Commission on Teacher Credentialing
Biennial Report
Academic Years 07-08 and 08-09

Institution: California State University, Long Beach

Date report is submitted: Fall 2009 **Date of last Site Visit:** Spring 2007

Program documented in this report: Speech-Language Pathology Services Credential Program

Name of Program: Speech-Language Pathology Services Credential Program

Credential awarded: Speech-Language Pathology Services

Is this program offered at more than one site? No

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I.   Contextual Information

The Speech-Language Pathology Services Credential (SLPSC) Program resides in the Department of Communicative Disorders (CD), a department within the College of Health and Human Services (CHHS). The SLPSC Program is designed to meet the standards of program quality and effectiveness adopted by the California Commission on Teacher Credentialing (CTC) in 1996, as well as NCATE standards appropriate to the Teacher Credentialing Program, headed by the College of Education. Accordingly, the Department has primary administrative responsibility to CHHS but also articulates closely with the College of Education (CED) via the SLPSC Program. This close tie between the Department and both colleges is reflected in the conceptual framework for the SLPSC Program.

The mission, goals and objectives of the University and both colleges have guided the CD Department in developing the conceptual framework and in our specific program design. Consistent with the theme and mission of the College of Education Teacher Credentialing Program, we seek to instill in our students a personal commitment to lifelong learning, professional growth, and the highest standards of clinical and ethical practice. The SLPCS Program is structured to address these goals with the added emphasis of providing services within the public school environment.

The Department is proud of its long history of academic teaching, clinical teaching, service to the community, research, and state and national leadership. Candidates graduating from the Master's Program meet all the academic and clinical practicum requirements for Clinical Certification from the American Speech and hearing Association (ASHA), licensing by the State of California, and importantly, are eligible for the Speech-Language Pathology Services Credential (SLPSC) issued by the State of California Commission on Teacher Credentialing.

The CD Department offers two options for completing the Speech-Language Pathology Services Credential (SLPSC):
1. The traditional Master of Arts Program which regularly enrolls more than 90% of the graduate students
2. New in Fall 2007, the Special Cohort Master of Arts Program, enrolls 100% of the graduate students as a program requirement *[Data from Cohort Master's program will be available for next reporting cycle]*

Changes Since Commission Approval of Current Speech-Language Pathology Services Credential (SLPSC) Program in September 2006

Fall 2006-Spring 2007 AY

1	Added two Full-Time and one Part-Time Faculty
2	Developed new coursework, *CD 667 Seminar in Autism Spectrum Disorders*, and clinical practicum, *CD 669B Clinical Practice in Autism Spectrum Disorders,* to be added to Fall 2007 curriculum and practica sequence in response to the prevalence of the autism population in the public schools
3	Changed application process for graduate program to reflect applicant's relevant research/work experience. Criteria prior to Fall 2006: 1) the GRE scores, and 2) GPA in major, and 3) letters of recommendation. New criteria: 1) GPA in major and 2) relevant research/work experience

Fall 2007-Spring 2008 AY

1	Added *CD 667 Seminar in Autism Spectrum Disorders* and *CD 669B Clinical Practice in Autism Spectrum Disorders* to required curriculum and practicum sequences
2	Removed coursework in low incidence disorder: *CD 664 Seminar in Disorders of Voice and the Oro-facial Mechanism* and clinical practice in *CD 669D Clinical Practice in Voice and Oro-facial Disorder*s and incorporated content into *CD 666 Seminar in Speech Motor and Swallowing Disorders* and CD *669F Clinical Practice with Speech Motor Disorders,* respectively
3	Selected a new Field Experience Coordinator to assume duties in Fall 2007
4	Designed and implemented Special Cohort Master of Arts Program (two years and two summers) in Fall 2007. Program implemented to address state and national-wide shortage of speech-language pathologists. Exclusively serves the public schools and is offered through CSULB's College of Continuing Professional Education (CCPE)
5	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
6	Added two (2) new part-time field experience coordinators added 2008-2009 for Special Cohort Master of Arts Program to support candidates during their internships in the public schools
7	Initiated seven (7) new Affiliation Agreements with local educational agencies in Los Angeles and Orange Counties to expand candidate's options in traditional Master's SLP Credential Program in 2007-2008
8	Added seven (8) new part-time faculty to teach in Special Cohort Master's Program
9	CD Department Chair, Dr. Carolyn Madding, elected as chair of California Association of Academic Programs in Communication Sciences and Disorders (CAAPCSD). Provides excellent forum to discuss program improvement state-wide

Fall 2008-Spring 2009 AY

1	Designed and implemented a new Post-Baccalaureate Certificate Program which admitted 25 graduate students to special program offered through CSULB's College of Continuing Professional Education (CCPE) for Fall 2009
2	Added two (2) new part-time field experience coordinators added 2008-2009 for Special Cohort Master of Arts Program
3	Created electronic database to collect whole group and subgroup data for the following evaluation measures: a) (SMAKS) b) Written Language Signature Assignment c) Evaluation Record: Clinical Practicum d) Confidential Survey of Master Clinicians e) Student Survey of Field Service Experience f) Praxis in Speech-Language Pathology
4	Agreement among all clinical supervisors to implement the rigorous use of decimals within the 1-4 point system to better capture candidate's individual performance across five SLO's
5	Faculty formally chose the clinical "Diagnostic Report" as the signature assignment for written language to be collected in a candidate portfolio by clinical supervisor during three clinical practica (i.e., the initial, middle and final clinic)
6	Field Service Coordinator/Clinical Supervisor created a written language rubric to be used in all seven required clinical practica to standardize grading of clinical "Diagnostic Report"

7	Changed Curriculum Map from three specific clinics to chronological selection of clinics to more accurately track individual candidate progress/growth
8	Improved the scoring scale and eliminated biased language from the *Confidential Master Clinician's Survey*
9	Developed a department "Candidate-At-Risk" protocol to identify and expediently intervene with candidates with marginal clinical skills
10	Created a *CSULB/CD Department SLP Alumnae Survey* to pilot after the upcoming academic year

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	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	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, 2007-2009 (snapshot taken Fall 2008 and Summer 2009)

	Transition Point 1 Admission to Program					
	2007-2008			**2008-2009**		
	Applied	**Accepted**	**Matriculated**	**Applied**	**Accepted**	**Matriculated**
TOTAL	136	26	37	204	22	37

Table 2 above reflects the crucial admissions point for our candidates, yet also represents a controversy amongst the faculty. In Fall 2006, the GRE was omitted as a requirement by a faculty majority vote. At our April 2009 Spring Faculty Retreat, however, the subject of reinstating the exam was raised again. Proponents argued that the GRE adds to the rigor of the candidate admission process, but more importantly, the formal writing subtest would provide the Admission's Committee with an additional measure of the individual candidate's ability in the area written language, which is the area in which our candidates typically require the most support. Opponents argued that standardized tests are biased, and therefore, unfair to minority students and are not predictors of candidate success in the profession. Ultimately, the faculty voted to reinstate the GRE by a slim margin. We will be monitoring the effects of this 'Transition Point 1' change carefully.

Table 3
Program Specific Candidate Information, 2007-2008 (snapshot taken Fall 2008 and Summer 2009)

	Transition Point 2 Advancement to Culminating Experience	
	2007-2008[1]	**2008-2009[2]**
Thesis (698)	0	0
Comps	0	0
Project (695)	21	20
Other (Advanced Credential Programs Only)	0	0

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[1] Data are reported for Fall 2007 and Spring 2008.

[2] Data are reported for Summer 2008 through Spring 2009.

Table 3 above revealed that in Fall 2007-Spring 2009, our candidates exclusively chose the CD 695 Graduate Project option as their culminating experience. In Spring 2009, the faculty reviewed the CD 695 option trend in the CD Department over the past few years. The requirements for the Graduate Projects were re-examined to ensure the quality of these projects aligned with the rigor of the "preparation, submission and completion of an acceptable thesis" or comprehensive exams, the CD 698 option. An expanded research base was added to the project requirements.

Table 4
Program Specific Candidate Information, 2007-2009 (Snapshots taken Fall 2008 and Summer 2009)

	Transition Point 3 Exit	
	2007-2008	**2008-2009**
Degree	20	21
Credential[3]	20	21

Table 4 above represents our Fall 2007-Spring 2009 AY exit data. Between the Fall 2007 and Spring 2009 semesters, the CD Department's SLPSC Program had forty-one (41) program completers. Forty (40) were female and one (1) was male, seventeen (29) were White, seven (7) were Asian, two (2) were Hispanic, one (1) was bi-racial (Japanese and African-American), and one (1) was Middle Eastern. Three (3) program completers of the forty-one (41) were over thirty years of age and three (3) were over forty years of age. Of the 41 completers, thirty-three (33) completed their student internship in an elementary setting, four (4) in a high school setting, three (3) in a preschool setting, and one (1) in a middle school setting.

Table 5
Faculty Profile 2007-09

Status	2007-2008	2008-2009
Full-time TT/Lecturer	8	8
Part-time Lecturer	8	8
Total:	16	16

Table 5 charts the faculty profile for the Fall 2007-Spring 2009 Academic Years. Seven (7) new part-time faculty were hired to teach in Special Cohort Master's Program for both years.

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[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 one or more years prior to filing their credential request, particularly related to the advanced credential programs. Data are reported for Summer 2007 through Spring 2009.

II. Candidate Assessment/Performance and Program Effectiveness Information

Table 6 (a) below presents the primary candidate assessments (signature assignments) utilized by the SLPSC Program to evaluate candidate assessment/performance and program effectiveness, while Table 6 (b) describes the individual signature assignments.

Table 6 (a)
Program Student Learning Outcomes and Signature Assignments

Student Learning Outcomes	Signature Assignment (s)
❖ **SLO 1:** Implement accurate and appropriate listening and oral communication skills with clients, client's families, clinical supervisors, and with the use of interpreters.	❖ CD 669A-L: CSULB-SMAKS: Skills Outcome ❖ CD 686A: Public School Internship: Evaluation Record: Clinical Practicum ❖ CD 695: Graduate Research Project OR CD 698: Comprehensive Exam, Thesis
❖ **SLO 2:** Write professional clinical reports, research papers, and documentation using organized structure and accurate content.	❖ CD 669A-L: CSULB-SMAKS: Skills Outcome ❖ CD 669A-L: Clinical Diagnostic Report ❖ CD 686A: Public School Internship: Evaluation Record: Clinical Practicum ❖ CD 695: Graduate Research Project OR CD 698: Comprehensive Exam or Thesis
❖ **SLO 3:** Effectively counsel clients with different backgrounds and needs demonstrating respect, privacy, and the client's best interests.	❖ CD 669A-L: CSULB-SMAKS: Skills Outcome ❖ CD 686A: Public School Internship: Evaluation Record: Clinical Practicum ❖ CD 695: Graduate Research Project OR CD 698: Comprehensive Exam or Thesis
❖ **SLO 4:** Administer and interpret appropriate measures to diagnose communication disorders.	❖ CD 669A-L: CSULB-SMAKS: Skills Outcome ❖ CD 686A: Public School Internship: Evaluation Record: Clinical Practicum ❖ CD 695: Graduate Research Project OR CD 698: Comprehensive Exam or Thesis
❖ **SLO 5:** Write and implement clear and effective intervention plans, with measurable and achievable goals.	❖ CD 669A-L: CSULB-SMAKS: Skills Outcome ❖ CD 669A-L: Clinical Diagnostic Report ❖ CD 686A: Public School Internship: Evaluation Record: Clinical Practicum ❖ CD 695: Graduate Research Project OR CD 698: Comprehensive Exam or Thesis

Table 6 (b)
SLPSC Signature Assignments and Descriptions

SLPSC Program Evaluation Measures	Description
CD 669A-L **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.
CD 686A	An anchor comprehensive performance assessment in the program

Evaluation Record: Clinical Practicum	of five skill areas of clinical competency: Oral Language, Written Language, Interaction and Personal Qualities, Evaluation and Intervention. Master Clinicians rate candidates.
CD 669A-L **Clinical Diagnostic Report**	The Signature Assignment for SLO 2 and SLO 5 chosen to evaluate candidate's written language professional report writing 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.
CD 695 Graduate Projects OR CD 698 **Thesis or Comprehensive Exams**	One of 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 Master Clinician. Submitted at completion of program.

To measure SLO 1: Oral Language and SLO 2: Evaluation , the SLPSC Program has chosen two comprehensive measures to assess candidate performance over the course of their graduate experience and two key measures to evaluate program effectiveness, as follows:

1) the *CSULB-SMAKS*, which examined candidate's scores on "SLO 1: Oral Language" and "SLO 4: Evaluation" in three of their on-campus clinical practica
2) the *Evaluation Record: Clinical Practicum* which compared candidates' scores across all SLO's
    (i.e., SLO 1-5) and specifically on "SLO 1: Oral language" and "SLO 4: Evaluation" on their off-campus practicum assessments: the "Formative" or midterm evaluation and the "Summative" or final evaluation of the candidate's internship
3) the *Confidential Survey of Master Clinicians* in which the Master Clinician evaluates our candidate's student teaching skills in the public schools
4) the *Praxis Exam in Speech-Language Pathology*, regarded by ASHA as "the summative assessment" of professional preparation for our candidates

Candidate Performance: On-Campus Clinical Practicum Scores

Our candidates are assigned to each of the seven (7) required on-campus graduate clinics in a random order, consequently, we have selected three clinics that represent the chronological progression for each of our candidates: the initial, middle and final clinic.

Two components of candidate performance were used to monitor progress: a composite score representing "Oral Language", and a composite score representing "Evaluation". Both scores are measured on a scale of 0 to 4.

The graphs below **(Table 7)** show the mean scores of all candidate program completers over four (4) semesters (i.e., Fall 2007-Spring 2008 AY and Fall 2008-Spring 2009) for the **Oral Language** component and the **Evaluation** component of the three clinics selected. Both components improved over the course of the graduate program.

Table 7
Candidate Performance

(Zoomed in to Show Detail)
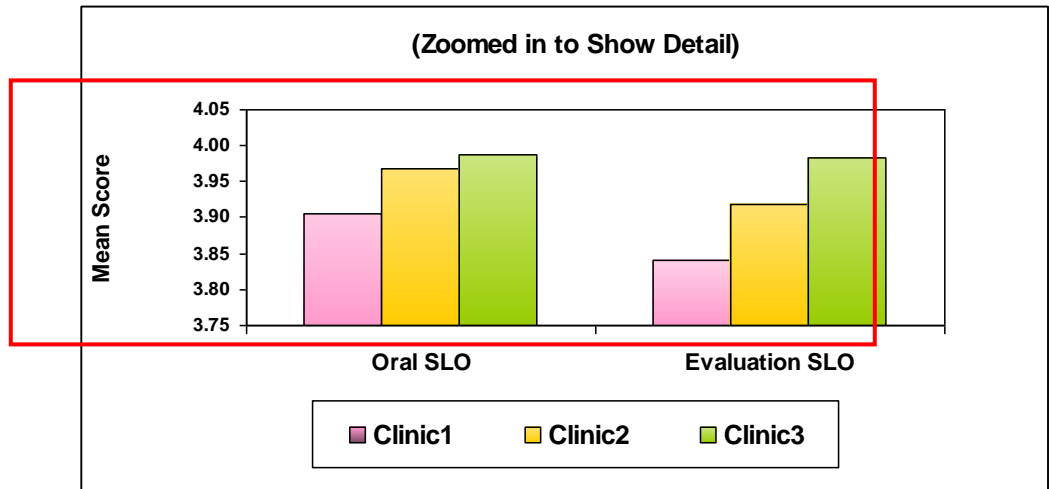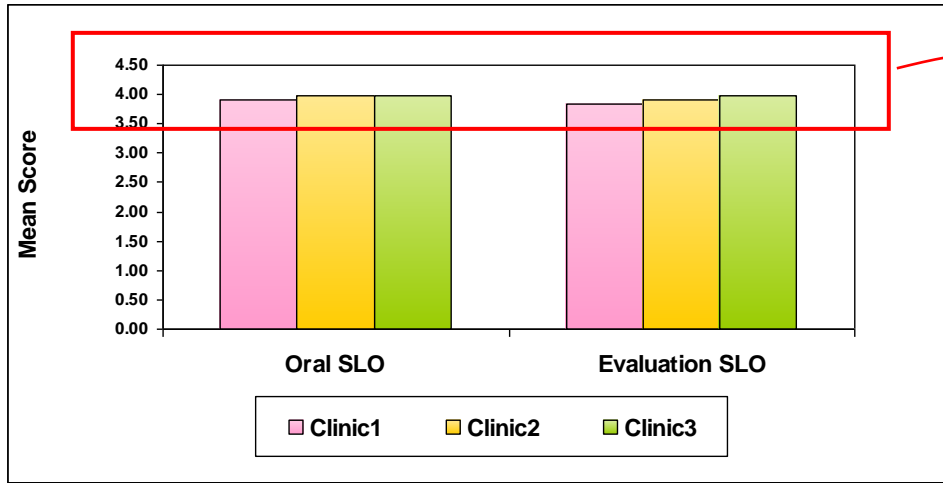
In addition, the variability in student scores was lower at the end of the program than half-way through, as measured by the standard deviation in scores. This indicates that scores were more consistently high among all students by the end of the program. This was true for both performance components (Oral Language, and Evaluation). The standard deviation, along with the mean and other statistical summaries for the three clinics chosen are shown in Table 8 and Table 9 below.

Table 8
Oral Language SLO #1 Scores

	Oral SLO #1		
	Clinic1	**Clinic2**	**Clinic3**
Mean	3.91	3.97	3.99
Median	4.00	4.00	4.00
Standard Deviation	0.19	0.07	0.03
Minimum	3.33	3.67	3.90
Maximum	4.00	4.00	4.00
Count	40.00	40.00	40.00

Table 9
Evaluation SLO #4 Scores

	Evaluation SLO #4		
	Clinic1	**Clinic2**	**Clinic3**
Mean	3.84	3.92	3.98
Median	3.90	3.93	4.00
Standard Deviation	0.22	0.11	0.05
Minimum	3.00	3.50	3.71
Maximum	4.00	4.00	4.00
Count	40.00	40.00	40.00

Candidate Performance: Off-Campus Practicum Scores

Our candidates are also given two practicum evaluations (Formative & Summative) by their Master Clinicians in the public schools over the course of their training. The first evaluation is given half-way 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 (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 11.**
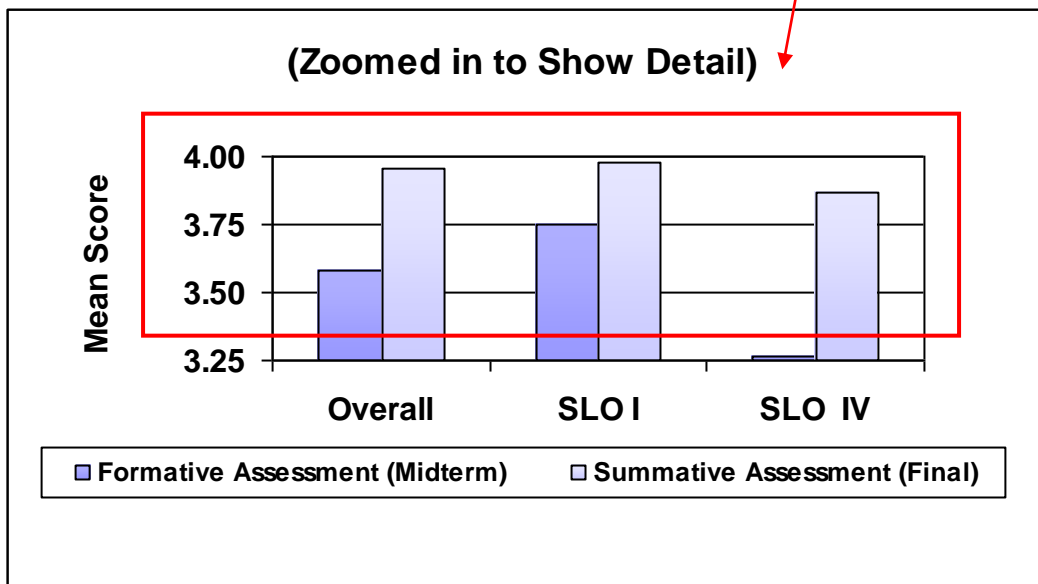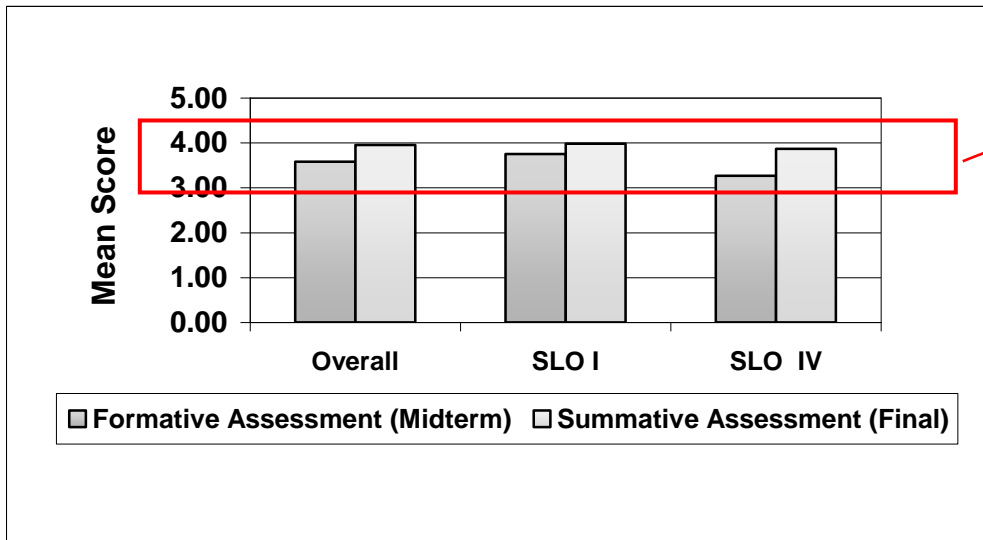
Table 10
Practicum Candidate Progress

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) SLO's and for the two (2) SLO's analyzed for this report indicating development during the semester.

Table 11
Practicum Candidate Progress Data

	Assessments					
	Formative Assessment (Midterm)	**Summative Assessment (Final)**	**Formative Assessment (Midterm) SLO I**	**Summative Assessment (Final) SLO I**	**Formative Assessment (Midterm) SLO IV**	**Summative Assessment (Final) SLO IV**
Mean	3.58	3.95	3.75	3.98	3.26	3.87
Median	3.71	4.00	4.00	4.00	3.33	4.00
Minimum	2.59	3.57	2.80	3.40	2.00	3.00
Maximum	4.00	4.00	4.00	4.00	4.00	4.00
Standard Deviation	0.40	0.10	0.38	0.10	0.52	0.25
Count	38.00	38.00	38.00	38.00	34.00	38.00

Candidate Performance: Off-Campus Clinical Practicum (Continued)

Table 12 below represents a sample of comments written voluntarily by Master Clinicians for seven (7) candidates on their Final (Summative) Clinical Practicum.

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

Candidate	Comments
1	[name] 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	[name] 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, and I know that she will be an asset. It has been a pleasure supervising her.
3	[name] 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	[name] is always professional. She interacts well with parents and school staff. In addition she is very sensitive to cultural differences.
5	[name]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	[name]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.

Candidate Performance: A Comparison of On-Campus & Off-Campus Clinical Practicum Ratings on SLO 1 and SLO 4

Our program thought it may be informative to run data on possible differences between how our CD Department clinical supervisors rated our candidates across the three (3) clinics on the signature assignment SLO's for Oral Language and Evaluation and how the off-campus Master Clinicians rated our candidates on the same SLO's.

Table 13 *On and Off Campus Ratings* provides summary statistics while Table 14 *On and Off Campus Ratings* compares average ratings

Table 13
On and Off Campus Ratings (Summary Statistics)

On and Off Campus Ratings

Summary Statistics

	On Campus Oral Clinic 3	Summative Assessment (Final) SLO I
Mean	3.99	3.98
Median	4.00	4.00
Minimum	3.90	3.40
Maximum	4.00	4.00
Standard Deviation	0.03	0.10
Count	40.00	38.00

	On Campus Evaluation Clinic 3	Summative Assessment (Final) SLO IV
Mean	3.98	3.87
Median	4.00	4.00
Minimum	3.71	3.00
Maximum	4.00	4.00
Standard Deviation	0.05	0.25
Count	40.00	38.00

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

(See Graphs)

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

On and Off Campus Ratings
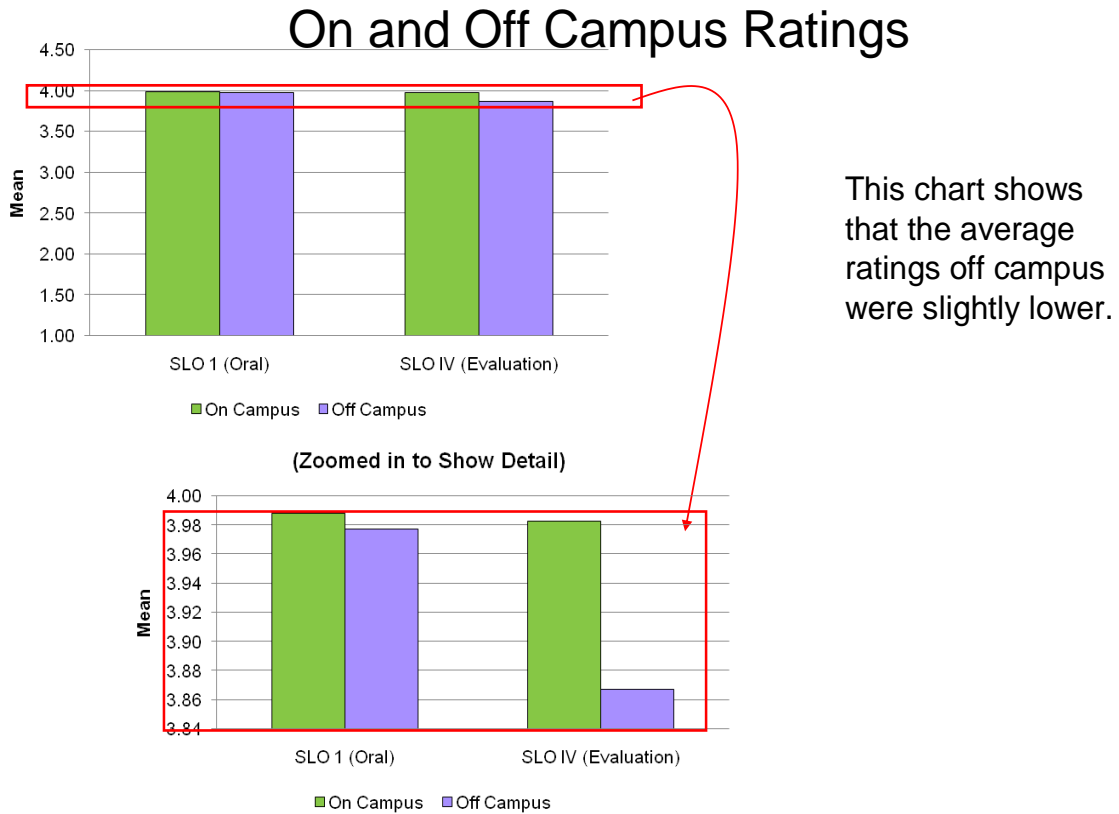
This chart shows that the average ratings off campus were slightly lower.

**Exit Survey for Program Effectiveness:** *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 candidates are well prepared across disorders to successfully assume the duties of a speech-language pathologist in the public schools. Two years of data are presented: **Table 13 (a)** presents response mean overall scores for 2008-2009, and **Table 13 (b)** presents response standard deviations for 2008-2009.

Table 13 (a)
Response Means 2008-2009 on *Confidential Survey of Master Clinicians*

2008 Response Means

2009 Response Means
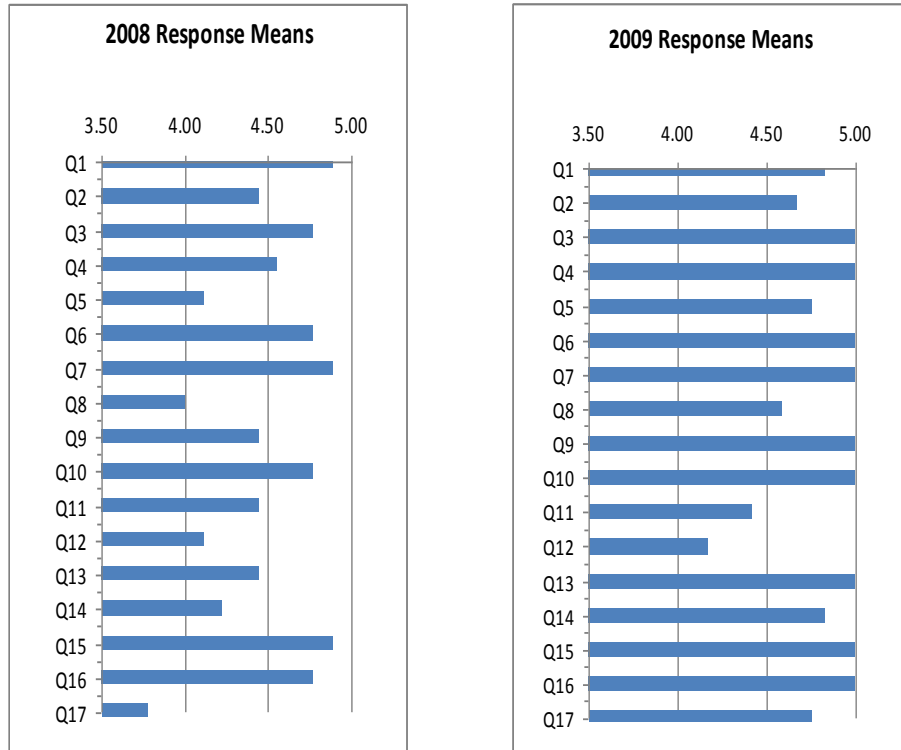
Overall mean scores appear greater in 2009 than in 2008. Question 17 showed larger increases in the mean scores, while questions 11 and 12 showed the smallest. Question 17 was rewritten in Summer 2008 to clarify whether the candidate demonstrated the appropriate skills in the evaluation and treatment of hearing disorders, *if the population* was represented on the caseload. Master Clinicians (MC's) had reported that they were reluctant to answer the question without clarification, as the candidates may in fact have the necessary competencies, but the population is not at that MC's particular school, due to low incidence. A closer look at Questions 11 and 12 needs to be taken. Oftentimes our candidates do not have the opportunity to attend IEP meetings due to parental objection (Q11: the IEP process), nor do some of our candidates have the opportunity to be involved in functional (portfolio) assessments (Q12).

Table 13 (b)
Response Standard Deviations 2008-2009 on *Confidential Survey of Master Clinicians*
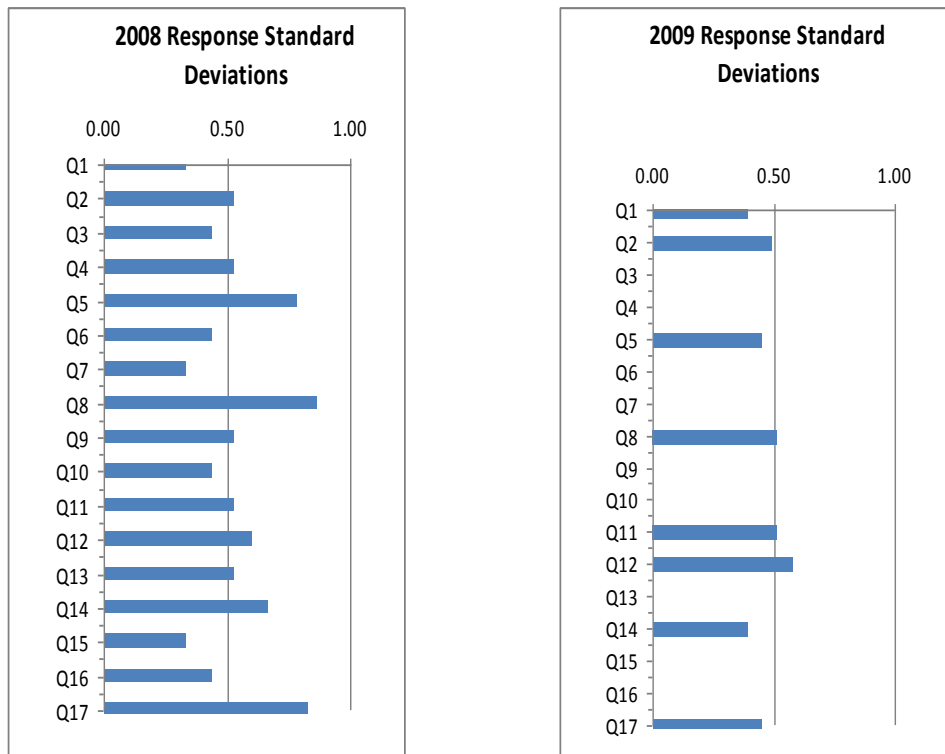
The standard deviations in **Table 13 (b)** above clearly show the variation in question responses. The variation in the 2009 responses is noticeably less than the variation in the 2008 responses. (Note: If a question does not have a bar, then it has a standard deviation of zero (or nearly zero), indicating that all (or nearly all) of the responses were the same. These results will be presented in the "Data Discussion" section of our faculty meetings as we review candidate progress and program effectiveness. A good start would be to possibly critique the *Master Clinician's* survey question-by-question.

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 and State Teacher Certification. The implementation of the Praxis Exam 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 semesters assessed in this report as represented in Table 14:

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
Fall 2008	10	100
Spring 2009	11	100

Although the pass rate on the Praxis Exam is consistently 100%, the individual candidate scores do vary (i.e., from 600-780 for these four semesters). A passing score is 600; the highest score is 900. It may be informative to track the Praxis Exam scores as an additional potential measure of program effectiveness and perhaps to compare our program scores to those of other programs in the state. Furthermore, it could have probative value relative to deficit topic areas in our graduate curriculum.

b) Other Candidate and Program Completer Performance and Program Effectiveness Data Collected

Additional information that informs our program of candidate performance and/or program effectiveness includes the two sources described in **Table 15** below. Data on the two measures is then presented.

Table 15
SLPSC Program: Additional Assessments to Evaluate Candidate Performance and Program Effectiveness

Evaluation Measure	Description	Data Collected	Use
Candidate **Evaluation of Master Clinician**	A brief survey designed to assess Master Clinician's supervisory expertise at the end point of the candidate's public school internship	An overall rating of the supervisory skills of the Master Clinician (MC) ; Candidate indicates whether MC is recommended for future supervision; a section for comments is provided	Program Effectiveness
CSULB Communicative Disorders Department's **Advisory Board**	Liason with greater community comprised of professionals and laypersons from LA and Orange Counties	Each Fall Semester minutes are taken at meeting for example: Review of Department's program policies, procedures recommendations for future development	Program Effectiveness and Improvement

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 program completers to rate their Master Clinician's (MC's) in the public schools on a 5 point scale (1=Poor to 5=Exceptional). Candidates also indicate whether they would recommend that future candidates be placed with the Master Clinician (yes/no). Space is provided for comments stating candidate's opinion of the Master Clinician's strengths and weaknesses. As the survey was implemented in Spring 2008, results for three semesters are presented below in Table 16:

Table 16
Student Evaluation of Master Clinicians

	RATING SCALE: 1 through 5				
	1=Poor	2=Fair	3=Good	4=Very good	5=Exceptional
Spring 2008 MC's=6			17% (1/6)	17% (1/6)	67% (4/6)
Fall 2008 MC's=15	6% (1/15)			33% (5/15)	60% (9/15)
Spring 2009 MC's=15				27% (4/15)	53% (8/15)

Table 16 presents data results for three consecutive semesters. Our candidates recommended thirty-four (34) of the thirty-six (36) Master Clinicians (MC'c) for future student teaching supervision. Candidate's comments were overwhelmingly positive (i.e., 34/36 or 94%) with the exception of two (2) negative comments: Although one Master Clinician received a rating of "Good", she was described as *"too demanding"* and a second who received a rating of "Poor" was described as a supervisor who *" comes from an older school of thought"*.

CSULB Communicative Disorder Department's 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 nonprofits* (i.e., Tichenor Orthopedic Clinic for Children); *county agencies* (i.e., Los Angeles County Office of Education-LACOE); and from CSULB's College of Continuing Professional Education (formerly UCES). The Advisory Board also includes a parent of a child with autism and the president of our campus chapter of the National Student Speech, Hearing and Language Association (NSSHLA), the student organization, and members of the department staff.

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 curriculum changes including graduate coursework in response to changing prevalence in clinical populations (e.g., autism spectrum disorders), policy reviews, and recommendations for future development.

The CD Community Advisory Board offered the following unsolicited comments at the Fall 2008 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, Cypress School District

III. Use of Analysis of Candidate Assessment Data and Analysis of Program Effectiveness

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
❖ Candidate's scores for oral language and evaluation in on campus clinics were more consistently high at the end of the program than mid-way through, indicating development during the semester.
❖ Candidate's mean scores in oral language and evaluation 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 increased from the first evaluation to the second 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* expectations in both SLO's (i.e., Oral Language and Evaluation).
❖ Master Clinician's written comments on the candidate's evaluations were highly favorable and complimentary to our program.

Areas for Improvement
❖ Because of the small differences in individual candidate averages in the areas of oral language and evaluation in on campus clinics, it is recommended that the department clinical supervisors meet to devise a more accurate grading system which results in more variability of scores. Part-time clinical supervisors in the Special Cohort Master's Program have specifically requested training on the *CSULB: SMAKS* scoring and the Clinical Diagnostic Report.
❖ It is difficult to differentiate differences in performance in the three on campus clinics used because the mean numbers in oral language and evaluation are a composite of scores and are very close to each other. It is recommended that candidate progress be tracked in clinical practica with a more refined rubric that better captures candidate performance.
❖ It is difficult to see individual difficulties in the area of oral language in the on campus clinics because the oral language scores are composite scores and the number of candidates is relatively small. A more refined rubric is needed to close the gaps in the scoring. It may also be more useful to identify the number of candidates who score below a 3 on the oral language scores for their initial evaluation mid-way through the semester. As a result of last year's program improvement, a formal protocol to intervene with at-risk clinicians is now in place.
❖ It is difficult to see individual difficulties in the area of evaluation in the on-campus clinics because the scores are composite scores. It may be more useful to identify the number of candidates who score below a 3 in this area for their initial evaluation mid-way through the semester. As a result of last year's program improvement, a formal protocol to intervene with at-risk clinicians is now in place.
❖ The data collected does not lend itself to finding areas of improvement because of the high scores obtained by the candidates. Since we know that some of the upcoming candidates may have difficulties in oral communication and client assessment, a more accurate grading system may be necessary. One positive move in this direction would be to meet as a department and make standards more objective.
❖ The data comparison between on and off campus ratings revealed that Master Clinician's average

ratings of our candidates is slightly lower than the ratings entered by our on campus clinical supervisors, particularly for SLO 4: Evaluation. This slight discrepancy will be a good point for discussion in future faculty meetings.

b) Program Effectiveness

Strengths
❖ The *Confidential Survey of Master Clinicians* indicates ASHA certified, credentialed Master Clinicians in the public schools have a positive impression of our candidates and are 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 the Program's Advisory Board, is impressed by our candidate's level of preparation/professional and enthusiastic about our program.   ❖ Our SPLSC program completers rated 94% of their Master Clinicians (i.e., 34/36) as either "Very Good" or "Exceptional" across the three semesters we have run the short survey. We like the idea of a bi-directional evaluation for our candidates and their supervisors in the public schools.

Areas for Improvement
❖ The pass rate of 100% on the Praxis Exam does not reveal specific information on how our candidates perform in the important "topic" areas of knowledge and skills in speech-language pathology. Reporting the candidate's actual scores on the Praxis Exam will be initiated.   ❖ Analysis of the "Examinee Score Report" with recent test takers of the Praxis Exam will also be studied as it has the potential of revealing weaknesses in the overall curriculum, including clinical management and candidate readiness involving professional issues.   ❖ Historically, we have a relatively low return rate for the *Confidential Survey of Master Clinicians.* The program will utilize an on-line survey in an attempt to increase participation.

IV.   Use of Assessment Results to Improve Candidate and Program Performance

As a result of the data presented and analyzed in the previous sections, the SLPSC program has chosen seven (7) program modifications to be achieved within the next year. The following chart **(Table 17)** illustrates both the objectives and the course of implementation to accomplish those objectives:

Table 17
Program Modifications Action Plan

Priority	Program Modifications	Action or Proposed Changes	Person (s) Responsible	Timeline	Program and Common Standards
1	Develop New Signature Assignment for SLO 1: "Oral Language"	Write a definitive rubric that comprehensively captures the professional skills in Oral Language and Evaluation required of our candidates	Field Service Coordinator Graduate Advisor	Spring 2010	SLO 1 ASHA: IV-B ASHA: IV-G
2	Implement Training in Scoring System for SLO 4: "Evaluation"	Implement training for clinic-wide decimal system scoring rubric in clinical "Evaluation"	Department Chair Graduate Advisor Field Service Coordinator Clinical Supervisors	Spring 2010	SLO 4 ASHA: IV-B ASHA: IV-G
3	Transition Point 1: Reinstate the GRE	Revise admission standards to Traditional and Special Cohort Master of Arts Programs	Department Chair Admission's Committee	Spring 2010 application for Fall 2010 Admissions	
4	Transition Point 2: Tighten Standards for Culminating Project in CD 695	Rewrite standards for individual graduate projects to reflect greater research base	Department Chair Graduate Advisor	Spring 2010	SLO's 1-5 ASHA: IV-B ASHA: IV-G
5	Mentor Part Time Clinical Supervisors	Train part time faculty serving as Clinical Supervisors on CSULB: SMAKS grading & semester Diagnostic Reports using Written Language rubric	Field Service Coordinator Tenure Track Clinical Supervisors	August 2010 & January 2011	SLO's 1-5 ASHA: IV-B ASHA: IV-G
6	Formally add a "Data Discussion" segment to *CD Department's Annual Faculty Retreat* Agenda	Email Program CTC Biennial Report in advance of Annual Retreat

Comprehensive Discussion of Candidate Performance and Program Effectiveness | Field Service Coordinator

All Faculty | End of each Spring Semester beginning 2010 | SLO's 1-5 ASHA: IV-B ASHA: IV-G |
| 7 | Offer the *Confidential Survey of Master Clinicians* online | To increase participation for the exit survey completed by the Master Clinicians in the public schools | Graduate Advisor | Spring 2010 | SLO's 1-5 ASHA: IV-B ASHA: IV-G |

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 Yahgobian (LBUSD); Beth Lippes-Inabinet (new – from LACOE); Cheryl Sutliff (St. Mary's); Christopher Stevens (Miller's Children's Clinic); Barbara Moore (Speech Pathologist Associates). 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

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