

**Commission on Teacher Credentialing**  
**Biennial Report**

*(For Institutions in the Red, Green, and Indigo Cohort Due Summer/Fall 2011)*

**Academic Years 2009-10 and 2010-11**

<b>Institution</b>	California State University, Long Beach
<b>Date report is submitted</b>	Fall 2011
<b>Program documented in this report</b>	Speech-Language Pathology Services Credential Program
<b>Name of Program</b>	Speech-Language Pathology Services Credential
<b>Credential awarded</b>	Speech-Language Pathology Services
<b>Is this program offered at more than one site? No</b>	
<b>If yes, list all sites at which the program is offered</b>	
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<b>Name:</b>	
<b>Phone #</b>	
<b>E-mail</b>	

## SECTION A – CREDENTIAL PROGRAM SPECIFIC INFORMATION

### PART I – Contextual Information

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 its 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 that regularly enrolls more than 90% of graduate students
- 2) The Special Cohort Master of Arts Program enrolls all graduate students as a program requirement (for Special Cohort M.A. the CD 670 Externship is not available as an option (i.e., the externship in a medical setting))

The CD Department's SLPSC Program served sixty-four (64) candidates in AY 2009-2010, AY 2010-2011 and Summer 2011, nonetheless, this report will include data on the thirty-four (34) program completers for AY 2009-2010 and AY 2010-2011 in the Traditional Master of Arts program. Data on the Summer Cohort 2009 will be included as detailed below (See "Note"). Of the thirty-four (34) SLPSC program completers included in this report thirty-three (33) were female, one (1) was male, twenty (21) were White, five (5) were Latina, seven (7) were Asian-American, and one (1) was Arab-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.

**Tables 1-5** provide an overview of the program's student learning outcomes, as well as general trends in program enrollment and completion.

[Note: Due to unintended miscommunication with the CSULB Assessment Office, the data for the Special Cohort was not included in this report. Nevertheless, the SLPSC has collected a full set of data from the thirty (30) Summer 2009 Special Cohort MA completers and will be included in the AY 2010-2011 report].

**Table 1**

*Program Student Learning Outcomes and Relevant Standards*

	<b>Outcome 1</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	<b>Outcome 5</b>
<b>SLOs</b>	Candidates can implement accurate and appropriate listening and oral communication skills with clients, client's families, clinical supervisors, and with the use of interpreters.	Candidates can write professional clinical reports, research papers, and documentation using organized structure and accurate content.	Candidates can effectively counsel clients with different backgrounds and needs demonstrating respect, privacy, and the client's best interests.	Candidates can administer and interpret appropriate measures to diagnose communication disorders.	Candidates can write and implement clear and effective intervention plans, with measurable and achievable goals.
<b>Signature Assignment(s)</b>	CSULB SMAKS: Skills Outcome (Evaluation by Faculty) Evaluation Record (by Master Clinician) Comprehensive Exam or Grad Research Project OR Thesis, Praxis Exam in SLP	Clinical Diagnostic Report, CSULB SMAKS: Skills Outcome (Evaluation by Faculty) Evaluation Record (by Master Clinician) Comprehensive Exam or Grad Research Project OR Thesis, Praxis Exam in SLP	CSULB SMAKS: Skills Outcome (Evaluation by Faculty) Evaluation Record (by Master Clinician) Comprehensive Exam or Grad Research Project OR Thesis, Praxis Exam in SLP	Clinical Diagnostic Report, CSULB SMAKS: Skills Outcome (Evaluation by Faculty) Evaluation Record (by Master Clinician) Comprehensive Exam or Grad Research Project OR Thesis, Praxis Exam in SLP	Clinical Diagnostic Report, CSULB SMAKS: Skills Outcome (Evaluation by Faculty) Evaluation Record (by Master Clinician) Comprehensive Exam or Grad Research Project OR Thesis, Praxis Exam in SLP
<b>National Standards</b>	Standard IV-B	IV-B	IV-G	IV-G	IV-G
<b>State Standards</b>	Standards 20, 21 and 24	Standards 19, 23, and 24	Standards 19-21 & 24	Standards 18-23	Standards 18-24
<b>Conceptual Framework</b>	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
<b>NCATE Elements</b>	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, 2009-2011 (snapshots taken Fall 2009 and Fall 2010)*

	<b>Transition Point 1 Admission to Program</b>					
	<b>2009-2010</b>			<b>2010-2011</b>		
	<b>Applied</b>	<b>Accepted</b>	<b>Matriculated</b>	<b>Applied</b>	<b>Accepted</b>	<b>Matriculated</b>
<b>TOTAL</b>	201	42	21	209	30	16

**Table 3***Program Specific Candidate Information, 2009-2011 (snapshots taken Fall 2009 and Fall 2010)<sup>1</sup>*

	<b>Transition Point 2 Advancement to Culminating Experience</b>	
	<b>2009-2010</b>	<b>2010-2011</b>
<b>Project (695)<sup>2</sup></b>	9	23
<b>Thesis (698)</b>	1	0
<b>Comps</b>	1	0

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<sup>1</sup> Data are reported Summer term through Spring term (e.g., Summer 2009-Spring 2010 for the 2009-10 academic year.)

<sup>2</sup> 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.

**Table 4**

*Program Specific Candidate Information, 2009-2011 (snapshots taken Fall 2009 and Fall 2010)*

	<b>Transition Point 3 Exit</b>	
	<b>2009-2010</b>	<b>2010-2011</b>
<b>Degree</b>	12	25
<b>Credential<sup>3</sup></b>	12	23

**Table 5**

*Faculty Profile 2009-2011<sup>4</sup>*

<b>Status</b>	<b>2009-2010</b>	<b>2010-2011</b>
Full-time TT/Lecturer	8	8
Part-time Lecturer	12	19
Total:	20	27

**Academic Years 2009-10 and AY 2010-11**

Significant Changes Since CTC Biennial Report AY 2007-08 and AY 2008-09

	❖ In Spring 2010: Changed candidate application process 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 Traditional and Special Cohort M.A. programs.
	❖ In August 2010, the Department’s Transition Plan to the new SLP Services Credential Standards was accepted by the CTC. Subsequent program changes will be reflected in next reporting cycle to include new coursework for Fall 2010 (i.e., CD 575: <i>Educational Topics for Speech-Language Pathologists</i> to replace EDSP 564) and Spring 2011 (i.e., CD 661: <i>Traumatic Brain Injury Across the Lifespan</i> to replace CD 669G: Clinical Practice in Aural Rehabilitation)
	❖ In Fall 2010: Admitted twenty-four (24) students to the MA Special Cohort Program. Program exclusively serves the public schools.

<sup>3</sup> 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 2009 through Spring 2011.

<sup>4</sup> Figures include headcounts of individual faculty who taught in the program during the academic year. Faculty who teach in multiple programs are counted in each.

	❖ In Fall 2010: Added seven (7) Part-Time faculty to teach in Traditional and Special Cohort MA Program, three at Ph.D. level.
	❖ In Fall 2010: First reporting of candidate's longitudinal data for signature assignment "Clinical Diagnostic Report" for SLO 2:Written Language collected in initial then final clinic.
	❖ In Fall 2010: Tightened standards for CD 695 Graduate Projects to reflect greater research base and eliminated shared projects option in Fall 2010.
	❖ Beginning in Fall 2010: Improved the <i>Student Survey of Field Placement Experience</i> by eliminating redundant questions and adding question about candidate feedback.
	❖ Beginning Fall 2010, 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.
	❖ In Spring 2011: Two Faculty Promotions: Full-Time Lecturer to Tenure-Track Assistant Professor and Associate Professor to Full Professor
	❖ In Spring 2011: Wrote and implemented a "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)
	❖ Online surveys: <i>CSULB/CD Department Alumnae Survey</i> and the <i>Employer Satisfaction Survey</i> available on Survey Monkey beginning with Fall 2010 completers in Spring 2011.
	❖ Beginning Spring 2011, Faculty Annual Retreat in Spring Semester now includes discussion of formal assessment report for candidate performance improvement and program effectiveness.
	❖ In Summer 2011: Graduated twenty-one (21) MA Special Cohort students, all of which were SLPSC program completers. (Full data set collected and to be reported next cycle)
	❖ Beginning Summer 2011: Developed a graduate manual for SLPSC Program candidates for <i>CD 686A: Advanced Studies for Communication Handicapped</i> to provide guidelines relative to roles and responsibilities of student interns in the schools, important timelines, the closeout paperwork, all required forms, and ASHA policy documents related to roles of SLPs in the schools.

## PART II – Candidate Assessment/Performance and Program Effectiveness Information

**Table 6**

*Program Student Learning Outcomes, Signature Assignments & Descriptions*

<b>Student Learning Outcomes</b>	<b>Signature Assignment(s)</b>	<b>Description of Assignment</b>
<b>SLO 1:</b> Implement accurate and appropriate listening and oral communication skills with clients, client's families, clinical supervisors, and with the use of interpreters.	<ul style="list-style-type: none"> <li>• CD 669A-L: CSULB-SMAKS: Skills Outcome (Evaluation by Faculty)</li> <li>• CD 686A: SMAKS Evaluation Record (by Master Clinician)</li> <li>• CD 695 or 698: Graduate Research Project, Comprehensive Exam OR Thesis</li> <li>• Praxis Exam in SLP</li> </ul>	<ul style="list-style-type: none"> <li>• Core comprehensive performance assessment in the program</li> <li>• Comprehensive performance assessment by Master Clinician</li> <li>• One of the three options required to complete the M.A. program</li> <li>• National ETS Examination required by CTC, ASHA and State Licensing Board</li> </ul>
<b>SLO 2:</b> Write professional clinical reports, research papers, and documentation using organized structure and accurate content.	<ul style="list-style-type: none"> <li>• CD 669A-L: CSULB-SMAKS: Skills Outcome (Evaluation by Faculty)</li> <li>• CD 669A-L: Clinical Diagnostic Report</li> <li>• CD 686A: SMAKS Evaluation Record (by Master Clinician)</li> <li>• CD 695 or 698: Graduate Research Project, Comprehensive Exam OR Thesis</li> <li>• Praxis Exam in SLP</li> </ul>	<ul style="list-style-type: none"> <li>• Core comprehensive performance assessment in the program</li> <li>• Defining clinical report written by candidate at conclusion of full assessment of clients</li> <li>• Comprehensive performance assessment by Master Clinician</li> <li>• One of the three options required to complete the M.A. program</li> <li>• National ETS Examination required by CTC, ASHA and State Licensing Board</li> </ul>
<b>SLO 3:</b> Effectively counsel clients with different backgrounds and needs demonstrating respect, privacy, and the client's best interests.	<ul style="list-style-type: none"> <li>• CD 669A-L: CSULB-SMAKS: Skills Outcome (Evaluation by Faculty)</li> <li>• CD 686A: SMAKS Evaluation Record (by Master Clinician)</li> <li>• CD 695 or 698 Graduate Research Project, Comprehensive Exam OR Thesis</li> <li>• Praxis Exam in SLP</li> </ul>	<ul style="list-style-type: none"> <li>• Core comprehensive performance assessment in the program</li> <li>• Comprehensive performance assessment by Master Clinician</li> <li>• One of the three options required to complete the M.A. program</li> <li>• National ETS Examination required by CTC, ASHA and State Licensing Board</li> </ul>
<b>SLO 4:</b> Administer and interpret appropriate measures to diagnose communication disorders.	<ul style="list-style-type: none"> <li>• CD 669A-L: CSULB-SMAKS: Skills Outcome (Evaluation by Faculty)</li> <li>• CD 669A-L: Clinical Diagnostic Report</li> <li>• CD 686A: SMAKS Evaluation Record (by Master Clinician)</li> <li>• CD 695 or 698: Graduate Research Project, Comprehensive Exam OR Thesis</li> <li>• Praxis Exam in SLP</li> </ul>	<ul style="list-style-type: none"> <li>• Core comprehensive performance assessment in the program</li> <li>• Defining clinical report written by candidate at conclusion of full assessment of clients</li> <li>• Comprehensive performance assessment by Master Clinician</li> <li>• One of the three options required to complete the M.A. program</li> <li>• National ETS Examination required by CTC, ASHA and State Licensing Board</li> </ul>
<b>SLO 5:</b> Write and implement clear and effective intervention plans, with measurable and achievable goals.	<ul style="list-style-type: none"> <li>• CD 669A-L: CSULB: SMAKS –Skills Outcome (Evaluation by Faculty)</li> <li>• CD 669A-L: Clinical Diagnostic Report</li> <li>• CD 686A: Evaluation Record (by Master Clinician)</li> <li>• CD 695 or 698 Graduate Research Project, Comprehensive Exam OR Thesis</li> <li>• Praxis Exam in SLP</li> </ul>	<ul style="list-style-type: none"> <li>• Core comprehensive performance assessment in the program</li> <li>• Defining clinical report written by candidate at conclusion of full assessment of clients</li> <li>• Comprehensive performance assessment by Master Clinician</li> <li>• One of the three options required to complete the MA program</li> <li>• National ETS Examination required by CTC, ASHA and State Licensing Board</li> </ul>

**Table 7**

*SLPSC Candidate Performance Assessments and Program Effectiveness Descriptions*

<b>Candidate Assessment</b>		
<b>Data Collection Instrument</b>	<b>Purpose</b>	<b>When Administered</b>
<b>Initial &amp; Final Clinical Diagnostic Report (In all On-Campus Clinics) CRITERION-LEVEL DATA: FIRST TIME REPORTING</b>	The defining clinical report written by candidate at conclusion of a comprehensive assessment of clients in each of the six clinical practica across communication disorders including phonology, child language, autism spectrum disorders, fluency, voice and motor speech disorders and linguistically different. Is collected and analyzed during the candidate's initial and final clinic and hence, is measure over duration of candidate's program (i.e., typically 3 to 4 semesters).	First Clinic and Last Clinic (Across SLPSC Program)
<b>CD 669A-L: Self-Managed Assessment of Knowledge and Skills (CSULB-SMAKS): Skills Outcome (In all On-Campus Clinics)</b>	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.	Each Semester of Clinic
<b>CD 686A: Evaluation Record: Clinical Practicum (in the School Setting-Off-Campus)</b>	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.	Semester of Internship in schools
<b>Program Effectiveness</b>		
<b>Data Collection Instrument</b>	<b>Purpose</b>	<b>When Administered</b>
<b>Confidential Survey of Master Clinician</b>	A survey designed to assess candidate's performance at the end point of the program	Each Semester Prior to graduation
<b>Student Survey of Field Placement Experience</b>	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.	Each Semester Prior to Graduation
<b>Praxis Examination in Speech Language Pathology</b>	National ETS Examination required by CTC, ASHA and State Licensing Board to determine candidate's preparedness to enter the profession.	Each Semester Prior to Graduation
<b>CD 695 or CD 698: Comprehensive Exams or Graduate Research Project OR Thesis, respectively</b>	One of the three options is required to complete the Master of Arts degree.	Each Semester Prior to Graduation
<b>CSULB Alumnae Survey</b>	A survey designed to evaluate program effectiveness by former SLPSC graduates.	End of Academic Year
<b>CSULB Employer Survey</b>	A survey of employers who have hired former SLPSC graduates to evaluate the SLPSC's effectiveness in preparing candidates for employment.	End of Academic Year
<b>Candidate Evaluation of Master Clinician</b>	A brief survey designed to assess the master Clinician's expertise at the end point of candidate's school internship	Each Semester



## 2009-10 Student Learning Data

### Candidate Performance Data

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

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

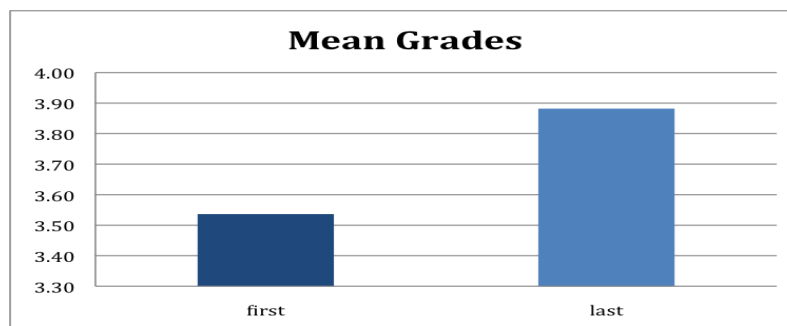
SLO 5: Intervention-Candidates can write and implement clear and effective intervention plans, with measurable and achievable goals.

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 Final Clinical 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. (Although an explicit measure of SLO 2, it also measures SLO 4 and SLO 5 and provides an indirect measure of SLO 1).
- 2) **CSULB-SMAKS** which examined candidate's scores on SLO 2: Written Language and SLO 5: Intervention in three of their on-campus clinical practica.
- 3) **Evaluation Record: Clinical Practicum** compared candidates' scores across all SLOs 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 8 (a)**

*Initial and Final Clinical Diagnostic Report: Mean Grades*



**Table 8 (a) above** shows the mean grades for graduating students for Fall 2009-Spring 2010. **Table 8 (b) below** clearly shows that average report grades are higher at the last clinic than the first clinic report grades.

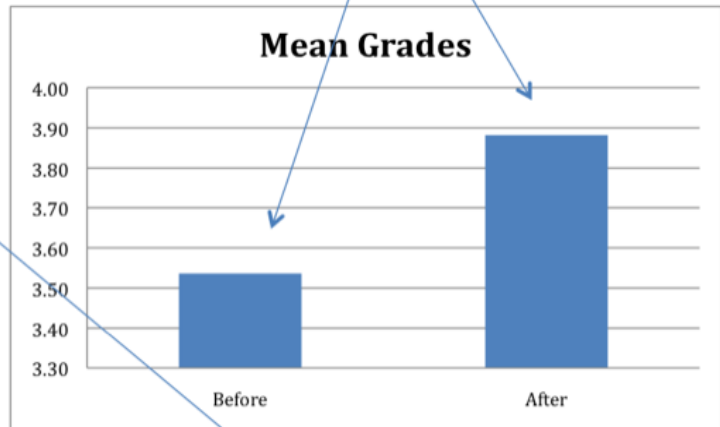
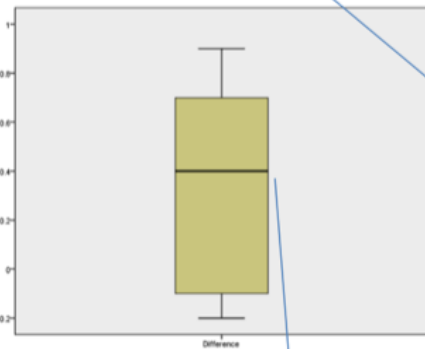
**Table 8 (b)**

*Initial and Final Clinical 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”.

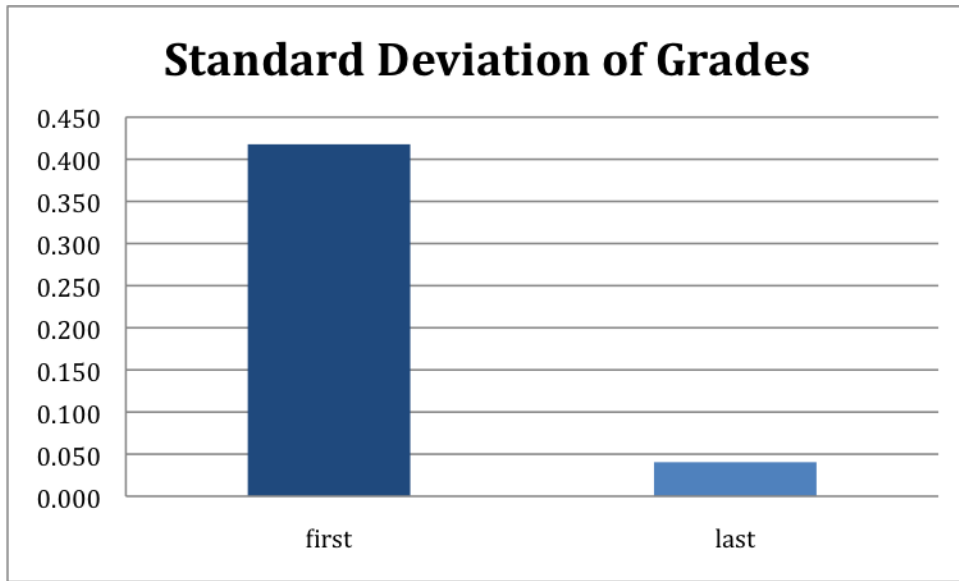


**Paired Samples Test**

		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 8 (c)**

*Initial and Final Clinical Diagnostic Report: Standard Deviation of Grades*



Standard deviation in **Table 8(c)** 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 8 (d)**

*Initial and Final Clinical 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.

NOTE: Recall that the *Initial and Final Diagnostic Report* analyzed in Table 8 (a) through 8 (b) is an explicit measure of SLO 2, but also measures SLO 4 and SLO 5 and provides an Indirect measure of SLO 1.

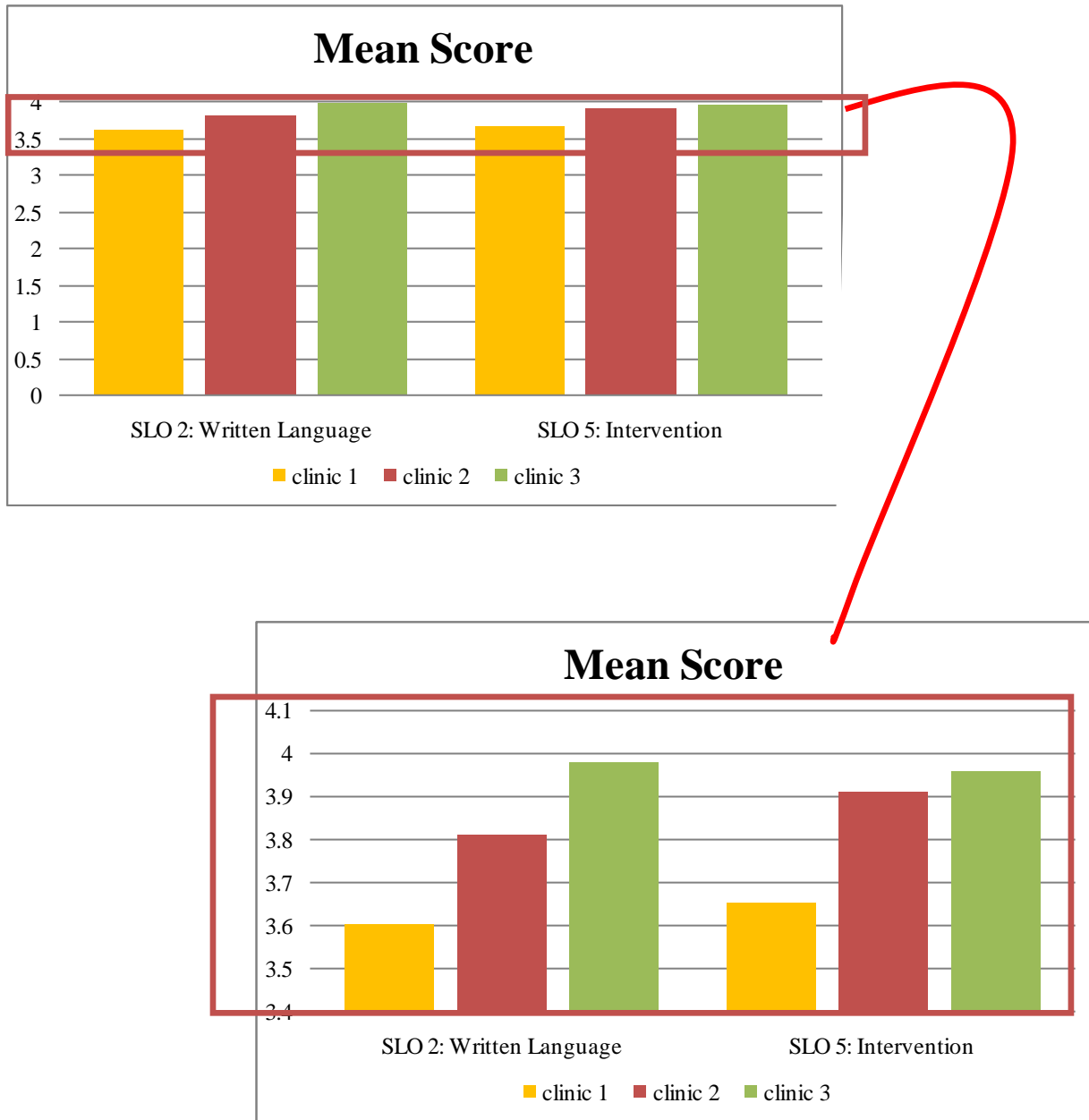
**Candidate Performance: On-Campus Clinical Practicum Scores**

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 9**) 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 9**  
*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 10**:

**Table 10**

*SLO 2: Written Language and SLO 5: Intervention Scores*

	SLO 2: Written Language			SLO 5: Intervention		
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 (In the School Setting) Practicum Scores**

Our candidates are also given two practicum evaluations (i.e., Formative and Summative) by their Master Clinicians in the school setting 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

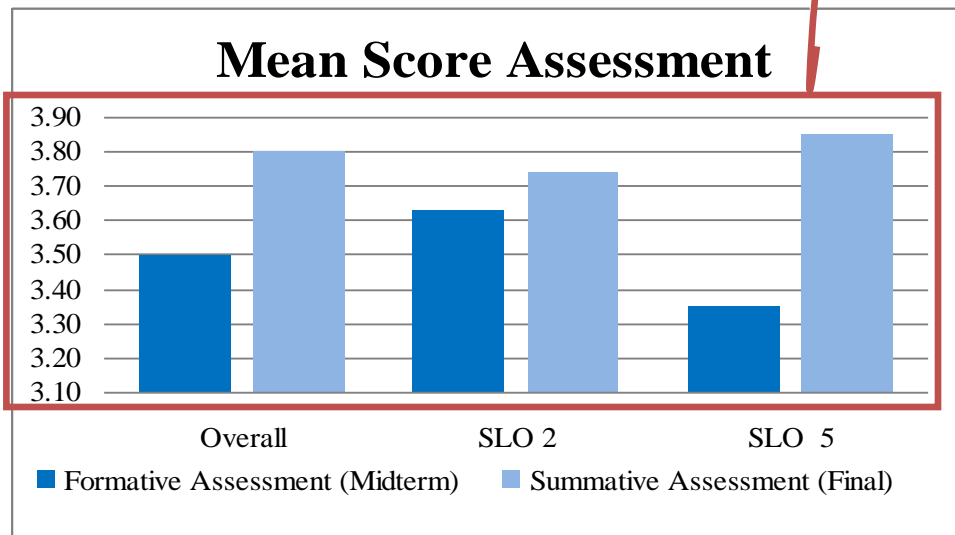
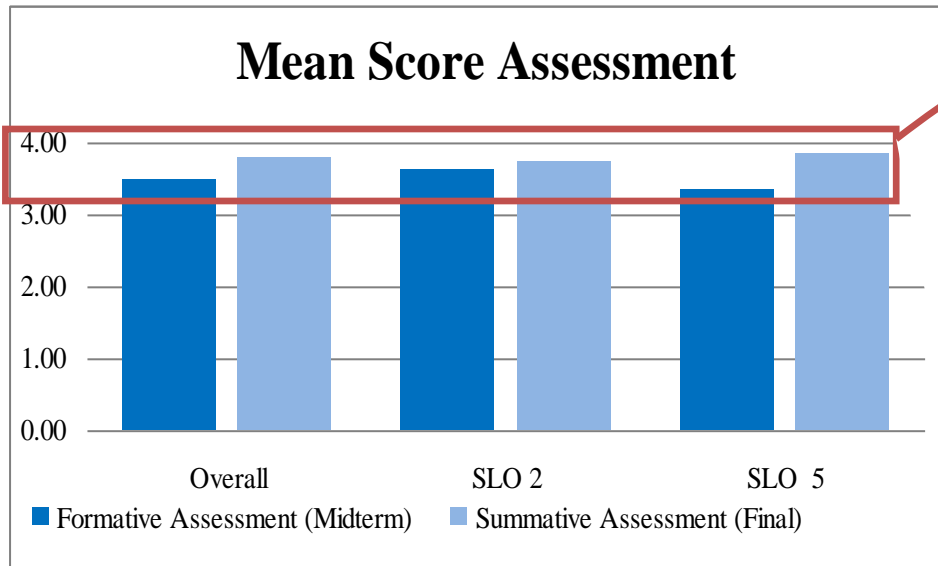
2.0 = Emerging

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 11 below**:

**Table 11**

*Practicum Candidate Progress on SLO 2 Written Language and SLO 5: Intervention*



**Table 12 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 12**

*Candidate Progress Data-Evaluation Record: Clinical Practicum*

	Off-Campus Evaluation Record: Clinical Practicum					
<b>Descriptives</b>	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
<b>Mean</b>	3.50	3.80	3.63	3.35	3.74	3.85
<b>Median</b>	3.67	3.92	4.00	3.43	4.00	4.00
<b>Standard Deviation</b>	0.53	0.32	0.56	0.61	0.40	0.30
<b>Minimum</b>	2.50	3.00	2.67	2.00	3.00	3.00
<b>Maximum</b>	4.00	4.00	4.00	4.00	4.00	4.00
<b>Count</b>	11.00	11.00	9.00	11.00	11.00	11.00

**Table 13** 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 13**

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

<b>Candidate</b>	<b>Comments</b>
<b>1.</b>	[name] is outstanding in her ability to adjust therapy based on her observations. Her ideas have been very helpful when brainstorming interventions.
<b>2.</b>	[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.
<b>3.</b>	[name] communicates effectively with both students and adults. She explains information to students in a manner 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.
<b>4.</b>	[name] has demonstrated increased independence in collecting patient history and has had the opportunity to make appropriate referrals to an ENT, neurologist, and clinical psychologist. [name] has excellent critical thinking skills.
<b>5.</b>	[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 the audience. She can also independently write an intervention report. The information is well organized and she has demonstrated the ability to synthesize information into an accurate summary.

**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 14 (a)** *On and Off-Campus Ratings* provides summary statistics while **Table 14 (b)** *On and Off- Campus Ratings* compares average ratings:

**Table 14 (a)**

*On and Off-Campus Ratings (Summary Statistics)*

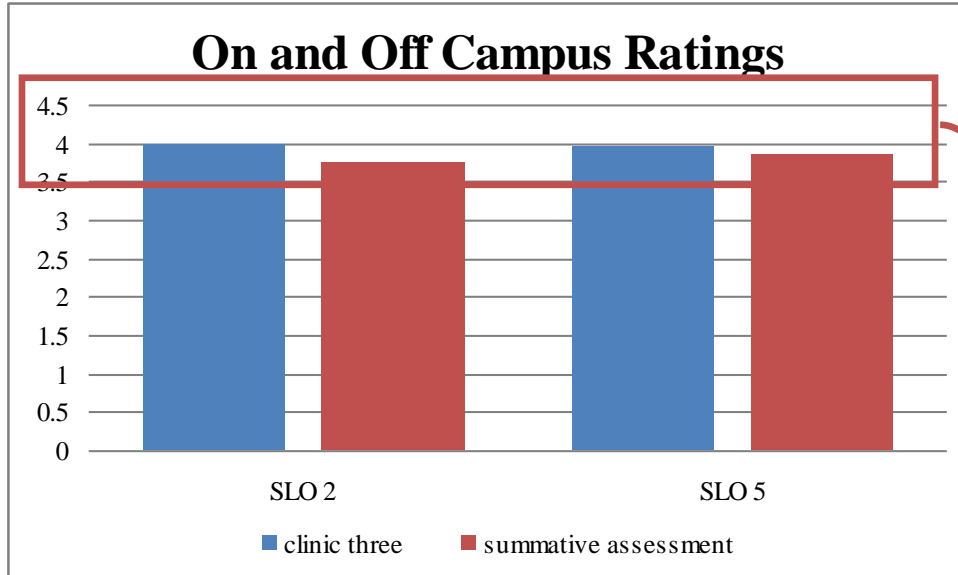
	On-Campus Clinic Three SLO 2: Written Language	Off-Campus Summative (Final) SLO 2 Written Language
Mean	3.98	3.74
Standard Deviation	0.062	0.404
Minimum	3.8	3
Maximum	4	4

	On-Campus Clinic Three SLO 5: Intervention	Off-Campus Summative (Final) SLO 5: Intervention
Mean	3.96	3.85
Standard Deviation	0.085	0.300
Minimum	3.75	3.00
Maximum	4.00	4.00

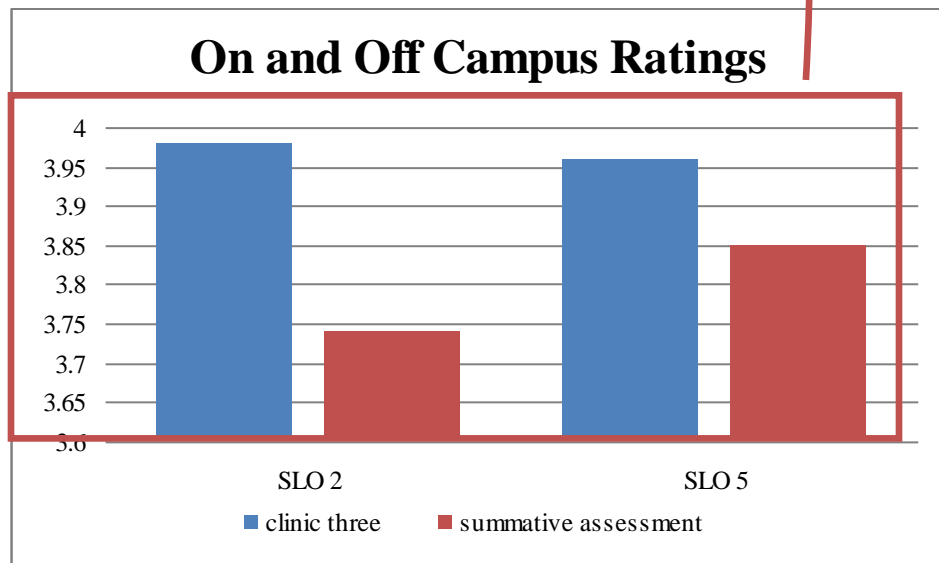
Notice that the minimum scores are both lower for the off campus ratings, indicating more variability.

**Table 14 (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 2009-10**

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

***Confidential Survey of Master Clinician*** in which the Master Clinician evaluates our candidate's student teaching skills and competencies in the public school internship

***Praxis Exam in Speech-Language Pathology*** regarded by ASHA as "the summative assessment" of professional preparation for our candidates

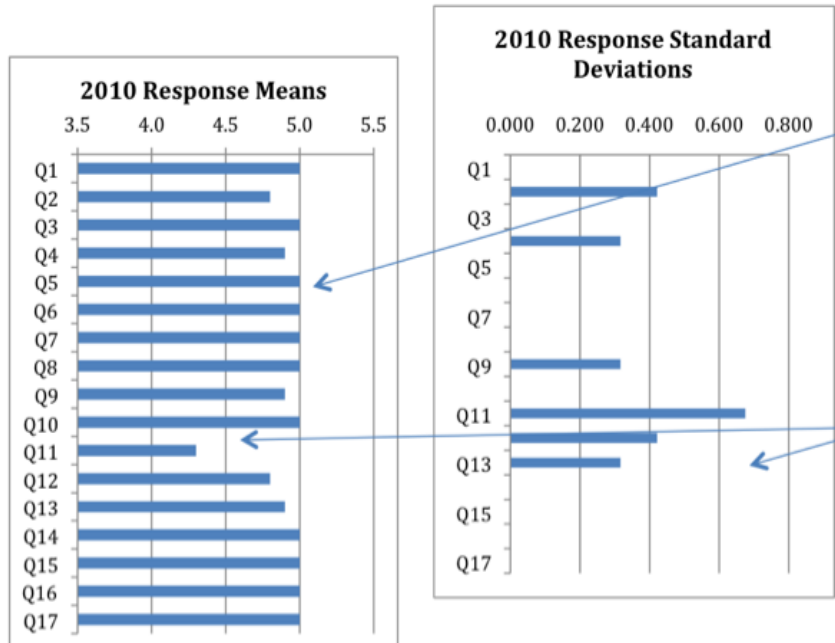
**Exit Survey for Program Effectiveness: Confidential Survey of Master Clinician**

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 14 presents response means and standard deviations on the survey. Note the high variability of Question 11, which asks master clinicians to rate candidate's knowledge, skills and abilities relative to IEPs. Candidates do not always have direct exposure to the IEP process, often due to the high profile nature of many such IEPs.

**Table 15**

*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 California state licensure, and the Speech-Language Pathology Services Credential. 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 16**:

**Table 16**

*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%

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 17**

*Additional Assessments to Evaluate Candidate Performance and Program Effectiveness*

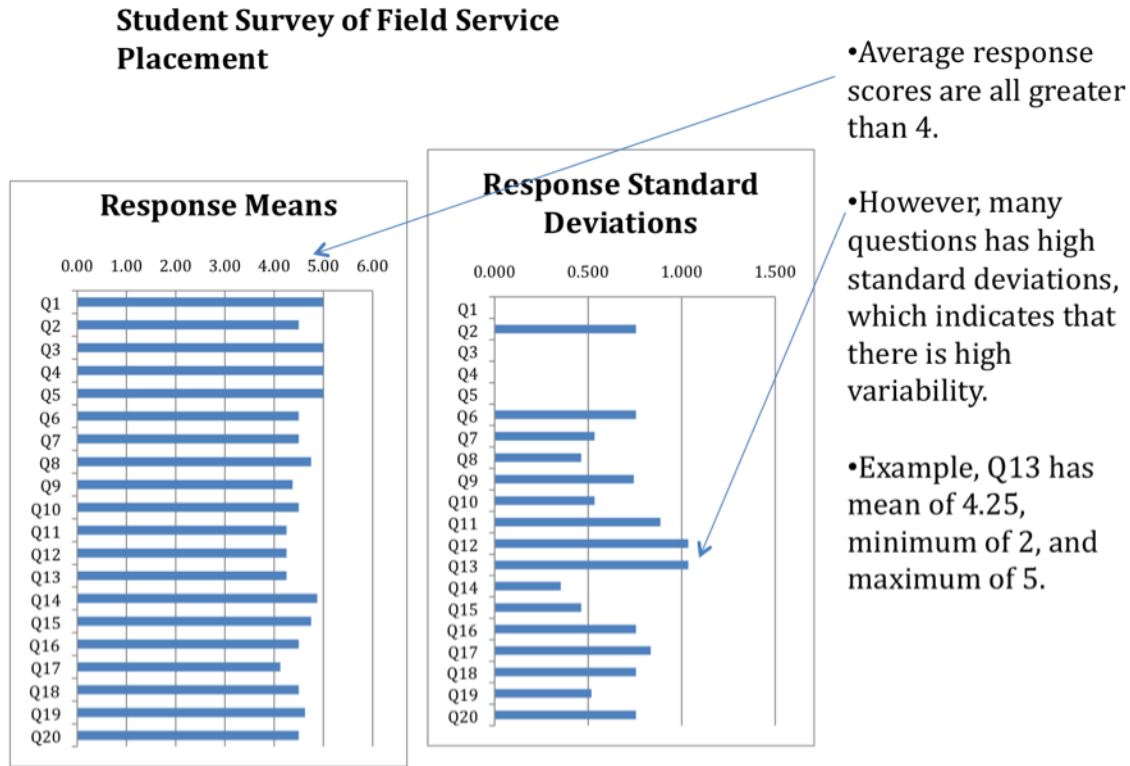
Evaluation Measure	Description	Data Collected	Use
<b>Student Survey of Field Placement Experience</b>	A survey designed to assess the candidate’s fieldwork experiences including effectiveness of the Field Service Coordinator, and in particular, the Master Clinician. Submitted at the completion of the 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

**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 18**

*Student Survey of Field Service Placement*



**Table 18** above indicates that even though averages responses are greater than 4 (4 indicates “Agree”) certain questions garnered highly variable responses. In particular, In Question 12 and 13 candidates vary widely in their opinions on whether they are offered the “appropriate level of positive feedback during their learning experience (i.e., Question 12 and also, “appropriate amount of constructive criticism and guidance regarding clinical skill areas I needed to improve” (i.e., Question 13). 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 19**:

**Table 19**

*Student Evaluation of Master Clinicians*

	RATING SCALE: 1 through 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 19** 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)

**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.

CSULB Communicative Disorders Department’s <b>Advisory Board</b>	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
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**CSULB Communicative Disorders (CD) Department’s Advisory Board**

The CD Department Advisory Board met in Fall 2009 on October 29<sup>th</sup>. 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!")

## **2010-11 Student Learning Data**

### **Candidate Performance Data**

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

**SLO 1: Oral Language-Candidates can implement accurate and appropriate listening and oral communication skills with clients, client's families, clinical supervisors, and with the use of Interpreters.**

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

**SLO 4: Intervention-Candidates administer and interpret appropriate measures to diagnose communication disorders.**

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** compares the candidate's progress across the duration of their program in writing pre-professional reports collected then graded via a standardized rubric at entry and exit point of candidates clinical experience (i.e., the first clinic and the final clinic). Progress in SLO 2: Written Language is tracked via candidate's performance on a key signature assignment required in each of the seven clinical practica. Although an explicit measure of SLO #2, and this assignment also measures SLO 4 and 5 and provides an Indirect measure of SLO# 1. (Note: Six clinics if post-Fall 2010 when *CD 669G: Clinical Practice in Audiology* was replaced with *CD 661 Traumatic Brain Injury Across the Lifespan*).

**2) CSULB-SMAKS: Skills Outcome** examined candidate's scores on SLO 1: Oral Language, SLO 2: Written Language, and SLO 3: Evaluation in three of their on-campus clinical practica (i.e., the initial, midway, and final clinic)

**3) Evaluation Record: Clinical Practicum** compared candidate's scores across all SLOs (i.e., SLO 1-5) and then specifically on SLO 1: Oral Language, SLO 2: Written Language, and SLO 3: Evaluation on their off-campus practicum in the schools. The *Evaluation Record* is scored by the candidate's Master Clinician at two points: the "Formative" or midterm evaluation and the "Summative" or final evaluation of the candidate's internship.

**4) Praxis** in Speech-Language Pathology, the national exam in SLP revealed that 22 of 23 candidates/examinees received a passing score on the exam. The candidate that did not pass the Praxis (i.e., earned a 580) retook the exam on 11-12-11 and is awaiting results. A passing score is 600.



5) **CD 695** the Graduate Research Project was selected as the summative project by all 23 of the AY2010 -11 candidates. Students must achieve at least an 80% to meet the minimum requirement for the course.

**Comprehensive Measure 1) Initial and Final Diagnostic Report: On-Campus Clinics**

**Table 20 (a)**

*Initial and Final Diagnostic Report: On-Campus Clinics*

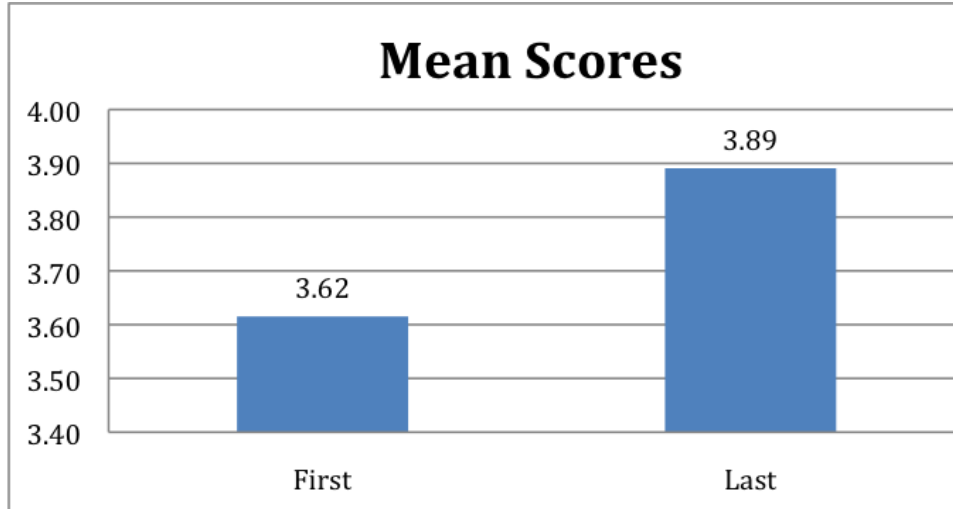


Table 20 (a) above shows the mean grades for program completers for Fall 2010-Spring 2011. Further, in Table 20 (b) below you can clearly see that the mean report scores are greater in the last clinic than in the first clinic illustrating that candidates demonstrate improvement in their written language of pre-professional reports.

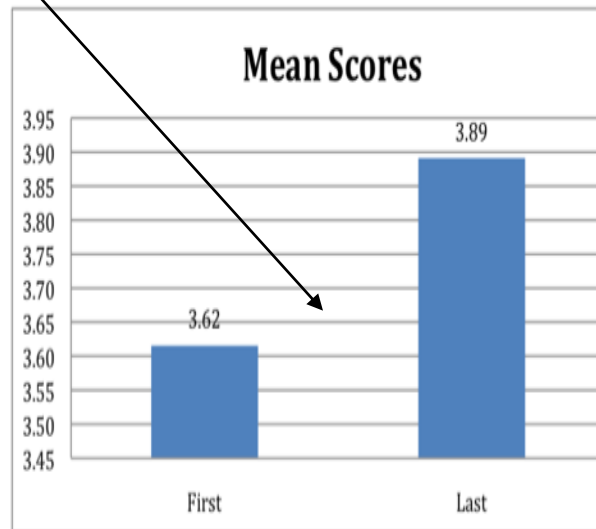
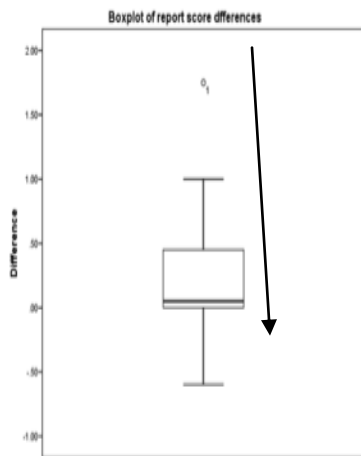
**Table 20 (b)**

*Initial and Final Diagnostic Report: Paired Samples Test*

### Initial and Final Diagnostic Report: On-Campus Clinics

*Paired Samples Test* was done on candidate's first & last diagnostic report score. It was found that last clinic scores were statistically significantly higher than first clinic

Visually you can see that the mean report scores are greater in the last clinic

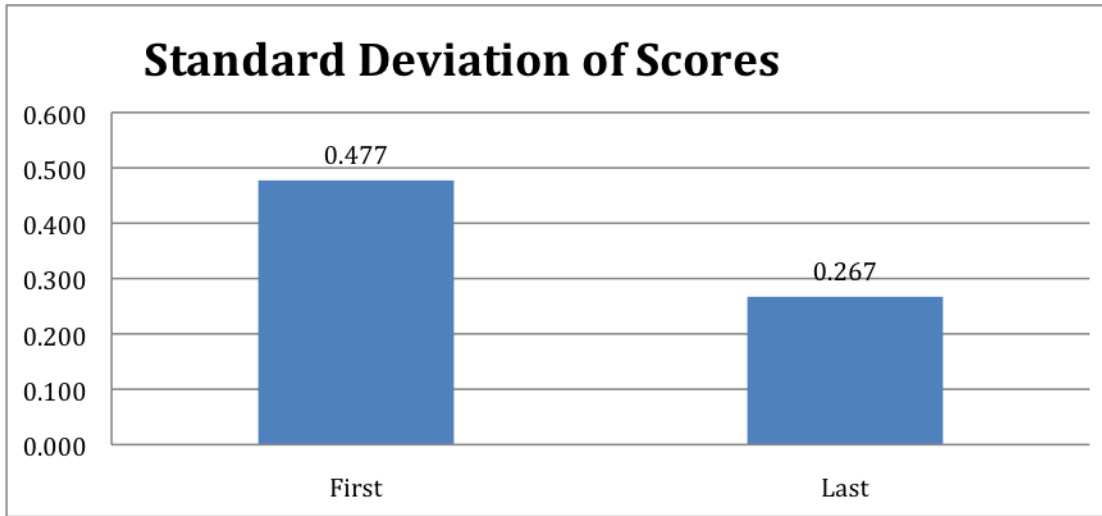


**Paired Samples Test**

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Last - First	.24773	.49316	.10514	.02907	.46638	2.356	21	.028

**Table 20 (c)**

*Initial and Final Diagnostic Report: On-Campus Clinics-Standard Deviation of Grades*



Standard deviation in **Table 20 (c) above** for last scores reported is significantly smaller than first scores reported. Low standard deviation demonstrates that there is smaller variability in the last report scores than in the first report scores.

**Table 20 (d)**

*Initial and Final Diagnostic Report: Statistics*

	First	Last
Mean	3.62	3.89
Standard Deviation	0.477	0.267
Minimum	2.25	3
Maximum	4	4

Minimum Value for last scores reported is greater than first scores reported while they have the same maximum values.

## Comprehensive Measure 2) CSULB-SMAKS: Skills Outcome

### Candidate Performance: On-Campus Clinical Practicum Scores

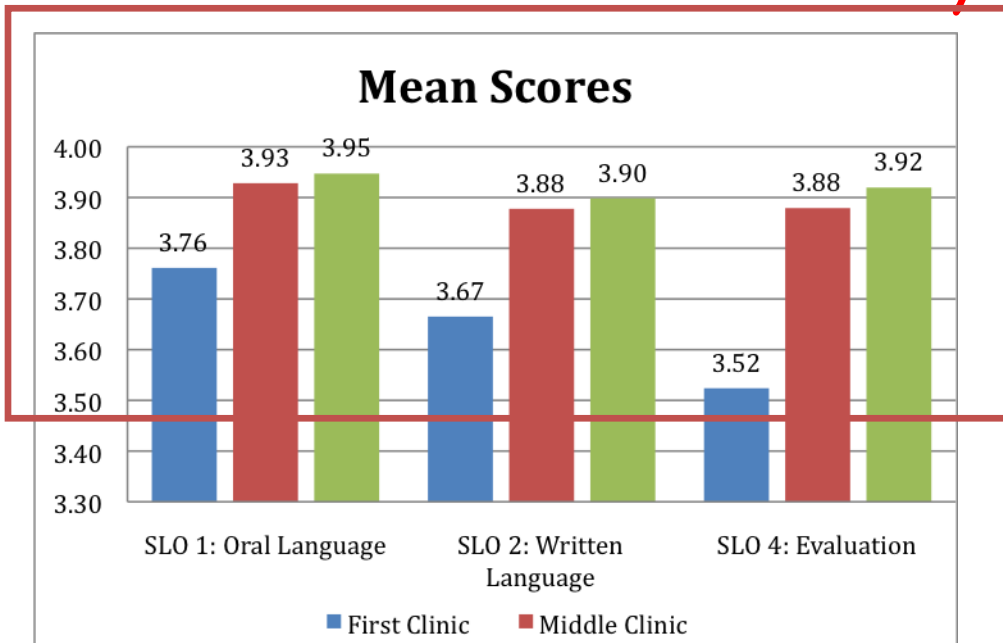
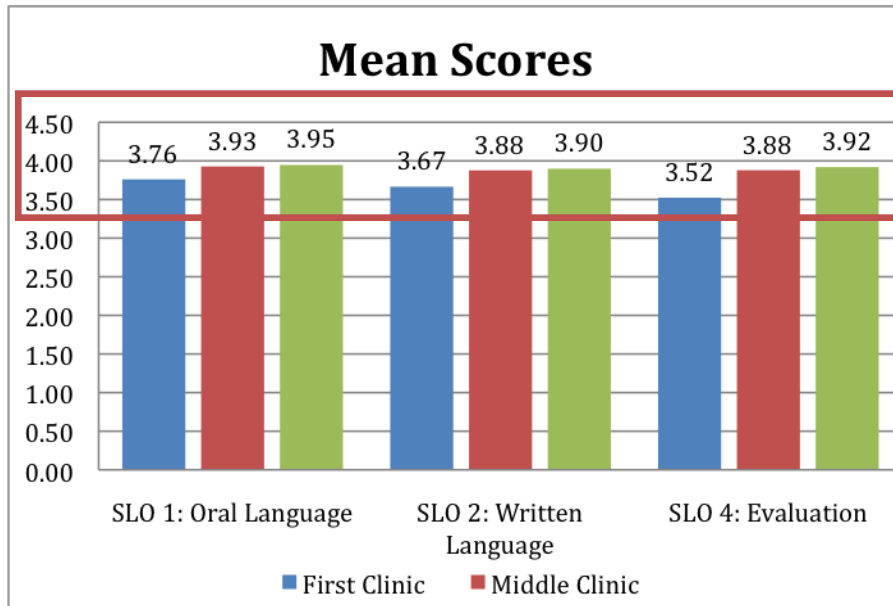
Our candidates are assigned to each of the seven required on-campus graduate clinics in a random order, consequently, we have selected three clinics that represent the chronological progression for each candidate: the initial, middle and final clinic.

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

The graphs below **Table 21** show the mean scores of all candidate program completers over two (2) semesters (i.e. Fall 2010-Spring 2011) for SLO 1: Oral Language, SLO 2: the Written Language, and SLO 4: Evaluation of the three clinics selected. Each of the three (3) components improved over the course of the graduate program.

**Table 21**

*Candidate Performance in SLOs: On-Campus Clinics*



Candidate’s performance for SLO1, SLO2 and SLO4 has improved over the course of the graduate program. 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 each of the three (3) performance components (SLO 1: Oral Language, SLO 2: Written Language and SLO 3: Intervention). The standard deviation, along with the mean and other statistical summaries for the three clinics chosen are shown in Table 22 below:

**Table 22**

*Oral SLO1, Writing SLO2 and Evaluation SLO4 Scores in On-Campus Clinics*

	SLO 1: Oral Language			SLO 2: Written Language			SLO 4: Evaluation		
Descriptives	First Clinic	Middle Clinic	Last Clinic	First Clinic	Middle Clinic	Last Clinic	First Clinic	Middle Clinic	Last Clinic
<b>Mean</b>	3.76	3.93	3.95	3.67	3.88	3.90	3.52	3.88	3.92
<b>Median</b>	3.90	4.00	4.00	3.83	4.00	4.00	3.64	3.98	4.00
<b>Standard Deviation</b>	0.28	0.13	0.15	0.40	0.27	0.25	0.38	0.22	0.22
<b>Minimum</b>	3.00	3.50	3.38	2.55	3.10	3.00	2.90	3.20	3.10
<b>Maximum</b>	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
<b>Count</b>	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00

Comparing the on-campus data of the first clinic and last clinic, we can see that the candidate’s average scores for all three SLOs have increased, and their standard deviations have decreased, which means that most scores are near the mean for the data of last clinic.

### **Comprehensive Measure 3) Evaluation Record: Clinical Practicum Report: Off-Campus Clinics**

#### **Candidate Performance: Off-Campus (in the schools) 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

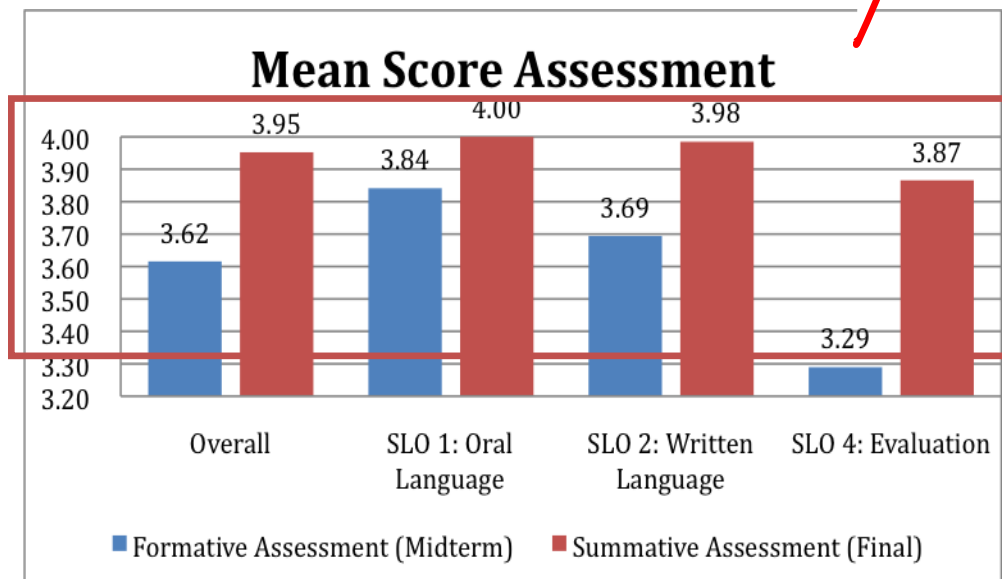
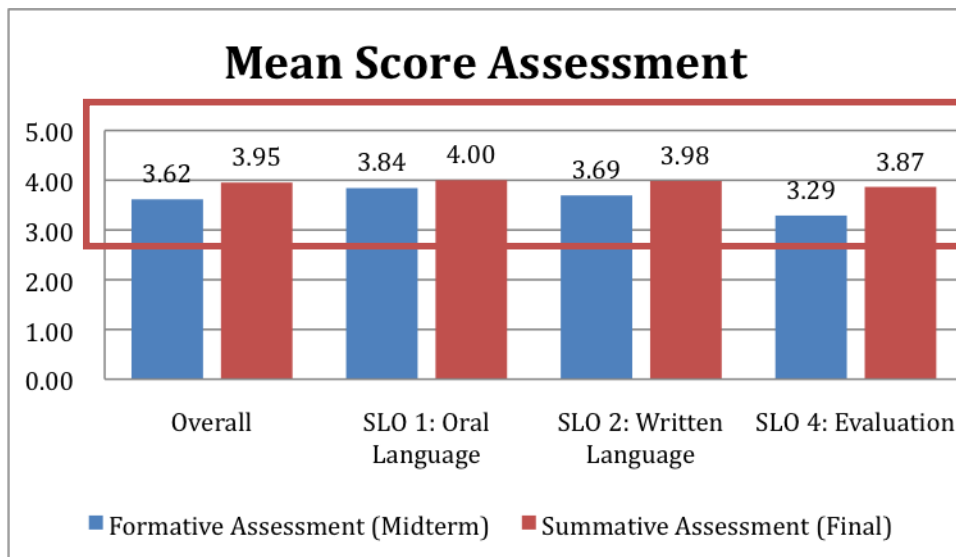
2.0 = Emerging

1.0 = Minimal/Not Begun

**Table 23** 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 23** below:

**Table 23**

*Practicum Candidate Progress (Evaluation Record: Candidate Progress in the Schools)*



There is improvement from the first practicum evaluation at the midterm in the schools to the second practicum evaluation at the end point of the candidate’s internship both in overall scores across all SLOs 1 through 5, and also on each of the three SLOs targeted for the Fall 2010 and Spring 2011 semesters.

Table 24 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 three (3) SLOs analyzed for this report indicating development during the semester.

**Table 24**

*Evaluation Record: Candidate Progress Data in the Schools*

	<b>Clinical Practicum Assessments</b>							
<b>Descriptives</b>	Formative Assessment (Midterm)	Summative Assessment (Final)	Formative Assessment (Midterm) Oral SLO 1	Formative Assessment (Midterm) Written SLO 2	Formative Assessment (Midterm) Eval SLO 4	Summative Assessment (Final) Oral SLO 1	Summative Assessment (Final) Written SLO 2	Summative Assessment (Final) Eval SLO 4
<b>Mean</b>	3.62	3.95	3.84	3.69	3.29	4.00	3.98	3.87
<b>Median</b>	3.67	4.00	4.00	4.00	3.20	4.00	4.00	4.00
<b>Standard Deviation</b>	0.44	0.08	0.37	0.68	0.46	0.00	0.07	0.20
<b>Minimum</b>	1.94	3.67	2.50	1.00	2.33	4.00	3.67	3.33
<b>Maximum</b>	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
<b>Count</b>	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00

Overall, the candidate’s average scores in the schools have improved from the first practicum evaluation to the second. With the exception of SLO2: Written minimum scores overall, SLO1: Oral and SLO4: Evaluation on the final were greater than mean scores for the first evaluation.

### **Exit Exam for Program Effectiveness**

#### **Comprehensive Measure 4) 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 the SLPS Credential and state license. 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 consistently high 100% pass rate history on the Praxis, however, as noted below in Spring 2011, one candidate did not pass on the first attempt. (Note: This particular

candidate has retaken the Praxis but results are unavailable for this reporting cycle.) **Table 25** below includes Fall 1010 and Spring 2011 pass rates:

**Table 25**

*Praxis Exam in Speech-Language Pathology*

Praxis Exam in Speech-Language Pathology		
Semester	n=students	Pass Rate %
Fall 2010	11	100%
Spring 2011	12	92%

Comprehensive Measure 5) Summative Assessment for Program Effectiveness: CD 698 Thesis or CD 695: Graduate Research Project or Comprehensive Examinations

Our candidates are required to select one of three options to complete the Master of Arts Program. All twenty-three (23) AY 2010-2011 candidates chose the CD 695: Graduate Research Project option with the following results presented below in **Table 26**:

**Table 26**

*CD 695 Graduate Research Project*

CD 695 Graduate Research Project		
Semester	n=students	Mean GPA
Fall 2010	11	3.6
Spring 2011	12	3.9

**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 27** below. Data on the three measures is then presented.

### **Candidate Evaluation of Master Clinician**

This is a short exit survey presented to the program completers that requires candidates 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 as a supervisor. Results for this reporting cycle are presented below in **Table 27**:



**Table 27**

*Student Evaluation of Master Clinicians*

	RATING SCALE: 1 through 5				
	1=Poor	2=Fair	3=Adequate	4=Above Average	5=Exceptional
Fall 2010			7% (1/14)	14% (2/14)	79% (10/14)
Spring 2011				20% (2/10)	80% (8/10)

**Table 27** presents data results for two semesters. With the exception of two Master Clinicians. One MC was rated “adequate” but ...*was not approachable*”, while a second Master Clinician although rated “very good” was considered “difficult”. Our candidates recommended the other twenty-two (22) of their Master Clinicians (MC’s) for future student teaching supervision, For this reporting cycle, candidate’s comments were all emphatic when describing their MC’s, such as, “*excellent supervision, [name]. Is particularly knowledgeable regarding literacy and child language, [name] provided an amazing amount of support and ideas*”, [name] “*set a great examples of collaboration with teachers and other professionals,*” and [name] “*is phenomenal in her ability to guide me toward greater independence*”.

**2010-11 Program Effectiveness Data**

The new longitudinal 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:

- For both semesters candidates 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 as evaluated by their clinical supervisors and master clinicians, respectively.
- Program completer’s average GPA for the summative research project was 3.75.
- The majority of candidates would recommend that their Master Clinician (s) supervise future candidates (i.e., 79% rated “exceptional” and 14% rated “very good”)
- Candidates maintained a 100% pass rate on the Praxis in Speech-Language Pathology for 3 of 4 semesters in this reporting cycle. Spring 2011 Praxis examinees had a 92% pass rate (i.e., 11 of 12 examinees passed)

Data from past assessment findings **that can be compared** to this reporting cycle includes two measures:

- 1) **Table 28 (a) and Table 28 (b) below:** Survey data collected over three 3 semesters from school district employees who served as Master Clinicians for candidates via the *Confidential Survey of Master Clinicians*

**Table 28 (a)**

*Response Means 2008-2010 on Confidential Survey of Master Clinicians*

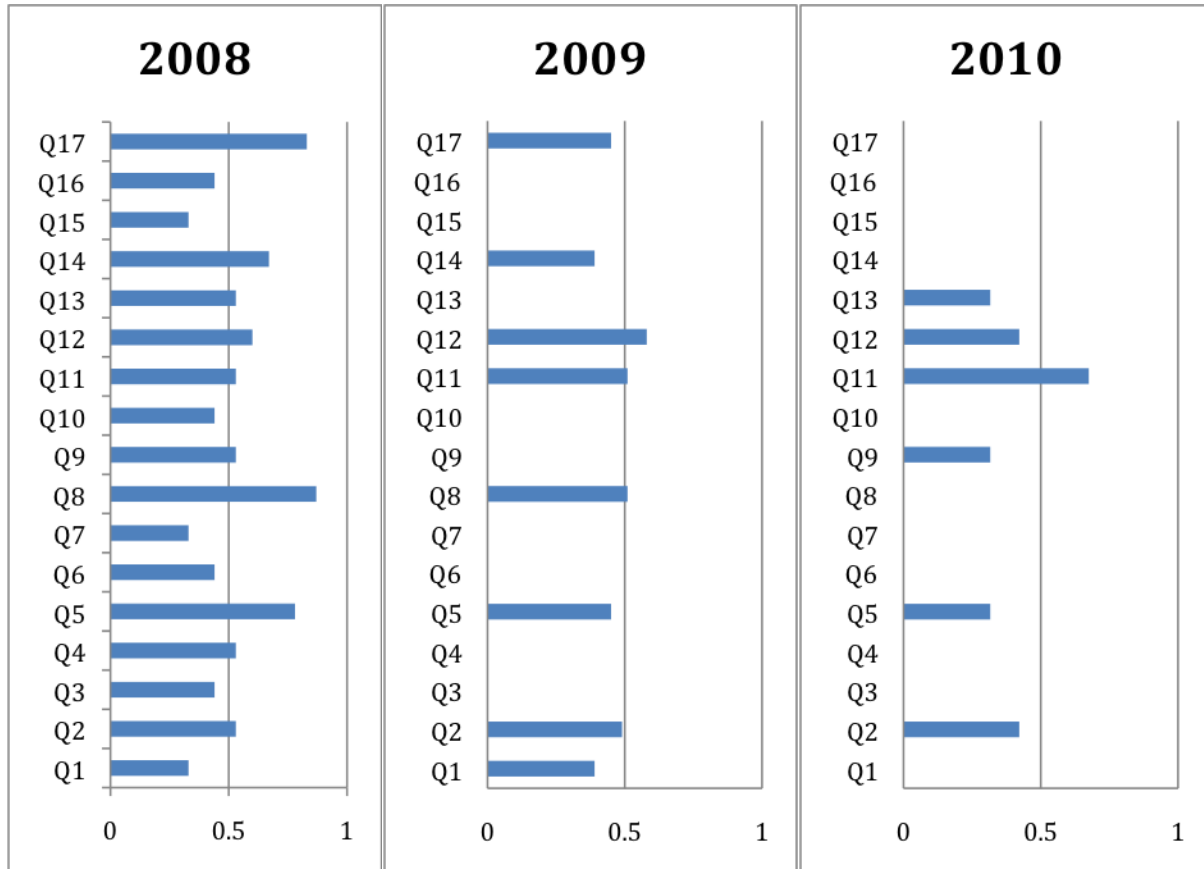


**Table 28(a)** above shows that overall mean scores appear greater in 2010 than in 2009 and 2008. Many Questions have peaked to maximum of score of 5, other are very near score of 5. Q11 is the only question that has not increased from 2009, but Q11 has a high average 4.3.

The standard deviation in **Table 28(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 28(b)**

*Response Standard Deviation 2008-2010 on Confidential Survey of Master Clinicians*



**1) Table 29 (a) and Table 29 (b) below:** The *Initial and Final Clinical Diagnostic Report*-Statistical data collected for this reporting cycle presents candidate’s longitudinal progress in SLO 2: Written Language\* from their first clinic to their last clinic. This is a key signature assignment and an important measure of our candidate’s progression in writing pre-professional reports. As is illustrated in the tables, our candidates make statistically significant progress in their written language over the 2 ½ years they are in the SLPSC program. Both years present strong overall scores on the last Clinical Diagnostic Report.

**Table 29 (a)**

*Initial and Final Clinical Diagnostic Report: Statistics from Fall 2009 and Spring 2010*

	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.

**Table 29 (b)**

*Initial and Final Clinical Diagnostic Report: Statistics from Fall 2010 and Spring 2011*

	First	Last
Mean	3.62	3.89
Standard Deviation	0.477	0.267
Minimum	2.25	3
Maximum	4	4

Minimum Value for last scores reported is greater than first scores reported while they have the same maximum values.

\*NOTE: Recall that the *Initial and Final Diagnostic Report* analyzed in Table 29 (a) through 29 (b) is an explicit measure of SLO 2, but also measures SLO 4 and SLO 5 and provides an Indirect measure of SLO 1.

## PART III – Analyses and Discussion of Candidate and Program Data

### AY 2009-10 and AY 2010-2011 Data Interpretation

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

#### Candidate Assessment Data

##### Strengths

- ❖ For the new criterion-level signature assignment for SLO #2 Written Language first collected in AY 2009-2010, 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. Our candidates improve substantially in their written language over the 2-2 ½ years they are in the program.
- ❖ Over the current 2 year reporting cycle, candidate's scores for SLO 1-Oral Language, SLO 2 Written Language, SLO 4: Evaluation 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 program.
- ❖ 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 but *most exceeded expectation in SLO 1, SLO 2, SLO 4 and SLO # 5, Oral Language, Written Language, Evaluation and Intervention, respectively.*
- ❖ Master Clinician's written subjective comments were overwhelmingly positive and complimentary of our program.

##### Areas for Improvement

- ❖ 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 “data discussion” segment to monthly faculty meetings to keep assessment in the forefront.

- ❖ The data collected in this reporting cycle reveals two “solid” years for our candidate’s performance; areas for improvement will continue to be a valid topic for our Spring 2012 faculty agenda.

## 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* indicated that candidates maintained a 100% pass rate on the Praxis in Speech-Language Pathology for 3 of 4 semesters in this reporting cycle. Spring 2011 Praxis examinees had a 92% pass rate (i.e., 11 of 12 examinees passed)
- ❖ 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 “exceptional” for this reporting cycle. We seek to place our candidates with strong Master Clinicians and value the opinions of our program completers.

### Areas for Improvement

- ❖ To broaden the scope of our “Program Effectiveness” we need to collect data on our SLPSC program alumnae (Survey is now on-line and ready for Fall 2011 data collection).
- ❖ To further broaden the scope of our “Program Effectiveness”, we need to collect “satisfaction” data from employers who hire our program completers. (Ready for data collection Spring 2012)
- ❖ As a faculty, to be inclusive of all aspects of the CTC Standards, we must improve our graduate coursework syllabi to fully delineate *the how and where* of the concepts not aligned to ASHA standards are addressed in the curriculum.

## Part IV - Use of Assessment Results to Improve Candidate and Program Performance

### 2011-2012 Actions To Be Taken

	Action or Proposed Changes	Person (s) Responsible	Timeline	Program and Common Standards
1	The SLPSC Program will require that all appropriate graduate coursework syllabi will clearly delineate how and where in our curriculum the California SLP standards are addressed when not aligned with ASHA standards or reflective of identified concepts necessary to meet standards.	All Teaching Faculty	Beginning Spring 2012	Program Standards 1-8 and  SLP Standards 2, 4-8
2	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 the <i>CD 669 A-L: Writing Rubric</i> to be reflective of a level 4 (highest score).	Clinic Director All Clinical Supervisors	Fall 2012	SLO 2 ASHA IV-B ASHA IV-G
3	Affirm that student clinicians are fully apprised of the expectations for the signature assignment, the "Clinical Diagnostic Report".	All Clinical Supervisors	Spring 2011	SLO 1-5 ASHA IV-B ASHA IV-G
4	Further refine the 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, and agencies involved in certification and licensing. (To be available on the CD Department	M. Powers-Lundvall  With Faculty feedback	Winter 2012	SLO 1-5 ASHA IV-B ASHA IV-G  SLP Standards 2, 4-8
5	Utilize the newly created Alumnae Survey and Employer's Satisfaction Survey on Survey Monkey	Field Service Coordinator	End of Fall 2011	All Standards  ASHA IV-B ASHA IV-G
6	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	Program Standards 1-8 and  SLP Standards 2, 4-8
7	Propose to faculty an open critique of the survey questions in the Confidential Survey of Master Clinician with the goal of garnering more informative evaluation of program effectiveness.	All Faculty	Spring 2012 Faculty Meetings	SLOs 1-5 ASHA IV-B ASHA IV-G
8	Clinical Diagnostic Report Rubric: Discuss redistribution of percentages from 25% for each of the four areas to greater percentage weight in areas of content and analysis.	All Faculty	Spring 2012 Faculty Retreat	SLO 1-5 ASHA IV-B ASHA IV-G