



**College of Education and Affiliated Programs
Annual Assessment Report – Fall 2010
Speech-Language Pathology**

Note: This report presents and analyzes data from the 2009-2010 academic year.

Background

1. *Describe your program (enrollment, number of faculty, general goals). Have there been any major changes since your last 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 from 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 included AY 2011-2012]

The CD Department's SLPSC Program served eleven (11) candidates in the Fall 2009 and Spring 2010 semesters. Of the program completers that were part of this study all were female, five (5) were White, three (3) were Asian-American (i.e., one (1) was Chinese-American, one (1) was Korean-American, and one (1) was Japanese-American), one (1) was Latina, one (1) was Iranian-American and one (1) was Armenian-American.

The major goal of our graduate program is to prepare students to be fully qualified 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, motor speech disorders, dysphagia, hearing disorders of infants, children, and adults, voice disorders, articulation/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.

Fall 2009-Spring 2010 AY Significant changes since last accreditation visit (May 2007)

1	Summer 2009 graduated twenty-nine (29) MA Special Cohort students, twenty-seven (27) of which were SLPC program completers.
2	Admitted twenty-four (24) students to the MA Special Cohort Program in Fall 2009 semester. Program exclusively serves the public schools.
3	Changed application process in Spring 2010 for graduate MA Traditional and Special Cohort Programs to include a live interview (i.e., in-person, Skype) to select final pool of candidates for both MA programs.
3	Added four (4) Part-Time faculty to teach in Post-Baccalaureate Certificate Program and Special Cohort MA Program.
4	Promotions: Full-Time Lecturer to Tenure-Track Assistant Professor and Associate Professor to Full Professor.
5	Beginning discussions for a department "Candidate-at-Risk" protocol to identify and expediently intervene with candidates with marginal academic skills in graduate seminars. (Outgrowth of last year's successful "Candidate-at-Risk" in clinical skills protocol)
6	First reporting of candidate's longitudinal data for signature assignment "Clinical Diagnostic Report" for SLO 2:Written Language collected in initial then final clinic.
7	Online surveys available: Put the <i>CSULB/CD Department Alumnae Survey</i> and the <i>Employer Satisfaction Survey</i> on Survey Monkey in Spring 2010.
8	Resubmitted proposal for approval of Post-Baccalaureate Certification Program. Admitted 37 graduate students to special program offered through CSULB's College of Continuing Professional Education (CCCPE) for Fall 2010.
9	Tightened standards for CD 695 Graduate Projects to reflect greater research base and eliminated shared projects option.
10	Clinic Director mentored Part-Time faculty serving as Clinical Supervisors on grading of CSULB: SMAKS and on CD Department rubric for Clinical Diagnostic Report for SLO #2 in Written Language; Full-time faculty engaged in clinical supervision participated in training on clinic-wide rubric scoring on clinical signature assignment and collection of exemplars of student work.
11	Transition Plan to the new SLP Services Credential Standards accepted by the CTC in August 2010, subsequent program changes will be reflected in next reporting cycle. Includes new coursework for Fall 2010 (i.e., CD 590 to replace EDSP 564) and Spring 2011 (i.e., CD 661 to replace CD 669G)

Table 1 below maps the SLPSC program’s SLOs and signature assignments to the relevant college, state and national standards.

**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)	SMAKS, Evaluation Record: Clinical Practicum, Comprehensive Exam, Thesis, or Grad Research, Internship, Exam	Initial & Final Clinical Diagnostic Report, SMAKS, Comprehensive Exam, Evaluation Record: Clinical Practicum, Thesis, or Grad Research Project, Internship, Exam	SMAKS, Comprehensive Exam, Thesis, or Grad Research Project, Internship, Exam	Initial & Final Clinical Diagnostic Report, SMAKS, Comprehensive Exam, Thesis, or Grad Research Project, Internship, Exam	Clinical Diagnostic Report, Semester Therapy Plan, SMAKS, Comprehensive Exam, Thesis, or Grad Research Project, Internship, Exam
National Standards	Standard IV-B and IV-G	Standard IV-B and IV-G	Standard IV-G	Standard IV-B and IV-G	Standard IV-B and IV-G
State Standards	Standards 19-22, and 24	Standards 19, 20, 23, and 24	Standards 20-22 and 24	Standards 19-23	Standards 19-24
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, 2009-2010 (snapshot taken F09)

	Transition Point 1		
	Admission to Program		
	Applied	Accepted	Matriculated
	#	#	#
TOTAL ¹	253	40	54

Table 2 above reflects the critical admissions point for our candidates, which for the faculty represents an area of continual scrutiny. Our prior report inclusive of AY 07-08 and 8-09 noted the reinstatement of the GRE. The faculty Admission’s Committee has been generally satisfied with the proposed “rigor” the exam added to our program’s reputation and also the added benefit of another measure of prospective candidate’s performance in the area of written language, albeit, written language under a time constraint. This reporting AY, our Graduate Advisor proposed the addition of a live interview via in-person or Skype by a faculty panel to screen our candidate’s communication and social interaction skills. Faculty voted unanimously to establish the live interview as a formal component of the application process for both the Traditional and Special Cohort MA programs, effective Fall 2010. Also discussed was the addition of a performance component to the interview (i.e., case study in a given disorder, calculation of MLU or type-token ratio, a brief phonetic transcription, etc). Further exploration will ensue at future faculty meetings.

Table 3
Program Specific Candidate Information, 2009-2010 (snapshot taken F09)

	Transition Point 2	
	Advancement to Culminating Experience	
	#	
Project (695) ²	9	
Thesis (698)	1	
Comps	1	

Table 3 above revealed that in Fall 2009-Spring 2010, our candidates chose the CD 695 Graduate Project option as their culminating experience at 82%. This reflects a small change over the prior reporting cycle (i.e., the *CTC Biennial Report: AY 07 and 08-09*), when candidates chose the CD 695 Graduate Project exclusively at 100%. In Spring 2009 the faculty reviewed the requirements for this popular option. As a result, the level of expectation for graduate project was stepped up, in that, the number of required

¹ Totals include combined figures for Master’s and Advanced Credential Programs.

² This is data on students who were conducting culminating projects during Fall 2009 and Spring 2010. This figure may include students who actually “crossed into” this transition point prior to Fall 2009 and were still making progress on their theses at this time.

references was increased and candidates can no longer team for the assignment as they had in previous semesters.

Table 4
Program Specific Candidate Information, 2009-2010 (snapshot taken F09)

	Transition Point 3
	Exit
	#
Degree	12
Credential ³	11

Table 4 above represents the Fall 2009-Spring 2010 AY exit data. Between the Fall of 2009 and Spring 2010 semesters, the CD Department’s SLPSC Program had eleven (11) program completers. All were female, five (5) were White, three (3) were Asian-American (i.e., one (1) was Chinese-American, one (1) was Korean-American, and one (1) was Japanese-American), one (1) was Latina and one (1) was Iranian-American and one (1) was Armenian-American. Seven (7) of the 11 program finishers completed their student internships in an elementary setting, two (2) of the 11 completed their student internship in a high school setting, and two (2) completers had a split assignment between an elementary and middle school or high school setting.

Table 5
Faculty Profile 2009-2010

Status	Number
Full-time TT/Lect	8
Part-time Lecturer	12
Total:	20

Table 5 above charts the faculty profile for the Fall 2009-Spring 2010 Academic Year. Of the 12 part-time faculty, four (4) were newly hired during this reporting cycle to teach in the Special Cohort Master’s Programs and the new Fall 2010 Post-Baccalaureate Certificate Program.

2. What percentage 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.

³ 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 2009, Fall 2009, and Spring 2010.

All full-time tenure-track and lecturers were participants in assessment data review to include xx of the 10 monthly faculty meetings and the annual Faculty Spring Retreat on 4-18-10 which is a full-day meeting program review and assessment discussions. See attached at back of report for the Department of Communicative Disorders Faculty Meeting minutes.

Data

3. Question 3 is in 2 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.
 - b. **Program Effectiveness Data:** 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 of 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.
4. **OPTIONAL:** You may provide additional information (e.g., other data, copies of letters of support from granting agencies or school staff, etc.) about candidate performance, the student experience or program effectiveness used to inform programmatic decision-making. This may include quantitative and qualitative data sources.

Table 6 below presents the SLPSC Program’s individual signature assignments and highlights the new criterion-level data that presents longitudinal data gathered across 3-4 semesters of candidate performance in Written Language SLO 2 and Intervention SLO 5 (also a written assignment included with the Clinical Diagnostic Report).

Table 6
SLPSC Signature Assignments and Descriptions

SLPSC Program Evaluation Measures	Description
Initial & Final Clinical Diagnostic Report CRITERION-LEVEL DATA: FIRST TIME REPORTING	This assignment now involves the collection of candidate’s key writing assignment to include all draft forms via a personal portfolio. The “Clinical Diagnostic Report” is carefully analyzed and graded per the department rubric for SLO # 2: Written Language at the entry and exit point of candidate’s seven clinics. To ensure steady progress in Written Language, the report is also tracked and assessed via the CSULB:SMAS across clinics two through six for duration of the candidate’s program (i.e., typically 3 to 4 semesters).
CD 669A-L: Self-Managed Assessment of Knowledge and Skills (CSULB-SMAKS): Skills Outcome	The core comprehensive performance assessment of all five areas (SLOs) 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.

CD 686A Evaluation Record: Clinical Practicum	An anchor comprehensive performance assessment in the program of the five (5) skill areas of clinical competency: Oral Language, Written Language, Interaction and Personal Qualities, Evaluation and Intervention. Master Clinician in the public school setting rates the candidate.
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.
CD 695 Graduate Project OR CD 698 Thesis or Comprehensive Exams	One of the three options is required to complete the Master of Arts degree.
Confidential Survey of Master Clinicians	A survey designed to assess student performance at the end point of the program.
Student Survey of Field Service Placement	A survey designed to assess the candidate's fieldwork experiences including effectiveness of the Field Service Coordinator, and in particular, the Master Clinician. Submitted at the completion of the program.

Candidate Performance Data

The SLPSC Program selected the following two SLOs to review for this reporting cycle:

SLO 2: Candidates can write professional clinical reports, research papers, and documentation using organized structure and accurate content.

SLO 5: Candidates can write and implement clear and effective intervention plans, with measurable and achievable goals.

The SLPSC Program has chosen three comprehensive measures to assess candidate performance over the course of their graduate experience and two key measures to evaluate program effectiveness, as follows:

- 1) ***Initial and Terminal Diagnostic Report***, which includes the client's written evaluation report and the semester intervention plan. This is a longitudinal look at the candidate's progress in writing pre-professional reports across the duration of their program. A portfolio of the candidate's initial diagnostic reports from Clinic #1 to include the initial to final draft to the candidates final clinical diagnostic report and drafts in Clinic #7.
- 2) ***CSULB-SMAKS*** which examined candidate's scores on SLO 2: Oral Language and SLO 5: Intervention in three of their on-campus clinical practica.
- 3) ***Evaluation Record: Clinical Practicum*** which compared candidate's scores across all SLOs (i.e., SLO 1-5) and specifically on SLO 2: Written Language and SLO 5: Intervention on their off-campus practicum assessments, the "Formative" or midterm evaluation and the "Summative" or final evaluation of the candidate's internship.

Table 7 (a)
Initial and Final Diagnostic Report: Mean Grades

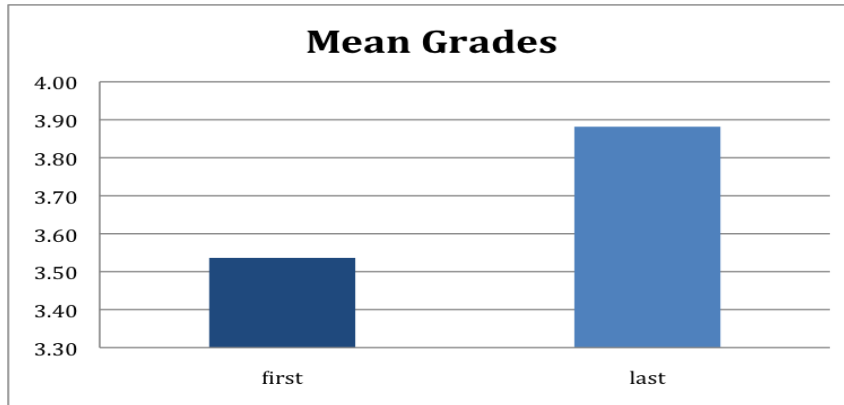


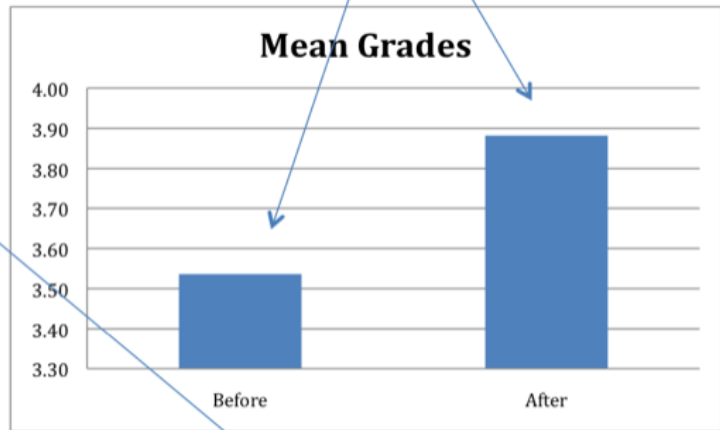
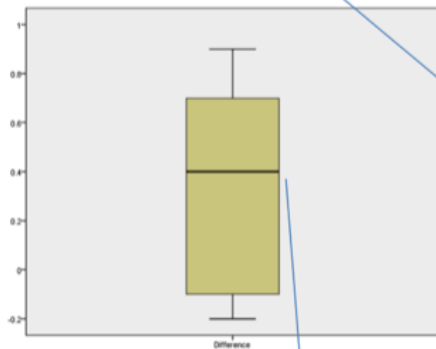
Table 7 (a) shows the mean grades for graduating students for Fall 2009-Spring 2010. Table clearly shows that average report grades are higher at the last clinic than the first clinic report grades.

Table 7 (b)
Initial and Final Diagnostic Report: Paired Samples Test

Initial & Final Diagnostic Report: Paired Samples Test

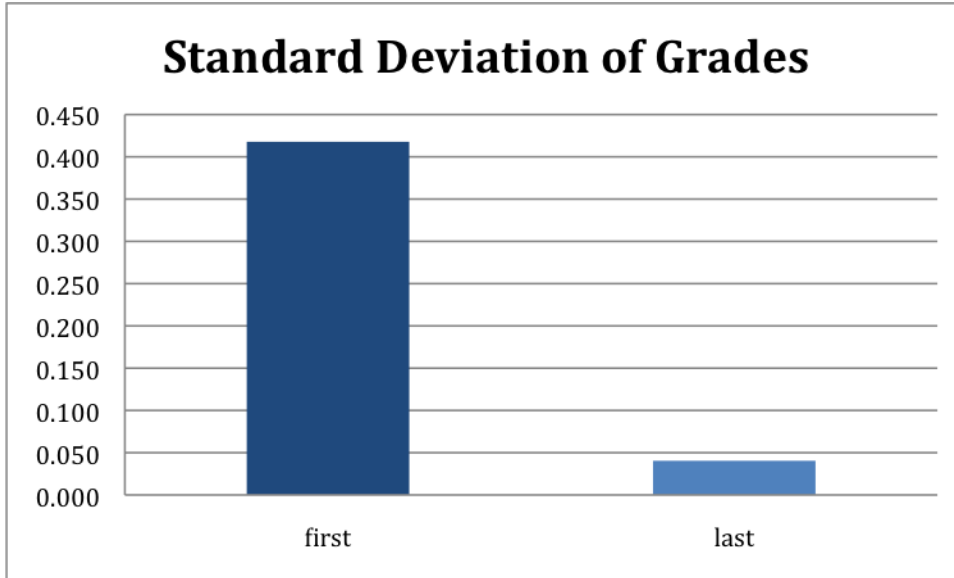
Paired samples test was done on before and after report grade. It was found that Final (“After”) clinic grades was statistically significantly higher than first clinic (“before”) grades

Visually you can see that the mean report grades are greater in the “after”.



		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	After - Before	.345	.430	.130	.057	.634	2.666	10	.024

Table 7 (c)
Initial and Final Diagnostic Report: Standard Deviation of Grades



Standard deviation in **Table 7(b)** for last grades reported is significantly smaller than first grades reported. Low standard deviation shows that there is smaller variability in the last report grades than in the first report grades.

Table 7 (d)
Initial and Final Diagnostic Report: Statistics

	first	last
mean	3.54	3.88
standard Deviation	0.418	0.040
minimum	3.000	3.800
maximum	4.000	3.900

Minimum last report grade is greater than the average for the first report grades.

Candidate Performance: On-Campus Clinical Practicum Scores

Our candidates are assigned to each of the seven required on-campus graduate clinics in a random order, consequently, we have selected three clinics that represent the chronological progression for each candidate: the initial, middle and final clinic.

Two components of the candidate's performance were selected to monitor progress: a composite score representing Written Language and a composite score representing Intervention. Both scores are measured on a scale of 0 to 4.

The graphs below (**Table 8**) show the mean scores of all candidate program completers over two (2) semesters (i.e. Fall 2009-Spring 2010) for SLO 2: the Written component and SLO 5: the Intervention component of the three clinics selected. Both components improved over the course of the graduate program.

Table 8
Candidate Performance



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 Intervention). The standard deviation, along with the mean and other statistical summaries for the three clinics chosen are shown in **Table 9**:

Table 9
Writing SLO and Intervention SLO Scores

	Written Language SLO 2			Intervention SLO 5		
Descriptives	Clinic1	Clinic2	Clinic3	Clinic1	Clinic2	Clinic3
Mean	3.60	3.81	3.98	3.65	3.91	3.96
Median	3.67	3.80	4.00	3.90	3.98	4.00
Standard Deviation	0.36	0.19	0.06	0.48	0.12	0.09
Minimum	3.00	3.50	3.80	2.50	3.60	3.75
Maximum	4.00	4.00	4.00	4.00	4.00	4.00
Count	11.00	11.00	11.00	11.00	11.00	11.00

Candidate Performance: Off-Campus Practicum Scores

Our candidates are also given two practicum evaluations (i.e., Formative and Summative) by their Master Clinicians in the public school over the course of their training. The first evaluation is given halfway through the program and a second evaluation is given at the end. These evaluations are written in the form of a categorical assessment of the candidates work capabilities (i.e., 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

Table 10 confirms that on average, we observed an increase in Practicum scores from the first practicum evaluation to the second, indicating achieved candidate progress. This increase is seen in the following bar graph. In addition, the standard deviation of Practicum scores across all graduating candidates was lower for the second Practicum, indicating less variation (more consistency) in the scores of all candidates by the time of graduation. The standard deviation, along with the mean and other statistical summaries for both practicum scores are shown in **Table 10 below**:

Table 10
Practicum Candidate Progress

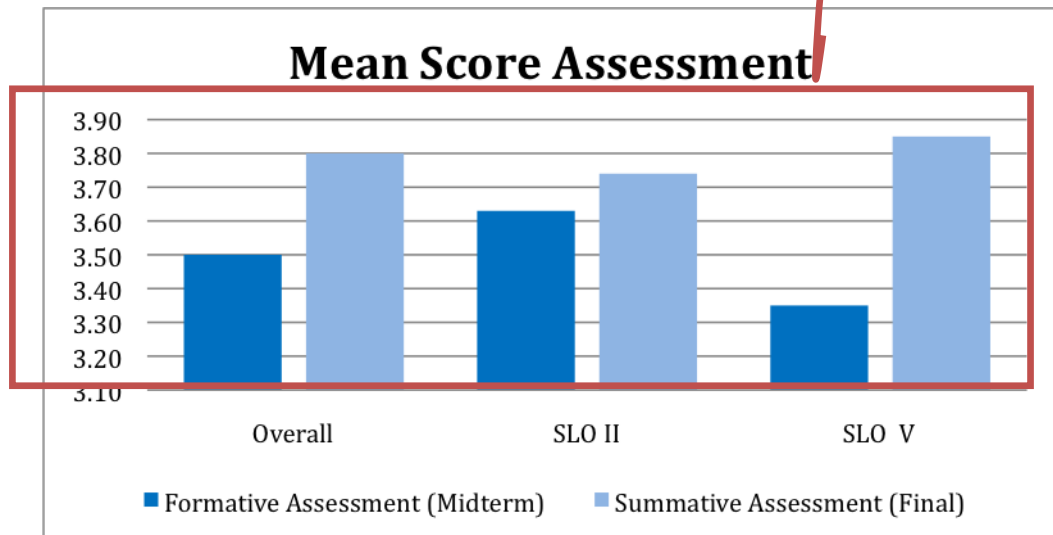
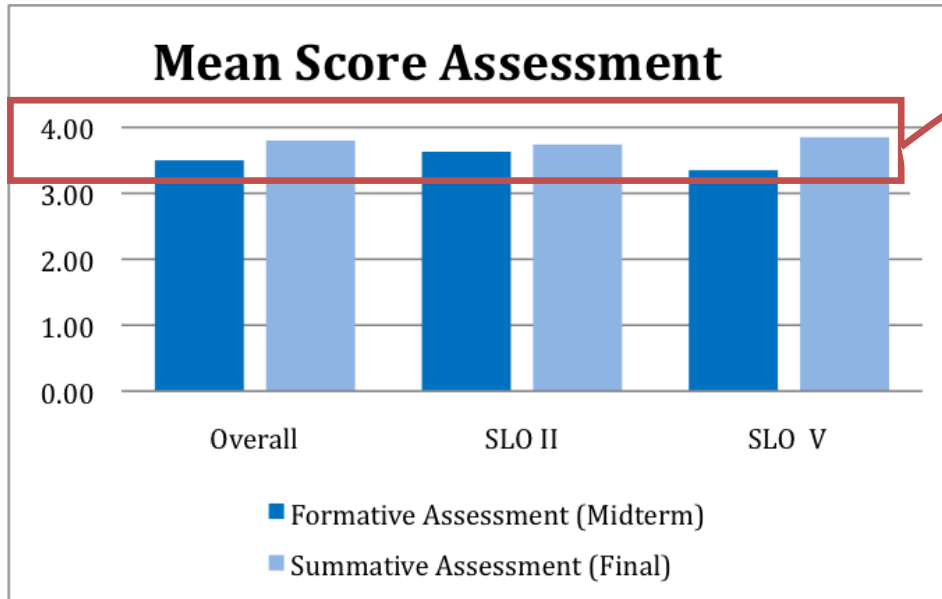


Table 11 below provides the overall summary statistics for candidate's progress at the midterm and final evaluation points. Scores were more consistently high at the end of the program than midway for overall scores across the five (5) SLOs and for the two (3) SLOs analyzed for this report indicating development during the semester.

Candidate Performance: Off-Campus Clinical Practicum (Continued)

Table 11
Practicum Candidate Progress Data

Descriptives	Assessments					
	Formative Assessment (Midterm)	Summative Assessment (Final)	Formative Assessment (Midterm) SLO 2	Formative Assessment (Midterm) SLO 5	Summative Assessment (Final) SLO 2	Summative Assessment (Final) SLO 5
Mean	3.50	3.80	3.63	3.35	3.74	3.85
Median	3.67	3.92	4.00	3.43	4.00	4.00
Standard Deviation	0.53	0.32	0.56	0.61	0.40	0.30
Minimum	2.50	3.00	2.67	2.00	3.00	3.00
Maximum	4.00	4.00	4.00	4.00	4.00	4.00
Count	11.00	11.00	9.00	11.00	11.00	11.00

Table 12 below represents a sample of comments written voluntarily by Master Clinicians for five (5) candidates on their Final (Summative) Clinical Practicum in the public schools:

Table 12
Sample of Comments by Master Clinicians on Candidate’s Summative Clinical Practicum

Candidate	Comments
1	[name] is outstanding in her ability to adjust therapy based on her observations. Her ideas have been very helpful when brainstorming interventions.

2	[name] is very thorough when sharing information with parents (i.e., progress reports and assessments). She takes the time to gather data, make observations, and interview teachers and shares all of this information with parents. Her reports are comprehensive and well written.
3	[name] communicates effectively with both students and adults. She explains information to students in a tone that they can understand. She successfully adjusts her verbal instructions to ensure that all students understand. She has developed lessons that are appropriate for students and connects lessons to the school curriculum and life situations.
4	[name] has demonstrated increased independence in collecting patient history and has had the opportunity to make appropriate referrals to ENT, neurologist, and clinical psychologist. [name] has excellent critical thinking skills.
5	[name's] oral language is superb with the students, staff, and parents. She is very professional and she is able to adjust her conversation so that it is appropriate for her audience. She can also independently write an evaluation report. The information is well organized and she has demonstrated the ability to synthesize the information into an accurate summary. Additionally, she demonstrates strong ethics as is related to ASHA.

Candidate Performance: Comparison of On-campus & Off-Campus Clinical Practicum Ratings on SLO 2 and SLO 5

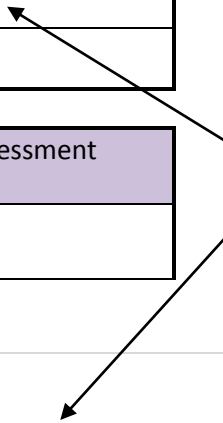
Again this reporting cycle, our program decided to run data on the possible differences between how our CD Department clinical supervisors rated our candidates across three clinics on the signature assignment for SLO 2: Written Language and SLO 5: Intervention, and how off-campus master clinicians rated our candidates on these same SLOs. **Table 13 (a) On and Off-Campus Ratings** provides summary statistics while **Table 13 (b) On and Off- Campus Ratings** compares average ratings:

**Table 13 (a)
On and Off-Campus Ratings (Summary Statistics)**

	Clinic Three Written Language SLO	Summative Assessment (Final) SLO 2
Mean	3.98	3.74
Standard Deviation	0.062	0.404
Minimum	3.8	3
Maximum	4	4

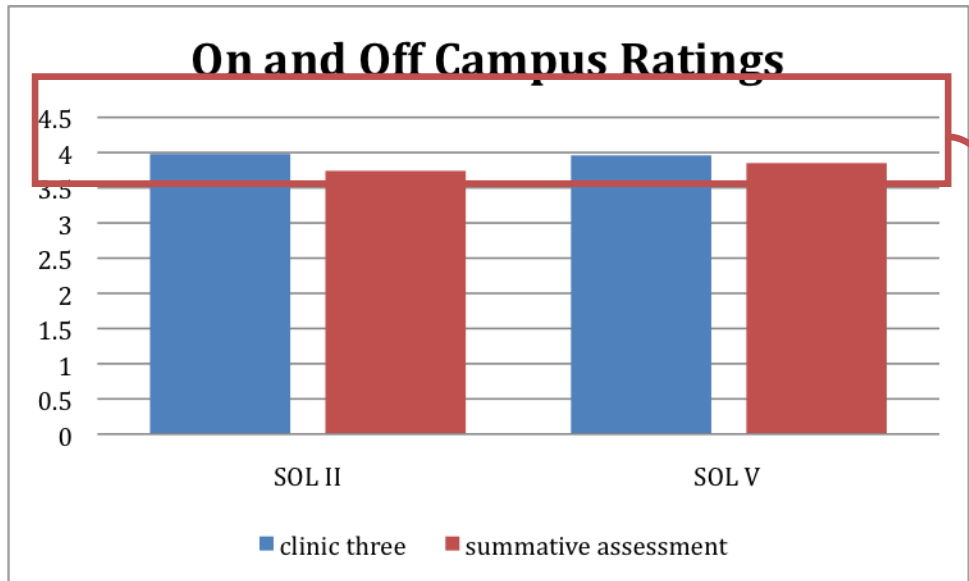
	Clinic Three intervention SLO	Summative Assessment (Final) SLO 5
Mean	3.96	3.85

Notice that the minimum scores are both lower for the off campus ratings, indicating more variability.

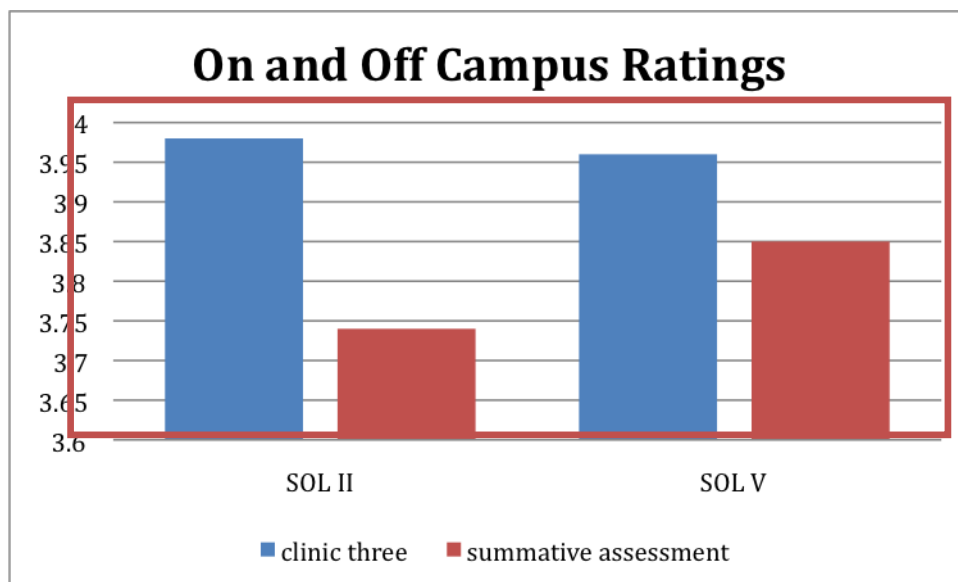


Standard Deviation	0.085	0.300
Minimum	3.75	3.00
Maximum	4.00	4.00

Table 13(b)
On and Off Campus Ratings (Averages)



This chart shows that the average ratings off campus were lower.



As was concluded in the last reporting cycle (CTC Biennial Report 07-08 and 08-09), Master Clinicians in the public schools rated our candidates slightly lower than our on-campus clinical supervisors.

b. Program Effectiveness

The SLPSC Program has chosen two key measures to evaluate program effectiveness, as follows:

- 1) ***Confidential Survey of Master Clinician*** in which the Master Clinician evaluates our candidate's student teaching skills and competencies in the public school internship
- 2) ***Praxis Exam in Speech-Language Pathology*** regarded by ASHA as "the summative assessment" of professional preparation for our candidates

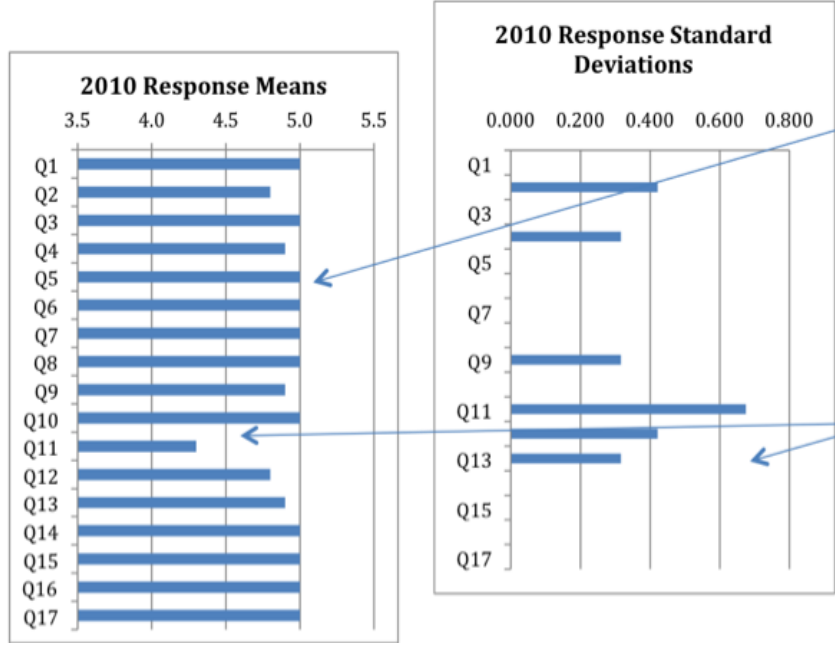
Exit Survey for Program Effectiveness: Confidential Survey of Master Clinician

Master Clinicians are asked to complete the Confidential Survey of Master Clinicians at the conclusion of our candidate'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. Data analysis for AY 2009-2010 is presented below: Table 18 (a) presents

Table 14
AY2009-2010 Master Clinician Survey

Master Clinician Survey

- Most questions have reached maximum mean score of 5.



- Those questions will have no standard deviations, since everyone has given a score of 5.

- Q11 has the lowest mean and highest standard deviation, which indicates highest variation in scores.

Exit Exam for Program Effectiveness: Praxis in Speech-Language Pathology Scores

Our candidates 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. The implementation of the Praxis Examination is considered “summative assessment” by ASHA “a comprehensive examination of learning outcomes at the culmination of the professional preparation”. The CD Department has a consistent 100% pass rate history on the Praxis, including the two semesters assessed in this report, as represented in **Table 15**:

Table 15
Praxis Exam in Speech-Language Pathology

Praxis Exam in Speech-Language Pathology		
Semester	n=students	Pass Rate %
Fall 2009	7	100%
Spring 2010	4	100%

OPTIONAL: You may provide additional information (e.g., other data, copies of letters of support from granting agencies or school staff, etc.) about candidate performance, the student experience or program effectiveness used to inform programmatic decision-making. This may include quantitative and qualitative data sources.

Additional information that informs our program of candidate performance and/or program effectiveness includes the three sources described in **Table 16** below. Data on the three measures is then presented.

Table 16
Additional Assessments to Evaluate Candidate Performance and Program Effectiveness

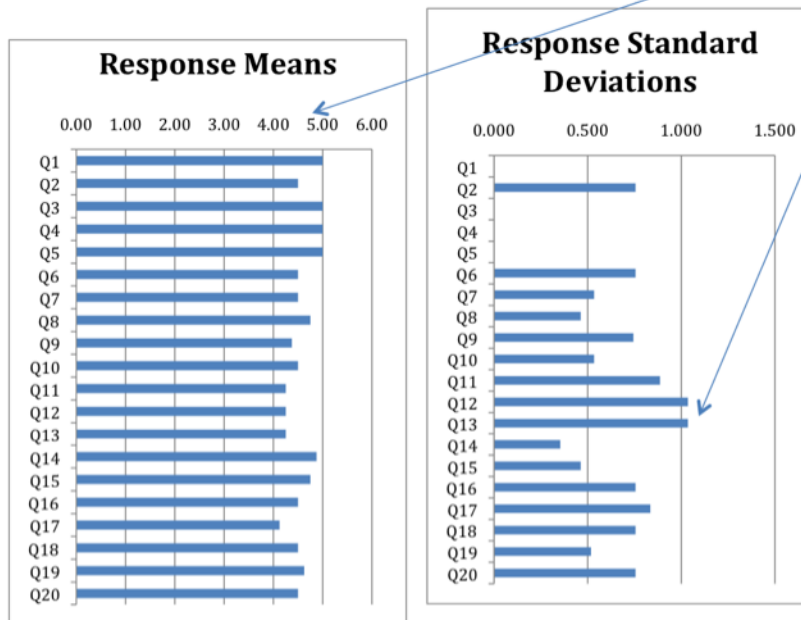
Evaluation Measure	Description	Data Collected	Use
Student Survey of Field Placement Experience	A survey designed to assess the candidate’s fieldwork experiences including effectiveness of the Field Service Coordinator, and in particular, the Master Clinician. Submitted at the completion of the program.	Twenty questions elicit specific skills of Master Clinician. Also, gathers information on candidate’s satisfaction with placement site and orientation to the program.	Program Effectiveness & Improvement
Candidate Evaluation of Master Clinician	A brief survey designed to assess the Master Clinician’s expertise at the end point of the candidate’s public school internship.	An overall rating of the supervisory skills of the Master Clinician. Candidate indicates whether MC is recommended for future supervision. A section for comments is provided.	Program Effectiveness & Improvement
CSULB Communicative Disorders Department’s Advisory Board	Partnership with greater community comprised of professional and laypersons from Los Angeles and Orange Counties.	Each Fall semester our faculty meets with the Advisory Board to review the CD Department’s program policies, procedures, and recommendations for future development.	Program Effectiveness and Improvement

Student Survey of Field Placement Experience

This candidate survey is collected at the completion of the candidate’s program and evaluates the candidate’s student teaching experience, including the effectiveness of the Field Service Coordinator and Master Clinician. The survey offers a 1-5 point scale (i.e., “1” indicates “Strongly Disagree” while “5” indicates “Strongly Agree”).

Table 17
Student Survey of Field Service Placement

Student Survey of Field Service Placement



•Average response scores are all greater than 4.

•However, many questions has high standard deviations, which indicates that there is high variability.

•Example, Q13 has mean of 4.25, minimum of 2, and maximum of 5.

Table 17 above indicates that even though averages responses are greater than 4 (4 indicates “Agree”) certain questions garnered highly variable responses. In particular, candidates vary widely in their opinions on whether they are offered the “appropriate amount of constructive criticism and guidance regarding clinical skill areas I needed to improve”. Candidates value performance feedback.

Candidate Evaluation of Master Clinician

In addition to the twenty (20) question candidate survey, *Student Survey of Field Service Placement*, this is a short survey presented to the program completers to rate their Master Clinician’s (MC) in the public schools on a 5 point scale (i.e., 1=Poor to 5=Exceptional). Candidates also indicate whether they would recommend that future candidates be placed with the MC (i.e., yes/no). A comments section is included to solicit candidate’s opinion of the MC’s strengths and limits. Results for this reporting cycle are presented below in **Table 18**:

Table 18
Student Evaluation of Master Clinicians

	RATING SCALE: 1through 5				
	1=Poor	2=Fair	3=Adequate	4=Above Average	5=Exceptional
Fall 2009				56% (5/9)	44% (4/9)
Spring 2010				75% (3/4)	25% (1/4)

Table 18 presents data results for two semesters. Our candidates recommended all of their Master Clinicians (MC's) for future student teaching supervision, which reflects an improvement over Fall 2008 where one of 15 MC's was rated as "poor". For this reporting cycle, candidate's comments were all positive, even effusive, when describing their MC's, such as, "*extremely supportive! [name] provided both positive and constructive feedback. Is a "5+++” MC and, [name] "is very helpful and excellent with behavioral management”*" (i.e., predominantly an autism caseload)

CSULB Communicative Disorders (CD) Department's Advisory Board

The CD Department Advisory Board met in Fall 2009 on October 29th. Nine faculty and staff and eleven board members were in attendance including Barbara Moore (SLP Associates-Private practice), Carole Mills (ABCUSD-SLP Coordinator), Karen Yaghoubian (LBUSD-SpEd Coordinator), Dr. Matthew Duggan (Private practice-Clinical Psychologist), Dr. Lynn Woodruff (Tichenor Orthopedic Clinic for Children-Director), Dr. Joseph Voglund (LBUSD-Audiologist), Beth Lippes-Inabinet (Los Angeles County Department of Education-SLP Coordinator), Dr. Marilyn Crego (CSULB's former UCES-Director-now CCPE), Dr. Troy Hunt (Cypress School District-District Administrator) , Alaine Ocampo (Providence Speech and Language-Director), Lynn Alba (private practice).

Suggestions included: Candidates should be apprised of the more traditional motor approaches to articulation intervention not just linguistic-based; Federal Stimulus Funding should be pursued to support technology within the department, Dr. Moore offered to allow our undergraduates in her private practice to observe the daily responsibilities of an SLP in a private setting.

Positive comments included our candidate's professionalism and work ethic, their knowledge base in autism ("best educated and trained in ASD of all the programs around here"), and their preparedness overall reliability ("I take many of your interns. They later become great employees!")

Analysis and Actions

5. *What do the data for each outcome say regarding candidate performance and program effectiveness? Please note particular areas of strength or in need of improvement.*

An analysis of the data we presented demonstrated the following regarding our **candidate's competence (a)** and our **program effectiveness (b)**

a) Candidate Assessment Data

Strengths
<ul style="list-style-type: none"> ❖ In the new criterion-level signature assignment for SLO #2 Written Language, a portfolio-type collection of candidate's longitudinal progress in written language across the SLPSC program, clearly indicated that candidate's average clinical diagnostic report grades were higher in the final clinic than the first clinic. A paired samples analysis revealed the final clinic grades were "statistically significantly higher" than the first clinic. ❖ Candidate's scores for SLO #2 Written Language and SLO# 5 Intervention in on-campus clinics were more consistently high at the end of the program than midway through, indicating

substantive development during the semester.

- ❖ Candidates mean scores in Written Language and Intervention in on-campus clinics increased over the course of the three clinics reported.
- ❖ On average, the candidate's practicum scores for off-campus field experience in the public schools increased from the first evaluation (Formative) to the second (Summative) indicating candidate progress.
- ❖ The standard deviation of practicum scores for all candidates off campus was lower for the second practicum indicating more consistency in scores than the first practicum.
- ❖ Candidates in on-campus clinics and off-campus field experience met and *most exceeded expectation in both SLO# 2 and SLO # 5, Written Language and Intervention*, respectively.
- ❖ Master Clinician's written subjective comments were overwhelmingly positive and complimentary of our program.

Areas for Improvement

- ❖ For SLO #2 we need to clarify the weight of each of the clinical report assignments encompassed in our on-campus clinics as our clinical supervisors were assigning differing percentages to the four written clinical reports to achieve a composite score. In addition, one of the reports meets SLO #2 but also meets SLO # 5. Consensus among the faculty is needed.
- ❖ The faculty is motivated to continue to expand on the writing and critical thinking skills beyond graduate clinics to the graduate seminars for outcomes SLO 2 and SLO 5. As such, a case study will be designated as signature assignments in CD 662 Seminar in Child Language Disorders and in CD 667 Seminar in Autism Spectrum Disorders, both will encompass a pre-and post "case study" process.
- ❖ The analytic rubric for the Clinical Diagnostic Report seems to have closed at least some of the gap toward a more reliable assessment of our candidates written language skills. Our "at-Risk" protocol has also been an immediate response for candidates requiring more scaffolding. The faculty needs to discuss the possibility of adding a "talk data" segment to monthly faculty meetings to keep assessment in the forefront.
- ❖ The data collected in this reporting cycle reveals another "good" year for our candidate's performance; consequently, areas for improvement will be a valid topic for our Spring 2010 faculty agenda.

b) Program Effectiveness

Strengths

- ❖ The *Confidential Survey of Master Clinician* indicates that ASHA certified and credentialed Master Clinicians in the public schools across grade levels pre-K to high school have a positive impression of our candidates and continue to be generous in their praise of our program.
- ❖ Data from the NTE *Praxis Examination in Speech-Language Pathology* consistently yields a 100% pass rate, which effectively demonstrates evidence of successful candidate performance.
- ❖ The greater community, represented by our program's Advisory Board, is enthusiastic about the level of competence and professionalism our candidates demonstrate in their student teaching to the extent that they seek to employ them.
- ❖ Our SLPSC program completers rated 100% of their Master Clinicians either "very good" or

<p>“exceptional” for this reporting cycle. We seek to place our candidates with strong Master Clinicians and value the opinions of our program completers.</p>
<p>Areas for Improvement</p>
<ul style="list-style-type: none"> ❖ To broaden the scope of our “Program Effectiveness” we need to collect data on our SLPSC program alumnae (Survey is now on-line but needs a final edit). ❖ To further broaden the scope of our “Program Effectiveness”, we need to collect “satisfaction” data from employers who hire our program completers (Survey is written but needs a final edit).

6. *How do these findings compare to past assessment findings?*

The new criterion-level data for SLO 2: Written Language is new this reporting cycle and therefore can be reported upon compared to past assessment findings henceforth. The SLOs for this reporting cycle differed from prior years with the exception of Fall 2008; the data are incomparable. Relative to past assessment findings, the following general statements are supported by the data:

- Candidates across the last three years have consistently met and most have exceeded expectations in their seven on-campus clinics and in their off-campus public school internships in all five SLOs per their clinical supervisors and master clinicians respectively
- Candidates are in good agreement that their field service placements expectations are met and
- The majority of candidates would recommend their that their Master Clinician (s) supervise future candidates (i.e., subjectively rated either “very good” and “exceptional”)
- Candidates continue to sustain the 100% pass rate on the Praxis in Speech-Language Pathology

Data from past assessment findings **that can be compared** to this reporting cycle is the survey data from Master Clinicians (i.e., the *Confidential Survey of Master Clinicians*) in the public schools as follows in **Table 19(a)** :

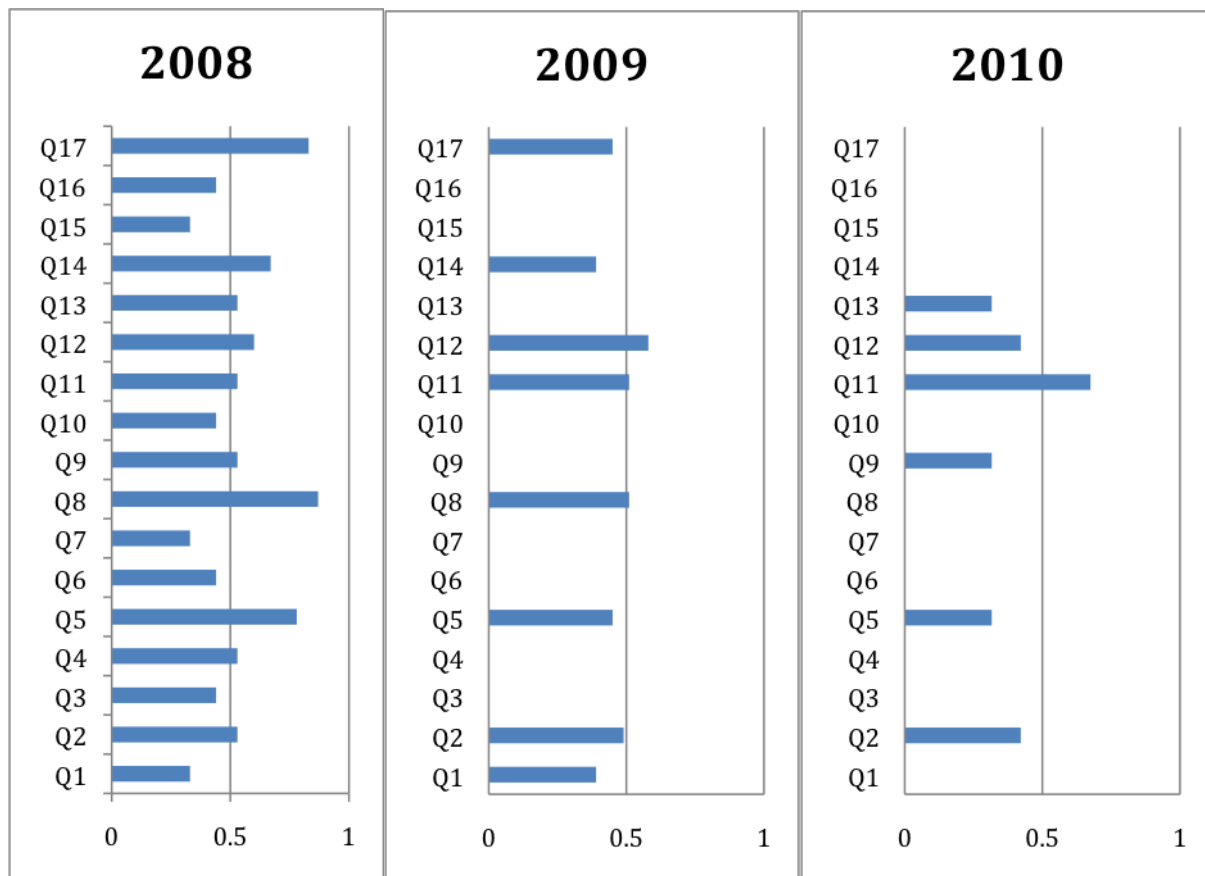
Table 19(a)
Response Means 2008-2010 on *Confidential Survey of Master Clinicians*



Table 19(a) above shows that overall mean scores appear greater in 2010 than in 2009 and 2008. Many Questions have peaked to maximum of score of 5, other are very near score of 5. Q11 is the only question that has not increased from 2009, but Q11 has a high average 4.3.

The standard deviation in **Table 19(b)** below clearly shows the variation in question responses. The variation in the 2010 responses is noticeably less than the variation in the 2008 and 2009 responses. (Note: If a question does not have a bar, then it has a standard deviation of zero (or nearly zero), indicating that all (or nearly all) of the responses were the same.) As you can see that all but six (6) questions has standard deviation of zero because they all (or nearly all) have responded with maximum score of five (5).

Table 19(b)
Response Standard Deviation 2008-2010 on Confidential Survey of Master Clinicians



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.

NOTE: Subsequent to our program's formal transition in August 2010 to the new CTC Speech-Language Pathology Services Credential Standards, steps relating to curriculum changes have already been taken, and will continue to be taken in the program over the next reporting cycle. The CTC no longer requires that our candidates complete 35 hours in Audiology evaluation and treatment, consequently *CD 669G: Clinical Practice in Audiology* has been discontinued effective the end of Fall 2010. A replacement seminar, *CD 661: Seminar in Traumatic Brain Injury*, will be offered beginning Spring 2011.

Priority	Action or Proposed Changes	Person (s) Responsible	Timeline
1	Implementation of two additional signature assignments addressing SLO# 2, SLO# 4 and SLO# 5 in selected graduate seminars: CD 662 Seminar in Child Language and CD 667 Seminar in Autism Spectrum Disorders	Dr. G. Wallach & M. Powers-Lundvall	Spring 2011
2	Curriculum changes required by new CTC Standards for the Speech-Language Pathology Services Credential will be addressed.	Department Chair Graduate Advisor Dr. G. Wallach	Fall 2011
3	For SLO # 2 "Written Language" provide a collection of exemplars for graduate students to access that profiles "Clinical Diagnostic Reports" determined by all clinical supervisors on "Written Language" rubric to be reflective of a level 4 (highest score)	Clinic Director All Clinical Supervisors	Summer 2011
4	Reaffirm that all clinicians are fully apprised of the expectations for the signature assignment, the "Clinical Diagnostic Report".	All Clinical Supervisors	Spring 2011
5	Create a graduate manual for SLP Service Credential Program candidates with the goal of providing clear guidelines relative to paperwork, timelines, paid and unpaid internships, supervisory requirements, agencies involved in certification and licensing, etc. (To be available on the CD Department website). Fall 2009 candidates suggested that such a document would be helpful (i.e., Meeting on 12-15-2010 with six program completers)	M. Powers-Lundvall	End of Summer 2011
6	Edit and utilize the newly created <i>Alumnae Survey</i> and <i>Employer's Satisfaction Survey</i> on Survey Monkey	Field Service Coordinator	End of Spring 2011
7	Propose to faculty the creation of a new off-campus evaluation for program candidates that better captures the expectations in the public schools. (ASHA and CTC SLP Standards do not fully align.)	All Full-Time Faculty	Summer 2011
8	Transition Point #3: In analyzing the profiles of program completers, it is obvious that the program is female-dominated. The faculty will explore the topic.	All Full-Time Faculty	Spring 2011

MINUTES: FACULTY MEETING

DEPARTMENT OF COMMUNICATIVE DISORDERS

SEPTEMBER 14, 2009

Attending: Dr. Beattie, Dr. Wallach, Dr. Ostergren, Elizabeth Ward, Dr. Madding, Michelle Powers, Angela Mandas, Pamila Ford

Call to Order: 12:00 noon M, T, W, and Th.

1. Dr. Madding thanked Dr. Beattie for advising – Group Advising Session

- Dr. Beattie will be retiring at the end of the year. However he will continue working in the department in the Faculty Early Retirement Program “FERP” for the next 2 years.
- Dr. Beattie will continue Group Advising Sessions during FERP
- During the fall session Dr. Beattie will be teaching CD-373, 440, 431, 432 from 9:00 a.m. until 12 noon M, T, W, and Th.

2. Clinic:

- No resolution on parking fees-Pending
- File room code: Pam will check on cost to re-code file room
- Student’s refiling files-students have been filing files incorrectly. Candace Greenwood will monitor file cabinet.
- HIPAA – Angela stated that the slides are completed and will be placed on department website.

3. Mailroom:

- For security reasons, we’ve moved faculty mailboxes to LAB-104, which is also used to store office supplies, located next to Pam’s office.

4. Spring Schedule will be finalized by Wednesday, September 16th

5. Advisory Board Meeting Scheduled for Thursday, October 29th at 6:30 p.m.

- Members: Barbara Moore, Carole Mills, Karen Yahgoubian, Dr. Duggan, Dr. Woodruff, Dr. Voglund, Christopher Stevens, Beth Lippes-Inabinet, Dr. Crego, Dr. Hunt, Alaine Ocampo, Lynn Alba
- Food: Pam will check with catering regarding menu & cost. “Possible potluck”

6. University & College Budget: Dr. Madding stated that 25% of campus budget is being cut for 2009-10, and therefore fewer classes will be taught, and there is a possibility of lay-offs.

7. Summer Session:

- CCPE will have an academic year pay scale
- No Financial Aid for summer students
- No Hospital Internships for students, only during Spring and Fall semester

8. Individual Goals-Must be to Dr. Madding no later than September 25TH

NEXT MEETING: MONDAY, October 5, 2009

MINUTES: FACULTY MEETING

DEPARTMENT OF COMMUNICATIVE DISORDERS

DECEMBER 7, 2009

Attending: Dr. Madding, Dr. Wallach, Dr. Ostergren,, Angela Mandas, Elizabeth Ward, Pam Ford

Called to Order: 12:00 noon

Pam's Work Request:

- Faculty request- Please allow at least working 5 days for any work request that needs to be completed by Pam; please do not wait until the last minute for any work request to be completed.

Dr. Ostergren:

1. New interview protocol will be added to the application process for graduate applicants
2. Instructors asked to inform students in their classes that the Traditional Program will accept fewer applicants (15), and to encourage your students to apply to either the traditional or cohort program.
3. ASHA Re-accreditation – Site visit will occur in 2010 Fall semester; Re-accreditation Report is due February 1st. Dr. Ostergren is working on the report and will ask faculty members for assistance.
4. Dr. Ostergren made the suggestion that we modify the Comprehensive Exam policy. Motion was made and passed unanimously that students who need to re-take the Comprehensive Exam must take the exam on-campus.

On-Campus Comprehensive Examination New Policies:

- Student takes a comprehensive examination covering **all** graduate coursework.
 - Examination contains comprehensive questions from **each** of the following categories: Motor Speech/Dysphagia, Adult Language, Child Language, Phonology, and Autism.
 - **Effective Fall 2010**, all comprehensive examinations will be completed on-campus. Students completing comprehensive examinations in Spring 2010 will be allowed to select from either a take-home or on-campus option, but all other students must complete an on-campus examination. Students who fail one question may re-take the examination during the same semester. Students who fail more than one question must re-take questions the following semester and delay their graduation. All re-take questions will include written response and oral defense. Refer to the policy to be distributed by Dr. Ostergren, Graduate Advisor.
 - All of the changes in Comprehensive Examination Policy were unanimously approved by the faculty.
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NEXT FACULTY MEETING TO BE ANNOUNCED

DEPARTMENT MEETING

DEPARTMENT OF COMMUNICATIVE DISORDERS

CALIFORNIA STATE UNIVERSITY, LONG BEACH

FEBRUARY 10, 2010

Attending: Dr. Madding, Dr. Wallach, Dr. Beattie, Dr. McMicken, Michelle Powers-Lundvall, Angela Mandas, Elizabeth Ward, Pam Ford

Approval of Agenda & Call to order: 12:00 p.m.

Dr. Ostergren discussed Application Processing Timeline/Details

(See attached information)

We will go over SMAKS form revisions next faculty meeting. Discussion of rubrics for Written Language-needs to be agreement on what is a level 4, 3, etc. Use of decimal to note small differences.

Faculty voted & approved - RTP candidates must place in their file at least 2 student evaluations for mini-review, retention, tenure, and promotion. Please place ballot in an envelope and give to Pam. (see attached sample ballot)

Vicki Pelarito will be attending our next Advisory Board Meeting which is scheduled for Tuesday, September 21, 2010 at 2:00 p.m.

Respectfully Submitted,

Pam Ford

Administrative Coordinator

Meeting adjourned at 1:20 p.m.

MINUTES: FACULTY MEETING

DEPARTMENT OF COMMUNICATIVE DISORDERS

MARCH 10, 2010

Attending: Dr. Madding, Dr. Ostergren, Dr. Wallach, Dr. McMicken, Michelle Powers-Lundvall, Elizabeth Ward

Approval of Agenda & Call to Order at 12 noon

Dean Grimmett: –Discussed Policies and Procedures for the Appointment and review election of Department Chair.

12:15p.m. Faculty Meeting: Call to vote.

- Dr. McMicken-Nominated Dr. Madding as Department Chair.
- Secret ballots will be placed in tenured faculty mailbox

12:35p.m. Faculty Meeting: Call to attention

Set date for ASHA site visit: September 27 & 28th, or October 4 & 5th, or October 11th & 12th.

Japanese Student Visit: Wednesday, September 22nd.

Advisory Board Meeting: Tuesday, September 21, 2010 at 6p.m.

Michelle Powers-Lundvall- Changes will be made fall 2010 on CTC transition

- Two CD course courses will be replaced. (EDSP-564 will be replaced with CD & course TBA, and CD-669G will be replaced with CD course TBI)

Jennifer Ostergren – Emails will be sent out by Friday, March 12th in order to schedule interviews for top graduate candidates on 3/20/10 & 3/21/10.

SMAKS-Revisions will be worked on at the Faculty Retreat.

Faculty let students know that they are not to eat in Academic Classrooms.

Respectfully Submitted,

Pam Ford/Administrative Coordinator

Meeting ended at 1:15 p.m.
