

# 2024 CAA Application Template - Speech-Language Pathology

## 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.

The CAA has provided programs with a [PDF slide show](#) and [YouTube video tutorial](#) that gives a basic overview of accessing and using the Armature Fabric platform, along with other helpful resources, on the [Resources page of the CAA website](#).

### 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. If more than one user is accessing the report instrument to provide data, report editors should not work on the same Standard section simultaneously. Changes to a page may not save correctly if multiple users have the same Standard page open at the same time.
- c. Whenever possible, 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. Responding to Prior Concerns

- a. You **must** respond to any non-compliance citations or areas for follow-up that were noted on the previous year's Accreditation Action Report. There is a text box at the start of each standard 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:

### III. Use of Distance Education Technologies

- a. If (during the last reporting period) your program offered (or is currently offering) coursework via distance education *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.
- c. The online report instrument is designed with conditional logic throughout so that if the response under the modalities section is "yes", additional questions related to distance education will appear for you to respond to.

### 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 application. To submit the application, you must click the submit button at the bottom of the instrument and confirm that you are submitting your accreditation application. You can verify that you have submitted your application by clicking the Instruments tab and reviewing the status of this application instrument.**
- 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/Resources/>) 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

#### No document provided

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?

## 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 to appear within this report. If you later alter your response to these questions, you risk losing information entered.\*\***

## Distance Education

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

## Satellite Location

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

## 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

## 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.

### Standard 1.1 Institutional Accreditor

Name of Institutional Accreditor:

### Standard 1.1 Institutional Accreditor URL

Provide the URL from your Institutional Accreditor'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:

### Standard 1.1 Institutional Review

Is the institution currently undergoing review by the Institutional Accreditor?

### 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 Accreditor
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### 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.

### 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**

**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.

**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)?

**Standard 1.2 Degree Authority**

No response provided

**Standard 1.2 Degree Granting Authority**

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

No document provided

**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.

## 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

### 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.

### 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.

### 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.

### Standard 1.3 Credentials

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

### 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.

### 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

#### 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.

#### **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.

#### **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)

#### **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)

#### **Standard 1.4 Evaluate Mission and Goals**

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

#### **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.

#### **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**

**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.

**Standard 1.5 Strategic Plan Process**

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

**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.

**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.

**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.

**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.

**Standard 1.5 Plan Accessibility**

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

**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.

## 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

#### 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.

#### Standard 1.6 Organizational Chart

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

No document provided

#### 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.

### **Standard 1.6 Administratively Housed**

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

### **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.

### **Standard 1.6 Faculty Access to Admin**

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

### **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.

### **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.

### **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**

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**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.

**Standard 1.7 Program Director**

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

Name of Program Director:	
<input type="checkbox"/>	
Information about reporting changes can be found on the CAA website at <a href="https://caa.asha.org/reporting/reporting-changes/">https://caa.asha.org/reporting/reporting-changes/</a>	

**Standard 1.7 Program Director Date**

Date appointed:

**Standard 1.7 New Program Director**

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

**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.

### 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.

### 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.

### 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

#### **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.

#### **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.

#### **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.

#### **Standard 1.8 Student Communication**

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



### **Standard 1.8 Faculty and Staff Communication**

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

### **Standard 1.8 Clinic Communication**

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

### **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.

### **Standard 1.8 Exemption Request**

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

### **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.

### **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.

### **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*<sup>®</sup> 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**

**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.

### 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:

### Standard 1.9 Checklist for Programs

The CAA has developed guidance on [presenting student achievement data](#) and has created 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?



### Standard 1.9 Praxis URL

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

### Standard 1.9 Completion URL

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

### **Standard 1.9 Student Achievement Posted**

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

### **Standard 1.9 Public Info Update**

When is information about the program and institution updated?

### **Standard 1.9 Process for Public Info**

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

### **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)

### **Standard 1.9 Public Info Access**

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

### **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.

### **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.

### **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 need to upload it below using the Upload link.

No document provided

#### Standard 2.0 Faculty Roster and Details Confirmation

For each faculty member listed on the Faculty Roster Summary Worksheet, a [Faculty Data Collection Worksheet](#) must be downloaded and completed. Each worksheet's file name should contain the first name and last name of the faculty member.

**Each completed faculty data collection worksheet must be uploaded to the Documents section of the application instrument in Fabric. This can be accomplished by logging into the Armature Fabric site and selecting the Instruments tab from your home screen. Once you select your program's application and you are redirected to the Instrument Summary screen, click the Documents tab. You will then need to upload each faculty data collection worksheet by using the "Touch, Click or Drag Files here to Upload" link.**

Once you have uploaded all faculty data collection worksheets, please check the box below indicating that you agree to the attestation statement.

"I confirm that a Faculty Data Collection Worksheet has been uploaded to the Documents tab of this reporting instrument for each faculty member listed in the Faculty Roster Summary Worksheet."

### 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**

#### **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.

### Standard 2.1 Define FT and PT Student

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

### Standard 2.1 Faculty Changes

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

### 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			
Part-time			
Total			

### Standard 2.1 Enrollment Totals

Percentage change of enrollment across all modalities

% Change Full-time	
% 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

### Standard 2.1 Undergraduate CSD Program

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

### Standard 2.1 Graduate Degrees Offered

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

### Standard 2.1 Adjunct Reliance

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

### 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

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

Meet the program's established learning goals and objectives

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

Complete the program within the published timeframe
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## 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.

## 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

#### **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.

#### **Standard 2.2 Workload Formula**

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

#### **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.

#### **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
Have sufficient time to advise students (if 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

### 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
Have sufficient time to advise students (if 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

### 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.

### **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.

### **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.

### **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.

### **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

#### 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.

#### 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.*

### **Standard 2.3 Tenure Expectations**

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

### **Standard 2.3 CCC Supervisor Credentials Verified**

Describe how verification of supervisor certification is completed.

### **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)

### **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.

### **Standard 2.3 CCC Verification - When**

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

### **Standard 2.3 State License Verification - How**

Describe how the program verifies that individuals providing supervision hold credentials consistent with state licensure requirements?

### 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)

### Standard 2.3 State License Verification - When

When does the program verify the state licensure status for individuals providing supervision?

### 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.

### 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

#### 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.

### **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?

### **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.

### **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.

No document provided

#### **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.



## 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**

**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.

**Standard 3.1B Credit Hours**

How are credit hours offered at the institution?

**Standard 3.1B Course Descriptions**

Provide the URL for the current graduate program course descriptions.

**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	
Minimum elective academic credits	
Minimum required practicum/clinical credits	
Minimum elective practicum/clinical credits	
Minimum required research credits (include dissertation if applicable)	
Minimum elective research credits (include dissertation if applicable)	
Indicate any other requirements below:	

Total:	
--------	--

### Standard 3.1B Curriculum Missions and Goals

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

### Standard 3.1B Knowledge and Skills

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

No document provided

### 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)

### 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)

### 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.*

### 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.

### **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.

### **Standard 3.1B Professional Practice Demo**

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

### **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.

### **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)

### **Standard 3.1B Professional Issues**

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

### **Standard 3.1B Student Clinical Assessments**

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

### 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.

### Standard 3.1B Clinical Ed for Undergrad

Does the program offer clinical education for undergraduates?

### 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.

### 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

#### **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.

#### **Standard 3.2B Curriculum Planning**

Describe the curriculum planning process used by the program.

#### **Standard 3.2B Planning Documents**

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

#### **Standard 3.2B Pedagogy**

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

### 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.

### 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.

### 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

### 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.

### **Standard 3.3B Course Sequence**

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

### **Standard 3.3B Differences in Tracks**

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

### **Standard 3.3B Integration**

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

### **Standard 3.3B Examples of Integration**

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

Example One:
Example Two:

### **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.

### 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)

### 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?

### 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.

### 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 identify, 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

#### 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.

### **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.

### **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.

### **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.

**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.

### **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.

### **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.

### **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.

### **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.

### **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.

### 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.

### 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

#### 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.

### **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)?

### **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)

### **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)

### **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)?

### **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)

### **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.

### **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.

### **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.

### **Standard 3.5B Research Within Institution**

Describe how research opportunities offered by the program 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.

### **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.

### 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

#### 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.



### 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.

No document provided

### Standard 3.6B Clinical Site Category Summary - SLP

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

Category	Children	Adults
ARTICULATION		
Evaluation		
Intervention		
VOICE & RESONANCE		
Evaluation		
Intervention		
FLUENCY		
Evaluation		
Intervention		
LANGUAGE DISORDERS (Receptive & Expressive)		
Evaluation		
Intervention		
SWALLOWING DISORDERS		
Evaluation		
Intervention		
COGNITIVE ASPECTS OF COMMUNICATION		
Evaluation		
Intervention		
SOCIAL ASPECTS OF COMMUNICATION		
Evaluation		
Intervention		
AUGMENTATIVE & ALTERNATIVE COMMUNICATION		
Evaluation		
Intervention		

HEARING		
Evaluation		
Intervention		

**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
Opportunities to work with individuals across the life span and the continuum of care
Opportunities to work with individuals from culturally and linguistically diverse backgrounds
Experiences with individuals who express various types of severities of changes in structure and function of speech and swallowing mechanisms
Exposure to the business aspects of the practice of speech-language pathology and swallowing (e.g., reimbursement requirements, insurance and billing procedures, scheduling)

**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.

## 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

### 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.

### 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.

### **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.

### **Standard 3.7B Undergraduate Practicum**

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

### **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)

### **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)

### **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)

### **Standard 3.7B Informing Students**

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

### **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.

## 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

### 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.

### 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.

### **Standard 3.8B Clinical Consultation**

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

### **Standard 3.8B Client Welfare**

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

### **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.

### **Standard 3.8B Code of Ethics**

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

### **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.

### 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.

### 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

#### 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.

### **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.

### **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.

### **Standard 3.9B Policy for External Facilities**

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

### **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.

### **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.



### **Standard 3.9B Monitoring Sites**

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

### **Standard 3.9B Objectives Sites**

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

### **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.

### **Standard 3.9B External Facilities Agreements**

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

### **Standard 3.9B Placement Coordinator**

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

### **Standard 3.9B Placement Monitor**

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

### **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.

### 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

#### 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.

#### Standard 3.10B Policy for Student Conduct

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

### **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.

### **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.

### **Standard 3.10B Violations**

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

### **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.

### **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

### 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.

### Standard 4.1 Admission Requirements

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

	University/College	Accredited Program
Minimum GPA		
Minimum combined GRE score (If applicable)		
Letters of recommendation		
Personal statements/interviews		
Writing Sample		
Undergraduate major in CSD		

### 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.).

#### **Standard 4.1 Admission Rationale**

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

#### **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.

#### **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.

#### **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

#### 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.

#### 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.

#### 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.

#### 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).

#### **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.

#### **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.

#### **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.

#### **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**

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**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.

**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
Clinical aspects 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.

### Standard 4.3 Intervention Consistency

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

### 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.

### 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

#### **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.

#### **Standard 4.4 Students Informed of Policy**

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

#### **Standard 4.4 Students Informed of Honesty**

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

#### **Standard 4.4 Informed of Degree Requirements**

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

#### **Standard 4.4 Informed of Credential Requirements**

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

#### **Standard 4.4 Informed of Ethics**

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

#### **Standard 4.4 Clarifying Information**

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

#### **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**

#### **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.

#### **Standard 4.5 Policy for Student Complaints**

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

#### **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.

### **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.

### **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.

### **Standard 4.5 Review of Complaints**

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

### **Standard 4.5 Privacy Complaint**

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

### **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.

## 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

### 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.

### 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.

### Standard 4.6 Academic Advisors

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

#### **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)

#### **Standard 4.6 Clinical Advisement**

How often do students receive clinical advisement?

#### **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.

#### **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.

#### **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.

#### **Standard 4.6 Student Support**

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

#### **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.

### 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.

### 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

#### 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.

#### Standard 4.7 Student Records

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

#### 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.

#### 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.

#### 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.

#### 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)



#### 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.

#### 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.

#### 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.

#### 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)

#### Standard 4.7 Schedule of Completion Records

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

#### 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.

#### 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.

#### **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)

#### **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.

#### **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)

#### **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.

#### **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.

#### **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.

#### **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)

#### **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.

#### **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.

#### **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.

#### **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)

#### **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.

### 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.

### 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

#### 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.

#### **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.

#### **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.

#### **Standard 4.8 Institution Policy for Records**

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

#### **Standard 4.8 Program Policy for Records**

Describe the program's policy for retention of student 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.

#### **Standard 4.8 Clarifying Information**

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

### 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

#### 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.

#### 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.

## Standard 4.9 Clarifying Information

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

## 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

### 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.

#### **Standard 4.10 Institution Policy for ID**

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.

#### **Standard 4.10 DE Program ID 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.

#### **Standard 4.10 DE Program ID 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.

#### **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.

#### **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

#### 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.

#### Standard 5.1 Student Learning Outcomes Process

Describe the processes that the program will use to assess achievement of student learning outcomes.

#### Standard 5.1 Knowledge and Skills Acquisition

Describe the processes that the program will use to assess acquisition of the expected knowledge and skills.

### 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.

### 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.

### 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

### 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.

### 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.

### 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.

### 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		
Graduate Learning Outcome 2		

Graduate Learning Outcome 3		

**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.

Academic Formative Assessment	
Academic Summative Assessment	
Clinical Formative Assessment	
Clinical Summative Assessment	

**Standard 5.2 Student Progress Evaluated**

Describe the protocols for administering the assessment plan, including the use of multiple academic and clinical faculty.

**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.

### 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.

### 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

#### 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.

### **Standard 5.3 Program Quality**

Describe the assessment protocols used to evaluate the quality of the academic and clinical aspects of the entire program.

### **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.

### **Standard 5.3 Self Study Process**

Describe the processes by which the program will engage in systematic self-study.

### **Standard 5.3 Evaluation Mechanism**

Describe the mechanisms that the program uses to evaluate each program component.

### **Standard 5.3 Program Improvement**

Describe how the program will use the results of the assessment processes to improve the program.

### 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	
Curriculum review committee	
Employer surveys	
Supervisor/preceptor evaluations	
Program annual reports	
Program staff/faculty meetings and retreats	
University reviews	
Other - Describe the type of assessment and frequency	

### 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	
Evaluations of clinical supervisors	
Evaluation of clinical sites	
Student advisory group reviews	
Student surveys	
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	
Exit interviews	
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.

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Recent Example #1	
Recent Example #2	

**Standard 5.3 Meeting Learning Outcomes**

Describe the extent to which student learning outcomes have been met.

**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
(b) the measured student learning outcomes

**Standard 5.3 Professional Competency**

Describe the mechanisms used to measure student achievement of each professional practice competency.

**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.



## 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

### 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.

### 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.

### 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.

### 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.

### 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

### 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.

### 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.

### 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.

### 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.

### 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	
Full-time without CSD undergraduate major	
Part-time with CSD undergraduate major	
Part-time without CSD undergraduate major	

### 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.

No document provided

### 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). This information should match the information contained in the Program Completion Rate Calculator worksheet that has been uploaded in the Standard 5.5 Completion Rate Calculator question above.

Period	Number completing on time	Number completing later than on-time	Number not completing	Total
Recent Year				
1 Year Prior				
2 Years Prior				
3-year average program completion rate				

### 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)

### 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.

## 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

#### 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.

#### 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.

### 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.

### 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 academic years. Results must be reported only once for test-takers who took the exam multiple times in the same reporting period (The ETS reporting period is September - August). Exclude individuals who graduated more than 3 years ago.

The CAA has developed guidance for programs on [reporting student achievement measures](#) and [presenting student achievement data](#), which can be found on the CAA's website.

Period	Number of Test-takers Taking the Exam	Number of Test-takers Passed	Pass Rate
Recent Year			
1 Year Prior			
2 Years Prior			
3-year average			

### 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.

### 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.

## 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](mailto:caareports@asha.org).

## 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

### 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.

### 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.

### 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.

### 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

#### 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.



### Standard 5.9 Policy for Faculty Evaluations

Describe the institutional policy and guidelines for regular evaluation of the faculty by program leadership.

### 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.

### 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)

### 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	
Review by department chair	
Review of professional development activities	
Review of manuscripts and research proposals	
Review of publications	
Peer evaluations	
Student evaluations	
Teaching evaluations	
Promotion and tenure review	
Post-tenure review	
Maintenance of certification	

Maintenance of state credentials	
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.

### 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.

### 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

### 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.

### **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.

### **Standard 5.10 Faculty Evaluation Communication**

Describe how the program will communication evaluation results to the faculty and how the faculty will use this feedback to improve their performance.

### **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.

### **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.

### **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

## 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.

## Standard 5.11 Program Director Effectiveness

How does the program or institution evaluate the effectiveness of the program director? (Select all that apply)

## Standard 5.11 Program Director Evaluation

How often does evaluation of the program director occur?

## 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.

## 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

### 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.

### Standard 6.1 Budget Process

Describe the budgeting process for the program.

### 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			
Supplies & Expenses (non-capital/non-salary expenses)			
Capital Equipment			
Institutional Support Sub-Total			
Grants/contracts			
Clinic Fees			
Other Funding			
Non-Institutional Support Sub-Total			
Total Budget			
% of budget represented by non-institutional support			

### Standard 6.1 Other Funding Descriptions

If you included funding in the "Other Funding" category in the Program Budget Table above, describe the source(s).

### Standard 6.1 Budget Difference

For each budget category in the Program Budget Table above that displays a variance of greater than 10% in the %increase/decrease column, explain the reasons for and the impact of each variance.

### 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)

### **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.

### **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.

### **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.

### **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.

### **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**

**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.

**Standard 6.2 Professional Development Support**

Indicate all the areas in which the institution provides support for continuing professional development. (Select all that apply)

**Standard 6.2 Support for Competence**

Describe how the program provides sufficient support for the faculty and staff to maintain continuing competence.

**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.

**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

## 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.

## 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.

## 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.

### 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.

### 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

### 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.

### **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.

### **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.

### **Standard 6.4 Calibration Staff**

Indicate the individual(s) responsible to ensure proper equipment calibration (Select all that apply)

### **Standard 6.4 Calibration Frequency**

Indicate how often equipment is calibrated.

### **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)

### **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.

## 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

### 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.

### 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.

### Standard 6.5 Infrastructure Mission

Describe how access to the infrastructure will allow the program to meet 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.

### 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.

### Standard 6.5 Infrastructure Resources Frequency

How frequently does the program evaluate the adequacy of resources?

### Standard 6.5 Clarifying Information

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.5.

### 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**

**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.

**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.

**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.

**Standard 6.6 Clarifying Information**

Use the text box below to describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.6.