outline the expectations of student academic and clinical conduct. These guidelines clearly define the standards and behaviors expected from students in both academic and clinical settings. The policies emphasize integrity, professionalism, respect, and adherence to ethical guidelines. Students are expected to maintain academic honesty, demonstrate professionalism in their interactions, and follow all protocols and procedures in clinical settings.

Standard 3.10B Policy for Clinical Conduct

Describe policies and procedures that the program uses to address violations of expectations regarding academic and clinical conduct.

The program has established policies and procedures to address violations of academic and clinical conduct. The program director, clinic director, and externship coordinator gather information and evidence about the event from the instructor(s) and student. A fair and impartial process is followed, providing individuals an opportunity to present their perspective. Disciplinary actions, such as warnings, loss of clinical hours, probation, or expulsion, may be implemented based on the nature and severity of the violation. Transparency and accountability are ensured through documentation and maintaining confidentiality as necessary.

Standard 3.10B Clinical Integrity

Describe how the program ensures that students know the expectations regarding their application of the highest level of academic and clinical integrity during all aspects of their education (e.g., written policies and procedures that are pertinent to expectations of student academic and clinical conduct) and that these expectations are consistently applied.

The program ensures that students are aware of the expectations regarding academic and clinical integrity through clear and accessible written policies and procedures in the clinic manual, the department website, and other locations specified in those two sources. These documents outline the standards and behaviors expected from students in all aspects of their education. The program emphasizes the importance of integrity and professionalism through regular communication and training sessions. Expectations are consistently applied through a fair and impartial process, where issues are promptly addressed, investigated, and appropriate disciplinary actions are taken to maintain the integrity of the program.

Standard 3.10B Violations

Describe the process that the program will use to address violations of expectations regarding academic and clinical conduct.

When addressing violations of expectations regarding academic and clinical conduct, the program follows a defined process. This involves conducting an investigation to gather relevant information and evidence. The individual involved is provided with an opportunity to present their perspective. The program follows a fair and impartial approach, considering the severity of the violation. Disciplinary actions, such as warnings, probation, or expulsion, may be implemented. Transparency is maintained through documentation, and confidentiality is upheld as necessary to ensure accountability and the integrity of the process.

Standard 3.10B Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.10B.

None

Standard 4.0 Students

Standard 4.0 Students

Standard 4.1 Student Admission Criteria

Standard 4.1 Student Admission Criteria

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



Requirement for Review:

- The admission criteria must meet or exceed those of the institution and be appropriate for the degree being offered.
- Policies regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and consistently followed.

Findings

No findings provided

Standard 4.1 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Admission Criteria noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Admission Criteria listed in the last Accreditation Action Report

Standard 4.1 Admission Requirements

Indicate the university and program requirements for admission to the graduate program.

		University/College	Accredited Program
Minimum GPA		3.0	3.0
Minimum combined GRE score (If applicable)			
Letters of recommendation		Yes	Yes
Personal statements/interviews		Yes	Yes
Writing Sample		No	Yes
Undergraduate major in CSD		No	Yes
Other (If applicable)	GRE but no minimum	No	Yes
Other (If applicable)	Resume	No	Yes

Standard 4.1 DE Admission Requirements

Describe the admission requirements for the distance education component. If these are different from those for the program offered in the residential setting, discuss the rationale for the differing requirements.

Distance education students must be employed a Utah school as a Speech-Language Technician (SLPA). The school district must be willing to provide the time and resources needed for a quality SLP graduate education taking place concurrently with work responsibilities. A supportive letter from the school district at the time of application is not required but is a positive factor in selecting applicants for admission. Before the Fall 1 semester begins, the district must enter a contractual agreement with the college to support the distance student.

Standard 4.1 Additional GPA

Describe any additional GPA requirements for admission used by the program (e.g., GPA in the major, GPA in the last 30 hours, etc.).

The GPA from the last 60 hours of undergraduate coursework is the main GPA used to rank and select students for admission. Last year, the department academic advisors hand calculated the GPA for all applicants because the program director discovered that the Graduate School actually only reports the bachelor degree GPA despite their claim in the catalog that they do the 60-hr calculation.

Standard 4.1 Admission Rationale

Describe the program's rationale for admissions criteria that are different than that of the university.

Our program admission committee uses multiple informative but imperfect indicators to holistically rank students, including items not required by the university: actual 60hr GPA, the GRE, and resume. For the GPA, we want include grades that show how students who have a 1st Bach in another major do on their 2nd Bach or post-bach COMD courses. For the GRE, although it gets a bad rap nowadays, it is the indicator that is the closest to independent-and-comparable indicator of student ability in thinking and writing. The resume helps reveal life activities that do not appear in the personal statement, such as having a second language or having been a research assistant, SLPA, student leader, or community contributor. Every indicator can be unfairly impacted by student life experiences and opportunities so we use as many as possible to make informed equitable selection decisions.

Standard 4.1 Admission Exceptions

Describe the program's policies regarding any exceptions to the criteria (e.g., conditional status) and explain how they are consistently followed.

Applicants must submit all the required information. There is no minimum score required on the GRE. If we selected a student with a GPA on the last 60 credits below 3.0, we would submit a request with a rationale to the Graduate School for an exception but taking a student with a GPA that low, especially nowadays with GPAs so uniformly high, is almost inconceivable that could happen.

Standard 4.1 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 4.1.

None

Standard 4.2 Student Adaptations

Standard 4.2 Student Adaptations

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



Requirement for Review:

- The program must provide evidence that its curriculum and program policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural, linguistic, and individual diversity.
- The program must have a policy regarding proficiency in spoken and written English and other languages of instruction and service delivery and all other performance expectations.
- The program must demonstrate that its language proficiency policy is applied consistently.
- The program must have a policy regarding the use of accommodations for students with reported disabilities.

Findings

No findings provided

Standard 4.2 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Adaptations noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Adaptations listed in the last Accreditation Action Report

Standard 4.2 Policy for Diversity

Describe how the program's curriculum and program policies and procedures for admission, internal and external placements, and retention of students reflect a respect for and an understanding of cultural, linguistic, and individual diversity.

The program's curriculum and program policies and procedures reflect a respect for and understanding of cultural, linguistic, and individual diversity. The curriculum is designed to incorporate diverse perspectives, experiences, and cultural contexts. Admission policies consider the value of diversity and promote equal opportunities. Internal and external placements aim to provide diverse learning environments. Retention policies address individual needs and support students from diverse backgrounds. The program actively promotes inclusivity, equity, and cultural sensitivity, fostering an environment that respects the diverse identities and experiences of its students.

Standard 4.2 Example of Diversity in Curriculum

Provide an example documenting the fact that the program's curriculum demonstrates respect for and understanding of cultural, linguistic, and individual diversity.

Two examples are provided from COMD 6210 and COMD 6220

COMD 6210, Adult Language Disorders, Instructor Lisa Milman, Spring1 of the program

Content: This course focuses on theoretical models, assessment, and therapies to support neural diversity in adults who have experienced a variety of language and/or cognitive-communication changes resulting from left hemisphere stroke (weeks 1-8), right hemisphere stroke (weeks 10-12), traumatic brain injury (weeks 13-14), and atypical ageing (week 15). Week 9 is dedicated specifically to global perspectives on health (as outlined by the World Health Organization) as well as the impact of multi-lingualism and multi-culturalism on health. Cultural competence as well as implicit and explicit biases in clinical service delivery are explored throughout the course (both lectures and course assignments) by using a patient-centered case study approach that provides students with multiple (and diverse) examples of how assessment and treatment practices can and should be tailored to the unique health, communication, and broader socio-cultural needs of individual clients.

Student-centered Learning Process: To learn course content, students have access to a variety of synchronous and asynchronous audio and/or visual tools (live and recorded lectures, published study notes/guides, a textbook, and student-selected optional supplemental video recordings and/or readings). Flexibility is also built into assessment of student learning. Specifically, for tests (70% of grade) students can choose when/where they take tests (within a 3-day window). Students are also free to choose topics and supplemental readings/videos for three course assignments: 1) a Website Resource assignment; 2) a Group Presentation; and a review of a book written by someone who has experienced neuropathology. The course syllabus also identifies official university resources for students who have concerns related to discrimination, sexual misconduct, learning disability, and/or respect for diversity.

COMD 6220, Severe Communication Impairments, Instructor Daphne Hartzheim, Fall2 of the program

The course is created based on principles of universal design access to meet the needs of a wide range of abilities: All documents are made accessible and checked with accessibility checker and then uploaded to CANVAS. All videos include closed captioning.

Identity affirming language, neurodiversity affirming language, as well as person first language is used and discussed in class.

Assessment is based on the participation model. Participation model focuses on increasing involvement/inclusion of individuals with disabilities into

the regular community including academics, vocational opportunities, and recreation. A large portion focuses on the cultural aspects that contribute to optimal participation within the culture.

Emphasis is placed on person-centered care including identity affirming, diversity affirming and culture affirming practices.

This includes an introduction to the Medical Home, the Utah Parent Center (and Parent Centers across the country),

Assistive Technology Centers and other resources for caregivers of individuals with disabilities.

Carefully discuss tendencies of therapists to judge (knowingly or unconsciously) families based on their diverse

backgrounds including race, ethnicity, and SES. Judgment may also occur based on a families' ability to follow through with therapy assignments, their therapy attendance, or involvement. The treatment section includes strategies to successfully involve any family regardless of backgrounds and abilities. Part of this discussion includes identifying implicit and explicit biases through an online tool that identifies implicit biases within oneself. When considering devices for different clients, we discuss culturally appropriate symbols, language systems (including bilingual systems), and other cultural aspects (e.g., skin color of symbol figures, religious symbols, and dialects) that contribute to the successful use of devices.

Standard 4.2 Example of Diversity in Policy

Provide an example documenting how the program's policies and procedures demonstrate respect for and understanding of cultural, linguistic, and individual diversity (e.g., admission, internal/external clinical placement and student retention policies/procedures, proficiency in English).

This year, the department has focused on raising awareness of DEI issues in preparation for more formal implementation in our programs. We have provided multiple opportunities and mechanisms for learning this year, including setting up a DEI Box folder with articles and resources available since October 2022, a DEI library in a small meeting room, purchasing the book *Blind Spot* about implicit bias for all the dept faculty and staff, and presenting a DEI panel discussion in February 2023 (with a recording in the DEI Box folder).

Standard 4.2 Policy for Language

Provide the program's policy regarding proficiency in English and/or other languages, and describe how that policy will be applied consistently.

Students must communicate proficiently in English. Proficiency in other languages is welcomed but optional. Proficiency in English for international students from non-English-speaking countries is checked by the Graduate School.

Standard 4.2 Policy for Accommodations

Provide the program's policy regarding the processes used to determine the need for and the provision of accommodations for students with reported disabilities.

When a student initiates a request for accommodation or is exhibiting difficulties possibly related to a disability, they are directed to go to the Disability Resource Center. If a disability is identified, the DRC, student, program director, and other individuals as needed determine appropriate accommodations for academic and clinical contexts. Students must be able to meet the essential functions of an SLP with appropriate and reasonable accommodations. Specific adaptations depend on the individual student's needs, strengths, and context.

Standard 4.2 DE Adaptation Accommodations

Describe the adaptations that will be made allowing students to accommodate individual differences in the distance education environment.

Cultural, linguistic, and individual differences are respected and accommodated in the distance education environment in the same manner as for residential education. Admission, internal and external clinical placements, and retention are maximally flexible and supportive of student differences within that possible to protect client welfare and to prepare students to meet essential functions and technical standards for professional SLP practice without invoking a disability-based accommodation. The educational externship for distance students occurs in the context of SLPA work requirements, so program accommodations for individual differences must also take into consideration employer requirements.

Standard 4.2 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 4.2.

None

Standard 4.3 Student Intervention

Standard 4.3 Student Intervention

The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program.



Requirement for Review:

- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum.
- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the clinical component of the curriculum.
- The program has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations.
- The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.

Findings

No findings provided

Standard 4.3 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Intervention noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in

compliance with this standard.

There were no citations regarding Student Interventions listed in the last Accreditation Action Report

Standard 4.3 Policy on Intervention

Describe the program's policies and procedures for identifying students who need intervention in order to meet program expectations for the acquisition of knowledge and skills in all aspects (academic and clinical) of the curriculum:

Academic aspects of the program

The education to become a speech-language pathologist involves two standards: grades and competencies. As indicated in the department graduate education policies page, graduate students must achieve a minimum GPA of 3.0 across their coursework and earn no more than one grade of C+ or lower. Students must also achieve the competencies for the ASHA Knowledge And Skill Assessment (KASA) associated with each course in their program. Intervention, also called remediation, is provided for students not meeting those expectations.

Each division regularly monitors its graduate students' academic and clinical progress toward the standards. Speech-language pathology and audiology graduate students can view their program progress on CALIPSO. Students must meet all specified items on the final CALIPSO KASA Summary Report. Graduation documents will not be filed with the Graduate School if any graduate level competencies have not been signed off. ASHA program verification for certification will not be signed by the Program Director until the student meets all required KASA standards.

Instructors specify on their course syllabi the knowledge and skills standards that are competency "sign-offs" for their courses, and how they meet the competencies within that course. Students who do not meet the competency criterion on the specified evaluation task (e.g., total exam, exam section, assignment, activity) are given further opportunities such as other tasks in that course, a task re-do, or other specially-designed tasks. In some cases, students may have another opportunity in another course or context. Performance on any re-takes or additional tasks will not change the original task grade or the final course grade. A course is more than a collection of competency objectives tied to a particular standard. Other valuable learning experiences contribute to the knowledge gained and the course grade. As a result, it is possible for a student to earn a course grade of B- or higher but have made additional efforts to meet particular competencies; conversely, it is possible for the student to meet all the competencies at the first opportunity, but earn a course grade of C+ or lower.

If a student does not meet designated competencies within a course or practicum placement, a formal Remediation plan may be put in place. When a student goes on formal Remediation, a plan of action with specific performance criteria will be designed by a division committee comprised of at least the instructor and the Clinic Director or Division Chair in the student's discipline area. If the Remediation plan requires a student to repeat a course or part of a course, the student will audit the course or enroll in an independent study for the number of credit hours determined in the remediation

plan. The repetition grade will not replace or change the grade earned in the original course. The grade on that remediation course will count toward the maximum of two unsatisfactory grades.

If a student on a Remediation Plan fails to successfully remediate but has not met the maximum of two unsatisfactory grades, the student will be placed on departmental probation the following semester. The Division will determine the actions and timeline required for the student to end probation up to a maximum of one additional semester. If a student fails to successfully complete the required probationary steps within the assigned timeline then that student may be dismissed from the graduate program.

For KASA competency standards addressed primarily by undergraduate coursework, transcripts must show successful completion of relevant coursework. Further documentary evidence such as course syllabi or assignment descriptions may be requested. Students may also have to demonstrate competence at the graduate level. Students who do not have undergraduate courses addressing neurological bases and aural rehabilitation must take those courses while in the graduate program.

Clinical aspects of the program

The prior response for academic aspects of student intervention applies to clinical aspects too. Clinical education is more interactive and responsive than academic education, so SLP supervisors provide greater support as needed for individual students. The additional support is intended to help the student improve and protect client welfare. The amount of support provided figures into the grade given to the student for that client assignment. If, despite the added support, the graduate student continues to display marked difficulties in that clinical assignment, a grade below B- is assigned. If the hours-weighted average across clinical assignments is lower than B- for a clinical course, the student is put on a formal Remediation plan to improve performance on the relevant knowledge and skills. As part of this policy, the clinical hours at the end of the semester in which a student earns a C+ or lower from a clinical assignment will not count towards ASHA clock hours.

When a formal written Clinical Remediation Plan is put into place, the student meets with their clinical instructor and the SLP Clinic Director, with the SLP Division Chair in attendance. If the concern involves an externship, the Externship Coordinator or Outreach Clinical Coordinator will be involved. The clinical concern is discussed and a plan of action designed with specific performance criteria as they relate to the clinical standard(s) of concern. The student and clinical instructor will regularly discuss and gather data on the student's progress toward meeting the goals of the Remedial Plan so that modifications can be made as appropriate. At the end of the semester, the student and clinical instructor will fill in the status on the Remediation Plan document to indicate the successful completion of the plan/remediation and whether any further action will be necessary. If the Remediation Plan involves enrolling in a graded course re-take or independent study, that grade will count toward the limit of two unsatisfactory course grades.

Standard 4.3 DE Policy on Intervention

Describe the program's policies and procedures for identifying distance education students who need intervention in order to meet program expectations for the acquisition of knowledge and skills in all aspects (academic and clinical) of the curriculum:

Academic aspects of the program

The same policy and procedures concerning intervention to achieve acquisition of academic knowledge and skills apply to distance education as campus education graduate SLP students. They receive instruction together, synchronously, with all the same expectations and supports. As noted in one of the other standards, at times, some campus students are taking the courses at a distance and distance students are taking courses on campus. Given the technologies of broadcast, zoom, and learning management system (Canvas at USU), there is no difference.

Clinical aspects of the program

The same policy and procedures concerning intervention to achieve acquisition of clinical knowledge and skills apply to the distance students. The Outreach Clinical Coordinator leads intervention/remediation efforts with the student and school externship supervisors. Students receive extra support with documentation to help them succeed and protect the welfare of their student-clients. If significant difficulties occur and a Clinical Remediation plan may be needed, the Outreach Clinical Coordinator meets with the Clinic Director and SLP Division Chair to set the procedure in process. If there is substantial evidence that difficulties involve personality clashes, a move of the student to another SLP supervisor in the school district or another district may be sought. The student can also be offered a switch to the campus track of the program.

Standard 4.3 Intervention Plan and Procedures

Describe the program's policies and procedures for ensuring that intervention plans are implemented, documented, and provided to students.

The program's policies and procedures ensure the implementation, written documentation, and provision of intervention plans to students. Each includes clear guidelines and timelines for plan execution, thorough record-keeping of interventions, and efficient distribution of plans to students.

Standard 4.3 DE Intervention Plan and Procedures

Describe the program's policies and procedures for ensuring that intervention plans are implemented, documented, and provided to distance education students.

For distance education students, in the same way as for campus students, the program's policies and procedures ensure the implementation, written documentation, and provision of intervention plans to students. Each includes clear guidelines and timelines for plan execution, thorough record-keeping of interventions, and efficient distribution of plans to students.

Standard 4.3 Intervention Consistency

Describe how these policies and procedures will be applied consistently across all students who are identified as needing intervention.

Application of the program's policies and procedures are done equitably and fairly. This means that each situation is individualized slightly based on significant features of the case, but each is based on clear precedent and prior practices.

Standard 4.3 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 4.3.

None

Standard 4.4 Student Information

Standard 4.4 Student Information

Students are informed about the program's policies and procedures, expectations regarding academic integrity and honesty, ethical practice, degree requirements, and requirements for professional credentialing.



Requirement for Review:

- The program must provide information regarding
 - program policies and procedures,
 - program expectations regarding academic integrity and honesty,
 - program expectations for ethical practice,
 - the degree requirements,
 - the requirements for professional credentialing.

Findings

No findings provided

Standard 4.4 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Information noted in the CAA Accreditation Action

Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Information listed in the last Accreditation Action Report

Standard 4.4 Students Informed of Policy

How are students informed about program policies and procedures? (Select all that apply)

Academic advising

Coursework

Student orientation meetings

Student handbooks

Website

Standard 4.4 Students Informed of Policy "Website"

Website URL:

<https://cehs.usu.edu/comdde/policies/index>

Standard 4.4 Students Informed of Honesty

How are students informed about expectations regarding academic integrity and honesty? (Select all that apply)

Academic advising

Coursework

Student handbooks

Website

Standard 4.4 Students Informed of Honesty "Website"

Website URL:

<https://www.usu.edu/student-conduct/>

Standard 4.4 Informed of Degree Requirements

How are students informed about degree requirements? (Select all that apply)

Academic advising

Coursework

Student orientation meetings

Student handbooks

Website

Standard 4.4 Informed of Degree Requirements "Website"

Website URL:

<https://cehs.usu.edu/comdde/graduate/ms-ma-in-comdde-slp>

Standard 4.4 Informed of Credential Requirements

How are students informed about requirements for professional credentialing? (Select all that apply)

Coursework

Student handbooks

Standard 4.4 Informed of Ethics

How are students informed about ethical practice? (Select all that apply)

Coursework

Student handbooks

Website

Other

Standard 4.4 Informed of Ethics "Website"

Website URL:

<https://cehs.usu.edu/comdde/graduate/ms-ma-in-comdde-slp>

Standard 4.4 Informed of Ethics "Other"

Specify Other:

Clinical instructors guide students on ethical decision-making and client welfare in individual cases.

Standard 4.4 Clarifying Information

Use the text below to provide any additional clarifying information regarding the program's compliance with Standard 4.4.

None

Standard 4.5 Student Complaints

Standard 4.5 Student Complaints

Students are informed about the processes that are available to them for filing a complaint against the program.



Requirement for Review:

- The program must provide information regarding the process and mechanism to file a complaint against the program within the sponsoring institution.
- The program must maintain a record of student complaints filed against the program within the sponsoring institution.
- The program must maintain a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct and make these available to the CAA upon request.
- Students must be made aware of the process and mechanism, including contact information for the CAA, to file a complaint related to the program's compliance with standards for accreditation.

Findings

No findings provided

Standard 4.5 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Complaints noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Complaints listed in the last Accreditation Action Report

Standard 4.5 Policy for Student Complaints

Describe the program's policy and procedures regarding student complaints and unlawful conduct.

Students who feel they have been unfairly treated in academic matters should first discuss the matter with the instructor. If the issue cannot be resolved, the student may contact the academic advisor who will contact the should contact the department head or assistant department head (who is also the SLP Division Chair and SLP Program Director). The student may choose to go directly to the department head or assistant department head. If matters are still not resolved to the student's satisfaction, the student may file a grievance though procedures and timelines specified in <https://studentconduct.usu.edu/studentcode/article7>. For matters of grievances pertaining to student conduct, see [Article V](#). For academic integrity, see [Article VI](#).

For matters of student well-being, discrimination or harassment, the student, instructor or other reporting employees may immediately file a report at the appropriate entity listed at <https://www.usu.edu/intervention/reporting>

Standard 4.5 Institution Complaint

Describe how the program conveys to students the process and mechanism required to file a complaint against the program within the institution.

The program clearly communicates to students the process of filing a complaint within the institution. It provides easily accessible information, including written materials and online resources, outlining the steps to follow, appropriate channels to approach, and necessary documentation. The program prioritizes transparency, fairness, and confidentiality, ensuring students are aware of their rights and feel supported in expressing concerns and seeking resolution.

Standard 4.5 Complaint Mechanism

Describe the program's policy for maintaining a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct, and describe how those complaints will be made available to the CAA upon request.

A confidential record of student complaints and steps taken to respond them are maintained in secure Box folders by the Dept Head, SLP Program Director (who is also Asst Dept Head and SLP Division Chair), and SLP Clinic Director. Depending on the nature of the complaint, the department may not have access to actions taken beyond the department level. Given that CAA has a legitimate interest in student welfare, and if the university allows it, CAA may be given access to these written records.

Standard 4.5 CAA Complaint

Describe how the program informs students of the process and mechanism required to contact the CAA to file a complaint regarding the program's compliance with accreditation standards.

The contact information and statement is posted on the SLP Graduate webpage under the CAA accreditation statement at <https://cehs.usu.edu/comdde/graduate/ms-ma-in-comdde-slp>

Students who have a complaint about compliance with accreditation standards may contact the Council on Academic Accreditation at <https://caa.asha.org/>, 800-498-2071, 301-296-5700, or caareports@asha.org.

Standard 4.5 Review of Complaints

Explain how student complaints are reviewed to assess their impact on compliance with accreditation standards.

Student complaints are carefully reviewed to assess their impact on compliance with accreditation standards. The process involves analyzing the nature of the complaint, evaluating its validity, and determining if it pertains to any specific accreditation requirement. The review may include gathering additional evidence, interviewing relevant parties, and assessing the overall impact on compliance. The goal is to ensure that any identified issues are addressed promptly and appropriately to maintain adherence to accreditation standards.

Standard 4.5 Privacy Complaint

Describe how the program protects the privacy of student information when handling student complaints.

The program prioritizes the protection of student privacy when handling student complaints. It follows strict protocols to ensure that student information remains confidential and is only accessed by authorized personnel involved in the complaint review process. The program adheres to relevant privacy laws and regulations and implements secure data storage and transmission practices. Confidentiality measures are in place to safeguard the privacy of student information throughout the complaint handling procedures.

Standard 4.5 DE Complaint Process

Describe any differences in the program's policy and procedures regarding student complaints and unlawful conduct as it applies to the distance education component. How does the program ensure privacy of student information for the distance education component?

The program uses the same policies and procedures regarding student complaints and unlawful conduct for distance education students as for campus students. Since the student is also an employee of the school district externship site, care is taken to separate student from employee issues, and to maintain student confidentiality and use appropriate complaint resolution procedures. The district may become involved if it is an employee issue and take appropriate actions (such as terminating SLPA employment for the student).

Standard 4.5 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 4.5.

None

Standard 4.6 Student Advising

Standard 4.6 Student Advising

Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.



Requirement for Review:

- The program must maintain records of advisement for each of its students.
- The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.
- The program must maintain records demonstrating that any concerns about a student's performance in meeting the program requirements, including language proficiency, are addressed with the student.

Findings

No findings provided

Standard 4.6 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Advising noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Advising listed in the last Accreditation Action Report

Standard 4.6 Advising Policy

Describe the student advisement processes with respect to academic and clinical instruction. Include in your description the timelines for advising, individuals who will serve as academic advisors, and access to adjunct faculty. Provide the web site URL if available.

The Graduate Advisor (who also has the title of Graduate Program Coordinator) conducts the initial advisement of students. Throughout the application process and then after students are accepted and a cohort is formed, the graduate advisor communicates with the students with individually and as a group about admission and registration. The graduate advisor examines their transcripts for undergraduate requirements, tells them the courses in which they should register for summer, and fall. The graduate advisor conducts the initial student summer orientation, with assistance from the clinic director and graduate program director. The graduate advisor guides students through processes and documentation throughout their programs. For specific clinical matters, the clinic director or externship coordinator or clinical outreach coordinator provide additional advising. The SLP Program Director (also called SLP Division Chair and Asst Dept Head) works behind the scene to guide the graduate advisor and other advisors, and is available directly to students as needed.

Standard 4.6 Academic Advisors

Indicate those individual(s) who serve as academic advisors. (Select all that apply)

Program Director

Staff

Standard 4.6 Clinical Advisors

If advisement of clinical performance is provided separate from academic advisement, indicate the individual(s) who serve as clinical advisors. (Select all that apply)

Clinical director

Clinical supervisor/preceptor

Standard 4.6 Clinical Advisement

How often do students receive clinical advisement?

More than once per term

Standard 4.6 Student Requirements

Describe the process that the program uses to identify students who may not meet program requirements, including those related to language proficiency.

Applicant materials are reviewed carefully to select top candidates for the program. If there are any questions about whether students may meet incoming program requirements, further investigation occurs. Minimum proficiency in English is determined by the university. Candidate statement and other materials, including a phone call with the candidate, may occur to determine if proficiency appears to be sufficient to be successful in clinical placements and become an English-speaking CCC-SLP by the end of the program.

Standard 4.6 Document Advisement

Describe the mechanisms that the program uses to document the timely and continuing advisement that pertains to students' academic and clinical progress.

The graduate advisor keeps records of timely and continuing advisement of students for academic progress. The clinic director keeps keeps records of timely and continuing advisement of students for clinical progress. Students can access CALIPSO for specific clinical progress and academic coursework progress records.

Standard 4.6 Document Student Performance

Describe the processes that the program uses to document concerns about a student's performance in meeting all program requirements and to ensure that those concerns are addressed with the student.

CALIPSO is used by division chair, clinical director, and supervisors to track academic and clinical requirements, and Degreeworks is used by advisor to track university requirements for graduation. Faculty meet to discuss concerns and

determine if further action is needed, such as remediation, repeating competencies, or clinical or professional development. If further action is required, faculty and supervisors document and meet with student to develop a plan.

Standard 4.6 Student Support

How are students informed about student support services? (Select all that apply)

Academic advising

Student orientation meetings

Website

Standard 4.6 Student Support "Website"

Website URL:

<https://gradschool.usu.edu/resources/student-resources>

Standard 4.6 Advisement

Describe how student advisement occurs for students in the residential component. Include an explanation about how advisement affects advisor workload and how students have access to faculty.

Advisement starts from before the time students are admitted. Advisor acts as primary contact for prospective, current, and alumni students in regards to admissions, program completion, and licensing question. Advisor is the liaison between students and administrative offices. Advising workload consists of advising appointments, maintaining timely email response, recruiting, tracking students through degree completion and graduation process, and helping facilitate student funding. Students receive a welcome letter with information and instructions. Then, in-person orientation occurs on the first day of the program. The Division Chair and Advisor go to the student's last day of summer courses to check-in and prepare for Fall semester. Throughout the year, advisor monitors registration and follows up on concerns. Faculty welcome student interactions and maintain office hours. Advising happens through a team of individuals: advisor, program chair, clinic director, externship coordinator, faculty, and supervisors.

Standard 4.6 DE Advisement

Describe how student advisement occurs for students in the distance education component. Include an explanation about how advisement affects advisor workload and how students have access to faculty.

Advisement starts from before the time students are admitted. Advisor acts as primary contact for prospective, current, and alumni students in regards to admissions, program completion, and licensing question. Advisor is the liaison between students and administrative offices. Advising workload consists of advising appointments, maintaining timely email response, recruiting, tracking students through degree completion and graduation process, and helping facilitate student funding. Students receive a welcome letter with information and instructions. Then, in-person orientation occurs on the first day of the program. The Division Chair and Advisor go to the student's last day of summer courses to check-in and

prepare for Fall semester. Throughout the year, advisor monitors registration and follows up on concerns. Faculty welcome student interactions and maintain office hours. Advising happens through a team of individuals: advisor, program chair, clinic director, externship coordinator, faculty, and supervisors.

Standard 4.6 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 4.6.

None

Standard 4.7 Student Progress Documentation

Standard 4.7 Student Progress Documentation

The program documents student progress toward completion of the graduate degree and professional credentialing requirements.



Requirement for Review:

- The program must maintain complete and accurate records of all students' progress during the entire time of their matriculation in the program.
- The records for each student must include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

Findings

No findings provided

Standard 4.7 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Progress Documentation noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Progress Documentation listed in the last Accreditation Action Report

Standard 4.7 Student Records

Describe the process for development and maintenance of documentation of each student's records for the entire time of his or her matriculation in the program.

For development and maintenance of documentation, when students are admitted, they are entered into the university

Banner system which tracks demographics, academic registration, and grades. Advisor maintains departmental records and student progress through Degreeworks, Excel spreadsheets, and facilitates graduation paperwork and PRAXIS completion. CALIPSO is used to track KASA standards and clinical hours. Clinic director tracks and ensures completion of competency form. Program chair oversees comprehensive exams and completion documentation, as well as any remediations needed throughout the program. Externship coordinator maintains contracts, completion, and site requirements of students on externships.

Standard 4.7 DE Student Records

Describe how the program develops and maintains documents of each student's records for the entire time of his or her matriculation in the program in the [distance education](#) component.

When students are admitted, they are entered into the university Banner system which tracks demographics, academic registration, and grades. Advisor maintains departmental records and student progress through Degreeworks, Excel spreadsheets, and facilitates graduation paperwork and PRAXIS completion. CALIPSO is used to track KASA standards and clinical hours. Clinic director tracks and ensures completion of competency form. Program chair oversees comprehensive exams and completion documentation, as well as any remediations needed throughout the program. Externship coordinator maintains contracts, completion, and site requirements of students on externships.

Standard 4.7 DE Student Progress Documentation

Describe how the program documents student progress toward the completion of the graduate degree and professional credentialing for students in the [distance education](#) component.

For distance ed student progress documentation, the same procedurs are used as for campus students. As part of graduation information, students are provided with links to licensure applications. Department utilizes Banner, Degreeworks, and CALIPSO to document and track student progress. Students have access to all of these records while completing the program. Students also learn about state, professional, and ASHA credentialling as part of their Professional Practice course.

Standard 4.7 Tracking Requirements

Describe the mechanisms that the program uses to ensure proper documentation and tracking of student progress toward meeting the academic, clinical, and other requirements for the degree.

For documentation and tracking of student progress, when students are admitted, they are entered into the university Banner system which tracks demographics, academic registration, and grades. Advisor maintains departmental records and student progress through Degreeworks, Excel spreadsheets, and facilitates graduation paperwork and PRAXIS completion. CALIPSO is used to track KASA standards and clinical hours. Clinic director tracks and ensures completion of competency form. Program chair oversees comprehensive exams and completion documentation, as well as any remediations needed throughout the program. Externship coordinator maintains contracts, completion, and site

requirements of students on externships.

Standard 4.7 Maintain Course of Study

If the program **does not** maintain the records required to document the student's planned course of study for completion of the degree and applicable credentials, use the space below to explain.

The program maintains these records

Standard 4.7 Monitor Course of Study

Describe the process used by the program to monitor and update each student's planned course of study to ensure they are kept accurate, complete and current throughout the student's graduate program.

Advisor monitors student registration each semester and updates a Program of Study in conjunction with the School of Graduate Studies.

Standard 4.7 Responsible for the Course of Study

Indicate the individual(s) responsible for maintaining the records for each student's planned course of study. (Select all that apply)

Academic advisor

Program director

Student

Other

Standard 4.7 Responsible for the Course of Study "Other"

Specify Other:

Program Director updates academic progress each semester including required formal Remediations on CALIPSO

Standard 4.7 Schedule for the Course of Study

Indicate the schedule or timeline for updating records for each student's planned course of study.

At least once every semester/quarter

Standard 4.7 Maintain Completion Records

If the program **does not** maintain the records required to document the student's progress toward completion of degree requirements, use the space below to explain.

The program maintains these records but the checkoff below "no data available" is nonsensical.

Standard 4.7 Monitor Completion Records

Describe the process used by the program to monitor and update records for student progress toward completion of degree requirements to ensure they are kept accurate, complete and current throughout each student's graduate program.

The academic advisor monitors and updates records toward degree completion every semester. Every student has a Program of Study that must be followed and documented to graduate. In addition, the academic advisor checks for additional requirements such as reporting a Praxis score to the department.

Standard 4.7 Responsible for the Completion Records

Indicate the individual(s) responsible for maintaining records toward each student's completion of degree requirements.

(Select all that apply)

Academic advisor

Standard 4.7 Schedule of Completion Records

Indicate the schedule or timeline for updating records toward each student's completion of degree requirements.

At least once every semester/quarter

Standard 4.7 Maintain Certification Records

If the program **does not** maintain the records required to document the student's progress toward the completion of certification requirements, use the space below to explain.

The program maintains these records

Standard 4.7 Monitor Completion Records

Describe the process used by the program to monitor and update records for each student's progress toward the completion certification requirements to ensure they are kept accurate, complete, and current throughout each student's graduate program.

The program monitors and updates records for each student's progress toward completion of certification requirements on CALIPSO. The academic advisor monitors and updates the degree progress needed for certification in university documentation locations. In addition, on CALIPSO, the clinic director checks the clinical part, the academic advisor checks off foundational UG courses, and the program director checks off academic courses.

Standard 4.7 Responsible for the Completion Records

Indicate the individual(s) responsible for maintaining records toward each student's progress toward the completion of certification requirements. (Select all that apply)

Academic advisor

Clinical advisor

Program director

Standard 4.7 Maintain Licensure Records

If the program **does not** maintain the records required to document the student's progress toward completions of state licensure, use the space below to explain.

The program does not track student progress toward completion of state licensure requirements beyond those required for CCC-SLP requirements which are the same as Utah licensure. It is up to individual students to meet other states' licensure requirements.

Standard 4.7 Responsible for Certification Requirements

Indicate the individual(s) responsible for maintaining records toward each student's progress toward the completion of certification requirements. (Select all that apply)

Academic advisor

Clinical advisor

Program director

Standard 4.7 Schedule of Certification Records

Indicate the schedule or timeline for updating records toward each student's progress toward the completion of certification requirements.

At least once every semester/quarter

Standard 4.7 Maintain Licensure Records

If the program **does not** maintain the records required to document the student's progress toward completion of state licensure, use the space below to explain.

Repeated question. Already answered prior question on Maintain Licensure Records.

Standard 4.7 Monitor Licensure Requirements

Describe the process used by the program to monitor and update records for student's progress toward completion of

state licensure to ensure they are kept accurate, complete and current throughout each student's graduate program.

The program does not track student progress toward completion of state licensure or teacher certification requirements beyond those required for CCC-SLP requirements. These are the same requirements for Utah licensure and teacher certification, but tracking for that does not specifically occur. It is up to individual students to meet other states' licensure requirements.

Standard 4.7 Responsible for Licensure Requirements

Indicate the individual(s) responsible for maintaining the records for each student's progress toward completion of state licensure. (Select all that apply)

Academic advisor

Standard 4.7 Schedule of Licensure Requirements

Indicate the schedule or timeline for updating records for each student's progress toward completion of state licensure.

At least once every semester/quarter

Standard 4.7 Maintain Teacher Certification Records

If the program **does not** maintain the records required to document the student's progress toward completion of state teacher certification and/or other program certifications, use the space below to explain.

The program maintains these records

Standard 4.7 Monitor Teacher Certification Records

Describe the process used by the program to monitor and update student's progress toward completion of state teacher certification and/or other program certifications to ensure they are kept accurate, complete and current throughout each student's graduate program.

The program does not track student progress toward completion of state licensure or teacher certification requirements beyond those required for CCC-SLP requirements. These are the same requirements for Utah licensure and teacher certification, but tracking for that does not specifically occur. It is up to individual students to meet other states' licensure requirements.

Standard 4.7 Responsible for Teacher Certification Records

Indicate the individual(s) responsible for maintaining the records for each student's progress toward completion of state teacher certification and/or other program certification. (Select all that apply)

Academic advisor

Standard 4.7 Schedule of Teacher Certification Records

Indicate the schedule or timeline for updating records for each student's progress toward completion of state teacher certification and/or other program certifications.

At least once every semester/quarter

Standard 4.7 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 4.7.

None

Standard 4.8 Availability of Student Records

Standard 4.8 Availability of Student Records

The program makes the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for the credential(s).



Requirement for Review:

- The program must provide each student access to his or her own records upon request.
- The program must make records available to program graduates and those who attended the program, but did not graduate.
- The availability of records for program graduates and those who attended the program, but did not graduate, must be consistent with the institution's and the program's policies regarding retention of student records.

Findings

No findings provided

Standard 4.8 Prior Concerns

If there were areas of non-compliance or follow-up regarding Availability of Student Records noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Availability of Student Records listed in the last Accreditation Action Report

Standard 4.8 Access for Graduates

Describe the process that the program uses to provide access to student records that are requested by the students and by program graduates.

Students have access through Banner to their records. They can also contact the registrar for academic information, using their student identification number and required identity documentation. For clinical education records, students access CALIPSO directly. If alumni cannot access their CALIPSO records, they can request the information with their student identification number and identity documentation.

Standard 4.8 Access for Non-Graduates

Describe the processes that the program uses to provide access to student records that are requested by those who attended the program but did not graduate.

The same as for graduates of the program.

Standard 4.8 Institution Policy for Records

Describe the institution's policy for retention of student records.

As reported by the USU Assistant Registrar Adam Gleed, the institution follows the retention and disposal of student records specified by the governing body of the American Associate of Collegiate Registrars and Admissions Officers. The document specifying this can be retrieved at:

https://2014.accreditation.ncsu.edu/pages/3.9/3.9.2/AACRAO_Retention_Guidelines.pdf

Standard 4.8 Program Policy for Records

Describe the program's policy for retention of student records.

The program retains student clinical and academic records for at least 10 years. Now that everything is digitized, we do not have space issues so we do not intentional delete any records.

Standard 4.8 Difference in Policy for Records

Explain the rationale for any differences between the institutional policy and the program policy for retention of student records.

The program has a simpler policy.

Standard 4.8 DE Available Progress

Describe how documentation of student progress toward the completion of graduate degree and professional credentialing requirements will be readily available to students, graduates, and those who attended the program, but did not graduate in the [distance education](#) component.

Same as for the campus education students

Standard 4.8 Clarifying Information

Use the space below to provide any additional clarifying information regarding the program's compliance with Standard 4.8.

None

Standard 4.9 Student Support Services

Standard 4.9 Student Support Services

Students are provided information about student support services available within the program and institution.



Requirement for Review:

- The program must have a mechanism to inform students about the full range of student support services (beyond accommodations for disabilities addressed in Standard 4.2) available at the sponsoring institution.

Findings

No findings provided

Standard 4.9 Prior Concerns

If there were areas of non-compliance or follow-up regarding Student Support Services noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Support Services listed in the last Accreditation Action Report

Standard 4.9 Institution Student Support

Describe the mechanism by which students are informed about the full range of student support services available at the sponsoring institution.

Students are provided the link to university resources in their welcome letter. Student resources are then touched upon during orientation.

Standard 4.9 DE Student Support

Describe how students in the distance education component will have access to support services (advising, library resources, counseling for students with disabilities, etc.) available to students in the residential program.

Distance education students have access to support services through virtual platforms, ensuring equitable access to advising, library resources, and counseling. Online communication channels, such as video conferencing and chat systems, facilitate interactions with advisors, librarians, and counselors, mirroring the support available to residential program students. Efforts are made to ensure comprehensive support for all learners regardless of their physical location.

Standard 4.9 Clarifying Information

Use the text box to provide any additional clarifying information regarding the program's compliance with Standard 4.9.

None

Standard 4.10 Verification of Student Identity

Standard 4.10 Verification of Student Identity

The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.



Requirement for Review:

- The program must document that the institutional policies regarding verification of a student's identity are followed and implemented and applied consistently.
- The program must make clear that the identities of students enrolled in a distance education course or program are protected.
- If there are fees associated with learning within a distance modality, the program must document how that information is provided to students.
- If the institution does not have specific policies, the program must develop and implement its own policies for this purpose.

Findings

No findings provided

Standard 4.10 Prior Concerns

If there were areas of non-compliance or follow-up regarding Verification of Student Identity noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in

compliance with this standard.

There were no citations regarding Verification of Student Identity listed in the last Accreditation Action Report

Standard 4.10 Policy for Identification

Describe the institution's policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.

Note: If the institution does not have specific policies, indicate below.

The institution employs policies and procedures to verify the identity of distance education students throughout their participation and completion of courses/programs. These may include authentication methods during registration, secure login credentials, and periodic identity verification measures. Additionally, monitoring mechanisms, such as video conferencing, proctored exams and assignment submission protocols, ensure that the enrolled student is actively participating and receiving appropriate academic credit.

Standard 4.10 Program Identification Policy

Describe the program's policies and procedures for verifying that a student who registers for a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit.

Note: If the institution does not have specific policies, the program must develop and implement its own policies for this purpose.

Repeated qn. See answer in prior question.

Standard 4.10 Program Identification Process

Describe the program's policy for ensuring that the identity verification process protects the privacy of a student enrolled in the distance education course or program and that the process for implementing the policy is conducted in a consistent manner.

The program maintains a strict policy to protect the privacy of distance education students during the identity verification process. Confidentiality measures are implemented to ensure that personal information is securely handled and accessible only to authorized personnel. The process is conducted consistently, following established guidelines and protocols, with a focus on maintaining the privacy and confidentiality of each enrolled student.

Standard 4.10 DE Fees for Identification

Describe the program's policy for notifying students, upon enrollment, of any fees associated with verification of identity for distance education.

There are no fees charged for verification of identity for distance education

Standard 4.10 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 4.10.

None

Standard 5.0 Assessment

Standard 5.0 Assessment

Standard 5.1 Assessment of Student Learning

Standard 5.1 Assessment of Student Learning

The program regularly assesses student learning.



Requirement for Review:

- The program must demonstrate that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.
- The program must demonstrate that it provides a learning environment that provides each student with consistent feedback.

Findings

No findings provided

Standard 5.1 Prior Concerns

If there were areas of non-compliance or follow-up regarding Assessment of Student Learning noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Assessment of Student Learning listed in the last Accreditation Action Report

Standard 5.1 Student Learning Outcomes Process

Describe the processes that the program will use to assess achievement of student learning outcomes.

The program utilizes multiple processes to assess student learning outcomes in terms of both grades and competencies. For the academic coursework, these may include assignments, quizzes, exams, projects, and presentations, which are evaluated using rubrics or grading criteria. Additionally, student participation in discussions, group work, and online activities is considered. For clinical education, the primary process of assessment is performance on live and documentation tasks involving client care, which include actions directed at screening, evaluation, treatment planning, treatment execution, progress data collection, and treatment outcome reporting. Competency is evaluated in terms of independent and scaffolded performance. Clinical competencies may also be assessed through practical demonstrations, simulations, or example case studies. The assessment processes are designed to provide a comprehensive evaluation of students' knowledge, skills, and abilities, aligning with the program's learning objectives and ensuring accurate measurement of their achievement.

Standard 5.1 Knowledge and Skills Acquisition

Describe the processes that the program will use to assess acquisition of the expected knowledge and skills.

The program utilizes multiple processes to assess student acquisition of the expected knowledge and skills in terms of both grades and competencies. For the academic coursework, these may include assignments, quizzes, exams, projects, and presentations, which are evaluated using rubrics or grading criteria. Additionally, student participation in discussions, group work, and online activities is considered. For clinical education, the primary process of assessment is performance on live and documentation tasks involving client care, which include actions directed at screening, evaluation, treatment planning, treatment execution, progress data collection, and treatment outcome reporting. Competency is evaluated in terms of independent and scaffolded performance. Clinical competencies may also be assessed through practical demonstrations, simulations, or example case studies. The assessment processes are designed to provide a comprehensive evaluation of students' knowledge, skills, and abilities, aligning with the program's learning objectives and ensuring accurate measurement of their achievement.

Standard 5.1 Student Feedback

Describe the processes and mechanisms that the program uses to provide regular and consistent feedback to each student regarding his or her progress in achieving the expected knowledge and skills in all academic and clinical modalities (including all off-site experiences) of the program.

The program provides regular and consistent feedback to each student regarding their progress in achieving expected knowledge and skills. For academic coursework, this includes ongoing communication with instructors, feedback on assignments and assessments, and individualized discussions on strengths and areas for improvement. For clinical experiences, there is ongoing critical and constructive guidance and feedback from instructors before, after, and if necessary, during a session. There is feedback after every session including students doing their own reflective feedback. Additionally, periodic evaluations, mentorship, and advisory sessions facilitate tracking and monitoring of student progress. Externship supervisors provide regular guidance and feedback to students around clinical interactions. Records of clinical

feedback are maintained by instructors and entered into CALIPSO.

Standard 5.1 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.1.

None

Standard 5.2 Program Assessment of Students

Standard 5.2 Program Assessment of Students

The program conducts ongoing and systematic formative and summative assessments of the performance of its students.



Requirement for Review:

- The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.
- Assessments must be administered by multiple academic and clinical faculty members.
- The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills.
- The program must demonstrate that student assessment is applied consistently and systematically.
- For purposes of assessing compliance, the Praxis examination cannot be used to meet this standard as a form of summative assessment.

Findings

No findings provided

Standard 5.2 Prior Concerns

If there were areas of non-compliance or follow-up regarding Program Assessment of Students noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Assessment of Students listed in the last Accreditation Action Report

Standard 5.2 Assessment Plan

Describe the assessment plan that the program uses to assess performance of students, including the timelines for

administering the elements of the assessment plan. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.

The program implements an assessment plan that incorporates a variety of techniques to assess student performance. Formative assessments, such as quizzes discussions, group work, and online activities provide ongoing feedback to guide learning. Summative assessments within courses, including final exams and projects, are used to evaluate overall achievement. For clinical education, the primary process of assessment is performance on tasks involving client care, which include actions directed at screening, evaluation, treatment planning, treatment execution, progress data collection, and treatment outcome reporting. Clinical competencies may also be assessed through practical demonstrations, simulations, or example case studies.

The assessment plan includes clear timelines for administering academic and clinical assessments each semester, ensuring timely feedback, identifying areas for improvement, and determining overall competency. By combining formative and summative methods, the program maintains a comprehensive and balanced approach to assessing student progress and learning outcomes. Campus students must achieve specified competency levels on CALIPSO and two supervisors signing off on the core competency checklist by the end of their third semester of the campus clinical course (6100) to proceed to externships (6200, 6300, 6400) beginning in Summer 2. For Distance students, the educational externship (6200) is the equivalent of the 6100 course. Students must obtain signoff on the core clinical competency checklist from the Outreach Clinical Coordinator and their school site supervisor at the end of their third semester to proceed to their medical externship (6400) in Summer 2.

The final cumulative summative assessment events are the last two externships (6200, 6400) in Fall 2 and Spring 2, and the comprehensive exam in Spring 2. For students on the thesis track, the thesis report and final defense shows an individualized set of summative competencies.

Standard 5.2 Learning Goals

Describe the processes that the program will use to assess the extent to which students meet the learning goals that were developed to address the acquisition of knowledge and skills, attributes, and abilities, including professionalism and professional behaviors.

The program uses multiple procedures to assess the extent to which students meet the academic and clinical learning goals. These processes may include evaluating knowledge through exams, assessing skills through practical demonstrations or simulations, and observing professional behaviors in clinical or professional settings. Rubrics or established criteria are used to measure the acquisition of attributes and abilities, including professionalism. Specific clinical knowledge and skill achievement are documented on CALIPSO. The assessment processes provide a comprehensive evaluation of students' progress towards achieving the learning goals.

Standard 5.2 Three Learning Outcome Examples

Provide three examples of student learning goals that address the acquisition of knowledge and skills, aptitudes, and abilities, including professionalism and professional behaviors. Describe how they are related to the mission of the program.

Examples	Description	How it's related to the Program Mission
Graduate Learning Outcome 1	To address CFCC KASA Standard IV-F on research processes and integration of research principles into evidence-based clinical practice: one of five student learning goals from Introduction to Research Methods (6230) is for the student to “locate, summarize, and evaluate research sources”	This is related to the Program Mission of preparing speech-language pathologists to evaluate and treat speech, language, cognition, literacy, and swallowing disorders for individuals across the lifespan through academic, research, and clinical experiences.
Graduate Learning Outcome 2	To address CFCC KASA Standard IV-D on principles and methods of prevention, assessment, and intervention regarding articulation, voice, and resonance: one of six student learning goals from Motor Speech Disorders (6130) is for the student to "determine appropriate management plans based on an awareness of the range of speech treatment approaches employed in acquired motor speech disorders”	This is related to the Program Mission of preparing speech-language pathologists to evaluate and treat speech, language, cognition, literacy, and swallowing disorders for individuals across the lifespan through academic, research, and clinical experiences.
Graduate Learning Outcome 3	To address CFCC KASA Standards 4-E on Ethical conduct and V-B on Interaction and Personal Qualities: one of many learning goals from all the practicum courses (6100, 6200, 6300, 6400) is that a student will "adhere to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a	This is related to the Program Mission of preparing speech-language pathologists to evaluate and treat speech, language, cognition, literacy, and swallowing disorders for individuals across the lifespan through academic, research, and clinical experiences.

	professional, ethical manner"	
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Standard 5.2 Assessment Examples

Provide examples of how the program uses formative and summative assessments to evaluate students' academic and clinical progress.

Note: for purposes of assessing compliance, the Praxis examination cannot be used to meet this standard as a form of summative assessment.

<p>Academic Formative Assessment</p>	<p>For evidence-based practice knowledge and skills, students have multiple sequenced formative assignments: In Fall1 Research Methods (6230), there are three assignments that build on each other: (a) a pairs annotated literature search on a clinical qn; an individual evaluation of one of the data-based studies collected in the literature search; and then a team presentation on an EBP question that arises from one of their clinical experiences in which they must combine research evidence with clinical expertise and client features. In Spring1, students followup with an EBP presentation for one of their clinical assignments (6100).</p>
<p>Academic Summative Assessment</p>	<p>The Comprehensive examination (6930) is the culminating summative academic assessment in our program. In a comprehensive case-based written examination in speech-language pathology, students demonstrate their ability to analyze, synthesize, apply, and express knowledge from across their graduate academic and clinical course work at an entry-practice level. The examination assesses student competence in two major topic areas using a case-based approach, with the areas, cases, and specific questions determined each year by the committee. Each case and questions are designed and graded by at least two members of the committee with relevant expertise and experience in the graduate program.</p>
<p>Clinical Formative Assessment</p>	<p>There are many formative clinical assessments across the three clinic semesters (6100) and three externships (6200, 6300, 6400) for campus-based students. For treatment skills in 6100: for a single client, a student goes through multiple formative opportunities including discussing a client after reviewing written and video records, generating treatment goals and plans, receiving written feedback on those plans, revising them further, meeting over the plans, possibly role-playing parts of the treatment procedure with the supervisor, executing the procedure with</p>

	<p>the client, receiving written and oral feedback about their performance, possibly watching the supervisor carry out the procedure, then doing it again with further written and oral feedback. This continues throughout the semester with written and oral feedback aimed at increasing expectations of competence and independence. Students are graded in CALIPSO across competencies, and receive a mid-term and final grade for every client with expectations matched to the semester and client complexity. By the end of the semester, if a student fails to earn a minimum grade of B-, then a student enrolls in a formal for-credit Remediation which provides further opportunities to meet the expected competencies.</p>
<p>Clinical Summative Assessment</p>	<p>There are two main summative assessment opportunities. The first is the Core Clinical Competency form which must be signed off by two campus clinical supervisors (6100). This must be completed for students to proceed into externships. The second is the last half of the final externship. This is the culminating summative clinical assessment in our program. For campus students, this is usually the 10+ week full-time medical externship (6400). Some students take the three externships (6200, 6300, 6400) in a different order, but whatever is the final externship is the last opportunity to demonstrate competence sufficient for entry-level clinical practice and a passing grade. Mid-term CALIPSO grades flag chances to rectify weaknesses, with the last weeks of the final externship are the final period of summative assessment. If students fail this final externship and they have no other unsuccessful course grades, another opportunity in a different externship is set up for them. Hopefully, that is sufficient, and competency is displayed and graduation occurs.</p>

Standard 5.2 DE Assessment Examples

For the distance education component, provide examples of how the program uses formative and summative assessments to evaluate students' academic and clinical progress.

Note: for purposes of assessing compliance, the Praxis examination cannot be used to meet this standard as a form of summative assessment.

<p>Academic Formative Assessment</p>	<p>For evidence-based practice knowledge and skills, students have multiple sequenced formative assignments: In Fall1 Research Methods (6230), there are three assignments that build on each other: (a) a pairs annotated literature search on a clinical qn; an individual evaluation of one of the data-based studies collected in the literature search;</p>
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	<p>and then a team presentation on an EBP question that arises from one of their clinical experiences in which they must combine research evidence with clinical expertise and client features. In Spring1, students followup with an EBP presentation for one of their clinical assignments (6200) that is designed and graded by the clinical outreach coordinator.</p>
<p>Academic Summative Assessment</p>	<p>The Comprehensive examination (6930) is the culminating summative academic assessment in our program. In a comprehensive case-based written examination in speech-language pathology, students demonstrate their ability to analyze, synthesize, apply, and express knowledge from across their graduate academic and clinical course work at an entry-practice level. The examination assesses student competence in two major topic areas using a case-based approach, with the areas, cases, and specific questions determined each year by the committee. Each case and questions are designed and graded by at least two members of the committee with relevant expertise and experience in the graduate program.</p>
<p>Clinical Formative Assessment</p>	<p>There are many formative clinical assessments across the four semesters of school externship (6200) and medical externships (6400) for campus-based students. In their SLPA work setting, a subset of their caseload has been designated as part of their graduate education program and clinical contact hours. This subset changes across semesters to allow opportunities across a variety of clients, disorders, and ages. For a designated student-client, the graduate student goes through multiple formative opportunities with their SLP supervisor or with the SLP Outreach Clinical Coordinator. These include discussing a client after reviewing records, generating treatment goals and plans, receiving written feedback on those plans, revising them further, meeting over the plans, possibly role-playing parts of the treatment procedure with the supervisor, executing the procedure with the client, receiving written and oral feedback about their performance, possibly watching the supervisor carry out the procedure, then doing it again with further written and oral feedback. This continues throughout the semester with written and oral feedback aimed at increasing expectations of competence and independence. Students are graded in CALIPSO on every client at mid-term and final with expectations matched to the semester and client complexity.</p>
<p>Clinical Summative Assessment</p>	<p>There are two main summative assessment opportunities. The first is the Core Clinical Competency form which must be signed off by both the SLP supervisor</p>

and the Clinical Outreach Coordinator (6200). This must be completed for students to proceed into the Summer1 Medical Externship (6400). The second is the last half of the final externship. For distance students, the fourth semester of their educational placement (6200) is the last opportunity to demonstrate competence sufficient for entry-level clinical practice and a passing grade. Mid-term CALIPSO grades flag chances to rectify weaknesses, with the last weeks of the final externship are the final period of summative assessment. If students fail this final externship and they have no other unsuccessful course grades, another opportunity in a different externship is set up for them. Hopefully, that is sufficient, and competency is displayed and graduation occurs.

Standard 5.2 Student Progress Evaluated

Describe the protocols for administering the assessment plan, including the use of multiple academic and clinical faculty.

Protocols for assessment of academic learning in each course are determined by individual instructors. Each semester, there are at least two academic courses with different instructors, providing multiple sources of data on student performance. The instructors specify on their syllabi what topics they address, how they assess student performance, and how assignment grades are combined for a final grade. For the learning goals that contribute to competencies in the relevant KASA standards, instructors specify on their syllabi the opportunities to demonstrate achievement of these competencies and how additional support (informal remediation) allows students to meet the learning goals within that course. Each semester, the SLP Program Director documents attainment of the relevant academic course competencies in CALIPSO. If students fail to meet the minimum grade and/or competencies in that course, then the instructor and SLP Program Director meet over setting up a formal for-credit Remediation opportunity.

Protocols for assessment of clinical learning are set by the clinical faculty based on the KASA standards as specified in CALIPSO. For the first semester of clinic (6100, Summer1), each student has only one client and one supervisor. For the campus students in the Fall and Spring of 6100, each student has multiple clients and clinical supervisors in treatment or evaluation team assignments. Each of those semesters, the final competencies and clinic grade are determined by at least three supervisors based on multiple clinical experiences. The clinic director reviews CALIPSO assessment data for all the students and meets regularly with the clinical faculty about the students. For each externship, there may be one or multiple supervisors. The externship coordinator receives the mid-term and final grades, and does additional checks in with the externship supervisor and student, especially if difficulties are apparent.

For students having significant clinical or academic difficulties, the SLP program director meets with the relevant

faculty to review the case and determine supportive actions. Program extension or termination actions are developed based on program policy, the specifics of the particular case, prior case actions, and precedent-setting implications. At the regular monthly SLP Division meetings, graduate student performance in each cohort (1st Year Campus, 1st Year Distance, 2nd Year Campus, 2nd Year Distance) is reviewed. For students who are having academic or clinical difficulties, supportive actions and program decisions that have been taken or are planned to be taken are discussed and possibly modified. For students who at risk of program extension or termination, decision paths are explicated based on program policy, the specifics of the particular case, prior case actions, and precedent-setting implications.

Standard 5.2 DE Student Progress Evaluated

For students in the distance education component, describe the protocols for administering the assessment plan, including the use of multiple academic and clinical faculty.

For academic learning, the same protocols are administered as for campus-based students.

For campus and distance students, a common protocol for assessment of clinical learning are set by the clinical faculty based on the KASA standards as specified in CALIPSO. For the first semester of clinic (6100, Summer1), each student has only one client and one supervisor. For the distance students in the four semesters of 6200, each student has multiple clients with supervision provided by the SLP supervisor and/or the clinical outreach coordinator. Each semester, the final competencies and clinic grade are determined by these two supervisors based on multiple clinical experiences. For the medical externship, there may be one or multiple supervisors. The clinical outreach coordinator receives the mid-term and final grades, and does additional checks in with the externship supervisor and student, especially if difficulties are apparent.

For students having significant clinical or academic difficulties, the SLP program director meets with the relevant faculty to review the case and determine supportive actions. Program extension or termination actions are developed based on program policy, the specifics of the particular case, prior case actions, and precedent-setting implications. At the regular monthly SLP Division meetings, graduate student performance in each cohort (1st Year Campus, 1st Year Distance, 2nd Year Campus, 2nd Year Distance) is reviewed. For students who are having academic or clinical difficulties, supportive actions and program decisions that have been taken or are planned to be taken are discussed and possibly modified. For students who at risk of program extension or termination, decision paths are explicated based on program policy, the specifics of the particular case, prior case actions, and precedent-setting implications.

Standard 5.2 Assessment Measures

Describe the use of the assessment measures to evaluate and enhance student progress and acquisition of knowledge and skills, and how the assessment measures are applied consistently and systematically.

In academic coursework, to help ensure that outcome measures are applied consistently and systematically across students, the number, type, and relative grading weight of each measure is indicated in the syllabus, For the clinical education, grading rubrics are specified and used within CALIPSO. The grading procedures are transparent and documented for each graded event whether it is academic or a clinical learning assessment event.

Standard 5.2 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.2.

None

Standard 5.3 Ongoing Program Assessment

Standard 5.3 Ongoing Program Assessment

The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.



Requirement for Review:

- The assessment protocols must be used to evaluate the academic and clinical aspects of the entire program.
- The program must collect data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program's success in achieving its goals, objectives, and the extent to which student learning outcomes have been met.
- The program must systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the program's stated goals and objectives and the measured student learning outcomes.

Findings

No findings provided

Standard 5.3 Prior Concerns

If there were areas of non-compliance or follow-up regarding Program Assessment noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Assessment listed in the last Accreditation Action Report

Standard 5.3 Program Quality

Describe the assessment protocols used to evaluate the quality of the academic and clinical aspects of the entire program.

The program uses multiple measures to evaluate the overall quality of the academic and clinical program to indicate areas of strength or need for improvement. Student evaluation of academic courses and instructors are obtained every semester for every course. A qualtrix survey evaluation has been designed by clinical faculty across disciplines in the College Sorenson Center for Clinical Excellence. This student survey better evaluates clinical supervisors than the standard course evaluation system used by the university (called IDEA).

Student performance on comprehensive exam and praxis are considered. Externship supervisor feedback across educational, medical, and other settings is examined. A student exit interview and a 1-year alumni survey are conducted to provide further program feedback.

The three graduate divisions select student representatives who meet with the dept head at least once per semester to discuss program satisfaction. Student wellness surveys are now being deployed at least once per fall and spring semester in the first year and a half of the SLP program which provide further indications of the quality of the program or at least of student satisfaction with it.

The program director shares all the program assessment outcomes except teaching evaluations with the faculty at the annual retreat or regular monthly meetings. Outcomes are reviewed and if weakness are detected, ways of improving the program within available resources are determined (e.g., no more courses or credits can be added - something has to be removed to make space for anything new).

The Dept Head examines the student teaching evaluations and meets with academic faculty at least annually about their teaching performance. The Clinic Director is the work supervisor for the campus clinical instructors and for the Outreach Clinical Coordinator, so she sees the student clinical teaching evaluations. and meets with those faculty at least annually about their clinical teaching performance. Both program leaders communicate as appropriate to the SLP Program Director about instructor performance. These three leaders work as a team to maximize program quality.

Standard 5.3 Evaluate Program Assessment

Describe the procedures that the program uses to evaluate the quality, currency, and effectiveness of the program and each program component.

The program uses multiple measures to evaluate the overall quality of the academic and clinical program to indicate areas of strength or need for improvement. Student evaluation of academic courses and instructors are obtained every semester for every course. A qualtrix survey evaluation has been designed by clinical faculty across disciplines in the College Sorenson Center for Clinical Excellence. This student survey better evaluates clinical supervisors than the standard course evaluation system used by the university (called IDEA).

Student performance on comprehensive exam and praxis are considered. Externship supervisor feedback across educational, medical, and other settings is examined. A student exit interview and a 1-year alumni survey are conducted to provide further program feedback.

The three graduate divisions select student representatives who meet with the dept head at least once per semester to discuss program satisfaction. Student wellness surveys are now being deployed at least once per fall and spring semester in the first year and a half of the SLP program which provide further indications of the quality of the program or at least of student satisfaction with it.

Standard 5.3 Self Study Process

Describe the processes by which the program will engage in systematic self-study.

The program uses multiple measures to evaluate the overall quality of the academic and clinical program to indicate areas of strength or need for improvement. Student evaluation of academic courses and instructors are obtained every semester for every course. A qualtrix survey evaluation has been designed by clinical faculty across disciplines in the College Sorenson Center for Clinical Excellence. This student survey better evaluates clinical supervisors than the standard course evaluation system used by the university (called IDEA). CALIPSO provides a location for students to confidentially evaluate their externship supervisors.

Student performance on comprehensive exam and praxis are considered. Externship supervisor feedback across educational, medical, and other settings is examined. A student exit interview and a 1-year alumni survey are conducted to provide further program feedback.

The three graduate divisions select student representatives who meet with the dept head at least once per semester to discuss program satisfaction. Student wellness surveys are now being deployed at least once per fall and spring semester in the first year and a half of the SLP program which provide further indications of the quality of the program or at least of student satisfaction with it.

The program director shares all the program assessment outcomes except teaching evaluations with the faculty at the annual retreat or regular monthly meetings. Outcomes are reviewed and if weakness are detected, ways of improving the program within available resources are determined (e.g., no more courses or credits can be added - something has to be removed to make space for anything new).

The Dept Head examines the student teaching evaluations and meets with academic faculty at least annually about their teaching performance. The Clinic Director is the work supervisor for the campus clinical instructors and for the Outreach Clinical Coordinator, so she sees the student clinical teaching evaluations. and meets with those faculty at least annually about their clinical teaching performance. Both program leaders communicate as appropriate to the SLP Program Director about instructor performance. These three leaders work as a team to maximize program quality.

Standard 5.3 Evaluation Mechanism

Describe the mechanisms that the program uses to evaluate each program component.

The program uses multiple measures to evaluate the overall quality of the academic and clinical program to indicate areas of strength or need for improvement. Student evaluation of academic courses and instructors are obtained every semester for every course. A qualtrix survey evaluation has been designed by clinical faculty across disciplines in the College Sorenson Center for Clinical Excellence. This student survey better evaluates clinical supervisors than the standard course evaluation system used by the university (called IDEA).

Student performance on comprehensive exam and praxis are considered. Externship supervisor feedback across educational, medical, and other settings is examined. A student exit interview and a 1-year alumni survey are conducted to provide further program feedback.

The three graduate divisions select student representatives who meet with the dept head at least once per semester to discuss program satisfaction. Student wellness surveys are now being deployed at least once per fall and spring semester in the first year and a half of the SLP program which provide further indications of the quality of the program or at least of student satisfaction with it.

The program director shares all the program assessment outcomes except teaching evaluations with the faculty at the annual retreat or regular monthly meetings. Outcomes are reviewed and if weakness are detected, ways of improving the program within available resources are determined (e.g., no more courses or credits can be added - something has to be removed to make space for anything new).

The Dept Head examines the student teaching evaluations and meets with academic faculty at least annually about their teaching performance. The Clinic Director is the work supervisor for the campus clinical instructors and for the Outreach Clinical Coordinator, so she sees the student clinical teaching evaluations. and meets with those faculty at least annually

about their clinical teaching performance. Both program leaders communicate as appropriate to the SLP Program Director about instructor performance. These three leaders work as a team to maximize program quality.

Standard 5.3 Program Improvement

Describe how the program will use the results of the assessment processes to improve the program.

The speech-language pathology program utilizes the assessment results to enhance its academic and clinical curriculum and teaching methods. It analyzes the data to identify areas where students are struggling or excelling, adapt instructional approaches, and make strategic programmatic modifications. By carefully monitoring assessment outcomes, the program faculty and staff aim to optimize student learning, ensure competency development, and improve the effectiveness of its educational offerings.

Standard 5.3 DE Student Evaluation

Describe the procedures that the program uses for seeking student evaluation of academic and clinical education in the distance education component.

All the procedures applied to the campus program are applied in the distance education program. The only difference is that the outreach clinical coordinator can be evaluated through the standard IDEA because that is the only faculty instructor in that course (6200) -- the students' externship supervisors are evaluated through CALIPSO.

Standard 5.3 Program Procedures

Indicate the procedures used by the program to assess the quality, currency, and effectiveness of the graduate program's academic and clinical education.

Type of Program Assessment	Frequency
Advisory committee review	No assessment
Curriculum review committee	Greater than every 4 years
Employer surveys	No assessment
Supervisor/preceptor evaluations	More often than annually
Program annual reports	Annually
Program staff/faculty meetings and retreats	More often than annually
University reviews	Annually

Other - Describe the type of assessment and frequency	
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Standard 5.3 Student Procedures

Indicate the procedures used by students to assess the quality, currency, and effectiveness of the graduate program's academic and clinical education.

Type of Student Assessment	Frequency
Course Evaluations	More often than annually
Evaluations of clinical supervisors	More often than annually
Evaluation of clinical sites	More often than annually
Student advisory group reviews	No assessment
Student surveys	More often than annually
Other - Describe the type of assessment and frequency	

Standard 5.3 Graduate Procedures

Indicate the procedures completed by graduates to assess the quality, currency, and effectiveness of the graduate program's academic and clinical education

Type of Graduate Assessment	Frequency
Alumni/graduate survey	Annually
Exit interviews	Annually
Other - Describe the type of assessment and frequency	

Standard 5.3 Evaluation Examples

Provide two recent examples of how the results of the evaluations described above are used to plan and implement graduate program improvements.

Recent Example #1	<p>Academic education improvement example:</p> <p>There were many temporary changes made to course delivery during the pandemic. Prior to the pandemic, the graduate SLP program was already delivering courses in interactive-video-broadcast format at regional classroom sites to e distance students and some 2nd year students on externships outside Cache Valley (where USU is located). The institution tied Zoom into the broadcast system</p>
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	<p>for the pandemic. Since emerging from that tribulation, the institution expected a return to course attendance at the local campus or at regional sites. However, based on student and instructor feedback, there was a strong desire to maintain Zoom access for distance students instead of travelling to the regional sites and sitting often alone in a broadcast classroom. The SLP program director obtained temporary and then ongoing permission from upper administration and the distance education system to continue to have the benefits of broadcast delivery (e.g., technical assistant in the classroom) and gain the convenience and closer-to-screen visual contact of zoom access. The program policy is now that students located in Cache Valley (whether campus or distance) attend in person while students located outside of Cache Valley (whether campus or distance) can attend by zoom. Zoom connection is also available, with permission, to accommodate individual student situations. and has allowed instructors to connect with their classes on occasions that they are off campus. It also allows easy recording of lectures to allow access to students who are absent from class. This has been an overall improvement for instructional accessibility, but also increases the potential for student distractions and technology difficulties at their work and home locations.</p>
Recent Example #2	<p>Clinical education improvement example:</p> <p>For the first semester of the program, students take clinic (6100) for 8 weeks and one intensive course in each of June (6150) on speech sound intervention (6150) and July on early language intervention (6250). Each student goes through clinic training in the first week, treatment planning in the second, and then treatment execution with one young child with fairly simple speech and/or language goals. Based on multiple program indicators, students were struggling to manage this. As a result, several changes were made to summer clinic: the training assignments and client preparation were spread out over 3 instead of 2 weeks, so students would be more ready to take on their first client. In addition, the biweekly treatment session lengths were reduced from 50 to 30 minutes. These shorter sessions are pedagogically better for graduate student learning and therapeutically better for intervention with young children. The clinic director was able to do this by getting permission to exempt summer clinic from the insurance billing requirements that are required during the academic year.</p>

Standard 5.3 Meeting Learning Outcomes

Describe the extent to which student learning outcomes have been met.

Student learning outcomes are well met in our program. Student performance varies across individual learning outcomes, but with appropriate, equitable, individualized support, almost all the students meet competency requirements. Occasionally, personal factors impede success to such an extent that, despite the best efforts of all, students must leave the program.

Standard 5.3 Measuring Learning Outcomes

Describe the processes that the program uses to monitor the alignment between:

(a) the stated mission, goals, and objectives and

The stated mission, goals, and objectives are stable for 5+ years at a time. The measured student learning outcomes are similar from year to year, with a high success rate that consistently meets our mission, goals, and objectives. We continuously monitor student performance on program and individual course/clinic indicators, and make occasional adjustments as needed. We make reasoned, moderate programmatic changes based on data and avoid knee-jerk reactions to situations.

(b) the measured student learning outcomes

Unnecessary response box here?

Standard 5.3 Professional Competency

Describe the mechanisms used to measure student achievement of each professional practice competency.

Clinical supervisors evaluate all the individual components of competency in professional practice as set out in CALIPSO. They take notes on and rate interactions in clinical meetings, interactions with clients, and clinical documentation. Performance is tracked for each client assignment by each supervisor. Professional practice competency is one of the core competencies campus students must meet in the clinical course (6100) before starting externships (6200, 6300, 6400) and distance ed students meet in 6200 before starting their medical externship (6400).

Standard 5.3 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.3.

Employer surveys are no longer sent out due to the lack of informativeness of the feedback. Alumni surveys have a low response rate and employer surveys are even lower than that. When we used to get them, they would report only that the SLP was a satisfactory employee with nothing of value to inform us about past or current program quality.

Standard 5.4 Ongoing Program Improvement

Standard 5.4 Ongoing Program Improvement

The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.



- The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program.
- The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.

Findings

No findings provided

Standard 5.4 Prior Concerns

If there were areas of non-compliance or follow-up regarding Ongoing Program Improvement noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Ongoing Program Improvement listed in the last Accreditation Action Report

Standard 5.4 Continuous Quality Improvement

Describe the procedures that the program follows to use the results of the ongoing programmatic assessments in planning and implementing program improvements that ensure continuous quality improvement.

The program follows specific procedures to utilize ongoing programmatic assessment results for continuous quality improvement. These procedures involve analyzing assessment data to identify areas for improvement, identifying trends and patterns, and comparing outcomes to established benchmarks or standards. Based on the findings, programmatic changes and enhancements are planned and implemented to address identified areas for improvement. This iterative process ensures that the program adapts and evolves to meet the needs of students, leading to continuous improvement in program quality and effectiveness.

Standard 5.4 Program Changes Mission and Goals

Describe the processes that the program uses to ensure that any program changes are consistent with the program's stated mission, goals, and objectives.

The program ensures that any program changes align with its stated mission, goals, and objectives through a thoughtful and systematic approach. Before implementing changes, a thorough review is conducted to assess how the proposed modifications align with the program's mission. The changes are evaluated based on their potential to enhance the program's ability to prepare students in evaluating and treating speech, language, cognition, literacy, and swallowing disorders across the lifespan. The program's mission, goals, and objectives serve as guiding principles to ensure consistency and integrity in any programmatic changes.

Standard 5.4 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.4.

None

Standard 5.5 Program Completion Rate

Standard 5.5 Program Completion Rate

The percentage of students who are enrolled on the first census date of the program and complete the program within the program's published academic terms meets or exceeds the CAA's established threshold.



Requirement for Review:

- The CAA's established threshold requires that at least 80% of students must have completed the program within the program's published time frame (number of academic terms), as averaged over the 3 most recently completed academic years.
- If, when averaged over 3 academic years, the program's completion rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.

Findings

No findings provided

Standard 5.5 Prior Concerns

If there were areas of non-compliance or follow-up regarding Program Completion Rates noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Completion Rates listed in the last Accreditation Action Report

Standard 5.5 Enrollment Records

Describe the mechanisms that the program will use to keep records of the number of students enrolled on the first census day of the program.

Students are tracked from admission to graduation at both the department and university level.

Standard 5.5 Completion Process

Describe the processes that the program uses to compare each student's time to degree in light of the terms (consecutive or nonconsecutive) established by the program.

The program is cohort based consecutively for time to degree, accommodations are made for student exceptions.

Standard 5.5 Completion Mechanism

Describe the mechanism that the program uses to keep records of the numbers of students who continue to graduation, take an approved leave of absence, and leave the program for academic, clinical, personal, or other reasons.

Students are tracked from admission to graduation at both the department and university level.

Standard 5.5 Completion Times

Provide the published length of time (stated in semesters/quarters) for students to complete the residential program of study.

Full-time with CSD undergraduate major	6 semesters
Full-time without CSD undergraduate major	N/A
Part-time with CSD undergraduate major	N/A
Part-time without CSD undergraduate major	N/A

Standard 5.5 DE Completion Times

Provide the published length of time (stated in semesters/quarters) for students to complete the [distance education](#) component.

Full-time with CSD undergraduate major	6 semesters
Full-time without CSD undergraduate major	N/A

Part-time with CSD undergraduate major	N/A
Part-time without CSD undergraduate major	N/A

Standard 5.5 Completion Rate Calculator

Download the [Program Completion Rate Calculator worksheet](#), complete it, and then upload it as evidence in support of the data you have provided in this report.

If there are additional components of the program (distance education or satellite campus(es)), please complete the additional tabs in the excel workbook with this data.

[program-completion-rate-calculator-worksheet \(1\) MMH.xlsx](#)

Standard 5.5 Program Completion Rates

Provide the program completion rate for graduation cohorts in the residential program for the most recently completed academic years (based on enrollment data).

Period	Number completing on time	Number completing later than on-time	Number not completing	Total
Recent Year	17	1	1	0
1 Year Prior	19	0	0	19
2 Years Prior	19	0	2	21
3-year average program completion rate	93.22%			

Standard 5.5 DE Program Completion Rates

Provide the program completion rate for graduation cohorts in the distance education component for the most recently completed academic years (based on enrollment data).

Period	Number completing on time	Number completing later than on-time	Number not completing	Total
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Recent Year	7	0	0	7
1 Year Prior	3	0	2	5
2 Years Prior	4	1	1	6
3-year average program completion rate	77.78%			

Standard 5.5 All Modalities 3-Year Completion Rate Average

3-year average program completion rate average for all modalities:

118.97%

Standard 5.5 Completion Below 80%

Provide an explanation and a plan that will be used for improvement if the program's 3-year average for completion rate does not meet or exceed the CAA's established (80%) threshold. Include a timeline for implementing and assessing these steps. In your explanation, provide details on how the program has addressed the following areas in regards to their impact on program completion rates:

- The number, composition, and qualifications of faculty sufficient to meet the mission of the program (Std. 2.1, 2.3)
- Academic and clinical courses offered sufficiently enough for students to graduate on time (Std. 3.1)
- Academic and clinical advising offered along with remediation (Stds. 4.2, 4.3, 4.6, 4.9)
- Appropriate admissions policies (Std. 4.1)
- Classes that are more likely to be causing students to drop out or take longer to complete the program (3.0)

All modalities average completion rate of 118.97% is a software error out of our control.

For the Distance Ed Completion, of 14 students across 3 years, 3 have not completed:

Student #1 left after the first summer due to personal life demands that prevented full time attendance and we have no part time option other than for a documented disability. We do not plan to change that policy.

Student #2 left at the end of the first academic year due to poor performance in two educational externships in different school districts, despite considerable support. The student's rural location made it difficult to find a third school district to take her and we judged she needed to move to the campus track to remediate weaknesses. She declined the campus track and withdrew from the program. We acted appropriately and have no plans to change.

Student #3 was terminated for poor academic and clinical performance despite additional support and remediation opportunities.

There is no improvement plan needed. Each of those of three students left for a different reason. The Distance Ed cohort is small so losing a few students makes a large impact on rate of completion. The number, composition, and qualifications of faculty is sufficient to meet the mission of the program (Std. 2.1, 2.3). The academic and clinical courses are offered sufficiently enough for students to graduate on time (Std. 3.1). Academic and clinical advising is offered along with remediation (Stds. 4.2, 4.3, 4.6, 4.9). There are appropriate admissions policies (Std. 4.1). Classes that are more likely to be causing students to drop out or take longer to complete the program (3.0).

There are appropriate admissions policies (Std. 4.1) but one change was made in the DE application materials: students can optionally submit a letter of support from their employing school districts. This letter helps us identify applicants from rural and underserved districts as per the intention of our Outreach grant from the USBE. Educationally, it also means that applicants are more likely to already be in SLPA jobs before starting the program so they are familiar with those jobs and are satisfactory employees before embarking on the demands of a graduate program in those settings (see Student #2).

Standard 5.5 Clarifying Information

Use the text box below describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 5.5.

Program completion rate for graduation cohorts in the residential program for the most recent year is not totalling correctly here (17+1+1=0).

Three-year average of 118% does not make sense.

These numbers are calculated by Armature Fabric, not us.

Standard 5.6 Praxis Examination Pass Rate

Standard 5.6 Praxis Examination Pass Rate

The percentage of test-takers who pass the Praxis® Subject Assessments in audiology or speech-language pathology meets or exceeds the CAA's established threshold.



Requirement for Review:

- The CAA's established threshold requires that at least 80% of test-takers from the program pass the *Praxis*® Subject Assessment examination, as averaged over the 3 most recently completed academic years; results should be reported only once for test-takers who took the exam multiple times in the same examination reporting period.
- If, when averaged over 3 academic years, the program's *Praxis*® Subject Assessment exam pass rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan

for improving the results.

Findings

No findings provided

Standard 5.6 Prior Concerns

If there were areas of non-compliance or follow-up regarding Praxis Examination Pass Rates noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Praxis Pass Rates listed in the last Accreditation Action Report

Standard 5.6 Praxis Mechanism Takers

Describe the mechanisms that the program uses to determine the number of test-takers who take the Praxis Subject Assessment exam each year.

Students upload copies of their Praxis reports for tracking and graduate advisor verification.

Standard 5.6 DE Praxis Mechanism

Describe the mechanism that the program uses to collect and monitor Praxis examination pass rate data for graduates from the distance education component.

Students upload copies of their Praxis reports for tracking and graduate advisor verification.

Standard 5.6 Praxis Mechanism Passing

Describe the mechanisms that the program uses to determine how many individuals who took the Praxis Subject Assessment exam each year passed the exam in that year.

Graduate advisor reviews Praxis test reports submitted by students.

Standard 5.6 Praxis Rates

For the residential program, provide the number of test-takers who took and passed the Praxis examination for the three most recently completed years. Results must be reported only once for test-takers who took the exam multiple times in the same reporting period. Exclude individuals who graduated more than 3 years ago.

Period	Number of Test-takers Taking the Exam	Number of Test-takers Passed	Pass Rate
Recent Year	18	18	100.00%
1 Year Prior	19	19	100.00%

2 Years Prior	19	19	100.00%
3-year average	100.00%		

Standard 5.6 DE Praxis Rates

For the distance education component, provide the number of test-takers who took and passed the Praxis examination for the three most recently completed years. Results must be reported only once for test-takers who took the exam multiple times in the same reporting period. Exclude individuals who graduated more than 3 years ago.

Period	Number of Test-takers Taking the Exam	Number of Test-takers Passed	Pass Rate
Recent Year	7	7	100.00%
1 Year Prior	3	3	100.00%
2 Years Prior	5	5	100.00%
3-year average	100.00%		

Standard 5.6 Three Year Average Praxis Exam

3-year Praxis pass rate average for all modalities:

100.00%

Standard 5.6 Praxis Below 80%

Provide an explanation and a plan for improvement that will be used if the program's 3-year average for exam pass rate does not meet or exceed the CAA's established (80%) threshold. Include a timeline for implementing and assessing these steps.

3-year average Praxis pass rate was above 80%

Standard 5.6 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 5.6.

None

Standard 5.7 RESERVED

Standard 5.7 RESERVED

The CAA has eliminated employment rates as a required student outcome measure along with the related CAA-established threshold. Programs may still choose to use employment rates as their own measure, but CAA will not require it. Thus, Standard 5.7 has been reserved. Please confirm that you understand this change by checking the box below. If you have any questions, contact accreditation staff at caareports@asha.org.

Confirm

Standard 5.8 Program Improvement – Student Outcomes

Standard 5.8 Program Improvement – Student Outcomes

The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate, Praxis® Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level.



Requirement for Review:

- The program must demonstrate its analysis processes to determine whether the program is meeting or exceeding each established CAA threshold.
- The program must demonstrate how it uses the results of these analyses to ensure continuous quality improvement.

Findings

No findings provided

Standard 5.8 Prior Concerns

If there were areas of non-compliance or follow-up regarding Program Improvement – Student Outcomes noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Improvement – Student Outcomes listed in the last Accreditation Action Report

Standard 5.8 Outcome Improvement

Describe the analysis processes that the program uses to evaluate the results of graduation rate and Praxis Subject Assessment pass rate to facilitate continuous quality improvement.

Students almost all graduate and all pass the Praxis, which helps us determine that we have a quality program.

Standard 5.8 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.8.

None

Standard 5.9 Evaluation of Faculty

Standard 5.9 Evaluation of Faculty

The program regularly evaluates and documents the results of the assessment of all faculty and staff to determine their effectiveness in delivering a thorough and current program.



Requirement for Review:

- The program must demonstrate the mechanisms that it uses to evaluate the effectiveness of the faculty and staff in delivering the program.
- The program must demonstrate that the evaluation takes place in a fair and systematic fashion that is consistent with institutional policy and procedures.
- The program faculty must be actively involved in these evaluations in a manner that is consistent with institutional policy and procedures.

Findings

No findings provided

Standard 5.9 Prior Concerns

If there were areas of non-compliance or follow-up regarding the Evaluation of Faculty noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Evaluation of Faculty listed in the last Accreditation Action Report

Standard 5.9 Policy for Faculty Evaluations

Describe the institutional policy and guidelines for regular evaluation of the faculty by program leadership.

Annual evaluations are required in faculty code 405.12 (<https://www.usu.edu/policies/405/>). During the Fall semester the procedures for the annual review are agreed upon by majority vote of the faculty in the department. The annual review

spans a 5-year window of performance to evaluate fulfillment of the role statement. The department head or supervisor meets with the faculty member annually during the Spring semester and a written report is provided to the faculty member that includes comments from the faculty member and the department head or supervisor.

Standard 5.9 Faculty Expectations

Describe the mechanisms that the program uses to evaluate how the effectiveness of the program's delivery is consistent with institutional policies and procedures.

Faculty role statements are used to provide expectations for faculty and is the basis of the annual review to determine if the program's delivery is consistent with institutional policies. Each year at the beginning of the Fall semester, faculty review and sign their role statement.

Standard 5.9 Student Evaluations of Faculty

Indicate the mechanisms through which students will have an opportunity to evaluate academic and clinical faculty on an ongoing and regular basis. (Select all that apply)

Course evaluations

Supervisor evaluations

Exit interviews

Informal feedback provided in classes

Informal feedback provided in clinical experiences

Standard 5.9 Faculty Evaluation Method

Indicate the mechanisms used by the program to evaluate the academic and clinical teaching, scholarship competence, and other professional expectations of faculty and the frequency with which they are used.

Type of Program Assessment	Frequency
Review by personnel committee	Not used
Review by department chair	Annually
Review of professional development activities	Annually
Review of manuscripts and research proposals	Annually
Review of publications	Annually
Peer evaluations	Greater than every 2 years

Student evaluations	Every academic term
Teaching evaluations	Annually
Promotion and tenure review	Annually
Post-tenure review	Greater than every 2 years
Maintenance of certification	Annually
Maintenance of state credentials	Annually
Other - describe the type of assessment and frequency	

Standard 5.9 Fair Evaluations

Describe the processes, timelines, and safeguards of the evaluation procedures that the program has in place to ensure that the processes are fair.

The college assigns a different ombudsperson to each faculty member every year for their promotion and tenure committee meetings. The ombudsperson follows guidelines to ensure the process is conducted according to faculty code expectations. For the annual performance review, during the Fall semester the procedures for the annual review are agreed upon by majority vote of the faculty in the department. The faculty submit their completed review form three days prior to the scheduled meeting, then the department head or supervisor completes their comments on the document and provides this to the faculty member one day before the scheduled meeting.

Standard 5.9 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.9.

None

Standard 5.10 Faculty Improvement

Standard 5.10 Faculty Improvement

The faculty and staff involved in delivering the program to students use the results of the evaluation of their performance to guide continuous professional development that facilitates the delivery of a high quality program.



Requirement for Review:

- The program must demonstrate how the faculty and staff use the results of evaluations of performance to guide continuous professional growth and development.
- The program must demonstrate how the growth and development of its faculty and staff facilitate the delivery of a high quality program.

Findings

No findings provided

Standard 5.10 Prior Concerns

If there were areas of non-compliance or follow-up regarding the Faculty Improvement noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Faculty Improvement listed in the last Accreditation Action Report

Standard 5.10 Faculty Evaluation Growth

Describe the mechanisms that the program uses to assess how the faculty and staff evaluation processes result in continuous professional growth and development.

Professional development is an ongoing process, reflection on past efforts and future goals are discussed during the annual review, and this supports check-ins throughout the year on progress as needed. The annual performance review form prompts faculty to indicate their goals for the coming year and the professional development they plan to pursue. During the review, this information is discussed, including exploring barriers the faculty member feels may impede their ability to take desired steps in professional growth and development and supports needed. Progress on their goals from the previous year are also reviewed and discussed.

Standard 5.10 Faculty Evaluation Communication

Describe how the program will communicate evaluation results to the faculty and how the faculty will use this feedback to improve their performance.

Faculty are provided with the supervisor comments one day prior to the annual evaluation meeting. After the meeting, the faculty member and the department head/supervisor electronically sign the evaluation form. The faculty member receives the report for their records. Faculty members can reference the feedback in their annual review to guide their planning and actions during the next year. The performance review spans a five-year period to help the faculty in consider their strengths and areas where they can improve in the context of larger time window than just one year. This facilitates the ability to identify strategies to effectively address patterns that need attention.

Standard 5.10 Professional Development Quality

Describe the mechanisms that the program uses to determine whether continuous professional development facilitates delivery of a high-quality program.

Program evaluation is iterative and based on a process of continuous quality improvement. Faculty discuss professional development goals and expected influence on the program. Outcomes from professional development, such as attending training to expand or update clinical services or implementation of a new pedagogical teaching approach, are reviewed, and discussed in faculty meetings. Next steps are identified to support delivery of a high-quality program, and this iterative process continues.

Standard 5.10 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.10.

None

Standard 5.11 Effective Leadership

Standard 5.11 Effective Leadership

The individual responsible for the program of professional education seeking accreditation effectively leads and administers the program.



Requirement for Review:

- The program must demonstrate how the individual responsible for the program of professional education effectively leads and administers the program.
- The program director's effectiveness in advancing the goals of the program and in leadership and administration of the program must be regularly evaluated.

Findings

No findings provided

Standard 5.11 Prior Concerns

If there were areas of non-compliance or follow-up regarding the Effective Leadership noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Effective Leadership listed in the last Accreditation Action Report

Standard 5.11 Program Director Effectiveness

How does the program or institution evaluate the effectiveness of the program director? (Select all that apply)

Evaluation by the Chair

Standard 5.11 Program Director Evaluation

How often does evaluation of the program director occur?

Once a year

Standard 5.11 Clarifying Information

Use the text box below to provide any additional clarifying information regarding the program's compliance with Standard 5.11.

None

Standard 6.0 Program Resources

Standard 6.0 Program Resources

Standard 6.1 Institutional Financial Support

Standard 6.1 Institutional Financial Support

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



Requirement for Review:

- The program must demonstrate
 - that its budgetary allocation is regular, appropriate, and sufficient to deliver a high quality program that is consistent with its mission and goals;
 - that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities;
 - consistency of sources of funds that are received outside the usual university budgeting processes, if the program is dependent on them.

Findings

No findings provided

Standard 6.1 Prior Concerns

If there were areas of non-compliance or follow-up regarding Institutional Financial Support noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

In one category in the prior to current year, there was greater than 10% variance in a budget item that was not explained. It was an error in reporting (an extra digit occurred in the value). The correct values are reported here and all items are addressed.

Standard 6.1 Budget Process

Describe the budgeting process for the program.

The department has core stable funding from the state and supplementary funds from other sources. Most of the funding supports faculty/staff salaries. The department head determines where discretionary funding is allocated based on need and priority on an ongoing basis.

Standard 6.1 Program Budget Table

Report the total budget for the accredited program.

Sources of Support	Prior Year Annual Budget (Amount in \$)	Current Year Annual Budget (Amount in \$)	% increase/decrease
Faculty/Staff Salaries	\$2,390,768.00	\$2,245,872.00	-6.06%
Supplies & Expenses (non-capital/non-salary expenses)	\$72,000.00	\$43,120.00	-40.11%
Capital Equipment	\$0.00	\$0.00	0.00%
Institutional Support Sub-Total	\$2,462,768.00	\$2,288,992.00	-7.06%
Grants/contracts	\$723,522.00	\$299,816.00	-58.56%
Clinic Fees	\$107,658.00	\$115,487.00	7.27%
Other Funding	\$0.00	\$0.00	0.00%
Non-Institutional Support Sub-Total	\$831,180.00	\$415,303.00	-50.03%

Total Budget	3,293,948.00%	2,704,295.00%	-17.90%
% of budget represented by non-institutional support	25.23%	15.36%	-39.14%

Standard 6.1 Other Funding Descriptions

If you included funding in the "Other Funding" line in the table above, describe the source(s).

Not Applicable

Standard 6.1 Budget Difference

For variances in any budget category that differ from the previous academic year by 10% or more, explain the reasons and the impact of the variance.

Supplies and expenses - no large clinic, teaching, or research equipment purchases made this past year so less money was spent.

Grants/contracts - 5Yr R01 research grant ended

Standard 6.1 Institutional Commitment

Which of the following indicators of institutional commitment to the accredited program are currently being employed?

(Select all that apply)

Support for professional development

Student support (graduate assistantships, scholarships, etc.)

Standard 6.1 Adequate Support

Describe how the program determines that there is sufficient support for the specific areas of personnel, equipment, educational and clinical materials, and research.

The department head collects information from faculty and staff concerning needs and resources, and makes budgetary decisions in the best interest of the entire program.

Standard 6.1 Anticipated Financial Changes

Describe potential budget insufficiencies or anticipated changes to financial resources that may impact program capacity in the near and long term. Discuss steps that will be taken by the program to ensure sufficient financial resources to achieve the program's mission and goals.

We do not anticipate budget insufficiencies or changes to financial resources that may impact program capacity in the near

and long term. The department head oversees the budget throughout the year, manages the department budget, and tracks income and expenditures with the business manager to make appropriate financial decisions to ensure sufficient financial resources to achieve the program's mission and goals.

Standard 6.1 Outside Funds

If the program's budget includes funds generated from activities outside the usual budgeting processes, describe the consistency of these funds and the portion of the budget that is accounted for by these funds. Describe the possible impact on program viability if these funds are not available.

Not Applicable

Standard 6.1 DE Budget Impact

Describe the impact of the distance education component on the existing residential component's financial and other resources (e.g., personnel, space, equipment, materials and supplies).

The distance education program receives a grant from the Utah Dept of Education. The grant is for a 2-year cohort of students. The total funding is about \$103,000 of which \$90,000 is disbursed directly to students. \$13K (15% of the total student-based amount) is given to the program for partial support for salaries, supervisor stipends, travel for supervision, supplies and materials. The grant is not expected to be discontinued, but if it were, the distance ed program is still sustainable: tudents could continue to attend this reasonably-priced institution without the funds, and the small amount going directly to the program could be accommodated within general department funds.

Standard 6.1 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.1.

None

Standard 6.2 Support for Faculty Continuing Competence

Standard 6.2 Support for Faculty Continuing Competence

The institution provides adequate support to the program so that its faculty and staff have the opportunities to maintain continuing competence.



Requirement for Review:

- The program must demonstrate that support, incentives, and resources are available for the continued professional development of the faculty.

Findings

No findings provided

Standard 6.2 Prior Concerns

If there were any areas of non-compliance or follow-up regarding Support for Faculty Continuing Competence noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Support for Faculty Continuing Competence listed in the last Accreditation Action Report

Standard 6.2 Professional Development Support

Indicate all the areas in which the institution provides support for continuing professional development. (Select all that apply)

Institutional faculty development or instructional grants

Institutional research grants

Professional development opportunities on campus

Release time for professional development

Support for professional travel

Standard 6.2 Support for Competence

Describe how the program provides sufficient support for the faculty and staff to maintain continuing competence.

Faculty and staff have opportunities for maintaining continuing competence across aspects of their job role statements within the institution.

Faculty receive a professional development and travel allowance for external professional development opportunities. They can submit additional requests to the department head for special expenditures.

Staff can submit requests for funding for external professional development.

Standard 6.2 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.2.

None

Standard 6.3 Physical Facilities

Standard 6.3 Physical Facilities

The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories)

that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals.



Requirement for Review:

- The program must demonstrate that its facilities are adequate to deliver a program that is consistent with its mission and goals.
- The program must demonstrate that the facility has been evaluated and that the program includes access and accommodations for the needs of individuals with disabilities, in accordance with federal regulations.

Findings

No findings provided

Standard 6.3 Prior Concerns

If there were areas of non-compliance or follow-up regarding Physical Facilities noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Physical Facilities listed in the last Accreditation Action Report

Standard 6.3 Adequacy Quality

Describe the processes the program uses, and the results of those processes, to determine the facility's adequacy in delivering a high-quality program.

The division director, clinic director, externship coordinator, and outreach clinical coordinator discuss as a group and in individual interactions, factors that are supporting or impeding quality program delivery. Discussions and recommendations also occur at SLP division and department meetings. The SLP division director and SLP clinic director communicate with the department head, along with the directors and coordinators of other programs in the department, about supportive and impeding factors for maintaining the quality of all the department programs.

Standard 6.3 Adequacy Standards

Describe the processes the program uses, and the results of those processes, to determine the facility's adequacy in meeting contemporary standards of access and use.

USU is at the cutting edge of contemporary standards of access and use for education and clinical services. The institution has considerable resources for in-person, online asynchronous and synchronous, and hybrid formats for campus and distance education. The primary location of campus clinical education is at the Sorenson Center for Clinical Excellence. Facility staff, in consultation with clinic directors and department heads, set policies and procedures to determine client access and use across. Physical and financial factors are considered, and opportunities for clinical services in person and via telepractice are available.

Standard 6.3 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.3.

None

Standard 6.4 Program Equipment and Materials

Standard 6.4 Program Equipment and Materials

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



Requirement for Review:

- The program must demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program.
- The program must demonstrate that it has a process for reviewing and updating materials and equipment to determine whether the quantity, quality, and currency are sufficient to meet the mission and goals of the program.
- The program must demonstrate that the equipment is maintained in good working order.
- The program must demonstrate that any equipment for which there are ANSI or other standards-setting body requirements meets the expectations of the standard(s).

Findings

No findings provided

Standard 6.4 Prior Concerns

If there were areas of non-compliance or follow-up regarding Program Equipment noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Equipment listed in the last Accreditation Action Report

Standard 6.4 Process for Materials

Describe the processes the program uses to evaluate the quantity, quality, currency, and accessibility of the program's materials and equipment to determine whether these processes are sufficient to meet the mission and goals of the program.

Clinical faculty constantly monitor clinic materials to determine relevance, efficacy and application. Up to date materials and assessments are considered vital to our training program. Materials are catalogued in a binder in the materials room and in a box file so that students have access to a current running list of materials available in the clinic. Each year funds are allocated to updating and maintaining a materials library. Equipment is inventoried and calibrated yearly. iPads are managed through CEHS IT.

Standard 6.4 Equipment Standards

Describe the mechanisms that the program will use to determine whether the equipment is in good working order and, where appropriate, whether the equipment meets standards established by the American National Standards Institute (ANSI) or other standards-setting bodies.

Equipment is inventoried and inspected yearly by the COMD administrative assistant and the clinic director. Equipment that requires calibration is calibrated yearly. Calibration dates are written on equipment and an audiology faculty member catalogues certificates of completion for audiological equipment (audiometer, tympanometer). The staff assistant and clinic director catalogue speech and language equipment.

Standard 6.4 Calibration Staff

Indicate the individual(s) responsible to ensure proper equipment calibration (Select all that apply)

Clinical director

Faculty member

Standard 6.4 Calibration Frequency

Indicate how often equipment is calibrated.

Annually

Standard 6.4 Calibration Records

Indicate the individual(s) responsible for maintaining written records that equipment is calibrated in accordance with manufacturer standards, American National Standards Institute (ANSI), or other appropriate agencies. (Select all that apply)

Clinical director or coordinator

Faculty member

Standard 6.4 DE Materials

Describe how the (existing and planned) equipment and educational/clinical materials are adequate and sufficient to provide high quality audio and video capabilities to deliver the distance education component.

Distance students use the same educational materials as campus students. For distance students, the clinical materials are those available in each SLPA work setting that is also their 6200 externship setting. In addition, the outreach clinical coordinator can obtain materials from the campus clinic for distance education students to use as needed.

Standard 6.4 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.4.

None

Standard 6.5 Technical Infrastructure

Standard 6.5 Technical Infrastructure

The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed for the program to meet its mission and goals



Requirement for Review:

- The program must demonstrate adequate access to a technical infrastructure that supports the work of the students, faculty, and staff.
- The program must demonstrate how access to this infrastructure helps the program meet its mission and goals.

Findings

No findings provided

Standard 6.5 Prior Concerns

If there were areas of non-compliance or follow-up regarding Technical Infrastructure noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Technical Infrastructure and Resources listed in the last Accreditation Action Report

Standard 6.5 Infrastructure Adequacy

Describe the processes that will be used to evaluate the adequacy of the infrastructure to support the work of the program's students, faculty, and staff.

The division director and clinic director discuss factors affecting infrastructure adequacy. Discussions and recommendations also occur at SLP division and department meetings. The SLP division director and SLP clinic director communicate with the department head, along with the directors and coordinators of other programs in the department, about supportive and impeding factors for maintaining infrastructure adequacy.

Standard 6.5 Infrastructure Mission

Describe how access to the infrastructure will allow the program to meet its mission and goals.

Adequate access to the infrastructure allows the SLP program and the larger department with its other undergraduate and graduate programs to offer the campus and distance education, clinical services, and research accomplishments that form its mission and goals.

Standard 6.5 Infrastructure Resources

Describe how faculty and students have access to appropriate and sufficient resources, such as library resources, interlibrary loan services, computers and the internet, laboratory facilities, and support personnel.

Faculty and students have access to appropriate and sufficient resources, such as library resources, interlibrary loan services, computers and the internet, laboratory facilities, and support personnel. USU has rich infrastructure resources. Each employee or student has an A-number which allow them to get at the resources. The challenge sometimes is knowing what is available where but there is a lot of institutional infrastructure resources available.

Standard 6.5 Infrastructure Resources Evaluation

Describe how the adequacy of support is evaluated and how these resources are addressed in the program's strategic plan.

USU regularly evaluates the adequacy of their infrastructure and updates as needed and as resources allow. The program's strategic plan does not address this because it has not been an area of deficiency and is not anticipated to be one.

Standard 6.5 Infrastructure Resources Frequency

How frequently does the program evaluate the adequacy of resources?

Annually

Standard 6.5 Technical Support for Faculty DE

Describe the technical support services that will be available and their appropriateness and adequacy for faculty who will participate in the [distance education](#) component.

The academic part of distance education is provided synchronously with campus education by the same faculty. Extensive technical support services are available to an instructor to support all the students regardless of education delivery modality. Every broadcast class has a video operator who manages the cameras, recordings, remote connections, and trouble shooting so the instructor can focus on teaching. The distance clinical education occurs in school externships which provide the technical support services. The outreach clinical coordinator is a faculty member with the same access to the technical support services as other faculty.

Standard 6.5 Technical Support for Students DE

Describe the technical support services that will be available and their appropriateness and adequacy for students who participate in the [distance education](#) component.

The distance education students have the same extensive technical support services as campus students for their academic course delivery. They can contact the USU distance education unit to address particular situations as needed.

Standard 6.5 DE Platforms

Indicate which platforms will be used to support the distance education component. (Select all that apply)

The internet

One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communication devices

Standard 6.5 Additional Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.5.

None

Standard 6.6 Clerical and Technical Staff Support

Standard 6.6 Clerical and Technical Staff Support

The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals.



Requirement for Review:

- The program must demonstrate adequate access to clerical and technical staff to support the work of the students, faculty, and staff.
- The program must demonstrate how access to the clerical and technical staff helps the program meet its mission and goals.

Findings

No findings provided

Standard 6.6 Prior Concerns

If there were areas of non-compliance or follow-up regarding Clerical and Technical Staff Support noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding clerical and technical staff support listed in the last Accreditation Action Report

Standard 6.6 Staff Support Mission

Describe how clerical and technical staff and support services are adequate and sufficient to meet the program's mission and goals.

The department has adequate clerical and administrative support staff. There is further support staff in the Sorenson Center for Clinical Excellence and in the College. The College has a technical support unit dedicated to College faculty and staff. The Sorenson Center for Clinical Excellence has its own dedicated technical support services. There is also a university technical support help line for lower level issues.

Standard 6.6 Evaluation of Staff

Describe the process the program uses to evaluate the adequacy of access to clerical and technical staff to support the work of the program's students, faculty, and staff.

The division director and clinic director contact the department head about factors affecting access to clerical and technical staff. The clinic director also communicates with administrators in the Sorenson Center for Clinical Excellence about access to shared clerical and technical staff.

Standard 6.6 Additional Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.6.

None