Louisiana State University Health Sciences Center–Shreveport
School of Allied Health Professions
Department of Rehabilitation Sciences
Program in Speech-Language Pathology

Shreveport

Long-term Strategic Plan

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1. Background Information

The Program in Speech-Language Pathology is one of three programs comprising the Department of Rehabilitation Sciences within the School of Allied Health Professions of LSU Health Sciences Center-Shreveport. The program is housed in the Mollie E. Webb Speech and Hearing Center, which is located at 3735 Blair Drive in Shreveport, LA. The center includes classroom facilities, a computer laboratory, an augmentative and alternative communication laboratory, a speech measurement laboratory, a reading room, a student study area, and departmental offices. The clinical facilities include six rooms for speech-language assessment and treatment, an audiologic test suite, a hearing aid fitting room, a classroom for young children with communication disorders, a wide range of testing and treatment materials, and clinical office spaces.

1.1. Mission

1.1.1. Mission Statement of the School of Allied Health Professions

It is the mission of the Louisiana State University Health Sciences Center, School of Allied Health Professions in Shreveport to promote development of the highest levels of intellectual and professional endeavor in programs of instruction, research, and service in the fields of Allied Health and to support the economic growth and prosperity of the region and state.

1.1.2. Vision Statement of the School of Allied Health Professions

LSUHSC-S strives to be a recognized leader in health care and innovation in quest of a healthier Louisiana and world through education, research, and clinical practice.

1.1.3. Mission Statement of the Program in Speech-Language Pathology

The Shreveport LSUHSC Program in Speech-Language Pathology has the following missions:

- to provide academic and clinical education to students pursuing a Masters of Communication Disorders (MCD) degree in speech-language pathology and to encourage life-long learning through continuing education offerings;
- to provide clinical services in audiology and speech-language pathology to children and adults with communication disorders; and
- to conduct and disseminate research in the areas of audiology, speech-language pathology, and related communication sciences.

1.2. Objectives of the Long-Term Strategic Plan

This long-term strategic plan for the LSUHSC-S Program in Speech-Language Pathology was developed by the faculty to address the following general objectives:

- to ensure consistency in the execution of the program's mission;
- to anticipate emerging needs of the program and to address these needs proactively; and
- to establish accountability for identifying priorities, developing and implementing plans, and documenting outcomes.

2. Method

2.1. Analysis

As an ongoing process, the speech-language pathology program faculty members analyze and identify the program's strengths, weaknesses, threats, and opportunities (Figure); the faculty attempt to address weaknesses and threats through the use of the strengths and opportunities. From the weaknesses, four (4) focus areas are targeted in the strategic plan; these focus areas are in line with the SAHP strategic plan but on a smaller scale.

3. Results

Speech-Language Pathology program's analysis (see figure).

Strengths	Weaknesses
· our graduates are in great demand · our PRAXIS pass rate is 100% · our clinic services are in demand · our clinic serves a diverse clientele · our clinic provides comprehensive service for preschoolers (e·g·, Language Center program) · our curriculum addresses often-overlooked areas (e·g·, professional issues, summative assessment, ethics) · our faculty are capable and unified · our faculty support evidence-based practice · our faculty are productive · our faculty areas of expertise are complementary · our faculty are professionally involved · our faculty provide high levels of clinical supervision · faculty seeking doctoral education to replace retiring faculty members · Interim Chancellor well acquainted and supportive of our program · our office staff are capable and supportive · our building is modern and well equipped · our building has adequate and convenient parking · our program is well established and stable · our program is well organized (tracking/filing systems) · our program has a large variety of clinical materials · our program has community support (e·g· Scottish Rite, Quota) · our external practicum sites are high quality and diverse · our program has diverse financial aid opportunities	· our state funding is limited · our program has limited access to electronic medical records · our materials and equipment (instrumentation) are aging · our incoming students are often poorly prepared · our students vary widely in technological competence · our access to technological support is poor · our access to research support is limited · our students have difficulty balancing clinical/academic loads · our students, as a group, have very poor writing skills · our relationship with UH hospital providers is limited · our recruitment of outstanding students is limited · our attrition rate fluctuates from semester to semester · our program has limited success with external funding · our communication is not always efficient · IRB is not SAHP friendly

· our program is supported by other professions
· our program has excellent library support
· our program welcomes students with diverse backgrounds
· our program has a successful 3:2 program with Centenary
· our program provides high value at a relatively low cost
· our program provides continuing educ· (e·g·, journal club; Alumni Event)
· our program participates in multidisciplinary activities
(e·g·, AAC, Children's Ctr, NICU, Cleft Palate Clinic)
IRB process has been simplified

Opportunities

· health care careers are 'hot'
· agencies are eager to hire our graduates
· expanding access to new external practicum sites
· external funding opportunities exist (e·g·, BOR grants)
· research opportunities exist (incl· cross-disciplinary)
· potential 'feeder' programs exist in the region
· faculty have potential for national prominence
· there is a more emphasis on pedagogy in the profession
· emphasis on prevention expands research potential
· physician education may increase understanding, referral
· new billing system being considered
· Interim Chancellor looking at IRB process
· Chancellor well acquainted and supportive of our program
· Records are being converted electronically

Threats

· there are many competing SLP programs in Louisiana
· the profession requires increasing breadth of study
· the profession is not well known or understood
· graduate education is not viable for many LA residents
· recruitment of new faculty will be difficult
· males are not entering the profession
· reduced insurance coverage for outpatient SLP services
· increasing number of our clients on Medicaid
· many strong students are attracted to other fields
· our referral sources vary in appropriateness

Figure Analysis

4. Strategic Plan: Focus Areas

On the basis of analysis and faculty discussions, four focus areas were identified to address in the strategic plan. These areas included:

- Technological knowledge and skills
- Clinical knowledge and skills
- Writing across the curriculum
- Evidence-based practice

For each area, a long-term objective (LTO) and short-term objective(s) (STO) were developed.

4.1 Focus Area 1: Technological Knowledge and Skills

4.1.1. Rationale

Increasingly, speech-language pathologists are expected to be technologically proficient in a number of areas, including:

- Information management (e.g., literature identification, Internet searches, retrieval)
- Case management (e.g., word processing, spreadsheets, database management)
- Patient and professional education (e.g., presentation graphics)
- Assessment (e.g., compuscore, speech capture and analysis, language sample analysis, videofluoroscopy, otoacoustic emission screening, hearing screening)
- Treatment (e.g., instrumental biofeedback, communication-enhancement software)
- Simulation (e.g., lab, websites, software)

For each didactic course, faculty identified activities and/or assignments designed to enhance students' knowledge and/or skills in the area of technology.

4.1.2. Long-Term Plan (LTO/STO)

LTO: To increase students' technology proficiency through exposure to technology in multiple areas throughout the two year program.

STO: Utilize technology to complete at least 7-9 of the tasks listed for the following categories:

Categories	Tasks
Information management	literature identification, Internet searches, retrieval
Case management	word processing, spreadsheets, database management
Patient and professional education	presentation graphics
Assessment	speech capture and analysis, language sample analysis, videofluoroscopy, OAE screener, tympanometry, portable audiometer
Treatment	instrumental biofeedback, communication-enhancement software
Simulation	lab, websites, software

4.1.3. Follow up procedures

To ensure utilization, faculty are encouraged to participate in inservice training sessions with new equipment. These sessions should cover operation, troubleshooting, calibration, and maintenance as applicable.

As new equipment is acquired, the faculty discuss how the technology can best be incorporated into the curriculum. Courses that are technology-intensive include:

- SPATH 5100 – Introduction to Graduate Study
- SPATH 5134 – Clinical Linguistics & Psycholinguistics
- SPATH 5132 – Applied Speech Measurement
- SPATH 6224 – Augmentative Communication

Application of technology has been expanded in other courses (e.g., articulation and phonological disorders, voice and related disorders, cultural and linguistic diversity).

To ensure acquisition of associated skills, course and clinical competencies are updated periodically to reflect integration of new equipment and methodologies. Assessment procedures include proficiency assignments, as well as student self evaluations. Additionally, the strategic plan will be assessed annually by the faculty members.

Progress

Tasks are identified in bold
Speech measurement labs (N=26) - SPATH 5132 – Applied Speech Measurement
Literature Internet searches - SPATH 5100 – Introduction to Graduate Study, SPATH 6201 – Anatomy and Physiology of Speech and Hearing; add 5200 (Phonetics), 6212 (Voice), and 6224 (AAC)
Concept mapping software - SPATH 5100 – Introduction to Graduate Study
Treatment apps – SPATH 6701-6705 Clinical Practicum courses; add 6224 (AAC)
Duffy's pre and post-test (PowerPoint including video and audio samples) and add on-line Duffy lab – SPATH 6204 Motor Speech Disorders
OAE screener, tympanometry, portable audiometer – SPATH 6702-6705 Clinical Practicum courses, SPATH 5205 Hearing Screening Lab
Language sample analysis – SPATH 5134 Clinical Linguistics & Psycholinguistics, SPATH 6701-6705 Clinical Practicum courses
Word processing – SPATH 6701-6705 Clinical Practicum courses and all academic courses
Presentation graphics - SPATH 6201 – Anatomy and Physiology of Speech and Hearing, SPATH 6300 Cultural and Linguistic Diversity; add 5100 (Intro) and 6100 (Research)
Edmodo website for handbooks/forms - SPATH 6701-6705 Clinical Practicum courses
AAC devices/software (Boardmaker) - SPATH 6701-6705 Clinical Practicum courses; SPATH 6224 Augmentative Communication (labs/projects and interaction with various devices; trip to LATAN to gain knowledge of additional devices)
Excel spreadsheet for clinic clock hours - SPATH 6701-6705 Clinical Practicum courses
CSL, including Nasometer – SPATH 6212 Voice and Related Disorders
Videofluoroscopy and perceptual assessment of voice and speech added to simulation section for SPATH 6204 (Motor Speech), 6544 (Dysphagia), and 6212 (Voice).

4.2. Focus Area II: Clinical Benchmarks

4.2.1. Rationale

The goal of clinical education is to provide students with a series of diverse experiences to establish and develop requisite professional knowledge, skills, and attitudes. Although specific clinical assignments necessarily vary among students, there are predictable and ordered stages of professional growth. Clinical benchmarks represent a time-ordered set of target skills and behaviors to ensure progression and attainment of specified levels of proficiency and competence.

4.2.2. Long-Term Plan (LTO/STO)

LTO: Provide students with a systematic set of clinical benchmarks designed to progress a student through 4-5 semesters of clinical experience.

STO 1: Faculty will review benchmarks at least twice a year to determine necessary changes.

STO 2: Students will demonstrate competency of clinical benchmarks as evidence by a composite grade of 'B' or higher.

4.2.2.1. Identification of Clinical Benchmarks

Clinical faculty of the LSUHSC-S Speech-Language Pathology Program met over several months to identify and operationalize clinical benchmarks for the following areas: assessment, treatment, writing, and professionalism.

Clinical practicum courses provide specific levels of performance in order to assign a grade in that area. Some benchmarks are designed on a continuum to show the expectation of growth from a 1st semester clinical practicum to a 4-5th semester practicum, while others require consistent performance across all semesters. At mid-term, students are provided with feedback and a mid-term grade to determine strengths and needs which should be addressed.

In sections 4.2.2.2.-4.4.2.5, see 4 areas: Assessment, Treatment, Writing, and Professional Development, subareas, and a brief description. The specific Appendix for each set of benchmarks is also provided.

4.2.2.2. Clinical Benchmarks: Assessment

4.2.2.2.1. Pre-assessment procedures

- Meets with supervisor prior to evaluation and presents following information: chronological age, pertinent information from case history, clinical questions, evaluation plan
- Complete protocols and have all test and manual protocols in the evaluation room
- Set up room prior to evaluation
- Call to remind family of appointment and log phone call

4.2.2.2.2. Assessment procedures

Formal/Informal evaluation
- Demonstrates overall familiarity with formal and informal assessment procedures
- Independently transcribes all productions/responses and follows test procedures to obtain basal/ceiling
- Make test/procedural/behavioral adaptations as needed

Interviewing
- Conducts/participates, as directed, interview, modifying/adding questions as needed
- Summarize/explains results/recommendations and presents information to client/family

4.2.2.2.3. Post-assessment procedures

- Identify mean, standard deviation, and identifies how score(s) compares to mean
- Demonstrates understanding of how results from informal/nonstandardized procedures compare to norms/typical functioning levels
- Judges severity level for each area based on assessment data

For complete benchmark criteria, see Appendix A: Scoring rubric for Assessment

4.2.2.3. Clinical Benchmarks: Treatment

4.2.2.3.1. Preparation, Planning & Follow-Up

Completion of:
- Treatment plan following two hours of treatment
- Lesson plans that reflect logical progression, correct terminology, and measurable objectives
- Log in client file all pertinent information (e.g., phone calls, initiation of therapy, disposition)
- Daily Therapy Source notes
- Progress report

Suggest materials/activities appropriate to elicit target behaviors

4.2.2.3.2. Efficacy

- Accurately records quantitative and qualitative data
- Develops measurable and congruent goals for treatment plans and lesson plans
- Develops appropriate probes
- Uses variety of therapy approaches/techniques appropriate to client
- Appropriately expand and/or extend client's responses

4.2.2.3.3. Management

Session Management
- Effectively manages multiple material items
- Smooth transition between activities

Client management
- Relates comfortably with multiple clients
- Recognizes and implements reinforcement system
- Provides homework/carryover activities, if applicable

For complete benchmark criteria, see Appendix B: Scoring rubric for Treatment

4.2.2.4. Clinical Benchmarks: Writing (diagnostic and treatment)

All written work is expected to follow correct format and include appropriate content, organization, mechanics (e.g., spelling, grammar, punctuation), and pertinent information for the following:
- Individual Treatment Plan
- Progress reports
- Therapy Source notes
- Diagnostic reports

For complete benchmark criteria, see Appendix C: Scoring rubric for Writing

4.4.2.5. Clinical Benchmarks: Professional Development and Demeanor

- Adheres to all clinic policy deadlines/timelines, including but not limited to client confidentiality, professional appearances, infection control, returning clinic materials, and end of semester procedures
- Interacts/communicates with client, family, other students, faculty, and other professionals in a professional and timely manner
- Completes self-assessment to critique strengths/weaknesses
- Maintains clinic documentation

For complete benchmark criteria, see Appendix D: Scoring rubric for Professional Development & Demeanor

4.4.2.6. Clock Hours – ASHA Requirements

Recommend accumulation a minimum of 40% (150) of total required clock hours by the end of the second semester.

4.4.3. Implementation

Initial implementation of clinical benchmarks was spring semester, 2008. However, recent revisions were made to the benchmarks and were implemented in the summer semester, 2016 on a trial basis. Modifications will be made based on summer semester trial period.

4.4.4. Follow up procedures

As part of the clinical evaluation process, student progression relative to the benchmarks is assessed. These data are used to provide feedback to students regarding their professional growth. In addition, these data are used to evaluate and to fine-tune the benchmarks themselves.

Student competency relative to clinical benchmarks is monitored on a semester-to-semester basis and documented as part of the clinical evaluation process. Successful achievement of the benchmarks is documented on the KASA form.

At least twice a year, clinical faculty will monitor the effectiveness and appropriateness of the benchmarks to ensure their validity. These benchmarks are and will be reviewed and modified to reflect emerging trends.

Progress

Benchmarks were implemented summer 2016. Selective revisions have been made following the summer and fall 2016 semesters.
Additional changes were made by the end of summer 2017 semester and then spring 2018.
No revisions required since Spring 2018

As of August 2019

4.3. Focus Area III: Writing Across the Curriculum

4.3.1. Rationale

The third focus of this strategic plan is written communication. These skills have been evaluated using portfolio assessment at the conclusion of the first year of study. Multiple courses include significant writing components.

Among the courses with significant writing components are:

- SPATH 6201 – Anatomy and Physiology of Speech and Hearing (outline, synthesis paper)
- SPATH 5100 – Introduction to Graduate Studies (APA style, paraphrasing, Summary/Critique, annotated bibliography)
- SPATH 5493 – Evidence-based Practice for SLP (systematic review)
- SPATH 5208 – Aphasia and Related Disorders (article summary/critiques, reports)
- SPATH 5134 – Clinical Linguistics and Psycholinguistics (analysis report)
- SPATH 5342 – Articulation and Phonological Disorders (clinical writing)
- SPATH 6100 – Research in Communication Disorders (evidence table, narrative review of literature)
- SPATH 6212 – Voice Disorders (annotated bibliography)
- SPATH 6300 – Cultural and Linguistic Diversity (language profile, report)
- SPATH 6214 – Diagnosis and Evaluation in SLP (clinical writing)
- SPATH 6900 – Summative Assessment (essay writing)

However, faculty members continue to express concern that students struggle with written language, especially higher-order writing tasks and clinical writing.

4.3.2. Long-Term Plan (LTO/STO)

LTO: Continue to provide multiple opportunities to develop writing skills in academic and clinical courses.

STO: Increase writing assignments/projects (academic or clinic) by a minimum of 1 per fiscal year.

4.3.3. Follow up Procedures

Faculty members will identify didactic/clinical activities and/or assignments involving writing, in order to implement into the coursework. Students are provided feedback on their writing, both in terms of content and style. Grading rubrics are typically used to operationalize content and form features. Successful completion of the writing requirements is reflected in the student's course grade, which is documented on each student's KASA form.

Progress

Added writing tasks in bold

Students write on an instructor provided topic in a 5 minute period at beginning of class - SPATH 5100 – Introduction to Graduate Studies (1st year students) and SPATH 5493 Evidence-based practice for SLP (2nd year students)

Implementation of mini-comps at end of 1st year – 2016, 2017, 2018

Written lab assignments (specific to vocabulary) and add case study project which also has a formative assessment process – SPATH 6204 Motor Speech Disorders

Lab/project assignment (case write up with choice and rationale for choosing client and device; requires technical/specific vocabulary use) – SPATH 6224 Augmentative Communication

As of August 2019

4.4. Focus Area IV: Evidence-Based Practice

4.4.1. Rationale

The fourth focus of this strategic plan is evidence-based practice (EBP). In the last several years, EBP has emerged as the primary framework translating clinical research into the practice of speech-language pathology. The faculty have a strong commitment to EBP as indicated by having the EBP course (SPATH 5493). Nevertheless, the students continue to have difficulty demonstrating knowledge of EBP in written form.

4.4.2. Long-Term Plan (LTO/STO)

LTO: Improve pass rate on written comprehensive examination.

STO: Increase an additional formative assessment task prior to student's taking Summative Assessment course (SPATH 6900).

4.4.3. Follow up Procedures

In addition to Focus Area III, to address writing skills, faculty have implemented a mini version of the comprehensive examination to be taken at the end of the students' first year. Similar procedures for completing written comprehensives will be followed for this new component of formative assessment. Students will receive a pass/fail rate along with his/her responses in order to self evaluate and better prepare for SPATH 6900 and written comprehensives.

Performance of this assessment is documented and maintained in the student academic file. A student's completion of written comprehensives is documented on the student KASA forms.

Progress

Implementation of mini-comps at end of 1st year – began 2016, 2017, 2018

Additional EBP tasks
Journal article readings from supervisors to student clinicians – SPATH 6701-6705 Clinical Practicum courses.
Written case study with annotated bibliography specific to topic and treatment choice – SPATH 6212 Voice and Related Disorders

As of July 2018

5. Implementation Plan

5.1. Summary

Following an analysis, the program developed a strategic plan to address four focus areas:

- Technology
- Clinical benchmarks
- Writing across the curriculum
- Evidence-based practice

For each focus area, goals were identified and a follow-up process to monitor the goals, meeting of the goals, and determining needed changes.

5.2. Implementation, Review, and Future

Implementation of this strategic plan was initiated during 2016. On the basis of this plan, modifications will be made to academic courses, as well as to clinical practicum. As faculty update and revise their courses, they will identify additional opportunities to enhance student competence in the areas of technology, clinical practicum, written communication, and evidence-based practice. Further, the faculty will review the strategic plan at least annually (fiscal) to monitor achievement of the goals. The success of these goals will be monitored for several years to determine outcomes and future goals will be developed as deemed necessary by faculty review of the strategic plan.

Appendix A

Scoring rubric for clinical practicum

Assessment- Preparation, planning, & follow-up

Student_____ Date_____

Benchmark	Examples of "A "performance	Examples of "B" performance	Examples of "C performance	Examples of "D/F "performance
Pre-assessment procedures	• meets with supervisor at least three business days prior to evaluation, or at designed time; • accurately computes CA; • demonstrates familiarity with case history and other records (presents pertinent, detailed information from case history and asks thoughtful, relevant questions specific to the case. • identifies clinical questions and proposes evaluation plan, including specific **formal and informal (F/I)** procedures, rationale for procedures, order of administration; • calls client/family 2-3 days prior and logs phone call/attempts; • completes test protocol; • ensures room is ready, including recording equipment (turns on recorder at beginning of session), protocols/ manuals or other materials needed for each assessment tool; AND is laid out appropriately (neat, clean, free of unnecessary items and materials are organized appropriately); • sets up hearing screening equipment (turned on and biological check completed)	• meets with supervisor 2-3 business days prior to evaluation or at designed time; • accurately computes CA, but may lack independence • presents pertinent information from case history, may lack detail; • proposes appropriate **F/I** procedures, may lack fully developed rationale and/or procedure plan; • calls 1-2 days prior; does not immediately log attempts; • completes all sections of test protocol; has it ready prior to evaluation; may have omission in one area; • room is mostly/partially ready; • hearing equipment not on/checked	• meets with supervisor <2 days prior; • computes CA w/ occasional errors • sparse, irrelevant or incorrect information from case history, may be able to identify pertinent information with direction; • identifies general area for assessment; does not select appropriate **F/I** procedures or requires support; lacks rationale; • calls on same day as evaluation; does not log; • does not complete all sections/has inaccurate information; all forms not prepared prior to session; • room is not ready; • hearing equipment not on, checked	• does not attend meeting with supervisor prior to session, or attempts to meet on day of evaluation; • CA incorrect/incomplete • shows little/no evidence of case hx review; unable to identify pertinent information, despite maximal support; • does not identify areas in need of assessment or select appropriate **F/I** procedures, despite frequent/intense support; lacks rationale; • does not call; • does not prepare forms prior to session or bring forms to session, or has incorrect client identifying information. • room is not ready • hearing equipment not ready

Assessment procedures: ***F/I evaluation***	• demonstrates overall familiarity with each F/I assessment's administration guidelines (testing directions; use of correct stimulus/prompts; • independently and correctly transcribes all productions/responses based on F/I plan, showing increasing level of independence; • documents 10 informal observations to include pertinent client information; • independently follows test procedures to obtain basal and ceiling; ensures basal/ceiling correctly obtained prior to end of diagnostic session • independently adjusts administration rate in various client situations; • makes test/procedural/behavioral adaptations; seeks assistance/clarification regarding adaptations when needed. • records (audio & written) pertinent information from client/caregiver/parent interview • prepares appropriate questions based on case hx; submits questions for approval 2 days prior or as directed; • conducts/participates in interview, as directed; modifies or adds questions as needed; provides/obtains clarification as needed; demonstrates awareness of/sensitivity to client's needs/reactions; clearly explains results/recommendations to client/family by	• demonstrates familiarity with each F/I assessment's administration guidelines but with supervisor assistance; • transcribes productions with 1-2 errors/without showing increasing independence; • documents 10 observations, but may lack detail/relevance; • does not utilize test manual information to correctly obtain basal/ceiling ;does not address questions prior to end of session • use of appropriate rate is inconsistent • Does not consistently make adaptations; does not seek clarification prior to implementing adaptations • records information from client/caregiver/parent interview, inconsistently, or may lack details or include extraneous information • prepares questions; questions may be generic or fail to address all key areas; submits 2 days prior or as directed; • conducts/participates, as directed; modifies/adds questions as needed; provides/obtains clarification as needed; demonstrates awareness/sensitivity; clearly explains results/recommendations, but does not exhibit independence after mid-term	• demonstrates limited familiarity with each F/I assessment's administration guidelines; • multiple transcription errors; • documents 10 observations, but observations may consistently lack detail/relevance despite supervisory support. • obtains basal and ceiling with error/maximum support; • Frequently uses inappropriate rate; • Does not make adaptations, despite maximum assistance; • writes incomplete information or fails to incorporate feedback/guidance from prior sessions • questions are consistently lacking in specificity or scope • does not demonstrate competence in 1 or more aspects of interview by end of semester	• demonstrates little/no knowledge/familiarity with each F/I assessment's administration guidelines; • does not complete transcriptions; • does not document informal observations; • demonstrates inability to obtain basal and ceiling; • unable to adequately pace rate; • does not make adaptations; • does not record information • does not prepare appropriate questions even with frequent/intense support or does not turn in appropriately; • does not demonstrate competence in multiple aspects despite maximum support throughout semester
Interviewing				

Post-assessment procedures	• logs immediately following evaluation; • accurately computes raw score on all subtests for all tests administered; addresses questions about scoring (e.g., multi-level/step scoring, transcriptions) with supervisor prior to turning in test protocols for review; • addresses questions about scoring with supervisor prior to scoring or prior to turning in protocols for review; shows evidence of having reviewed test scoring instructions; obtains accurate subtest and overall scaled/standard scores; • with initial and periodic guidance, identifies mean, standard deviation (SD); identifies how score(s) compare to mean; addresses score reporting questions with supervisor prior to turning in diagnostic report; shows knowledge of difference between subtest and test battery scores; • demonstrates understanding of how results from informal/nonstandardized procedures compare to norms/typical functioning levels with increasing independence • judges severity level for each area tested based on integration of F/I assessment data; • turns in 1st draft within 3 working days after evaluation, unless otherwise specified by supervisor	• logs later in the day or the day following evaluation; • accurately computes raw score on all subtests for all tests administered; may have minor, infrequent errors on more complex scoring procedures; • shows evidence of having reviewed test scoring instructions, but may have 1-2 errors on F/I procedures; • identifies mean, SD; identifies how score compares to mean and difference between subtest and battery scores, with ongoing guidance; • demonstrates understanding of how results from informal/nonstandardized procedures compare to norms/typical functioning levels, but does not demonstrate increasing level of independence • judges correct severity level in most areas; may lack independence in areas in which student has less experience; may lack independence in integrating of F/I data; • turns in draft 4 working days after evaluation	• logs more than 1 day after evaluation; • accurately computes raw score on most subtests for all tests administered; may have errors of greater degree or frequency on more complex scoring procedures; • has 2> errors on F/I procedures; • identifies mean, SD with ongoing support; may not identify how score compares to mean; may have imprecise or confusing explanation of score; • demonstrates understanding of how results from informal/nonstandardized procedures compare to norms/typical functioning levels, despite maximum support; • inconsistently identifies severity level; may fail to identify relationship (e.g., congruence) between F/I assessment data; • turns in draft 5 working days after evaluation	• does not log; • does not compute raw score on multiple subtests or procedures; • has 2> errors on F/I procedures or major error on any procedure; • does not correctly identify mean or SD; does not correctly identify how score compares to mean, or does not reference mean/SD when comparing scores; • does not demonstrate understanding of how results from informal/nonstandardized procedures compare to norms/typical functioning levels; • does not correctly identify severity levels, despite maximal/ ongoing support; • turns in draft 5> working days after evaluation

Appendix B
Scoring rubric for clinical practicum
Treatment (Preparation, Planning & Follow-Up)
Student: _____ Date: _____

Benchmark	*Examples of "A" performance*	*Examples of "B" performance*	*Examples of "C" performance*	*Examples of "D/F" performance*
1st semester	***PAPERWORK: COMPLETION AND TURN IN CRITERIA***			
Treatment Plan	Turns in within 2 working days following 2 hours of treatment unless otherwise directed by supervisor; drafts turned in 1-2 days of receiving corrections	Turns in within 3-4 working days following 2 hours of treatment; drafts turned in 1-2 days of receiving corrections	Turns in within 5 working days following 2 hours of treatment; drafts turned 3+ days of receiving corrections	Turns in 6+ working days following 2 hours of treatment
Lesson/session (L/S) plans	Consistently includes correct terminology, session (e.g., date/time) and client information. Includes measurable objectives, logical progression, plan for reinforcement system, and correct wording by midterm; incorporates corrections/feedback from clinical supervisor in subsequent documents. Initiates consultation as needed.	Includes correct terminology, session and client information. May be inconsistent with 1-2 elements (measurable objectives, reinforcement plan, logical progression, and correct wording); subsequent plans do not immediately incorporate corrections/feedback, or does not initiate consultation as needed.	Includes correct client information and generally includes correct terminology, session information; Includes required elements but shows significant weakness in terms of accuracy or consistency; does not consistently or promptly incorporate corrections/feedback.	Incomplete or incorrect information; plans are substantially lacking in accuracy despite supervisory feedback/assistance; major error
Client folder log	Logs all pertinent information (phone calls, initiation and termination of therapy, disposition, cancels, no-show) the day of each occurrence	Logs information the day following each occurrence; inconsistently logs same day of occurrence (unless prior approval given)	Logs information more than one day later following each occurrence (without prior approval)	Does not log information
Session Notes	Completes/resolves any corrections within 24 hours of session (or at supervisor discretion); correctly completes notes independently by end of semester.	Completes resolves any corrections within 2 working days; does not consistently complete within 24 hours, or lacks independence in completing notes by end of semester.	Completes and resolves any corrections within 3 working days; frequently misses timelines	Completes note more than 3 working days following; consistently misses timelines
2nd-5th semester				
Treatment Plan	Turns in within 2 working days following 2 hours of treatment unless otherwise directed by supervisor; drafts turned	Turns in within 3-4 working days following 2 hours of treatment; drafts turned in 1-2 days of receiving corrections	Turns in within 5 working days following 2 hours of treatment; drafts turned 3+ days of receiving corrections	Turns in 6+ working days following 2 hours of treatment

	in 1-2 days of receiving corrections			
Lesson/session (L/S) plans	Consistently includes correct terminology, session and client information. Includes measurable objectives, logical progression, plan for reinforcement system, and correct wording following initial session; incorporates corrections/feedback from clinical supervisor in subsequent documents. Initiates consultation as needed.	Includes correct terminology, session and client information. May be inconsistent with one element (measurable objectives, reinforcement plan, logical progression, and correct wording); subsequent plans have similar errors following corrections/feedback. Does not seek clarification as needed to ensure accuracy.	includes correct terminology, session and/or client information; includes required elements but shows significant weakness in terms of accuracy or consistency; does not consistently incorporate corrections/feedback.	Incomplete or incorrect information; plans are substantially lacking in accuracy despite supervisory feedback/assistance; major error
Client folder log	Logs all pertinent information (phone calls, initiation and termination of therapy, disposition, cancels, no-show) the day of each occurrence	Logs information on the day following each occurrence; inconsistently logs same day of occurrence (unless prior approval given)	Logs information more than one day later following each occurrence (without prior approval)	Does not log information
Session Notes	Completes/resolves any corrections within 24 hours of session (or at supervisor discretion); correctly completes notes independently by end of semester.	Completes/resolves any corrections within 2 working days, does not consistently complete within 24 hours, or lacks independence in completing notes by end of semester.	Completes and resolves any corrections within 3 working days; frequently misses timelines	Completes note more than 3 working days following; consistently misses timelines

1st-5th semester	*Acceptable*	*Unacceptable*	
Paperwork turned in correctly and completely	• All clinic paperwork formats • Lesson Plans a. Turned in Friday afternoon for following week of therapy (unless approved by supervisor) b. Revisions (as specified by supervisor) • Turns in the following on last day of clinic (or as designed by supervisor) with folder: a. Progress report (1st draft) b. all items on Treatment Audit Form • Progress report revisions complete within 24 hrs. of receipt	Does not turn in correctly or completely	

1st semester	*Examples of "A" performance*	*Examples of "B" performance*	*Examples of "C" performance*	*Examples of "D/F" performance*
Suggest appropriate materials/activities	Suggests materials/activities age/developmentally appropriate to elicit target behaviors pending supervisor's approval; plans sufficient activities for length of session; shows increasing independence in selecting/refining task-appropriate materials/activities.	Does not consistently suggests appropriate materials/activities; does not show increased independence in selecting/refining task-appropriate materials/activities; activities may occasionally be insufficient for planned length of session.	Does not suggest appropriate or sufficient materials/activities, despite supervisory support/feedback.	Consistently plans inappropriate or insufficient materials or activities despite repeated/intense supervisory support.
2nd semester				
Suggest a variety of novel materials & activities	Select/develop/modify developmental/age/ task-appropriate activities and materials; promptly incorporates feedback	Selects/develops/modifies appropriate materials/activities, but not consistently, or may initially select appropriate materials/activities but fail to adapt or modify as needed; inconsistent or slow in incorporating feedback.	Does not select/develop/modify appropriate materials/activities despite supervisory support.	Consistently selects inappropriate materials or activities despite repeated/intense supervisory support.
3rd-5th semester				
Suggests new/different methods/techniques	Able to do so with increasing independence	Able to do so, but inconsistently, or does not demonstrate increasing level of independence.	Cannot consistently implement, despite supervisory support.	Cannot implement, despite frequent/intense support.

Treatment (Session/Client Structure/Management)

Student: _____ Date: _____

Benchmark	*Examples of "A" performance*	*Examples of "B" performance*	*Examples of "C" performance*	*Examples of "D/F" performance*
1st -5th semester	**Session management**			
Treatment materials	Consistently manages multiple material items effectively and smoothly.	Manages multiple material items; may be inconsistent in effectiveness or smoothness.	Does not manage materials smoothly or effectively on multiple occasions, or fails to improve with support; may lack some materials	Consistently struggles to manage materials smoothly or use materials appropriately
Activity transition & integration	Demonstrates/increases independence with managing smooth transitions. Devotes appropriate time to activities. Frequently uses activities/provides opportunities for integrating skills	Demonstrates consideration for transitions, but may have difficulty with smoothness; may devote inappropriate amount of times to activities; integrates skills but may lack consistency or independence	Does not show increased independence; does not consistently use transitions/time allotment; minimal effort to integrate skills.	Consistently struggles in demonstrating smooth transitions. Unable to create opportunity for integration
Time management & session length	Adheres to session length or obtains prior approval to modify, consistently and independently.	Inconsistently demonstrates; Adheres to session length but may occasionally change w/o prior approval	Repeatedly fails to demonstrate; may add/subtract time from session without prior approval.	Inappropriate. Does not demonstrate adherence to session length
1st -5th semester	**Client management**			
Interactional style/client rapport	Relates comfortably in all sessions and/or demonstrates ability to modify with increasing independence.	Relates comfortably in most sessions; demonstrate improvement.	Consistently does not relate to client; demonstrates no improvement	Does not demonstrate.
Reinforcement use	Recognizes need for management strategy, develops strategies; seeks consultation as needed and implements consistently and independently	Utilizes strategies provided by supervisor; demonstrates improvement in developing and implementing strategy	Does not recognize need for strategy or unable to consistently implement	Does not demonstrate.

Homework/carryover (if applicable)	Can explain rationale for use of homework activities; develops activities and obtains prior approval	Proposes generally appropriate ideas for activities; obtains prior approval of materials	May develop activities, but does not seek prior approval; activities not appropriate to client needs	Does not address homework activities

Efficacy: 1st semester				
Benchmark	***Examples of "A" performance***	***Examples of "B" performance***	***Examples of "C" performance***	***Examples of "D/F" performance***
Goal Development	Utilizes client data and resources (course materials, etc.) to develop specific idea of goals/focus of therapy (clinical domains, target skills;	Develops general idea of goals (e.g., correct clinical domain); does not identify specific target skills; some evidence of utilizing resources to develop goals.	Shows little idea of goals; does not demonstrate utilization of resources to develop goals despite supervisory support.	Demonstrates little/no knowledge of development of goals, does not improve despite maximal/repeated support.
Accurately records quantitative or basic qualitative data	Independently; consistently, by mid-term	Consistently, but not independently, by mid-term	Inconsistent; may show continued problems with accuracy despite support.	Consistently records inaccurate/incomplete data
By mid-term, provide feedback, demonstrate expansion/scaffolding; provide models, cues	Consistently accurate; modifies/varies based on client; specific	Feedback is given, but may not be specific; modifies/improves by end of semester	Continues to demonstrate lack of independence despite support; may be significantly lacking in 1 area (expansion/scaffolding/models, cues)	Consistently struggles in demonstrating appropriate feedback, despite full/repeated support; significantly lacking in more than one area
Develop probes	Appropriate content/length, with initial guidance	Continues to require guidance for appropriate content/length	Requires maximum support	Does not develop probes
Use appropriate treatment approaches	Demonstrates (in therapy and in writing) understanding of approach; shows knowledge of clinical/academic relationship, with initial guidance and increasing independence	Demonstrates (in therapy or in writing) understanding of approach; shows general knowledge of clinical/academic relationship.	Demonstrates basic understanding of approach; shows basic knowledge of clinical/academic relationship, despite maximum support	Does not demonstrate
2nd – 5th semester				
Develop L/S plans and ITPs with measurable and congruent goals	Consistently/ independently (with initial consultation)	Inconsistent despite consultation/support.	Inconsistent or inaccurate despite ongoing supervisory support.	Does not develop
Accurately record quantitative and qualitative data	Independently; consistently	Consistently, but does not show expected level of independence.	Inconsistent, despite full support; does not show increased independence	Consistently records inaccurate/incomplete data despite full support.

Develop probes	Appropriate content/length; shows expected level of independence	Develops probes, but may be inconsistent in terms of content/length; does not show expected level of independence.	Probes are generally related to clinical area, but inappropriate in length/content for target skills despite support.	Does not develop
Use variety of therapy approaches/techniques	Uses and adapts as appropriate to client	Uses appropriate approach; may have repetitive use of approach across sessions	Requires maximum support to vary	Does not vary
Feedback, models, cues; expansion/scaffolding	Consistently demonstrates; completes independently or initiates consultation/seeks resources as needed	Inconsistent; does not show expected level of independence; does not initiate consultation/seek resources as needed	Does not demonstrate consistently or with increased independence/accuracy.	Does not demonstrate despite full support.

Appendix C
Scoring rubric for clinical practicum
Writing

Name: _____ Date: _____

All written work is expected to be in the correct format and include appropriate content, organization, and mechanics (e.g., spelling, grammar, punctuation).

Benchmark	***Examples of "A" performance***	***Examples of "B" performance***	***Examples of "C" performance***	***Examples of "D/F" performance***
ITP	1st sem: 5-7 errors 2nd-3rd sem: 3-5 errors 4th-5th: ≤3 errors	1st sem: 8-10 2nd-3rd sem: 6-8 4th-5th: 4-6	1st sem: >10 2nd-3rd sem: >8 4th-5th: >6	More than 'C' level or any major error
Progress reports	1st sem: 3-5 errors 2nd-3rd sem: 1-3 4th-5th: ≤1 errors	1st sem: 6-8 2nd-3rd sem: 4-6 4th-5th: 2-3	1st sem: >8 2nd-3rd sem: >6 4th-5th: >3	More than 'C' level or any major error
Session notes	1st sem: 1 or fewer/week by mid-term to end 2nd-5th sem: 2 or fewer/semester	1st sem: 2/week by mid-term to end 2nd-5th sem: 2-3/semester	1st sem: 3/week by mid-term to end 2nd-5th sem: 3+/semester	More than 'C' level or any major error
Diagnostic reports	1st diag: 5-7 errors 2nd-3rd diag: ≤4	1st diag: 8-10 errors 2nd-3rd diag: 5-7	1st diag: >10 errors 2nd-3rd diag: >7	More than 'C' level or any major error
**Required revision drafts to finalize any written report*	1st-2nd sem: ≤2 drafts 3rd-5th sem: ≤1	1st-2nd sem: 3 drafts 3rd-5th sem: 2	1st-2nd sem: >3 drafts 3rd-5th sem: >2	Excessive drafts

Revised 4/26/18

Description of the grade levels; see number of errors per report and semester.
A= Appropriate content, organization, and mechanics; B= Fully developed, but may be lacking details
C= Omits key information (i.e., minimal explanation of progress); D= Any major error (name, DOB, etc.); omits multiple items of key information

***Any draft beyond the initial report turned in to supervisor.**

Appendix D

Professional Development

1st – 5th semester			
Benchmark	*Acceptable*	*Unacceptable*	*Comments/recommendations*
Adheres to all clinic policy deadlines/timelines Including but not limited to… Client confidentiality Professional appearance Clinic materials Infection control End of semester procedures			
Interactions/communications with client, family, other students, faculty, and other professionals in a professional & timely manner (e.g., respectful and courteous in verbal and nonverbal aspects of communication; respects boundaries; appropriate information to client/family/supervisor; professional image)			
FOR PRIMARY SUPERVISOR ONLY			
Self-assessment Completes video Completes self-critique & action plan (strengths/weaknesses)			
Clinic documentation management Off-site agreement form Monthly hours/Excel Scheduling worksheet Check-out policy			
