College of Education and Affiliated Programs
Annual Assessment Report
For Speech-Language Pathology Services Credential Program and
Master of Arts in Communicative Disorders

Note: this report presents and analyzes data from the 2007-08 academic year and Fall 2008. During 2007-08, the College of Education and Affiliated Programs engaged in extensive efforts to refine and extend their assessment system. In many cases, data collected starting in Fall 2008 and beyond will look substantially different from the data collected before that time.

Background

1. Describe your program (general goals, how these connect to the college conceptual framework, enrollment, and number of faculty). Describe any program changes since your last CED Annual Report?

   The Communicative Disorders (CD) Department at California State University Long Beach has prepared candidates for entry into the profession of speech-language pathology on a continuous basis since 1954. The Department has achieved national accreditation by the American Speech-Language-Hearing Association (ASHA) and the Department's Speech-Language Pathology Services Credential (SLPSC) Program is approved by the State of California Commission on Teacher Credentialing (CTC) to prepare and recommend candidates for the SLPSC. Therefore, students graduating form the Master's Program meet all the academic and clinical practicum requirements for Clinical Certification by ASHA, licensing by the State of California and are eligible for the Speech-Language Pathology Services Credential issued by the State of California Commission on Teacher Credentialing.

   The Department currently offers two options for completing the Speech-Language Pathology Services Credential:

   (1) the traditional Master of Arts Program which regularly enrolls more than 90% of the graduate students

   (2) new as of Fall 2007, the Special Cohort Master of Arts Program, which enrolls 100% of the graduate students as a program requirement
   [Data from Cohort Masters program will be available for next reporting cycle]

   The CD Department's SLPSC Program served twenty (20) candidates in the Fall 2007 and Spring 2008 semesters. Of the program completers that were part of this study nineteen (19) were female and one (1) was male, seventeen (17) were White, two (2) were Asian-American, and one (1) was bi-racial (Japanese and African-American). One student of the twenty was over thirty years of age and one was over forty years of age. Two (2) of the twenty (20) completed their student internship in a high school setting.

   The major goal of our graduate program is to prepare students to be professional speech-language pathologists. We provide the student with advanced knowledge, and the

subsequent application of that knowledge to the clinical assessment and treatment of communicative disorders including child language disorders, neurological language disorders, stuttering, hearing disorders of infants, children, and adults, voice disorders, phonological disorders and autism spectrum disorders. The Department is proud of its long history of academic teaching, clinical teaching, service to the community, research, and state and national leadership.

For next reporting cycle:
This past year, field experiences for our program candidates have been enriched by the affiliation agreements with additional educational agencies (both large and small) that represent tremendous cultural diversity both locally, regionally and now, interstate (i.e., Arizona). We believe this action explicitly reflects our commitment to CSULB's Mission Statement, in that, we have actively searched for opportunities for our program candidates to prepare for the broadest interpretation of diversity (i.e., to include race, ethnicity, SES, gender, age, language, religion, sexual orientation, exceptionalities and geographical area). The CD Department has participated in approved agreements with 21 local and regional educational agencies since Fall 2007. To that end, our signed agreements now include educational agencies* in several counties (i.e., Los Angeles, Orange, Riverside, Imperial and San Bernardino Counties, while still maintaining a healthy partnership and strong commitment to our local educational agencies: Long Beach Unified School District (LBUSD), ABC Unified School District (ABCUSD), Cypress School District (CypSD), and Bellflower School District (BSD)

*Los Angeles Unified School District (LAUSD), Hawthorne School District, Los Angeles County Office of Education (LACOE), Whittier School District, East Whittier School District, Pasadena Unified School District, La Habra City School District, Downey School District, Palos Verdes Unified School District and Charter Oak Unified School District, Orange Unified School District, Irvine Unified School District, Magnolia School District, Ocean View School District, Huntington Beach Union High School District, Etiwanda School District, Jurupa School District, and others.

Significant changes since last accreditation visit (May 2007)
1. New Field Service Coordinator assumed duties in Fall 2007, new coordinators added 2008-2009 for Special Cohort Master of Arts Program
2. Signed agreements with seven new local educational agencies in Los Angeles and Orange Counties in traditional Master's SLP Credential Program in 2007-2008
3. Special Cohort Master of Arts Program (two years and two summers) added Fall 2007. Program implemented to address state-wide and national shortage of speech-language pathologists. Exclusively serves the public schools
4. Implementation of Special Cohort Master of Arts Program in Fall 2007 fostered affiliation agreements with sixteen (16) additional local and regional educational agencies. One-hundred percent (100%) of the 30 cohort candidates are potential SLPSC program completers in Summer 2009
5. Three new part-time faculty hired to teach in Special Cohort Master's Program.
6. CD Department Chair elected as chair of California Association of Academic Programs in Communication Sciences and Disorders (CAAPCSD) in 2007

Table 1
Program Student Learning Outcomes and Relevant Standards

SLOs	Outcome 1: Candidates can implement accurate and appropriate listening and oral communication skills with clients, client's families, clinical supervisors, and with the use of interpreters	Outcome 2: Candidates can write professional clinical reports, research papers, and documentation using organized structure and accurate content.	Outcome 3: Candidates can effectively counsel clients with different backgrounds and needs demonstrating respect, privacy, and the client's best interests.	Outcome 4: Candidates can administer and interpret appropriate measures to diagnose communication disorders	Outcome 5: Candidates can write and implement clear and effective intervention plans, with measurable and achievable goals
Signature Assignment(s)	Clinical Assessment Report, Comprehensive Exam, Thesis, or Grad Research, Internship, Exam	Clinical Assessment Report, Comprehensive Exam, Thesis, or Grad Research, Internship, Exam	Clinical Assessment Report, Comprehensive Exam, Thesis, or Grad Research, Internship, Exam	Clinical Assessment Report, Comprehensive Exam, Thesis, or Grad Research, Internship, Exam	Clinical Assessment Report, Comprehensive Exam, Thesis, or Grad Research, Internship, Exam
National Standards	Standard IV-B	IV-B	IV-G	IV-G	IV-G
State Standards	Standards 20 and 21	Standards 19, 23, and 24	Standards 20 and 21	Standards 19-23	Standards 19-22, 24
Conceptual Framework	Promotes growth, Service and collaboration; Values diversity	Research and evaluation; Prepares leaders	Values diversity; Promotes growth	Promotes growth; Research and evaluation; School improvement	School improvement; Promotes growth, Research and evaluation
NCATE Elements	Knowledge and skills – Other, Professional dispositions	Knowledge and skills - Other	Professional dispositions, knowledge and skills, other	Knowledge and skills - Other	Student learning - Other

Table 2
Program Specific Candidate Information, 2007-2008 (snapshot taken F08)

	Transition Point 1		
	Admission to Program		
	Applied	**Accepted**	**Matriculated**
	#	#	#
TOTAL			

Table 3
Program Specific Candidate Information, 2007-2008 (snapshot taken F08)

	Transition Point 2
	Advancement to Culminating Experience
	#
Thesis (698)[1]	
Comps[2]	
Project (695)[3]	
Other (Advanced Credential Programs Only)	

[1] This is data on students who were enrolled in thesis work during Fall 2007 and Spring 2008. This figure may include students who actually "crossed into" this transition point prior to Fall 2007 and were still making progress on their theses at this time.

[2] This is data on the number of students who *applied* to take the comprehensive examination in Fall 2007, Spring 2008, or Summer 2008. The data include students who may not have taken or passed the examination(s).

[3] This is data on students who were conducting culminating projects during Fall 2007 and Spring 2008. This figure may include students who actually "crossed into" this transition point prior to Fall 2007 and were still making progress on their theses at this time.

Table 4
Program Specific Candidate Information, 2007-2008 (snapshot taken F08)

	Transition Point 3
	Exit
	#
Credential[4]	20

Table 5
Faculty Profile 2007-08

Status	Number
Full-time TT/Lecturer	
Part-time Lecturer	
Total:	

2. How many of the total full- and part-time faculty in the program reviewed and discussed the assessment findings described in this document? Please attach minutes and/or completed worksheets/artifacts to document this meeting.

   Seven (7) of the eight (8) full-time and one (1) part-time faculty reviewed and discussed the assessment findings in this document. (See Appendix A: Department of Communicative Disorders, Faculty Minutes)

Data

3. Question 3 is in two parts focused on *primary* data sources related to: student learning and program effectiveness/student experience:

   a. Candidate Performance Data: Provide *direct* evidence for the student learning outcomes assessed this year and describe how they were assessed (the tools, assignments, etc. used). Describe the process used for collection and analysis. Present descriptive statistics such as the range, median, mean, percentage passing as appropriate for each outcome.

   The chart below illustrates the various assessments utilized by the SLPSC Program to evaluate candidate progress/performance and program effectiveness. Data summaries will not be given for each assessment, but will be provided for the first four highlighted assessments only.

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[4] Data for Initial and Advanced Credential Programs reflects students who have filed for their credential with the Credential Office. These data generally include students who have completed the program 1 or more years prior to filing their credential request, particularly related to the advanced credential programs. Data are reported for Summer 2007, Fall 2007, and Spring 2008.

Table 6
SLPSC Program: Assessments to Evaluate Candidate Progress/Performance, Program Effectiveness

Evaluation Measure	Description	Data Collected	Use
Self-Managed Assessment of Knowledge and Skills (CSULB-SMAKS): Skills Outcome	The core comprehensive performance assessment of five skill areas of clinical competency: Oral Language, Written Language, Interaction and Personal Qualities, Evaluation and Intervention. Clinical Supervisors evaluate candidates in each of the seven clinics required.	Each skill and sub-skill is evaluated by a common rubric assessing candidate's achievement in each of the seven clinics.	*Primary Use:* Summative assessment of candidate's clinical skills
Evaluation Record: Clinical Practicum	An anchor comprehensive performance assessment in the program of five skill areas of clinical competency: Oral Language, Written Language, Interaction and Personal Qualities, Evaluation and Intervention. Master Clinicians rate candidates.	Each skill is evaluated by a common rubric assessing candidate's achievement in each of the seven clinics.	*Primary Use:* Summative assessment of candidate's clinical skills *Secondary Use:* Formative assessment of candidate's clinical skills
Praxis in Speech-Language Pathology	National ETS Examination required by CTC, ASHA, and State Licensing Board to determine candidate's preparedness to enter the profession.	Scores are sent to CD Department. Informally used to evaluate program effectiveness.	Program Improvement
Confidential Survey of Master Clinicians	A survey designed to assess student performance at the end point of the program.	Candidate performance & program effectiveness collected at the end of fall and spring semesters.	Program Improvement
Student Survey of Field Service Placement	A survey designed to assess the student's fieldwork experiences including effectiveness of the Master Clinician. Submitted at completion of program.	Data on Master Clinician's effectiveness in supervisory capacity.	Program Improvement
Thesis/ Comprehensive Exams/Graduate Projects	One of three options is required to complete the Master of Arts degree.	Culminating experience data	Candidate Progress

We determined two approaches to assessing student progress over the course of the entire Communicative Disorders Program. One approach examined student grades in a number of clinics. The other compared student grades on two practicum assessments, delivered once mid-way through the program and once again at the program's end.

Student Progress: Clinic scores
Our students take most clinics in different order. However, we selected three clinics that are generally taken about half-way through the program (Fluency clinic, often followed by Adult Language clinic) and one clinic that is always taken last (Ling. Diff).

Two components of student performance were used to monitor progress: a composite score representing written language performance, and a composite score representing interaction skills and personal qualities. Both scores are measured on a scale of 0 to 4.

The graphs below show the mean scores of all graduating students (Fall 07 and Spring 08) for the Written Language component and the Interaction & Personal Qualities component of the three clinics selected. Both components improved on average over the course of the program.

Table 7
Candidate Performance

(Zoomed in to Show Detail)
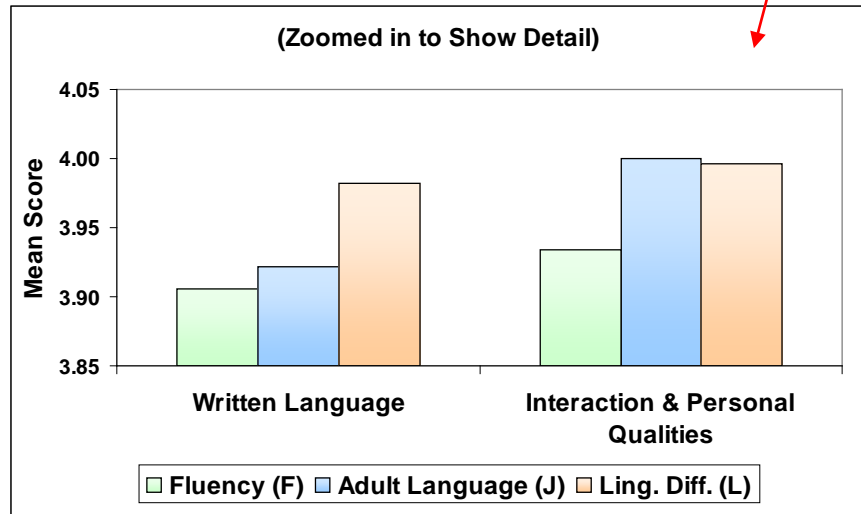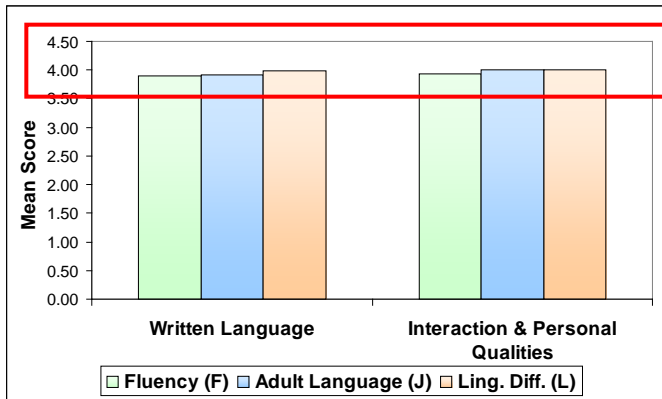
In addition, the variability in student scores was lower at the end of the program than half-way through, as measured by the standard deviation in scores. This indicates that scores were more consistently high among all students by the end of the program. This was true for both performance components (Written Language, and Interaction & Personal Qualities). The standard deviation, along with the mean and other statistical summaries for the three clinics chosen are shown in the tables below.

Table 8
Written Language Scores

	Written Language		
	Fluency (F)	Adult Language (J)	Ling. Diff. (L)
mean	3.91	3.92	3.98
median	4.00	4.00	4.00
min	3.50	3.70	3.87
max	4.00	4.00	4.00
stdev	0.16	0.11	0.04
n	17	14	15

Table 9
Interaction & Personal Qualities Scores

	Interaction & Personal Qualities		
	Fluency (F)	Adult Language (J)	Ling. Diff. (L)
mean	3.93	4.00	4.00
median	4.00	4.00	4.00
min	3.75	4.00	3.95
max	4.00	4.00	4.00
stdev	0.10	0.00	0.01
n	16	14	14

Student Progress: Practicum scores

Our students are also given two practical evaluations (*Practicum 1 and 2*) by the program clinicians over the course of their entire training. A first Practicum is given half-way through the program and a second Practicum is given at the end. These evaluations are given in the form of a categorical assessment of the student's work capabilities (Independent, Adequate with Support, Emerging, Minimal/Not Begun). The categories are then assigned a numerical value such that:

    4.0 = Independent
    3.0 = Adequate with Support
    2.0 = Emerging
    1.0 = Minimal/Not Begun

On average, we observed an increase in Practicum score from the first practical evaluation to the second, indicating achieved student progress. This increase is seen in the following bar graph. In addition, the standard deviation of Practicum scores across all graduating students was lower for the second Practicum, indicating less variation (more consistency) in the scores of all students by the time of graduation. The standard deviation, along with the mean and other statistical summaries for both Practicum scores are shown in the following table:
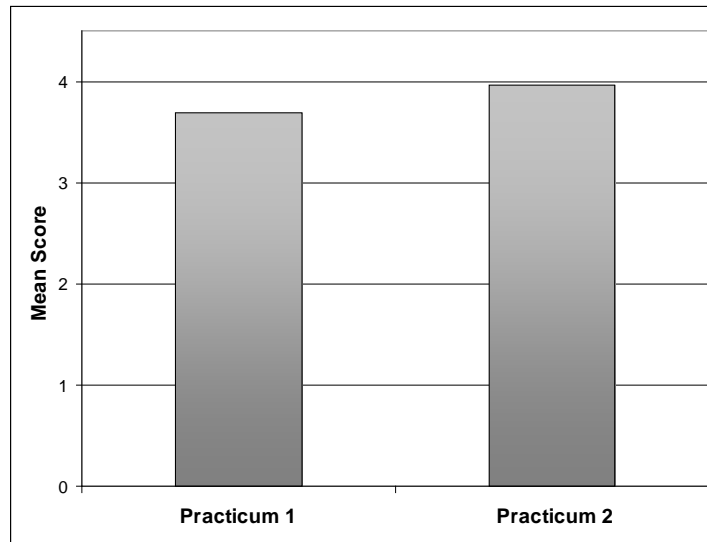
Table 10
Practicum Student Progress

Table 11
Practicum Student Progress Data

	Practicum Scores	
	Practicum 1	Practicum 2
mean	3.69	3.97
median	3.79	4.00
min	2.71	3.57
max	4.00	4.00
stdev	0.39	0.10
n	17	19

b. <u>Program Effectiveness Data</u>:   What data were collected to determine program effectiveness and how (e.g., post-program surveys, employer feedback, focus groups, retention data)? This may be indirect evidence of student learning, satisfaction data, or other indicators or program effectiveness. Describe the process used for collection and analysis. Present descriptive statistics such as the range, median, mean, or summarized qualitative data, for each outcome.

Exit Surveys for Program Improvement: Confidential Survey of Master Clinicians

Master Clinicians are asked to complete the *Confidential Survey of Master Clinicians* at the of our student's fieldwork experience to evaluate program effectiveness. Responses indicated that on average our students are well prepared across disorders to successfully assume the duties of a speech-language pathologist in the public schools.

Responses to two questions were concerning (i.e., Questions 2 and 18). We found Question 2 biased and inappropriate (i.e., *CSULB students are my first choice to supervise rather than students from other programs*). This question should be replaced. Question 18 (i.e*., I believe CSULB students demonstrate appropriate knowledge, skills and abilities relative to the treatment of disorders of hearing in preschool and school-aged children*) should be clarified due to the low incidence of hearing impairments in the schools. Responders could be unsure if our students are qualified to work with this population because there are no children with hearing impairment on their caseload. Scrutinizing these two questions led us to take a closer look at the survey itself. The language of all questions should be reviewed and if warranted, rewritten.

Table 12
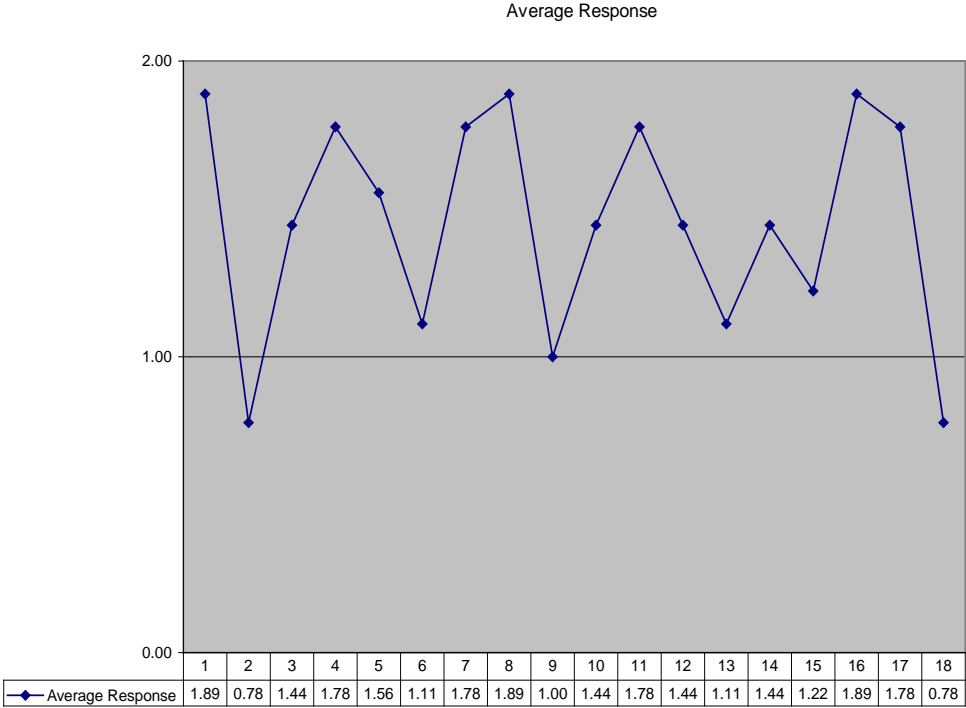**Average Responses on *Confidential Survey of Master Clinicians***

Average Response

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Average Response	1.89	0.78	1.44	1.78	1.56	1.11	1.78	1.89	1.00	1.44	1.78	1.44	1.11	1.44	1.22	1.89	1.78	0.78

Table 13
Frequency of Responses on *Confidential Survey of Master Clinicians*

Frequency of Responses

Survey Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
2	8	3	4	7	5	3	7	8	3	4	7	4	2	4	3	8	7	2
1	1	2	5	2	4	4	2	1	3	5	2	5	6	5	5	1	2	3
0	0	3	0	0	0	2	0	0	3	0	0	0	1	0	1	0	0	5
-1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Survey Number
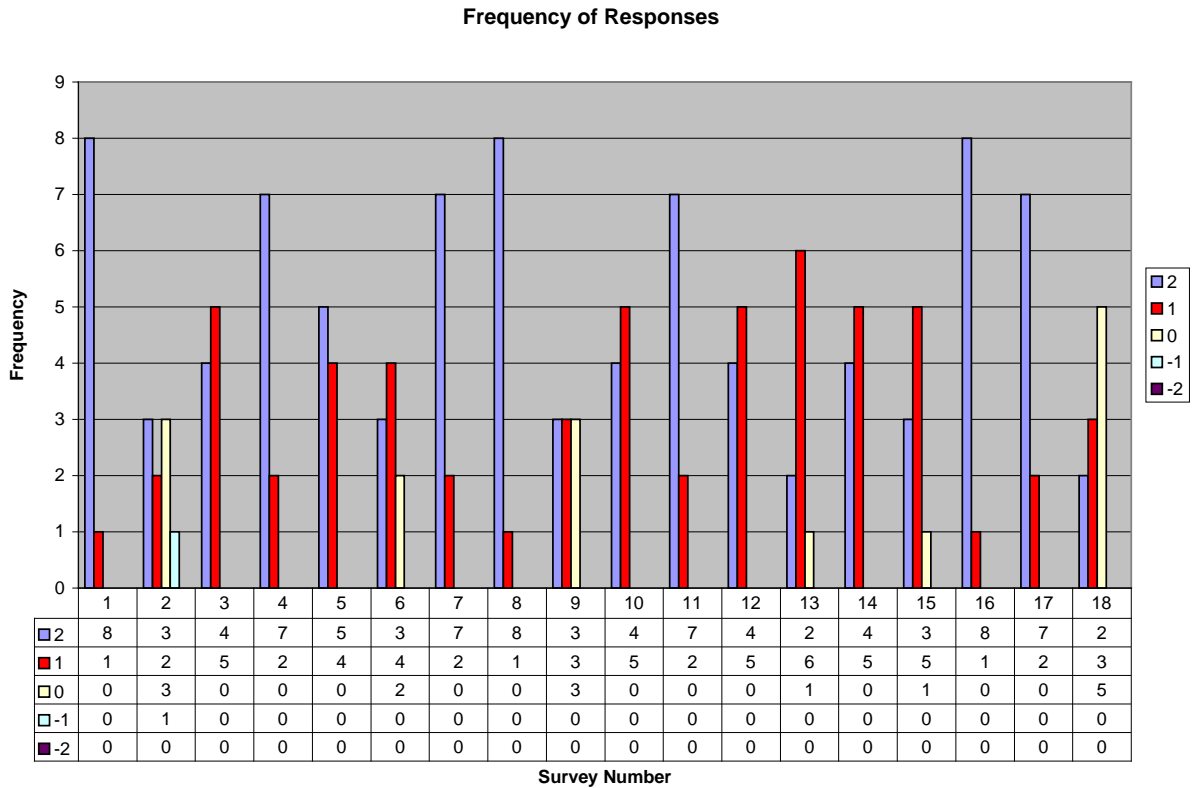
Student Progress: Praxis in Speech-Language Pathology Scores

Prior to graduation from the Master's Program, our students are required to take the Praxis Examination in Speech-Language Pathology, an integral component of the ASHA certification standards and also a requirement for their State Licensure and State Teacher Certification. The implementation of the Praxis is considered summative assessment by ASHA "a comprehensive examination of learning outcomes at the culmination of the professional preparation". The Department has a consistent 100% passage rate history on the Praxis, including the semesters assessed in this report as represented on the following table:

Table 14
Praxis Exam in Speech-Language Pathology

Praxis Exam in Speech-Language Pathology		
Semester	**n=students**	**Pass Rate %**
Fall 2007	14	100
Spring 2008	6	100

4. **Complementary Data**: Departmental meeting minutes attached. Additional information that informs our program of student performance and/or program effectiveness includes several sources presented in this section.

Evaluation Record: Clinical Practicum

Table 15 represents a sample of open-ended comments by Master Clinicians for seven (7) of twenty (20) on the Summative Clinical Practicum.

Table 15
Sample of Open-Ended Comments by Master Clinicians on Summative Clinical Practicum

Candidate	Comments
1	is mature, professional, and responsible. It is clear that she has an awareness of cultural differences and acts accordingly. She treats all students equally and with respect. Overall, conduct ethically and professionally is outstanding.
2	demonstrates outstanding ability in interaction and personal qualities. I feel confident that at this point [name] has the skills she needs to enter the field of speech pathology. I know that she will be an asset to the field. It has been a pleasure supervising her internship.
3	is an amazing therapist-always adapting and adjusting to the kids to draw them out. She has a very TOUGH caseload with severe autistic kids yet has found ways to get their attention and intervene.
4	is always professional. She interacts well with parents and school staff. In addition she is very sensitive to cultural differences.
5	is exceptional with communicating effectively with students, parents, and staff. It is apparent that he is a valued member of the staff of [name] High School.
6	has proven to be a wonderful intern here at our site. She remains open to constructive criticism and actively engages seasoned therapists in discussions of more or different treatment options.
7	It has been on of the pleasures of my career to be part of [name]'s training. She is such a "quick study" and has that creative component that we all need to be adaptive and successful. [name] has experienced every facet of being an SLP in the schools and I'm confident of her competence…I know she'll do well in future SLP ventures. I'm proud to know she's an SLP.

Student Evaluation of Master Clinician

In addition to the 20 question student survey, this is a short survey presented to program completers to rate their master clinician on a 5 point scale (1=Poor to 5=Exceptional). Students also indicate whether they would recommend that future students be placed with the master clinician (yes/no). Space is provided for comments stating student's opinion of the master clinician's strengths and weaknesses. Results were as follows:

Nine (9) of fifteen (15) Master Clinicians were rated as "5" (Exceptional), 4 Master Clinicians were rated as "4" (Very Good), and 1 was rated as "1" (Poor). Fourteen (14) of fifteen (15) Master Clinicians were recommended for future student teaching supervision. Student's comments were positive with exception of the single master clinician with a 'Poor' rating of 1 which stated, *"[name] comes from an older school of thought"*.

CSULB Communicative Disorders Advisory Board

The CD Department faculty meets each semester with the eleven (11) members of the CD Community Advisory Board. Members include representatives from the following agencies: a) local _school districts_ both large (i.e., Long Beach Unified School District and ABC Unified School District) and small (i.e., Cypress School District); b) _private practices_ (i.e., Speech Pathology Associates in Irvine and Dr. Matthew Dugan in Long Beach; local _hospitals_ (Miller's Children's Clinic at Long Beach Memorial Hospital and St Mary's Hospital); _private non profits_ (i.e., Tichenor Orthopedic Clinic for Children); _county agencies_ (i.e., Los Angeles County Office of Education-LACOE); and from CSULB's University Continuing Education Services (UCES).

The CD Community Advisory Board has been an invaluable resource for our department's program improvement through their input in better preparing our students for working in the public schools, hospitals, county agencies, non profits and private practices. Together with faculty decision-making, their collective opinions have resulted in many curriculum changes including graduate coursework in response to changing prevalences in clinical populations.

The CD Community Advisory Board offered the following unsolicited comments at the Fall 2007 meeting:

"Your department does an outstanding job preparing students" (Carole Mills, Program Specialist, ABCUSD)

"The clinics are an invaluable asset to the community" (Dr. Marilyn Crego, Professor Emeritus, CSULB-UCES)

"We love your students-almost all of our SLP's are from CSULB" (Troy Hunt, Director of Instruction/Student Services)

For next reporting cycle:
NOTE: This year, Fall 2008, to further advance program improvement, our department chair, Dr. Lyn Madding, invited Jesse Coyle, the presiding president of our student organization NSSHLA, and a parent of a child with autism to join the CD Community Advisory Board to broaden the collective perspective.

CD Department Chair will introduce CD program improvement as agenda item (CAAPCSD) CAAPCSD will discuss program improvement as a state-wide agenda item. (CAAPCSD includes all public and private accredited Communicative Disorders programs in California)

Analysis and Actions

5. What do the data for each outcome say regarding: a) candidate performance and, b) program effectiveness? Please note particular areas of strength and particular areas in need of improvement.

Performance data on the signature assignments analyzed at the culmination of the semester includes a composite score on the Self-Managed Assessment of Knowledge and Skills (CSULB-SMAKS) representing written language performance and interaction and personal qualities in three clinics. In addition, data from a practicum assessment based on fieldwork performance was analyzed both midway through the semester and at the culmination of the semester. Scores from the Praxis in SLP were also analyzed.

Strengths:
- Students scores for written performance and interaction and personal qualities were more consistently high at the end of the program that mid-way through it indicating development during the semester
- Students' mean scores in writing and interaction and personal qualities increased over the course of the three clinics reported.
- On average, the practicum scores increased from the first evaluation to the second indicating student progress.
- The standard deviation of practicum scores for all students was lower for the second practicum indicating more consistency in scores than the first practicum.
- Students met and most exceeded expectations in both SLO's
- Data from the Praxis Examination in Speech-Language Pathology indicate that all candidate's pass successfully which effectively demonstrates evidence of candidate performance.

Areas for improvement:
- Because of the small differences in individual student averages in the areas of written language and interaction and personal qualities, it is recommended that the department clinical supervisors meet to devise a more accurate grading system which results in more variability of initial writing scores.
- It is difficult to capture individual differences in performance in the three clinics used because the mean numbers in written performance and interaction and personal qualities are a composite of scores and are very close to each other. It is recommended that student progress be tracked in all seven clinical practica with a more refined rubric that better captures student performance.
- It is difficult to see individual difficulties in the area of writing because the writing scores are composite scores and the number of students is small. It may be more useful to see the number of students who score below a 3 on the writing scores for their initial evaluation mid-way through the semester. No formal protocol to intervene with at-risk clinicians is currently in place.
- It is difficult to see individual difficulties in the area of interaction and personal qualities because the scores are composite scores and the number of students is small. It may be more useful to see the number of students who score below a 3 in this area for their

initial evaluation mid-way through the semester. No formal protocol to intervene with at-risk clinicians is in place.

- The data collected does not lend itself to finding areas of improvement because of the high scores obtained by the students. Since we know that some of the upcoming students do have difficulties in writing, a more accurate grading system may be necessary. One move in this direction would be to meet as a department and make standards more objective. It is further recommended that the clinical diagnostic report be chosen as the signature assignment for across clinics.

6. How do these findings compare to past assessment findings regarding: a) candidate performance and, b) program effectiveness?

Program improvement and individual student performance is routinely discussed at faculty meetings and is the primary focus of our annual Spring semester retreat. In Fall 2006, the department adapted the ASHA *Knowledge and Skills Assessment-KASA* to the *Self-Managed Assessment of Knowledge and Skills-CSULB SMAKS* which allowed the program to more cohesively evaluate student clinical performance. In addition, the faculty regularly engaged in discussions of student teaching performances in their fieldwork at the midterm and final evaluations to follow student progress and to more effectively collaborate with the site-based supervisors (i.e., master clinicians).

Our goals have consistently been to enhance academic and educational quality for every student. Nonetheless, faculty had not engaged in evaluating student *individual* performance or systematic program review to the degree we now hope to achieve through this current assessment process. The move toward an input model should yield substantive improvements in our program. Identifying SLO's, creating signature assignments, closing the gaps on the scoring through tighter rubrics, and creating individual student portfolios for written language should allow us to more closely evaluate compare individual performance and gauge progress across time.

7. What steps, if any, will be taken with regard to curriculum, programs, practices, assessment processes, etc. based on these findings in Questions 5 and 6? Please link proposed changes to data discussed in Q5 and prioritize the action items.

As a result of the data presented and analyzed in the previous sections, we view the upcoming year as a time to transition to greater refinement and efficiency in collection and evaluation of data in our program. The overall goal of our action plan is to provide durable and authentic evidence of learning on the part of each individual student. To that end, the SLPSC program has chosen six objectives to be achieved in the next year. The following chart illustrates both the objectives and the course of implementation to accomplish those objectives:

Table 16
Objectives and Implementation for 2008-09 Year

Specific Objective	Strategies/Tasks	Person Responsible	Date
Create electronic database that compiles and analyzes whole group and subgroup data for the following evaluation measures: ❖ (SMAKS) ❖ Written Language Signature Assignment ❖ Evaluation Record: Clinical Practicum ❖ Confidential Survey of Master Clinicians ❖ Student Survey of Field Service Experience ❖ Praxis in Speech-Language Pathology	Collect and enter data from evaluation tools for whole group analysis in addition to individual candidate analysis Analyze data for trends & program improvement Compare and contrast semester and yearly data to previous semesters and years	Clinical Assistants Field Service Coordinators in Traditional & Cohort Programs Field Service Coordinator Graduate Advisor	In progress as of November 2008 Summer 2009 Spring 2009
Refine language of SMAKS rubric and mandate a point system to capture students individual performance in five areas (SLO's)	Approve new SMAKS rubric and implement clinic wide decimal system to score	All Clinical Supervisors Field Service Coordinator Clinical Director	Spring 2009
Utilize clinical diagnostic report as the signature assignment for written language (To be collected in a student portfolio across clinics)	Train and calibrate clinical supervisors on use of rubric with signature assignment in written language	All Clinical Supervisors Clinical Director	Spring 2009
Change Curriculum Map from three to seven clinics to track individual candidate progress comprehensively across the seven clinical practica.	Analyze student's individual clinical progress per outcome from initial to final clinical practica.	All Clinical Supervisors	Spring 2009
Improve the *Confidential Master Clinician's Survey*	Eliminate biased and inappropriate language from survey to secure a fair appraisal from master clinician of student performance and program effectiveness	Field Service Coordinator Graduate Advisor	Winter 2009
Develop a department student-at risk protocol to identify students with marginal clinical skills (preventative measure)	Write a student evaluation tool and develop a clinical improvement plan for at-risk graduate students	Clinical Supervisors Department Chair	In progress
Create a *CSULB/CD Department SLP Alumnae Survey*	Write a survey tool available as a Microsoft Word file to collect data on program effectiveness	Field Service Coordinators Graduate Advisor	Spring 2009

Department of Communicative Disorders
Faculty Meeting
Minutes #2
March 11, 2008

I.   Approval of Agenda and Call to Order

II.   No Minutes

III.   Topics for Discussion

      A.   The Advisory Board Meeting has been set for Tuesday, April 15. Anne will send out invitations. Should invite Dr. Troy Hunt (Cypress); Lori Woodruff (Tichenor); Carol Miller (ABCUSD); Karen Ygobian (LBUSD); Beth Lippes (new – from LACOE); Cheryl Sutliff (St. Mary's); Christopher Stevens (Miller's Children's Clinic); Barbara Moore. We should also ask Dr. Marilyn Crego (UCES Dean); Jesse Coyle (NSSLHA); and a parent – perhaps Dr. Suzanne Weschler – campus. A light supper will be served.

      B.   The Spring Retreat will be held at Khoury's on April 18, from 9 AM – 3 PM.

      C.   The regular and cohort summer schedules were discussed in detail.

      D.   The Fall schedule was discussed, in relation to the budget cuts. The Dean has reassured the College Chairs that "accredited programs will not be jeopardized.

      E.   The department received over 200 applicants to the graduate and conditionally classified programs. As all state programs have agreed to add 10% to accepted students, the faculty voted and agreed to 27-28 in each category.

      F.   An Assessment meeting was held on February 15. Today, faculty discussed how we can effectively assess the writing skills of our graduate students and provide a remediation plan for those students who are having difficulty. As a result of this discussion, it was decided that students who are having difficulty will be discussed at the faculty meetings. It will be determined whether the student is

having difficulty in 1,2 or multiple class writing assignments, and faculty members will discuss what these difficulties are.

G.   A remediation plan for writing was devised in which there are a number of steps through which each student who is having difficulty must proceed. This plan is available upon request.

IV.   Announcements

A.   Lecturer evaluations are due to the Dean's office by April 18. Vitae and class evaluations forms are due to Anne by March 21.   Betty McMicken will do Angela Mandas' and Elisabeth Ward's evaluation;   Gerry Wallach will do Michelle Powers' and Jennifer Ostergren's evaluations.

B.   The CAAPCSD will meet at the Atrium Hotel (near John Wayne Airport) on April 25. Lyn and Gerry will attend.

C.   Dr. Beattie will be on Sabbatical Leave in the Fall '08 semester. We will offer at least two of his classes – possibly three – if we can find part-time lecturers who are qualified to teach the audiology classes.

D.   Lyn asked the faculty to again remind the students NOT to move the clinic furniture around and outside the rooms. They forget to move it back in and it ends up staying in the halls.

E.   Lyn asked the faculty to give agenda items to her for the Retreat.

V.   Updates:

A.   HIPAA – Angela reported that we have so far passed the HIPAA regulations. The Department thanked Angela for doing such a good job with the binder that was created by her.

B.   Jennifer talked about putting a survey on-line for our graduates.

C.   A discussion was held regarding the remodeling project to be done during the summer. It was decided to have a key-pad put on the supply door (117b) because there will be so many students around during the summer.   In addition, Lyn said that much of the loud remodeling will be done at night and over the weekends because of the fact that we will have summer clinics going from June through August.

1.   Room 114 will be ready for classes and available in Fall 08 after the summer renovations.   Therefore all classes that have been scheduled for room 117A, will actually be held in 114; 117A will become the children and parents' waiting room.

The meeting was adjourned at 1:00 pm. The next meeting will be the clinic meeting, to be held on March 25, 2008.

Respectfully Submitted,

Anne Bykerk-Plante
Administrative Coordinator

**California State University
LONG BEACH**

Department of Communicative Disorders
**Faculty Meeting
Minutes #3
April 4, 2008**

I.   Approval of Agenda and Call to Order

II.   Minutes #2 from March 11 was approved.

III.   Topics for Discussion

    A.   The Advisory Board Meeting will meet on Tuesday, April 15. The invitations have been sent out. Respondents include: The Department full-time faculty and three part-time faculty.   The following people have also responded: Jesse Coyle, NSSLHA President, Dr. Troy Hunt, Carole Mills, Dr. Marilyn Crego, Dr. Matthew Duggan, Christopher Stevens and Cheryl Sutliff,   The Grand of Long Beach will supply the food.

    B.   The Spring Retreat will be held at Khoury's on April 18, from 9 AM – 3 PM. The Department thanked Angela for doing such a good job with the binder that was created by her.

    C.   Due to the Assessment meeting held on March 14, 2008, the remainder of this meeting was devoted to the SMAKS form, and student assessment, etc.

        1.   The faculty discussed whether the current SMAKS form, which is used to assess the clinical skills of graduate students, actually represents the critical skills and also whether this form demonstrates the progression of skills over the course of the seven clinics that are taken.

        2.   It was decided that this evaluation tool may need to be revised to better represent the most critical therapeutic skills that we are stressing in the

department. Are we really tapping into intervention, evaluation, personal, and writing skills necessary to be a successful professional? If so, how are we demonstrating the progression of these skills over time in the seven required clinics?

3. Because each of the clinics is so independent and unique, it is difficult to demonstrate a progression of individual skills from clinic 1 to clinic 7.

4. Because the current grading scale is 1-4 with most clinicians receiving 3s and 4s in each of the 20-25 skill areas, it is difficult to see significant differences between the clinician's skills.

The meeting was adjourned at 1:00 pm. Due to lack of time, the assessment discussion will be tabled and discussed again at later meetings.

Respectfully Submitted,

Anne Bykerk-Plante
Administrative Coordinator

Department of Communicative Disorders
Faculty Retreat
Minutes #4
April 18, 2008

I.   Meeting Called to Order at 9 am

II.   Agenda approved

III.   Items for Discussion

   A. Angela was again thanked for the fantastic job she did in creating the HIPAA binder.
   B. Michelle discussed the Graduate Award Dinner. We may offer it in the department, as the Japanese Garden is not available on the evening that we want it.   The following students were selected for awards:
       2008 Outstanding Clinicians: Kristen Wadley and Janie Ankeny
       2008 Outstanding Project: Jonathan Waller
       2008 Highest Overall Graduate Student: Courtney Costas
   C. Jennifer discussed the ASHA reporting issues. See attached items identified on the report which were discussed. Also attached is the department strategic plan.
   D. Lyn discussed the Tenure-track search which will be done in the near future.
   E. Faculty revisited the new clinic model because not everyone has gone to the new model. Those who have are not happy because there doesn't seem to be enough didactic. This needs to be corrected, as ASHA will be coming in 2009. We currently offer only 336 hours; for ASHA we need 400. This will be worked on before the next semester. The discussion will be tabled until Jenn hears from ASHA regarding the report.
   F. The Advisory Board will meet on October 7, 2008 and April 7, 2009.
   G. A discussion was held regarding offering CEUS for internship supervisors and others, as we cannot pay them anything. One possibility would be to hold an all day Saturday class and provide the CEUs. Lunch could also be provided. Topics will be discussed and chosen at a later date.
   H. A revised rubric for assessing individual performance was discussed. In addition, the idea of a separate grading scale for beginning, intermediate and advanced clinicians was reviewed. If a separate grading scale was used, the progress would

have to be tracked for each group separately. Perha0ps this would make it easier to see specific kinds of progress and differences in scores as the students progress through the clinics. Perhaps electronic grading for the SMAKS would help in allowing supervisors to track individual progress through clinics 1-7. Faculty are currently involved in trial testing of this new system (as of 12-08)

I. There are still a few problems regarding Medical and Clinical Internship, i.e. 670 contracts and problems due to the budget cuts.

J. Anne must receive a list of all supervisors at the beginning of the semester, which shows their ASHA numbers and expiration dates

K. Students are required to meet with his or her advisor once each semester. Advisors will keep records and contact the students if requirements are not met. Give list to Anne to block registration, if necessary.

L. Lyn and Gerry discussed the new CTC credential. See attached.

M. Faculty discussed the new MA acceptances- both regular and conditionally classified

N. Kudos and thanks given to the following:
1. Jennifer for the ASHA report
2. Gerry for the post-tenure review she did for Lyn and the lecturer Evaluations for Michelle and Jennifer
3. Betty for the lecturer evaluations for Angela and Elisabeth
4. Anne for the departmental hospitality, etc.

O. The summer schedule and faculty for the cohort were discussed

The meeting ended at 3 pm.

Respectfully Submitted,

Anne Bykerk-Plante
Administrative Coordinator

Department of Communicative Disorders
Minutes #5
May 16, 2008

SPECIAL ASSESSMENT MEETING

A long discussion was held regarding the following:

1) We need to tighten our grading standards for clinics 1-7. How can we better and more accurately represent students' performances by their grade in individual areas, i.e., interaction, writing, evaluation, intervention?

2) In the past, grading may have been too lax. How can we correlate the numbers given in clinic (1-4) to actual performance and bring the grading standards up?

3) Perhaps we can look at written reports as a group and practice grading them together.

4) Perhaps we can look at videos of student performance in clinic and discuss how we would evaluate these students in numerous clinical areas.

5) Should we all use 1-2 signature assignments in clinic to give us more information about student performance? Right now, we are using clinical reports as the signature writing assignment but it is difficult to compare students to each other. Will electronic grading help?

6) These are the questions we must address as a department in the coming year so that grading decisions and assessment of progress can be made. All supervisors must be on board to make grading more uniform.

7) We need to look at the "Confidential Survey of Master Clinicians" to better assess program improvement and student performance. Faculty pointed out biased language contained in the survey.

The meeting ended at 1:10 pm

> Respectfully Submitted,
> Anne Bykerk-Plante
> Administrative Coordinator