Speech-Language Pathology Credential Program

Program Assessment for the California Commission on Teacher Credentialing for continuing accreditation for a program leading to the

Speech-Language Pathology Services Credential in Speech, Language, and Hearing

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Directions for Readers

This document is in PDF format. Use the Bookmarks on the left side bar to help navigate through the various parts of the document. Please note that the reader can easily go back and forth between the narrative and the hyperlinked supporting evidence by using the Previous View feature (in the right mouse click menu) or using the Alt + Left Arrow keys.

This report is comprised of four sections:

Part One is the program’s response to the Program Standards.

Part Two contains the list of syllabi for each course in the program. Each course is linked to the syllabus in the appendix.

Part Three is the program response to the assessment tools the program uses for candidate and program assessment based on the Program's 2010 Biennial Report.

The Appendices provide the syllabi and supporting evidence of how each standard is met.
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PART I – RESPONSE TO STANDARDS

The Speech-Language Pathology Services Credential Program at California State University, Fullerton has received accreditation approval by the American Speech-Language Hearing Association (ASHA) for the period dated January, 2011 to December, 2018. The Commission on Teacher Credentialing (CTC) accepts ASHA accreditation as evidence meeting CTC program standards with the exception of specific concepts as provided in the CTC-ASHA standards crosswalk. This section uses the approved CTC-ASHA standards crosswalk template to address the specific concepts identified as needing additional evidence per CTC requirements.

Response to Standard Concepts (underlined)

Standard 1: Program Design, Rationale and Coordination
Each program of professional preparation is coordinated effectively in accordance with a cohesive design and sound evidence-based practices relevant to the contemporary conditions of schools. The design must reflect the full range of service delivery options, including general education, and the knowledge and skills to meet the needs of students in the specific areas authorized by the credential. The program has an organizational structure that forms a logical sequence between the instructional components and field work, and provides for coordination of the components of the program. The program describes a plan that allows for multiple points of entry.

Evidence:

- **HCOM 490 Seminar: Speech and Hearing Service in Schools; Assignment 4** - evidence-based practices
- **HCOM 490 Seminar: Speech and Hearing Service in Schools; Week 6** - service delivery options
- **Knowledge and Skills Acquisition (KASA) comprehensive examinations** - knowledge and skills
- **Notice of Intent to Register Form** - logical sequence
- **HCOM 490 Seminar: Speech and Hearing Service in Schools; Assignment 3 Videotaped or audio taped classroom lesson** - service delivery options
- **HCOM 490 Seminar: Speech and Hearing Service in Schools; Assignment 4 Classroom consultation report** - service delivery options
- **HCOM 490 Seminar: Speech and Hearing Service in Schools; Discussions** - service delivery options
- **490 Discussion 5: Classroom Collaboration Case Studies** - service delivery options
- **Number and type of field placements** - service delivery options
Standard 2: Professional, Legal and Ethical Practices
Each program must provide instruction in the philosophy, history and legal requirements, and ethical practices of special education. This curriculum includes state and federal mandates, legal requirements for assessment, Individualized Family Service Program, Individualized Education Program (IEP) development and monitoring, services, and instruction of students with disabilities. The program provides candidates information on laws and regulations as they pertain to promoting teacher behavior that is positive and self-regulatory as well as promoting safe educational environments. The program provides opportunities for demonstration of ethical standards, of teaching, of evidence based educational practices in relation to theories, research and regulations necessary to the provision of services to individuals with disabilities and their families.

Evidence:

- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Week 5** - legal mandates and requirements
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Week 5** - IFSPs and IEPs
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Week 2** - safe educational environments

Standard 3: Educating Diverse Learners
The program provides instruction in understanding and acceptance of differences in culture, cultural heritage, ethnicity, language, age, religion, social economic status, gender identity/expression, sexual orientation, and abilities and disabilities of individuals served. In addition, the program provides knowledge and application of pedagogical theories, development of academic language and principles/practices for English language usage leading to comprehensive literacy in English.

The program ensures each candidate is able to demonstrate knowledge, skills and abilities to become proficient in implementing evidence based and multifaceted methodologies and strategies necessary in teaching and engaging students with disabilities.

Evidence:

- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Week 5** - gender/identity expression
- **HCOM 577, Seminar in Child Language Disorders; Week 1 & 2** - theories, development of academic language
- **Practicum Evaluation Ratings Summary Form; Items: I.C., I.G., IV.B.** - sensitivity to clients
Standard 4: Effective Communication and Collaborative Partnerships
The program provides instruction in communicating effectively with (1) individuals with disabilities and their parents, and primary caregivers, (2) general/special education teachers, and co-teachers, related service personnel, and administrators, (3) trans-disciplinary teams including but not limited to multi-tiered intervention, Section 504, IEP/IFSP/ITP. The program provides opportunities for the candidate to establish and work in partnerships to design, implement, and evaluate appropriate, integrated services based on individual student needs. The program informs candidates of the importance of communicating effectively with the business community, public and non-public agencies, to provide the cohesive delivery of services, and bridge transitional stages across the life span for all learners.

Evidence:

- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 2** -teams, Goal #4 -Section 504, Week 5 -IEP/IFSP/ITP
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Goal #5** -communication
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 2** -diversity assignment
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 4** -collaboration/consultation assignment
- **Practicum Evaluation Ratings Summary Form; Item: VIII.F.** -teamwork

Effective Communication: In both HCOM 458 Clinical Practicum: Speech and Language Disorders in Children and HCOM 489A Public School Practicum in Communicative Disorders, candidates have to demonstrate clinical skills I. A.-G. on the Practicum Evaluation Ratings Summary Form with children’s caregivers or parents.

- **HCOM 490 Seminar: Speech and Hearing Service in Schools; Assignment 2** -Diagnostic report (diversity assignment)
- **Practicum Evaluation Ratings Summary Form; Item: I**

Bridge transitional stages across life span:

- **Number and type of field placements**
- **490 Discussion 4: I.E.P. and I.T.P. Goals and Benchmarks Case Studies**

Standard 5: Assessment of Students
The program provides opportunities for candidates to acquire the knowledge and skills necessary to assess students in a comprehensive manner within the breadth of the credential
authorization. Each candidate understands and uses multiple sources of information in order to participate in progress monitoring and in decision making regarding eligibility and services. The program provides candidates with the knowledge and skill to assess students from diverse backgrounds and varying language, communication and cognitive abilities. The program provides opportunities for using both formal and informal assessments to evaluate students’ needs and strengths for the purpose of making accommodations, modifications, instructional decisions and ongoing program improvements. The program provides the opportunities for each candidate to demonstrate the knowledge of required statewide assessments and local, state and federal accountability systems.

Evidence:

- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 2** - diversity assignment
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 4** - collaboration/consultation assignment
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Week 5** - statewide assessments, **Week 15** - accountability systems
- **Practicum Evaluation Ratings Summary Form; Items: II.A., II.B., II.C., II.D., II.E., III.D., IV.J., VI.C., VII.B.** - diagnosis and progress monitoring
Standard 6: Using Educational and Assistive Technology
The program provides opportunities for candidates to acquire the ability to use computer-based technology to facilitate the teaching and learning process. Each candidate demonstrates knowledge and understanding of the appropriate use of computer-based technology for information collection, analysis and management in the instructional setting. Candidates demonstrate knowledge of assistive technology including low and high equipment and materials to facilitate communication, curriculum access, and skill development of students with disabilities.

Evidence:

- **HCOM 501, Seminar in Speech-Language Pathology; Planned Assignment 2** - conducting library search
- **Practicum Evaluation Ratings Summary Form; Items: IV.G., V.D.** - selection of materials and their appropriate use

Knowledge of Assistive Technology:
All students are required to take and pass (if necessary, with remediation), the KASA Knowledge-Based Assessment: Modalities of Communication.

- **KASA Knowledge-Based Assessment: Modalities of Communication; #5**

Standard 7: Transition and Transitional Planning
The program provides opportunities for candidates to plan, implement, and evaluate transitional life experiences for students with disabilities across the lifespan. Each candidate collaborates with personnel from other educational and community agencies to plan for successful transitions by students. Each candidate demonstrates the knowledge and ability to teach students appropriate self-determination and expression skills.

Evidence:

- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Discussion 4**, see handout Discussion 4: IEP and ITP objectives

Standard 8: Participating in ISFP/IEPs and Post-Secondary Transition Planning
The program provides candidates opportunities to demonstrate the ability to participate effectively as a team member and/or case manager for the IFSP/IEP/transition planning process, from pre-referral interventions and requisite assessment processes, through planning specially-designed instruction to support access to the core curriculum, developing appropriate
IFSP/IEP/transition planning goals based on standards and following all legal requirements of the IFSP/IEP/transition planning process.

Evidence:

- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 2** - diversity assignment
SLP Standard 1: Speech, Language, Hearing, and Swallowing Mechanisms
Each candidate demonstrates understanding of the anatomy, physiology, and neurology of the speech, language, hearing, and swallowing mechanisms. In addition, candidates exhibit knowledge of the physical bases and processes involved in the production and perception of speech, language, and hearing, and the production of swallowing. Finally, each candidate demonstrates comprehension of the acoustics or physics of sound, physiological and acoustic phonetics, perceptual processes, and psychoacoustics involved in speech and hearing.

Evidence:

- Fully Addressed by the ASHA Standards - No additional information needs to be submitted.

SLP Standard 2: Child Development and Speech, Language, and Hearing Acquisition
Each candidate demonstrates knowledge of developmental milestones pertaining to typical and atypical human development and behavior, birth through twenty-two. Candidates exhibit understanding of the gender, linguistic, psycholinguistic, and cultural variables related to the normal development of speech, hearing, and language, including comprehension of first and second language and dialect acquisition. Additionally, each candidate demonstrates comprehension of cultural, socioeconomic, linguistic and dialectical differences and their role in assessment and instruction. Candidates also exhibit understanding of speech/language development across the range of disabilities. Each candidate demonstrates knowledge of the development of literacy, including phonological awareness, and an understanding of the relationship of speech and language skills to literacy, language arts, and access to the core curriculum.

Evidence:

- HCOM 490, Seminar: Speech and Hearing Service in Schools; Week 8 - literacy, and Assignment 4 and Goal #9 - access to core curriculum
- HCOM 577, Seminar in Child Language Disorders; Week 11 - literacy
- 490 Discussion 6: Reading - literacy

SLP Standard 3: Speech, Language, Hearing, and Swallowing Disorders
Each candidate demonstrates understanding of speech, language, hearing, and swallowing disorders, including but not limited to disorders of language, articulation/phonology, fluency, voice, hearing, and swallowing. Candidates exhibit comprehension of speech, language, and hearing disorders associated with special populations, including but not limited to individuals
on the autistic spectrum and/or with cerebral palsy, cleft palate, hearing impairment, developmental disabilities, learning disabilities, and traumatic brain injury.

Evidence:

- Fully Addressed by the ASHA Standards - No additional information needs to be submitted.

SLP Standard 4: Assessment of Speech and Language Disorders
Each candidate demonstrates competency in the collection of relevant information regarding individuals’ past and present status and family and health history. Candidates exhibit proficiency in a school setting in screening and evaluation, including procedures, techniques, and instrumentation used to assess the speech and language status of children, and the implications of speech/language disorders in an educational setting. Each candidate exhibits in a school setting expertise in the administration of least biased testing techniques and methodologies for assessing the speech and language skills of culturally and linguistically diverse populations (i.e., speakers of second languages and dialects), including a language sample. Candidates demonstrate proficiency in the effective use of interpreters/translators in the assessment of English language learners. Each candidate demonstrates accurate interpretation of test results and makes appropriate referrals for further evaluation or treatment. Candidates demonstrate proficiency in the assessment for and selection of appropriate augmentative and alternative communication systems. Each candidate exhibits knowledge of hearing screening procedures.

Evidence:

- HCOM 404, Communicative Disorders of the Bilingual/Multicultural Child; Week 7 and Week 12 - least biased testing
- HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 2 - diversity assignment
- HCOM 558C, Clinical Practicum: Communicative Disorders and Differences in Individuals from Diverse Background; see Student Learning Goals - least biased testing and use of interpreters
- Practicum Evaluation Ratings Summary Form; Items: II.A., II.C., II.D. - selection and administration of diagnostic tools and data analysis

SLP Standard 5: Management of Speech and Language Disorders
Each candidate exhibits comprehension of methods in a school setting of preventing communication disorders including, but not limited to, family/caregiver and teacher inservice,
consultation, and collaboration. Candidates demonstrate knowledge of intervention strategies for a variety of speech, language, hearing, and swallowing disorders. Candidates use a variety of school-based service delivery models, which may include but are not limited to: pull-out, push-in, group, classroom consultation and/or collaboration, and co-teaching. Candidates will have opportunities to use curriculum materials commonly used in a school’s core curriculum in the service delivery modes employed. Each candidate uses appropriate intervention strategies for individuals from culturally/linguistically/socioeconomically diverse populations, including the use of interpreters/translator and the facilitation of second language/dialect acquisition. Candidates use effective behavioral intervention strategies and effectively monitor the progress of students in school settings. Each candidate demonstrates proficiency in the training of students and families/caregivers, teachers, and/or other professionals in the use of augmentative and alternative communication systems. Candidates exhibit knowledge of rehabilitative procedures with individuals who have hearing impairments, including the use of assistive listening devices.

Evidence:

- HCOM 476, Clinical Methods and Procedures; Course Objective #5 -methods of preventing communication disorders
- HCOM 490, Seminar, Speech and Hearing Service in Schools; Week 2 -behavioral intervention strategies
- Practicum Evaluation Ratings Summary Form; Items: IV.B., IV.E., IV.G., IV.J., V.A., V.B., V.D. -developing program goals, selecting and modifying therapy materials, meeting student needs, modifying behavior, and appropriate use of materials

SLP Standard 6: School Field Experience
Each candidate will complete sufficient field experiences in the schools to demonstrate the knowledge, skills, and abilities described in SLP Standards 1 through 5. Candidates acquire experience with a variety of speech/language disorders, assessment and intervention techniques, and diverse populations that may range in age from birth to twenty-two. Candidates will participate and demonstrate proficiency in the following: speech/language/hearing screening, evaluation, and intervention; writing, presentation, and implementation of IEP/IFSPs; a variety of service delivery models; provision of services for children on the autistic spectrum; assistance to classroom teachers in providing modifications and accommodations of curriculum for students; and monitoring of student progress. In addition, each candidate exhibits understanding of multi-tiered intervention (e.g., response to intervention).

Evidence:
- **HCOM 489A, Public School Practicum in Communicative Disorders** - field experience
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignments** - assignments in schools
- **Practicum Evaluation Ratings Summary Form** - clinical skills

**SLP Standard 7: Consultation and Collaboration**
Each candidate engages in consultation and/or collaboration with teachers and other relevant personnel as part of a school field experience. Candidates consult with teachers, other personnel, and families during the prevention, assessment, and IEP process. Candidates also demonstrate relevant methods of consultation and collaboration in intervention, which may include but is not limited to the development of program modifications to support students’ learning in the classroom, including academic content in pull-out intervention, instruction of small groups in the classroom, and teaching classroom lessons.

**Evidence:**
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 2** - diversity assignment
- **HCOM 490, Seminar: Speech and Hearing Service in Schools; Assignment 4** - consultation/collaboration assignment
- **Practicum Rating Evaluation Ratings Summary Form**; Items: IV.B., VIII.F. - including others in goals and cooperation with fellow professionals

**SLP Standard 8: Assessment of Candidate Performance**
Prior to recommending each candidate for a SLP services credential, one or more persons responsible for the program determine on the basis of thoroughly documented evidence that each candidate has demonstrated satisfactory performance on the full range of knowledge and skills authorized by the credential in a school setting. During the program, candidates are guided and coached on their performance in relation to the knowledge and skills using formative processes. Verification of candidate performance is provided by a faculty representative of the university training program in consultation with the supervising master clinician.

**Evidence:**
- **Practicum Evaluation Ratings Summary Form** - clinical skills
- **Audiology Practicum Evaluation Ratings Summary Form** - clinical skills
- **KASA website** - knowledge and skills
PART II – COURSE SYLLABI

This section contains a complete list of all course syllabi used in the Speech-Language Pathology Credential Program. The syllabi that were used to address the response to standards in Part I are marked with an asterisk.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>HCOM 241</td>
<td>Introduction to Phonetics</td>
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<tr>
<td>HCOM 242</td>
<td>Introduction to Communication Disorders</td>
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<tr>
<td>HCOM 300</td>
<td>Introduction to Research in Speech Communication</td>
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<tr>
<td>HCOM 307</td>
<td>Child Language Development</td>
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<tr>
<td>HCOM 308</td>
<td>Quantitative Research Methods</td>
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<tr>
<td>HCOM 344</td>
<td>The Anatomy and Physiology of Speech and Hearing</td>
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<tr>
<td>HCOM 350</td>
<td>Speech and Hearing Science</td>
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<tr>
<td>HCOM 352</td>
<td>Child Language and Phonological Disorders</td>
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<tr>
<td>HCOM 404</td>
<td>Communicative Disorders of the Bilingual/Multicultural Child*</td>
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<tr>
<td>HCOM 458</td>
<td>Clinical Practicum: Speech and Language Disorders in Children</td>
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<tr>
<td>HCOM 461</td>
<td>Audiology and Audiometry</td>
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<tr>
<td>HCOM 465</td>
<td>Aural Rehabilitation</td>
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<tr>
<td>HCOM 468</td>
<td>Audiology Practicum</td>
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<tr>
<td>HCOM 472</td>
<td>Voice and Craniofacial Disorders</td>
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<td>HCOM 474</td>
<td>Neurology and Neurogenic Communicative Disorders</td>
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<tr>
<td>HCOM 475</td>
<td>Fluency Disorders</td>
</tr>
<tr>
<td>HCOM 476</td>
<td>Clinical Methods and Procedures*</td>
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<tr>
<td>HCOM 485</td>
<td>Aural Rehabilitation Practicum</td>
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<tr>
<td>HCOM 489A</td>
<td>Public School Practicum in Communicative Disorders*</td>
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<tr>
<td>HCOM 490</td>
<td>Seminar: Speech and Hearing Services in Schools*</td>
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<tr>
<td>HCOM 501</td>
<td>Seminar in Speech-Language Pathology*</td>
</tr>
<tr>
<td>HCOM 542</td>
<td>Neurologic and Clinical Aspects of Speech, Language, and Cognition</td>
</tr>
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* Syllabi used to address response to standards in Part I.
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<thead>
<tr>
<th>Course Code</th>
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<tbody>
<tr>
<td>HCOM 543</td>
<td>Seminar in Dysphagia</td>
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<tr>
<td>HCOM 544</td>
<td>Seminar in Neurogenic Speech, Language, and Cognitive Disorders</td>
</tr>
<tr>
<td>HCOM 554</td>
<td>Seminar in Multicultural Issues in Communicative Disorders</td>
</tr>
<tr>
<td>HCOM 558A</td>
<td>Clinical Practicum: Speech and Language Disorders in Adults</td>
</tr>
<tr>
<td>HCOM 558C</td>
<td>Clinical Practicum: Communicative Disorders and Difference in Individuals from Diverse Backgrounds*</td>
</tr>
<tr>
<td>HCOM 559A/B</td>
<td>Advanced Clinical Practicum: Communicative Disorders</td>
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<tr>
<td>HCOM 564</td>
<td>Autism Spectrum Disorders in Speech-Language Pathology</td>
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<tr>
<td>HCOM 571</td>
<td>Seminar in Fluency Disorders</td>
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<td>HCOM 573</td>
<td>Seminar in Voice Disorders</td>
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<td>HCOM 574</td>
<td>Seminar in Phonological Disorders</td>
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<td>HCOM 576</td>
<td>Seminar in Augmentative and Alternative Communication</td>
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<tr>
<td>HCOM 577</td>
<td>Seminar in Child Language Disorders*</td>
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PART III: PROGRAM ASSESSMENT SUMMARY

Candidates in the Speech-Language Pathology Services Credential Program are assessed through the continuous collection of multiple data sources used to monitor their performance and improve program effectiveness.

The chart below displays the various assessments used to evaluate candidate progress/performance and program effectiveness. A description of each assessment follows the chart which includes hyperlinks to appropriate assessment documents for reference.

Program Assessments

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<tr>
<th>Assessment tool</th>
<th>Description</th>
<th>Data collected</th>
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<tbody>
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<td>Knowledge and Skills Assessment (KASA) Exams</td>
<td>Ten comprehensive exams administered during graduate school</td>
<td>Percentage of KASA exams passed</td>
</tr>
<tr>
<td>Student Practicum Evaluations</td>
<td>Rating scales filled out by the clinical supervisor or master clinician</td>
<td>Mean grades of candidates in each practicum with the exception of HCOM 485, Aural Rehabilitation Practicum, and HCOM 489A, Public School Practicum in Communicative Disorders, which are graded “credit”/”noncredit”</td>
</tr>
<tr>
<td>Diversity Assignment</td>
<td>Diagnostic report prepared by candidate of a culturally/linguistically diverse child</td>
<td>Mean grades of candidates on the diversity assignment</td>
</tr>
<tr>
<td>Collaborative/Consultation Assignment</td>
<td>Therapy report detailing collaborative goals/objectives and procedures</td>
<td>Mean grades of candidates on the collaborative/consultation assignment</td>
</tr>
<tr>
<td>Ethics Exam</td>
<td>Examination on the ethics of the American Speech-Language-Hearing Association</td>
<td>Percentage of candidates with a passing score of 80% or higher on the exam</td>
</tr>
<tr>
<td>Assessment tool</td>
<td>Description</td>
<td>Data collected</td>
</tr>
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</tr>
<tr>
<td>Praxis Exam in Speech-Language Pathology</td>
<td>Culminating exam required for California licensure and credentialing in speech-language pathology</td>
<td>Percentage of candidates who pass the examination</td>
</tr>
<tr>
<td><strong>Graduate and Employer Evaluations of Graduates</strong></td>
<td>Evaluations that assess graduates and employers’ perspectives on graduates’ skill levels</td>
<td>Mean scores on a 0-4-point scale</td>
</tr>
</tbody>
</table>

**Program Assessment Descriptions and Documents**

**Knowledge and Skills Assessment (KASA) Exams**
Ten 2 ½-hour Knowledge and Skills Assessment (KASA) exams cover the following areas: 1) hearing; 2) receptive and expressive acquired language; 3) swallowing; 4) fluency; 5) voice and resonance; 6) articulation; 7) modalities of communication; 8) receptive and expressive developmental language; 9) social aspects of communication; and 10) cognitive aspects of communication.

**Data Collected**
The data collected is the percentage of exams passed each semester. Candidates are considered to have passed an exam if they pass all of the essay questions on the exam. The total number of exams passed and failed each semester are recorded by an administrative assistant and are converted by the Speech-Language Pathology Services Credential coordinator into a percentage of exams passed for the semester.

**Scoring Process**
A first reader reads the exams blind. Questions failed by the first reader, along with other, passing questions are read blind by a second reader. If the second reader passes the question, the first and second readers review the question and come to an agreement about it being passed or failed.

Reliability in scoring was established during the first two administrations of the exams. The KASA exams were administered in July 2004 and October 2004. Approximately 50 individual exams in total were administered in the ten disorder areas. During these initial administrations of each disorder area, two judges scored each exam question (e.g., pass/fail). Inter-judge reliability was computed for individual questions. Only four questions did not achieve 75%
reliability between scorers. Individual questions with less than 75% reliability were revised for later administrations of the exams.

Percentage of initially passing scores are reported for each KASA exam.

**Student Practicum Evaluations**

Eight practica are potentially included in a candidate’s graduate program. The following are the required practica for the Speech-Language Pathology Services Credential.

- **HCOM 458 Clinical Practicum: Speech and Language Disorders in Children** (3 units)
- **HCOM 468 Audiology Practicum** (1 unit)
- **HCOM 485 Aural Rehabilitation Practicum** (1 unit)
- **HCOM 489A Public School Practicum in Communicative Disorders** (4 units)
- **HCOM 558A Clinical Practicum: Speech and Language Disorders in Adults** (3 units)
- **HCOM 558C Clinical Practicum: Communicative Disorders in Bilingual/Multicultural Individuals** (3 units)
- **HCOM 559A Advanced Clinical Practicum: Communicative Disorders** (3 units)

One additional practicum is optional for those obtaining the credential:

- **HCOM 559B Advanced Clinical Practicum: Communicative Disorders** (1-3 units)

**Data Collected**

The Practicum Evaluation Ratings Summary Form is used to provide a midterm evaluation, which does not contribute to the final grade, and the final evaluation. The candidate and the clinical supervisor or master clinician discuss the evaluation. In the cases of in-house clinics, such as **HCOM 458, Clinical Practicum: Speech and Language Disorders in Children**, **HCOM 468, Audiology Practicum**, **HCOM 558A, Clinical Practicum: Speech and Language Disorders in Adults**, and **HCOM 558C, Clinical Practicum: Communicative Disorders in Bilingual/Multicultural Individuals**, the clinical supervisors are on campus supervisor and perform the evaluations. In the cases of external practica, such as **HCOM 485, Aural Rehabilitation Practicum**, **HCOM 489A, Public School Practicum in Communicative Disorders**, and **HCOM 559A and B, Advanced Clinical Practicum: Communicative Disorders**, the master clinicians off-campus perform the evaluations, and the candidates submit the evaluations to the on-campus coordinators. In the case of HCOM 485, Aural Rehabilitation Practicum, the on-campus coordinator determines whether the candidate will get a grade of “credit” or not. The clinic administrative assistant enters individual clinical skill ratings into each candidate’s individual Knowledge and Skills
website, and the grades based upon those clinical skill ratings are reported to Admissions and Records at California State University, Fullerton. The number and types of individual grades for each clinic are reported to the Human Communication Studies Department and mean grades for each clinic are calculated by the Speech-Language Services Credential coordinator.

**Scoring Process**

Grades are based on the accumulation of a minimum number of clinical clock hours and the results of the Practicum Evaluation Ratings Summary Form, which includes 52 clinical skills that are rated using a 7-point scale. The following table indicates the rating guidelines, based on the mean rating the candidate earns on the 52 clinical skills.

**Rubric for Grading Clinical Practica**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Upper limit</th>
<th>Lower limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>7.00</td>
<td>6.71</td>
</tr>
<tr>
<td>A</td>
<td>6.70</td>
<td>6.31</td>
</tr>
<tr>
<td>A-</td>
<td>6.30</td>
<td>6.01</td>
</tr>
<tr>
<td>B+</td>
<td>6.00</td>
<td>5.56</td>
</tr>
<tr>
<td>B</td>
<td>5.55</td>
<td>4.96</td>
</tr>
<tr>
<td>B-</td>
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<td>4.51</td>
</tr>
<tr>
<td>C+</td>
<td>4.50</td>
<td>4.06</td>
</tr>
<tr>
<td>C</td>
<td>4.05</td>
<td>3.46</td>
</tr>
<tr>
<td>C-</td>
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<td>3.01</td>
</tr>
<tr>
<td>D+</td>
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<td>2.71</td>
</tr>
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<td>2.70</td>
<td>2.31</td>
</tr>
<tr>
<td>D-</td>
<td>2.30</td>
<td>2.01</td>
</tr>
<tr>
<td>F</td>
<td>2.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Individual scores are based on the rubric found in the Practicum Evaluation Form Key. Candidates who earn less than a “B” or “no credit” in a practicum must repeat the practicum. All practica use the same Practicum Evaluation Ratings Summary with the exception of HCOM 468, Audiology Practicum, which uses another version of the form, the Audiology Practicum Evaluation Ratings Summary Form, which includes 9 clinical skills. In addition, HCOM 485, Aural Rehabilitation Practicum, includes an evaluation of 35 of the 52 clinical skills. Two practica, HCOM 485, Aural Rehabilitation Practicum, and HCOM 489A, Public School Practicum in Communicative Disorders, are graded “credit”/”noncredit.” To obtain “credit” in the HCOM 489A, Public School Practicum in Communicative Disorders, candidates must have a minimum of 25 clinical skills with ratings of 5 or more and no ratings less than 4.
**Praxis Exam in Speech-Language Pathology**
The Praxis Exam in Speech-Language Pathology is required for the Speech-Language Pathology Services Credential as well as for California licensure and the Certificate of Clinical Competence from the American Speech-Language-Hearing Association. It is typically taken either during graduate school or within a year of graduation.

**Data Collected**
The exam includes a variety of questions that cover all aspects of speech-language pathology. The Educational Testing Service scores the examinations and forwards information on candidate and graduate pass rates to the Communicative Disorders program.

**Scoring Process**
A passing score is 600 or above, and in 2010-2011 nationally scores ranged from 840 to 310. The scores of candidates at California State University, Fullerton are compared to the scores of candidates nationally who took the test. Individual content categories additionally are reported and include the following: human communication processes; phonological and language disorders; speech disorders; neurogenic disorders; audiology/hearing; clinical management; and professional issues/psychometrics/research. For individual content categories, the mean percentage of correct answers for California State University, Fullerton candidates is compared with the mean percentage of correct answers of communicative disorders candidates statewide and nationally.

**Graduate and Employer Evaluation of Graduates**
Each year, recent graduates and their employers are asked to fill out a [Survey of Graduates and Employers](#).

**Data Collected**
Surveys are sent by mail by the Communicative Disorders program coordinator to recent graduates, who are also given copies of the survey to give to their employers. Graduates and employers return their surveys by mail to the Communicative Disorders program coordinator. Graduates and their employers fill out the surveys.

**Scoring Process**
The survey contains the following: 7 questions about basic knowledge and skills; 48 questions about the 10 areas encompassed by the KASA exams; 10 questions about other knowledge and/or skills; and 7 questions specifically related to issues related to the credential.

Each response is noted on a 4-point rating scale:

- 4 = Strongly agree
- 3 = Moderately agree
- 2 = Neutral
Mean scores for each survey question for the calendar year are calculated by the Speech-Language Pathology Services Credential coordinator.

Diversity Assignment
The diversity assignment is an assignment used to document a candidate’s experience with culturally diverse students.

Data Collected
The diversity assignment is an assignment in HCOM 490, Seminar: Speech and Hearing Services in Schools. It is a diagnostic report of a culturally/linguistically diverse student with possible speech-language disorders. It includes background information, tests and informal assessments, a summary of strengths and weaknesses, and recommendations that include goals and objectives or benchmarks. The mean percentage for the assignment is calculated by the instructor.

Scoring Process
The instructor of HCOM 490, Seminar: Speech and Hearing Services in Schools, grades the diversity assignment in the following content areas: 1) thoroughness of background information; 2) relevance and completeness of formal and informal assessments in both languages; 3) accurate summation of the child's strengths and weaknesses; 4) relevance and comprehensiveness of recommendations, and 5) content and form of goals and objectives/benchmarks. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1= incomplete and not completely accurate; 0=missing. The total number of points possible is 15. This is translated into a percentage for the assignment by the instructor.

Collaborative/Consultation Assignment
The collaborative/consultation assignment is used to document the use of collaborative/consultative procedures.

Data Collected
The collaborative/consultation assignment is an assignment in HCOM 490, Seminar: Speech and Hearing Services in Schools. It is a report of collaboration or consultation involving a culturally diverse student with speech-language deficits. It includes background information, collaborative or consultative goals and objectives/benchmarks and procedures, and progress toward the objectives/benchmarks. The mean percentage for the assignment is calculated by the instructor.
Scoring Process
The instructor of HCOM 490, Seminar: Speech and Hearing Services in Schools, grades the collaborative/consultative assignment in the following content areas: 1) content and form of the goals and objectives/benchmarks; 2) appropriate use of the grade level California Department of Education content standards; 3) information on child's initial performance on objectives/benchmarks and performance after several weeks of classroom consultation or collaboration; 4) use of creative procedures that effectively utilize the strengths of consultation and collaboration in the classroom setting; and 5) application of evidence-based practice to treatment procedures. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1=incomplete and not completely accurate; 0=missing. The total number of points possible is 15. This is translated into a percentage for the assignment by the instructor.

Ethics Exam
The ethics exam is an assessment of a candidate’s understanding of professional ethics.

Data Collected
The ethics exam is a test of the professional ethics of the American Speech-Language-Hearing Association in HCOM 501, Seminar in Speech-Language Pathology. It consists of true/false, multiple choice, fill-in-the-blank, and short-answer questions. The percentage of candidates who pass the test is calculated by the instructor and given to the Speech-Language Pathology Services Credential coordinator.

Scoring Process
The instructor of HCOM 501, Seminar in Speech-Language Pathology grades the ethics exam. Candidates who have 85% or more of their answers correct on the exam pass it.
Appendix

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HCOM 241 (11744): Introduction to Phonetics
Spring 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

Outcome 3: Committed and Caring Professionals
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

Mission, Goals, and Strategies of the Communicative Disorders Program

The Program in Communicative Disorders at California State University, Fullerton provides its majors with an understanding of speech, language, and hearing sciences and disorders, and also of the high quality services that are delivered by professionals in speech-language pathology and audiology. Our faculty and staff aspire to combine excellence in teaching, research, and clinical practice for students in and out of the classroom. In the on-campus Speech, Language, and Hearing Clinic and off-campus medical, community, and educational training sites, we strive to provide graduates of our program with the essential knowledge and skills to become professional practitioners in speech-language pathology who are capable of serving in clinics, schools, community centers, hospitals, and private practice. We also strive to prepare our graduates to become advocates for people with communication disabilities.

Positioned within a comprehensive, regional university with a global outlook in Southern California, our faculty expertise and diversity provide a distinctive opportunity for exploring, understanding, and developing an appreciation for normal and disordered human communication across the life span and across culturally/linguistically diverse populations. In our university, where learning is preeminent, graduates represent our aspirations to combine the best of current theory with contemporary clinical practices across the broad
areas within our profession.

Goals and Strategies

I. To ensure the preeminence of learning by addressing the knowledge and skill areas delineated in the appropriate ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology, we will:

a. Establish a curriculum which emphasizes the development of knowledge in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing.

b. Incorporate clinical experiences which lead to the development of clinical skills in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing

II. To provide a high quality program by ongoing identification of the most appropriate student learning outcomes, we will:

a. Incorporate knowledge and skill areas that are separate yet interdependent on coursework and practicum experience.
INTRODUCTION TO PHONETICS
Spring, 2013

Instructor: Minjung Kim, Ph.D., CCC-SLP
E-mail: minjungk@fullerton.edu
Office: CP 420-21    Phone: (657) 278-3927
Days: Tues & Thurs    Time: 10:00a.m.-11:15a.m.
Classroom: CP-129
Office Hours: Mon 1pm-2pm, Tues & Thurs 11:30am-12:30pm, or by appointment

COURSE DESCRIPTION:
This course covers the analysis and description of speech at the segmental and suprasegmental level. It includes practice using the International Phonetic Alphabet (IPA) for broad and narrow transcription. An overview of the speech production will be discussed.

The knowledge gained from this course can be readily applied to the clinical setting with children and adults with articulation and phonological disorders as well as individuals with dialectical variations and non-native speech productions.

COURSE OBJECTIVE:
Students will learn the motoric aspects of speech sound production, including a concrete description of the distinct properties that are associated with the production of these speech sounds.

STUDENT LEARNING GOALS:
1. To understand the properties underlying the production of speech sounds
2. To learn the IPA system for transcription of speech output
3. To demonstrate knowledge of clinical phonetic transcription procedures (both broad and narrow) including the accurate use of IPA text symbols to represent the speech output of clients
4. To gain a full understanding of clinical phonetics, including phonological processes
5. To gain an understanding of the differences, from a phonetic standpoint, between disorders of speech sound production and linguistic/dialectical speech variations

PLANNED ASSIGNMENTS AND EXAMINATIONS:

1. EXAMINATIONS: Three exams will be given. Test material will derive from the text, handouts and class lectures. Exams may consist of short answers, transcription, multiple choice and fill-in questions. Excluding emergencies, tests may not be made up.
2. QUIZZES: Three quizzes will be given. Quizzes may consist of transcription and fill-ins. Excluding emergencies, quizzes may not be made up.

3. GROUPWORK: Each groupwork will be done in class as a group of 3-4 students. Late groupwork may result in a reduction of grade points.

4. ASSIGNMENTS: Four assignments will be given. Late assignment may result in a reduction of grade points. More details will be explained in class.

GRADING POLICY AND POINT BREAKDOWN:

The allocation of grades shall be based on the following scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
</tr>
<tr>
<td>A</td>
<td>93-96.9</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9</td>
</tr>
<tr>
<td>B+</td>
<td>87-89.9</td>
</tr>
<tr>
<td>B</td>
<td>83-86.9</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9</td>
</tr>
<tr>
<td>C+</td>
<td>77-79.9</td>
</tr>
<tr>
<td>C</td>
<td>73-76.9</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9</td>
</tr>
<tr>
<td>D+</td>
<td>67-69.9</td>
</tr>
<tr>
<td>D</td>
<td>63-66.9</td>
</tr>
<tr>
<td>D-</td>
<td>60-62.9</td>
</tr>
<tr>
<td>F</td>
<td>59.9 or below</td>
</tr>
</tbody>
</table>

Final grades will be based on:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three Examinations</td>
<td>60 %</td>
</tr>
<tr>
<td>Three Quizzes</td>
<td>15 %</td>
</tr>
<tr>
<td>Five Groupwork</td>
<td>15 %</td>
</tr>
<tr>
<td>Four Assignments</td>
<td>10 %</td>
</tr>
</tbody>
</table>

TOTAL 100 %

REQUIRED TEXT:


OTHER INSTRUCTIONAL MATERIALS:

Audio CDs for Fundamentals of Phonetics (3rd edition)
LECTURE TOPICS, READING ASSIGNMENTS AND CLASS ACTIVITIES:
(subject to change if needed)

<table>
<thead>
<tr>
<th>Date/Week</th>
<th>TOPIC</th>
<th>ASSIGNMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 29, 31</td>
<td>Introduction/overview&lt;br&gt;Phonetic patterns of English</td>
<td>Text: Ch. 1,2</td>
</tr>
<tr>
<td><strong>WEEK 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 5, 7</td>
<td>Syllable structure &amp; Word stress&lt;br&gt;Groupwork #1</td>
<td>Text: Ch. 1,2</td>
</tr>
<tr>
<td><strong>WEEK 2</strong></td>
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</tr>
<tr>
<td>Feb 12, 14</td>
<td>Anatomy and physiology&lt;br&gt;Vowels of English</td>
<td>Text: Ch. 3, Ch. 4</td>
</tr>
<tr>
<td><strong>WEEK 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 19, 21</td>
<td>Vowel transcription</td>
<td>Text: Ch. 4</td>
</tr>
<tr>
<td><strong>WEEK 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 26, 28</td>
<td>Vowel transcription&lt;br&gt;Quiz #1: Feb 28</td>
<td>Assignment #1 due: Feb 26&lt;br&gt;Review for test</td>
</tr>
<tr>
<td><strong>WEEK 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 5, 7</td>
<td>Exam #1: Mar 5&lt;br&gt;Consonants of English</td>
<td>Text: Ch. 5</td>
</tr>
<tr>
<td><strong>WEEK 6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 12, 14</td>
<td>Consonant transcription&lt;br&gt;Groupwork #2</td>
<td>Text: Ch. 5</td>
</tr>
<tr>
<td><strong>WEEK 7</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 19, 21</td>
<td>Consonant transcription&lt;br&gt;Transcription practice</td>
<td>Text: Ch. 5</td>
</tr>
<tr>
<td><strong>WEEK 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 26, 28</td>
<td>Acoustics of Consonants&lt;br&gt;Groupwork #3&lt;br&gt;Quiz #2: Mar 28</td>
<td>Assignment #2 due: Mar 26</td>
</tr>
<tr>
<td><strong>WEEK 9</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 9, 11</td>
<td>Connected speech&lt;br&gt;Groupwork #4</td>
<td>Text: Ch. 6</td>
</tr>
<tr>
<td><strong>WEEK 10</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 16, 18</td>
<td>Clinical phonetics&lt;br&gt;Child speech</td>
<td>Text: Ch. 7</td>
</tr>
<tr>
<td><strong>WEEK 11</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 23, 25</td>
<td>Clinical phonetics&lt;br&gt;Child speech&lt;br&gt;Groupwork #5</td>
<td>Text: Ch. 7</td>
</tr>
<tr>
<td><strong>WEEK 12</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 30, May 2</td>
<td>Diacritics&lt;br&gt;Exam #2: May 2</td>
<td>Assignment #3 due: Apr 30&lt;br&gt;Review of Assignment #3&lt;br&gt;Review for test</td>
</tr>
<tr>
<td><strong>WEEK 13</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 7, 9</td>
<td>Diacritics&lt;br&gt;Transcription practice&lt;br&gt;Quiz #3: May 9</td>
<td></td>
</tr>
<tr>
<td><strong>WEEK 14</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 14, 16</td>
<td>Dialectal variations&lt;br&gt;Non-native English</td>
<td>Text: Ch. 8&lt;br&gt;Assignment #4 due: May 16</td>
</tr>
<tr>
<td><strong>WEEK 15</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 21</td>
<td>Final exam</td>
<td>9:30-11:20 a.m.</td>
</tr>
</tbody>
</table>
### Students with Special Needs:
Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

### Academic Dishonesty Policy:
Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/](http://www.fullerton.edu/senate/).

### Two-week plan for distance instruction should on-campus instruction be interrupted:
In case of instruction interruption, please contact your instructor for updates. Continue on, if possible, with class readings and notes for the class. Check your CSU Fullerton e-mail address for regular updates. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 714-278-4444.

### Attendance Policy:
Attendance may be a consideration in your grade.

### In the event of emergency:
Contact the University Police at 714-278-3333.
HCOM 242-01 (14412): Introduction to Communication Disorders
Spring 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

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After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

Outcome 3: Committed and Caring Professionals
- become change agents
- maintain professional and ethical standards
- become life-long learners

Department of Human Communication Studies: Mission Statement and Goals
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
CSUF Speech-Language Pathology Services Credential Program Assessment 2013

CALIFORNIA STATE UNIVERSITY, FULLERTON

Human Communication Studies 242
Introduction to Communication Disorders
Spring, 2013

Instructor: Minjung Kim, Ph.D., CCC-SLP
E-mail: minjungk@fullerton.edu
Office: CP 420-21 Phone: 657) 278-3927
Days: Monday & Wednesday Time: 11:30am-12:45pm
Classroom: CP-122L
Office Hours: Mon 1pm-2pm, Tues & Thurs 11:30am-12:30pm, or by appointment

COURSE DESCRIPTION FROM THE CATALOG
A broad overview of disorders of communication including classification and prevalence. Educational and training requirements for speech-language pathology and audiology, professional settings and opportunities, ethical considerations, clinical observations.
Units: (3)

COURSE OBJECTIVE:
This course provides a broad overview of disorders of communication, including classification and prevalence of speech, language, and hearing impairments in children and adults. Educational and training requirements for speech-language pathology and audiology as well as an introduction to ASHA’s Code of Ethics will be discussed. Professional settings that speech-language pathologists and audiologists may be employed in will be investigated. Students will gain an awareness of cultural influences on communicative styles and speech production. Clinical observations in the CSUF Speech and Hearing Clinic will be utilized to provide a better understanding of the processes involved in diagnosing and treating communication disorders.

STUDENTS OUTCOMES/COURSE OBJECTIVES:
Following the course, the student will demonstrate basic knowledge of:

1. Patterns/types of speech sound deficits associated with varied conditions (e.g. cleft lip and palate/craniofacial disorders, cerebral palsy, hearing impairment).
2. Psychosocial and cultural factors that an impact on cognitive functions and processes across the life span.
3. Clinical characteristics of cognitive-communication disorders across the lifespan.
4. Relationships among etiology, onset, course, duration, and clinical features of cognitive-communication disorders and clinical outcomes.
5. Differential diagnosis among childhood normal disfluency, normal second language disfluency, stuttering and various other types of fluency disorders.
7. The significance and nature of hearing impairment across the life span.
8. Neurological, biological, and psychological bases of normal receptive and expressive language in spoken and written language modalities across the life span.
9. Relationships among etiology, onset, course, duration, and clinical features of acquired receptive and expressive language disorders (spoken and written) and clinical outcomes.
10. Development of all aspects of language, form, content, and use (spoken, manual, written) across the lifespan.
11. Risk factors that may result in receptive and expressive language disorders (spoken and written) in children.
12. Key intervention principles, strategies, and approaches for working with individuals who have social communication deficits.
13. Developmental and acquired disorders that impact on social communication skills in individuals across the lifespan.
14. Physiology of the normal swallow across the lifespan.
15. Organic and functional etiologies of voice and resonance disorders across the lifespan.
16. Clinical assessment procedures and interpretation of the results that are obtained taking into account age-related and cross cultural differences.

EXAMINATIONS (Dates, make-up policy, etc.)

There will be three in-class exams (Exam I: 2/25/2013, Exam II: 4/8/2013, and final exam: 5/24/2013). Your final grade will be based on weighted scores of each exam; 30% of Exam I, 35% of Exam II, and 35% of the final exam.

No make-up exam will be allowed except for medical emergency of self or immediate family members (i.e., spouse or children). In the event of the medical emergency, a physician’s letter should be provided to Dr. Kim for a consideration of a make-up exam.

GRADING POLICY FOR THE COURSE

At the end of the semester, each student’s weighted points on the above will be totaled. Course grades will be assigned on a +/- system on the following scale (out of 100 semester points):

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
</tr>
<tr>
<td>A</td>
<td>93-96.9</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9</td>
</tr>
<tr>
<td>B+</td>
<td>87-89.9</td>
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<tr>
<td>B</td>
<td>83-86.9</td>
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<tr>
<td>B-</td>
<td>80-82.9</td>
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<tr>
<td>C+</td>
<td>77-79.9</td>
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<tr>
<td>C</td>
<td>73-76.9</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9</td>
</tr>
<tr>
<td>D+</td>
<td>67-69.9</td>
</tr>
<tr>
<td>D</td>
<td>63-66.9</td>
</tr>
<tr>
<td>D-</td>
<td>60-62.9</td>
</tr>
<tr>
<td>F</td>
<td>59.9 or below</td>
</tr>
</tbody>
</table>

REQUIRED TEXTS


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

CLINICAL HOURS OBSERVATION REQUIREMENT:
In order to successfully complete this course, students must complete a minimum of 4 hours of observation. Some of these observation hours will be obtained during supervised viewings of therapy and diagnostic videotapes. At least 1 of the observation hours must be done in the CSUF Speech and Hearing Clinic. Students must sign up for these observations. Specific dates that the observations are to be done will be discussed in class.
REQUIRED MATERIALS AND EQUIPMENT
There are no additional required materials and equipment other than those needed to complete assignments.

EXTRA CREDIT OPTIONS
There are usually no extra credit options, however, if options are given, they will be available to all students on an equitable basis.

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. Disabled Student Service Office is located in UH 101, (714) 278-3117. Further information available as documented at www.fullerton.edu/disabledservices/.

Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulant, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

Two week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

Attendance Policy
Attendance is expected of all students and students are expected to arrive on time and be prepared for class. You are allowed to miss one class with a documented excuse. Please limit use of cell phones, including text messaging, to break time.

In the event of emergency, contact the University Police at 657-278-3333.
Emergency Procedures Notice to Students

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

Before an emergency occurs-
1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-
1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-
1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 714-519-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

EMERGENCY CALLS

DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (714) 519-0911
## Tentative Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/28 &amp; 30</td>
<td>Overview of the course Fundamentals of communication sciences and disorders</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>2/4 &amp; 6</td>
<td>An Overview of Communication Development</td>
<td>Chapter 1, Chapter 2</td>
</tr>
<tr>
<td>2/11 &amp; 13</td>
<td>Anatomical and Physiological Bases of Communication and Communication Disorders</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>2/20</td>
<td>Communication assessment and intervention</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>2/25 &amp; 27</td>
<td><strong>Exam I (2/25)</strong> Phonological Disorders</td>
<td>Chapters 1-3</td>
</tr>
<tr>
<td>3/4 &amp; 6</td>
<td>Phonological Disorders</td>
<td>Chapter 9</td>
</tr>
<tr>
<td>3/11 &amp; 13</td>
<td>Motor Speech Disorders</td>
<td>Chapter 12</td>
</tr>
<tr>
<td>3/18 &amp; 20</td>
<td>Language Disorders in Early and Later Childhood</td>
<td>Chapter 6</td>
</tr>
<tr>
<td>3/25 &amp; 27</td>
<td>Adult Aphasia and Other Cognitive-based Dysfunctions</td>
<td>Chapter 7</td>
</tr>
<tr>
<td>4/1 &amp; 3</td>
<td>No class (Spring Recess)</td>
<td>Chapters 4, 6, 9, 12, 15</td>
</tr>
<tr>
<td>4/8 &amp; 10</td>
<td><strong>Exam II (4/8)</strong></td>
<td>Chapter 11</td>
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<tr>
<td>4/15 &amp; 17</td>
<td>Feeding and Swallowing Disorders</td>
<td>Chap 10</td>
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<tr>
<td>4/22 &amp; 24</td>
<td>Voice Disorders</td>
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<tr>
<td>4/29 &amp; 5/1</td>
<td>Fluency disorders</td>
<td>Class observation 5/1</td>
</tr>
<tr>
<td>5/6 &amp; 8</td>
<td>Hearing loss</td>
<td>Chapter 13 &amp; 14</td>
</tr>
<tr>
<td>5/13 &amp; 15</td>
<td>Complex Communication Needs and AAC</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>5/24</td>
<td><strong>Final Exam at Noon – 1:50pm</strong></td>
<td>Chapters 7, 10, 11, 13, 14, 15</td>
</tr>
</tbody>
</table>

*Contents of the syllabus are subject to change at the discretion of the instructor*
Summer 2011

HCOM 300: Introduction to Research in Speech Communication

Instructor: Dr. John Reinard  
Phone: 278-3617  
e-mail: jreinard@fullerton.edu

Office: CP Suite 420, Room 1  
Office Hours: TTh: 4:30 – 5:15 am, and by appointment  
Class web page: http://commfaculty.fullerton.edu/jreinard

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
a) demonstrate strong foundation in subject matter or field of study
b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
a) promote diversity
b) make informed decisions
c) engage in collaborative endeavors
d) think critically

Outcome 3: Committed and Caring Professionals
a) become change agents
b) maintain professional and ethical standards
c) become life-long learners

Department of Human Communication Studies: Mission Statement and Goals for Communicative Disorders Program

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

COURSE OBJECTIVES: A field defines itself by the integrity of its research. Communication studies represent such a diversity of approaches that the contemporary student must be conversant with many methods. To be competent to read the field's literature, one must have a working knowledge of research methods from several arenas. Undergraduate research methods courses in communication studies are designed to help students develop a facility for critical interaction with the field's important research. This course seeks to meet five general purposes:

1. to equip the you with a general knowledge of communication research objectives and methods;
2. to prepare you to write scholarship in communication;
3. to prepare you to analyze research literature and participate in enrollment studies;
4. to develop critical thinking skills in evaluating research findings;
5. to develop research skills in designing and implementing research projects.
3. to prepare you to evaluate existing communication research approaches;
4. to develop your skills in using library resources;
5. to enhance your ability to develop persuasive scholarly arguments.

*A Guide to Writing and Usage* (download from  
http://commfaculty.fullerton.edu/reinard/bookweb/newpage1.htm)

Bookwebpage and student study guide materials:  
http://www.mhhe.com/reinard4

optional and recommended strongly:  
*Publication manual of the American Psychological Association*

**COURSE FORMAT:** By use of electronic "slides," examples, study sheet materials, and quizzes, you will spend most class periods applying concepts you are learning. The class requires active, not passive involvement. Though, admittedly, lectures are a regular part of the course, knowledge necessary for your progress will be obtained through in-class contributions, class activities, text readings, and collateral assignments. Thus, you must read assigned material before coming to class. Moreover, this reading must be active and not passive. Students will be called on by name to answer questions about materials covered in reading. You should be prepared to summarize positions taken in the book so that you can apply them in class. Questions and issues should be raised during class and are welcomed since they often illuminate matters of concern for new students of research methods. The instructor will not read the book for you in class, though questions and exercises based on the book will be included prominently.

**EVALUATION:** Since the class features a lot of "learning by doing," there are no "big" assignments that can "make or break" your grade. Instead, many "little" activities contribute to the grade. Specifically:
- there will be a midterm exam during the term, which will count 19% toward your final grade;
- a cumulative final exam will count 25%;
- the first written paper, "Research Problem Paper" will count 8%; this paper is 3 paragraphs in length (plus references) and may be revised after receiving feedback;
- the "Definitional Paper" will count 12%; this paper is 3-5 pages in length and may *not* be revised after it is submitted for grading;
- the “Literature Review” paper will count 15%; this paper may vary greatly in length depending on the research argument the student makes; even so, most papers will range between 7 and 15 papers and may not be revised after it is submitted for grading;
- additional "study sheet" assignments and in-class activities will count 13% toward the final grade;
- Quizzes on English usage and grammar will count 8%;

Unexcused late written assignments will be penalized by 20% the first day and 10% each subsequent day. Students who do not turn in an assignment or answer a question when called upon by name will be presumed absent. All assignments are graded on a percentage basis.

The University has adopted a grading system including plus and minus grades. For instance, an A- is computed as 3.7 grade points rather than a 4.0. Since this course has never been troubled by unrealistic grades, the plus and minus system for this class does not reflect an attempt to punish students. Instead, it corresponds to the University arrangement of scores. Hence, the following range of class cumulative grades will result in the following grades:

- 96+ = A+; 88.5 to 95.9 = A; 86.5 to 88.4 = A-
- 83 to 86.4 = B+; 78.5 to 83.9 = B; 76.5 to 78.4 = B-
- 73 to 76.4 = C+; 68.5 to 72.9 = C; 66.5 to 68.4 = C-
- 63 to 66.4 = D+; 58.5 to 63.9 = D; 56.5 to 58.4 = D-
- below 56.5 = F

This class satisfies the University's upper-division literacy requirement. A minimum grade of C is required to satisfy this requirement.

Given that the course has a lot of "learning by doing" in the form of activities or active feedback sessions, you cannot master the course by getting notes from friends. If you are ill, have a personal emergency, or cannot attend due to a religious holiday, please leave a message on the professor's answering machine (278-3617) before class. Such
delayed work will not be penalized if a telephone call is received *before* class, but the work generally must be completed after returning to class (check with the instructor regarding the specific assignment in question). No late work may be turned in after the last regular session of class (prior to final exams). No late assignments will be accepted on the day of the final exam. Students must be in attendance to benefit from the class. Unexcused absences are handled according to the separate policy statement.

**POLICIES:** The following additional policies guide this course:

- Plagiarism is cause for failing the class. See the *University Catalog* for an official description and discussion of plagiarism. Students may find it useful to study together. Even so, worksheets that are turned in must not use same wording or examples.
- It is impermissible to look at, copy, or consult the work of another student or one’s books during a quiz or exam. It is impermissible to copy someone else’s written work, or allow someone else to copy yours. Doing so constitutes plagiarism, which is punishable by expulsion.
- According to the *University Catalog*, grades of “incomplete” can be given only when a student who is doing otherwise acceptable work is unable to complete a course because of illness or other conditions beyond his or her control. But any requirements to make up the course "shall not include retaking the course." Work must be completed during the time provided for the course.
- Students must be in attendance to benefit from the class. During the summer, each class session is equal to slight more than one week during the regular semester. Students who miss more than one unexcused class session will be subject to a lowering of their final cumulative grade by four full percentage points. Additional days of unexcused absence may be penalized at the rate of an additional 2% per day. Students will be excused from attendance due to personal illness, personal emergency, or observance of a religious holiday. To be excused, students must telephone the instructor *prior to* the class sessions to be missed.
- No late work or "extra credit" (whatever that means) assignments may be turned in after the last regular session of class (prior to the final exam). The University will not permit “late completion of requirements” as a cause for changing a grade after the semester is completed.

**PREPARATION OF WRITTEN ASSIGNMENTS:** Except for those assignments completed in class and other assignments completed on special "study sheets,” all assignments are to be typed (double spaced). All papers are expected to follow the APA style sheet--those that do not meet these standards will be returned to the students ungraded so that they may be submitted once corrected. Papers are to use standard grammar and correct spelling--those that do not meet these standards will be returned to the students ungraded so that they may be resubmitted after corrections.

All writing will be expected to follow acceptable standards of grammar and usage. The standard for writing used in the class is found in *A Guide to Writing and Usage*, which you are to download and follow. Please read it and follow its instructions. The standard for citation of all sources in this class is the *Publication Manual of the American Psychological Association*. There is a guide to APA style on the website for the class. Please do not use the guideline sheet available through the library. That resource contains errors.

Of the three major papers, one copy of each written assignment will not be returned to the student, but filed for future cross referencing. Students who wish a copy for themselves (with instructor comments), must make sure to turn in a second copy.

The University Writing Center is available to CSUF students who need some additional help. They are eager to help you with matters of grammar, clarity, punctuation, and the like. But they are not in the business of editing your work before submission. Furthermore, they will help you with your writing, but they will not help you do your class assignments. To receive help on assignments and editing your papers, please talk to Dr. Reinard in advance of the due date for assignments.

**STUDENTS WITH LAPTOP COMPUTERS:** If you have a laptop computer and wish to use it during class, please sit in the front rows. Do not send email to anyone (especially including other class members) during class. Students are asked to close their laptop computers upon being asked questions during class. In addition, do not work
on other assignments, write letters, play games, or complete work for other projects. Come to think of it, maybe it would be best not to use a laptop computer in class.

**STUDENTS WITH DISABILITIES:** Please let the instructor know if you have a disability that might affect your participation or study in this class. The instructor will keep this information in strict confidence, of course. Often, however, immediate and simple steps can be taken by the instructor to improve your learning environment in this course. Your instructor and Disabled Student Services will cooperate to help meet your needs. If you have not yet contacted Disabled Student Services, you should do so very soon since they must first identify student-clients prior to offering their services.

**EMERGENCIES REQUIRING BUILDING EVALUATION:** In the case of an event that required evaluation from the building, students are to follow the instructor and to stay with the rest of the class. Students will form at least 200 feet from the buildings to assure access by emergency vehicles.

**A PERSONAL NOTE TO STUDENTS:** Dr. Reinard really loves this field and its research. He hopes that you will share that same love for it as well. Please let him help you on assignments or just drop by to chat about your ideas for your career in this field. Who knows? He might be able to offer you more help than your other friends can. Remember, though he may have written the book from which you are studying, he is just another student in this field with you. But, please secure help early. Do not expect to get feedback on work that is reviewed fewer than a week before the assignment deadline.
# Course Outline

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>Readings from Textbook</th>
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<tbody>
<tr>
<td>5-31</td>
<td>I. Introduction to Communication Research</td>
<td></td>
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<tr>
<td></td>
<td>A. Problem Questions</td>
<td></td>
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<td></td>
<td>B. Our Rhetorical Tradition</td>
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<tr>
<td>6-2</td>
<td>II. The Mechanics of Research</td>
<td></td>
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<tr>
<td></td>
<td>A. Isolating Problems and Hypotheses (review)</td>
<td>Chs 1-2</td>
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<tr>
<td></td>
<td>B. Writing Research</td>
<td>Appendix G</td>
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<tr>
<td></td>
<td>(make sure you have read and understood the Usage Guide on the book website)</td>
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<tr>
<td>6-7</td>
<td>III. Arguing Positions in Research</td>
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<td></td>
<td>A. Explanation and Prediction:</td>
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<td></td>
<td>The Notion of Theory and Definitions</td>
<td>Ch 3</td>
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<td></td>
<td>B. Arguing Positions from Evidence</td>
<td>Ch 5</td>
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<td></td>
<td>(Research Problem Statement Paper Due)</td>
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<td></td>
<td>C. Statistical Evidence</td>
<td>Ch 12</td>
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<td>6-9</td>
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<td></td>
<td>D. Sampling</td>
<td>Ch 11</td>
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<td>6-14</td>
<td>Exam</td>
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<tr>
<td>6-16</td>
<td>IV. Historical-Critical and Qualitative Research</td>
<td>Ch 6</td>
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<td></td>
<td>A. Extrinsic Research</td>
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<td>6-21</td>
<td>B. Intrinsic Research</td>
<td>Ch 8</td>
</tr>
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<td></td>
<td>(Definitional Paper Due)</td>
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<td></td>
<td>C. Ethnography, etc.</td>
<td>Ch 9</td>
</tr>
<tr>
<td>6-23</td>
<td>V. Quantitative Research</td>
<td>Ch 7</td>
</tr>
<tr>
<td></td>
<td>A. Content Analysis</td>
<td></td>
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<td></td>
<td>B. Survey Research</td>
<td>Ch 10</td>
</tr>
<tr>
<td></td>
<td>C. Design of Experimental Research</td>
<td></td>
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<tr>
<td></td>
<td>D. Measurement</td>
<td>Ch 4</td>
</tr>
<tr>
<td>6-26</td>
<td>E. A Conceptual Introduction to Inferential Statistical Tools</td>
<td>Ch 13</td>
</tr>
<tr>
<td>6-30</td>
<td>Final Exam</td>
<td>Ch 14</td>
</tr>
<tr>
<td></td>
<td>(Literature Review Paper Due)</td>
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</tbody>
</table>
Education Unit Conceptual Framework

**Human Communication Studies 307-02 (19939)**  
Child Language Development, Spring 2013

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After successful completion of a program of study, our credential recipients and program graduates are:

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- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

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- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

**Outcome 3: Committed and Caring Professionals**
- become change agents
- maintain professional and ethical standards
- become life-long learners

**Department of Human Communication Studies: Mission Statement and Goals**
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
Instructor: HyeKyeung Seung, Ph.D., CCC-SLP, Professor  
Days: Monday & Wednesday  
Time: 10:00-11:15 a.m.  
Classroom: CP 129  
Office: CP-420-18  
Office Hours: Monday & Wednesday 2:00-3:00 p.m. or by appointment  
Phone (657) 278-7175  
E-mail: hseung@fullerton.edu

COURSE DESCRIPTION FROM THE CATALOG
Prerequisite: completion of General Education Category I.A. or Linguistics 106 or equivalent. Normal acquisition of phonology, morphology, semantics, syntax and pragmatics in children. Includes the biological, cognitive, and social bases of language acquisition. Meets the requirements for specialized preparation to serve as a teacher of exceptional children. (Same as Linguistics 307).

COURSE OBJECTIVES

The objectives of this course are to provide students with an overview of:

a) how language is defined and how languages are structured,
b) how children acquire the various aspects of language (phonology, morphology, syntax, semantics, pragmatics, literacy skills),
c) the normal stages of development and developmental milestones that children go through in acquiring each of these aspects of language,
d) the cognitive, social, biological, behavioral and environmental factors that play a role in children’s speech and language development,
e) the impact of dialect and bilingual language influences on children’s language development,
f) basic speech/language analysis procedures that can be used for analyzing various aspects of speech and language development.

STUDENT LEARNING GOALS

Students who successfully complete the class:
1. Will demonstrate general knowledge of the development of all aspects of language – form, content, and use (spoken, manual, written) across the lifespan.
2. Will demonstrate knowledge of the available developmental norms with respect to the ages of acquisition and mastery of speech sounds and other aspects of language.
3. Will be able to describe the development of cognitive and perceptual functions associated with language development across the lifespan.
4. Will demonstrate knowledge of risk factors that may result in receptive and expressive language disorders (spoken and written) in children.
5. Will demonstrate knowledge of how to analyze/interpret spontaneous language samples in preschool children.

GRADING POLICY FOR THE COURSE

Students are expected to:

a) attend classes,  
b) keep up with assigned readings,  
c) complete four in-class examinations, and  
d) complete a group project. Final grades will be based on:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam 1</td>
<td>30%</td>
</tr>
<tr>
<td>Exam 2</td>
<td>30%</td>
</tr>
<tr>
<td>Final exam</td>
<td>30%</td>
</tr>
<tr>
<td>Language sample analysis project</td>
<td>10%</td>
</tr>
</tbody>
</table>

At the end of the semester, each student’s weighted points on the above will be totaled. Course grades will be assigned on a +/- system on the following scale (out of 100 semester points):

43
Students who are involved in academic dishonesty (e.g., using other’s work without attributing it to them or cheating on an exam) will receive a failing grade on the assignment or exam.

EXAMINATIONS (Dates, make-up policy, etc.)

Examination dates are: Exam I: 2/25/13; Exam II: 3/27/13; Final Exam: 5/20/13. Missed examinations will result in a grade of zero. Make-up examinations will be given only in the event of an extreme emergency (e.g., family death, illness). In order to receive a make-up examination, the student must notify the instructor in a timely manner regarding the nature of the emergency and then submit a written statement (e.g., physician’s statement) detailing the emergency.

Language Sample Analysis Project (small group project): Due 5/1/13 no later than 10:00am.

Child’s Age: between 3 and 5 years old.

This project will be graded in terms of 1) completeness, 2) accuracy of analysis, 3) integration of information. All members within the group will be assigned the same score provided that all members contributed equally. However, if there is a written documentation from other group member(s) regarding the lack of contribution of a group member which burdens the rest of group members, that individual will loose 10% of points based on the written evidence.

a) You will obtain a spontaneous language sample and transcribe the sample.

Videotape a 30 minute child-caregiver or child-student play interaction and transcribe the language sample (both adult and the child’s utterances).

  Place X for unintelligible segments (e.g., X: one syllable, XX: two syllables, etc.)
  Number the complete utterances 1 through 100 from the entire language sample to be used for analyses
  When phonological errors occur, transcribe those using International Phonetic Alphabet (IPA)

b) Place a / mark to indicate bound-morphemes (e.g., -s, 3s, -ed, -ing, 's, contracted copula) on the transcript

c) Count the number of total morphemes per utterance and write it at the end of each utterance

d) Compute Mean Length of Utterance (MLU) across all the utterances being analyzed (total number of morphemes/total number of utterances)

e) Summarize semantic functions using a handout that will be provided later and compute Type Token Ratio

f) Then complete phonological (sound production error summary), morph-syntactic (MLU), semantic analysis (TTR), and sentence types (declarative, interrogative, imperative, negative sentences).

g) Interpret the analysis results developmentally and summarize the results in 3-5 pages (double space, 12 font size).

More details of the project and sample project will be provided during the semester.

Class behavior: Students are expected to demonstrate courteous behavior during class lectures out of respect
for the instructor and their peers. This includes minimizing any side-conversations in class during lecture, getting up and leaving the classroom setting (except in the case of emergency) in the middle of class lectures, and using cell phones or pagers during class time. Please keep your cell phones and pagers off during the class.

If students need to leave during a lecture for some reason, they should speak to the instructor in advance or make arrangements to sit in the back of the classroom to minimize any distraction to fellow classmates.

REQUIRED TEXT


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

Other readings and all notes for the class will be available on the Titanium website for this course.

REQUIRED MATERIALS AND EQUIPMENT

There are no additional required materials and equipment other than required textbook.

EXTRA CREDIT OPTIONS

There are no extra credit options.

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/. Two week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check with the course instructor for weekly instructional activities, which may include multimedia presentations, discussion forums, group work, and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

Attendance Policy

Students are encouraged to attend each class, as the critical analysis of clinical problems and research in class is important in the development of clinical skills.

Fieldwork Requirement: None required.
Emergency Procedures Notice to Students

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

**Before an emergency occurs**-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

**When an emergency occurs**-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

**After an emergency occurs**-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at [http://www.fullerton.edu](http://www.fullerton.edu), calling the University's hotline number at 714-519-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

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**EMERGENCY CALLS**

**DIAL 9-1-1**

All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (714) 519-0911
## Tentative Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/28 &amp; 30</td>
<td>Overview of course &amp; The territory</td>
<td>Chap 1</td>
</tr>
<tr>
<td>2/4 &amp; 6</td>
<td>Describing Language (<a href="#">Form a project group</a>)</td>
<td>Chap 2</td>
</tr>
<tr>
<td>2/11 &amp; 13</td>
<td>Neurological bases of speech and language</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>2/20</td>
<td>2/18 President's day: no class</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurological bases of speech and language</td>
<td></td>
</tr>
<tr>
<td>2/25 &amp; 27</td>
<td>First Exam(2/25)</td>
<td>Chapters 1, 2, 3</td>
</tr>
<tr>
<td></td>
<td>The social and communicative bases of early language and speech</td>
<td>Chap 5</td>
</tr>
<tr>
<td>3/4 &amp; 6</td>
<td>Language learning and teaching processes and young children (<a href="#">Video taping</a>)</td>
<td>Chap 6</td>
</tr>
<tr>
<td>3/11 &amp; 13</td>
<td>First words and word combinations in toddler talk</td>
<td>Chap 7</td>
</tr>
<tr>
<td>3/18 &amp; 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/1 &amp; 4/3</td>
<td>Spring Recess (no classes) (<a href="#">Transcription</a>)</td>
<td></td>
</tr>
<tr>
<td>4/8 &amp; 10</td>
<td>Preschool development of language form</td>
<td>Chap 9</td>
</tr>
<tr>
<td>4/15 &amp; 17</td>
<td>Preschool development of language form</td>
<td>Chap 9</td>
</tr>
<tr>
<td>4/22 &amp; 24</td>
<td>Preschool pragmatic and semantic development (<a href="#">Analysis: MLU, TTR, sentence types, phonological errors</a>)</td>
<td>Chap 8</td>
</tr>
<tr>
<td>4/29 &amp; 5/1</td>
<td>Early school-age language development (<a href="#">project due: 5/1</a>)</td>
<td>Chap 10</td>
</tr>
<tr>
<td>5/6 &amp; 8</td>
<td>School age literacy development</td>
<td>Chap 11, 12</td>
</tr>
<tr>
<td>5/13 &amp; 15</td>
<td>Language differences</td>
<td>Chap 13</td>
</tr>
<tr>
<td>5/20</td>
<td>Final Exam at 12:00-1:50pm</td>
<td>Chapters 8-13</td>
</tr>
</tbody>
</table>
**HComm 308, Research Methods, Fall 2013**
Tu-TH 8:30-9:45am, CP 19 (basement)

Instructor: Jon Bruschke  
Office: CP 420-7, ext 3272. E-mail: jbruschke@fullerton.edu  
Homepage address: [http://commfaculty.fullerton.edu/jbruschke/index.html](http://commfaculty.fullerton.edu/jbruschke/index.html). There’s also a Titanium site.

Office Hours: Tu-Th 10am-11am. Others by appointment. I’m the former debate coach so these are subject to quick, radical, unpredictable, and capricious change. Get in touch with me at the end of class if you’d like to meet out of scheduled times, and e-mail may be the best way to get in touch with me during the week.

I. Required Text


Reading packet available at CopyCo, 714-680-9800, Southeast corner of State College & Nutwood. Not available until second week of classes.


II. COURSE OUTLINE (Tentative)

<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jan 29, 31</td>
<td>Means, percentages, and rankings. The role of math and proofs in what you'll learn. Where knowledge comes from. Types of data. Reinard, Chpt 2.</td>
</tr>
<tr>
<td>2</td>
<td>Feb 5, 7</td>
<td>Making pretty pictures. Measurement and ways to get data. Reliability and validity (Reinard, Chpt 6).</td>
</tr>
<tr>
<td>4</td>
<td>Feb 19, 21</td>
<td>Hypothesis testing, continued. Sampling, Reinard pp. 28-41.</td>
</tr>
<tr>
<td>5</td>
<td>Feb 26, 28</td>
<td>Univariate statistics; T-test (Reinard, Chpt 7). Article example: Sanders, Wiseman &amp; Gass.</td>
</tr>
<tr>
<td>6</td>
<td>Mar 5, 7</td>
<td>Chi-Square (pp. 249-274). Article example: Kondo.</td>
</tr>
<tr>
<td>7</td>
<td>Mar 12, 14</td>
<td>Correlation (Reinard, Chpt 5). Article example: Stack &amp; Gundlach.</td>
</tr>
<tr>
<td>8</td>
<td>Mar 19, 21</td>
<td>One-way ANOVA (Reinard, chpt 8). Article example: Edwards &amp; Murdock.</td>
</tr>
<tr>
<td>9</td>
<td>Mar 26, 28</td>
<td>Review and Mid-Term. <strong>Mid-Term on 10-20</strong></td>
</tr>
<tr>
<td>10</td>
<td>Mar 29, 31</td>
<td>ANOVA (Reinard, Chpt 9). Article examples: Sparks &amp; Ogles.</td>
</tr>
<tr>
<td>11</td>
<td>Apr 2, 7</td>
<td>Multiple regression (Reinard, Chpt 13). Article examples: Weger</td>
</tr>
<tr>
<td>12</td>
<td>Apr 9, 14</td>
<td>Content analysis (Reinard, pp. 7-8). Article example: Honeycut, Zagacki, &amp; Edwards</td>
</tr>
<tr>
<td>13</td>
<td>Apr 16, 21</td>
<td>Advanced analyses (powerpoint only).</td>
</tr>
<tr>
<td>14</td>
<td>Apr 23, 28</td>
<td>Thanksgiving break; cheer against the Cowboys</td>
</tr>
<tr>
<td>15</td>
<td>Apr 30, May 2</td>
<td>Catch-up week we'll desperately need. <strong>Paper due May 7.</strong></td>
</tr>
<tr>
<td>16</td>
<td>May 7, May 9</td>
<td>Present final research papers; review for final</td>
</tr>
<tr>
<td>Finals week</td>
<td>Thursday, May 23, 9:30-11:20am</td>
<td>Final exam</td>
</tr>
</tbody>
</table>
III. Grading Criteria and course procedures

30%  Test #1, the mid-term.
30%  Test #2, the final.
25%  Final paper
15%  Participation.

All assignments will receive letter grades that are weighted according to the above scale. A weighted average of 3.5 and above will constitute an “A,” 2.75-3.49 will constitute a “B,” 2.00-2.75 will constitute a “C,” 1.0-1.99 will constitute a “D,” and below a 1.0 will constitute an “F.” Plus/minus grades will only be used in borderline instances where, in my judgment, the gradations more usefully identify student effort. Individual assignments may receive plus or minus grades, and the numeric values as listed in the course catalog will be entered and weighted accordingly.

Participation will be based on your completion of ad-hoc assignments given during the class, providing data at relevant points, and your overall contribution to the productivity of the class. You can get an assessment of your participation grade at any time by asking; the exact method of calculation will depend on the nature of the ad-hoc assignments. Mostly, I will begin with your average on other assignments and then adjust up or down accordingly.

All alterations and amendments to this syllabus will be presented in class. You will receive assignment sheets that specify what is required for the final paper.

Tests will all be open book. I will try to never ask you to memorize anything that can easily be looked up in a reference manual. While you are allowed to use any notes during the test, you may not use other students as resources. The final grades on the test will be developed after the grades of the tests are available to me; at all times, however, 90-100% correct or more will be some form of an A, 80-89% or more will be some form of a B, and 70%-79% will be some form of a C. Less than 50% will be an F. This class will NOT use the plus-minus grading system, although plus-minus grades may be used for any given assignment.

IV. Required stuff

Campus emergency policies: http://www.fullerton.edu/emergencypreparedness/ep_students.html
Campus academic dishonesty policy: http://www.fullerton.edu/senate/PDF/300/UPS300-021.pdf
CSUF policy on disabled students: http://www.fullerton.edu/disabledservices/dss_student_Handbook.htm
Departmental policies apply to this course, including a minimum grade requirement for graduation.
Full plus-minus grading policy: http://www.fullerton.edu/admissions/CurrentStudent/gradingsystem.asp
Field trip policy and forms: http://ehs.fullerton.edu/AcademicSafety/FacultyResponsibilitiesForStudentHealthAndSafety.aspx

V. Course Philosophy

Almost all stat classes I have been exposed to have had me calculate some things and funny numbers. I hold the following opinions on the issue: (a) there is no way anyone can be competent in the use of statistics without computer skills and no reason anyone should ever calculate anything by hand, (b) for you to be professionally competent as a number cruncher you need to be exposed to as many different techniques as possible, and (c) to ever really get good at statistics you will need more than one graduate methods class. Given these beliefs, I will never ask you to calculate anything and the focus will be on conceptually understanding the statistics. If you want to learn statistical terminology or how to make the calculations by hand, you will need to extend your education by taking supplemental classes elsewhere.

DISCLAIMERS: This class sold by weight, not by volume. Some settling may have occurred during shipping. Do not operate heavy machinery while taking this class. This class void where licensed, taxed, or prohibited. Lather, rinse, but do not repeat this class.
SpCom 308 Paper Assignment

Format: 4-7 pages, typewritten. Follow any style manual of your choice (usually APA). You are strongly encouraged to check out “tips for college writing” on my internet homepage. The paper is due May 1st. Attach the cover sheet.

The idea: This class is designed to get you up to speed enough to be able to read the methods section of a scholarly article. This assignment is to look up an article in your field, read it, and be able to understand, synthesize, and critically assess the methods section of the paper. All parts of the paper should be a summary put in your own words; do NOT copy sections out of the paper and re-paste them. Use quotations from the paper sparingly, and make sure that you cite them appropriately. You are encouraged to use headings to divide up your sections.

Step 1: Find an article in your field. Human Communication Research, Communication Reports, Communication Monographs, Journal of Speech, Language, and Hearing Research, etc., are good titles. Anything published by a regional or national communication organization is fair game. MAKE A PHOTOCOPY OF THE ARTICLE and turn it in with your paper. You should make sure that the methods section of your article involves material we have covered in class, and that it is a topic that you have some interest in and can understand. The article must have been published in 2000 or more recently. Many articles you can get on-line.

Step 2: Figure out the research question, any hypotheses, and define any technical terms so that a lay reader could understand. Make this the first section of your paper; it should be about a page long. If the paper has lots of research questions and hypotheses, focus on ONE and identify that you are doing so (and not discussing the rest). You do NOT need to list hypotheses your paper doesn’t address.

Step 3: Explain the research design. What were the independent and dependent variables? How were they measured? Were they categorical or continuous? Was it a survey, a content analysis, coded behavior? If it was behavior, was the behavior naturally occurring or artificially induced? What statistic was used (make sure you tie your discussion of the stat used to your description of the variables)? Make sure you report the results, including the raw data, value of the test statistic, p value, and magnitude. It is really helpful if you can summarize all the quantitative stuff in a single sentence or two in plain English, like this: “The study found that females had lower average Communication Anxiety scores (mean = 17.2) than males did (mean = 21.3), but there were no differences on other dependent measures.” This should be the second section of your paper and should be 1-3 pages long. Link the results back to the hypotheses and report whether the hypotheses were confirmed or denied.

Do NOT review the demographics of the sample unless they are related to your assessment.

Do NOT discuss any variables that are not included in the hypothesis you are assessing.

Step 4: Assess the study, beginning with a simple statement of the author’s conclusions. Are their internal or external validity problems? Was reliability reported? Was it sufficient? Was the sample sufficient? Is there a way the study could have been done differently to make it more sound? Are there plausible rival hypotheses that should have been considered? How much confidence do you have that the findings are indicative of an actual, real relationship? Were there important variables that were left out? This should be the third section of the paper and be 1-3 pages long. Connect your conclusions to the article’s conclusions: Do you agree about what they decided? Make sure your assessment deals with Type 1 and Type 2 error (don’t criticize their study for Type 2 errors if they found significance), and focus on the overall strength of the study, not nitpicky errors.

Tips: Do NOT just say that there “could” be a problem (i.e., “The sample was only students, and they might be different from the overall population.”) Say whether you THINK there is a problem (and why), and include HOW the results they got might be different from the true results in the population, and how serious an error you think this is. CONNECT EVERY STRENGTH OR WEAKNESS TO SOME CONCLUSION: Was sample size a problem? If so, which conclusion do you not trust? Does that introduce Type 1 or Type 2 error?
You should ALWAYS address magnitude in your assessment and conclusion.

**Step 5**: State your conclusions clearly. What did the study prove? Was it a good or bad study? How much confidence do you have in the findings? This should be the last section of your paper and no more than 1 page long.

Again, turn in the article with the paper.

The bulk of your grade will be based on how well you demonstrate a mastery of the quantitative concepts. If you have a deep understanding of them, it will show up in the section that allows you to assess the methods. The remainder of your grade will be based on how thoroughly you accomplish the rest of the work of the paper. Of course, if you fail to correctly explain the theory and variables involved in the study, you will be unable to assess the paper very well.

You will make a short presentation of your findings (no more than 5 minutes) on the last week of class. The presentation should report on the single most important facet of your paper. You do not need to describe your entire paper in your presentation; you only have to summarize its most important point. Use visual aids or the marker board if it will help clarify your point. **IF YOU NEED A COPY OF YOUR PAPER TO MAKE YOUR PRESENTATION, MAKE A COPY OF IT BEFORE YOU TURN IT IN TO ME.**

**Quick style notes:**

Obviously, if you have beginning quote marks, you should have end quote marks.

Punctuation always occurs inside the quote marks.
This is wrong: “baseball”.
This is right: “baseball.”

Space before and after every term in statistical copy.
This is wrong: $F=1.23$, $p<.05$.
This is right: $F = 1.23$, $p < .05$.

Always underline statistical terms, like $p$, $F$, $r$, etc.

If you start a sentence with a number, write the number out.
Final Paper Cover sheet

Formal hypothesis:

Independent Variables and levels (if categorical):

Dependent Variables and levels (if categorical): Raw

Data:

Statistic used to test:

Value of test statistic:

Significance level (p value): Is the hypothesis confirmed?

Magnitude:

One-sentence summary:
Final Paper Cover sheet
(example from Sparks and Ogles)

Formal hypothesis:

Blunters will report comparatively more negative affect when they receive a high level rather than a low level of prior emotional information about the film. (H2 in text on p. 3)

Independent Variables and levels (if categorical): Emotional coping style. Levels: Monitor (wants information), blunter (does not want information)

Dependent Variables and levels (if categorical): Negative affect (emotion) – continuous. Measured with 4 self-report items in an “Index of Negative Emotion.”

Raw Data:

The Index of Negative emotion did not obtain significance and thus no raw data were reported. There was significance for one of the four items, however. For “desire to see more of the film,” the means were:

Blunters/forewarned: 3.0
Blunters/not forewarned: 6.6
Monitors/forewarned: 5.2
Monitors/not forewarned: 5.2

Statistic used to test: ANOVA

Value of test statistic: F = 6.6

Significance level (p value): .01 (it IS statistically significant)

Is the hypothesis confirmed? The hypothesis is partially confirmed. One of four items demonstrated an interaction effect.

Magnitude: Blunters scored 3.6 points lower on a 9-point scale (40% of the possible difference) in different forewarning condition. There was no difference for monitors.

One-sentence summary: Blunters who are forewarned will be less likely to want to see more of a scary movie than those who are not forewarned, and there is no difference for monitors.
**Education Unit Conceptual Framework**

*a transformational journey toward educational advancement and achievement*

**Core Values**

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

**Based on our core values, our mission is as follows:**

**Mission Statement**

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

**Student Outcomes and Indicators**

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**

- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**

- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

**Outcome 3: Committed and Caring Professionals**

- become change agents
- maintain professional and ethical standards
- become life-long learners

Wohlgemuth 2013
Department of Human Communication Studies: Mission Statement and Goals
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

Instructor: Kathleen Wohlgemuth, M.A., C.C.C.  Day: Wednesday
Classroom: UH 339  Time: 7:00-9:45
p.m. Office Hours: Wednesday (6:00-7:00 p.m.) and/or by appointment
Office: LH 407 B
Phone: (657) 278-3617 (Dept.)
Voice Message: (714) 936-5177
E-mail: kwohlgemuth@fullerton.edu

COURSE DESCRIPTION FROM THE CATALOG
Anatomy and physiology of the speech and hearing mechanism. The processes of respiration, phonation, articulation-resonance, and hearing are included.

COURSE OBJECTIVES
This course will provide basic information on normal human anatomy and physiology relevant to speech production and hearing. The content constitutes a portion of the pre-clinical information students must learn prior to exposure to speech, language, voice, and swallowing disorders, and partially fulfills the knowledge-based competencies required for certification.

STUDENT LEARNING GOALS
1. Will demonstrate knowledge of the anatomic structures, physiologic processes, and neurological bases, involved in the production and perception of speech including respiration, phonation, resonance and articulation.
2. Will demonstrate knowledge of the anatomy and physiology of the auditory system across the lifespan.
3. Will demonstrate knowledge of the physiology of the normal swallow across the lifespan.
4. Will demonstrate knowledge of the anatomy and physiology of the voice production mechanism (respiratory, phonatory, and resonance systems) across the lifespan.

PLANNED ASSIGNMENTS
Reading and study of course text and supplementary resources. Please see 16 week schedule for specific reading assignments and activities.

GRADING POLICY FOR THE COURSE
Students are expected to attend all mandatory classes and keep up with assigned readings. There will be three in-class exams.
Missed examinations receive a grade of zero. Make-up examinations will be given only in the event of an extreme emergency (e.g., family death, illness). In order to receive a make-up examination, the student must notify the instructor in advance regarding the nature of the emergency and then submit a written statement (e.g., physician’s statement) detailing the emergency. Consent must be obtained at least 24 hours before the scheduled exam.

Your grade for the course will be based on three objective, multiple-choice examinations. Exams will be taken in class and are closed book. Each exam will count towards one-third of your course grade.

Final grades will be based on the following:
1. First Exam: Wednesday, 2-27-2013
2. Second Exam: Wednesday, 4-10-2013
3. Final Exam: Wednesday, 5-22-2013 7:30-9:20 p.m.

GRADERS WILL BE ASSIGNED AS FOLLOWS:
Course grades will be assigned on a +/- system on the following scale (out of 100 semester points):

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>96.67-100</td>
</tr>
<tr>
<td>A</td>
<td>93.34-96.66</td>
</tr>
<tr>
<td>A-</td>
<td>90.00-93.33</td>
</tr>
<tr>
<td>B+</td>
<td>86.67-89.99</td>
</tr>
<tr>
<td>B</td>
<td>83.34-86.66</td>
</tr>
<tr>
<td>B-</td>
<td>80.00-83.33</td>
</tr>
<tr>
<td>C+</td>
<td>76.67-79.99</td>
</tr>
<tr>
<td>C</td>
<td>73.34-76.66</td>
</tr>
<tr>
<td>C-</td>
<td>70.00-73.33</td>
</tr>
<tr>
<td>D+</td>
<td>66.67-69.99</td>
</tr>
<tr>
<td>D</td>
<td>63.34-66.66</td>
</tr>
<tr>
<td>D-</td>
<td>60.00-63.33</td>
</tr>
<tr>
<td>F</td>
<td>Below 60</td>
</tr>
</tbody>
</table>

Class behavior:
Students are expected to demonstrate courteous behavior during class lectures out of respect for the instructor and fellow peers. This includes minimizing any side-conversations in class during lecture, getting up and leaving the classroom setting (except in the case of emergency) in the middle of class lectures, and using cell phones or pagers during class time. Please keep your cell phones off during the class.
If students need to leave during a lecture for some reason, they should speak to the instructor in advance or make arrangements to sit in the back of the classroom to minimize any distraction to fellow classmates.

REQUIRED TEXT

SUPPLEMENTAL TEXT

**SUPPLEMENTAL MATERIALS (Highly helpful!**)  
3D Anatomy for Speech Language Pathology-www.primalpictures.com  
The link is:  
"Your students can order either the online subscription for one semester at $60  
OR the student priced DVD-ROM version at $125 using the following link and codes:  
The link is [www.primalonlinelearning.com/required](http://www.primalonlinelearning.com/required)  
The codes they need to enter there:  
**CSUFSCONLINE** for the online subscription  
**CSUFSCDVD** for the DVD-ROM"

**OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES**  
*Medical Dictionary, e.g. Stedman’s, or Taber’s.*


*Available at CSUF Pollak Library*

**Websites**  
Internet Links for Speech/Language/Audiology:  
[http://www..communicationdisorders.com](http://www..communicationdisorders.com)  
[http://zemlin.shs.uiuc.edu/](http://zemlin.shs.uiuc.edu/)
REQUIRED MATERIALS AND EQUIPMENT
None required.

EXTRA CREDIT OPTIONS
Document ten websites you have found most helpful in your study of anatomy and physiology of speech and hearing. Include a brief description of each website’s most useful information/images. Worth up to one semester point of credit towards your course grade.

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

Two week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check with the course instructor for weekly instructional activities, which may include multimedia presentations, discussion forums, group work, and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

Attendance Policy
Students are encouraged to attend each class, as the critical analysis of clinical problems and research in class is important in the development of clinical skills.

Fieldwork Requirement: None required.

Wohlgemuth 2013
### 16 Week Schedule (15 Weeks of Instruction Plus 1 Exam Week)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30-13</td>
<td>Introduction to anatomy and physiology; basic anatomical terminology, cell structure/tissue type, principles of muscle contraction.</td>
<td>Zemlin, pp. 2-3, 4-6, 7-32</td>
</tr>
<tr>
<td>2-06-13</td>
<td>Introduction to respiration; skeletal framework for respiration.</td>
<td>Zemlin, pp. 34-54</td>
</tr>
<tr>
<td>2-13-13</td>
<td>Muscles of respiration.</td>
<td>Zemlin, pp. 55-76</td>
</tr>
<tr>
<td>2-20-13</td>
<td>Physiology of respiration.</td>
<td>Zemlin, pp. 76-96</td>
</tr>
<tr>
<td>2-27-13</td>
<td><strong>Exam #1</strong></td>
<td></td>
</tr>
<tr>
<td>3-06-13</td>
<td>Introduction to phonation; supportive structures of the larynx.</td>
<td>Zemlin, pp. 101-114</td>
</tr>
<tr>
<td>3-13-13</td>
<td>Laryngeal cavities; intrinsic and extrinsic muscles of the larynx.</td>
<td>Zemlin, pp. 114-136</td>
</tr>
<tr>
<td>3-20-13</td>
<td>Laryngeal neurology; physiology of vocal fold vibration, instrumentation.</td>
<td>Zemlin, pp. 368 (cranial nerves), 374-375, 137-152, 182-186.</td>
</tr>
<tr>
<td>4-03-13</td>
<td><em>Spring Break</em></td>
<td></td>
</tr>
<tr>
<td>4-10-13</td>
<td><strong>Exam #2</strong></td>
<td></td>
</tr>
<tr>
<td>4-17-13</td>
<td>Bones of the skull.</td>
<td>Zemlin, pp. 198-225</td>
</tr>
<tr>
<td>4-24-13</td>
<td>Vocal tract cavities; facial muscles.</td>
<td>Zemlin, pp. 226-239</td>
</tr>
<tr>
<td>5-01-13</td>
<td>Muscles of the tongue; muscles of mastication; Mastication and deglutition.</td>
<td>Zemlin, pp. 251-264; 280-281.</td>
</tr>
<tr>
<td>5-08-13</td>
<td>Muscles of the palate and pharynx; dentition. Speech production.</td>
<td>Zemlin, pp. 264-280, 239-251, 293-307</td>
</tr>
<tr>
<td>5-15-13</td>
<td>Anatomy and physiology of the ear.</td>
<td>Zemlin, pp. 435-477</td>
</tr>
<tr>
<td>5-22-13</td>
<td><strong>Final Exam-7:30 to 9:20 p.m.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Wohlgemuth 2013
HCOM 350 (17273): Speech and Hearing Science
Spring 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

Outcome 3: Committed and Caring Professionals
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

Mission, Goals, and Strategies of the Communicative Disorders Program

The Program in Communicative Disorders at California State University, Fullerton provides its majors with an understanding of speech, language, and hearing sciences and disorders, and also of the high quality services that are delivered by professionals in speech-language pathology and audiology. Our faculty and staff aspire to combine excellence in teaching, research, and clinical practice for students in and out of the classroom. In the on-campus Speech, Language, and Hearing Clinic and off-campus medical, community, and educational training sites, we strive to provide graduates of our program with the essential knowledge and skills to become professional practitioners in speech-language pathology who are capable of serving in clinics, schools, community centers, hospitals, and private practice. We also strive to prepare our graduates to become advocates for people with communication disabilities.

Positioned within a comprehensive, regional university with a global outlook in Southern California, our faculty expertise and diversity provide a distinctive opportunity for exploring, understanding, and developing an appreciation for normal and disordered human communication across the life span and across culturally/linguistically diverse populations. In our university, where learning is preeminent, graduates represent our aspirations to combine the best of current theory with contemporary clinical practices across the broad
Goals and Strategies

I. To ensure the preeminence of learning by addressing the knowledge and skill areas delineated in the appropriate ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology, we will:

   a. Establish a curriculum which emphasizes the development of knowledge in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing.

   b. Incorporate clinical experiences which lead to the development of clinical skills in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing

II. To provide a high quality program by ongoing identification of the most appropriate student learning outcomes, we will:

   a. Incorporate knowledge and skill areas that are separate yet interdependent on coursework and practicum experience.
CALIFORNIA STATE UNIVERSITY, FULLERTON
Human Communication Studies 350
Speech and Hearing Science
Spring 2013

Instructor: Minjung Kim, Ph.D., CCC-SLP
E-mail: minjungk@fullerton.edu
Office: CP 420-21  Phone: (657) 278-3927
Days: Mondays & Wednesdays  Time: 10:00a.m.-11:15a.m.
Classroom: CP-122L
Office Hours: Mon 1pm-2pm, Tues & Thurs 11:30am-12:30pm, or by appointment

COURSE DESCRIPTION:

This course provides an introduction to physiology and acoustics of speech production including voice, resonance, and individual speech segments. Speech science instrumentation is also discussed.

COURSE OBJECTIVES/ STUDENT LEARNING GOALS

Following this course, the student will demonstrate knowledge of the following:
1) the acoustics of sound and its perception (Hearing IIIB3)
2) the acoustics of the voice source and vocal tract properties in optimal and disordered voice production (Voice IIIB3)
3) the basic acoustical characteristics of speech as it relates to an understanding of articulatory or motor speech disorders (Artic IIIB2)
4) the principal relationships among the physiologic, acoustic, and perceptual levels of speech.

EXAMINATIONS (Dates, make-up policy, etc.)

There will be three in-class exams *(Exam I: 3/13/2013, Exam II: 4/24/2013, and final exam: 5/20/2013)*. Your final grade will be based on weighted scores of each exam; 30% of Exam I, 35% of Exam II, and 35% of the final exam.

Exams can be made up only for reasons that are beyond the control of the student, and this is primarily limited to documented illness and is at the discretion of the instructor. In the event of the medical emergency, a physician’s letter should be provided for a consideration of a make-up exam.

GRADING POLICY FOR THE COURSE

At the end of the semester, each student’s weighted points on the above will be totaled.
Course grades will be assigned on a +/- system on the following scale (out of 100 semester points):

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
</tr>
<tr>
<td>A</td>
<td>93-96.9</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9</td>
</tr>
<tr>
<td>B+</td>
<td>87-89.9</td>
</tr>
<tr>
<td>B</td>
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<tr>
<td>B-</td>
<td>80-82.9</td>
</tr>
<tr>
<td>C+</td>
<td>77-79.9</td>
</tr>
<tr>
<td>C</td>
<td>73-76.9</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9</td>
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<tr>
<td>D+</td>
<td>67-69.9</td>
</tr>
<tr>
<td>D</td>
<td>63-66.9</td>
</tr>
<tr>
<td>D-</td>
<td>60-62.9</td>
</tr>
<tr>
<td>F</td>
<td>59.9 or below</td>
</tr>
</tbody>
</table>

**REQUIRED TEXT**


**OPTIONAL TEXT**

**LECTURE TOPICS AND READING ASSIGNMENTS**  
(subject to change if needed)

<table>
<thead>
<tr>
<th>Date/Week</th>
<th>TOPIC</th>
<th>READINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 28, 30</td>
<td>Introduction to Acoustics</td>
<td>Text: Ch. 1, 2</td>
</tr>
<tr>
<td>WEEK 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 4, 6</td>
<td>Nature of Sound Wave</td>
<td>Text: Ch. 2</td>
</tr>
<tr>
<td>WEEK 2</td>
<td>Basic Definitions of Frequency/Intensity</td>
<td></td>
</tr>
<tr>
<td>Feb 11, 13</td>
<td>Nature of Resonance</td>
<td>Fry: Ch. 2</td>
</tr>
<tr>
<td>WEEK 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 20</td>
<td>Respiration and Phonation</td>
<td>Text: Ch. 3, 4</td>
</tr>
<tr>
<td>WEEK 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 25, 27</td>
<td>Articulation and Acoustics of Vowels</td>
<td>Text: Ch. 5</td>
</tr>
<tr>
<td>WEEK 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 4, 6</td>
<td>Vowel Production</td>
<td></td>
</tr>
<tr>
<td>WEEK 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 11, 13</td>
<td><strong>Exam 1 (March 13)</strong></td>
<td>Review for test</td>
</tr>
<tr>
<td>WEEK 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 18, 20</td>
<td>Articulation and Acoustics for consonants</td>
<td>Text: Ch. 6</td>
</tr>
<tr>
<td>WEEK 8</td>
<td>Production of Semivowels</td>
<td></td>
</tr>
<tr>
<td>Mar 25, 27</td>
<td>Production of Plosives</td>
<td></td>
</tr>
<tr>
<td>WEEK 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 8, 10</td>
<td>Production of Fricatives and affricates</td>
<td></td>
</tr>
<tr>
<td>WEEK 10</td>
<td>Production of Nasals</td>
<td></td>
</tr>
<tr>
<td>Apr 15, 17</td>
<td>Acoustics of Prosody</td>
<td></td>
</tr>
<tr>
<td>WEEK 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 22, 24</td>
<td><strong>Exam 2 (April 24)</strong></td>
<td>Review for test</td>
</tr>
<tr>
<td>WEEK 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 29, May 1</td>
<td>Speech Perception</td>
<td>Text: Ch. 9, 10</td>
</tr>
<tr>
<td>WEEK 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 6, 8</td>
<td>Speech Perception</td>
<td>Text: Ch. 9, 10</td>
</tr>
<tr>
<td>WEEK 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 13, 15</td>
<td>Review Sessions for Final Exam</td>
<td></td>
</tr>
<tr>
<td>WEEK 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 20</td>
<td>Final exam</td>
<td>noon-1:50pm</td>
</tr>
</tbody>
</table>
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**Attendance Policy:** Attendance may be a consideration in your grade.

**In the event of emergency,** contact the University Police at 714-278-3333.
**Human Communication Studies 352-01 (11762)**  
**Child Language and Phonological Disorders, Spring 2013**

**Education Unit Conceptual Framework**

**a transformational journey toward educational advancement and achievement**

**Core Values**

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- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**

- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

**Outcome 3: Committed and Caring Professionals**

- become change agents
- maintain professional and ethical standards
- become life-long learners

**Department of Human Communication Studies: Mission Statement and Goals**

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and...
hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: HCOM 241 or Linguistics 351; HCOM 242 and 307. Introduction to language and phonological disorders in children. Emphasis on the speech-language profiles of special populations and contemporary approaches to assessment and intervention. Includes practice in the analysis of child speech/language samples.

COURSE OBJECTIVES

The objectives of this course are to provide students with information on the following:
1) the patterns of speech sound disorders associated with varied conditions;
2) the differences in the etiologies and characteristics of articulatory and phonological deficits in speech sound error patterns;
3) the procedures for selecting, administering, and scoring formal and informal articulation, phonological, receptive and expressive developmental language, and pragmatics assessment measures, taking age-related and cultural differences into account;
4) the various therapy approaches for articulation, motor speech, and phonological disorders, taking age-related and cultural differences into account;
5) the relationship between the development of phonological awareness skills and phonological disorders and literacy and the characteristics of written language disorders associated with phonological awareness deficits;
6) the clinical characteristics of cognitive-communication disorders and acquired receptive and expressive language disorders;
7) the relationship between etiology, onset, course, duration, and clinical features of cognitive communication disorders and acquired receptive and expressive language disorders and clinical outcomes

STUDENT LEARNING GOALS

Students who completed this course successfully will:
1) identify developmental speech and language delays and disorders as well as disorders related to developmental disorders (e.g., autism, intellectual disability, hearing impairment, etc.)
2) identify dialectical and cultural differences in the development of receptive and expressive language across the lifespan
3) determine the etiologies and clinical characteristics of, and risk factors for, receptive and expressive language disorders in children
4) interpret results from formal and informal assessment procedures assessing receptive and expressive language skills
5) write developmentally appropriate goals and objectives for receptive and expressive language and pragmatics intervention
6) plan appropriate speech/language intervention procedures, taking age-related and cross-cultural differences into account
7) utilize the interpretation of clinical research findings in the selection of optimal child language assessment and evidence-based intervention approaches
GRADING POLICY FOR THE COURSE

Students are expected to attend all mandatory classes, keep up with assigned readings, complete five hours of supervised therapy observation, complete three in-class examinations, and produce one phonological sample analysis project. Your final grade will be based on weighted scores of:

1. Exam 1 30%
2. Exam 2 30%
3. Final exam 30%
4. Project: Phonological sample analysis 10%

The weighted final score = (Exam I score x .3) + (Exam II score x .3) + (final exam score x .3) + (project score x .1).

No make-up exam will be allowed except for medical emergency of self or immediate family members (i.e., spouse or children). In the event of the medical emergency, a physician’s letter should be provided to Dr. Seung asap for a consideration of a make-up exam. Final grades will be based on the following:

At the end of the semester, each student’s weighted points on the above will be totaled. Course grades will be assigned on a +/- system on the following scale (out of 100 semester points):

- A+ 96.67 - 100
- A 93.34 - 96.66
- A- 90.00 – 93.33
- B+ 86.67 – 89.99
- B 83.34 – 86.66
- B- 80.00 – 83.33
- C+ 76.67 – 79.99
- C 73.34 – 76.66
- C- 70.00 – 73.33
- D+ 66.67 – 69.99
- D 63.34 – 66.66
- D- 60.00 – 63.33
- F below 60.00

Therapy Observation Requirement:
In order to fulfill the five hour therapy observation requirement, students will be required to observe at least four hours of videotaped therapy during class meetings and one hour of therapy in the department’s Speech and Hearing clinic. Students must be present in class on the days on which videos are shown in order to receive credit for in-class observation hour(s). If you were absent on the day of class observation, make up for the hour by signing up for an observation at our clinic. You make your own arrangement by contacting the clinic. The dates for the clinic observations will be announced in class.

Project:

You will be assigned to do a speech error analysis based on a given case and develop an intervention plan (Due: 4/19/13, 10:00am). Details of this assignment will be provided during the semester. This project will be graded in terms of 1) completeness, 2) accuracy of analysis, 3) integration of information.

EXAMINATIONS (Dates, make-up policy, etc.)

Dates for the examinations are: Exam I: 2/28/13  Exam II: 4/18/13  Final Exam: 5/21/13
Missed examinations receive a grade of zero. Make-up examinations will be given only in the event of an extreme emergency (e.g., family death, illness). In order to receive a make-up examination, the student must notify the instructor in advance regarding the nature of the emergency and then submit a written statement (e.g., physician’s statement) detailing the emergency. Consent must be obtained at least 24 hours before the scheduled exam.

**Class behavior:** Students are expected to demonstrate courteous behavior during class lectures out of respect for the instructor and fellow peers. This includes minimizing any side-conversations in class during lecture, getting up and leaving the classroom setting (except in the case of emergency) in the middle of class lectures, and using cell phones or pagers during class time. Please keep your cell phones and pagers off during the class. If students need to leave during a lecture for some reason, they should speak to the instructor in advance or make arrangements to sit in the back of the classroom to minimize any distraction to fellow classmates.

**REQUIRED TEXTS**


**OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES**
Other readings and all notes for the class will be available on the Titanium website for this course.

**REQUIRED MATERIALS AND EQUIPMENT**
There are no additional required materials and equipment other than those needed to complete assignments.

**EXTRA CREDIT OPTIONS**
There are no extra credit options.

**Students with Special Needs:** Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

**Academic Dishonesty Policy:** Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/](http://www.fullerton.edu/senate/).  

**Two week plan for distance instruction should on-campus instruction be interrupted:** In case of instruction interruption, please check with the course instructor for weekly instructional activities, which may include multimedia presentations, discussion forums, group work, and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

**Attendance Policy**
Students are encouraged to attend each class, as the critical analysis of clinical problems and research in class is
important in the development of clinical skills.

**Fieldwork Requirement:** None required.

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**Emergency Procedures Notice to Students**

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

**Before an emergency occurs:**

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

**When an emergency occurs:**

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

**After an emergency occurs:**

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at [http://www.fullerton.edu](http://www.fullerton.edu), calling the University's hotline number at 714-519-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

---

**EMERGENCY CALLS**

**DIAL 9-1-1**

All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (714) 519-0911
### Tentative Course Schedule

**B, B, & F** refers to *Articulation and Phonological Disorders: Speech Sound Disorders in Children*

**K** refers to *Language Disorders in Children*

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/29 &amp; 31</td>
<td>Speech sound acquisition</td>
<td>B, B, &amp; F chap 3</td>
</tr>
<tr>
<td>2/5 &amp; 7</td>
<td>Classification and comorbidity in speech sound disorders</td>
<td>B, B, &amp; F Chap 4</td>
</tr>
<tr>
<td>2/12 &amp; 14</td>
<td>Speech sound assessment procedures</td>
<td>B, B, &amp; F Chap 6</td>
</tr>
<tr>
<td>2/19 &amp; 21</td>
<td>Determining the need for intervention and target selection</td>
<td>B, B, &amp; F Chap 7</td>
</tr>
<tr>
<td>2/26 &amp; 28</td>
<td>Exam I (2/28)</td>
<td>Chapter 3, 4, 6, 7</td>
</tr>
<tr>
<td>3/5 &amp; 7</td>
<td>Remediation procedures</td>
<td>B, B, &amp; F Chap 8</td>
</tr>
<tr>
<td>3/12 &amp; 14</td>
<td>Motor-based treatment approaches</td>
<td>B, B, &amp; F Chap 9</td>
</tr>
<tr>
<td>3/19 &amp; 21</td>
<td>Linguistically based treatment approaches</td>
<td>B, B, &amp; F Chap 10</td>
</tr>
<tr>
<td>3/26 &amp; 28</td>
<td>Overview of language disorders</td>
<td>K Chapter 5</td>
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<td></td>
<td>Children with SLI</td>
<td></td>
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<tr>
<td>4/2 &amp; 4</td>
<td>Spring Recess (no classes)</td>
<td></td>
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<tr>
<td>4/9 &amp; 11</td>
<td>Project Due (4/9)</td>
<td>K Chap 8</td>
</tr>
<tr>
<td>4/16 &amp; 18</td>
<td>Exam II (4/18)</td>
<td>BBF 8-10 &amp; K Chapters 5</td>
</tr>
<tr>
<td>4/23 &amp; 25</td>
<td>Assessment of language disorders</td>
<td>K Chapter 2</td>
</tr>
<tr>
<td>4/30 &amp; 5/2</td>
<td>Principles of intervention</td>
<td></td>
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<tr>
<td>5/7 &amp; 9</td>
<td></td>
<td>K Chapter 4</td>
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<tr>
<td>5/14 &amp; 16</td>
<td></td>
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<tr>
<td>5/21</td>
<td>Final exam at 9:30-11:20 am</td>
<td>K Chapters 2, 4, 5, 7</td>
</tr>
</tbody>
</table>
CSUF Speech-Language Pathology Services Credential Program Assessment 2013

HCOM 404
Communicative Disorders of the Bilingual/Multicultural Child
Fall 2012

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

Outcome 3: Committed and Caring Professionals
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

Instructor: Terry Saenz
Office: CP-420-10
Hours: M 1-4 p.m., Tu 3-4 p.m.
E-mail: tsaenz@fullerton.edu

Days: Tuesdays
Time: 4-6:45
Phone: (657) 278-3823
COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: HCOM 241, 242, 307, and 352. Comparative analysis of different versus delayed or deviant speech/language development of children from various cultural, ethnic and linguistic backgrounds. Introduction to principles of clinical management of children from culturally diverse populations.

COURSE OBJECTIVES

The activities and assignments in this course prepare candidates to meet Education Unit Program Outcome 2a (see pg. 1) and ASHA KASA competency and standard for the Certificate of Clinical Competence III-D (see Appendix).

To provide students with: 1) a historical overview of language diversity issues, attitudes and policy in the US, 2) information on cross-cultural differences in communication, socialization and learning style that can impact on the speech and language assessment process, 3) information on the historical origins and grammatical/phonological features of non-English languages such as Spanish, and nonstandard English dialects such as African-American English, 4) information on the speech/language acquisition process for monolingual child speakers from non-English language backgrounds, bilingual children, nonstandard English child speakers and bidialectal child speakers, 5) an introduction to general principles of assessment, diagnosis and intervention as they relate to the clinical management of communicatively handicapped children from bilingual/bicultural backgrounds, and 6) information about the implications of dialect and language differences in the classroom.

STUDENT LEARNING GOALS

By the end of this course, students will: 1) demonstrate an increased awareness of cross-cultural communication differences and their impact on language attitudes, language development, the speech/language assessment process, and educational policy, 2) be able to analyze the phonological and grammatical similarities and differences between different dialects and/or languages, 3) be able to describe the normal course of speech/language development for non-native English speaking monolingual, nonstandard English speaking, bilingual, and bidialectal child speakers, 4) be able to apply general principles associated with least-biased assessment in making an appropriate differential diagnosis and developing culturally/linguistically appropriate intervention programs for communicatively handicapped bilingual/bidialectal and culturally different children, and 6) understand the impact of learning and language differences in the classroom setting.

PLANNED ASSIGNMENTS

The following are the assignments in the class.
1. Multicultural reflection paper (10% of grade)-a 2-3 page essay on the student's cultural roots and heritage.
2. African American English language sample analysis (20%)-a language sample analysis, completed with another student, of a child who speaks African American English.
3. Bilingual language sample analysis (30%)-a 4-5 page language sample analysis, completed by a group of 4-5, that includes the original sample in Spanish and a translation into English. Students analyze the syntax, morphology, semantics, and pragmatics of the sample and determine if the child may have a language disorder in his/her native language.

GRADING POLICY FOR THE COURSE

Final course grades will be based upon attendance and participation in classroom discussions, and performance on all classroom assignments/examinations. The due dates for all assignments and exams are noted on this syllabus. Assignments turned in after the due date will result in a reduction of grade points. Final course grades will be calculated using the following formula:

2 in-class exams (40%, 20% each)
Multicultural reflection paper (10%)
AAE language sample analysis (20%)
Bilingual language sample analysis (25%)

NOTE-Classroom attendance may also be considered during calculation of final course grade. Final grades for the class will be A, B, C, D, or F. Individual assignments will be graded with A+ receiving 97%; A receiving 93%; A- receiving 90%; B+ receiving 87%; B receiving 83%; B- receiving 80%; C+ receiving 77%; C receiving 73%; C- receiving 70%; D+ receiving 67%; D receiving 63%; D- receiving 60%; F+ receiving 57%; and F receiving 53%.
DISCUSSIONS

There will be seven in-class discussions. Here are their topics: 1) initially getting into groups; 2) cultural assimilators; 3) dialect discussion; 4) BESS exercise; 5) discussion of multicultural reflection paper; 6) discussion of interference errors; 7) identification of Spanish features.

For the seven discussions, the grading will be as follows and will be 5% of the total grade: present for all 7 discussions, A+; present for 6, A; present for 5, B+; present for 4, B; present for 3, C+; present for 2, C; present for 1, D+; present for none, F. Students must be present on the dates of these discussions in the syllabus to receive credit for the discussions.

Students must meet deadlines for all examinations and assignments unless they receive prior permission. Turning in assignments late may result in the grade being lowered by one grade.

EXAMINATIONS (Dates, make-up policy, etc.)

Students must meet deadlines for all examinations and assignments unless they receive prior permission. Turning in assignments late may result in the grade being lowered by one grade.

REQUIRED AND RECOMMENDED TEXTS

Required:


Recommended:


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

The class PowerPoint slides are available on the Titanium site for this course, as are the articles and ASHA and CSHA online papers.

On Titanium

CSUF Speech-Language Pathology Services Credential Program Assessment 2013


EXTRA CREDIT OPTIONS

Opportunities for extra credit vary by semester and are open to all students when available.

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**Two week plan for distance instruction should on-campus instruction be interrupted:** In case of instruction interruption, please check the course BlackBoard site and keep up with lecture notes, readings, and, as much as possible, assignments. In addition, check your campus e-mail address regularly, because that is probably the way that I will try to contact you with further instructions. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

**Attendance Policy:** Attendance can be a consideration in the final grade for the course.

**Fieldwork Requirement:** If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan (Certificate of Clearance).

In the event of emergency, contact the University Police at 9-1-1.

Campus Emergency Preparedness
Emergency: 911
Non-Emergencies University Police:
(657) 278-2515
Environmental Health & Instructional Safety
(business hours):
(657) 278-7233
Fullerton Campus Operation & Emergency Closure Line:
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(657) 278-4444

More information: http://www.fullerton.edu/emergencypreparedness/ep_students.html
16-WEEK SCHEDULE (15 weeks of instruction plus 1 exam week)

[Readings from texts identified by "Txt"; Readings from course packet identified by "CP"; Reserve readings identified by "Rsv"; BlackBoard readings identified by "Titan".]

<table>
<thead>
<tr>
<th>WEEK</th>
<th>TOPIC(S)</th>
<th>ACTIVITIES</th>
<th>READING ASSIGNMENTS</th>
</tr>
</thead>
</table>
| 1.   | Demographic profile of US multicultural populations; ASHA's and CSHA's position on serving multicultural populations; impact of cultural/linguistic diversity on field of communicative disorders 8/28 | Lecture and discussion; Discussion 1, initially getting into groups | **Txt:** Langdon, Chp. 1; Roseberry-McKibbin, Introduction  
**Titan:** American English dialects (ASHA); Clinical management of communicatively handicapped minority language populations (ASHA); Position statement on the delivery of speech-language-hearing services to culturally and linguistically diverse persons (Cheng et al.); Students and professionals who speak English with accents and nonstandard dialects: Issues and recommendations-position statement and technical report (ASHA Joint Subcommittee of the Executive Board on English language proficiency); Bilingual speech-language pathologists and audiologists: Definition (ASHA) |
<p>| 2.   | Pragmatics of discussing race, culture, and ethnicity; | Lecture and discussion; Discussion 2, | <strong>Txt:</strong> Langdon, Chp. 4; Roseberry-McKibbin, Chps. 1-10 |</p>
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<tbody>
<tr>
<td></td>
<td>developing cross-cultural sensitivity and competence 9/4</td>
<td>cultural assimilators</td>
</tr>
<tr>
<td>3.</td>
<td>History of cultural/linguistic diversity in US; attitudes toward immigrants and immigrant languages; speech communities 9/11</td>
<td>Lecture and discussion</td>
</tr>
<tr>
<td>4.</td>
<td>History and features of regional and social English dialects; focus: African-American English and other English dialects 9/18</td>
<td>Lecture and discussion; Discussion 3, dialect discussion</td>
</tr>
<tr>
<td>5.</td>
<td>Language development of African-American English speakers 9/25</td>
<td><em>Multicultural reflection paper due</em>; lecture and discussion; BESS exercise</td>
</tr>
<tr>
<td>6.</td>
<td>Cross-cultural communication, narrative and learning style differences of African American children; speech acts in the African American community 10/2</td>
<td>Lecture and discussion; Discussion 5, discussion of multicultural reflection paper</td>
</tr>
<tr>
<td>7.</td>
<td>Assessment of AAE child speakers; intelligence testing of African American children 10/9</td>
<td>Lecture and discussion</td>
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**Txt:** Roseberry-McKibbin, Chps. 12-13

presented at the American Speech-Language-Hearing Association annual conference, Seattle, WA.


<table>
<thead>
<tr>
<th></th>
<th><strong>In-class examination</strong> 10/16</th>
<th><strong>In-class examination</strong></th>
<th>N.A.</th>
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<tbody>
<tr>
<td>8.</td>
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<tr>
<td>9.</td>
<td>Intervention and classroom instruction with nonstandard English dialect speakers; attitudes toward AAE; history and features of Spanish and other non-English</td>
<td>Lecture and discussion; Discussion 6, discussion of interference errors</td>
<td><strong>Txt:</strong> Cheng, Chps. 1-5; Roseberry-McKibbin, Chps. 14-15 <strong>Titan:</strong> Bothe, a., &amp; Richardson, J. (2011). Statistical, practical, clinical, and personal significance: Definitions and applications in</td>
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<tr>
<td>10.</td>
<td>Language variation within the Spanish community; cross-cultural communication and learning style differences of Spanish and other non-European American child populations 10/30</td>
<td><em>African-American English language sample analysis due; lecture and discussion</em></td>
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<td>11.</td>
<td>Language development of bilingual children 11/6</td>
<td>Lecture and discussion; Discussion 7, identification of Spanish features</td>
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|   |   | **Txt:** Langdon, Chp. 2; Roseberry-McKibbin, Chp. 11  
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<tbody>
<tr>
<td>12.</td>
<td>Assessment of bilingual and ELL child populations 11/13</td>
<td>Lecture and discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Txt: Langdon, Chps. 5-6; Roseberry-McKibbin, Chps. 12-13 &amp; Appendixes A, B, &amp; D</em></td>
</tr>
<tr>
<td>13.</td>
<td><em>In-class examination 11/27</em></td>
<td><em>In-class examination</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N.A.</td>
</tr>
<tr>
<td>14.</td>
<td>Intervention with bilingual child populations 12/4</td>
<td>Lecture and discussion</td>
</tr>
</tbody>
</table>
|   |   | *Txt: Langdon, Chp. 7; Cheng, Chp. 10; Roseberry-McKibbin, Chps. 14-16*  
<p>| 15. | Working with bilingual children in the classroom setting setting; history of language attitudes and policy in US; language attitudes | Lecture and discussion |
|   |   | N.A. |</p>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>16.</td>
<td>Course wrap-up 12/18, 5-6:50 p.m.</td>
<td>* Bilingual language sample analysis due</td>
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<td>toward bilingual education 12/11</td>
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</table>
### SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard III: Program of Study-Knowledge Outcomes</strong></td>
</tr>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
</tr>
<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
</tr>
<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
</tr>
<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
</tr>
<tr>
<td><strong>Standard IV-F:</strong> Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.</td>
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<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
</tr>
<tr>
<td><strong>1. Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services</td>
</tr>
<tr>
<td><strong>2. Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
</tr>
<tr>
<td><strong>3. Interaction and Personal Qualities:</strong> a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
</tr>
</tbody>
</table>

*More information can be found at:*

http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm
Human Communication Studies 458  
Clinical Practicum: Speech Language Disorders in Children  
Spring Semester 2013

<table>
<thead>
<tr>
<th>Education Unit Conceptual Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a transformational journey toward educational advancement and achievement</strong></td>
</tr>
<tr>
<td><strong>Core Values</strong></td>
</tr>
<tr>
<td>We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.</td>
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</tbody>
</table>

**Based on our core values, our mission is as follows:**

**Mission Statement**

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

**Student Outcomes and Indicators**

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

**Outcome 3: Committed and Caring Professionals**
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

**Department of Human Communication Studies: Mission Statement and Goals**

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG

HCOM 458 Clinical Practicum: Speech and Language Disorders in Children -- Human Communication Studies

**Description:** Prerequisites: Human Comm. 352 and 476; admission to the graduate program in communicative disorders; approved Clinical Practicum Plan. Supervised experience in the assessment and treatment of children with speech and language disorders. Weekly individual and group conferences. Approximately 25-40 clinical clock hours. May be repeated for credit.

**Units:** (3)

COURSE OBJECTIVE

The activities and assignments in this clinic prepare candidates to meet Education Unit Program Outcomes 1b and 2b (see pg. 1) and the ASHA standard for the Certificate of Clinical Competence IV-G (see Appendix).

This clinic is one of the beginning (entrance level) clinical practicas offered. This particular clinic provides services to children (up to age 17) who may have communication impairments in the following areas: articulation/phonology, language, cognition, voice and fluency. Our clients may have alternative/augmentative needs, as well.

STUDENT LEARNING GOALS/OBJECTIVES

Goals and Objectives of the clinic include:

1) Development of diagnostic skills including the following areas:
   - collect case history information during a family/client interview
   - select and administer appropriate formal and informal evaluation procedures
   - interpret, integrate and synthesize all information to develop diagnoses and make an appropriate diagnosis and recommendations for intervention using supporting clinical as well as research based evidence where appropriate
   - complete a Diagnostic Report
   - develop a home program
   - provide education and appropriate counseling

2) Development of intervention skills including the following areas:
   - conduct an “update” case history interview
   - develop appropriate intervention plans using evidence based goals/objectives and intervention approaches
   - implement intervention plans
   - involve clients/family members in the intervention process
   - select or develop and use appropriate materials and instrumentation for prevention and intervention
   - measure and evaluate clients’ performance and progress and keep data
• modify intervention plans, strategies, materials as appropriate to meet the needs of the clients
• complete progress notes, lessons plans and a progress report

CLINIC OVERVIEW
Each student clinician will be assigned to 2 returning clients to service for the entire semester. Each client will receive approx. 20 therapy sessions and 1 baseline testing session, each 50 minutes long. Additionally, each clinician will be assigned to 1 new diagnostic client. Clinicians may be grouped for diagnostics.

Clinic absences are highly discouraged, unless extenuating circumstances arise. In the event of an absence, the clinician must notify the clinical supervisor, the clinic student assistant and both of his/her clients as soon as possible. If a clinical session was missed due to clinician absence, the clinician must offer a “make-up” session for that client, which is held at the end of the semester during the scheduled make-up week.

As a supervisee, clinicians will be responsible for establishing objectives for your own professional growth; study and observe your own clinical behavior; and actively participate in supervisory meetings. Students will be required to complete an analysis of one session for one of your clients. Information regarding the analysis will be discussed during a Teaching Clinic.

The CSUF Speech and Hearing Clinic operates with the philosophy that communication disorders are not something that an individual “has” as if we can treat “it” separately from the rest of the person’s communication behavior. Communication affects all aspects of our life --- our relationships, interactions, work, etc. As such, when there is a communication problem, it affects everyone, not just the speaker. In working with children and the communication problems they present, it is essential that we involve the parents. The time that you spend training and meeting with parents with regard to remediation will be counted toward ASHA clinical clock hours.

Due to our commitment to clients and their families, a withdrawal from clinic is treated as a very serious matter. Such withdrawals often cause disruption in treatment or delays in service to clients who have a contract with our clinic. In general, clinicians are expected to complete the semester in the clinic once they have started. A withdrawal without serious cause almost always leads to a failing grade. Similarly, withdrawal with cause requires careful planning and consultation with the clinical supervisor.

During the spring and fall semesters, we offer group therapy sessions as well as individual therapy. Group therapy starts approximately at mid-semester and is conducted once a week. Supervisors will assign and schedule the groups.

The clinic workroom will be open the following hours:

MONDAY–THURSDAY 10:00 – 4:00

Tests may be checked out from 3:00-3:45 pm Monday through Thursday and must be returned by 9:00 am the following day. All tests must be checked out by the student assistant, or other staff. Please refer to the checkout policy re: borrowing
and use of tests and materials. Materials cannot be reserved. Please take note of the clinic’s hours and adjust your schedule accordingly to review tests and materials.

All clinic materials and tests have been inventoried and organized in the workroom cabinets and shelves. **PLEASE BE SURE YOU RETURN ALL MATERIALS AND TESTS TO THEIR PROPER PLACE AT THE END OF EACH THERAPY DAY!!!**

At the end of each clinic day, one clinician is assigned “clinic clean-up duty”. Please check the posted schedule for your time. The student assistant will monitor this schedule and give reminders as necessary.

Appropriate attire is required when participating in clinical sessions. Blue jeans, tank tops, cut off shorts, etc. are considered inappropriate.

**STUDENT/SUPERVISOR MEETINGS**

To meet both the clinical and supervisory objectives, each clinician will participate in weekly meetings with your supervisor and scheduled teaching clinics. The weekly meetings will be scheduled within your scheduled clinic times. The teaching clinics will be held from 12:00 to 1:00 p.m. on scheduled Tuesdays.

**PLANNED ASSIGNMENTS**

For returning clients, clinicians are required to write up interview questions, baseline testing lesson plan, rationale plan, semester goals/objectives and weekly therapy lesson plans. At the end of the semester, a progress report will be completed. For diagnostic clients, clinicians are required to write a Diagnostic Report, develop a rationale plan, goals and objectives and prepare a Home Program. Please refer to the Clinic Schedule for the dates that all lesson plans and reports are due. **Timeliness of reports is critical and late reports will be reflected in the final grade for the clinic.** If you do not have access to a computer, you may be able to use one in the clinic; however, you must provide the memory stick and paper for printing.

**Staffing:** Students will each sign up for a staffing session. These will be held on Tuesdays from 12:00-1:00 during Teaching Clinic. During your scheduled time, you will present for ½ hour on 1 of your clients. Be prepared to show a small video clip of your session along with questions you would like to ask the group. A 1-page handout is also required which provides background information on your client, a summary of the clip presented and questions you would like to ask. Samples of this handout are in your Clinic Handbook. The staffing sessions are scheduled to better enhance your overall clinical experience as well as to gain suggestions for working with your client.

**CONFIDENTIALITY OF CLIENT RECORDS AND INFORMATION:**

California State University Executive Order 814 on University Health Services requires any program that has confidential records related to a person’s health or health care is to have procedures to ensure the confidentiality of those records. Further, the American Speech-Language-Hearing Association’s Code of Ethics requires that, “Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or the community.”
Maintaining confidentiality requires, but is not limited to, the following:
1. No portion of a client’s record is ever removed from the clinic.
2. No portion of a client’s record is ever photocopied or transmitted electronically in any way.
3. No notes that students or faculty take regarding clients may have information that could be used to identify any of our clients.
4. Persons may not discuss clients outside of the clinic in any way that could be used to identify clients.
5. Information is released to persons only according to procedures governing release of confidential client information.
6. All email correspondence between students and supervisors, including drafts of clinical reports/lesson plans and or correspondence regarding clients must be sent using student’s CSUF University email account. All electronically transmitted documents should contain initials only with no client identifying information (ie. phone number, address). We are hoping to initiate the use of Titan Google Docs this semester.

Violations of client confidentiality will be reported to the Chair of the Department of Human Communication Studies.

**CLIENT VIDEOS/DVDS/DIGITAL/AUDIO/VIDEO FILES:**
As part of the clinical training and supervision process, students will be required to videotape and a back-up audiotape baseline testing sessions, all diagnostic sessions and a minimum of 2 therapy sessions during the semester for later observation and analysis. It is highly recommended that you audiotape each therapy session, as well. Video/DVD recordings must be made using the clinic VCRs/DVD players. Personal ipads cannot be used for any recordings/pictures.

Videotapes cannot be removed from the clinic and need to be turned in to the student assistant at the end of the clinic day for secured storage. Audio and digital recordings can be taken home for student review. If students do take audio recordings home, they are reminded that in accordance with signed client disclosure forms on file, they cannot disclose any identifying information about their clients or share information about their clients with anyone other than themselves, clinical supervisors and other student clinicians participating in clinic at the same time. Recorded sessions are also not to be duplicated.

Videotapes produced in our clinic are to be used for the training of CSUF students. They are to be used in such a manner as to protect the privacy and confidentiality of clients and clinicians. If a family member requests a copy of an audio or video tape, please refer them to the supervisor who will have them complete and sign a Videotape Review Policy Form.

**TITANIUM:**
It is recommended that you check Titanium on a regular basis for posting of relevant documents.

**FILE CHECK-OUT PROCEDURES:**
In order to protect client confidentiality, all client files are to be checked out through clinic assistants or supervisors. Please remember that no client file information is to be removed from files or taken out of the clinic.
CLINICAL CLOCK HOURS:
Clinicians must keep records of all clock hours completed and turn them in to their supervisor at the end of the semester. Clinical clock hours should be calculated based on actual minutes of service provided. Minutes should not be rounded up. For example, a 50 minute session would be recorded as 50 on the clock hour form. If the client came late and was only seen for 30 minutes, the session would be recorded at 30 on the clock forms. At the end of the semester, all minutes can be added up and divided by 60. Students should keep an ongoing record of actual minutes spent in sessions in their clinic files and should use this documentation to complete their final clinical clock hour sheets at the end of the semester. Calculation of minutes for diagnostic sessions should be done separately for each student and the total number of minutes among group members should not be more than the total time for sessions.

GRADING POLICY FOR THE COURSE
EVALUATION OF SUPERVISED PRACTICUM:
Clinical skills will be evaluated in the following component areas:
1. information gathering/case history update
2. baseline testing, analysis and interpretation
3. diagnostic testing, analysis and interpretation
4. developing and planning/prevention therapy
5. interacting with clients and families (counseling, interviewing, and therapy/instruction process)
6. personal and professional qualities
7. self-evaluation/self-supervision skills
8. report writing skills, one Diagnostic Report, Progress Reports, progress notes and lesson plans

Each of these areas will encompass several skills that will each be rated on a seven-point scale using CSUF’s “Practicum Evaluation Form.” Please refer to the form for a detailed discussion of clinical skill areas and a key to the ratings. The rating scale will be used for both mid-term and final grade determination. Remediation plans for improving clinician performance will be instituted by the supervisor in areas receiving a “3” or lower.

Students will receive feedback in several ways such as review of lesson plans, progress notes, clinical reports, observation feedback forms, and weekly supervisory conferences as well as during client staffings.

CLINIC GRADING GUIDELINES

<table>
<thead>
<tr>
<th>Grade</th>
<th>Upper Limit</th>
<th>Lower Limit</th>
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<tbody>
<tr>
<td>A+</td>
<td>7.00</td>
<td>6.71</td>
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<tr>
<td>A</td>
<td>6.70</td>
<td>6.31</td>
</tr>
<tr>
<td>A-</td>
<td>6.30</td>
<td>6.01</td>
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<tr>
<td>B+</td>
<td>6.00</td>
<td>5.56</td>
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<tr>
<td>B</td>
<td>5.55</td>
<td>4.96</td>
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<tr>
<td>B-</td>
<td>4.95</td>
<td>4.51</td>
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<tr>
<td>C+</td>
<td>4.50</td>
<td>4.06</td>
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<tr>
<td>C</td>
<td>4.05</td>
<td>3.46</td>
</tr>
</tbody>
</table>
C-  3.45  3.01
D+  3.00  2.71
D   2.70  2.31
D-  2.30  2.01
F   2.00  1.00

EXAMINATIONS (Dates, make-up policy, etc.)
There are no examinations in this course.

REQUIRED TEXTS

Roth & Worthington, Treatment Resource Manual for Speech-Language Pathology, Delmar Publishing


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES
Clinic experiences and materials

**Special Needs Students:** Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

**Academic Dishonesty Policy:** Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one's own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/](http://www.fullerton.edu/senate/).

**Two week plan for distance instruction should on-campus instruction be interrupted:** In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 714-278-4444.

**Attendance Policy:** Attendance may be a consideration in your grade. Clinic absences are highly discouraged, unless extenuating circumstances arise. In the event of an absence, the clinician must notify the clinical supervisor, the clinic graduate assistant or clinic receptionist and both of his/her clients as soon as possible. If a clinical session was missed due to clinician absence, the clinician must offer a “make-up” session for that client.

**Fieldwork Requirement:** If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan. (inquire of your department office)

**Not Applicable.**

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**In the event of emergency, contact the University Police at 9-1-1.**

- Campus Emergency Preparedness
- Emergency: 911
- Non-Emergencies University Police:
  - (657) 278-2515
- Environmental Health & Instructional Safety (business hours):
  - (657) 278-7233
- Fullerton Campus Operation & Emergency Closure Line:
  - (657) 278-4444
- Irvine Campus Operation & Emergency Closure Line:
  - (657) 278-8676
- Campus Emergency Notification:
  - AM Radio 1620

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

**Before an emergency occurs—**

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.
When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area, remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University’s operational status by checking the University’s web site at http://www.fullerton.edu, calling the University’s hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

EMERGENCY CALLS

DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (657) 278-0911
(657) 278-4444

More information online: http://www.fullerton.edu/emergencypreparedness/ep_students.html
# 16-WEEK SCHEDULE
## Tuesday 12-4, Thursday 1-4

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic(s)</th>
<th>Activities</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday</strong></td>
<td></td>
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<tr>
<td>1/29/13</td>
<td>General clinic orientation</td>
<td>General clinic information</td>
<td>Review Clinic Handbook</td>
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<tr>
<td>10:00-12:00</td>
<td><em>(all new clinicians)</em></td>
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<tr>
<td><strong>12:30-3:00</strong></td>
<td>Child clinic orientation</td>
<td>*Introductions</td>
<td>Shipley ch. 1, 3, 7, 8, 14</td>
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<td></td>
<td><em>(both sections)</em></td>
<td>*Clinician forms</td>
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<td>*Review syllabus/schedule</td>
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<td>*ASHA code of Ethics</td>
<td>R &amp; W ch. 2</td>
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<td>*Universal Health Precautions</td>
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<td>*Supervisory process</td>
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<td>*Case history update</td>
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<td>*Baseline Assessment Plan</td>
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<td>*Therapy Plan Rationale</td>
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<td>*Weekly lesson plans</td>
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<td>*SOAP notes</td>
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<td>*Initial client contact/Pink contact</td>
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<td>*Client A/B</td>
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<td>*Client video observation</td>
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<td>*Overview of assessment</td>
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<td>*Review of Formal Tests</td>
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<td>*Diagnostic Agenda</td>
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<td>*Chart review</td>
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<tr>
<td><strong>Thursday</strong></td>
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<tr>
<td>1/31</td>
<td>Complete child clinic orientation</td>
<td>*Informal Assessment</td>
<td>Shipley ch. 5, 6</td>
</tr>
<tr>
<td>11:30-2:30</td>
<td><em>(both sections)</em></td>
<td>*Language sampling</td>
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<td>*Hearing/OM exam</td>
<td>R &amp; W ch. 1, 6</td>
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<td>*Stimulability</td>
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<td>*Therapy targets</td>
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<td>*Family involvement</td>
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<td>*Writing goals/objectives</td>
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<td>*Behavior Modification</td>
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<td>*Teaching strategies</td>
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<td>*Data collection</td>
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<td>*Diagnostic Report</td>
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<td>*Progress Report</td>
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<td>*ISC schedule</td>
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<td>*Home program</td>
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<td>*Staffings</td>
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<td>*Chart review</td>
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<tr>
<td>Date</td>
<td>Activity</td>
<td>Client/Note</td>
<td>Due Date</td>
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<tr>
<td>Tuesday 2/5</td>
<td>Planning for baseline assessment</td>
<td>Individual Supervisory Conference (ISCs) client A (1 hour)</td>
<td>CASE HISTORY QUESTIONS DUE</td>
</tr>
<tr>
<td>Thursday 2/7</td>
<td>Planning for baseline assessment</td>
<td>Client B (1 hour)</td>
<td>BASELINE LESSON PLANS DUE</td>
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<td>DIAGNOSTIC AGENDAS DUE</td>
</tr>
<tr>
<td>Tuesday 2/12</td>
<td>Case hx update Baseline testing</td>
<td>Returning client A (or dx. client)</td>
<td>R &amp; W ch. 3, 4, 5, 9</td>
</tr>
<tr>
<td>Thursday 2/14</td>
<td>Case hx update Baseline testing</td>
<td>Returning client B (or dx. client)</td>
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<tr>
<td>Tuesday 2/19</td>
<td>Planning for therapy (no clients)</td>
<td>ISCs- 1 hour to discuss baseline results and therapy plan rationale for returning clients</td>
<td>BASELINE RESULTS DUE</td>
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<td></td>
<td>THERAPY PLAN RATIONALE DUE</td>
</tr>
<tr>
<td>Thursday 2/21</td>
<td>Planning for therapy (no clients)</td>
<td>ISCs- 1 hour to discuss baseline results and therapy plan rationale for returning clients</td>
<td>LESSON PLAN DUE</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>KASA WEEK- CLINIC CLOSED UNTIL 12:00 NOON</strong></td>
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</tr>
<tr>
<td>Tuesday 2/26</td>
<td>Planning for therapy (no clients)</td>
<td>ISCs- 1 hour to discuss diagnostic client results</td>
<td>DIAGNOSTIC REPORT DUE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>THERAPY PLAN RATIONALE DUE</td>
</tr>
<tr>
<td>Thursday 2/28</td>
<td>Planning for therapy (no clients)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>SCHEDULE FAMILY CONFERENCES TO DISCUSS RESULTS/ THERAPY PLANS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 3/5 12:00-1:00</td>
<td>Begin therapy Client A</td>
<td>Teaching Clinic-A foundational set of skills/Behavior Management Self analysis</td>
<td></td>
</tr>
<tr>
<td>Thursday 3/7</td>
<td>Begin therapy Client B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date/Time</td>
<td>Topic (s)</td>
<td>Activities</td>
<td>Assignments</td>
</tr>
<tr>
<td>-----------------</td>
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<td>-----------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Tuesday 3/12</td>
<td>Therapy</td>
<td>Teaching clinic-Preparing for diagnostics, final counseling session, home programs</td>
<td></td>
</tr>
<tr>
<td>12:00-1:00</td>
<td></td>
<td>Staffing</td>
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</table>

**Thursday 3/14** Therapy

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**Schedule ISCs to discuss Diagnostic clients**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic (s)</th>
<th>Activities</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>Tuesday 3/19</td>
<td>Therapy</td>
<td>Staffings</td>
<td>INTERVIEW QUESTIONS DUE</td>
</tr>
<tr>
<td>12:00-1:00</td>
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**Thursday 3/21** Therapy

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**Returning clients off all week**

<table>
<thead>
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<th>Date/Time</th>
<th>Topic (s)</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>Tuesday 3/26</td>
<td>Diagnostics</td>
<td>Staffings</td>
<td>SELF-EVALUATION DUE</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Thursday 3/28</td>
<td>Diagnostics</td>
<td></td>
<td>SELF ANALYSIS DUE</td>
</tr>
<tr>
<td>(if needed)</td>
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**Week of 4/2** Spring Break

<table>
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<tbody>
<tr>
<td>Tuesday 4/9</td>
<td>Therapy</td>
<td>Teaching clinic-</td>
<td>MIDTERM EVALUATIONS</td>
</tr>
<tr>
<td>12:00-1:00</td>
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<td>Group therapy</td>
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</tr>
<tr>
<td></td>
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<td>Final semester</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>procedures</td>
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**Thursday 4/11** Therapy

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**Tuesday 4/16** Therapy

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic (s)</th>
<th>Activities</th>
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<tbody>
<tr>
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**Thursday 4/18** Post-testing

<table>
<thead>
<tr>
<th>Date/Time</th>
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</thead>
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<tr>
<td></td>
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<td>Staffings</td>
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<tr>
<td>Date/Time</td>
<td>Topic (s)</td>
<td>Activities</td>
<td>Assignments</td>
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<tr>
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</tr>
<tr>
<td>Tuesday 4/23</td>
<td>Therapy</td>
<td></td>
<td></td>
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<tr>
<td>12:00-1:00</td>
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<td>Staffings</td>
<td></td>
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<tr>
<td>Thursday 4/25</td>
<td>Group therapy</td>
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<tr>
<td>Tuesday 4/30</td>
<td>Therapy</td>
<td></td>
<td></td>
</tr>
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<td>12:00-1:00</td>
<td></td>
<td>Staffings</td>
<td>PROGRESS REPORTS DUE</td>
</tr>
<tr>
<td>Thursday 5/2</td>
<td>Group therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 5/7</td>
<td>Therapy</td>
<td></td>
<td>HOME PROGRAM DUE</td>
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<tr>
<td>Thursday 5/9</td>
<td>LAST SESSION</td>
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<tr>
<td></td>
<td>Family conference</td>
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<tr>
<td>Tuesday 5/14</td>
<td>Final family</td>
<td></td>
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<tr>
<td></td>
<td>conference-dx clients</td>
<td></td>
<td>SELF-RATING FINAL DUE</td>
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<tr>
<td></td>
<td>Make-up session</td>
<td></td>
<td>FINAL ISCs CLINIC CLEAN-UP</td>
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<tr>
<td>Thursday 5/16</td>
<td>Make-up session</td>
<td></td>
<td></td>
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<tr>
<td>Week of 5/20</td>
<td>All reports/files/hours</td>
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<td>FINAL ISC’s CLINIC CLEAN-UP</td>
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<tr>
<td>Finals</td>
<td>need to be completed,</td>
<td>approved and filed</td>
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</tbody>
</table>
CALIFORNIA STATE UNIVERSITY, FULLERTON  
Department of Human Communication

HCOM 461: Audiology & Audiology 

Number of Units: 3.0 

Lead Faculty: Michael J. Davis, Ph.D. 
Office: CP-420-24 
Phone: (714) 404-3121 (cell, can receive texts) 
Email: audiology.davis@gmail.com 
Office Hours: Monday 2pm, Thursday 12pm. Call, Text, or E-mail to 
schedule an appointment. Other dates and time available for appointment. 

Teaching Assistant: Charles Ruby 
Email: ruby100@csu.fullerton.edu 

Course Description: 
Characteristics of hearing disorders including etiologies and risk factors. Methods and 
procedures used in assessing the auditory system including current topics of interest. 
This fulfills the requirements for state Audiometrist certificate. 

Course Objectives 
1. Will demonstrate knowledge of the anatomy and physiology of the auditory 
system across the life span. 
2. Will demonstrate knowledge of the neurological basis of the sensation of sound. 
3. Will demonstrate knowledge of the acoustics of sound and it perception. 
4. Will demonstrate knowledge of normal hearing and auditory development. 
5. Will demonstrate knowledge of the nature and etiology of hearing loss. 
6. Will demonstrate knowledge of the different types of hearing impairments and 
auditory degeneration across the life span (e.g. conductive, sensorineural, mixed, 
and retro-cochlear hearing losses. 
7. Will demonstrate knowledge of communication characteristics of people with 
hearing impairment. 
8. Will demonstrate knowledge of etiologies and characteristics of central auditory 
processing disorders. 
9. Will demonstrate knowledge of hearing screening principles, procedures, and 
recommendations across the life span. 
10. Will demonstrate knowledge of the significance and nature of hearing impairment 
across the life span.
11. Will demonstrate knowledge of the clinical implications of the audiological test battery (e.g. pure tone, speech, immittance measures, and electrophysiological measures).
12. Will demonstrate knowledge of assessment and intervention procedures for central auditory processing disorders.
13. Will demonstrate knowledge of basic principles of aural rehabilitation including amplification, cochlear implants, tactile aids, and assistive listening devices.
14. Will demonstrate knowledge of auditory communication training for persons across the life span.

**Grading/Evaluation Methods:**

There will be several exams (quizzes) over the duration of the course. All exams will be weighted based on the number of questions on each exam; i.e. some exams due to the number of questions will count more than others.

Points will also be given for questions answered during the semester. Each question will be worth one point; inadequate questions will receive no points. These points will contribute to your overall total points for the semester. Guidelines on question format and content will be given in class.

The following breakdown will serve for final grade assignment based on your total accumulative percent score over all exams; no exams will be dropped. Plus/ minus grading will be incorporated.

**NOTE:** In the past we have had some difficulty with screens freezing while in the middle of taking a quiz. If this happens, it is the students’ responsibility to email the teacher and inform him/her about their quiz freezing. In the past, there have been students who do not bring this to the attention of the teacher or who bring it to the teacher’s attention at the end of the semester when the due date has already passed; this will end in an incomplete score (zero score) on that particular quiz. Please be sure to keep track of this by using a valid email that you check often because this too is not the teacher’s responsibility to make sure that you receive your emails in a timely manner.

There is no extra credit in this course. No late work of any kind is accepted.

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percentage</th>
<th>Grade Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93.34 – 100.00%</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>90.00 – 93.33%</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>86.67 – 89.99%</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>83.34 – 86.66%</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>80.00 – 83.33%</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>76.67 – 79.99%</td>
<td>2.3</td>
</tr>
<tr>
<td>C</td>
<td>73.34 – 76.66%</td>
<td>2.0</td>
</tr>
<tr>
<td>C-</td>
<td>70.00 – 73.33%</td>
<td>1.7</td>
</tr>
<tr>
<td>D</td>
<td>60.00 – 69.99%</td>
<td>1.0</td>
</tr>
<tr>
<td>F</td>
<td>0.00 – 59.99%</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Guidelines related to online instructions:

A. Tracking student online activities:
The instructor will maintain a copy/log of online discussions and/or chat sessions. The learning management course system used at CSUF automatically tracks the day and time every user logs on and off.

B. Weekly Deadlines and Due Dates:
All work must be completed and posted by midnight on the date indicated (See Class Schedule). No points will be awarded for late entries.

C. Office/Contact Hours:
Email is a quick way to contact me. I check in on-line daily Monday to Friday. You may also leave me a voicemail at my office extension. Please resend if I do not reply within 72 hours.

I will generally grade and return assignments with a two-week turn-around.

D. Authenticating Student Work
Authentication of student work is important in an online class. This is accomplished by requiring multiple measures of student performance, including discussion board postings, individual email conversations, and the multiple assignments you are required to complete.

E. Appropriate Online Behavior
See Netiquette guidelines at: http://www.albion.com/netiquette/corerules.html
Accepted emoticons and other methods of communication unique to the online Learning world:
http://www.computeruser.com/resources/dictionary/emoticons.html

F. Technical Competencies:

1. Meet CSUF’s level of computer competency for entering freshman (www.fullerton.edu/senate/PDF/300/UPS320-030.pdf):
All entering students are expected to be knowledgeable in the use of a personal computer (PC or Macintosh) prior to being admitted to the university. Entering students should have 1) the ability to use a personal computer to locate, create, move, copy, delete, name, rename, and save files and folders on hard drives and on secondary storage devices such as floppy disks; 2) the ability to use a word-processing program that runs on a PC or Macintosh computer to create, edit, format, store, retrieve, and print documents; 3) the ability to use an electronic mail system to
receive, create, edit, print, save, and send an e-mail message with and without an attached file; and 4) the ability to use an Internet browser to search the World Wide Web.

2. Have ongoing reliable access to a computer with Internet connectivity for regular course assignments;

3. Utilize MS Office XP or 2000 (including Word, PowerPoint, Publisher, and Excel) to learn content and communicate with colleagues and faculty;

4. Maintain and access three times weekly a student email account;

5. Use Internet search and retrieval skills to complete assignments;

6. Upgrade his/her skills in educational technology throughout the program;

7. Apply his/her educational technology skills to complete expected competencies;

8. Utilize other software applications as course requirements dictate;

9. Utilize Blackboard to access course materials and complete assignments; and

10. Conduct themselves appropriately and professionally when online.

H. Minimum Computer Hardware and Software and Course Website Access:

**Minimum Hardware**

- Pentium III 233 MHz computer
- 128 MB RAM
- Modem - 56K is the minimum but DSL or cable modem is recommended.

**Minimum System Software**

- Windows 2000/XP
- Internet Access (an Internet Service Provider)
- *E-mail account (You must have an E-mail account that you can access daily.) It is recommended that you use the CSUF email and access class through the portal http://my.fullerton.edu*
- Internet browser - Internet Explorer 5.0 or higher. If you do not have Internet Explorer 5.0, go to the Topic “Software Downloads” for information regarding how to get it.
- FOR MAC USERS ONLY: Mac requirements: OS 9.x or X. Minimum G3 Processor. 20 MB HD space. Office 2000 or Office X for Mac. IE 6.0, Netscape 4.7 or Safari 1.x

**Software Requirements and Download Information**

You will need Microsoft Office 2000 or XP. As a CSUF student, you may purchase this software from the [Titan Shops](http://titanshops.fullerton.edu) for a reduced price. XP Professional includes Word, Excel, PowerPoint, and Outlook. For further information, contact Angie Dulay at [adulay@fullerton.edu](mailto:adulay@fullerton.edu) or at 657-278-4972.

Please note: Students who do not use their university email account will miss important information.
The following software is available for you to download without cost:

To obtain a free unzipping utility (needed for sending large files over the Internet) get FreeZip at http://members.ozemail.com.au/~nultfetv/freezip/

To get RealOne/Real Player for the PC or Mac, go to: http://www.bbc.co.uk/radio/audiohelp.shtml?help

I. Whom to contact in case of Technical Problems

Helpful Phone Numbers And Contacts:

CSUF Student Help Desk for Technical problems: 657-278-7777, helpdesk@fullerton.edu
URL of Titan Help: http://www.fullerton.edu/helpdesk/index.asp

Kaylene Carr, Technical Coordinator, Department of Nursing: 657-278-5177
Email: kcarr@fullerton.edu

Suggested additional Support:

Library Support: Access to the CSU Fullerton library is available on the Blackboard website. Click on the “Library” tab or enter http://library.fullerton.edu as the URL. For online library support, look under “Library Services,” then “Online Services.”

Disabled Student Support Services: Special accommodations for disabled students for access to this online program will be made on an individual student, as-needed basis in compliance with the CSUF Catalog (p. 453 of hard copy catalog or see the university online catalog at http://www.fullerton.edu/disabledservices/handbook/SupportiveServices.htm). Please contact the instructor as soon as possible if this applies to you.

Other Student Support Services: Links to additional student support services (e.g., Writing Center, Financial Aid) are located at http://www.fullerton.edu/academicservices/support.htm

J. Alternative procedures for submitting work

All assignments must be submitted through Moodle with your name and assignment fully noted. In the event of a technical problem, please call the Help Desk at 657-278-7777 and report your problems, even if it is after hours. Otherwise, you may email your assignment to me as an attachment.
## Course Outline

<table>
<thead>
<tr>
<th>Module</th>
<th>Topic(s)</th>
<th>Readings</th>
<th>Student Learning Activity</th>
</tr>
</thead>
</table>
| Week 1 | • Introduction: Introduce yourself on the Discussion Board (i.e. your interests, why you are taking the class, and what you wish to gain from it.)  
• Scope of Audiology  
• History of Audiology  
• Hearing loss statistics | Chapter 1: The Profession of Audiology | DUE 2/4/2013  
- Discussion Board: Introduce Yourself  
- Practice Quiz  
- Chapter 1 Quiz |
| Week 2 | • Basic vocabulary  
• Anatomy of hearing mechanism  
• Different types of hearing loss  
• Tuning fork testing | Chapter 2: The Human Ear and Simple Tests of hearing | DUE 2/11/2013  
- Chapter 2 Quiz |
| Week 3 | President’s Day! No class & no assignment due |
| Week 4 | • Sound waves  
• Different references for the decibel  
• Physical Acoustics  
• Psychoacoustics | Chapter 3: Sound and its Measurement | DUE 2/25/2013  
- Chapter 3 Quiz |
| Week 5 | • Pure-tone audiometry  
• Reliable audiograms  
• Cross Hearing | Chapter 4: Pure-Tone Audiometry | DUE 3/4/2013  
- Chapter 4 Quiz |
| Week 6 | • Threshold  
• Testing environment  
• Speech-Threshold Testing  
• Speech-Recognition Threshold (SRT)  
• MCL  
• UCL | Chapter 5: Speech Audiometry | DUE 3/11/2013  
- Chapter 5 Quiz |
| Week 7 | • Acoustic Immittance  
• Tympanometry  
• Acoustic Reflex  
• OAE | Chapter 7: Physiological Tests of the Auditory System | No Assignment Due  
Study Chapter 7 |
| Week 8 | • Acoustic Immittance  
• Tympanometry  
• Acoustic Reflex  
• OAE | Chapter 7: Physiological Tests of the Auditory System | DUE 3/25/2013 -Chapter 7 Quiz |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Week 9</td>
<td>Spring Break! No class &amp; no assignment due</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Week 10 | • Audiograms  
• Types of Hearing Loss  
• Masking and Cross hearing  
• Introduction to Speech Audiometry  
• How to use Count-the-Dots | Watch video clips  
Count-the-Dots PDF | DUE 4/8/2013 -Videos Quiz  
-Count-the-Dots Assignment |
| Week 11 | • Outer ear anatomy  
• Disorders associated with the outer ear  
• Treatment for outer ear disorders | Chapter 9: The Outer Ear Through the Otoscope PDF | DUE 4/15/2013 -Chapter 9 Quiz  
-Through the Otoscope Assignment |
| Week 12 | • Anatomy and physiology of the middle ear  
• Etiologies and treatment to middle ear disorders  
• Conductive hearing loss | Chapter 10: The Middle Ear | DUE 4/22/2013 -Chapter 10 Quiz |
| Week 13 | • Anatomical landmarks of the inner ear  
• Contributions of the inner ear  
• Inner ear disorders | Chapter 11: The Inner Ear | DUE 4/29/2013 -Chapter 11 Quiz |
| Week 14 | • Issues with retrocochlear disorder diagnosis  
• Disorders of the central auditory pathways  
• Treatment for retrocochlear pathology | Chapter 12: The Auditory Nerve and Central Auditory Pathways | DUE 5/6/2013 -Chapter 12 Quiz |
| Week 15 | • Signs of erroneous hearing loss  
• Tests for erroneous hearing loss  
• Managing patients with erroneous hearing loss | Chapter 13: Erroneous Hearing Loss | DUE 5/13/2013 -Chapter 13 Quiz |
• There is also an observation requirement (for communicative disorders majors pursuing a Masters Degree); you will be notified via e-mail regarding the details for this observation at a later date.
• Quiz dates may be subject to change. If this happens, you will be given at least a one week notice.

<table>
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<td>Chapter 4</td>
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<td>Chapter 5</td>
<td>15</td>
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<tr>
<td>Chapter 7</td>
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<tr>
<td>Videos Quiz</td>
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<tr>
<td>Count-the-Dots Assignment</td>
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<tr>
<td>Chapter 9</td>
<td>10</td>
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<tr>
<td>Through the Otoscope Assignment</td>
<td>5</td>
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<tr>
<td>Chapter 10</td>
<td>15</td>
</tr>
<tr>
<td>Chapter 11</td>
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<tr>
<td>Chapter 12</td>
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<td>Chapter 13</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>185</strong></td>
</tr>
</tbody>
</table>

• Quiz and assignment weights may be subject to change. If this happens, you will be given at least a one week notice.
HCOM 465: Aural Rehabilitation  
Spring Semester 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

Outcome 3: Committed and Caring Professionals
- become change agents
- maintain professional and ethical standards
- become life-long learners

Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and
hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
Instructor: Nancy Adzovich, Au.D., CCC-A
Classroom: CP 122L-Lecture Room
Office Hours: Wednesday after class (6:45-7:45 p.m.) or by appointment, LH-411
Phone (657) 278-1062

COURSE DESCRIPTION FROM THE CATALOG
Prerequisites: Human Comm 461. Effects of hearing loss on speech and language. Treatment of hearing disorders, including amplification and aural rehabilitation. Presents information on the role of the audiologist and speech-language pathologist in the management of hearing disorders.
Units: (3)

STUDENT LEARNING GOALS
Students who completed this course successfully will:
1) demonstrate knowledge of normal hearing and auditory development.
2) demonstrate knowledge of the different types of hearing impairment and auditory degeneration across the life span.
3) demonstrate knowledge of communication characteristics of people with hearing impairment.
4) demonstrate knowledge of etiologies, characteristics, assessment and intervention procedures of Auditory Processing Disorders (APD).
5) demonstrate knowledge of significance and nature of hearing impairment across the lifespan.
6) demonstrate knowledge of basic principals of aural rehabilitation, including amplification, cochlear implants, and assistive listening devices.
7) demonstrate basic knowledge of auditory communication training for persons across the life span.

GRADING POLICY FOR THE COURSE
Students are expected to attend class, keep up with assigned readings and material presented during lectures and class discussions. If you miss a lecture, it is your responsibility to obtain the information from a fellow classmate. There will be 3 in-class exams. Test material will be taken from the text, handouts and class lectures/discussions. Exams will consist of multiple choice, and/or short answers.

Policy on make-up exams: Exams may be made up only if arranged with the instructor prior to the exam. If an exam is missed, it must be made up as soon as possible – please no untimely delays!

Examinations:
Final grades will be based on the following:
1. Exam 1 – 100 points
   Covers readings and lectures to date of test
   Multiple choice, and/or short answer
   Students must supply a Scantron form 882-E (Green)
   Date: 3-6-13

2. Exam 2 – 100 points
   Covers reading and lectures since Exam 1
   Multiple choice, and/or short answer
   Students must supply a Scantron form 882-E (Green)
   Date: 4-24-13
3. Final Exam – 100 points
   Covers reading and lectures since Exam 2
   Multiple choice, and/or short answer
   Students must supply a Scantron form 882-E (Green)
   Date: 5-22-13

GRADES WILL BE ASSIGNED AS FOLLOWS:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
</tr>
<tr>
<td>A</td>
<td>93-96.9</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9</td>
</tr>
<tr>
<td>B+</td>
<td>87-89.9</td>
</tr>
<tr>
<td>B</td>
<td>83-86.9</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9</td>
</tr>
<tr>
<td>C+</td>
<td>77-79.9</td>
</tr>
<tr>
<td>C</td>
<td>73-76.9</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9</td>
</tr>
<tr>
<td>D+</td>
<td>67-69.9</td>
</tr>
<tr>
<td>D</td>
<td>63-66.9</td>
</tr>
<tr>
<td>D-</td>
<td>60-62.9</td>
</tr>
<tr>
<td>F</td>
<td>59.9 or below</td>
</tr>
</tbody>
</table>

Class behavior:
Students are responsible for all material presented in class and are expected to read assigned readings before the assigned class. Students are expected to demonstrate courteous behavior during class lectures out of respect for the instructor and fellow peers. This includes minimizing any side-conversations in class during lecture, getting up and leaving the classroom setting (except in the case of emergency) in the middle of class lectures, and using cell phones or pagers during class time. Please keep your cell phones and pagers off during the class. If students need to leave during a lecture for some reason, they should speak to the instructor in advance or make arrangements to sit in the back of the classroom to minimize any distraction to fellow classmates.

In addition, students must follow CSUF academic honesty policy.
In the interest of safety, no one other than students currently enrolled in class may attend class. Guests are only allowed with prior permission of the instructor.

REQUIRED TEXT

## OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

None Required.

## REQUIRED MATERIALS AND EQUIPMENT

None Required.

## EXTRA CREDIT OPTIONS

There are usually no extra credit options, however, if options are given, they will be available to all students on an equitable basis.

<table>
<thead>
<tr>
<th><strong>Students with Special Needs:</strong> Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Dishonesty Policy:</strong> Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, <a href="http://www.fullerton.edu/senate/">http://www.fullerton.edu/senate/</a>.</td>
</tr>
<tr>
<td><strong>Two week plan for distance instruction should on-campus instruction be interrupted:</strong> In case of instruction interruption, please check with the course instructor for weekly instructional activities, which may include multimedia presentations, discussion forums, group work, and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.</td>
</tr>
<tr>
<td><strong>Attendance Policy</strong></td>
</tr>
<tr>
<td>Students are encouraged to attend each class, as the critical analysis of clinical problems and research in class is important in the development of clinical skills.</td>
</tr>
<tr>
<td><strong>Fieldwork Requirement:</strong> None required.</td>
</tr>
</tbody>
</table>
Emergency Procedures Notice to Students

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

Before an emergency occurs-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 714-519-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

EMERGENCY CALLS

DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line:

(657) 278-0911   (657) 278-4444
## Tentative Course Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30-13</td>
<td>Overview of Course Introduction</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>2-6-13</td>
<td>Assessing Hearing Acuity &amp; Speech Recognition</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>2-13-13</td>
<td>Listening Devices &amp; Related Technology – Hearing Aids</td>
<td>Chapter 3 (pgs. 88-111)</td>
</tr>
<tr>
<td>2-20-13</td>
<td>Listening Devices &amp; Related Technology – Cochlear Implants &amp; Bone-anchored devices</td>
<td>Chapter 3 (pgs. 111-119)</td>
</tr>
<tr>
<td>2-27-13</td>
<td>Listening Devices &amp; Related Technology – ALDs</td>
<td>Chapter 3 (pgs. 120-132)</td>
</tr>
<tr>
<td>3-6-13</td>
<td>Exam 1</td>
<td></td>
</tr>
<tr>
<td>3-13-13</td>
<td>Auditory Training</td>
<td>HIGHLIGHTS from Chapters 4 through 8</td>
</tr>
<tr>
<td></td>
<td>Speech Reading &amp; Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communication Strategies &amp; Conversational Styles and Assessment</td>
<td></td>
</tr>
<tr>
<td>3-20-13</td>
<td>“The Cognitive Domain &amp; The Hearing-Impaired Child”</td>
<td>HIGHLIGHTS from Chapters 4 through 8</td>
</tr>
<tr>
<td></td>
<td>Guest lecturer</td>
<td></td>
</tr>
<tr>
<td>3-27-13</td>
<td>Communication Strategies Training</td>
<td>Chapter 9</td>
</tr>
<tr>
<td></td>
<td>Counseling, Psychosocial Support, and Assertiveness Training</td>
<td>Chapter 10</td>
</tr>
<tr>
<td>4-3-13</td>
<td>No Class – Spring Break</td>
<td></td>
</tr>
<tr>
<td>4-10-13</td>
<td>Adults Who Have Hearing Loss</td>
<td>Chapter 11</td>
</tr>
<tr>
<td>4-17-13</td>
<td>Aural Rehabilitation Plans for Older Adults</td>
<td>Chapter 13</td>
</tr>
<tr>
<td>4-24-13</td>
<td>Exam 2</td>
<td></td>
</tr>
<tr>
<td>5-1-13</td>
<td>Infants &amp; Toddlers Who Have Hearing Loss</td>
<td>Chapter 14</td>
</tr>
<tr>
<td>5-8-13</td>
<td>School-Age Children Who Have Hearing Loss</td>
<td>Chapter 15</td>
</tr>
<tr>
<td>5-15-13</td>
<td>School-Age Children Who Have Hearing Loss</td>
<td>Chapter 15</td>
</tr>
<tr>
<td>5-22-13</td>
<td>Exam 3 (Final)</td>
<td></td>
</tr>
</tbody>
</table>

Contents of the syllabus are subject to change at the discretion of the instructor
Audiology Practicum  
HCOM 468  
Spring 2013

<table>
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<tr>
<th><strong>Education Unit Conceptual Framework</strong></th>
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<td><strong>a transformational journey toward educational advancement and achievement</strong></td>
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</tr>
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</tr>
<tr>
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<tr>
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</tr>
<tr>
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<tr>
<td>• c ) become life-long learners</td>
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</tbody>
</table>
Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

Instructor: Michael J. Davis, Ph.D.
Office: CP-420-24
Phone: (714) 404-3121 (cell)
Email: midavis@fullerton.edu
Office Hours: Monday 3-4 PM Wednesday 4-5 PM; Thursday 12-1 PM (Clinic by appointment)
Other hours by arrangement or via telephone

Text: None required

Course Objective:

The activities and assignments in this clinic prepare candidates to meet Education Unit Program Outcomes 1b, 1c, 2d, and 3c (see pg. 1) and ASHA KASA competencies and standards for the Certificate of Clinical Competence III-B, C, and D, and IV-G (see Appendix).

This class is a practicum experience. Students will learn how to perform pure tone screenings, screening tympanometry and will become familiar with audiological report writing. The following is a list of some of the basic course objectives.

1. Students will take the KASA Hearing examination in partial fulfillment of the M.A. degree requirements in Communicative Disorders during the regular course meeting time Week 14 of the semester.
2. Demonstrate or describe collection of case history information as it pertains to the screening of hearing.
3. Demonstrate or describe selection of appropriate hearing screening procedures for pure tone and immittance audiometry.
4. Demonstrate proper procedures & protocol for screening for wax obstruction using an otoscope to examination the external auditory canal.
5. Demonstrate or describe adaptation of hearing screening procedures to meet client/patient needs.
6. Demonstrate interpretation of screening results.
7. Demonstrate or describe appropriate administrative and reporting functions necessary to support screening process.
8. Describe appropriate referral and management practices that should be followed as a function of screening results.

All students should obtain some clinical clock hours in the area of hearing screening.

Students are expected to dress in a professional manner and to arrive at their scheduled appointments at least 15 minutes early. Students should remember that they are expected to maintain a professional attitude at all times.

Grading will be based upon the instructor’s evaluation of your performance on the practicum evaluation ratings summary form for HCOM 468, items A-I. (See attached form) Your rating across the items will be averaged. Grade breakdown will be as follows:

A = Average 6 or higher
B = Average 5 or higher
C = Average 4 or higher
D = Average 3 or higher
Less than a 3 average is failing.

The make-up policy for missing an exam will be that the exam must be taken during the next administration of the KASA exam is the next offering of this course. The KASA exam if missed can not be made up prior to this time.
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hear Association as outlined below:

<table>
<thead>
<tr>
<th>Standard III: Program of Study-Knowledge Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
</tr>
<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
</tr>
<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
</tr>
<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
</tr>
<tr>
<td><strong>Standard IV-F:</strong> Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.</td>
</tr>
<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
</tr>
<tr>
<td><strong>1. Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services.</td>
</tr>
<tr>
<td><strong>2. Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients' needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
</tr>
<tr>
<td><strong>3. Interaction and Personal Qualities:</strong> a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
</tr>
</tbody>
</table>

*More information can be found at: http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm*
**Education Unit Conceptual Framework**

*a transformational journey toward educational advancement and achievement*

### Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

**Based on our core values, our mission is as follows:**

#### Mission Statement

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

#### Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

**Outcome 3: Committed and Caring Professionals**
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

---

**Department of Human Communication Studies: Mission Statement and Goals**

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG


COURSE OBJECTIVE

This course will provide an introduction to voice disorders, as well as an overview of disorders of articulation/phonology and resonance related to cleft lip and/or cleft palate or other craniofacial anomalies. The etiologies of these communicative disorders, which are associated with changes in the structure and function of the larynx and vocal tract, will be examined using basic principles of speech and voice science. You will be introduced to perceptual and instrumental assessment tools used in diagnosis. Treatment design and options for behavioral treatment methods will be discussed. The role of the speech-language pathologist in the care of persons with voice and/or craniofacial disorders in the context of team treatment will be emphasized. The content partially fulfills the following knowledge-based competencies required for ASHA certification.

STUDENT LEARNING GOALS

1. Will demonstrate knowledge of the processes and systems of normal and disordered voice production
2. Will demonstrate knowledge of classification of major voice disorders
3. Will demonstrate knowledge of etiologies and signs/symptoms of voice disorders
4. Will demonstrate knowledge of perceptually and instrumentally based voice assessment, including laryngeal videostroboscopy
5. Will demonstrate knowledge of behaviorally based voice therapy techniques
6. Will demonstrate knowledge of structure and function of velopharyngeal mechanism
7. Will demonstrate knowledge of etiology and classification of cleft lip and/or palate
8. Will demonstrate knowledge of genetic bases for syndromes related to craniofacial anomalies
9. Will demonstrate knowledge of associated treatment domains related to cleft lip and/or palate (dental, medical, psychosocial, feeding)
10. Will demonstrate knowledge of the team approach to clinical care - the role of various professions in the management of craniofacial and voice disorders
11. Will demonstrate knowledge of perceptual and instrumental assessment of velopharyngeal function and speech/language
12. Will demonstrate knowledge of behavioral treatment options for communicative disorders related to cleft lip and/or palate

PLANNED ASSIGNMENTS

Clinical Diagnostic Project: A written report of perceptual voice assessments to be performed with your voice partner before and after a vocal hygiene program. Details regarding this assignment will be provided later in the semester. (10% of the course grade).
DUE: Monday December 17, 2012

Reading and study of course text and supplementary resources. Please see Weekly Schedule for specific reading assignments and activities.
GRADING POLICY FOR THE COURSE
Course grades will be assigned on a +/- system on the following scale (out of 100 semester points):
A+  96.67 - 100
A   93.34 - 96.66
A-  90.00 – 93.33
B+  86.67 – 89.99
B   83.34 – 86.66
B-  80.00 – 83.33
C+  76.67 – 79.99
C   73.34 – 76.66
C-  70.00 – 73.33
D+  66.67 – 69.99
D   63.34 – 66.66
D-  60.00 – 63.33
F   below 60.00

EXAMINATIONS
There will be four objective, multiple-choice examinations. Each examination will count towards 22.5% of the course
grade. Examinations (closed book) will take place during class on the dates noted below.

Examination #1: covering material introduced in the first quarter of the semester – Wednesday September 19, 2012

Examination #2: covering material introduced in the second quarter of the semester, as well as application of concepts
from the first quarter – Monday October 15, 2012

Examination #3: covering material introduced in the third quarter of the semester – Wednesday November 7, 2012

Examination #4: covering material introduced in the last quarter of the semester, as well as application of concepts
from the third quarter – Monday December 17, 2012

All examinations will be as scheduled (i.e. no early exams). Missed examinations due to serious illness will require
documentation from a physician. Make-up examinations are subject to the instructor’s approval.

REQUIRED TEXTS
Allyn & Bacon.

Kummer, A. (2008). Cleft palate and craniofacial anomalies: The effects on speech and resonance, 2nd ed. Clifton Park,
NY: Thomson Delmar Learning.

OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

Anatomy and Physiology:


Diego: Plural Publications.


Medical Publications, Ltd.


*available at the CSUF library

**Cleft Palate:**


**Voice Disorders in Children/Adolescents:**


**Useful Websites:**

Net Connections for Communication Disorders and Sciences http://www.communicationdisorders.com

The National Center for Voice and Speech http://www.ncvs.org

Center for Voice and Swallowing: UC Davis Health Care System www.ucdvoice.org

American Cleft Palate-Craniofacial Association (ACPA) www.acpa-cpf.org

Cleft Palate Foundation (CPF) www.cleftline.org

Let’s Face It: Facial differences information and resources http://desica.dent.umich.edu/faceit/

Children’s Healthcare of Atlanta: Craniofacial resources www.choa.org/craniofacial

Cincinnati Children’s Hospital Med. Center http://www.cincinnatichildrens.org/health/info/craniofacial/default.htm


**REQUIRED MATERIALS AND EQUIPMENT**

None required.

**EXTRA CREDIT OPTIONS**

There are no extra credit options in this course.
**Students with Special Needs:** Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. The University requires students with disabilities to register with the Office of Disabled Student Services (DSS), located in UH-101 and at (657) 278-3112, in order to receive prescribed accommodations appropriate to their disability.

**Academic Dishonesty Policy:** Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill, which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/ups.htm](http://www.fullerton.edu/senate/ups.htm).

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**Attendance Policy**
Students are encouraged to attend each class, as the critical analysis of clinical problems and research in class is important in the development of clinical skills.

**Fieldwork Requirement:** None required.

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**Emergency Procedures Notice to Students**

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

**Before an emergency occurs**

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

**When an emergency occurs**

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

**After an emergency occurs**

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at [http://www.fullerton.edu](http://www.fullerton.edu), calling the University's hotline number at 714-519-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

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**EMERGENCY CALLS**

**DIAL 9-1-1**

All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (714) 519-0911
<table>
<thead>
<tr>
<th>Class Date</th>
<th>Topics</th>
<th>In-Class Activities</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/27, 29</td>
<td>Overview of the Course; Review of laryngeal anatomy &amp; physiology - framework, intrinsic/extrinsic muscles of the larynx, anatomic/histologic layers of the vocal folds.</td>
<td>Lecture &amp; discussion</td>
<td>Read Boone et al., chapters 1 and 2, Review relevant sections of Zemlin or similar text.</td>
</tr>
<tr>
<td>9/5, 9/10</td>
<td>Vocal fold vibration: conditions for continued oscillation, cover/body theory, and normal vocal function.</td>
<td>Lecture &amp; discussion</td>
<td>Read Boone et al., chapters 1 and 2, Review relevant sections of Zemlin or similar text.</td>
</tr>
<tr>
<td>9/12, 9/17</td>
<td>What is a voice disorder? : epidemiology, factors in diagnosis; categorization of etiologies, definitions, signs/symptoms.</td>
<td>Lecture &amp; discussion</td>
<td>Read Boone et al., chapters 3, 4, &amp; 5</td>
</tr>
<tr>
<td>9/19</td>
<td>Examination I</td>
<td>Exam # 1 taken in class</td>
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<tr>
<td>9/24</td>
<td>How do we measure voice disorders and what do we expect to find? Elements of a clinical voice evaluation; overview of non-instrumental clinical measures: functional impairment, phonatory effort, and auditory perceptual status.</td>
<td>Lecture, discussion, &amp; demonstration</td>
<td>Read Boone et al., chapter 6</td>
</tr>
<tr>
<td>9/26, 10/1</td>
<td>How do we measure voice disorders and what do we expect to find? : functional clinical measures: average speaking fundamental frequency, pitch range, MPT, s/z ratio, high-quiet phonation, laryngeal DDK.</td>
<td>Lecture, discussion, &amp; demonstration</td>
<td>Read Boone et al., chapter 6</td>
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<td>*Schedule first evaluation with partner for clinical diagnostic project</td>
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<tr>
<td>10/3</td>
<td>How do we measure voice disorders and what do we expect to find? : instrumental assessment tools: – Visual-perceptual measures (laryngeal endoscopy - including videostroboscopy: oral/transnasal); acoustic and physiological measures.</td>
<td>Lecture &amp; discussion</td>
<td>Read Boone et al., chapter 6</td>
</tr>
<tr>
<td>10/8</td>
<td>How do we treat voice disorders? The team approach and overview of behavioral therapy methods; symptomatic voice therapy, vocal hygiene.</td>
<td>Lecture, discussion, &amp; demonstration</td>
<td>Read Boone et al., chapter 7</td>
</tr>
<tr>
<td>10/10</td>
<td>How do we treat voice disorders? Behavioral therapy for hyperfunctional and hypofunctional disorders; management of special problems.</td>
<td>Lecture, discussion, &amp; demonstration</td>
<td>Read Boone et al., chapter 8</td>
</tr>
<tr>
<td>10/15</td>
<td>Examination II</td>
<td>Exam # 2 taken in class</td>
<td></td>
</tr>
</tbody>
</table>
10/17 Introduction to disorders related to cleft lip and/or palate; team treatment; role of speech-language pathology. Psychosocial issues. Lecture & discussion Read Kummer, chapters 3, 10, 11.

10/22 Structure and function of the palate and velopharynx. Lecture & discussion Read Kummer chapter 1.

10/24 Cleft characteristics and classification; etiological factors: genetics/inheritance patterns; syndromes. Lecture & discussion Read Kummer, chapters 2, 3, 4.

10/29 Primary surgical treatment. Lecture & discussion Read Kummer, chapter 18 (pp. 508-522).

10/31, 11/5 Secondary surgical treatment, Maxillofacial surgery (Le Fort osteotomies) Lecture & discussion Read Kummer, chapters 18 (pp.522-533), 19.

11/7 Examination III Exam #3 taken in class

11/12 VETERANS DAY HOLIDAY- NO CLASS

11/14 TBA

11/19, 11/21 FALL RECESS – NO CLASSES

11/26 Dental/orthodontic/prostodontic management; feeding issues. Lecture & discussion Read Kummer, chapters 9, 20, 5

11/28 Velopharyngeal dysfunction. Lecture & discussion Read Kummer, chapter 7

12/3 Communication disorders associated with cleft palate. Compensatory articulation. Lecture & discussion Read Kummer, chapter 6; and Boone et al. chapter 9

12/5, 12/10 Clinical (auditory-perceptual, orofacial examination) and instrumental approaches to assessment (nasometry, speech aerodynamics, videofluoroscopy, nasopharyngoscopy). Lecture, discussion, & demonstration Read Kummer chapters 12, 13, 14, 15, 16, 17.

12/12 Therapy techniques and considerations for children and adults. Lecture, discussion, & demonstration Read Kummer chapter 21

12/17 Finals Week, Monday 2:30 -4:20 p.m. Exam #4 taken in class Clinical Diagnostic Projects DUE
Human Communications 474  
Neurology and Neurogenic Disorders  
Spring, 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
• a) demonstrate strong foundation in subject matter or field of study  
• b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field  
• c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
• a) promote diversity  
• b) make informed decisions  
• c) engage in collaborative endeavors  
• d) think critically

Outcome 3: Committed and Caring Professionals
• a) become change agents  
• b) maintain professional and ethical standards  
• c) become life-long learners

Mission, Goals, and Strategies of the Communicative Disorders Program

The Program in Communicative Disorders at California State University, Fullerton provides its majors with an understanding of speech, language, and hearing sciences and disorders, and also of the high quality services that are delivered by professionals in speech-language pathology and audiology. Our faculty and staff aspire to combine excellence in teaching, research, and clinical practice for students in and out of the classroom. In the on-campus Speech, Language, and Hearing Clinic and off-campus medical, community, and educational training sites, we strive to provide graduates of our program with the essential knowledge and skills to become professional practitioners in speech-language pathology who are capable of serving in clinics, schools, community centers, hospitals, and private practice. We also strive to prepare our graduates to become advocates for people with communication disabilities.

Positioned within a comprehensive, regional university with a global outlook in Southern California, our faculty expertise and diversity provide a distinctive opportunity for exploring, understanding, and developing an appreciation for normal and disordered human communication across the life span and across culturally/linguistically diverse
populations. In our university, where learning is preeminent, graduates represent our aspirations to combine the best of current theory with contemporary clinical practices across the broad areas within our profession.

Goals and Strategies

I. To ensure the preeminence of learning by addressing the knowledge and skill areas delineated in the appropriate ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology, we will:

   a. Establish a curriculum which emphasizes the development of knowledge in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing.

   b. Incorporate clinical experiences which lead to the development of clinical skills in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing.

II. To provide a high quality program by ongoing identification of the most appropriate student learning outcomes, we will:

   a. Incorporate knowledge and skill areas that are separate yet interdependent on coursework and practicum experience.

Instructor: Edith Li, Ph.D. Office Hours: TWTH 7:30-8:30am
Office: College Park 420-20 & by appointment
Email: edithli@fullerton.edu Phone: 657-278-3260


COURSE DESCRIPTION: This course provides information on the anatomy and physiology of the nervous system as they relate to speech, language, and hearing processes. In addition, clinical characteristics, assessment and remediation of neurogenic speech and language disorders will be discussed.

COURSE OBJECTIVES/STUDENT LEARNING GOALS:

Following the course, the student will demonstrate knowledge of:

1. Anatomic structures, physiologic processes and neurological bases, involved in the production and perception of speech including respiration, phonation, resonance, and articulation.

2. Organic, neurological and functional etiologies of speech disorders.

3. Etiology and characteristics of developmental apraxia as well as acquire motor speech disorders.

4. Differences in etiologies and characteristics between articulatory and phonological deficits with respect to speech sound error patterns.
5. Development of cognitive functions associated with language across the lifespan.

6. Clinical characteristics of cognitive-communication disorders as they exist across the lifespan.

7. Relationship between (a) etiology, onset, course, duration, and clinical features of cognitive-communication disorders and (b) clinical outcomes.

8. Neurological basis of the sensation of sound.

9. Basic neurology.


11. Pragmatic deficits associated with various types of communication disorders.

12. Formal and informal assessment of pragmatic skills.

13. Neurological basis of the normal swallow.

14. Neurological, biological, and psychological bases of normal receptive and expressive language in spoken and written language modalities.

15. Cultural factors that can impact on normal receptive and expressive language functions and processes in bilingual/multilingual individuals.

16. Etiologies of acquired disorders of receptive and expressive language (spoken and written).

17. Clinical characteristics of acquired disorders of receptive and expressive language (spoken and written) across the lifespan.

18. Principles and clinical procedures for the formal and informal assessment of acquired receptive and expressive language disorders (spoken and written), taking cultural factors into account.

19. Procedures for selecting, administering, and scoring formal and informal assessment procedures for the assessment of acquired receptive and expressive language disorders (spoken and written), taking cultural factors into account.
20. Interpretation of results from formal and informal procedures for the assessment of acquired receptive and expressive language disorders (spoken and written) taking cultural factors into account.

21. Relationship between (1) etiology, onset, course, duration, and clinical features of acquired receptive and expressive language disorders (spoken and written) and 2) clinical outcomes.

22. Appropriate procedures for the management of acquired receptive and expressive language disorders (spoken and written), taking cultural factors into account.

COURSE REQUIREMENTS: Three written examinations (100 possible points each). Plus/minus grading will not be used.

GRADING CRITERIA:

Plus-minus scoring will not be used. The grading scale is as follows:

90-100% A
80-89% B
70-79% C
60-69% D
Below 60% F

FINAL EXAMINATION: Thursday, May 23, 9:30am

POLICY ON MAKE-UP EXAMS: Exams may be made up only if this has been arranged with the instructor prior to the exam.


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In the event of emergency, contact the University Police at 714-278-3333.

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**COURSE OUTLINE AND REQUIRED READINGS**

Students are urged to complete readings prior to class from Webb/Adler

<table>
<thead>
<tr>
<th>WEEK OF</th>
<th>TOPIC</th>
<th>READINGS</th>
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<tbody>
<tr>
<td>Jan 29</td>
<td>Present course requirements Introduction/Neuronal structure and function</td>
<td>Ch. 4</td>
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<tr>
<td>Feb 5</td>
<td>Organization of central nervous system/ Cerebral cortex</td>
<td>Chs. 1,2</td>
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<tr>
<td>Feb 12</td>
<td>CNS continued: other brain areas</td>
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<tr>
<td>Feb 19</td>
<td>Organization of peripheral nervous system</td>
<td>Ch. 3</td>
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<td>Feb 26</td>
<td>Spinal cord and spinal nerves</td>
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<td>Examination 1—Thursday-Feb 28</td>
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<tr>
<td>Mar 5</td>
<td>Neural pathways governing sensation</td>
<td>Ch. 5</td>
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<tr>
<td>Date</td>
<td>Topic</td>
<td>Chapter</td>
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<tr>
<td>Mar 12</td>
<td>Neural pathways governing movement</td>
<td>Ch. 6</td>
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<td></td>
<td>Cranial nerves: vision</td>
<td>Ch. 5</td>
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<tr>
<td>Mar 19</td>
<td>Cranial nerves: speech</td>
<td>Ch. 7</td>
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<tr>
<td>Mar 26</td>
<td>Cranial nerves: speech (cont.)</td>
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<tr>
<td>Apr 1-Apr 7</td>
<td>Spring Break</td>
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<tr>
<td>Apr 9</td>
<td>Intro to medical aspects of aphasia</td>
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<td>Examination 2-Thursday-Apr 11</td>
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<tr>
<td>Apr 16</td>
<td>Blood supply to brain</td>
<td>Ch. 3</td>
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<td></td>
<td>Classification of aphasia</td>
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<tr>
<td>Apr 23</td>
<td>Broca's Aphasia</td>
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<td>Apr 30</td>
<td>Wernicke's Aphasia</td>
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<td>May 7</td>
<td>Other aphasic syndromes</td>
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<td>Assessment of aphasia</td>
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<tr>
<td>May 14</td>
<td>Remediation of aphasia</td>
<td></td>
</tr>
</tbody>
</table>
HCOM 475: INTRODUCTION TO FLUENCY DISORDERS
Spring 2013
Monday & Wednesday, 1pm -2:15pm, CP 122 L

Education Unit Conceptual Framework

Core Values
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- engage in collaborative endeavors
- think critically

Outcome 3: Committed and Caring Professionals
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- maintain professional and ethical standards
- become life-long learners

Department mission statement, goals, theme as appropriate

The mission of the department is to provide students with an understanding of communication processes in a culturally diverse society. An in-depth understanding of communication processes brings a number of benefits, including the ability to analyze communication barriers and the competency to facilitate effective communication between individuals, within organizations, between organizations and their customers or constituencies, and across cultures. Understanding communication processes in depth can, with specialized education and training, be used also to diagnose and treat disorders of communication.

The department offers a Bachelor of Arts degree in Speech Communication with emphases in Argumentation and Persuasion, Intercultural Communication, Interpersonal Communication, Organizational Communication, and Communication Studies. It also offers a Master of Arts degree in Speech Communication. Students who complete the bachelor’s or master’s degree are qualified to enter a variety of rewarding careers in business, nonprofit organizations, government, and education, and they are qualified to pursue advanced degrees in communication studies as well as in other academic and professional fields that are described under the sections on concentrations. The department offers a Minor in Speech Communication, which is structured to meet individual students’ educational needs and career aspirations.
The department also offers a Bachelor of Arts and a Master of Arts degree in Communicative Disorders. These degrees lead to eligibility for a state license in speech-language pathology, national certification in speech-language pathology, and a specialized credential for work within the public school system. The Communicative Disorders Program has been accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association for over thirty years. The Communicative Disorders Program has a number of special features, including an emphasis on clinical services for persons from diverse cultural and linguistic backgrounds, alternative and augmentative forms of communication, and diagnosis and management of disorders of swallowing.

The department provides a strong foundation of theory in its degree programs, and each program gives its students the experience they need in applying theory in a variety of contexts. Knowledge and skills are developed in the classroom through the use of case study methodology and other learning strategies and through internship experiences, which allow students to apply their knowledge and skills in their eventual work settings. Some students are encouraged to pursue careers in college and university teaching and research by continuing their education at the doctoral level in the field of communication studies or communicative disorders. Finally, the department provides guidance for students interested in pursuing graduate and professional studies in fields related to communication.

The following course information is available:

**Instructor:** Ying-Chiao Tsao, Ph.D./CCC-SLP

**Office:** CP 420-29

**Phone:** (657) 278-5307

**E-mail:** ytsao@fullerton.edu

**Day & Time:** Mon. & Wed., 1pm - 2:15pm

**Classroom:** CP 122 L

**Office Hours:** Mon., & Wed., 8:30-9:30 am (or by appointment)

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**COURSE DESCRIPTION FROM THE CATALOG**


This course is designed to provide students with knowledge of the nature, characteristics, development of stuttering, and its impact on the individual’s life. Students will be oriented to the known underlying etiology, classic and contemporary theories as well as clinical management of the disorder. Normal disfluency, developmental stuttering, cluttering, and other types of fluency disorders will also be introduced and discussed along with issues such as, differential diagnosis, principles of assessment and treatment. Treatment approaches and basic strategies for all age groups will be introduced and discussed. Students will also be exposed to the most recent trend in assessing and managing fluency disorders for both monolingual and bilingual populations.

**STUDENT LEARNING GOALS**

Students who successfully complete this course will be able to meet the following ASHA KASA competencies:

1. Will demonstrate knowledge of the processes of speech motor control (III. B1).
2. Will demonstrate knowledge of the nature of stuttering and its characteristics (III. B2).
3. Will describe and identify the characteristics of normal disfluency versus those of stuttering (III.B2).
4. Will demonstrate knowledge of the underlying physiological causes and etiology of stuttering (III. C1).
5. Will demonstrate knowledge of the developmental and environmental influences (III.C2).
6. Will describe and discuss the role of learning theory in developmental stuttering (III.C2).
7. Will demonstrate knowledge of the assessment and differential diagnosis of fluency disorders (III.D. 1-3)
8. Will demonstrate knowledge of various treatment approaches/rationales/procedures (III.D7)
9. Will demonstrate knowledge of the impact of fluency disorders on an individuals’ life and the needs for counseling the clients and/or their families (III.B3).
10. Will demonstrate knowledge of assessing and treating clients from diverse culturally and/or linguistically background (III. B3).
11. Will demonstrate knowledge of the needs of public awareness and education on fluency disorders (III.B3)
PLANNED ASSIGNMENTS
Class activities will include lectures, audio/videotapes, guest speakers, classroom discussions, and home assignments. Handouts will be distributed when appropriate throughout the semester. Students are responsible for the information presented in lectures, films, handouts, and all class activities. Be sure that you have easy access to course Website (i.e., Titanium). Read the announcement regularly and prior to the next class time. Much correspondence between you and the instructor will rely on this super highway avenue. If you are encountering any problems with Website, call Help desk at 278-7777 for assistance.

For all assignments, submit a hard copy of your work in class, and also deposit a word file of all your work onto Titanium, the course Website. Missing either one will incur point-deduction.

1. Voluntary Stuttering 3/06
   A. Every student will perform voluntary stuttering in at least two different speaking situations.
   B. Write a 3-page (including questions) reflection paper using a question sheet provided.
   C. Participate in Titanium discussion and be prepared to share your experience in class.
      (Refer to grading sheet posted on course website for the details)

2. Group Research Projects Written- 5/13; Oral- 4/29, 5/01 & 06, 08, & 13
   A. Form a group of 3-4 people (but not more than 4).
   B. Email me the names of group members along with your group name (e.g., “Honey bee”).
   C. Choose a topic of your interest in area of fluency disorders.
   D. Perform library searches. At least 7 references from the past 10-15 years are required.
   E. Read and synthesize the information.
   F. Submit a 3-5 page group paper. No individual paper will be accepted!
   G. Submit a 1-page Poster and PPT through Titanium at least two days prior to your presentation. Your poster should include title, issues identified, literature reviews on issues & possible solutions, reference & learning reflection.
   I. Give 7-10 minutes poster presentation along with PPT slides, and/or video clips, etc.
   J. Submit self and peer evaluation forms individually or in group on the date of presentation.
      (Refer to Guidelines and Grading Sheet posted on course Titanium for the details)

3. In-class Video Observations 5/15
   Three hours total of observations are required for this course. On the due date, turn in a yellow observation sheet filled with all required information, including subtotal and total observation hours. Any missing information on the sheet will be considered a late work.
      (Refer to late assignment policy included in this syllabus for the details)

LATE ASSIGNMENTS POLICY
Assignments should be turned in by due dates. Late assignments will be accepted for full credit only when a serious/compelling cause can be verified (i.e., a written proof from a physician or concerned authority); and the instructor should be notified immediately. All other late assignments will result in a reduction of the letter grade (½ grades each day). No late assignment will be accepted after it has been returned to students typically within a week.

EXAMINATIONS

Classroom Participation & Quizzes Tentative dates: 2/20, 3/11, & 4/15
There will be several in-class quizzes given throughout the semester on three tentative dates (subjecting to change depending on the class progress). The quiz may consist of one or a combination of the following formats, e.g., true/false, multiple choice, matching, short answer, brief write-up on a case study, etc.
Due to the fact that class participation is part of the grade point, there will be **NO make-up for any missed quizzes**. In case of extraordinary circumstance, a make-up quiz with a valid proof may be taken **no later than the next class time**, which can only count up to 80% (at most) of the credit points.

**Examinations**

*Midterm-3/20; Final Exam- 5/20*

Two examinations will be given in class. Each exam will be a combination of some of following formats: matching, true-false, multiple-choice, short answers and essay questions. The final exam will be **semi-comprehensive** which covers all information (**including group presentations**) discussed throughout semester.

**Examination Make-up Policy**

No make-ups for any examinations without consent of the instructor, which must be obtained at least 24 hours prior to the scheduled exam. Missed examination due to serious illness or any unexpected incident will require written verification from a physician or concerned authority. **No exams/quizzes may be taken early.**

**GRADING POLICY FOR THE COURSE**

Each assignment will be graded based on the points indicated below:

1. Voluntary stuttering, online & class discussions  
2. Group Research Project (written: 12%, oral – 3%)  
3. Clinical observations (3 hours in-class video observations)  
4. In-class quizzes, tasks/activities, classroom attendance & participation  
5. Examinations (Midterm-30%; Final- 35%)  

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Voluntary stuttering, online &amp; class discussions</td>
<td>10%</td>
</tr>
<tr>
<td>2. Group Research Project (written: 12%, oral – 3%)</td>
<td>15%</td>
</tr>
<tr>
<td>3. Clinical observations (3 hours in-class video observations)</td>
<td>1%</td>
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<tr>
<td>4. In-class quizzes, tasks/activities, classroom attendance &amp; participation</td>
<td>9%</td>
</tr>
<tr>
<td>5. Examinations (Midterm-30%; Final- 35%)</td>
<td>65%</td>
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</tbody>
</table>

**(As a courtesy, NO phone calling/texting/emailing/online will be allowed in the classroom)**

Performance on papers will be assessed using a **letter grade** to reflect both the content and the format. The letter grade will also be assigned to quizzes, exams, and assignments based on the **class curve**; which will be converted to a grade point (A = 4.00, A- = 3.70, B+ = 3.30, etc.) with prescribed weights listed above. For example, a grade of “A” on a 15% assignment will earn grade point of 0.6 (=4 x 0.15), whereas a “B” will earn 0.45 (=3 x 0.15). The weighted grade points will be summed up for all assignments and then converted to a final semester grade using plus and minus (i.e., A, A-, B+, B, etc.).

**EXTRA CREDIT OPTIONS (1%)**

You may receive extra credit **up to 1%** toward the final grade point by attending ASHA awarded CEU fluency workshop or short course at Local or State Conferences. For the workshop or short course, you will need to present a **proof** for your attendance with exact time duration (e.g., registration receipt, handouts) and write a 1-page reflection paper. To receive full credit, you will need to stay for the entire session for hours be considered **(NO service hours will be counted toward extra credit!)**.

**Ten hours of continuing education hours** (excluding break time) are required to receive **1% of extra credit.** Partial credit may be awarded based on hours actually attended, if provided with a proof. You may NOT receive credit that has been issued to you from other classes for a same conference!

**REQUIRED TEXTS**

Course Packet. Available at XCOPY (347 N. State College Blvd., Fullerton, CA 92831; right next door to CVS; Tel: 714-738-7888)

**RECOMMENDED TEXTS**


Overview of Assignments Deadlines

(Submit both a hard copy and a word file for all assignments!!)

Voluntary Stuttering  
- Reflection Paper  
- Online Discussions (1 learning posting- initial or reply to others’ posting)  
3/06

Group Research Project  
- Poster oral presentation  
- Poster handout, PPT, & peer feedback/evaluation  
- Research paper  
4/29, 5/01 & 06, 08, & 13 (due on presentation date)  
5/13

Quizzes and Examinations

Quizzes  
(subject to change depending on lesson progress)  
Tentative dates: 2/20, 3/11 & 4/15

Midterm Exam  
(Def., nature & etiology & Assessment)  
3/20

Final Exam  
(Differential diagnosis & Treatment)  
5/20

Three observation hours and CSUF observation yellow sheet  
5/15
# Tentative Topics and Course Schedule

(Contents of the Syllabus Are Subject to Change at the Discretion of the Instructor)

<table>
<thead>
<tr>
<th>WEEK</th>
<th>TOPIC(S)</th>
<th>ACTIVITIES</th>
<th>READING ASSIGN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/28 &amp; 1/30</td>
<td><strong>Course Overview</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>A. Discussion on the Syllabus;</td>
<td>Introduction &amp; Discussion;</td>
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<tr>
<td></td>
<td>B. Speech Physiology of Fluency;</td>
<td>Guest lecture from Counseling Center</td>
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<tr>
<td></td>
<td><strong>Stress management</strong></td>
<td></td>
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<tr>
<td>2/04 &amp; 2/06</td>
<td><strong>Fluency Disorders &amp; Stuttering</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>A. Terms &amp; Dimension of fluency</td>
<td>Lecture &amp; Discussions;</td>
<td>Lesson 2</td>
</tr>
<tr>
<td></td>
<td>Writing a letter of intent</td>
<td>View NSF video link: “Kids made for kids”</td>
<td></td>
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<tr>
<td></td>
<td>B. Definitions &amp; Characteristics of Stuttering</td>
<td></td>
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</tr>
<tr>
<td>2/11 &amp; 2/13</td>
<td><strong>The Nature of Stuttering</strong></td>
<td>Lecture &amp; Discussions;</td>
<td>Lesson 3</td>
</tr>
<tr>
<td></td>
<td>A. Basic Facts about Stuttering</td>
<td>View video link: “Altered auditory feedback”</td>
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<td></td>
<td>B. Unique Phenomena of Stuttering</td>
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<tr>
<td>2/18 &amp; 2/20</td>
<td><strong>President’s Day</strong></td>
<td>No Classes</td>
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<tr>
<td></td>
<td><strong>The Etiology of Stuttering</strong></td>
<td>(Tentative) Quiz 1 on 2/20</td>
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<tr>
<td></td>
<td>A. Classical &amp; Contemporary Views</td>
<td>Lecture &amp; Discussions;</td>
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<td></td>
<td>B. The 3-P Factors Etiology</td>
<td>View video link: “Etiology of stuttering”</td>
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<tr>
<td>2/25 &amp; 2/27</td>
<td><strong>The Etiology of Stuttering</strong></td>
<td>Lecture &amp; Discussions;</td>
<td>Lesson 4</td>
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<tr>
<td></td>
<td>A. Onset &amp; Development</td>
<td>View NSF video link: “Childhood stuttering”</td>
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<td></td>
<td>B. Normal Childhood Disfluency vs. Developmental Stuttering</td>
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<tr>
<td>3/04 &amp; 3/06</td>
<td><strong>Assessment of Stuttering- 1</strong></td>
<td>Lecture &amp; Discussions;</td>
<td>Lesson 5</td>
</tr>
<tr>
<td></td>
<td>A. Case History Interview</td>
<td>View video link; Vol Stuttering due 3/06;</td>
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<td></td>
<td>B. Discussion on Vol Stuttering;</td>
<td>NSA Guest Speakers</td>
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<td></td>
<td><strong>The Voices of PWS – 3/06</strong></td>
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<tr>
<td>3/11 &amp; 3/13</td>
<td><strong>Assessment of Stuttering- 2</strong></td>
<td>(Tentative) Quiz 2 on 3/11</td>
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<tr>
<td></td>
<td>A. Assessment Tools &amp; Questionnaires</td>
<td>Lecture &amp; Discussions;</td>
<td>Lesson 6</td>
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<tr>
<td></td>
<td>B. Analysis of Dysfluencies</td>
<td>View video link; NSA Guest Speakers</td>
<td></td>
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<tr>
<td></td>
<td><strong>Study Guide for Midterm Exam</strong></td>
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<tr>
<td>3/18 &amp; 3/20</td>
<td><strong>Differential Diagnosis- 1</strong></td>
<td>Lecture &amp; Discussions;</td>
<td>Lesson 7</td>
</tr>
<tr>
<td></td>
<td>A. Other types of Fluency Disorders</td>
<td>Qs &amp; As on Midterm Exam;</td>
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<td></td>
<td>B. Midterm Exam - 3/20</td>
<td>In-class Examination</td>
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<tr>
<td>3/25 &amp; 3/27</td>
<td><strong>Differential Diagnosis- 2</strong></td>
<td>Lecture &amp; Discussions;</td>
<td>Lesson 7</td>
</tr>
<tr>
<td></td>
<td>A. Cluttering</td>
<td>View video link: “Cluttering”</td>
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<tr>
<td></td>
<td>B. <strong>The Voices of PWS – 3/27</strong></td>
<td>NSA Guest Speakers</td>
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<tr>
<td>Date</td>
<td>Event Description</td>
<td>Details/Activities</td>
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<tr>
<td>4/01 &amp; 4/03</td>
<td>Spring Recess (4/01-4/05)</td>
<td>No Classes</td>
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<tr>
<td>4/08 &amp; 4/10</td>
<td>Stuttering Treatment -1</td>
<td>Lecture &amp; Discussions; View video link: “Stuttering Mod. Vs. Fluency Shaping”</td>
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<tr>
<td></td>
<td>A. Treatment Approaches: Stuttering Modification vs. Fluency Shaping</td>
<td>Lesson 9</td>
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<tr>
<td>4/15 &amp; 4/17</td>
<td>Stuttering Treatment -2</td>
<td>(Tentative) Quiz 3 on 4/15; Lecture &amp; Discussions; NSA Guest Speakers;</td>
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<tr>
<td></td>
<td>A. Van Riper’s MIDVS</td>
<td>Lesson 10</td>
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<td></td>
<td>B. Fluency Enhancing Strategies</td>
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<tr>
<td>4/22 &amp; 4/24</td>
<td>Stuttering Treatment -3</td>
<td>Lecture &amp; Discussions; View video link: “Fluency Enhancing Strategies”; NSA Guest Speakers;</td>
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<td></td>
<td>A. Treatment Goals &amp; WHO’s ICF</td>
<td>Lessons 11 &amp; 12</td>
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<td>B. The Voices of PWS – 4/24</td>
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<tr>
<td>4/29 &amp; 5/01</td>
<td>Stuttering Treatment -3</td>
<td>Lecture &amp; Discussions; Student Presentations</td>
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<tr>
<td></td>
<td>A. Research paper presentation - A</td>
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<td>B. Research paper presentation - B</td>
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<tr>
<td>5/06 &amp; 5/08</td>
<td>A. Research paper presentation - C</td>
<td>Student Presentations; Study Guide for Final Exam</td>
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<td>B. Research paper presentation - D</td>
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<tr>
<td>5/13 &amp; 5/15</td>
<td>A. Research paper presentation - E</td>
<td>Student Presentations; Yellow Ob. Sheet due 5/15</td>
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<tr>
<td></td>
<td>B. Qs &amp; As for Final Exam</td>
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<tr>
<td>5/20</td>
<td>Final Exam – 2:30-4:20 pm</td>
<td>In-class Examination</td>
<td></td>
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</tbody>
</table>

**SYLLABUS APPENDIX**

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

**American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence**

**Standard III: Program of Study-Knowledge Outcomes**

The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

**Standard III-A:** The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

**Standard III-B:** The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
Standard III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).

Standard III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct.

Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:

1. Evaluation: a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services

2. Intervention: a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities: a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.

*More information can be found at: [http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm](http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm)
### Education Unit Conceptual Framework

**a transformational journey toward educational advancement and achievement**

#### Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

**Based on our core values, our mission is as follows:**

#### Mission Statement

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

#### Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**
- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**
- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

**Outcome 3: Committed and Caring Professionals**
- become change agents
- maintain professional and ethical standards
- become life-long learners

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#### Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG
Prerequisites: Human Comm 241, 242, 307, 344, 352, and 472, 474 or 475. Introduction to general principles and procedures for the assessment and treatment of individuals with communicative disorders. Lectures, demonstration, clinical observations, and supervised clinical experience.

COURSE OBJECTIVES
This course is designed provide students with an introduction to and overview of: 1) general principles associated with the assessment and treatment of communication and swallowing disorders in children and adults, 2) professional ethics involved in the delivery of speech, language and hearing services to individuals with communication and swallowing disorders, 3) the diagnostic evaluation process including the clinical client intake/referral, case history interview, informal as well as formal diagnostic assessment (e.g., standardized, non-standardized, portfolio/curriculum based, dynamic, and alternative assessment procedures), counseling and report writing process, 4) specialized assessment procedures for differing disorder conditions, 5) current evidence based practice approaches to intervention including new and current models of service delivery across various clinical settings (e.g., curriculum-based intervention, response to intervention, 6) the development of appropriate intervention plans, goals and objectives for individuals with communication, and swallowing and disorders, 7) methods for documenting services and client performance/progress, 6) behavioral management strategies for clients with special cognitive, behavioral and social-emotional difficulties, 8) key considerations in the delivery of speech, language, hearing assessment and intervention services to individuals from diverse cultural and linguistic backgrounds, 9) test administration, scoring and interpretation using informal and formal diagnostic assessments, and 10) procedures for planning, implementing, and evaluating therapy activities and 11) supervised observation of at least 7 hours of diagnostic and treatment sessions.

STUDENT LEARNING GOALS
As a result of taking this course, students will be able to:

1) State key principles associated with the delivery of speech, language, and hearing assessment and intervention services to individuals with communication and swallowing disorders
2) State ASHA’s code of ethics and other relevant professional ethic/legal considerations involved with the delivery of speech, language, and hearing assessment and intervention services to individuals with communication and swallowing disorders
3) Specify all aspects of diagnostic evaluation and intervention process
4) Describe various assessment approaches that are appropriate to use with individuals across all clinical settings with specialized communication/swallowing disorders
5) Use evidence-based and best clinical practices in the delivery of intervention services to individuals across all clinical settings with specialized communication/swallowing disorders
6) Describe culturally relevant and appropriate approaches for assessing and treating communication and swallowing disorders in individuals from diverse cultural and linguistic backgrounds
7) Adequately document the delivery of services to individuals with communication and swallowing disorders
8) Adequately manage the behavior of clients with special cognitive, behavioral and social-emotional challenges
9) Accurately administer, score and interpret results from informal as well as formal diagnostic assessments
10) Adequately plan, implement therapy activities
This course is also designed to address the following ASHA KASA competencies. As a result of taking this course, students will demonstrate:

1. Knowledge of the developmental norms for speech sound acquisition including discrepancies across studies with respect to the ages of speech sound acquisition and mastery (Articulation, IIIB.5).
2. Knowledge of the etiology and characteristics of developmental apraxia as well as acquired motor speech disorders (e.g., apraxia, dysarthria) (Articulation, IIIC.3).
3. The ability to formulate appropriate goals, objectives and methods for individuals with articulation, motor speech, or phonological deficits based on the assessment results (Articulation, IIID.4).
4. Knowledge of the clinical characteristics of cognitive-communication disorders as they exist across the lifespan (Cognitive Aspects of Communication, IIIC.2).
5. Knowledge of the relationship between (1) etiology, onset, course, duration, and clinical features of cognitive communication disorders and (2) clinical outcomes (Cognitive Aspects of Communication, IIID.4).
6. Knowledge of cross-cultural and cross-linguistic differences that may impact on verbal expression (Fluency, IIIB.3).
7. Knowledge of the onset, development and clinical characteristics of fluency disorders (Fluency, IIIC.2).
8. Knowledge of speech/language analyses used to classify fluency severity, determine rate of speech, and identify covert characteristics of fluency disorders (Fluency, IIID.3).
9. Knowledge of hearing screening principles, procedures, and recommendations across the life span (Hearing, IIID.1).
10. Knowledge of the clinical characteristics of acquired disorders of receptive and expressive language (spoken and written) as they exist across the lifespan (Receptive and Expressive Language [Acquired], IIIC.2).
11. Knowledge of procedures for selecting, administering, and scoring formal and informal assessment procedures for the assessment of acquired receptive and expressive language disorders (spoken and written), taking age-related and cultural factors into account (Receptive and Expressive Language [Acquired], IIID.2).
12. Knowledge of the clinical characteristics of receptive and expressive language disorders (spoken and written) (Receptive and Expressive Language [Developmental], IIIC.2).
13. Knowledge of procedures for selecting, administering, and scoring formal and informal assessment procedures for children with receptive and expressive language disorders (speaking, listening, reading, writing) (Receptive and Expressive Language [Developmental], IIID.2).
14. Knowledge of how to interpret the results from formal and informal procedures assessing receptive and expressive language skills (all modalities) (Receptive and Expressive Language [Developmental], IIID.3).
15. Knowledge of how to interpret the results from formal and informal procedures assessing receptive and expressive language skills (all modalities) (Receptive and Expressive Language [Developmental], IIID.5).
16. Knowledge of appropriate child language intervention procedures, taking age-related and cross-cultural differences into account (Receptive and Expressive Language [Developmental], IIID.6).
17. Knowledge of the pragmatic deficits associated with various types of communication disorders (e.g. right-hemisphere damage, head injury, autism, developmental delay, etc.) (Social Aspects of Communication, IIIC.2).
18. Knowledge of formal and informal assessment of pragmatic skills and abilities (Social Aspects of Communication, IIID.1).
19. The ability to formulate appropriate goals and objectives related to the development of pragmatic competencies in individuals with social communication deficits (Social Aspects of Communication, IIID.2).
21. Knowledge of the relationship between (1) etiology, environmental/health factors, and clinical signs and (2) clinical outcomes (Voice and Resonance, IIID.3).
PLANNED ASSIGNMENTS AND EXAMINATIONS

Students are expected to keep up with assigned readings, participate in classroom activities and discussions, and complete the following: 1) written assignments and activities, 2) examinations, 3) quizzes, 4) therapy observation assignment, 5) group ‘test review’ project and oral presentation, 6) observation hours

1. **Therapy Observation Assignment** (10 points)
   Students will be required to observe and complete an assignment based on a live therapy session of a client in the Speech and Hearing Clinic.
   Observation week:
   **Due date: April 24th**

2. **In-class/ Home Assignments/Activities** (30 points)
   Several in-class activities will take place throughout the semester. Class attendance and student participation in these assignments is required in order to receive credit. Missed in-class activities cannot be made up. All assignments/activities will be explained in class.
   Specific guidelines, requirements and grading criteria will be provided. Some assignments will require a write-up. Examples of some activities may include: practicing interview skills, performing oral-motor exams and diadochokinetic tasks, performing hearing screenings, diagnostic report review, goal/objective writing, therapy lesson plan review and administering formal tests.

3. **Group ‘Test Review’ Project and Oral Presentation** (20 points)
   Students will be review, critique and present on a norm-referenced or criterion-referenced speech-language test used with children or adults. In addition to the presentation, an outline will be turned in as well as a group paper. Please refer to the “Test Review Guidelines” for more information. The following guidelines will assist:
   a. Form a group of 4-5 people
   b. Sign-up for a test to review and a date for your presentation (test inventory will be provided)
   c. Go to the Speech and Hearing Clinic (CP-150) and review the test. All tests are in blue boxes (the Student Assistant can assist)
   d. The test MUST stay in the Clinic, which is open from 10:00-4:00 Monday-Thursday
   e. Review and critique the test. Provide the required information indicated in the guidelines. Be sure to include each individual’s overall impression of the test in your write-up.
   f. Practice the test administration in the clinic prior to your presentation
   g. Give a 10-15 minute oral presentation on the chosen test. Please do not exceed a 15 minute presentation. You may show video clips of test administration, role-play client and clinician, invite a classmate or bring in a client for live demonstration. Be CREATIVE in your presentation.
   h. On the date of your presentation, you will need to distribute an outline of your presentation to the class. Your outline will include a brief introduction to the test including: title, author, year, purpose, age range, test contents, procedures, scoring systems, and implications of the results.
   i. Information presented and discussed may be tested on exams.
   **Due date: To be discussed**

4. **Seven Hours of Clinic Observations**
   You are required to obtain 7 observation hours of the assessment and/or treatment processes. Of these 7 hours, 1 hour will be a live observation in the CSUF Speech and Hearing Clinic.
   a. Sign up for 1-hour live observation at the Clinic during the assigned weeks (to be announced).
      If you cannot observe on any of the dates listed, you will need to contact the Student Assistant to make other time arrangements for observation.
   b. Complete the assignment listed above (Therapy Observation Assignment).
   c. Refer to the Observation Instructions for step-by-step procedures on how to fill out the yellow observation sheet.
5. **Quizzes** (10 points each)
   Four quizzes will be given in class. Quizzes may consist of multiple choice, matching, short answers, true/false and fill-ins. Excluding emergencies, quizzes may not be made up.
   
<table>
<thead>
<tr>
<th>Quiz Dates</th>
<th>Quiz 1</th>
<th>February 13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quiz 2</td>
<td>March 18</td>
</tr>
<tr>
<td></td>
<td>Quiz 3</td>
<td>April 8</td>
</tr>
<tr>
<td></td>
<td>Quiz 4</td>
<td>May 15</td>
</tr>
</tbody>
</table>

6. **Examinations** (100 points each)
   Three examinations will be given in class. They will be in one or a combination of the following formats: multiple choice, true/false, matching, short answers, case study, essay. Excluding emergencies, exams may not be made-up.
   
<table>
<thead>
<tr>
<th>Exam Dates</th>
<th>Exam 1</th>
<th>March 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exam 2</td>
<td>April 22</td>
</tr>
<tr>
<td></td>
<td>Exam 3</td>
<td>May 20 – 12:00-1:50 p.m.</td>
</tr>
<tr>
<td></td>
<td>March 11: Undergraduate Data Exam (this test does not count towards your grade)</td>
<td></td>
</tr>
</tbody>
</table>

All the specific guidelines for completing all of the above listed assignments will be further discussed in class.

**LATE ASSIGNMENT POLICY**
Assignments must be submitted during class time by the due dates. Late assignments will be accepted for full credit only when a serious and compelling cause can be verified. All other late assignments will result in a reduction of grade points (1/4 of grade point per day) or based on what is specified for each assignment.

**EXAMINATION MAKE-UP POLICY**
Missed exams will receive a grade of zero. Make-up examinations will be given only in the event of an extreme emergency (ie. hospitalization, family death). In order to take a make-up exam, the student must notify the instructor 24 hours in advance regarding the nature of the emergency. If permitted to take a make-up, written documentation must be submitted (ie. physician’s statement), detailing the emergency. Exams may not be taken early.

**GRADING POLICY AND POINT BREAKDOWN**
Assignments will be graded on a 100-point scale and/or letter grades whenever applicable. Your final grade will be calculated based on the following formula:

1. Therapy Observation Assignment 10 points
2. Quizzes (10 points each) 40 points
3. In-class/Home Assignments 30 points
4. Group Test Review Handout 10 points
5. Oral Presentation 10 points
6. Examinations (100 points each) 300 points

TOTAL 400 points

The allocation of grades shall be based on the following scale:

- **A+** = 100 – 98%
- **A** = 97 – 94%
- **A-** = 93 – 90%
- **B+** = 89 – 87%
- **B** = 86 – 84%
- **B-** = 83 – 80%

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CSUF Speech-Language Pathology Services Credential Program Assessment 2013

C+ = 79 – 77%
C  = 76 – 74%
C- = 73 – 70%
D+ = 69 – 67%
D  = 66 – 64%
D- = 63 – 60%
F  = 59 – 50%

REQUIRED TEXTS


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES


Additional readings:

Additional readings may be made available to student via Titanium and/or website links.

REQUIRED MATERIALS AND EQUIPMENT

None required.
**Students with Special Needs:** Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

**Academic Dishonesty Policy:** Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/](http://www.fullerton.edu/senate/).

**Emergency Info:** Students are encouraged to review the following university website for newly updated information on university preparedness procedures: [http://www.fullerton.edu/emergencypreparedness/cp_students.html](http://www.fullerton.edu/emergencypreparedness/cp_students.html)

**Two week plan for distance instruction should on-campus instruction be interrupted:** In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. Students should also check the university’s emergency information website (see previous “Emergency Info” section).

**Attendance and Classroom Courtesy Policy**
Students are expected to attend all classes, keep up with any assigned class readings, actively participate in scheduled class group participation and language sample group project assignments. In addition to keeping up with and completing all previously described course requirements, students are expected to demonstrate courteous behavior during class lectures out of respect for the instructor and fellow peers (e.g., minimizing side-conversations with others during class lectures, using cell phones, etc.)

**Audio-taping/videotaping of Class Lectures**
Audio and videotaping of class lectures and classroom discussions of any kind is strictly prohibited. No photographing of class activities as well without instructor permission.

**Disclosure of Client Videos and/or Written Reports**
Video reviews of clinical therapy and evaluation sessions are a regular part of this class instruction along with the discussion of clinical therapy and evaluation documents (e.g., sample lesson plans, reports, interview questions, home programs) posted on Black Board and/or handed out in class. Students are reminded that the clinical case study information presented in class as part of regular classroom instruction/clinical training (e.g., videos and written reports) is confidential and should not be discussed and/or shared in written form with anyone outside of the classroom setting (including other peers, instructors, administrators, professionals, etc.).

**Supervisor Furlough Dates:** Due to the state budget crisis, CSUF faculty and staff are required to take a designated number of furlough days. Furlough days that fall on normal class instruction days are indicated on the syllabus. The instructor will not be available on campus on these dates and will not be able to respond to student phone calls/email messages on these days as well. Additional furlough days where the instructor will be unavailable for student advisement and/or correspondence will be posted on Black Board and announced in class on a monthly basis.

**Fieldwork Requirement:** None
## 16-WEEK SCHEDULE

<table>
<thead>
<tr>
<th>Class Week</th>
<th>Topics</th>
<th>Activities</th>
<th>Reading Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/28</td>
<td>Introductions&lt;br&gt;Course overview&lt;br&gt;Overview of the clinical process&lt;br&gt;Ethical and legal considerations (ASHA’s code of ethics); Heath and safety precautions; Clinician conduct</td>
<td>Lecture &amp; discussion</td>
<td>Txt: H &amp; D: Chp. 1 (p. 20-22), Chp. 2 (p. 63-65), Chp. 3</td>
</tr>
<tr>
<td>02/04</td>
<td>Clinical intake/referral process&lt;br&gt;Case history interview</td>
<td>Lecture &amp; discussion&lt;br&gt;Video observation&lt;br&gt;Sign up for Group Test Review Project</td>
<td>H &amp; P: Chp. 2; S &amp; M: Chps. 2, 6 &amp; 15&lt;br&gt;H &amp; D: Appendix E</td>
</tr>
<tr>
<td>02/11</td>
<td>Diagnostic screening and evaluation procedures: Hearing and oral mech. exam</td>
<td>In-class practice (Interviewing, hearing, OM exam)</td>
<td></td>
</tr>
<tr>
<td>02/13</td>
<td><strong>QUIZ 1</strong></td>
<td></td>
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<tr>
<td>02/18</td>
<td><strong>HOLIDAY-NO CLASS</strong></td>
<td></td>
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<tr>
<td>02/20</td>
<td>Diagnostic evaluation procedures: Standardized tests</td>
<td>Lecture &amp; discussion&lt;br&gt;Complete in-class practice (DDK, case history)</td>
<td>H &amp; P: Chp. 3&lt;br&gt;S &amp; M: Chp. 1</td>
</tr>
<tr>
<td>02/25</td>
<td>Non-standardized assessment and informal testing procedures; Language sampling</td>
<td>Lecture &amp; discussion&lt;br&gt;Video observation</td>
<td>H &amp; D: Appendix G</td>
</tr>
<tr>
<td>03/04</td>
<td><strong>EXAM 1</strong></td>
<td></td>
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<tr>
<td>03/06</td>
<td>Diagnosis of Articulation and Phonology</td>
<td>Lecture &amp; discussion</td>
<td>H &amp; P: Chp. 6&lt;br&gt;S &amp; M: Chp. 7</td>
</tr>
<tr>
<td>03/11</td>
<td>Diagnosis of Apraxia&lt;br&gt;<strong>Undergraduate Exam</strong></td>
<td>Lecture &amp; discussion&lt;br&gt;Video observation&lt;br&gt;Group presentations</td>
<td>S &amp; M: Chp. 12 p. 415-417</td>
</tr>
<tr>
<td>03/18</td>
<td><strong>QUIZ 2</strong></td>
<td></td>
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<tr>
<td>03/20</td>
<td>Diagnosis of Voice and Fluency</td>
<td>Lecture &amp; discussion</td>
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<tr>
<td>Date</td>
<td>Event and Details</td>
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<tr>
<td>03/25</td>
<td>Diagnosis of Developmental Language/Autism</td>
<td></td>
<td></td>
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<tr>
<td>Lecture &amp; discussion; Group presentations</td>
<td>Video observation Group presentations S &amp; M: Chps. 10 &amp; 11</td>
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<tr>
<td>4/1</td>
<td>Spring Break</td>
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<tr>
<td>04/08</td>
<td>QUIZ 3</td>
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<tr>
<td>04/10</td>
<td>Diagnosis of Aphasia, Apraxia, Dysarthria and Dysphagia Multicultural Assessment</td>
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<tr>
<td>Lecture &amp; discussion; Group presentations</td>
<td>Video observation Group presentations S &amp; M: Chp.12 H &amp; P: Chps. 8 &amp; 9</td>
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<tr>
<td>04/15</td>
<td>Multicultural Assessment</td>
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<tr>
<td>Lecture &amp; discussion; Group presentations</td>
<td>Group presentations S &amp; M Chp. 2 H &amp; D: Chp 6</td>
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<tr>
<td>04/22</td>
<td>EXAM 2</td>
<td></td>
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<tr>
<td>04/24</td>
<td>GUEST LECTURE</td>
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<tr>
<td>04/29</td>
<td>Diagnostic report writing Overview of the therapy process Target behaviors and goals</td>
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<tr>
<td>Lecture &amp; discussion Group presentations Home assignment-Dx reports</td>
<td>Lecture &amp; discussion Group presentations S &amp; M Chp. 5 H &amp; P: Chp. 13 H &amp; D: Chp 7; Appendix I, K &amp; N H &amp; D: Chp 5 (p. 133-150)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/06</td>
<td>Writing goals and objectives; writing lesson plans, modeling, cueing, feedback, instruction, reinforcement: Behavioral Management; Generalization, maintenance, transfer</td>
<td></td>
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<tr>
<td>Lecture &amp; discussion Home assignment-Goals/objectives</td>
<td>Lecture &amp; discussion Home assignment-Goals/objectives H &amp; D: Chps. 8, 9 &amp; 10 Appendix J,</td>
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<tr>
<td>05/13</td>
<td>Charting and documenting progress; Disorder-specific intervention approaches</td>
<td></td>
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<tr>
<td>Lecture &amp; discussion In class practice Home Assignment Due-DX Reports</td>
<td>Lecture &amp; discussion In class practice Home Assignment Due-DX Reports H &amp; D, Chp. 2 (p. 31-62), Appendix: M</td>
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<tr>
<td>05/15</td>
<td>QUIZ 4 Counseling</td>
<td></td>
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<tr>
<td>Lecture &amp; discussion Video observation Home Assignment Due-Goals/objectives</td>
<td>Lecture &amp; discussion Video observation Home Assignment Due-Goals/objectives</td>
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<tr>
<td>05/20</td>
<td>FINAL EXAM</td>
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</tbody>
</table>
12:00-1:50
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

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</tbody>
</table>

**Standard III-A:** The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

**Standard III-B:** The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

**Standard III-C:** The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).

**Standard III-D:** The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

**Standard III-E:** The applicant must demonstrate knowledge of standards of ethical conduct.

**Standard IV-F:** Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types sand severities of communication and/or related disorders, differences, and disabilities.

**Standard IV-G:** The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:

1. **Evaluation:**
   - a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; e. refer clients/patients for appropriate services

2. **Intervention:**
   - a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients'/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.

3. **Interaction and Personal Qualities:**
   - a. communicate effectively, recognizing the needs, values, preferred
mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.

*More information can be found at*
http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm

In the event of emergency, contact the University Police at 9-1-1.

**Campus Emergency Preparedness**

**Emergency:** 911

**Non-Emergencies University Police:**
(657) 278-2515

**Environmental Health & Instructional Safety**
(business hours):
(657) 278-7233

**Fullerton Campus Operation & Emergency Closure Line:**
(657) 278-4444

**Irvine Campus Operation & Emergency Closure Line:**
(657) 278-8676

**Campus Emergency Notification:**
AM Radio 1620

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University's emergency response procedures. In the event of an emergency please adhere to the following guidelines.

**Before an emergency occurs**-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

**When an emergency occurs**-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area, remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

**After an emergency occurs**-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

**EMERGENCY CALLS**

DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (657) 278-0911
(657) 278-4444
More information online: http://www.fullerton.edu/emergencypreparedness/ep_students.html
HCOM 485 AURAL REHABILITATION PRACTICUM
Spring 2013
COURSE OUTLINE
INSTRUCTOR: MICHAEL J. DAVIS, PH.D.
Phone: (714) 404-3121 (cell)
E-Mail midavis@fullerton.edu
Office Hours: Monday 3-4 PM Wednesday 4-5 PM; Thursday 12-1 PM (Clinic)
Other hours by arrangement or via telephone

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a ) demonstrate strong foundation in subject matter or field of study
- b ) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c ) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a ) promote diversity
- b ) make informed decisions
- c ) engage in collaborative endeavors
- d ) think critically

Outcome 3: Committed and Caring Professionals
- a ) become change agents
- b ) maintain professional and ethical standards
- c ) become life-long learners
Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

COURSE DESCRIPTION: This course is intended to provide you with a clinical education experience necessary to help meet ASHA’s academic and clinical education requirement of knowledge and skill acquisition (KASA) in the area of Hearing and Hearing Loss.

For this practicum I am your coordinating supervisor. If you have an off-campus site assigned to you, you will still be responsible to turn in progress reports to me indicating the experience obtained and the hours supervised. Completion of this practicum requires that your final evaluation for either on or off-campus experiences be satisfactory.

COURSE OBJECTIVE: This practicum is designed to provide students with experience in hearing aids, cochlear implants, intervention and detection for hearing loss for all ages. This practicum will also provide students with an understanding regarding auditory processing. The activities and assignments in this course prepare candidates to meet Education Unit Program Outcome 1b (see pg. 1) and ASHA standard for the Certificate of Clinical Competence IV-G (see Appendix).

SUPERVISION: On-campus supervision and demonstration will be done by me. You will receive evaluations regarding the appropriateness of your therapy plans, and role modeling client interaction. These evaluations will not receive a letter grade but reflect adequacy / inadequacy. Inadequacies, if not corrected, would result in you not receiving a passing evaluation for your KASA Clinical Skills areas necessary to meet ASHA’s requirement of knowledge and skill acquisition (KASA) in the area of Hearing and Hearing Loss.

Off-campus supervisors will report to me the breadth and areas of your knowledge and skills acquisition. I will conference with off-campus supervisors on a regular basis. As with the on-campus experience it is necessary to complete the semester with an evaluation indicating overall adequacy. Failure to obtain this objective result in you not receiving a passing evaluation for your KASA Clinical Skills areas necessary to meet ASHA’s requirement of knowledge and skill acquisition (KASA) in the area of Hearing and Hearing Loss.

There are no required texts for this practicum but you are encouraged to take advantage of resources as directed via the internet, videos, and demonstrations. Students are required to schedule at least two conferences with me during the semester. One will be in lieu of a final examination per se. The purpose of these conferences is to help keep me, as your practicum coordinator, informed regarding your experience and progress toward meeting your KASA knowledge and skill acquisition.
SYLLABUS APPENDIX
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</tr>
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<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
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</tr>
<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes: 1. <strong>Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services 2. <strong>Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’/patients’ performance and progress; e.</td>
</tr>
</tbody>
</table>
modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities: a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.

*More information can be found at:*
http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm
Human Communication Studies 489A
Public School Practicum in Communicative Disorders
Spring 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
• a ) demonstrate strong foundation in subject matter or field of study
• b ) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
• c ) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
• a ) promote diversity
• b ) make informed decisions
• c ) engage in collaborative endeavors
• d ) think critically

Outcome 3: Committed and Caring Professionals
• a ) become change agents
• b ) maintain professional and ethical standards
• c ) become life-long learners

Department of Human Communication Studies: Mission Statement and Goals
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

Instructor: Terry I. Saenz
Days: TBA
Office: CP-490-10
Time: TBA
Hours: M, 2-4; Tu, 3-4
Phone: (657) 278-3823
E-mail: tsaez@fullerton.edu
COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: HCOM 458, 543, 558A, 571, 573, 574 and 577; concurrent enrollment in HCOM 490; admission to the graduate program in communicative disorders; approved Clinical Practicum Plan; and passing score on CBEST; application approved prior to semester of practicum. Meets the directed teaching requirements for the Preliminary Speech-Language Pathology Services Credential. Approximately 100-150 clinical clock hours.

COURSE OBJECTIVE

The activities and assignments in this clinic prepare candidates to meet Education Unit Program Outcome 1b (see pg. 1) and ASHA standard for the Certificate of Clinical Competence IV-G (see Appendix).

To acquire enough hours of supervised clinical practice to meet requirements for the Preliminary Speech-Language Pathology Services Credential in Language, Speech, and Hearing.

STUDENT LEARNING GOALS

1. Students will learn to assess students' speech and language skills in the public school setting.
2. Students will learn to provide speech and language intervention in the public school setting.

PLANNED ASSIGNMENTS

You are required to provide supervised clinical services as assigned and to complete all written work that is an integral part of providing services at your school(s). The written work may include diagnostic reports, I.E.P.s, and other paperwork associated with compliance with state and federal requirements for assessment and placement. Your master clinician may ask only for drafts at first, but eventually you may be asked to complete some or all of the required paperwork for the caseload. Please adhere to all deadlines for completion of paperwork, as this is another indication of your professionalism.

Scheduling

You and your master clinician will be responsible for scheduling clients. It is important to remember that your master clinician in the public schools is expending additional time and energy to provide you with a successful practicum experience. Therefore, it is important to be a flexible and consider your master clinician's schedule in scheduling therapy, diagnostics, I.E.P.s, and other training experiences at the site. If you have any difficulties with scheduling, please contact me immediately.

You are responsible for immediately telling your master clinician if you have any specific hours that you need to complete for ASHA requirements.

Duration

Clinical requirements for the Preliminary Speech-Language Pathology Services Credential in Language, Speech, and Hearing in California include a minimum of 100 hours of supervised practicum hours on site. It is assumed that you have acquired between 40 and 50 clinical hours up to this point. If you have had a previous externship with children, you will still need to obtain a minimum of 100 hours. However, it is strongly recommended that you obtain 150 hours in this practicum.

The starting and ending dates of your practicum are determined in conjunction with your master clinician. The duration of the practicum is the entire semester through the week before finals. If you require more time to obtain all of your hours, you may complete your practicum the week of finals provided that you inform me of your decision as soon as possible. You should anticipate participating in practicum for a minimum of three days per week, because absences, field trips, or assemblies inevitably make you lose clinical hours.

Site Visits

I will make one site visit during the semester. The purpose of the visit is to ensure that you are receiving the best possible training experience and that you are receiving fair and objective feedback on your performance from the master
clinician. I will also be available to contact you or the site as necessary to make sure that your experience is successful. If there are any potential or real problems, please let me know of them as early as possible, before small problems become big ones. I want to make sure that you have a very successful and enjoyable practicum experience.

**Specific Deadlines**

**Graduate Check for Speech-Language Pathology Services Credential: Due February 11**

You must have a graduate check done to verify what required courses and practica you have completed for the Preliminary Speech-Language Pathology Services Credential. To have the check-off done, you need to provide me with xeroxed copies of course descriptions from university catalogs or syllabi and transcripts of all the courses from other universities that may be equivalencies for credential requirements. You may hand in the paperwork in HCOM 490 or put it and a note in the faculty pile in CP Suite 420. You will receive the completed check back in two weeks.

You are held responsible for the credential requirements that were in the university catalog when you entered the master's and/or credential program (although Sp Com 500 may substitute for Sp Com 300). These include undergraduate courses and courses from other departments (Sp/Ed 371 and Psych 361). Occasionally, you may be able to fulfill the requirements for a course through content from more than one course. If you think that is the case, please provide information on both courses.

**Initial Practicum Paperwork: Due February 11**

You are responsible for completing a Schedule sheet detailing your weekly schedule at the public school sites. Indicate the days that you may be observed on site. You will also need to provide maps (hand drawn or Mapquest is fine) and directions for all of your practicum sites. If your practicum is during the spring semester, please indicate on your Schedule sheet the week your school district is out for spring vacation. I need that information so that I do not schedule a visit to your site during that week.

**Weekly Report: Due once per week when you are at the site (you may drop off or mail to the office).**

You are responsible for completing a Weekly Report at the end of each week of your practicum experience. The completed Weekly Report should be given to me the Monday following the week covered by the report. You are welcome to put it in my mailbox, but you are responsible for getting it to me. The purpose of the report is to keep me informed at all times of the progress you are making and the type of experience you are having. The completion of case studies on the Weekly Report form is optional.

**Midterm Practicum Evaluation Ratings Summary Form: Due middle of the practicum, by March 25**th at the latest

Each master clinician should fill out a Practicum Evaluation Ratings Summary Form and discuss it with his or her student clinician by this date. The midterm evaluation is used as an assessment of the student's skills and progress in the practicum. Its purpose is to provide feedback to the student on areas of strength and weakness midway through the practicum.

**Final Practicum Evaluation Ratings Summary Form, Evaluation of Advanced Clinical Practicum, Practicum Clock Hour Record Sheets, and Summary of Practicum Clock Hours: Due Friday, May 17th, at the latest, 5 p.m.**

You are to enter each client contact on CSUF Practicum Clock Hours Record Sheets. This should be done on a daily basis and not at the end of the week or the end of the semester. Make sure that you discuss with your master clinician the category to which each hour should be assigned. The time should initially be listed by the exact number of minutes and assigned to different categories when multiple disorders are involved in one diagnostic or therapy session. You can count time spent escorting children to and from therapy as part of the therapy session. Accent reduction is assigned to the articulation category. The number of minutes on each Practicum Clock Hour Record Sheet must be totaled in minutes at the bottom of each sheet. To record your total number of hours and fraction of hours on the Summary of Practicum Clock Hours sheet, you total the number of minutes on all of your individual Practicum Clock Hour Record Sheets and divide it by 60.

Your Practicum Clock Hour Record Sheets must be signed on each page by your master clinician. Attach the Summary of Practicum Clock Hours as a face sheet to all of the Practicum Clock Hours Record Sheets. If you have two or more clinical supervisors, have each of them sign a Summary of Practicum Clock Hours and attach the Practicum Clock Hours Record Sheets of hours that you have completed under the supervision of that specific clinician. Then-total all of
the practicum hours that you have completed on each Summary of Practicum Clock Hours form and put them on one Summary of Practicum Clock Hours form. That summary form does not need to be signed by each of your master clinicians, but you must have it. You will receive an incomplete from me if you do not turn in your documentation on time.

GRADING POLICY FOR THE COURSE

The grading policy is credit/no credit. Students obtain credit for the practicum if they have completed a minimum of 100 clinical clock hours at the school sites(s) and have 25 or more items with ratings of 5 or better and no rating less than 4 on their final Practicum Evaluation Ratings Summary Form. I will discuss your evaluations with your master clinician during site visits to make sure that the evaluation criteria are as uniform and objective as possible across the various practicum sites.

EXAMINATIONS (Dates, make-up policy, etc.)

There are no examinations in the course.

REQUIRED TEXTS

There are no required texts for the course.

OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

There are no other instructional materials or activities required for the course.

REQUIRED MATERIALS AND EQUIPMENT

There are no specifically required materials and equipment, although students can use their own materials and equipment to provide speech-language therapy.

EXTRA CREDIT OPTIONS

There are no extra credit options.

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one's own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

Two week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check the course Blackboard site for 489A and 490 and contact your master clinician. Continue on, if possible, at your public school practicum site(s) and let me know if you are continuing at your site. Check your CSU Fullerton e-mail address for regular updates. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

Attendance Policy: You are expected to grow in your level of independence during the semester. You will find that parents will view you as a professional from the beginning, and that your master clinician will also begin to regard you as a true professional.
Your absence as a speech-language clinician affects your master clinician and the children on your caseload. More than a few absences during the semester may call into question your professionalism and your ability to perform the role of speech-language pathologist. Consequently, absences are excusable only for medical conditions, usually only when an illness is communicable or serious. Please notify your master clinician as much in advance as possible if you are ill or are absent from the site for any other reason. I need to hear immediately about persistent or serious medical conditions.

It is also extremely important that you arrive at your site on time. In many cases, you will be expected to arrive when your master clinician arrives at school. In other instances, you may decide with your master clinician upon an agreed-upon time. In either case, it is imperative that you be on time, as you are regarded by your master clinician and other staff members as a member of the faculty, not as a volunteer. Tardiness is often one of the first attributes master clinicians notice about a student clinician’s performance.

Fieldwork Requirement: If this course requires fieldwork you must provide evidence of either a valid (current) teaching or preliminary speech-language pathology services credential or a live scan (i.e., Certificate of Clearance).

In the event of emergency, contact the University Police at 9-1-1.
Campus Emergency Preparedness
Emergency: 911
Non-Emergencies University Police:
(657) 278-2515
Environmental Health & Instructional Safety
(business hours):
(657) 278-7233
Fullerton Campus Operation & Emergency Closure Line:
(657) 278-4444
Irvine Campus Operation & Emergency Closure Line:
(657) 278-8676
Campus Emergency Notification:
AM Radio 1620

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

Before an emergency occurs-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area, remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site
at http://www.fullerton.edu, calling the University's hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

**EMERGENCY CALLS**

DIAL 9-1-1  
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (657) 278-0911  
(657) 278-4444

More information online: [http://www.fullerton.edu/emergencypreparedness/ep_students.html](http://www.fullerton.edu/emergencypreparedness/ep_students.html)
16-WEEK SCHEDULE (15 weeks of instruction plus 1 exam week)

<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATES (S)</th>
<th>ACTIVITIES</th>
<th>READING ASSIGNMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1/28-2/1</td>
<td>Contact master clinician and start practicum if possible</td>
<td>N.A.</td>
</tr>
<tr>
<td>2.</td>
<td>2/4-2/8</td>
<td>Continue practicum and turn in Weekly Report if possible. 9/3 is a holiday</td>
<td>N.A.</td>
</tr>
<tr>
<td>3.</td>
<td>Monday, 2/11</td>
<td>Continue practicum and turn in Weekly Report, classes from other universities, practicum Schedule, and directions to school site(s).</td>
<td>N.A.</td>
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<tr>
<td>4.</td>
<td>2/19-2/22</td>
<td>Continue practicum and turn in Weekly Report.</td>
<td>N.A.</td>
</tr>
<tr>
<td>5.</td>
<td>2/25-3/1</td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>6.</td>
<td>3/4-3/8</td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>7.</td>
<td>3/11-3/15</td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>8.</td>
<td>3/18-3/22</td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>10.</td>
<td>4/8-4/12</td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
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<tr>
<td>11.</td>
<td><strong>4/15-4/19</strong></td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>12.</td>
<td><strong>4/22-4/26</strong></td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>13.</td>
<td><strong>4/29-5/3</strong></td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>14.</td>
<td><strong>5/6-5/10</strong></td>
<td>Continue practicum and turn in Weekly Report</td>
<td>N.A.</td>
</tr>
<tr>
<td>15.</td>
<td><strong>Friday, 5/17 at 5 p.m.</strong></td>
<td>Complete practicum and turn in final Practicum Evaluation Ratings Summary Form, Evaluation of Advanced Clinical Practicum, Clinical Clock Hour Record Sheets, and Summary of Practicum Clock Hours</td>
<td>N.A.</td>
</tr>
<tr>
<td>16.</td>
<td>Exam Week</td>
<td>Practicum is complete</td>
<td>N.A.</td>
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</tbody>
</table>

**ADDITIONAL INFORMATION**

**Guidelines for Making Your Practicum Experience Productive**

These are the concerns of past master clinicians and some of the criteria they use to judge an effective student clinician.

1. Treat your practicum as a job. Be prompt, professional, and prepared. Consistent tardiness and lack of preparation are sometimes serious enough problems to cause a student to fail the practicum.

2. Be clear with your master clinician at the outset about your other commitments and responsibilities. At the same time, be willing to stay for I.E.P.s or other meetings when you can.

3. Demonstrate enthusiasm and interest in the public schools and the knowledge that the master clinician shares with you. Even if you prefer working with adults, you will learn a great deal if you are attentive and interested.
4. Take the initiative with your master clinician and your clients. Explore and experiment with new therapeutic techniques and materials. When you have mastered a certain level of responsibility, ask for more.

**Vital Information About Paperwork**

The following are suggestions to make sure that your paperwork is in good order and you can get credit for the semester as soon as possible.

1. Double check, perhaps even triple check, all of your addition and other calculations. Make sure that you get the same sum at least twice when you add them up.

2. Get more than exactly 100 hours on the school site. That way, if you make an error of addition, you still have a margin of safety.

3. Get more than exactly 25% supervision overall for each client's evaluation and therapy hours, again to have a margin of safety.

4. Make sure that you and your master clinician sign the final evaluation and that she checks the "credit" option on the back of the form. I usually cannot give you credit for the class unless she recommends it.

5. Make sure you fill in the "Ling. Diverse" box on each clock hours page with the number of hours of services provided to children who speak a language other than English (they can be fluent in English, too). Then, make sure the sum of linguistically diverse hours is entered on the clock hours cover sheet. We must have proof that you worked with linguistically diverse children in the schools to give you the credential.

**Vital Information About Applying for the Credential**

1. Go to the credential office in CP-740 to fill out a credential and pay the credential fee at the end of the semester you are due to graduate (during finals week is good).

2. Make sure that you have completed all of your classes for the Master's degree and all of your ASHA clock hours as well as all of the requirements for the credential. This includes passing all KASA comprehensive exams and all KASA clinical and other competencies as well as completing all of the clinical clock hours for the credential. I must find written documentation of all of these things online in your transcripts and on your KASA website, so make sure all of your requirements are met. The credential office contacts me to confirm that you have completed all of these requirements.

3. Make sure that I have your current telephone numbers in case I run into problems.

4. Your credential application is usually processed within three to four weeks if all of your documentation is in order. Because I have to check your KASA website, I have to wait until the graduate advisor has cleared you for all of your KASA competencies and requirements and Kiyo has added all of your clinical clock hours to your KASA website. If you are in a hurry to get your credential, check your KASA website to see what requirements and/or clock hours, if any, are missing.
FINAL CHECK-OFF FOR PAPERWORK

Instructions: Check off everything you have done or checked. Do not turn in your paperwork until everything is completed and has been checked off below. Turn all of your paperwork in at once. Sign and date the bottom of this paper and include it with your paperwork.

___ 1. All clock hours are listed on sheets signed by your master clinician that also contain ASHA and License numbers.

___ 2. Clock hours have been listed accurately as preschool, school age, and adult hours and have been subtotaled and added together at the bottom of each page.

___ 3. Clock hour totals on each page and on the cover sheet have been checked for accuracy.

___ 4. The cover sheet is signed by the master clinician. If there is more than one master clinician, each master clinician has a signed cover sheet. In addition, there is an unsigned cover sheet with the total number of hours for the practicum.

___ 5. Percentage of supervision hours is over 25% for diagnostics and therapy for each client, with an allowance for errors of addition (try to get over the minimum).

___ 6. Linguistically diverse hours (which include children who speak any languages in addition to or instead of English) are listed accurately on each page, are accurately subtotaled on each page, and are accurately totaled on the cover sheet.

___ 7. An evaluation from the master clinician is signed by the master clinician, and she has checked that you pass the course.

___ 8. Agreement or disagreement with the master clinician’s evaluation has been checked on the evaluation sheet.

___ 9. A completed evaluation of the master clinician is included.

___ 10. All clock hour sheets, clock hour cover sheet, master clinician evaluation of student clinician, and student clinician evaluation of master clinician are included in this packet.

I certify that I have completed all of the checked requirements above and have included all of the completed paperwork in this packet.

Name_________________________ Date_________________________
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>Standard III: Program of Study-Knowledge Outcomes</th>
</tr>
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<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
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<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
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<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
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<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
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</tr>
<tr>
<td><strong>1. Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services.</td>
</tr>
<tr>
<td><strong>2. Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
</tr>
<tr>
<td><strong>3. Interaction and Personal Qualities:</strong> a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
</tr>
</tbody>
</table>

*More information can be found at:*

http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm
Human Communication Studies 490  
Seminar: Speech and Hearing Services in Schools  
Spring 2013.

### Education Unit Conceptual Framework

#### a transformational journey toward educational advancement and achievement

#### Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

#### Based on our core values, our mission is as follows:

**Mission Statement**
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

**Student Outcomes and Indicators**
After successful completion of a program of study, our credential recipients and program graduates are:

#### Outcome 1: Knowledgeable and Competent Specialists
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

#### Outcome 2: Reflective and Responsive Practitioners
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

#### Outcome 3: Committed and Caring Professionals
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

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### Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

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**Instructor:** Terry I. Saenz  
**Office:** CP-420-10  
**Days:** M 10 sessions/semester plus finals week  
**Time:** 4-6:45 p.m.  
**Hours:** M 2-4 p.m., Tu 3-4 p.m.  
**Phone:** (657) 278-3823  
**E-mail:** tsaenz@fullerton.edu
COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: concurrent enrollment in HCOM 489A and admission to the graduate program in communicative disorders. Problems and challenges unique to the student clinician in the organization and management of the speech and hearing program in the school. The clinician's role: planning, scheduling, case finding, treatment program reporting and other responsibilities.

COURSE OBJECTIVE

The activities and assignments in this course prepare students to meet Education Unit Program Outcomes 2a and 2c (see pg. 1), the ASHA KASA competency and standard for the Certificate of Clinical Competence III-D (see Appendix), and the standard for the Certificate of Clinical Competence IV-G.

Students will learn about policy and procedures regarding practicing as a speech-language pathologist in the public schools.

STUDENT LEARNING GOALS

Students will learn about the following:

1. The history of special education and speech-language pathology.
2. Federal and state laws that govern speech-language pathology practice in the public schools, including gender identity/expression and eligibility criteria.
3. Behavior management in the public schools, including the promotion of safe educational environments.
5. Observational assessment and collaboration in the public schools, including communication with teachers, and with the business community, public, and non-public agencies as appropriate.
6. Consultation with other professionals in the assessment process.
7. Diversity through a diversity assignment involving a least-biased diagnostic report of a bilingual/bicultural child and an I.E.P.

Experience in access to the curriculum
9. Utilization of access to the curriculum and/or literacy in a videotaped or audiotaped classroom lesson.
10. Consultation/collaboration through a classroom consultation/collaboration report that includes evidence of evidence-based practice, application of the California Department of Education Common Core standards, and progress monitoring.
11. Procedures for using speech-language pathology assistants and implementing private insurance and Medical billing.

PLANNED ASSIGNMENTS

Assignment 1

15% of grade: one case study due during the semester (dates will be assigned)

Option A: Case study: 20 minutes total

Select the most difficult or puzzling case on your caseload. Do a 7-10 minute (and no more) oral presentation to the class, including essential background information about the child, speech, language, and other problems, therapeutic or behavioral approaches you have tried with the child, and their results to date. Provide a one-page handout to all students and the instructor containing an outline of the information. Moderate a 10-minute discussion by the class about your case. You may include any of the following as a part of your presentation: videotaped or audio taped samples of speech and language (with parental permission), test results, and information from observations and therapy. Criteria for grading will include the completeness yet conciseness of the presentation of the child's background information, presenting problems, attempted interventions, and their success or failure.

Option B: 20-minute presentation on an aspect of school speech-language pathology

This option is for students with exceptional expertise or knowledge of an aspect of speech-language pathology in the schools. The topic must be checked with the instructor prior to the presentation for relevance to the class, and may include a type of disability, assessment or therapy technique, or professional issue or procedure. Provide a
Test

15% of grade: due March 4th

Test on IDEA Act, IEP process, and eligibility criteria

This is a test based on the information presented in class lectures about the IDEA Act, the IEP process, and eligibility criteria. It will include multiple choice, true-false, and matching questions.

Assignment 2

25% of grade: due March 25th

Diagnostic report (diversity assignment): 3-4 pages

Select a bilingual/bicultural student who is a good candidate for classroom collaboration and who is being initially assessed or reevaluated for a 3-year reevaluation. When selecting the student to assess, you should be sure that the student is culturally/linguistically diverse. You should have your child selected and should begin testing by early October at the latest. Perform a complete speech/language evaluation, including formal and informal assessments as appropriate in both languages, and classroom observation. Consult with other relevant members of the assessment team, including the classroom teacher, before you write your report and include relevant information in the background section of your own report. In your diagnostic report, include the following: 1) rationale for assessment; 2) background information on the child; 3) tests and test results; 4) informal assessments and observations done; 5) a summary of the child's strengths and weaknesses; 6) recommendations; and 7) goals and objectives (or benchmarks) that may be implemented in the classroom by the teacher and/or clinician and classroom modifications. If the child does not qualify for speech-language services, include the goals and objectives (or benchmarks) in speech and language. Students will be expected to incorporate information from other coursework and the present course in their assessment report (i.e., it should demonstrate knowledge of appropriate assessment techniques with the bilingual/bicultural population).

Criteria for grading include the following: 1) thoroughness of background information; 2) relevance and completeness of formal and informal assessments in both languages; 3) accurate summation of the child's strengths and weaknesses; 4) relevance and comprehensiveness of recommendations, and 5) content and form of goals and objectives/or benchmarks, including collaborative goals and objectives/benchmarks, and modifications made in the classroom. This diagnostic report also may provide the foundation for your classroom consultation report. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1=incomplete and not completely accurate; 0=missing. The total number of points possible is 15. This is translated into a percentage for the assignment by the instructor.

Assignment 3

15% of grade: due April 22nd

Videotaped or audio taped classroom lesson: 10-minute oral presentation in class

Prepare a speech/language lesson to be presented in a regular or special classroom. Have the lesson include curriculum and/or literacy materials. You will need to obtain permission to videotape or audiotape from the parents of the students involved in the lesson. Present your lesson in the classroom and videotape or audiotape it. Do a ten-minute oral presentation of your lesson, including an excerpt of the videotaped lesson and a critique. The critique should include the strengths and weaknesses of the activity, its implementation, and any changes you would make in the future. Turn in a copy of your videotape or DVD. Prepare a handout presenting the lesson plan including the curriculum-based skills targeted by the class lesson as cited by the grade level California Department of Education Common Core Standards (if appropriate), age range the lesson is appropriate for, materials required, lesson procedures, type of
therapy approach, research citation for evidence-based practice, and critique. Make a copy of the lesson plan for each student in HCOM 490. Criteria for grading include: 1) the creativity of the lesson plan; 2) the implementation of the
Assignment 4

25% of grade: due Monday, May 20\textsuperscript{th}, at 5 p.m.

Classroom consultation report (collaborative/consultation assignment): 3-4 pages

This report should be written about the same bilingual/bicultural child who was assessed for the diagnostic report, if possible. Any other child selected should also be bilingual/bicultural. Classroom consultation and/or collaboration procedures should begin by the end of March, at the latest, with the child you select for your report. The report itself should be written in the format of the CSUF speech and hearing clinic's therapy report and should include the following: 1) a brief review of assessment findings; 2) goals and objectives (or benchmarks) for the child, including classroom consultation goals and objectives (these may be taken from the diagnostic report if you previously submitted one); 3) citation of grade level (if appropriate) California Department of Education Common Core Standards; 4) consultative and/or collaborative procedures; 5) research citation(s) from the literature to support the therapy approach(es) and 6) the student's progress toward the objectives over the treatment period.

If you cannot use do this report on the same child you used for assignment 3, you do not need to do an extensive assessment of the child yourself. You should include information from the child's last 3-year evaluation and I.E.P., progress toward any goals and objectives on the child's existing I.E.P., and your own goals and objectives for the child. Criteria for grading include the following: 1) content and form of the goals and objectives/benchmarks, including collaborative goals and objectives/benchmarks, and modifications of the classroom; 2) appropriate use of the grade level California Department of Education Common Core Standards; 3) information on child's initial performance on objectives/benchmarks and performance after several weeks of classroom consultation or collaboration; 4) use of creative procedures that effectively utilize the strengths of consultation and collaboration in the classroom setting; and 5) application of evidence-based practice to treatment procedures. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1=incomplete and not completely accurate; 0=missing. The total number of points possible is 15. This is translated into a percentage for the assignment by the instructor.

DISCUSSIONS

There will be eight in-class discussions. Here are their topics: 1) eligibility criteria case studies; 2) behavior management case study(ies); 3) classroom assessment; 4) I.E.P. and Individualized Transition Plan goals and objectives case studies; 5) classroom collaboration case studies; 6) reading case studies; 7) CA Standards for the Teaching Profession; and 8) fair hearing case study(ies).

GRADING POLICY FOR THE COURSE

Students are responsible for all material presented in class and are expected to read assigned readings before the assigned class. They are expected to discuss course readings during class and apply them to their experiences in the public schools. The grading system for the class will be A, B, C, D, and F, with assignments graded A+ receiving 97%; A receiving 93%; A- receiving 90%; B+ receiving 87%; B receiving 83%; B- receiving 80%; C+ receiving 77%; C receiving 73%; C- receiving 70%; D+ receiving 67%; D receiving 63%; D- receiving 60%; F+ receiving 57%; and F receiving 53%.

Grades will be based upon the following assignments plus participation in in-class discussions in addition to one test. Attendance may also be a consideration.

Assignment 1-Case study or other option: 15%
Assignment 2-Diagnostic report (diversity assignment): 25%
Assignment 3-Videotaped or audiotaped classroom lesson: 15%
Assignment 4-Classroom consultation reports (collaborative/consultation assignment): 25%
For the eight discussions, the grading will be as follows and will be 5% of the total grade: present for all 8 discussions, A+; present for 7, A; present for 6, B+; present for 5, B; present for 4, C+; present for 3, C; present for 2, D+; present for 1, D; present for none, F. Students must be present on the dates of these discussions in the syllabus to receive credit for the discussions.

Discussion 1-Eligibility criteria case studies
Discussion 2-Behavior management case study(ies)
Discussion 3-Classroom assessment
Discussion 4-I.E.P. and I.T.P. goals and objectives case studies and role-play
Discussion 5-Classroom collaboration case studies
Discussion 6-Reading case studies
Discussion 7-CA Standards for the Teaching Profession
Discussion 8-Fair hearing case study(ies)

All assignments must be turned in by their assignment due date. A grade will be deducted for an assignment turned in after the due date unless prior permission is obtained from the instructor.

EXAMINATIONS (Dates, make-up policy, etc.)

Test of IDEA Act, IEP process, and eligibility criteria: 15%

Students must take the test on the specified date unless they are extremely ill. If a student is very ill, s/he must make arrangements for a make-up exam prior to the time of the test.

REQUIRED TEXT


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

Other readings and all notes for the class are available on the Titanium website for this course. There additionally may be guest speakers for some of the topics.

Here are the other readings:


REQUIRED MATERIALS AND EQUIPMENT

There are usually no extra credit options.

EXTRA CREDIT OPTIONS

There are usually no extra credit options.

| Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. |
| Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/ |
| Two-week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check the course Blackboard site for 489A and 490 and contact your master clinician. Continue on, if possible, at your public school practicum site(s) and let me know if you are continuing at your site. Keep up with class readings and notes for the class that are posted on BlackBoard. Check your CSU Fullerton e-mail address for regular updates. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444. |
| Attendance Policy: Attendance may be a consideration in your grade. |
| Fieldwork Requirement: If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan. (Certificate of Clearance). |
| Classroom Courtesy: Courteous behavior toward the instructor and other students is expected. As a part of this courteous behavior, the following behaviors are prohibited during class time except during the break: use of cell phones for calling, texting, or e-mailing and use of computers or similar devices for reasons other than note taking or reviewing class-related items on Blackboard. Blogging, surfing the net, and sending e-mails are prohibited during class time. |
| Confidentiality : All videos and DVDs of clients as well as clinical reports and other materials relating to actual clients are confidential and are not to be shared outside of the classroom setting. |
In the event of emergency, contact the University Police at 9-1-1.

Campus Emergency Preparedness
Emergency: 911
Non-Emergencies University Police:
(657) 278-2515
Environmental Health & Instructional Safety
(business hours):
(657) 278-7233
Fullerton Campus Operation & Emergency Closure Line:
(657) 278-4444
Irvine Campus Operation & Emergency Closure Line:
(657) 278-8676
Campus Emergency Notification:
AM Radio 1620

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

Before an emergency occurs-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

EMERGENCY CALLS

DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (657) 278-0911
(657) 278-4444

More information online: http://www.fullerton.edu/emergencypreparedness/ep_students.html
# 16-WEEK SCHEDULE (15 weeks of instruction plus 1 exam week)

<table>
<thead>
<tr>
<th>WEEK</th>
<th>TOPIC(S)</th>
<th>ACTIVITIES</th>
<th>READING ASSIGNMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction to course; history of special education; special education legal mandates</td>
<td>Lecture and discussion</td>
<td>Moore &amp; Montgomery, Chs. 1-2; (ASHA) Roles and Responsibilities of Speech-Language Pathologists in Schools</td>
</tr>
<tr>
<td>2.</td>
<td>Assessment process, eligibility criteria, &amp; response to intervention; behavior management in small group and classroom contexts, and promotion of safe educational environments</td>
<td>Sign up for 1st assignment: case study; Discussion 1, eligibility criteria case studies; Discussion 2, behavior management case studies</td>
<td>Moore &amp; Montgomery, Ch. 3, 6, pp. 226-229, 8, pp. 321-328; (ASHA) Admission/Discharge Criteria in Speech-Language Pathology</td>
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<tr>
<td>3.</td>
<td>Assessment in the classroom</td>
<td>Bring your district's assessment and I.E.P. forms; Lecture and discussion; Discussion 3, classroom assessment; Course equivalents due for 489A; maps and schedules due for 489A</td>
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<td>4.</td>
<td>No class-President’s Day</td>
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<td>5.</td>
<td>Legal mandates, including acceptance of gender identity/expression; Individualized</td>
<td>Discussion 4, I.E.P. and I.T.P. goals and objectives case studies and role-play</td>
<td>Moore &amp; Montgomery, Ch. 4</td>
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<td></td>
<td>Education Programs; Individualized Transition Plans; mandatory state examinations 2/25</td>
<td>Test: Requirements of the IDEA Act, IEP process, and eligibility criteria; Lecture and discussion</td>
<td>Moore &amp; Montgomery, Ch. 6, pp. 229-239</td>
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<td>6.</td>
<td>Classroom collaboration and service delivery options 3/4</td>
<td>Lecture and discussion; Discussion 5, classroom collaboration case studies</td>
<td>Same</td>
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<tr>
<td>7.</td>
<td>Classroom collaboration; communicating with the business community and public and non-public agencies 3/11</td>
<td>Lecture and discussion; Discussion 6, reading case studies</td>
<td>Moore &amp; Montgomery, Ch. 6, pp. 240-246; (ASHA) Knowledge and Skills Needed by Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents; (ASHA) Roles and Responsibilities of Speech-Language Pathologists with Respect to Reading and Writing in Children and Adolescents (Guidelines); (ASHA) Roles and Responsibilities of Speech-Language Pathologists for Reading and Writing in Children and</td>
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<td></td>
<td>Adolescents (Position Statement, Executive Summary of Guidelines, Technical Report)</td>
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<td>9.</td>
<td>Use of Speech/Language Assistants; California Standards for the Teaching Profession 3/25</td>
<td>Second assignment due: assessment report Midterm evaluation due; Discussion 7, CA Standards for the Teaching Profession</td>
<td>Moore &amp; Montgomery, Ch. 9, pp. 375-381; (ASHA) Knowledge and Skills for Supervisors of Speech-Language Pathology Assistants; (CA Commission on Teacher Credentialing) CA Standards for the Teaching Profession</td>
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<tr>
<td>10.</td>
<td>No class 4/8</td>
<td>No class</td>
<td>N.A.</td>
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<tr>
<td>11.</td>
<td>No class 4/15</td>
<td>No class</td>
<td>N.A.</td>
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<tr>
<td>12.</td>
<td>Classroom lessons 4/22</td>
<td>Third assignment due: in-class video presentation</td>
<td>N.A.</td>
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<td>13.</td>
<td>No class 4/29</td>
<td>No class</td>
<td>N.A.</td>
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<td>14.</td>
<td>No class 5/6</td>
<td>No class</td>
<td>N.A.</td>
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<tr>
<td>15.</td>
<td>Parent and children rights; Fair Hearing; third party reimbursement; resumes and interviewing 5/13</td>
<td>Lecture and discussion; Discussion 8, Fair hearing case studies Final paperwork due for 489A Friday, 5/17, at 5 p.m.</td>
<td>Moore &amp; Montgomery, Chs. 8-9</td>
</tr>
<tr>
<td></td>
<td>Exam Week-Wrap up, 5/20, 5-6:50</td>
<td>Fourth assignment due: collaboration report</td>
<td>N.A.</td>
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</table>
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence

Standard III: Program of Study-Knowledge Outcomes
The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

Standard III-A: The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

Standard III-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

Standard III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).

Standard III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct.

Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:

1. Evaluation: a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; e. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services.

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*More information can be found at:
http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm
HCOM 501: Seminar in Speech-Language Pathology
Fall 2012
Tuesday, 8:30a.m. - 11:15 a.m., CP 420-09

Education Unit Conceptual Framework

Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

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Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a ) demonstrate strong foundation in subject matter or field of study
- b ) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c ) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a ) promote diversity
- b ) make informed decisions
- c ) engage in collaborative endeavors
- d ) think critically

Outcome 3: Committed and Caring Professionals
- a ) become change agents
- b ) maintain professional and ethical standards
- c ) become life-long learners

Department mission statement, goals, theme as appropriate

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professionals, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
Instructor: Ying-Chiao Tsao, Ph.D./CCC-SLP  
Office: CP 420-29  
Phone: (714) 278-5307  
E-mail: vtsao@fullerton.edu  
Library link: http://www.library.fullerton.edu/guides/hcom501/Home.php

COURSE DESCRIPTION FROM THE CATALOG
Prerequisite: admission to the M.A. program in communicative disorders. To introduce students to requirements for the M.A. degree in communicative disorders, including requirement for demonstrating knowledge-based and skill-based competencies. Students start a portfolio for documentation of competencies and demonstrate a number of competencies within this course. Credit/no credit only. Course may be repeated three times for credit. Unit (1)

COURSE OBJECTIVE
1. The activities and assignments in this course prepare students to meet the Education Unit Program Outcome 3b (see page 1) and the ASHA standard for the Certificate of Clinical Competence III-E (see Appendix).

2. The student will be able to describe the ASHA Knowledge and Skills Acquisition (KASA) Summary and how that summary interfaces with the specific learning competencies that is to be met in the CSUF communicative disorders program.

3. The student will be able to summarize the requirements for the CCC-SLP, the California state license in Speech-Language Pathology, and the Clinical Rehabilitative Services Credential in Speech and Hearing, including the settings in which each of these is either required or preferred.

4. The student will be able to describe the Communicative Disorders Graduate Portfolio as a record of the formative and summative assessment of knowledge and skill-based competencies in speech-language pathology and will maintain an up-to-date portfolio at all times while enrolled in HCOM501 and throughout the graduate program.

STUDENT LEARNING GOALS
This course is designed to address the following ASHA KASA competencies. As a result of taking this course, students will:

1. Demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and social/behavioral sciences (Standard III-A).

2. Knowledge of standards of ethical conduct (Standard III-E).

3. Demonstrate knowledge of contemporary professional issues (Standard III-G).

4. Demonstrate knowledge about certification, specialty recognition, licensure and other relevant professional credentials (Standard III-H).

5. Possess skill in oral and written or other forms of communication sufficient for entry into professional practice (Standard IV-B).
PLANNED ASSIGNMENTS
An on-line grading system will be employed. No need to submit any hard copy of your work. Instead, you are required to submit a word file to course Website under proper “Assignments” for all of your assignments. Also, keep a copy of all your work in the Blog as your e-portfolio.

1. Professional biography writing & oral presentation 1 page Bio and Peer Introd.- 9/18
   A. Write a professional biography of yourself using 50 words or less (with 1.5 spaces). Refer to guideline and sample bio posted on course Website. Submit a word file to Titanium.
   B. Interview one of your classmates in person. You’ll then give 1-2 minutes introduction of your peer to the class. You may use his/her bio as a reference point with your comments.

2. Library search and interview 1-2 page of Summary -10/02
   A. Conduct library search on issues regarding: The conflict resolution between student clinicians and supervisors, the role of SLPs in promoting health communication, and the challenges in and/or solutions for providing equitable services to diverse populations.
   B. Interview at least 3 SLP/Aud/other health care professionals, and/or the public regarding their viewpoints and/or attitudes toward issues of concern on a selected topic. Prior to your interviews, you’ll generate 3-5 interview questions based on 3 references from your library search.
   C. Write a 1-2 page summary of your findings and any relevant issues. Be sure to include your ‘3 questions and 3 references’ in your summary.
   D. Be prepared to sharing your findings to the class.

3. Contemporary Professional Issues in CD Topic-10/16; written-10/30; oral-11/06 &13
   A. Review an article from ASHA Leader, Advance Magazine, Timeline, & Internet to identify ONE contemporary professional issue in the field of Communicative Disorders; email it to me.
   B. Research on the issue identified from various sources (e.g., journal articles, books, etc.).
   C. Write a 2-3 page (typed, 1.5 spaces) summary; submit a word file through “Assignments.”
   D. Lastly, give a 5-minute presentation to the class and lead the class discussion.
      • On the day of your presentation, email me and the class a 1-page typed outline.

4. (Optional) Speech and Hearing Screenings During No Group Meeting & other TBA dates
   A. Sign up for performing Speech and Hearing Screenings at CSUF Children Center and/or Osher Life-Long Learning Institute (located in Ruby Gerontology Center, if interested.
   B. Meet with me as a group during No Class Meeting time.
   C. Perform speech and hearing screenings on Nov./Dec. at the site.
   D. Conduct family conference to report the screening results

5. Final Individual Conference To be signed-up; 12/18
   To give you feedback on your course performance, a 15-20 min. individual appointment will be scheduled during the final week. Up to 7 checkmarks on your MyKASA Webpage will be issued when all requirements are successfully met, including the following proofs provided:
   • A copy of Undergraduate/community college transcript for GE coursework in biological, physical, mathematics, social/behavioral sciences (e.g., Math100, Biology101, etc.).
   • A signed HCOM Graduate Committee/Mandatory Advisement Signoff sheet.
   • An Updated GSP (Graduate Study Plan) *A ‘Cover page’ of your myKASA
EXAMINATIONS
There will be two in-class examinations. Exam I will focus on ASHA certification standards and ASHA’s code of ethics. Exam II will focus on CRSC state credential and licensure requirements and CSUF KASA program requirements.

EXAMINATION MAKE-UP POLICY
No make-up on exams without prior consent of the instructor. Consent must be obtained at least 24 hours before the scheduled exam. Missed examination due to serious illness or any unexpected incident will require written verification from a physician or concerned authority. No exams may be taken early!

LATE ASSIGNMENT POLICY
All assignments must be completed by the assigned due date unless alternative arrangements are made directly with the instructor. Students may be required to provide written documents (e.g., note from physician, legal notice of court-date) to support their request for an extension of an assignment deadline.

ATTENDANCE POLICY
Students are expected to attend all classes, keep up with all assigned class readings, actively participate in class discussions, maintain their personal Communicative Disorders Graduate Portfolio that contains all required KASA documentations, and complete all required class assignments and exams.

GRADING POLICY
The grading for this class will be Credit/No Credit. You will be assigned a ‘pass’ credit for this class, if you have attended all classes, completed all assignments, and received passing scores (i.e., 85% or better on two in-class examinations; at least 60% of assignments receiving “Bs”).

During an individual final conference, seven checkmarks on your knowledge of ASHA Standards, code of ethics, and oral and written abilities will be issued on your ‘My KASA,’ if you have met the requirements. Be sure to keep a back-up copy of all assignments turned into the instructor and their Communicative Disorders Graduate portfolio in the event that an original copy is lost or damaged.

You will receive no credit, if you have one or more of the following:
1. Failed on both of the examinations with less than 85% grade point on the test.
2. Had a grade of “B” or lower on ½ of all assignments.
3. Failed to attend all classes and/or missed three or more classes without official written documentation and/or pre-approval from the instructor.
4. Was late for classes more than 15-minute repeatedly (or three or more times).
5. Turned in assignments late and/or failed to submit both hard copy and word file three or more times.
6. Failed to show the proofs of the following required documents
   a. Undergraduate/community college transcript
   b. An updated GSP (graduate study plan)
   c. Signed HCOM Graduate Committee/Mandatory Advisement Signoff sheet by your graduate advisor.
   d. Printout of the ‘Cover page’ of your myKASA

REQUIRED TEXTS, MATERIALS AND ACTIVITIES
1. Required texts: None
2. Other readings: To be assigned weekly for designated class assignments and exams. Additional readings will be accessible through course Website, and in selected ASHA professional journals/documents.
COURSE INSTRUCTIONS
Teaching methods will include lectures, interviews, guest lectures, classroom presentations and discussions. You will also have opportunities to take a library tour and meet with CD faculty.

ADDITIONAL STUDENT RESPONSIBILITIES AND EXPECTATIONS
In addition to keeping up with and completing all previously described course requirements, students are expected to demonstrate courteous behavior during class lectures out of respect for the instructor and fellow peers. This includes minimizing any side-conversations in class during lecture, getting up and leaving the classroom setting (except in the case of emergency) in the middle of class lectures, and using cell phones or pagers during class time.

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

Academic Dishonesty Policy: Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

Two week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check the course Website site and keep up with lecture notes, readings, and, as much as possible, assignments. In addition, check your campus e-mail address regularly, because that is probably the way that I will try to contact you with further instructions. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 714-278-4444.

Fieldwork Requirement: If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan (Certificate of Clearance).

In the event of emergency, contact the University Police at 714-278-3333.

< Some Useful Websites:
1. CSUF Student Support Services: http://www.fullerton.edu/academicservices/support.htm
2. CSUF University Learning Center: http://www.fullerton.edu/ulc
4. CSUF Credentials: http://ed.fullerton.edu/adtep/CERTCLEAR.htm
5. CA Commission Teacher Credentialing: http://www.ctc.ca.gov
6. ASHA: http://www.asha.org;
   (Minority Leadership Program http://www.goeshow.com/asha/mslp/2011/)
7. Praxis Exam: http://www.asha.org/students/praxis/
8. CSHA: http://www.slpab.ca.gov/applicants/licensing.shtml
Log onto My KASA Website

There are several ways to access my KASA Website:
1. To access my KASA Website in ONE STEP
   Go to www.fullerton.edu Website. On the upper right corner, key in “my KASA” in the search box. It will take you to my KASA Website directly.
2. You may also access MY KASA Website from the ‘External Link’ on HCOM 501 Course Website or go to Human Communication Studies Department Website (http://communications.fullerton.edu)

On the page of my KASA, enter your username (first initial-Last name, e.g., yTsao) and password (Access+your last 4 digits of student ID, e.g., Access3008) and then click “Log In.”

The myKASA Web page will serve as your “electronic record” for meeting the requirements for ASHA Standard and Master’s degree in Communicative Disorders. Once you successfully log onto your ‘my KASA,’ be sure to (a) double check your name and student ID # and (b) print out the Cover Page as a proof for successfully logging onto to your myKASA.

17-WEEK SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Tentative Course Topics</th>
<th>In-Class Activities</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>8/28</td>
<td><strong>A. Course Overview:</strong> CSUF Course Website &amp; KASA Website; CSUF “My KASA” Summary form; Role and requirements of Communicative Disorders Graduate Portfolio; Professional Biography; <strong>B. Life at CSUF and beyond</strong></td>
<td>Introduction, demo, &amp; scheduling</td>
<td>Navigate course and My KASA Websites; myKASA cover page (Submitted to Titanium or email me if cannot log into myKASA site)</td>
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<td>9/04</td>
<td><strong>A. Mrs. Sherri Wolff (Chief SLP) will present on clinical practicum plan (CPP), notice of intent to register (NIR), process and clinical practicum requirements; CSUF KASA Clinical Practicum Evaluation Form</strong></td>
<td>Lecture; Qs &amp;As</td>
<td>(Pollak Library North, PLN-420)</td>
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<td>9/11</td>
<td>Individual Conferences as needed</td>
<td>No group meeting</td>
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<td>9/18</td>
<td><strong>A. ASHA 2005 certification standards for CCC-SLP; ASHA Knowledge and Skills Acquisition Summary; ASHA 2010 Code of Ethics; ASHA Special Interest Divisions</strong></td>
<td>Lecture &amp; discussion; 1-page of Biography due to Titanium; read ASHA 2005 Standards &amp; 2010 Code of Ethics posted on Titanium</td>
<td>Oral introduction of your peers</td>
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<td>9/25</td>
<td><strong>Exam #1:</strong> ASHA 2005 Certification Standards and Code of Ethics</td>
<td>Online Examination</td>
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<tr>
<td>Date</td>
<td>Event Description</td>
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| 10/02 | A. Dr. Kurt Kitselman (Graduate advisor) will present on requirements for the M.A. Degree in Communicative Disorders, including information about KASA  
B. Library Search & Interviews Findings |
| | Lecture & discussion; Read the purple CD graduate handbook; | 1-2 page library search & interview summary |
| 10/09 | Individual Conferences as needed: | No group meeting |
| 10/16 | A. Review on Master’s program  
B. Dr. Terry Saenz (Faculty coordinator for CSUF-CD Credential Program) will present on (1) CRSC-SLH requirements, and (2) Education Unit Conceptual Framework: core values and missions | Lecture & discussion; Contemporary issue/topic sign-up |
| 10/23 | Exam #2: CRSC credential requirements, state licensure requirement, CSUF KASA and graduate program requirements | Online Examination |
| 10/30 | Student Oral Presentation on Contemporary Professional Issues - 1 | Student presentations & discussions; Contemporary issues paper |
| 11/06 | Student Oral Presentation on Contemporary Professional Issues - 2 | Student presentations & discussions |
| 11/13 | ASHA Convention, Atlanta, GA | No Classes |
| 11/20 | Thanksgiving Recess (11/19-23) | No Classes |
| 11/27 | Counseling workshop | Dr. Michelle Gottieb |
| 12/04 | KASA Exams | No group meeting |
| 12/11 | A. Final wrap-up;  
B. Awards and Scholarships | Qs & As |
| 12/18 | Individual Conferences for Transcript Check (Mathematical, biological, physical, and social and behavioral sciences) | Provide feedback on oral & written skills; checks given on MyKASA Website | Present a proof (i.e., transcription) for basic sciences classes & graduate advisement |
APPENDIX
As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
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<tr>
<th>Standard III: Program of Study-Knowledge Outcomes</th>
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<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
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<th>Standard III-A: The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</th>
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<th>Standard III-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</th>
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<th>Standard III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</th>
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<tr>
<th>Standard III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</th>
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<th>Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct</th>
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<th>Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types of communication disorders and differences and swallowing disorders, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</th>
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<th>Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</th>
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1. **Evaluation:** a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services

2. **Intervention:** a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.

3. **Interaction and Personal Qualities:** a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.

*More information can be found at: [http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.html](http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.html)*
Human Communications 542
Neurologic and Clinical Aspects of Speech, Language, and Cognition
Spring, 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

Outcome 3: Committed and Caring Professionals
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

Mission, Goals, and Strategies of the Communicative Disorders Program

The Program in Communicative Disorders at California State University, Fullerton provides its majors with an understanding of speech, language, and hearing sciences and disorders, and also of the high quality services that are delivered by professionals in speech-language pathology and audiology. Our faculty and staff aspire to combine excellence in teaching, research, and clinical practice for students in and out of the classroom. In the on-campus Speech, Language, and Hearing Clinic and off-campus medical, community, and educational training sites, we strive to provide graduates of our program with the essential knowledge and skills to become professional practitioners in speech-language pathology who are capable of serving in clinics, schools, community centers, hospitals, and private practice. We also strive to prepare our graduates to become advocates for people with communication disabilities.
Positioned within a comprehensive, regional university with a global outlook in Southern California, our faculty expertise and diversity provide a distinctive opportunity for exploring, understanding, and developing an appreciation for normal and disordered human communication across the life span and across culturally/linguistically diverse populations. In our university, where learning is preeminent, graduates represent our aspirations to combine the best of current theory with contemporary clinical practices across the broad areas within our profession.

Goals and Strategies

I. To ensure the preeminence of learning by addressing the knowledge and skill areas delineated in the appropriate ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology, we will:

a. Establish a curriculum which emphasizes the development of knowledge in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing.
b. Incorporate clinical experiences which lead to the development of clinical skills in the areas of: articulation and phonology; cognitive aspects of communication; modalities of communication; fluency; receptive and expressive language disorders; social communication issues; voice and resonance; swallowing; and hearing.

II. To provide a high quality program by ongoing identification of the most appropriate student learning outcomes, we will:

a. Incorporate knowledge and skill areas that are separate yet interdependent on coursework and practicum experience.

Instructor: Edith Li, Ph.D. Office Hours: TWTH 7:30-8:30am
Office: College Park 420-20 & by appointment
Email: edithli@fullerton.edu Phone: 657-278-3260

Pre-requisites: Admission to the M.A. Program in Communicative Disorders

Course Description: Functional neuroanatomy as it relates to speech production and swallowing; the neuropsychologic bases of consciousness, attention, sensation, perception, memory, higher mental functions, and language, with emphasis on those aspects most relevant to the speech-language pathologist.

Course Objectives/Student Learning Goals:

The activities and assignments in this course prepare students to meet Education Unit Program Outcomes 1a, 2d, and 3c (see pg. 1) and ASHA KASA competencies and standards for the Certificate of Clinical Competence III-B, C, and D (see Appendix).

Following this course, the student will demonstrate the following:
1. knowledge of the anatomic structures and physiologic processes involved in the production and perception of speech including respiration, phonation, resonance and articulation.
2. knowledge of the neurological basis of the cognitive functions that support communication, including arousal, attention, perception, memory, reasoning, problem solving, and analytical thinking.
3. knowledge of the psychosocial and cultural factors that can impact on cognitive development, functions and processes across the life span.
4. knowledge of the etiologies of cognitive-communication disorders.
5. knowledge of the clinical characteristics of cognitive-communication disorders.
6. knowledge of the principles and clinical procedures for the formal and informal assessment of cognitive-communication disorders, taking cultural factors into account.
7. knowledge of procedures for selecting, administering, scoring formal and informal procedures for the assessment of cognitive-communication disorders, taking cultural factors into account.
8. knowledge on how to interpret the results from formal and informal procedures for the assessment of cognitive-communication disorders, taking cultural factors into account.
9. knowledge of the relationship between (1) etiology, onset, course, duration, and clinical features of cognitive-communication disorders and (2) clinical outcomes.
10. knowledge of appropriate procedures for the management of cognitive-communication disorders, taking age-related and cultural factors into account.
11. knowledge of the neurological, biological, and psychological bases of normal receptive and expressive language in spoken and written language modalities across the life span.
12. knowledge of basic neurology.
13. take the KASA examination in Acquired Language in partial fulfillment of the M.A. requirements for the Communicative Disorders degree.

Course Requirements: Two written examinations (100 possible points each) with total possible points of 200.
Take the KASA examination in Acquired Language (does not count for course grade).

Grading Criteria: (Plus-minus grading will NOT be used)
180-200 Points: A
160-179 Points: B
140-159 Points: C
120-139 Points: D
Below 120 Points: F

Final Examination Date: Wednesday, May 22, 8:30am

Policy on Make-Up Exams: Exams may be made up only if arranged with the instructor prior to the examination. Please note: The KASA examination is only offered during the class period on the 14th week of class as noted on the course outline. No makeup exam can be scheduled.
Required Text

Optional Text

Special Needs Students: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

Academic Dishonesty Policy: Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

Two week plan for distance instruction should on-campus instruction be interrupted:
In case of instruction interruption, please email the instructor for weekly instructional activities, which may include multimedia presentations, discussion forums, group work, and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

In the event of emergency, contact the University Police at 657-278-3333.
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 30</td>
<td>Neurologic bases of speech, language, and cognition.</td>
<td></td>
</tr>
<tr>
<td>Feb 6</td>
<td>Neurologic bases of Aphasia and review of Aphasic Syndromes.</td>
<td>Duffy Text: Ch 1, 2, 18</td>
</tr>
<tr>
<td></td>
<td>Formal/informal assessment procedures for Aphasia.</td>
<td></td>
</tr>
<tr>
<td>Feb 13</td>
<td>Assessment/remediation objectives for Aphasia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurologic basis, etiology, and clinical characteristics of AOS.</td>
<td></td>
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<tr>
<td></td>
<td>Readings:</td>
<td></td>
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<tr>
<td></td>
<td>Duffy: Text: Ch 1, 2, 18</td>
<td></td>
</tr>
<tr>
<td>Feb 20</td>
<td>Neurologic basis of Dysarthria: Introduction</td>
<td>Duffy: Ch 2</td>
</tr>
<tr>
<td>Feb 27</td>
<td>Spastic and Flaccid Dysarthria: Neurologic basis</td>
<td>Duffy: Ch 4, 5</td>
</tr>
<tr>
<td></td>
<td>and clinical characteristics.</td>
<td></td>
</tr>
<tr>
<td>Mar 6</td>
<td>Ataxic and Hyperkinetic Dysarthrias: Neurologic basis</td>
<td>Duffy: Ch 6, 8</td>
</tr>
<tr>
<td></td>
<td>and clinical characteristics. Multicultural Issues in Neurogenic Disorders</td>
<td></td>
</tr>
<tr>
<td>Mar 13</td>
<td>Hypokinetic and Mixed Dysarthrias: Neurologic basis</td>
<td>Duffy: Ch 7, 10</td>
</tr>
<tr>
<td></td>
<td>and clinical characteristics.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exam Review</td>
<td></td>
</tr>
<tr>
<td>Mar 20</td>
<td>MIDTERM EXAM</td>
<td></td>
</tr>
<tr>
<td>Mar 27</td>
<td>Etiology, neurologic bases, and clinical characteristics of TBI</td>
<td></td>
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<tr>
<td>Apr 1-7</td>
<td>Spring Break</td>
<td></td>
</tr>
<tr>
<td>Apr 10</td>
<td>Formal/Informal assessment procedures for TBI. Remediation procedures for TBI</td>
<td></td>
</tr>
<tr>
<td>Apr 17</td>
<td>Etiology, neurologic bases, and clinical characteristics of Right Hemisphere Lesions. Assessment procedures for Right Hemisphere Lesions.</td>
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</tr>
<tr>
<td>Date</td>
<td>Topic</td>
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<tr>
<td>Apr 24</td>
<td>Etiology, characteristics, assessment of Dementia: Focus on Alzheimer's disease</td>
<td></td>
</tr>
<tr>
<td>May 1</td>
<td>Support &amp; Therapy for the Alzheimer's patient Review for KASA Exam</td>
<td></td>
</tr>
<tr>
<td>May 8</td>
<td>KASA EXAM</td>
<td></td>
</tr>
<tr>
<td>May 15</td>
<td>Review for Final Exam</td>
<td></td>
</tr>
<tr>
<td>May 22</td>
<td>FINAL EXAM</td>
<td></td>
</tr>
</tbody>
</table>
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>Standard III: Program of Study-Knowledge Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard III-A:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
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<table>
<thead>
<tr>
<th>Standard III-B:</th>
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<tbody>
<tr>
<td>The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
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<table>
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<tr>
<th>Standard III-C:</th>
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<tbody>
<tr>
<td>The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
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<table>
<thead>
<tr>
<th>Standard III-D:</th>
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<tbody>
<tr>
<td>The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
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</table>

<table>
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<tr>
<th>Standard III-E:</th>
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<tbody>
<tr>
<td>The applicant must demonstrate knowledge of standards of ethical conduct.</td>
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</table>

<table>
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<tr>
<th>Standard IV-F:</th>
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<tbody>
<tr>
<td>Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types sand severities of communication and/or related disorders, differences, and disabilities.</td>
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<table>
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<tr>
<th>Standard IV-G:</th>
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<tbody>
<tr>
<td>The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
</tr>
</tbody>
</table>

1. Evaluation: a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services |

2. Intervention: a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate. |

3. Interaction and Personal Qualities: a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally. |

*More information can be found at: http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm*
HCOM 543: Seminar in Dysphagia

Spring Semester 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists

- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners

- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

Outcome 3: Committed and Caring Professionals

- become change agents
- maintain professional and ethical standards
- become life-long learners

Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG

Description: Prerequisites: Human Comm 542; admission to the graduate program in communicative disorders. Theory and clinical aspects of dysphagia. Includes physiology of normal swallow, etiologies of dysphagia, clinical and instrumental assessment, diagnosis, and management. Units: 3

COURSE OBJECTIVE

This course provides students who have completed their basic communication sciences background with information on theory and practice related to assessment, diagnosis, and management of dysphagia. The objective is to work toward competency in the KASA knowledge-based competencies in the area of dysphagia. The completion of HCOM 543 should provide students with the foundation needed to pursue achievement of skill-based competencies in dysphagia within their clinical practicum courses.

STUDENT LEARNING GOALS

1. Will demonstrate knowledge of the physiology of the normal swallow across the life span.
2. Will demonstrate knowledge of the neurological basis of the normal swallow.
3. Will demonstrate knowledge of the etiologies of dysphagia.
4. Will demonstrate knowledge of the clinical characteristics of dysphagia, including age-related differences.
5. Will demonstrate knowledge of the features of dysphagia that may be identified through the use of videofluoroscopy and FEES, including age-related differences.
6. Will demonstrate knowledge of clinical assessment procedures and interpretation of the results that are obtained, including (a) age-related differences and (b) indicators of a need to perform an instrumental assessment.
7. Will demonstrate knowledge of instrumental assessment procedures and interpretation of the results that are obtained, taking into account age-related differences.
8. Will demonstrate knowledge that enables diagnostic interpretation of features of dysphagia identified through clinical and instrumental assessment.
9. Will demonstrate knowledge of the relationship between (1) etiology, temporal factors, and clinical features of dysphagia and (2) clinical outcomes.
10. Will demonstrate ability to formulate appropriate long and short-term goals.
11. Will demonstrate knowledge of appropriate management procedures and strategies, taking into account age-related differences.
12. Will demonstrate ability to interpret clinical research finding in selection of optimal assessment and management approaches.

PLANNED ASSIGNMENTS

See “Weekly schedule.”
GRADING POLICY FOR THE COURSE

Plus/minus grading is not used in this course. Each activity is assigned a grade, which is converted to a grade point (A = 4.00) and then weighted as indicated below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm Exam</td>
<td>30%</td>
</tr>
<tr>
<td>Final Exam</td>
<td>30%</td>
</tr>
<tr>
<td>Written Paper</td>
<td>25%</td>
</tr>
<tr>
<td>Oral Presentation</td>
<td>5%</td>
</tr>
<tr>
<td>Clinical Report</td>
<td>10%</td>
</tr>
</tbody>
</table>

The weighted grade points are summed, and the sum is converted to a semester grade.

Students’ integrity and honesty reflect directly upon their ability to act ethically in the future as a speech-language pathologist. Therefore, students in the class will be held to the highest standards of honesty and integrity in aspects of performance in this class.

EXAMINATIONS (Dates, make-up policy, etc.)

Examinations and other assignments are due on the date assigned unless there is a documented severe and compelling reason that due dates could not be met.

INSTRUCTIONAL RESOURCES

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Required online program:</td>
<td>MBSImp is a 21-hour online training program for assessment and diagnosis of dysphagia using a standardized modified barium swallow procedure. You will have access to many different dynamic swallowing study images and you will receive feedback on your assessment reliability until you attain 80 percent reliability in making your judgments. It is available at <a href="http://www.northernspeech.com/r/e/e95">http://www.northernspeech.com/r/e/e95</a></td>
</tr>
</tbody>
</table>

EXTRA CREDIT OPTIONS

There are no extra credit options in the course.
### Students with Special Needs
Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

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### Two week plan for distance instruction should on-campus instruction be interrupted
In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

### Attendance Policy
You are required to notify your faculty member in advance of missing any class meetings. Documentation of reason for absence may be required at the faculty member’s discretion.

### In the event of emergency
Contact the University Police at 657-278-3333 if you are on campus. Follow the expected procedure for your site if you are there.
## WEEKLY SCHEDULE

**LECTURE TOPICS, ACTIVITIES, AND ASSIGNMENTS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Lecture Topic or Activity</th>
<th>Preparatory Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/30</td>
<td>Introduction and overview of course, KASA, and professional aspects; anatomy and physiology of normal deglutition; introduction to disorders; research interpretation for evidence based practices</td>
<td>None; bring first three lectures to class if you want them for taking notes</td>
</tr>
<tr>
<td>02/06</td>
<td>Neurology and developmental aspects of normal deglutition; analysis of research article</td>
<td>Logemann 13-47 and 82-119; A&amp;B 38-72 and research article (read in advance)</td>
</tr>
<tr>
<td>02/13</td>
<td>Etiologies of dysphagia</td>
<td>No readings</td>
</tr>
<tr>
<td>02/20</td>
<td>Etiologies of dysphagia (continued); description of medical background and prior level of function</td>
<td>See “MSU Lecture on Atherosclerosis” accessible through Titanium</td>
</tr>
<tr>
<td>02/27</td>
<td>Disorders of deglutition and radiographic assessment of dysphagia</td>
<td>Logemann 71-131</td>
</tr>
<tr>
<td>03/06</td>
<td>Disorders of deglutition and radiographic assessment (continued)</td>
<td></td>
</tr>
<tr>
<td>03/13</td>
<td>Disorders of deglutition (continued); you should now have completed your online MBSImp training</td>
<td><a href="http://www.northernspeech.com/r/e/e95">http://www.northernspeech.com/r/e/e95</a></td>
</tr>
<tr>
<td>03/20</td>
<td><strong>Midterm # 1; typed proposal for paper is due</strong></td>
<td></td>
</tr>
<tr>
<td>03/27</td>
<td>Instrumental assessment - fiberoptic endoscopic evaluation of swallowing; clinical assessment and evaluation</td>
<td>Logemann 54-58; 135-168; see two postings on Titanium under “FEES Examples”</td>
</tr>
<tr>
<td>04/03</td>
<td>Spring Recess</td>
<td></td>
</tr>
<tr>
<td>04/10</td>
<td>Clinical assessment continued; <strong>case presentation</strong></td>
<td>Logemann 139-168</td>
</tr>
<tr>
<td>04/17</td>
<td>Clinical evaluation and assessment in tracheotomized patient; analysis of</td>
<td>Research article by Leder &amp; Ross (read in advance); study four postings on</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Reading Material</td>
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<td>-------------------------------------------------</td>
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<tr>
<td>04/24</td>
<td>Management of dysphagia: Alternatives for meeting nutritional and fluid needs; treatment; final exam will be handed out</td>
<td>Logemann 191-246, 350-354</td>
</tr>
<tr>
<td>05/01</td>
<td>Treatment (continued); final exam is due</td>
<td></td>
</tr>
<tr>
<td>05/08</td>
<td>KASA Exam (does not count toward course grade)</td>
<td></td>
</tr>
<tr>
<td>05/15</td>
<td>Assessment and management of swallowing in infants and children (Guest speaker from CHOC)</td>
<td>A&amp;B 283-333, 341-383</td>
</tr>
<tr>
<td>05/22</td>
<td>Presentation of papers; class meets 5:00 –6:50 p.m.; attendance is mandatory</td>
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**READING LIST**

<table>
<thead>
<tr>
<th>Date</th>
<th>Citation</th>
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<th>04/24</th>
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**APPENDIX TO READING LIST**

HCOM 544 Seminar in Neurogenic Speech, Language and Cognitive Disorders
Fall Semester 2012
Thursdays 7:00 – 9:45 pm
College Park 420-09

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

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After successful completion of a program of study, our credential recipients and program graduates will:

Outcome 1: Be Knowledgeable and Competent Specialists
- Demonstrate strong foundation in subject matter or field of study
- Demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- Demonstrate ability to use technology as a resource

Outcome 2: Be Reflective and Responsive Practitioners
- Promote diversity
- Make informed decisions
- Engage in collaborative endeavors
- Think critically

Outcome 3: Be Committed and Caring Professionals
- Become change agents
- Maintain professional and ethical standards
- Become lifelong learners

Department of Human Communication Studies: Mission Statement and Goal
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
**HCOM 544 COURSE DESCRIPTION FROM THE CATALOG** Seminar in Neurogenic Speech, Language and Cognitive Disorders (3). Prerequisites: HCOM 542; admission to the graduate program in communicative disorders. Theory and clinical aspects of neurogenic speech, language and cognitive disorders. Standardized and informal assessment, differential diagnosis, prognosis and management, including evaluation of the validity of clinical practice guidelines through the analysis of published research.

Instructor: Jina Koh Truesdale, MA, CCC-SLP  
Office Hours: Thursdays 6-7 pm
Email: jkoh@fullerton.edu  
Office: LH 407B

**COURSE OBJECTIVES**  
*This course is designed to provide students with:*

1. Information on the essential features of neurogenic cognitive communication disorders including aphasia, language of confusion and language of general intellectual deficit.
2. Information on the relationship between behavioral features of the cognitive-communication disorders and the underlying neuropathologies including locus of lesion and type of neuropathy.
3. Information on an approach to assessment of cognitive-communicative disorders including (a) interpretation of medical history, physical and laboratory data, (b) informal assessment, (c) use of standardized tests, (d) assessment of communication in natural contexts, and (e) analysis of past level of function and current cognitive-communication needs.
4. Information on prognosis as a function of medical history, physical and laboratory data and cognitive-communicative characteristics.
5. Experience on obtaining a complete history and data for completing a needs assessment.
6. Experience in the administration, scoring and interpretation of selected standardized tests of language and cognitive functions.
7. Experience in diagnosing one or more cognitive-communicative disorders, determining prognosis, and formulating a treatment plan and writing a diagnostic report.

**STUDENT LEARNING GOALS**  
*At the conclusion of the course, the student will be able to:*

1. Describe recent as well as germinal research on the features of neurogenic cognitive-communicative disorders including aphasia, language of confusion and language of general intellectual impairment.
2. Describe recent and well as germinal research on the relationship between behavioral features of the cognitive-communicative disorders and the underlying neuropathologies including location and type of neuropathy.
3. Describe an approach to assessment of cognitive-communicative disorders including (a) interpretation of medical history, physical and laboratory data, (b) informal assessment, (c) use of standardized tests, (d) assessment of communication in natural contexts, and (e) analysis of past level of function and current cognitive-communication needs.
4. Describe recent research on prognosis as a function of medical history, physical and laboratory data and cognitive-communicative characteristics.
5. Demonstrate competency in obtaining a complete history and data for completing a needs assessment.
6. Demonstrate proficiency in the administration, scoring and interpretation of selected standardized tests of language and cognitive functions.
7. Demonstrate competency in diagnosing one or more cognitive communicative disorders, determining prognosis, and formulating a treatment plan and writing a diagnostic report.
REQUIRED TEXTS
See ARTICLES posted in course site on CSUF Titanium – required reading listed in “16-week schedule”

RECOMMENDED TEXTS

ADDITIONAL RECOMMENDED READINGS


EXAMINATIONS
There are two (2) in-class written examinations in this class. Examinations are worth 100 points each. The
dates for each exam are listed in the course schedule that follows. No make-ups on the midterm or final
are allowed without prior consent of the instructor. Consent must be obtained at least 24 hours before
the scheduled exam and formal written documentation supporting the need for not taking the test on the
date indicated will be requested. Students may also receive an alternative examination that covers the
same content as the original exam but differs slightly in format from that given to other students.

RESEARCH PRESENTATION
There will be one (1) oral/ written research presentation in this class. Oral presentation/written report
will be worth 100 points. Each student will deliver an oral 7-9 minute presentation on a current treatment
approach or related topic in the areas of aphasia, cognition, right hemisphere dysfunction, or brain injury,
including coma stimulation. Students will be required to select one to two (1-2) recent peer-reviewed
articles on a related subject and present the theory on which the treatment approach is based as well as a
description of the treatment. Copies of written handouts should be prepared for the instructor and the
other students in class. Additional information regarding this assignment will be provided during the
course of the semester.

GRADING POLICY FOR THE COURSE
Grades will be determined from the listed assignments and will be based on an averaging of individual
assignment letter grades using the weighting formulae listed for each. All of the above listed course
assignments by the assigned due date delineated in assignment guidelines unless alternative
arrangements are made directly with the instructor. The due dates for all assignments are noted in this
syllabus. In those cases where deadlines cannot be met, students may be required to provide formal
written documentation (e.g., note from physician, legal notice of court date) to support their request for
an extension of an assignment deadline. Assignments turned in after the due date may result in a
reduction of grade points. Please note that students are also expected to have a back-up electronic copy
or hard copy of all assignments turned into the instructor. **Plus-minus grading will not be used in this
course.**

GRADING SCALE
270- 300 points   A
240-269 points   B
210-239 points   C
180-209 points   D
179 or less      F

DATES OF ASSIGNMENTS/EXAMINATIONS

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination 1</td>
<td>100</td>
<td>11/1/2012</td>
</tr>
<tr>
<td>Research Presentation</td>
<td>100</td>
<td>11/29/2012</td>
</tr>
<tr>
<td>Examination 2</td>
<td><strong>100 points</strong></td>
<td>12/20/2012 7:30-9:20 pm</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Class Date</td>
<td>Topics</td>
<td>Activities</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>8/30</td>
<td>Neuro Review</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td>9/6</td>
<td>Aphasia: Diagnostics and Treatment</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td>9/13</td>
<td>Aphasia: Diagnostics and Treatment (cont’d)</td>
<td></td>
</tr>
<tr>
<td>9/20</td>
<td>Aphasia: Diagnostics and Treatment (cont’d)/ Clinical Analyses</td>
<td></td>
</tr>
<tr>
<td>9/27</td>
<td>Apraxia of Speech / Apraxia: Diagnostics and Treatment</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td>10/4</td>
<td>Apraxia of Speech / Apraxia: Diagnostics and Treatment (cont’d)</td>
<td></td>
</tr>
<tr>
<td>10/11</td>
<td>Cognition: Diagnostics and Treatment</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td></td>
<td>Coma: Rappaport Coma Scale, Western Neuro</td>
<td></td>
</tr>
<tr>
<td>10/18</td>
<td>Cognition, Right Hemisphere Syndrome: Diagnostics and Treatment</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td>10/25</td>
<td>Right Hemisphere Syndrome: Diagnostics and Treatment (cont’d)</td>
<td></td>
</tr>
<tr>
<td>11/1</td>
<td>Exam 1</td>
<td>Exam</td>
</tr>
<tr>
<td>11/8</td>
<td>Traumatic Brain Injury &amp; Non-traumatic Brain Injury: Diagnostics and Treatment</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td>11/15</td>
<td>Traumatic Brain Injury &amp; Non-traumatic Brain Injury: Diagnostics and Treatment</td>
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<tr>
<td>11/22</td>
<td>Thanksgiving break – No class</td>
<td>---</td>
</tr>
<tr>
<td>11/29</td>
<td>Dementia – Strategies for Treatment</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td></td>
<td>Research Presentations</td>
<td>Oral Presentations</td>
</tr>
<tr>
<td>12/6</td>
<td>Dysarthrias – Diagnostics and Treatment</td>
<td>Lecture &amp; Discussion</td>
</tr>
<tr>
<td>12/20</td>
<td>Final Exam 7:30 pm – 9:20 pm</td>
<td>Exam</td>
</tr>
</tbody>
</table>
Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

Academic Dishonesty Policy: Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

Emergency Information: Students are encouraged to review the following university website for newly updated information on university preparedness procedures: http://www.fullerton.edu/emergencypreparedness/ep_students.html

Two-week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check the course Titanium site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Titanium groupings), and text and electronic readings. Students should also check the university’s emergency information website (see previous “Emergency Information” section).

Attendance and Classroom Courtesy Policy: Students are expected to attend all classes, keep up with any assigned class readings, actively participate in scheduled class group participation. In addition to keeping up with and completing all previously described course requirements, students are expected to demonstrate courteous behavior during class lectures out of respect for the instructor and fellow peers (e.g., minimizing side-conversations with others during class lectures, using cell phones, etc.)

Audiotaping/Videotaping of Class Lectures: Audio and videotaping of class lectures and classroom discussions of any kind is strictly prohibited. No photographing of class activities as well without instructor permission.

Disclosure of Client Videos and/or Written Reports: Video reviews of clinical therapy and evaluation sessions are a regular part of this class instruction along with the discussion of clinical therapy and evaluation documents (e.g., sample lesson plans, reports, interview questions, home programs) posted on Titanium and/or handed out in class. Students are reminded that the clinical case study information presented in class as part of regular classroom instruction/clinical training (e.g., videos and written reports) is confidential and should not be discussed and/or shared in written form with anyone outside of the classroom setting (including other peers, instructors, administrators, professionals, etc.).

Supervisor Furlough Dates: Due to the state budget crisis, CSUF faculty and staff are required to take a designated number of furlough days. Furlough days that fall on normal class instruction days are indicated on the syllabus. The instructor will not be available on campus on these dates and will not be able to respond to student phone calls/email messages on these days as well. Additional furlough days where the instructor will be unavailable for student advisement and/or correspondence will be posted on Titanium and announced in class on a monthly basis.
HCOM 554: Seminar-Multicultural Issues in Communicative Disorders

Fall Semester 2012

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

Outcome 3: Committed and Caring Professionals
- become change agents
- maintain professional and ethical standards
- become life-long learners
Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

Instructor: Toya A. Wyatt, Ph.D.  Days: Wednesday
Office: CP 420-16  Time: 7:00-9:45pm
Phone: 657-278-3825  Location: CP 128
E-mail: twyatt@fullerton.edu
Office Hours: Mon & Thurs 12noon-1:00pm (by appt only)
            Tues 1:00-3:00pm; Wed 4:15-5:15pm
            Fri 9:00-10:00am (by appt only)

COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: Human Comm 404 and admission to the graduate program in communicative disorders. Critical review of current theory and research on the clinical management of clients from culturally/linguistically diverse populations. Includes opportunities for practical applications of research through case study review and laboratory activities.

COURSE OBJECTIVE

The activities and assignments in this course prepare candidates to meet Education Unit Program Outcomes 1a and 2a (see pg. 1) and ASHA KASA competency and standard for the Certificate of Clinical Competence III-D.

This course is designed to provide students with an overview of current theory, research, research-based clinical assessment and intervention practices and procedures as they pertain to the delivery of quality speech, language, swallowing and hearing services to individuals from diverse cultural and linguistic backgrounds/populations. An overview of federal/state mandates, regulations and professional guidelines for providing culturally and linguistically appropriate services will also be addressed along with relevant professional advocacy issues.

STUDENT LEARNING GOALS

As a result of taking this course, students will be able to:

1) State current federal/state and professional ASHA/CSHA policies, guidelines, standards, regulations and competencies dealing with the delivery of services to culturally/linguistically diverse populations,
2) Define how factors such as cultural identity, degree of assimilation/acculturation, family structure, cross-cultural differences in communication style, world views and attitudes toward
health/illness/disability impact on clinical interactions and service delivery with individuals from diverse backgrounds,

3) Describe how factors such as family structure, child rearing practices, world orientation, world views, and attitudes toward health/illness/disability

4) Accurately distinguish difference from disorder in clients from culturally and linguistically different backgrounds,

5) Describe cross-cultural differences in the incidence/prevalence of neurological, fluency, voice, hearing and other communication disorders that can occur in adult and child populations,

6) Select appropriate assessment tools and procedures that minimize possible test bias influences and take a client’s language background/exposure and abilities into account

7) Use evidence-based and best clinical practices as they relate to the delivery of culturally and linguistically appropriate interviewing, counseling, and report writing with clients from diverse backgrounds with communication, swallowing and hearing disorders,

8) Develop linguistically appropriate intervention plans, goals and activities for bilingual clients and clients who speak non-Mainstream American English dialects

9) Describe some of the socio-economic, cultural and other factors that contribute to healthcare disparities and related communication/swallowing/hearing disorders among different racial-ethnic populations

11) Describe the professional roles and responsibilities of speech and hearing professionals as they relate to the delivery of accent modification/second dialect/ESL instruction to children and adults from non-native English and non-standard English speaking backgrounds.

PLANNED ASSIGNMENTS

The following is a brief summary of planned assignments for this class. The specific guidelines for each assignment will be discussed in class.

1. **Battle Book Chapter Review** (25%): Students will be asked to do written summary, review, and critique of CLD disorder specific assessment and/or intervention considerations for an instructor assigned chapter from the primary textbook for this class (Battle, 2012) ranging in length from 8-10 pages, typed double-spaced. As part of this review, students will be asked to summarize key issues related to the nature, and/or assessment of a specific communication disorder, and discuss the relevance of information addressed within the chapter to class lectures, ASHA CLD KASA standards and CSUF KASA competencies.

   **Due date: October 17th**

2. **Test review/Differential diagnosis/Report writing assignment** (25%): Students will complete an assignment focusing: a) a review of standardized tests for use with CLD clients, b) possible test modification, c) differential clinical data analysis using information taken from selected portions of two of the recommended texts for this class and d) report writing using clinical data from a CLD client provided by the instructor. The specific guidelines for this assignment will be discussed in class.

   **Due date: November 7th**

3. **Research article review** (25%): Students must write and present one research article summary (minimum 8-10 pages) dealing with one or more of the multicultural research or subject areas addressed in this class. As part of their critique, students will be asked to discuss how the article reviewed relates to CLD clinical practice, theory, research and research design issues. The research articles for this assignment will be assigned by the instructor. The specific guidelines for this assignment will be discussed in class.

   **Due date: November 28th**

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4. **Bilingual child English language development instruction assignment** (25%): As part of this assignment, students will be asked to develop a bilingual child rationale plan and curriculum-based lesson based on California English language development standards for English language learners using classroom text (e.g., California Department of Education, 2009) and other class reading references. The specific guidelines for this assignment will be discussed in class.

*Due December 19th*

**GRADING POLICY FOR THE COURSE**

Grades will be determined from the above listed assignments and will be based on an averaging of individual assignment letter grades using the weighting formulae listed for each. Plus-minus grading will be used for all assignments and the calculation of the final course grade.

All of the above listed course assignments by the assigned due date delineated in assignment guidelines unless alternative arrangements are made directly with Dr. Wyatt. Students can request a one-week extension for one of the listed assignments without penalty. A 5% point deduction (one whole letter grade) will be deducted for each day an assignment is turned in after the one-week extension deadline. Additional assignment extension requests will only be granted for serious situations and emergencies (e.g., medical emergencies). In such instances, students will be required to provide original formal written documentation on letterhead (e.g., note from physician, police report, legal notice of court-date) to support the request for extension of an assignment deadline.

Students are expected to have a back-up e-copy or each completed assignment that can be emailed to the instructor in the event that a second copy needs to be requested. Students should therefore retain electronic copies of all completed assignments up until the last day that final grades are assigned for the current semester.

**EXAMINATIONS (Dates, make-up policy, etc.)**

There are no examinations in this class.

**REQUIRED TEXTS**


**RECOMMENDED TEXTS**


**ADDITIONAL**

Additional readings will be made available to student through Titanium and/or library reserve (see syllabus addendum).
REQUIRED MATERIALS AND EQUIPMENT
None required.

EXTRA CREDIT OPTIONS
It is possible that the instructor may provide opportunities for extra credit points (up to a maximum of three points) as part of regular classroom assignments. Specific guidelines for these extra credit opportunities will be provided within the assignments.

ADDITIONAL COURSE INFORMATION

| Students with Special Needs: | Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. For more information about students’ rights for accommodations due to documented special needs, contact the Disabled Student Services Office in UH 101 at 657-278-3117 or go to www.fullerton.edu/disabledservices |
| Academic Dishonesty Policy: | Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/ |
| Emergency Info: | Students are encouraged to review the following university website for newly updated information on university preparedness procedures: http://www.fullerton.edu/emergencypreparedness/ep_students.html |
| Two week plan for distance instruction should on-campus instruction be interrupted: | In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444. |
| Attendance Policy | Students are expected to attend all classes, keep up with any assigned class readings, and be present on days when there is a scheduled class group assignment. |
| Classroom Courtesy Policy | Students are expected to demonstrate courteous behavior during class lectures at all times out of respect for the instructor and fellow students. As a means for ensuring a classroom learning and teaching environment that is free of distractions and disruptions to their own and others’ learning, the following are examples of disruptive classroom behavior that students should refrain from during class instruction time (e.g., minimizing side-conversations and the passing of notes to others during class lectures, etc.). |

The following use of electronic media/devices is also prohibited during class time: using cell phones,
texting, using computers for activities other than active note taking and the review of items posted on Black Board such as class power-point lectures and handouts. Activities such as surfing the net during class-time, blogging, sending e-mails and/or any other form of electronic message transmissions are strictly prohibited.

<table>
<thead>
<tr>
<th>Audio-taping/Videotaping/Digitized Audio/Video Recordings</th>
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</thead>
<tbody>
<tr>
<td>Audio-taping, videotaping and/or digitized audio/video recordings of class lectures and discussions are not permitted. Photographing of class activities without instructor permission is also not allowed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disclosure of Client Videos and/or Written Reports</th>
</tr>
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<tbody>
<tr>
<td>Video observations of clinical therapy and evaluation sessions may be used as part of normal class instruction along with the discussion of clinical reports, lesson plans, home programs and other written clinical documents posted on Black Board and/or handed out in class. Students are reminded that all clinical case study information presented in class as part of regular classroom instruction/clinical training is confidential and should not be discussed and/or shared in written form with anyone outside of the classroom setting (including other peers, instructors, administrators, professionals, etc.).</td>
</tr>
</tbody>
</table>

| Fieldwork Requirement: | None |
### 16-WEEK SCHEDULE (15 weeks of instruction plus 1 exam week)

<table>
<thead>
<tr>
<th>Class Date</th>
<th>Topics</th>
<th>Activities</th>
<th>Reading Assignments</th>
</tr>
</thead>
</table>
| 08/29      | Course intro and overview: Relevance of addressing CLD considerations in professional practice | Lecture & discussion | **Txt:** Wyatt (in Battle, Chp. 12), pp. 255-57  
**Titanium:** TBA |
|            | Current CLD assessment approaches and service delivery models           |                     |                     |
|            | Relevant professional association (ASHA & CSHA) standards, and guidelines for delivering services to CLD populations |                     |                     |
|            | Relevant federal and state regulations and mandates                     |                     |                     |
| 09/05      | Cultural identity and diversity                                        | Lecture & discussion | **Txt:** Grech & McLeod (in Battle, Chp. 7), pp. 120-127  
**Titanium:** TBA |
|            | Cross-linguistic differences in language structure and use              |                     |                     |
|            | Bilingual language development; Second language acquisition in adult speakers; The language development of children from diverse English dialect backgrounds |                     |                     |
| 09/12      | Cross-cultural differences in language socialization and literacy practices | Lecture & discussion | **Txt:** None  
**Titanium:** TBA  
**e-Rsv:** Purnell & Paulanka, Chp. 2 |
|            | Cross-cultural differences in beliefs and attitudes toward rehabilitation and intervention |                     |                     |
| 09/19      | The impact of cultural identity, cross-cultural communication differences, family structure, world views and beliefs on the case history interview and service delivery process | Lecture & discussion | **Txt:** Wyatt (in Battle, Chp. 12), pp. 243-52 & Appendices (pp. 275-278)  
**Titanium:** TBA  
**e-Rsv:** Purnell & Paulanka, Chp. 2 |
| 09/26      | Cross-cultural differences in the nature, prevalence, and incidence of disorders | Lecture & discussion | **Txt:** Battle, Chps. 7-11  
**Titanium:** TBA |
National and global healthcare considerations/disparities within and across different cultural communities;

10/03 The impact of cultural and language differences on the language assessment process; Test bias

Selecting culturally and linguistically appropriate standardized and informal assessment procedures

10/10 Using interpreters and translators during the case history interview and assessment process

10/17 Taking cultural and language differences into account during the diagnostic report writing process; Differentiating difference vs. disorder

Developing culturally and linguistically appropriate goals and recommendations

Selecting the most appropriate language of intervention

10/24 Culturally sensitive and responsive counseling

Developing culturally relevant intervention approaches, activities and materials and home programs

10/31 Disorder-specific cultural-linguistic intervention considerations

Using interpreters and translators during the intervention process

11/7 Multicultural research designs and concerns; Evidence based research involving multicultural populations; Implications for clinical practice populations

Assign Battle book chapter review assignment

Lecture & discussion

10/03 Lecture & discussion

Txt: Wyatt (in Battle, Chp. 12), pp. 257-66

Titanium: TBA

Lecture & discussion

Txt: None

Titanium: TBA

Lecture & discussion

Txt: Wyatt (in Battle, Chp. 12), pp. 266-69

Titanium: TBA

Lecture & discussion

Txt: Davis & Banks (in Battle, Chp. 13), pp. 279-95

Titanium: TBA

Lecture & discussion

Txt: Qualls (in Battle, Chp. 14), pp. 296-310

Titanium: TBA

Battle book chapter review assignment

Assign Battl...
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/14</td>
<td>NO CLASS-ASHA Convention</td>
<td>(Students to work on research article review assignment)</td>
</tr>
<tr>
<td>11/21</td>
<td>NO CLASS-FALL BREAK</td>
<td></td>
</tr>
<tr>
<td>11/28</td>
<td>Oral presentations: Research article reviews</td>
<td>Oral presentation &amp; discussion</td>
</tr>
<tr>
<td>12/05</td>
<td>Accent modification/ESL assessment and instruction</td>
<td>Lecture &amp; discussion</td>
</tr>
<tr>
<td>12/12</td>
<td>The role of the SLP in the assessing and developing the language and literacy skills of bilingual and nonstandard English child speakers in the regular classroom setting</td>
<td>Lecture &amp; discussion</td>
</tr>
<tr>
<td></td>
<td>Developing the English language and literacy skills of bilingual and nonstandard English child speakers</td>
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<tr>
<td>12/19</td>
<td>Oral presentations: Bilingual child English language development assignment (cont.); Course wrap-up</td>
<td>Oral presentation &amp; discussion</td>
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<tr>
<td></td>
<td>(Mandatory attendance: Two full grade deductions on bilingual child English language development instruction assignment for non-attendance)</td>
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</tbody>
</table>

**CLD test review, differential diagnosis, and report writing assignment due**

**Assign bilingual child English language development instruction assignment**

**Txt:** None

**Titanium:** TBA

**e-Rsv:** Herrera & Murray, Chp. 10

**Bilingual child English language development instruction assignment due**
ADDENDUM

HCOM 554 Additional Course Readings (Fall 2012)


SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence</th>
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<tbody>
<tr>
<td><strong>Standard III: Program of Study-Knowledge Outcomes</strong></td>
</tr>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
</tr>
<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
</tr>
<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
</tr>
<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
</tr>
<tr>
<td><strong>Standard IV-F:</strong> Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.</td>
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<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
</tr>
<tr>
<td><strong>1. Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services</td>
</tr>
<tr>
<td><strong>2. Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients’/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
</tr>
<tr>
<td><strong>3. Interaction and Personal Qualities:</strong> a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
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</tbody>
</table>

*More information can be found at:

http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm
Human Communication Studies 558A
Clinical Practicum: Speech Language Disorders in Adults
Spring Semester 2013

Education Unit Conceptual Framework

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

Outcome 3: Committed and Caring Professionals
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

Department of Human Communication Studies: Mission Statement and Goals
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG
HCOM 558A  Clinical Practicum: Speech and Language Disorders in Adults -- Human Communication Studies
Description: Prerequisites: Human Comm. 472,474,475 and 476; admission to the graduate program in communicative disorders; approved Clinical Practicum Plan. Supervised experience in the assessment and treatment of adults with speech and language disorders. Weekly individual and group conferences. Approximately 25-40 clinical clock hours. May be repeated for credit.
Units: (3)

COURSE OBJECTIVE
The activities and assignments in this clinic prepare candidates to meet Education Unit Program Outcome 1b (see pg. 1) and ASHA standard for the Certificate of Clinical Competence IV-G (see Appendix).

This clinic is one of the beginning (entrance level) clinical practicas offered. This particular clinic provides services to adults who may have communication impairments in the following areas: articulation, (acquired neurogenic communication disorders such as aphasia), cognitive impairments, social/pragmatic deficits and voice/fluency impairments. Our clients may have alternative/augmentative needs, as well.

STUDENT LEARNING GOALS/OBJECTIVES
Goals and Objectives of the clinic include:
1) Development of diagnostic skills including the following areas:
   • collect case history information during a family/client interview
   • select and administer appropriate formal and informal evaluation procedures
   • interpret, integrate and synthesize all information to develop diagnoses and make an appropriate diagnosis and recommendations for intervention using supporting clinical as well as research based evidence where appropriate
   • complete a Diagnostic Report
   • develop a home program
   • provide education and appropriate counseling

2) Development of intervention skills including the following areas:
   • conduct an “update” case history interview
   • develop appropriate intervention plans using evidence based goals/objectives and intervention approaches
   • implement intervention plans
   • involve clients/family members in the intervention process
   • select or develop and use appropriate materials and instrumentation for prevention and intervention
   • measure and evaluate clients’ performance and progress and keep data
   • modify intervention plans, strategies, materials as appropriate to meet the needs of the clients
   • complete progress notes, lessons plans and a progress report
CLINIC OVERVIEW
Each student clinician will be assigned to 2 returning clients to service for the entire semester. Each client will receive approx. 20 therapy sessions and 1 baseline testing session, each 50 minutes long. Additionally, each clinician will be assigned to 1 new diagnostic client. Clinicians may be grouped for diagnostics.

Clinic absences are highly discouraged, unless extenuating circumstances arise. In the event of an absence, the clinician must notify the clinical supervisor, the clinic student assistant and both of his/her clients as soon as possible. If a clinical session was missed due to clinician absence, the clinician must offer a “make-up” session for that client, which is held at the end of the semester during the scheduled make-up week.

As a supervisee, clinicians will be responsible for establishing objectives for your own professional growth; study and observe your own clinical behavior; and actively participate in supervisory meetings. Students will be required to complete an analysis of one session for one of your clients. Information regarding the analysis will be discussed during a Teaching Clinic.

To meet both the clinical and supervisory objectives, each clinician will participate in weekly meetings with your supervisor and scheduled teaching clinics. The weekly meetings will be scheduled within your scheduled clinic times. The teaching clinics will be held from 12:00 to 1:00 p.m. on scheduled Mondays.

The CSUF Speech and Hearing Clinic operates with the philosophy that communication disorders are not something that an individual “has” as if we can treat “it” separately from the rest of the person’s communication behavior. Communication affects all aspects of our life --- our relationships, interactions, work, etc. As such, when there is a communication problem, it affects everyone, not just the speaker. In working with children and the communication problems they present, it is essential that we involve the parents. The time that you spend training and meeting with parents with regard to remediation will be counted toward ASHA clinical clock hours.

Due to our commitment to clients and their families, a withdrawal from clinic is treated as a very serious matter. Such withdrawals often cause disruption in treatment or delays in service to clients who have a contract with our clinic. In general, clinicians are expected to complete the semester in the clinic once they have started. A withdrawal without serious cause almost always leads to a failing grade. Similarly, withdrawal with cause requires careful planning and consultation with the clinical supervisor.

During the spring and fall semesters, we offer group therapy sessions as well as individual therapy. Group therapy starts approximately at mid-semester and is conducted once a week. Supervisors will assign and schedule the groups.

The clinic workroom will be open the following hours:

MONDAY-THURSDAY  10:00 – 4:00

Tests may be checked out from 3:00-3:45 pm Monday through Thursday and must be returned by 9:00 am the following day. All tests must be checked out by the student assistant, or other staff. Please refer to the checkout policy re: borrowing and use of tests and materials. Materials cannot be reserved Please take note of the clinic’s hours and adjust your schedule accordingly to review tests and materials.
All clinic materials and tests have been inventoried and organized in the workroom cabinets and shelves. **PLEASE BE SURE YOU RETURN ALL MATERIALS AND TESTS TO THEIR PROPER PLACE AT THE END OF EACH THERAPY DAY!!!**

At the end of each clinic day, one clinician is assigned “clinic clean-up duty”. Please check the posted schedule for your time. The student assistant will monitor this schedule and give reminders as necessary.

Appropriate attire is required when participating in clinical sessions. Blue jeans, tank tops, cut off shorts, etc. are considered inappropriate.

**PLANNED ASSIGNMENTS**

For returning clients, clinicians are required to write up interview questions, baseline testing lesson plan, rationale plan, semester goals/objectives and weekly therapy lesson plans. At the end of the semester, a progress report will be completed. For diagnostic clients, clinicians are required to write a Diagnostic Report, develop a rationale plan, goals and objectives and prepare a Home Program. Please refer to the Clinic Schedule for the dates that all lesson plans and reports are due. **Timeliness of reports is critical and late reports will be reflected in the final grade for the clinic.** If you do not have access to a computer, you may be able to use one in the clinic; however, you must provide the memory stick and paper for printing.

**Staffing:** Students will each sign up for a staffing session. These will be held on Mondays from 12:00-1:00 during Teaching Clinic. During your scheduled time, you will present for ½ hour on 1 of your clients. Be prepared to show a small video clip of your session along with questions you would like to ask the group. A 1-page handout is also required which provides background information on your client, a summary of the clip presented and questions you would like to ask. Samples of this handout are in your Clinic Handbook. The staffing sessions are scheduled to better enhance your overall clinical experience as well as to gain suggestions for working with your client.

**CONFIDENTIALITY OF CLIENT RECORDS AND INFORMATION:**

California State University Executive Order 814 on University Health Services requires any program that has confidential records related to a person’s health or health care is to have procedures to ensure the confidentiality of those records. Further, the American Speech-Language-Hearing Association’s Code of Ethics requires that, “Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or the community.”

Maintaining confidentiality requires, but is not limited to, the following:

1. No portion of a client’s record is ever removed from the clinic.
2. No portion of a client’s record is ever photocopied or transmitted electronically in any way.
3. No notes that students or faculty take regarding clients may have information that could be used to identify any of our clients.
4. Persons may not discuss clients outside of the clinic in any way that could be used to identify clients.
5. Information is released to persons only according to procedures governing release of confidential client information.
6. All email correspondence between students and supervisors, including drafts of clinical reports/lesson plans and or correspondence regarding clients must be sent using student’s CSUF University email account. All electronically transmitted documents should contain initials only with no client identifying information (ie. phone number, address). We are hoping to initiate the use of Titan Google Docs.
Violations of client confidentiality will be reported to the Chair of the Department of Human Communication Studies.

**CLIENT VIDEOS/DVDS/DIGITAL/AUDIO/VIDEO FILES:**
As part of the clinical training and supervision process, students will be required to videotape and a back-up audiotape baseline testing sessions, all diagnostic sessions and a minimum of 2 therapy sessions during the semester for later observation and analysis. It is highly recommended that you audiotape each therapy session, as well. Video/DVD recordings must be made using the clinic VCRs/DVD players. Personal I-pads cannot be used for any recordings/pictures.

Videotapes cannot be removed from the clinic and need to be turned in to the student assistant at the end of the clinic day for secured storage. Audio and digital recordings can be taken home for student review. If students do take audio recordings home, they are reminded that in accordance with signed client disclosure forms on file, they cannot disclose any identifying information about their clients or share information about their clients with anyone other than themselves, clinical supervisors and other student clinicians participating in clinic at the same time. Recorded sessions are also not to be duplicated.

Videotapes produced in our clinic are to be used for the training of CSUF students. They are to be used in such a manner as to protect the privacy and confidentiality of clients and clinicians. If a family member requests a copy of an audio or video tape, please refer them to the supervisor who will have them complete and sign a Videotape Review Policy Form.

**TITANIUM:**
It is recommended that you check Titanium on a regular basis for posting of relevant documents.

**FILE CHECK-OUT PROCEDURES:**
In order to protect client confidentiality, all client files are to be checked out through clinic assistants or supervisors. Please remember that no client file information is to be removed from files or taken out of the clinic.

**CLINICAL CLOCK HOURS:**
Clinicians must keep records of all clock hours completed and turn them in to their supervisor at the end of the semester. Clinical clock hours should be calculated based on actual minutes of service provided. Minutes should not be rounded up. For example, a 50 minute session would be recorded as 50 on the clock hour form. If the client came late and was only seen for 30 minutes, the session would be recorded at 30 on the clock forms. At the end of the semester, all minutes can be added up and divided by 60. Students should keep an ongoing record of actual minutes spent in sessions in their clinic files and should use this documentation to complete their final clinical clock hour sheets at the end of the semester. Calculation of minutes for diagnostic sessions should be done separately for each student and the total number of minutes among group members should not be more than the total time for sessions.

**GRADING POLICY FOR THE COURSE**

**EVALUATION OF SUPERVISED PRACTICUM:**
Clinical skills will be evaluated in the following component areas:
1. information gathering/case history update
2. baseline testing, analysis and interpretation
2. diagnostic testing, analysis and interpretation
3. developing and planning/prevention therapy
4. interacting with clients and families (counseling, interviewing, and therapy/instruction process)
5. personal and professional qualities
6. self-evaluation/self-supervision skills
7. report writing skills, one Diagnostic Report, Progress Reports, progress notes and lesson plans

Each of these areas will encompass several skills that will each be rated on a seven-point scale using CSUF’s “Practicum Evaluation Form.” Please refer to the form for a detailed discussion of clinical skill areas and a key to the ratings. The rating scale will be used for both mid-term and final grade determination. Remediation plans for improving clinician performance will be instituted by the supervisor in areas receiving a “3” or lower.

Students will receive feedback in several ways such as review of lesson plans, progress notes, clinical reports, observation feedback forms, and weekly supervisory conferences as well as during client staffings.

**CLINIC GRADING GUIDELINES**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Upper Limit</th>
<th>Lower Limit</th>
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</thead>
<tbody>
<tr>
<td>A+</td>
<td>7.00</td>
<td>6.71</td>
</tr>
<tr>
<td>A</td>
<td>6.70</td>
<td>6.31</td>
</tr>
<tr>
<td>A-</td>
<td>6.30</td>
<td>6.01</td>
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<tr>
<td>B+</td>
<td>6.00</td>
<td>5.56</td>
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<tr>
<td>B</td>
<td>5.55</td>
<td>4.96</td>
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<tr>
<td>B-</td>
<td>4.95</td>
<td>4.51</td>
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<tr>
<td>C+</td>
<td>4.50</td>
<td>4.06</td>
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<td>C</td>
<td>4.05</td>
<td>3.46</td>
</tr>
<tr>
<td>C-</td>
<td>3.45</td>
<td>3.01</td>
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<td>D+</td>
<td>3.00</td>
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<td>D</td>
<td>2.70</td>
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<tr>
<td>D-</td>
<td>2.30</td>
<td>2.01</td>
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<tr>
<td>F</td>
<td>2.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**EXAMINATIONS (Dates, make-up policy, etc.)**

There are no examinations in this course.

**REQUIRED TEXTS**


**REQUIRED READINGS:**

558A Reading Packet and Clinic Handbook are available at Copy Co.

**OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES**

Clinic experiences and materials
**Special Needs Students:** Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

**Academic Dishonesty Policy:** Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

**Two week plan for distance instruction should on-campus instruction be interrupted:** In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 714-278-4444.

**Attendance Policy:** Attendance may be a consideration in your grade. Clinic absences are highly discouraged, unless extenuating circumstances arise. In the event of an absence, the clinician must notify the clinical supervisor, the clinic graduate assistant or clinic receptionist and both of his/her clients as soon as possible. If a clinical session was missed due to clinician absence, the clinician must offer a "make-up" session for that client.

**Fieldwork Requirement:** If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan. (inquire of your department office) Not Applicable.

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**In the event of emergency, contact the University Police at 9-1-1.**

Campus Emergency Preparedness: 
Emergency: 911
Non-Emergencies University Police:
(657) 278-2515
Environmental Health & Instructional Safety (business hours):
(657) 278-7233
Fullerton Campus Operation & Emergency Closure Line:
(657) 278-4444
Irvine Campus Operation & Emergency Closure Line:
(657) 278-8676
Campus Emergency Notification:
AM Radio 1620

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines.
Before an emergency occurs-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area, remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

EMERGENCY CALLS

DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (657) 278-0911
(657) 278-4444

More information online: http://www.fullerton.edu/emergencypreparedness/ep_students.html
# 16-WEEK SCHEDULE

<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Topic(s)</th>
<th>Activities</th>
<th>Assignments</th>
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<tbody>
<tr>
<td><strong>Monday</strong></td>
<td></td>
<td></td>
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<tr>
<td>1/28/13</td>
<td>General clinic orientation</td>
<td>General clinic information</td>
<td>Review Clinic Handbook</td>
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<tr>
<td>11:00-1:00</td>
<td>(all new clinicians)</td>
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<tr>
<td>1:00-3:00</td>
<td>Adult Clinic Orientation</td>
<td>*Introductions</td>
<td>Hedge, pgs 81-123</td>
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<tr>
<td>(section 1 &amp; 2)</td>
<td></td>
<td>*Complete forms</td>
<td>Course packet Part IV</td>
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<td></td>
<td></td>
<td>*Review 558A syllabus/schedule</td>
<td>Luterman-ch. 5,6,8</td>
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<td>*ASHA Code of Ethics/Clinical conduct</td>
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<td>*Universal health precautions</td>
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<td>*Supervisory process</td>
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<td>*Case history update</td>
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<td>*Baseline Assessment Plan</td>
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<td>*Therapy Plan Rationale</td>
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<td>*Weekly lesson plans</td>
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<td>*SOAP notes</td>
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<td>*Initial client contact</td>
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<td>*Client A/B</td>
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<td>*ISC schedule</td>
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<td>*Chart review</td>
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<tr>
<td><strong>Wednesday</strong></td>
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<tr>
<td>1/30</td>
<td>Adult Clinic Orientation</td>
<td>*Review of neurogenic communication disorders</td>
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<td>10:00-2:00</td>
<td>continued</td>
<td>*Overview of assessment tools</td>
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<tr>
<td>(section 1 &amp; 2)</td>
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<td>*Informal assessment</td>
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<td>*Hearing screening/OM exam</td>
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<td>*Feedback for adult clients</td>
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<td>*Record keeping-tracking data, baselines</td>
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<td>*Writing goals/objectives</td>
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<td>*Therapy targets</td>
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<td>*Diagnostic Reports</td>
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<td>*Progress Reports</td>
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<td>*Family involvement</td>
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<td>*Staffings</td>
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<td>*Home program</td>
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<td>*Chart review</td>
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<tr>
<td>Time/Date</td>
<td>Topic(s)</td>
<td>Activities</td>
<td>Assignments</td>
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<tr>
<td>Monday 2/4</td>
<td>Planning for Baseline</td>
<td>Individual Supervisory</td>
<td>CASE HISTORY QUESTIONS DUE</td>
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<td></td>
<td>assessment</td>
<td>Conference (ISCs)</td>
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<tr>
<td></td>
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<td>Client A- 1 hour</td>
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<tr>
<td>Wednesday 2/6</td>
<td>Planning for Baseline</td>
<td>Client B-1 hour</td>
<td>DIAGNOSTIC AGENDAS DUE</td>
</tr>
<tr>
<td></td>
<td>Assessment</td>
<td></td>
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<tr>
<td>Monday 2/11</td>
<td>Case Hx update</td>
<td>Returning client-A</td>
<td>BASELINE LESSON PLANS DUE</td>
</tr>
<tr>
<td></td>
<td>Baseline testing</td>
<td>(or dx client)</td>
<td></td>
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<tr>
<td>Wednesday 2/13</td>
<td>Case Hx update</td>
<td>Returning Client-B</td>
<td></td>
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<tr>
<td></td>
<td>Baseline testing</td>
<td>(or dx client)</td>
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<tr>
<td>Monday 2/18</td>
<td>HOLIDAY</td>
<td></td>
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<tr>
<td>Wednesday 2/20</td>
<td>Planning for therapy</td>
<td>ISCs- 1 hour to discuss</td>
<td>LESSON PLANS DUE</td>
</tr>
<tr>
<td></td>
<td>NO CLIENTS</td>
<td>baseline results and tx</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>plan rationale</td>
<td>THERAPY PLAN RATIONALE DUE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(client A)</td>
<td></td>
</tr>
<tr>
<td>Monday 2/25</td>
<td>Planning for therapy</td>
<td>ISCs- 1 hour to discuss</td>
<td>DIAGNOSTIC REPORTS DUE</td>
</tr>
<tr>
<td></td>
<td>NO CLIENTS</td>
<td>baseline results and tx</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>plan rationale</td>
<td>THERAPY PLAN RATIONALE DUE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(client B)</td>
<td></td>
</tr>
<tr>
<td>Wednesday 2/27</td>
<td>Begin therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Client A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHEDULE FAMILY CONFERENCES TO DISCUSS RESULT/ THERAPY PLANS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 3/4</td>
<td>Begin therapy</td>
<td>Teaching Clinic-A foundational</td>
<td>Roth/Worthington</td>
</tr>
<tr>
<td></td>
<td>12:00-1:00</td>
<td>set of skills</td>
<td>ch. 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self Analysis</td>
<td></td>
</tr>
<tr>
<td>Wednesday 3/6</td>
<td>Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 3/11</td>
<td>Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:00-1:00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teaching Clinic- Preparing for</td>
<td>Roth/Worthington</td>
</tr>
<tr>
<td></td>
<td></td>
<td>diagnostics</td>
<td>ch. 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final conference</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home programs</td>
<td></td>
</tr>
</tbody>
</table>
### Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
**Wednesday 3/13** | Therapy | Staffing | |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Monday 3/18 | Therapy | Staffings | INTERVIEW QUESTIONS DUE |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Wednesday 3/20 | Therapy | | DIAGNOSTIC AGENDAS DUE |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
**Returning clients off all week** | | | |
Monday 3/25 | Diagnostics | (returning clients off) | SELF EVALUATION DUE |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Wednesday 3/27 | Diagnostics (if needed) | (returning clients off) | SELF ANALYSIS DUE |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
**Week of 4/1** | Spring Break | No clients | Enjoy your time off! |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Monday 4/8 | Therapy | Teaching clinic- Group therapy | MIDTERM EVALUATIONS |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Wednesday 4/10 | Therapy | Final semester procedures Progress reports Staffing | DIAGNOSTIC REPORTS DUE |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Monday 4/15 | Therapy | Staffings | |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Wednesday 4/17 | Begin group therapy/Post testing | | |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Monday 4/22 | Therapy | Staffings | |

| Time/Date | Topic(s) | Activities | Assignments |
---|---|---|---|
Wednesday 4/24 | Group therapy | | |
<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Topic(s)</th>
<th>Activities</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 4/29</td>
<td>Therapy</td>
<td></td>
<td>PROGRESS REPORTS DUE</td>
</tr>
<tr>
<td>Wednesday 5/1</td>
<td>Group Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 5/6</td>
<td>Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 5/8</td>
<td>Group therapy</td>
<td>Last session Family</td>
<td>HOME PROGRAMS DUE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>conference</td>
<td></td>
</tr>
<tr>
<td>Monday 5/13</td>
<td>Final Family Conference</td>
<td>Diagnostic Clients Make-up session</td>
<td>FINAL SELF-RATING DUE</td>
</tr>
<tr>
<td>Wednesday 5/15</td>
<td>Make-up session</td>
<td></td>
<td>FINAL ISCs CLINIC CLEAN-UP</td>
</tr>
<tr>
<td>FINALS</td>
<td>All reports/files/hours need to be completed, approved and filed</td>
<td></td>
<td>FINAL ISC’S SUBMIT ASHA CLOCK HOURS, DISCUSS FINAL EVALUATIONS CLINIC CLEAN-UP</td>
</tr>
<tr>
<td>Week of 5/20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard III: Program of Study-Knowledge Outcomes</strong></td>
</tr>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
</tr>
<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
</tr>
<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
</tr>
<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
</tr>
<tr>
<td><strong>Standard IV-F:</strong> Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.</td>
</tr>
<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
</tr>
<tr>
<td>1. <strong>Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services</td>
</tr>
<tr>
<td>2. <strong>Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentations for prevention and intervention; d. measure and evaluate clients'/patients' performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
</tr>
<tr>
<td>3. <strong>Interaction and Personal Qualities:</strong> a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
</tr>
</tbody>
</table>

*More information can be found at:
http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm*
HCOM 558c: Clinical Practicum-Communicative Disorders and Differences in Individuals from Diverse Backgrounds

Spring 2013

Sections 1 & 3 (T. Wyatt, Ph.D., CCC-SLP)
Section 2 (E. Lamberth, M.A., CCC-SLP)

Education Unit Conceptual Framework

<table>
<thead>
<tr>
<th>a transformational journey toward educational advancement and achievement</th>
</tr>
</thead>
</table>

**Core Values**

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

**Mission Statement**

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

**Student Outcomes and Indicators**

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**
- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**
- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

**Outcome 3: Committed and Caring Professionals**
- become change agents
- maintain professional and ethical standards
- become life-long learners
Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

CLASS INFORMATION-SECTIONS 1 & 3

Instructor: Toya Wyatt, Ph.D., CCC-SLP
Days/Times: Tuesday 4:00-9:45pm, Thursday 4:00-8:00pm & TBA
Office: CP-150-14 (MC Lab) & CP 420-16 (Faculty Office)
Clinic Office Hours: By Appointment (see syllabus re: “Supervisor Office Hours”)
Faculty Office Hours: Mon 12-1:30pm; Tues 10am-12noon; Wed 4-5pm by appt; Thurs 9:30-11am by appt
Phone: 657-278-4913 (MC Lab Voice mail); 657-278-3997 (Clinic); 657-278-3825 (Faculty Office)
E-mail: twyatt@fullerton.edu

CLASS INFORMATION-SECTION 2

Instructor: Ellen Lamberth, M.A., CCC-SLP
Days/Times: Tuesday 4:00-9:45pm, Thursday 4:00-8:00pm & TBA
Office: CP-150-20 (Clinic Supervisor Office)
Office Hours: By Appointment (see syllabus re: “Supervisor Office Hours”)
Phone: 657-278-4913 (MC Lab Voice mail); 657-278-3997 (Clinic)
Email: elamberth@fullerton.edu

COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: Human Comm 404; 458, 558A and admission to the graduate program in communicative disorders and approved Clinical Practicum Plan. Supervised experience in assessment and treatment of clients from culturally/linguistically diverse populations. Between 10-20 clinical clock hours, depending on units. May be repeated for credit.

COURSE OBJECTIVE

The activities and assignments in this course prepare candidates to meet Education Unit Program Outcome 1b (see pg. 1) and ASHA standard for the Certificate of Clinical Competence IV-G (see Appendix A).

This clinical practicum is designed to provide students with experience in the delivery of culturally and linguistically appropriate diagnostic, therapy, and/or accent modification/second dialect instruction services to clients from diverse cultural and language/dialect backgrounds. Students are expected to complete a minimum
of 10 clinical clock hours with at least two different clients with suspected or confirmed communication differences/disorders who are: a) bilingual/multilingual, b) monolingual or predominant speakers of languages other than English, c) predominantly English speaking with some exposure to one or more languages other than English in their home, d) predominantly English speaking with a parent or caregiver who speaks a language other than English as their primary or predominant language, and/or e) are predominant/bi-dialectal speakers of a dialect of English other than Mainstream American English.

To fulfill the above listed requirements, students must complete the following:

a) Ten 50-60 minute diagnostic, therapy/instruction and/or counseling sessions with one assigned individual client

b) One 3-4 hour group diagnostic evaluation (conducted as part of a team with other students) with a 60-90 minute follow-up counseling session conducted at the end of the semester

c) All required clinical paperwork, reports and file documentation specified in this syllabus and clinic handouts

d) End of the semester clinic clean-up responsibilities assigned by the speech clinic administrative/support staff to be completed no later than finals week

As already indicated above, this clinical practicum is designed to help students meet the California Rehabilitative Services Credential (CRSC) requirements that emphasize the importance of being able to work effectively with students from diverse cultural and language backgrounds. It is also designed to help students meet ASHA’s certification standard IV-F which states that students must have supervised clinical practica that include experiences with client/patient populations “from culturally/linguistically diverse backgrounds” and c) the following ASHA KASA clinical competencies:

**Evaluation**

a. Conduct screening & prevention procedures
b. Collect case history information and integrate information from all sources
c. Select and administer appropriate evaluation procedures
d. Adapt evaluation procedures to meet client/patient needs
e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
f. Complete administrative and reporting functions necessary to support evaluation
g. Refer clients/patients for appropriate services

**Intervention**

a. Develop/set appropriate intervention plans with measurable and achievable goals that meet client/patient needs
b. Implement intervention plans. Involve clients/patients and relevant others in the intervention process
c. Select or develop and use appropriate materials and instrumentation for prevention and intervention
d. Measure and evaluate clients'/patients/ performance and progress
e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
f. Complete administrative and reporting functions necessary to support evaluation
g. Identify and refer clients/patients for appropriate services
STUDENT LEARNING GOALS

As a result of this practicum, students will be able to:

a) conduct culturally sensitive interview and counseling interactions with clients from diverse cultural and linguistic backgrounds with or without the assistance of a translator/interpreter/bilingual paraprofessional,

b) conduct culturally and linguistically appropriate assessments using a variety of formal standardized, criterion-referenced and other informal, non-standardized, alternative assessment procedures including but not limited to language sampling, dynamic and portfolio assessments

c) accurately analyze and interpret results from formal as well as informal assessment procedures taking possible relevant cultural and linguistic differences/factors into account,

d) make a differential diagnosis by adequately distinguishing difference and disorder,

e) develop culturally-linguistically appropriate therapy/instruction plans using evidence based goals/objectives and intervention approaches

f) implement proposed treatment/instruction plans using culturally and linguistically appropriate methods and materials with or without the assistance of a trained translator/interpreter/bilingual paraprofessional,

g) effectively train and use translators/interpreters/bilingual paraprofessionals in the assessment/intervention process,

h) write diagnostic evaluation and therapy/instructional progress reports, goals/objectives and recommendations that take relevant cultural and linguistic factors using supporting clinical as well as research based evidence where appropriate

i) design culturally and linguistically appropriate home programs

CLASS MEETINGS

Weeks 1-3

During the first three weeks of the semester, students are required to be available on the following days and times for clinic orientation, core, clinical planning/preparation, file review and individual supervisory meetings.

Tuesday, January 29th 4:00-9:45pm
Thursday, January 31st 4:00-8:00pm
Tuesday, February 5th 4:00-9:45pm
Thursday, February 7th 4:00-8:00pm
Tuesday, February 12th 4:00-9:45pm
Thursday, February 14th 4:00-8:00pm

Therapy/instruction and/or diagnostic testing sessions will begin for most individual clients on Tuesday, February 19th. Students who are not registered for clinic by the first day of orientation and/or miss the first day of orientation without notifying the instructor in advance will be automatically dis-enrolled from the clinic and will need to re-enroll for another semester. Students who miss one clinic prep/planning meeting during the first two weeks of the semester will be automatically scheduled to meet with their client for the first time on Tuesday, February 26th. They will still be required to meet with their clients for the same number of sessions (n=10) as other students in the clinic. Students who miss two or more clinic prep/planning meetings during the first two weeks will need to drop the clinic and re-enroll another semester and/or be prepared to take an incomplete in the clinic.
**Week 4 and after**

Once clinic sessions begin, students are required to *always be available* on the following days and times for supervisory, client, core, diagnostic group meetings and other clinic-related activities. This includes times before and after individual client sessions on Tuesday.

<table>
<thead>
<tr>
<th>Days</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesdays</td>
<td>4:00-9:45pm</td>
</tr>
<tr>
<td>Thursdays</td>
<td>4:00-8:00pm &amp; TBA*</td>
</tr>
</tbody>
</table>

*TBA-In addition to the above listed times students will also be asked to set up a second supervisory meeting with their supervisor on a day other than Tuesday and Thursday once therapy/instruction begins for four different weeks of the semester as indicated in the syllabus schedule for client session planning and mid-semester evaluations. The schedule for these meetings (conducted in person or via email/phone at the discretion of the supervisor) will be established at a time agreed upon by both the student and supervisor. There are some occasions where additional meetings outside of the normal clinic times may need to be scheduled for reasons such as additional student training support, level of student preparedness and client/case complexity.

In those cases where the supervisor is assigned to supervise more than 4 students, some individual supervisory meetings will need to be scheduled outside of the normal clinics at least during some weeks of the semester (e.g., during initial planning, mid-semester/final student evaluations). Such meetings will be scheduled at a time agreed upon by both the student and supervisor.

**Client meetings and scheduling**

Each student will be assigned one individual client that they will see for ten testing, therapy/instruction and/or counseling sessions. Clients who miss or have to cancel sessions (up to two sessions) will be rescheduled (in consultation with the supervisor) for make-up sessions after their 4th session on Thursdays or on one of the following session make-up dates: May 7th, May 14th or on May 21st at the same time as their final counseling session. Students should consult with their supervisor for other scheduling options if possible when clients miss more than two sessions.

**Finals week**

Students must be available at minimum until 8pm on Thursday, May 23rd of finals week for final student evaluation meetings. In those cases where a supervisor has a clinical load of more than 4 students, final evaluation meetings outside of normal clinic times will be necessary at a time agreed upon by both supervisor and clinician. Please plan any end of semester travel or other planned activities/events accordingly.

**SUPERVISOR OFFICE HOURS**

Supervisors meet with students on an individual basis at least one to two times per week for supervisory meetings during regularly scheduled clinic practicum hours. If students wish to schedule a meeting with a supervisor at time outside of regular scheduled meeting times, they should contact their supervisor to do so.

**PLANNED ASSIGNMENTS/PAPERWORK**
As part of this clinical practicum, students are required, in addition to seeing and planning for their clients to complete weekly file documentation (e.g., weekly lesson plans, progress notes, data-logs, reflection journals) and other relevant clinical paperwork/documents (e.g., progress reports, diagnostic evaluation reports, home programs, etc.) associated with the delivery of clinical services for their assigned clients. A detailed description of the paperwork requirements will be discussed during weekly orientation/core meetings and/or handouts posted to Titanium.

All paperwork, except for file progress notes and/or contact sheet documentation must be computer generated. Documents should be typed double-spaced to facilitate supervisor editing. 

*Please save all documents as “Word.doc” or “Word.docX (consult with your supervisor to determine the most appropriate format to accommodate possible supervisor and diagnostic team member computer compatibility issues).*

**TITANIUM**

Students are expected to check Titanium on a regular basis for posting of relevant documents (e.g., e-copies of sample clinic-related documents and any clinic announcements.

**CLIENT VIDEOS/DVDS/AUDIOTAPES/DIGITAL AUDIO/VIDEO RECORDINGS**

As part of the clinical training and supervision process, students are required to video-record all therapy/instruction and diagnostic sessions. In addition, students must do back-up audio-recording of some sessions (refer to Syllabus Addendum B and C for a list of those sessions where back-up audio-recording is required) using a tape recorder from the clinic or their own. Students who use their own recorder must have the ability to download the audio files into a digital format onto a CD. Video/DVD recordings must be made using the clinic VCRs/DVD players. Personal recording devices such as ipads cannot be used for any recordings/pictures. In those cases where parents make a request to video/audio record or to obtain a copy of a video/audio recording made in the clinic, student clinicians should inform their supervisor who will provide the family with a written permission form that must be completed before such requests can be honored.

In order to protect client confidentiality and privacy, that clinicians should make every attempt to review recorded sessions within the confines of the clinic during regular clinic hours and leave their recordings with their clinical supervisor before leaving. If students do take any type of recording data home, it is strongly recommended that they only take audio recordings home. In some cases, video-recorded sessions cannot be taken home under any circumstance (e.g., those from initial client interview, diagnostic testing and counseling sessions).

Students are also reminded that in accordance with signed client disclosure forms on file, they cannot disclose any identifying information about their clients or share information about their clients with anyone other than their clinical supervisors and other student clinicians participating in clinic at the same time. Recorded sessions are also not to be duplicated or transmitted to anyone other than clinic supervisors and other current enrolled student clinicians.

**EMAILED REPORTS AND CONFIDENTIAL CLIENT INFORMATION**

In order to protect client confidentiality, all email correspondence between students and supervisors, including drafts of clinical reports and/or correspondence regarding clients, should be sent through Titanium or student’s password protected CSUF university account.
All electronically transmitted documents MUST BE sent using initials only and no client identifying info such as phone number and address.

FILE CHECK-OUT PROCEDURES

All client files must be checked out through clinic student assistants or supervisors. No client file information is to be removed from files or taken out of the clinic.

In the case of initial diagnostic testing, students may take copies of test protocol scoring and other analysis data home as long as there is no identifying client information (e.g., names) on the protocols. Original diagnostic test protocols should be filed immediately after testing and remain in client files even if they are still in the process of being scored and/or analyzed.

CLINICAL CLOCK HOURS

Students should keep an ongoing record of actual minutes spent in sessions and document on a weekly basis on the pink contact sheet in their clinic file. This documentation should also serve as the reference for completion of client contact hours on the clinical clock hours form completed at the middle and end of the semester. Minutes should not be rounded up. Students should use this documentation to calculate total number of clinical clock hours on the final practicum coversheet. In the case of diagnostic sessions, client contact minutes should be recorded separately for each student and the total number of minutes among group members cannot exceed the total time for sessions.

Final clock hours transferred to the final practicum coversheet at the end of the semester should be calculated in terms of total minutes or fraction of the hour accurate to the nearest .01 (one-hundredths) of an hour. For example, 50 minutes should be recorded as .83. Do not complete the calculation of supervised hours. This is to be completed by your supervisor.

Staffing hours from core meeting, case study presentation and supervisory meetings cannot be included as part of client contact clock hour calculations. Clinical clock hours can be obtained for counseling sessions.

WEEKLY CLINIC CLEAN-UP DUTIES

In addition to weekly clinic paperwork assignments, students are also assigned on a weekly basis for clinic clean-up duties. Students should refer to the clinic clean-up assignment list posted in their workroom for their assigned clean-up dates.

GRADING POLICY FOR THE COURSE

On the dates indicated in the clinic schedule included with this syllabus, a mid-term and final evaluation of each students' clinical skills will be completed in 8 different clinical areas (Counseling/Interviewing; Diagnostic Testing, Analysis and Interpretation; Diagnostic Report Writing; Therapy Planning; Interactions with Clients during the Therapy/Instruction Process; Therapy/Instructional Progress Report Writing; Self-Evaluation/Supervision; Personal/Professional Qualities) using a seven-point rating scale (1=Unsatisfactory; 7=Superior Skills). Copies of the evaluation forms to be used for midterm and final evaluations will be posted on Titanium. Final clinical practicum grades will be assigned based on students' performance in each of these areas. Plus-minus grading will be used. The following plus-minus grading formula will be used for assigning final practicum grades:
<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>6.71-7.00</td>
</tr>
<tr>
<td>A</td>
<td>6.31-6.70</td>
</tr>
<tr>
<td>A-</td>
<td>6.01-6.30</td>
</tr>
<tr>
<td>B+</td>
<td>5.56-6.00</td>
</tr>
<tr>
<td>B</td>
<td>4.96-5.55</td>
</tr>
<tr>
<td>B-</td>
<td>4.51-4.95</td>
</tr>
<tr>
<td>C+</td>
<td>4.06-4.50</td>
</tr>
<tr>
<td>C</td>
<td>3.46-4.05</td>
</tr>
<tr>
<td>C-</td>
<td>3.01-3.45</td>
</tr>
<tr>
<td>D+</td>
<td>2.71-3.00</td>
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<tr>
<td>D</td>
<td>2.31-2.70</td>
</tr>
<tr>
<td>D-</td>
<td>2.01-2.30</td>
</tr>
<tr>
<td>F</td>
<td>1.00-2.00</td>
</tr>
</tbody>
</table>

Please note that final grades for this clinic will not be submitted until: a) all required clinic paperwork/documents have been provided to the supervisor in the format (electronic or hard copy) as designated in Appendices B and C, and b) final clinic clean-up has been completed.

Students are responsible for checking in with the clinic grad assistant for final clinic clean-up duties during the last two weeks of the semester to schedule a time for clean-up and to receive assigned clinic duties.

**MIDTERM AND FINAL EVALUATIONS**

Midterm evaluations will be conducted after each student’s 4th or 5th individual client therapy/instruction session. As part of their midterm and final evaluations, students will be asked to complete, bring or email a number of different items/documents indicated in Appendices B and C. Students should also refer to these same two appendices for instructions on how to prepare self-evaluation ratings for clinic midterm and final evaluations.

**EXAMINATIONS (Dates, make-up policy, etc.)**

There are no examinations in this course other than that already described as part of the clinical evaluation process.

**REQUIRED TEXTS**

There are no required texts for this class. All of the required readings and clinical coursework prep materials for this course will be posted to Titanium and/or provided to students as needed by the clinical supervisor via email or hard copy form.

**OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES**

Recommended texts:

Additional clinical references/resources:

As previously indicated, additional readings and relevant clinical resources/references will be made available to students, as needed, by clinic supervisors through Titanium, existing speech clinic library/work-room materials, the multicultural resource lab, and clinical supervisor resources. Students are also expected to consult their academic textbooks from previous graduate and undergraduate classes as well as current research and professional association journal articles to assist with their planning of therapy/instruction and diagnostic testing sessions and incorporation of evidence-based clinical practice.

To assist with individual client preparation and planning, videotapes, audiotapes, and/or digital recordings of client interviews, counseling/therapy/instruction/testing sessions from previous semester clinic sessions are available through checkout from the relevant clinical supervisor. These recordings must be reviewed within the clinic and cannot be taken home.

In addition to the above, as with other clinical practica, students will have access to additional clinical materials (digital recorders, traditional audio cassette recorders, flashlights, stop-watches, mirrors, tests, and other clinic therapy materials, etc.) available to all student clinicians. A description of clinic checkout policies for this semester can be found in Appendix D. In addition to the regular clinic checkout times for clinic materials, students enrolled in 558c can also check out tests, books and other reference items from the regular clinic library and/or multicultural resource lab through their supervisor between the hours of 4-9:45pm on Tuesday and 4-8pm on Thursday. All materials, however, are still due back no later than 12 noon of the following day. Therapy materials cannot be checked out.

EXTRA CREDIT OPTIONS

There are no extra credit options for this clinic.

ADDITIONAL COURSE INFORMATION

| Students with Special Needs: | Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending required clinic meetings, carrying out clinic assignments or responsibilities, including written clinic documentation. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. For more information about students’ rights for accommodations due to documented special needs, contact the Disabled Student Services Office in UH 101 at 657-278-3117 or go to www.fullerton.edu/disabledservices |
| Academic Dishonesty Policy: | Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill that he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess... |
reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/](http://www.fullerton.edu/senate/).

**Campus Emergency Preparedness Info:**

**Emergency:** In the event of emergency, contact the University Police at 9-1-1. All campus phones and cell phones on campus reach the University Police Department.

**Non-Emergencies University Police:** (657) 278-2515

**Environmental Health & Instructional Safety:** (657) 278-7233

**Fullerton Campus Operation & Emergency Closure Line:** For 24-hour recorded emergency information, call (657) 278-0911 or (657) 278-4444.

**Irvine Campus Operation & Emergency Closure Line:** (657) 278-8676

**Campus Emergency Notification:** AM Radio 1620

**For more information online:** [http://www.fullerton.edu/emergencypreparedness/ep_students.html](http://www.fullerton.edu/emergencypreparedness/ep_students.html)

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

**Before an emergency occurs:**

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

**When an emergency occurs:**

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area. Remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

**After an emergency occurs:**

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at [http://www.fullerton.edu](http://www.fullerton.edu), calling the University's hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

**Two week plan for distance instruction should on-campus instruction be interrupted:** In case of instruction interruption, please check the course Titanium site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Titanium groupings), and text and electronic readings. Students should also check the university’s
emergency information website (see previous “Emergency Info” section) for any additional
instructional meeting information.

**Disclosure of client video/audiotapes, written reports and other client file information**
As previously indicated, students are reminded that all written, video- and/or audio-taped clinical case
information presented or shared in this clinical practicum through video review/observation and/or
written documents posted on Titanium as part of the regular clinical training process is confidential an
should not be discussed and/or shared in any format (verbally, written, visually, or electronically with
outside of the classroom setting (including other peers, instructors, administrators, professionals, etc.).
addition, no portion of a client’s file should be removed from the clinic. Copies of newly obtained test
protocol data that is in the process of being analyzed may be taken home until the final analysis is
complete but cannot contain any identifying client information. All originals must remain in the
client’s file.

**Mandatory Reporting of Child Abuse:** Effective January 1, 2013, all CSU employees are
mandated per Executive Order 1083 to suspected child abuse whenever they observe or have
knowledge of a child that the employee “knows or reasonably suspects to have been a victim of
child abuse or neglect including physical injury, sexual abuse, neglect, willful harming, injuring or
endangering a child, or unlawful corporal punishment/injury willfully inflicted upon a child resulting
in a traumatic condition. Whenever you witness an event that you feel falls within one of these
categories of abuse or have suspicion about possible child abuse, you need to inform your supervisor
immediately who has the responsibility to follow through with the reporting as appropriate to the
University Police.

**Universal Healthcare Requirements:** In accordance with universal healthcare requirements,
students should follow certain common clinical practice procedures such as using gloves at all times
when conducting an oral-mechanism exam or any other type or procedure where they may come into
contact with blood or other bodily fluids with visible blood. Eye and mouth protection (e.g., a mask)
is also recommended if you are working with a client and blood, saliva or other bodily fluid
splashing is possible. Wash your hands before and after working with clients. Protect any wounds,
sores, or skin abrasions with gloves, a waterproof dressing or both (ASHA as cited in Hegde &
Davis, 2005; Hegde & Davis, 2005). Stay home if you are ill. Clinicians should also wipe down
tables, chairs, and doorknobs with the antiseptic towels located in each clinic room. Check with
parents before giving food to children to ensure that you have their approval and the child does not
have any allergy or food/diet restrictions. Refer to other relevant clinical/professional standards and
information postings in the clinic therapy rooms for more guidelines on important health and safety
precautions.


**Clinic Attire:** Appropriate professional attire is required for all diagnostic evaluation and
therapy/instruction sessions. Out of respect for our clients and the professional atmosphere of
the clinic, attire should be dressy casual. Attire such as sweat-suits, flip-flops, blue jeans, low-rise pant
tank tops, t-shirts, sneakers, and tight attire that reveal too much while engaged in sitting, standing,
leaning over and other clinic activities are highly discouraged because they do not to reflect, for many
clients, and the profession, appropriate attire. In addition, if you do have tattoos or body piercing,
they should be minimally conspicuous or visible during client contacts/interactions. If you have any
questions regarding what would considered to be the most appropriate professional attire, you are
couraged to talk with your supervisor and/or your peers for their feedback.

**Fieldwork Requirement:** None outside of that already specified in this syllabus.
## 16-WEEK SCHEDULE

**Abbreviations Key:**  
*Tx/Instruc*=Therapy/Instruction; *Dx*=Diagnostic  
*I/T*=Interpreter/translator; *LP*=Lesson plan

<table>
<thead>
<tr>
<th>WEEK</th>
<th>ACTIVITIES</th>
<th>DOCUMENTS DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/28</td>
<td><strong>TUESDAY</strong></td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Large Core:</td>
<td>Clinic Overview, Introductions, Student info paperwork</td>
</tr>
<tr>
<td></td>
<td>Small Core:</td>
<td>Syllabus review, Tx/Instruc Overview #1, Rationale Plan, Baseline LP, Initial Client Interview</td>
</tr>
<tr>
<td></td>
<td>Mtgs:</td>
<td>Indiv supv-clin interviews</td>
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<td></td>
<td><strong>THURSDAY</strong></td>
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<tr>
<td></td>
<td>Mtgs:</td>
<td>Indiv supv mtgs: Client assign</td>
</tr>
<tr>
<td></td>
<td>Student planning &amp; prep:</td>
<td>File &amp; video review</td>
</tr>
<tr>
<td>2/4</td>
<td><strong>TUESDAY</strong></td>
<td>Baseline LP (Draft #1) Interview (Draft #1) Rationale (Draft #1) Client mailings, contact and file documentation</td>
</tr>
<tr>
<td></td>
<td>Core:</td>
<td>Using I/Ts-Case Hx &amp; Testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>THURSDAY</strong></td>
</tr>
<tr>
<td></td>
<td>Mtgs:</td>
<td>Baseline LP1 (Draft #2) Interview (Draft #2) Rationale (Draft #2)</td>
</tr>
<tr>
<td></td>
<td>Indiv supv mtgs</td>
<td>Student planning &amp; prep File &amp; video review</td>
</tr>
</tbody>
</table>
2/11  **TUESDAY**

**Core:**
- Tx/Inst Post-Session 1
- Using I/Ts to assist with analysis/transcription; Using I/Ts to assist w/therapy
- Baseline LP1 (Draft #3)
- Interview (Draft #3)
- Reflect Journal A
- File documentation: Tx/Inst client contact if relevant

**Mtgs:**
- Indiv superv mtgs
- I/T mtgs #1 as needed

**THURSDAY**

**Mtgs:**
- Indiv superv-clin
- I/T mtgs #2 as needed
- Baseline LP1 (Final Draft)
- Interview (Final Draft)
- File documentation: Tx/Inst client contact if relevant

2/18  **TUESDAY**

**Client session #1:**
- Interview/
- Baseline testing
- File documentation

**Core:**
- Dx Case Hx, Agenda and Testing

**Mtgs:**
- Dx grp mtgs: Dx client assignments
- Begin drafting Dx Case Hx & Agenda #1

**THURSDAY & TBA**

**Mtgs:**
- Indiv superv mtgs
- Dx grp mtgs w/supervisor consult as needed
- LP2 (Draft #1 & 2)
- Datalog (Draft #1 & 2)
- Reflection Journal B
- Rationale (Draft #3)
- File documentation
TUESDAY

**Client session #2:**
*Baseline testing/therapy-inst*

Testing

**Core:**
None

**Mtgs:**
*Dx grp mtgs; Supervisor feedback on #1 drafts; Begin drafting Dx Case Hx & Agenda #*

THURSDAY & TBA

**Mtgs:**
*Indiv supv mtgs*  
*LP3 (Draft #1 & 2)*  
*Dx grp mtgs w/supv consult as needed*  
*Datalog (Draft #1 & 2)*  
*Rationale (Final draft)*  
*Dx client contact & mailing*  
*File documentation: Dx & Tx/Inst client*

3/4

TUESDAY

**Client Session #3:**
*Therapy/Inst*

File documentation

**Core:**
None

**Mtgs & client prep/planning**
*Dx grp mtgs; Supervisor feedback on #2 drafts; Begin drafting Dx Case Hx & Agenda #; Dx I/T mtgs #1 if relevant*

THURSDAY & TBA

**Mtgs & client prep/planning**
*Indiv supv mtgs*  
*LP4 (Draft #1 & 2)*  
*Dx grp mtgs w/supv consult as needed*  
*Datalog (Draft #1 & 2)*  
*Dx I/T mtgs #2 if relevant*  
*Reflect Journal C (Session #3)*  
*File documentation*
TUESDAY

Client session #4:
Therapy/Inst
Dx Case Hx & Agenda #2

Core:
None

Mtgs & client prep/planning:
Dx grp mtgs: Supervisor feedback on #3 drafts & Intro script; Finalize Dx Case
Hx, Agenda #2 & Intro script
Dx I/T mtgs #3 if relevant

THURSDAY & TBA

Mtgs & client prep/planning
Indiv superv mtgs
Dx grp mtgs w/supv consult
Dx I/T mtgs #2 if relevant
LP5 (Draft)
Datalog
Reflect Journal C (Session #4)

3/18

TUESDAY

Dx Client Sessions
Peer evals #2
Dx client file documentation

Core:
None

THURSDAY & TBA

Dx Client Sessions
Peer evals #1
Dx client file documentation

3/25

TUESDAY

Client session #5:
Therapy/Inst
File documentation

THURSDAY & TBA

Mtgs & client prep/planning
Indiv superv mtgs via email
Midsemester evals
LP6 (Draft)
Datalog
Reflect Journal C (Session #5)
Student mid-semester eval & client
4/1  SPRING BREAK

4/8  TUESDAY

Client session #6:
Tx/Inst

Core:
Dx Rpt Analyses/Writing

Mtgs and client prep/planning
Dx grp mtg (Post-Dx #1): Meet with supervisor to discuss Dx analysis/report writing process; Begin draft of interview transcript, initial Dx analyses and Dx report outline

THURSDAY & TBA

Mtgs & client prep/planning
Indiv superv mtgs
Dx grp mtgs w/supv consult
Post-Dx I/T mtgs if relevant

LP7 (Draft)
Datalog
Reflect Journal C (Session #6)
File documentation
Dx Rpt Outline #1

4/15  TUESDAY

Client session #7:
Tx/Inst

Core:
Follow-ups and Prog Rpt

Mtgs and client prep/planning
Dx grp mtg (Post-Dx #2): Supv feedback on full Dx Rpt draft #1; Begin drafting Dx Rpt draft #2

THURSDAY & TBA

Mtgs & client prep/planning
Indiv superv mtgs
Dx grp mtgs w/supv consult
Post-Dx I/T mtgs if relevant

LP7 (Draft)
Datalog
Reflect Journal C (Session #7)
FLP8 (Draft)
4/22

**TUESDAY**

**Client session #8:**
Follow-up testing
File documentation
Full Dx Rpt #2

**Core:** Tx-Inst HP; Dx HP
Full Prog Rpt (Draft #1)

**Mtgs and client prep/planning**
Dx grp mtg (Post-Dx #3): Supervisor
feedback on full Dx Rpt draft #2;
Begin drafting Dx Rpt draft #3 and Dx HP

**THURSDAY & TBA**

**Mtgs & client prep/planning**
Indiv supv mtgs
Datalog
Dx grp mtgs w/supv consult
Reflect Journal D (Session #8)
Post-Dx I/T mtgs if relevant
File documentation
Full Prog Rpt (Draft #2); HP Outline

4/29

**TUESDAY**

**Client session #9:**
Final Tx/Inst Session
File documentation
Full Dx Rpt Draft #3
Dx HP Outline
Full Tx/Inst HP (Draft #1)

**Core:** Tx/Inst Sharing

**Mtgs and client prep/planning**
Dx grp mtg (Post-Dx #4): Supervisor
feedback on full Dx Rpt draft #3;
Begin drafting Dx Rpt goals/recommendations
and HP outline

**THURSDAY**

**Mtgs & client prep/planning**
Indiv supv mtgs
File documentation
Dx grp mtgs w/supv consult
Full Tx/Inst HP Draft #2
Post-Dx I/T mtgs if relevant
Full Dx HP (Draft #1)
5/6  
**TUESDAY**

*Client Make-up Session #1:*
File documentation  
Dx Rpt Full Draft w/goals and recommendations; Full Dx HP (Draft #2)  
Full Prog Rpt and HP #3

*Core: None*

**THURSDAY**

*Mtgs & client prep/planning*
*Indiv supv mtgs*  
File documentation  
*Dx grp mtgs w/supv consult*  
Full Dx HP (Draft #3)
*Post-Dx I/T mtgs if relevant*

5/13  
**TUESDAY**

*Client Make-up Sessions #2:*
File documentation  
Tx/Inst Full HP Draft #2  
Final case hx transcript/analyses and Dx Rpt editing; Full Dx HP #3

*Core: Final peer and supv evals*

**THURSDAY**

*Mtgs & client prep/planning*
*Indiv supv mtgs*  
File documentation  
*Dx grp mtgs w/supv consult*  
Final Prog Rpt & Tx/Inst HP Editing
*Post-Dx I/T mtgs if relevant*

5/20  
**TUESDAY**

*Client counseling sessions*
File documentation

**THURSDAY**

*Final student evals*  
Final student eval and client/file docs
*Final clinic clean-up*
558C SYLLABUS ADDENDUM

SUMMARY OF CLINIC WORKLOAD EXPECTATIONS

As you are probably aware, the CSUF Multicultural Clinic, similar to the public school and off-campus practica is a fairly demanding clinical experience and is likely to take more time compared to that of other in-house graduate clinics. There are several reasons for this.

1) A key clinical competency of this clinic is the ability to conduct culturally and linguistically appropriate informal and formal assessments through the use of various assessment procedures beyond just standardized tests. In current clinical practice, there is an increasing emphasis on comprehensive assessments that base clinical decisions using multiple sources of data including both formal and informal measures, with informal assessments being even more important with CLD client populations for which there are no appropriate existing standardized measures. Many of assessments used in this clinic as part of this clinical training skill (e.g., informal, non-standardized, alternative assessments and translated/modified test administration, scoring and interpretation) will take more time to develop, administer and interpret than traditional standardized assessment procedures where scoring and analysis procedures are already established using pre-established norms.

2) When working with bilingual/multilingual clients and/or clients with parents/caregivers who primarily speak a language other than English, interviews, counseling sessions and in many cases the testing will need to be completed in more than one language, or in a language other than English with ongoing interpretation and translation from a bilingual interpreter/translator. This often makes the process of interviewing, counseling, and testing twice as long as it would take to do the same process in one language without the assistance of an interpreter/translator. The same principle applies with the analysis of data obtained in more than one language and/or in a language where consultation with an interpreter/translator is essential to final diagnosis and interpretation. In those cases where an interpreter/translator must be used, time will also have to be devoted to the training and preparation of that individual to assist with the interview, counseling or assessment process.

3) This clinic also emphasizes the importance of using culturally sensitive and appropriate intervention/instructional materials that are tailored to the specific cultural and linguistic backgrounds of clients. The process of finding and/or developing such materials is something that can involve more time that what you are used to in other clinics.

4) In light of the changing nature of our profession (e.g., the growing number of families challenging special education placements and assessments through due-process and other legal hearings), this clinic places a great emphasis on generating reports that are accurate, and strong enough to withstand any legal or due process hearing proceedings should we ever be called upon to participate in such. The latter is particularly important in those cases where clients have contacted our clinic for an outside second opinion assessment and/or are already in the middle of an ongoing IEP due process hearing or other legal proceedings.

As a result, students will be asked to do ongoing revisions of written documents and analyses (up to three drafts for most documents, except on those rare occasions where the complexity of the case and/or student needs dictate more). In those cases where more than the typical number of drafts is required, the supervisor will take the primary lead in editing/completing the analysis with
consultation from the student until the supervisor feels that the final document is acceptable from a legal and/or professional standards perspective.

Although the workload in this clinic may seem more than you have experienced in the past with other clinics, it should fall within the university course-load expectations for lab classes which as specified in the “Enrollment Regulations” section of the university’s on-line course catalogue typically involves 3 hours of lab-related activity plus one hour of study outside of class for each credit. For more information regarding units of credit, go to the following on-line course catalogue link: http://www.fullerton.edu/catalog/pdf/University_Regulations.pdf

Given the fact that this is a 3-unit course, students should expect to spend an average of 12 hours per week (3 lab class hours +9 additional out of class hours) for clinic related activities (client sessions, weekly supervisory meetings, core meetings, diagnostic group meetings, file documentation, videotape review and data analysis, lesson plan preparation, report writing, clinic material preparations, interpreter/translator training/debriefings). The following are some general weekly time expectations for this clinic. The following is only meant to serve as a general guide of minimum clinic workload expectations as each student’s needs will differ. The amount of time needed each week will also vary somewhat throughout the semester dependent on the types of clinical activities and documents required):

**Week 1**
- Clinic core (3 hours)
- Supervisory meeting (.5 hours)
- Therapy/instruc prep and planning (8.5 or more hours)

**Weeks 2 & 3**
- Clinic core meeting (2 hours)
- Supervisory meetings (1.5 to 2 hours)
- Therapy/instruc prep and planning (8.5 or more hours)

**Weeks 4 through 7**
- Clinic core and diagnostic group meetings (2.5 hours)
- Client meetings (1 hour)
- Supervisory meetings (1.5 hours)
- Therapy/instruc and Dx prep and planning (7 or more hours)

**Week 8 (Dx Testing)**
- Client diagnostic evaluations (3-4 hours)
- Supervisory meetings: Midsemester Evals (1.5 hours)
- Therapy/instruc planning and Dx analysis (6.5 or more hours)

**Weeks 9 through 15 (excludes semester break)**
- Clinic core and diagnostic group meetings (2.5 hours)
- Client meetings (1 hour)
- Supervisory meetings (.75-1.5 hours)
- Therapy/instruc and Dx planning, analysis and report writing (7.75 or more hours)

**Finals week**
- Final counseling sessions (3-4 hours)
- Clinic clean-up (2 hours)
- Final file documentation and eval meetings (7-10 hours)
Over the course of the semester, the average amount of time that you spend in this clinic weekly should still come out to no more than 12 hours for most students. The scheduled time periods for this clinic (6 hours on Tuesday and 4 hours on Thursday) are established to help students use regular clinic times to complete the majority of the clinic requirements so plan to put aside those times for within clinic work. The latter also enables students to use clinic resources, many of which are confidential, within the confines of the clinic.

If you find that the total amount of time required for clinic related duties regularly exceeds the 12-hour expectations (e.g., more than 3 weeks out of the semester), you are strongly encouraged to discuss this issue with your primary supervisor know so that she or he can sit down to discuss strategies for best prioritizing your time. It is also possible that your supervisor may request periodic self-evaluations of your time commitments to specific clinic tasks in order to help prioritize those aspects of tasks that are most important to getting that task done. In some cases, your supervisor may work directly with you to establish a time-management or alternative plan for completing work assignments so that you are able to work through assigned tasks without spending more than the expected time/workload for those tasks.
SYLLABUS APPENDIX A

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard III: Program of Study-Knowledge Outcomes</strong></td>
</tr>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
</tr>
<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
</tr>
<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
</tr>
<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
</tr>
<tr>
<td><strong>Standard IV-F:</strong> Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.</td>
</tr>
<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
</tr>
<tr>
<td>1. <strong>Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services</td>
</tr>
<tr>
<td>2. <strong>Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
</tr>
<tr>
<td>3. <strong>Interaction and Personal Qualities:</strong> a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
</tr>
</tbody>
</table>

*More information can be found at:

http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm
SYLLABUS APPENDIX B

THERAPY/INSTRUCTION CLIENT
MID-SEMESTER AND FINAL EVALUATION DOCUMENTS

Midterm Self-Evaluation and Documents

a) A self-evaluation of clinical skills by identifying one strong and one weaker clinical competency in Skill Areas I, II (Items A-C only), IV, V, VII, and VIII of the clinical practicum rating form (put a + for the identified strong skill and – for the identified weak skill in each area)

b) Videotape/DVD recording from therapy/instruction session #1 (initial interview)

c) Back-up audiotape/digital audio recording from therapy/instruction session #1 (initial interview)

d) Videotape/DVD/audio-file of any additional sessions requested by the supervisor

d) Therapy/instruction client file with all of the following information filed

   a. Semester therapy/instruction rationale plan
   b. Initial interview questions (if not included as part of the summary)
   c. Initial session interview summary
   d. Weekly lesson plans for all sessions up to the mid-semester eval with the most current filed on top
   e. Weekly progress notes for all sessions up to the mid-sem eval
   f. Most current data-log from data from all sessions up to the mid-sem eval
   g. Pink contact sheet with all client contacts (face-to-face, phone, email), cancelled/rescheduled appointments, mailings, payments and parking pass dispersals recorded for all contacts made prior to the mid-semester eval; Length of sessions (in total minutes or start time to end time) should be included for all sessions
   h. Updated client information form
   i. Signed semester parking pass agreement for the current academic year
   j. Signed financial agreement form (for first time clients)
   k. Copy of scholarship application form and/or approval (if applicable, get copy from supervisor)
   l. Any written correspondence sent or received during the current semester (e.g., copies of therapy appointment letter and any other mailed/emailed correspondence, IEPs, outside evaluation/therapy reports or records with an accompanying signed request consent form if relevant)

e) E-copy of the following final approved therapy/instruction documents: Make sure all identifying info such as names, addresses, phone numbers are removed; Put the word “FINAL ___” in the subject line heading of your emailed copies; Send emailed documents through your CSUF university email account using initials only

   a. Rationale plan
   b. Initial client interview questions (without accompanying answers/responses)
   c. Initial client interview summary
   d. Lesson plans #1-5
   e. Reflection journal for sessions #1-5

f) Completed “558c Tx and Dx Contact Minutes Documentation” worksheet
SYLLABUS APPENDIX B
(CONTINUED)

**Final Self-Evaluation and Documents**

a) A self-evaluation of one’s own clinical skills by identifying **one strong and one weaker** clinical competency skill across all 8 clinical rating areas (put a + for the identified strong skill and – for the identified weak skill in each area)

b) Videotapes/DVDs of therapy/instruction sessions #6-8 (taped over sessions #3-5 if using video unless otherwise requested by supervisor)

c) Videotape/DVD recording of therapy/instruction client sessions #9 (final eval session) and #10 (final counseling session) on same tape as session #1 if using video

d) Back-up audiotapes/CDs/digital audio recordings of therapy/instruction client sessions #9 (final eval session) and #10 (final counseling session)

e) Hard copy of therapy/instruction client home program for the MC Lab

f) Therapy/instruction client file with all previously required updated documents (up to date lesson plans, progress notes, pink contact sheet) plus the following:
   a. Therapy/instruction progress report **(with name, address and phone # included)**
   b. Final counseling session summary

g) E-copy of final approved therapy/instruction documents: **Make sure all identifying info such as names, addresses, phone numbers are removed; Put the word “FINAL ___” in the subject heading of your emailed copies; Send emailed documents through your CSUF university email account using initials only**
   a. Lesson plans #6-9
   b. Final data log
   c. Final counseling session summary
   d. Therapy/instruction progress report
   e. Home program
   f. Reflection journals for sessions #6-9

h) Updated “558c Tx and Dx Contact Minutes Documentation” worksheet and final clinical practicum clock hours sheet (reported in minutes) with top coversheet (reported in hours calculated to the nearest hundredths of an hour)
SYLLABUS APPENDIX C

DIAGNOSTIC CLIENT
MID-SEMESTER AND FINAL EVALUATION DOCUMENTS

Midterm Self-Evaluation and Documents

a) Diagnostic client file with all of the following filed:
   a. Signed consent form
   b. Diagnostic agenda
   c. Any written correspondence sent or received during the current semester (e.g., copies of diagnostic appointment letter and any other mailed/emailed correspondence, IEPs, outside evaluation/therapy reports or records with an accompanying signed request consent form if relevant)
   d. Pink contact sheet with all client contacts (face-to-face, phone, email), cancelled/rescheduled appointments, mailings, payments and parking pass dispersals recorded for all contacts made prior to the mid-semester eval

b) E-copy of the following final approved diagnostic documents: Make sure all identifying info such as names, addresses, phone numbers are removed; Put the word “FINAL ___” in the subject line heading of your emailed copies; Send emailed documents through your CSUF university email account using initials only
   a. Diagnostic agenda
   b. Diagnostic intro script
   c. Diagnostic case history interview questions

Final Self-Evaluation and Documents

a) Videotapes/DVD recordings from diagnostic evaluation interview, testing and counseling sessions
b) Audiotapes/CD/digital recordings from diagnostic evaluation interview, testing, and counseling sessions
c) Hard copy of diagnostic client home program for the MC Lab
d) Diagnostic client files with all of the previously filed documents (filed during midterm) plus the following:
   a. Diagnostic evaluation report (with name, address and phone # included)
   b. Diagnostic testing protocols and language samples
   c. Numbered diagnostic interview transcript
   d. Final counseling summary
e) E-copy of final approved diagnostic documents: Make sure all identifying info such as names, addresses, phone numbers are removed; Put the word “FINAL ___” in the subject heading of your emailed copies; Send emailed documents through your CSUF university email account using initials only:
   a. Diagnostic evaluation report
   b. Diagnostic home program
   c. Numbered diagnostic interview transcript
   d. Client speech and/or language samples
   e. Final counseling summary
SYLLABUS APPENDIX D

CHECK OUT POLICY FOR CLINIC TESTS AND MATERIALS

1. **THERAPY MATERIALS** (eg: games, workbooks, picture cards, etc.) MAY NOT be checked out. Please keep all therapy material in the clinic for everyone’s use.

2. **ASSESSMENT TOOLS** MAY be checked out to **on-campus clinicians only** using the following protocol:
   - You can check out 2 tests at a time.
   - Please “check out” tests between **3:00 and 3:45 p.m. Mon-Thursday**.
   - The clinic student assistant or other clinical staff (supervisors, clinic administrative assistant) will complete the check out process.
   - In the “check out” book, the student clinic assistant will write the names of the tests (including all of its parts) that you are borrowing, your name and phone number.
   - Please return the tests in the exact condition as when you checked them out.
   - Please return the tests by **12:00p.m. the next day** (or Mon. if checked out on Thursday), unless given other instructions. You need to check to see if the test you are borrowing will be used in clinic the next morning (the clinic student assistant has a list). If it is, you need to return the test by **9:00a.m. the next day** rather than 12:00.
   - The clinic student assistant does not need to be there when you return the tests. If he/she is there, he/she will follow a check-in procedure with you. If he/she is not, you can place the tests you are returning in the green basket for returned materials. Later, the clinic student assistant will process your return in the check-out book and check to see if all parts are there and will sign that the tests have been received. **Please do not put the tests back in the workroom yourself when you return them.**

3. **BOOKS** in the clinic library (150-3) and/or from the multicultural lab (150-14) may be checked out for up to **1 week** at a time. In those cases where books need to be available to more than one user at the same time, the maximum loan period is **2 days**. All other books in the library are either reference books or therapy materials books that are there for you to use in the clinic and MAY NOT be checked out. The books that may be checked out will not have any sticker on them. Those that have a red sticker on them with “REF” on it may not be checked out.

4. **VIDEOS and CDs**-some can be checked out and some cannot. The check-out process will be the same as the test check out procedures.
   - You MAY check out the **clinical session videos for up to 2 days.**
   - You MAY check out **informational videos for 2 days** (ie: SFA video)
   - **Therapy programs** (ie Earobics) MAY NOT be checked out.

5. If you would like to photocopy therapy materials (eg: pages from a workbook) you may ask the clinic student assistant to copy up to **10 pages per week**. Fill out a green request form (near water cooler) and submit it to the clinic assistant in the appropriate box. For anything beyond 10 pages, please go to the library or the pulse to make them and return the material(s) before the clinic closes.
HCOM 559A/B: Advanced Clinical Practicum

Spring Semester 2013

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators

After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

Outcome 3: Committed and Caring Professionals
- become change agents
- maintain professional and ethical standards
- become life-long learners

Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: HCOM 458, 542, 558A; admission to the graduate program in communicative disorders; and approved Clinical Practicum Plan. Advanced clinical practice under supervision with children and/or adults. Off-campus program in hospitals, clinics, and other rehabilitative facilities. Approximately 150 clinical clock hours for HCOM 559A and 50 hours per unit for HCOM 559B.

COURSE OBJECTIVE

This practicum provides students who have completed at least one on-campus clinic with additional supervised clinical experience in an off-campus site. The objective is to work toward competency in additional KASA clinical skills areas. The completion of HCOM 559A and either HCOM 489A or HCOM 559B should provide students with the opportunity to meet all necessary skill-based competencies, with the exception to those related to hearing.

STUDENT LEARNING GOALS

1. The student will achieve additional competencies in the assessment and diagnosis of communicative and/or swallowing disorders sufficient to meet all speech, language, cognitive, and swallowing competencies after the completion of HCOM 559A and either HCOM 559B or HCOM 489B.
2. The student will achieve additional competencies in the treatment of communicative and/or swallowing disorders sufficient to meet all speech, language, cognitive, and swallowing competencies after the completion of HCOM 559A and either HCOM 559B or HCOM 489B.
3. The student will demonstrate the ability, with supervision, to function as a member of the clinical staff in particular setting to which they have been assigned.
4. The student will consistently demonstrate behavior that supports the delivery of effective professional services to the clients or patients to which they are assigned.
5. The student will follow all rules, regulations, codes, and laws relative to professional behavior set forth by the American Speech, Language, and Hearing Association, the Board of Medical Quality, and the organization to which they are assigned.
6. The student will report regularly to the university faculty member to whom they are assigned. All unplanned absences will be reported in advance to the appropriate personnel in the facility to which they are assigned, and they will be reported to the university faculty member to whom the student is assigned as well.

PLANNED ASSIGNMENTS

See Weekly Schedule.

GRADING POLICY FOR THE COURSE

Plus/minus grading is not used in this course. Each activity is assigned a grade, which is converted to a grade point (A = 4.00) and then weighted as indicated below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written paper work</td>
<td>25%</td>
</tr>
<tr>
<td>Clinical skills</td>
<td>75%</td>
</tr>
</tbody>
</table>
The weighted grade points are summed, and the sum is converted to a semester grade using plus/minus system.

Students’ integrity and honesty now reflects directly upon their ability to act ethically in the future as a speech-language pathologist. Therefore, students in the class will be held to the highest standards of honesty and integrity in all matters of service delivery, communication, and documentation.

EXAMINATIONS (Dates, make-up policy, etc.)

There are no examinations in this course. Your objective is to achieve clinical competencies, especially in those areas in which competencies have not been achieved previously.

REQUIRED TEXTS

None required.

OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

None required.

REQUIRED MATERIALS AND EQUIPMENT

None required.

EXTRA CREDIT OPTIONS

There are no extra credit options in the course.

COUNTING OF CLINICAL CLOCK HOURS

For the purpose of counting clinical clock hours, conference time does not count. In addition, only the time spent on a particular patient or client counts. In other words, you cannot “round up” to the nearest hour. For example, if you spend 45 minutes with a client or patient and the rest of the hour is spend on activities unrelated to that client or patient, you should count the hour as a fraction such as 0.75 hour.

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.
**Academic Dishonesty Policy:** Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/](http://www.fullerton.edu/senate/).

**Two week plan for distance instruction should on-campus instruction be interrupted:** (adapt as appropriate) In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

**Attendance Policy**

You are required to notify your direct supervisor and your faculty member in advance of missing any scheduled meetings or other activities involved in the practicum.

**In the event of emergency,** contact the University Police at 657-278-3333 if you are on campus. Follow the expected procedure for your site if you are there.

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**WEEKLY SCHEDULE**

<table>
<thead>
<tr>
<th>Week of</th>
<th>Requirement</th>
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</thead>
</table>
| 01/28   | 1. Give supervisor(s) a preview copy of the *Practicum Evaluation Rating Summary Form* and the *Key for the Practicum Evaluation Form* to be used at midterm and at final time.  
2. Submit completed *Student/Supervisor Site List* by end of week and return it to Kurt Kitselman.  
| 02/04   | Submit *Weekly Status Report*. |
| 02/11   | Submit *Weekly Status Report*. |
| 02/18   | Submit *Weekly Status Report*. |
| 02/25   | Submit *Weekly Status Report*. |
| 03/04   | Submit *Weekly Status Report*. |
| 03/11   | 1. Arrange with your supervisor(s) to complete the midterm *Practicum Evaluation Rating Summary Form* and to conference with you. You should review the total number of hours achieved at this time and make adjustments in your scheduling to ensure that you complete the required number of hours.  
2. Submit *Weekly Status Report*. Item V. (Notes and Comments) should indicate the date on which the midterm conference took place and who has the completed form. |
<table>
<thead>
<tr>
<th>Date</th>
<th>Submission Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/18</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
<tr>
<td>03/25</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
<tr>
<td>04/01</td>
<td>Submit <em>Weekly Status Report.</em> <strong>It is not assumed that you have this week off from your clinic unless it has been mutually agreed upon at the start of the semester since you are responsible for patient care.</strong></td>
</tr>
<tr>
<td>04/08</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
<tr>
<td>04/15</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
<tr>
<td>04/22</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
<tr>
<td>04/29</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
<tr>
<td>05/06</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
<tr>
<td>05/13</td>
<td>Submit <em>Weekly Status Report.</em></td>
</tr>
</tbody>
</table>
| 05/20  | 1. Arrange with your on-site clinical supervisor(s) to complete the final *Practicum Evaluation Rating Summary Form* and to conference with you. You should review the total number of hours achieved at this time. Both the onsite supervisor and you sign the last page of the evaluation rating form.  
   2. Submit the following to Kurt Kitselman:  
      a. *Weekly Status Report.* Item V. (Notes and Comments) should indicate the date on which the final conference took place and who has the completed form.  
      b. *Practicum Clock Hours Record Sheets* with a completed *Summary of Practicum Clock Hours* form. All parts should be completed and signed by your direct clinical supervisor on appropriate lines.  
      c. *Practicum Evaluation Rating Summary Form* completed by your supervisor and signed by both you and your supervisor  
      e. A checklist of items to be turned in (download and print the checklist from Blackboard Course Documents section). |

You will receive an SRI on the faculty member coordinator (Kurt Kitselman) for this clinic practicum in the mail. Please complete it and return it in the stamped return envelope to the department secretary. Your instructor will not see these forms until after grades have been turned in.
**Education Unit Conceptual Framework**

*a transformational journey toward educational advancement and achievement*

**Core Values**

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

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**Student Outcomes and Indicators**

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**

- demonstrate strong foundation in subject matter or field of study
- demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**

- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

**Outcome 3: Committed and Caring Professionals**

- become change agents
- maintain professional and ethical standards
- become life-long learners

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The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION

Prerequisites: HCOM 577 and admission to the graduate program in communicative disorders. This class will focus on communication disorders in children with autism spectrum disorders (current theories, diagnostic process, co-occurring conditions, the role of speech-language pathologists in multidisciplinary approaches to assessment and intervention planning, critical review of relevant research). Emphasis placed on the development of critical thinking and analytical skills related to the assessment and treatment of communication disorders in children with autism spectrum disorders.

COURSE OBJECTIVE

This course is designed to provide students with an overview of autism spectrum disorders. This class will cover current research, theory, and multidisciplinary assessment and intervention issues pertain to individuals with autism spectrum disorders.

STUDENT LEARNING GOALS

Students who completed this class successfully will demonstrate:

1. Knowledge on the current theories on autism as related to Communicative Disorders
2. Knowledge on the autism diagnostic processes
3. Knowledge on the communication assessment of children with autism
4. Knowledge on the communication intervention planning
5. Knowledge of the evidence based intervention for children with autism

PLANNED ASSIGNMENTS

1. Three, two-three page written research article reviews (10% each): Students must write a two-three page (12 font, double spaced) summary of three peer reviewed data-based research articles dealing with verbal/nonverbal communication development, assessment, and/or intervention concerns of ASD. At the top of your summary, provide the source of the paper following the APA Publication Manual (6th edition) reference citation format.

Example:

You may select three papers from the required reading, recommended reading or do your own library search
using on-line search tools (e.g., PubMed, PsychInfo, etc.). Select three articles excluding a review paper, tutorial, or Brief Research Note.

• Submit your summary along with your article that contains your high lights, comments, etc.
• Your summary should include research questions (i.e., Hypotheses), participant description, Methods, Results, and your assessment of the article (weakness and strengths, clinical implications, etc.).

Link the hypotheses to the results. Describe the results in terms of statistical analyses used (e.g., correlations, ANOVA, MANOVA, Multiple Regression, etc.) and statistical significance (e.g., $F(2, 6) = 6.28, p < .01$).

Example: This study examined the intervention intensity hypothesis. It was predicted that low functioning children with autism who received 10 hours of communication intervention will improve their spontaneous speech production significantly more than children who received 3 hours of intervention per week. The intervention outcome was measured in number of words produced spontaneously during play session with the clinician. Data were analyzed using an ANOVA. Results were children in the 10 hour intervention group produced more words than the ones in the 3 hour intervention group, $F(1, 48) = 7.5, p < .05$.

**Due dates:** 2/19/13, 3/5/13, 3/12/13

2. Assessment assignment (10%): This assignment involves the development of assessment plan based on a brief case description that will be provided for you. The client will be for a preschool, school-age or high-school student with communicative disorders with or without autism. A client profile will be provided to each student by the instructor. Your task is to:

   a) develop your clinical hypotheses:
      - primary vs secondary language disorder
      - deficit language domains (morpho-syntactic, semantic, pragmatic disorder)
      - deficits in receptive language, expressive language, receptive and expressive, or communications

   b) develop your assessment plan (formal and informal assessment: specify tests that will be used and rationale for choosing them). You may cite any existing evidence following APA guidelines that support your assessment plan decisions. If you need to make any assumptions for your assessment plan (e.g., I assumed the client was a mono-lingual English speaker, etc.), please do so, but state the assumptions you make in your submission.

   **Due date:** 4/9/13 (no more than 3 pages, 12 point font size)

3. Intervention development (10%): Each student will develop an intervention plan based on the same case used for the above assessment assignment. I will provide you with additional information about the case when I return your graded assessment assignment. Your task is to:

   a) develop three long-term goals for a 3 year period of intervention, and b) three short-term goals for the primary long term goal (LTG 1), c) three objectives for the primary short term goal (STG1). Write measurable objectives (i.e., specify the outcome measures and criteria). You will be the clinician to obtain intervention data. Therefore, don't use a phrase "measured by clinician"

   You may cite any existing evidence that supports your intervention development regarding treatment intensity, treatment methods, etc.

   **An example:**

   LTG 1
   STG 1
   Objective 1
   Objective 2
   Objective 3
   STG 2
267

STG 3

LTG 2

LTG 3

b) write a lesson plan for Objective 1 that includes intervention methods, frequency, and length of the session.

Due date: 4/23/13 (no more than 3 pages, 12 point font size)

4. In-class presentation (10%): Each student will do a presentation on intervention methods that are currently used for individuals with ASD. Each student will select an intervention method (e.g., PECS, Milieu teaching, etc.) and do library search to gather information on current evidence of the efficacy of the method you selected. Develop your own power point slides for a 10 minute presentation and be prepared for a 5 minute Q & A. Place your power point slides in the Digital Drop box on Black Board on the day of your presentation before or by 3:00pm. The presentation will be graded by your peers and the instructor using a rubric that will be provided. Presentation dates: 4/25, 5/2, & 5/9/12

The specific guidelines for completing all of the above listed assignments will be discussed in class.

EXAMINATIONS (Dates, make-up policy, etc.)

There will be two in-class exams (mid term: 3/26/13 and final exam: 5/22/13). Each exam will worth 20% of the final grade. No make-up exam will be allowed except for medical emergency of self or immediate family members (i.e., spouse or children). In the event of the medical emergency, a physician’s letter should be provided to Dr. Seung for a consideration of a make-up exam.

GRADING POLICY FOR THE COURSE

Grades will be determined from the above listed assignments and two in-class exams.

• Article reviews: 30% (10% per summary)
• Assessment assignment: 10%
• Intervention development: 10%
• In-class presentation: 10%
• Midterm exam: 20%
• Final exam: 20%

The due dates for all assignments are noted in this syllabus. In those cases where deadlines cannot be met, students may be required to provide formal written documentation (e.g., note from physician, legal notice of court-date) to support their request for an extension of an assignment deadline. All assignments should be turned in a hard copy. Assignments turned in after the due date will result in a reduction of 3 points per day. Please note that students are also expected to have a back-up e-copy or hard copy of all assignments turned into the instructor.

Should you communicate with the instructor, CSUF email address is preferred.

At the end of the semester, each student’s weighted points on the above will be totaled. Course grades will be assigned on a +/- system on the following scale (out of 100 semester points):

A+ 96.67 - 100
A  93.34 - 96.66
A- 90.00 – 93.33

267
RECOMMENDED TEXT

OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES
See the reading list at the end of this syllabus.

REQUIRED MATERIALS AND EQUIPMENT
None required.

| Students with Special Needs: | Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. |
| Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/](http://www.fullerton.edu/senate/). |
| Two week plan for distance instruction should on-campus instruction be interrupted: | In case of instruction interruption, please check with the course instructor for weekly instructional activities, which may include multimedia presentations, discussion forums, group work, and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444. |
| Attendance Policy | Students are encouraged to attend each class, as the critical analysis of clinical problems and research in class is important in the development of clinical skills. |
| Fieldwork Requirement: None required. |
Emergency Procedures Notice to Students
The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

Before an emergency occurs-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 714-519-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

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**EMERGENCY CALLS**

**DIAL 9-1-1**

All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (714) 519-0911
### 16-WEEK SCHEDULE (15 weeks of instruction plus 1 exam week)

<table>
<thead>
<tr>
<th>Class Date</th>
<th>Topics</th>
<th>Activities</th>
<th>Reading Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/29</td>
<td>Overview of autism spectrum disorders (ASD), epidemiology, prevalence</td>
<td>Lecture &amp; discussion</td>
<td>RR 1</td>
</tr>
<tr>
<td>2/5</td>
<td>Diagnosis of ASD</td>
<td>Lecture &amp; discussion</td>
<td>RR 2, 3, 4</td>
</tr>
<tr>
<td>2/12</td>
<td>Etiology related issues (vaccination, Genetics)</td>
<td>Lecture &amp; discussion</td>
<td>RR 5, 6, 7, 8</td>
</tr>
<tr>
<td>2/19</td>
<td>Review of autism screening instruments: CARS, SCQ, FYI, MCHAT, ITC</td>
<td>Lecture &amp; discussion</td>
<td>RR 9, 10</td>
</tr>
<tr>
<td>3/5</td>
<td>Review of autism diagnostic instruments: ADI-R (ADOS),</td>
<td>Lecture &amp; discussion;</td>
<td>RR 13</td>
</tr>
<tr>
<td>3/12</td>
<td>Regression</td>
<td>Article summary 2 due</td>
<td></td>
</tr>
<tr>
<td>3/19</td>
<td>Co-occurring conditions: intellectual disability (Down syndrome, fragile-x syndrome)</td>
<td>Lecture &amp; discussion;</td>
<td>RR 16, 17, 18</td>
</tr>
<tr>
<td>3/26</td>
<td>Co-occurring conditions: semantic-pragmatic language disorder, non-verbal learning disability</td>
<td>Lecture &amp; discussion</td>
<td>RR 19, 20</td>
</tr>
<tr>
<td>4/2</td>
<td>Spring Recess (no class)</td>
<td>Lecture &amp; discussion</td>
<td>RR 21, 22, 23, 24</td>
</tr>
<tr>
<td>4/9</td>
<td>Intervention related issues</td>
<td>Assessment due</td>
<td></td>
</tr>
</tbody>
</table>
4/16  Intervention related issues  Lecture & discussion; RR 25, 26, 27, 28

4/23  Review of interventions  Lecture & discussion
      Intervention development due

4/30  Review of interventions  Student Presentation

5/7   Intervention related issues  Student Presentation

5/14  Research: Imitation deficits & Theory of Mind  Student Presentation RR 33

5/22  Final exam (5:00-6:50pm)

RESOURCES ON AUTISM:
http://www.autism-society.org
http://www.canfoundation.org
http://www.autismspeaks.org
www.autismnewsoc.org

RESOURCE BOOKS:


**REQUIRED READINGS (RR)**


**Recommended Reading**


Drager, K. D. R., Postal, V. J., Carrolus, L., Castellano, M., Gagliano, C., & Glynn, J. (2006). The effect of aided language modeling on symbol comprehension and


HCOM 571: SEMINAR IN FLUENCY DISORDERS
Spring 2013

Tuesday, 8:30 am - 11:15 pm., CP 420-09

Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
a) demonstrate strong foundation in subject matter or field of study
b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
a) promote diversity
b) make informed decisions
c) engage in collaborative endeavors
d) think critically

Outcome 3: Committed and Caring Professionals
a) become change agents
b) maintain professional and ethical standards
c) become life-long learners

Department mission statement, goals, theme as appropriate
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professionals, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
Instructor: Ying-Chiao Tsao, Ph.D. /CCC-SLP  
Office: CP 420-29  
Phone: (657) 278-5307  
Office Hours: Mon/Wed. 8:30-9:30 and Tues, 11:30-12:30 pm (or by appointment)

Day & Time: Tuesday 8:30am - 11:15 am  
Classroom: CP 420-09  
E-mail: ytsao@fullerton.edu

COURSE DESCRIPTION FROM THE CATALOG
Prerequisites: Human Comm. 308, 475, or equivalent; unconditional admission to the M.A. Program in communicative disorders; voluntary stuttering experience*. Employs reading assignments, seminars, lectures, and case reviews to enable students to develop a framework for understanding the etiology and maintenance of stuttering and to develop their own approaches to assessment and treatment. Unit: (3).

*For those who haven’t done voluntary stuttering assignment at the undergraduate level or in a previous fluency class, you will have to complete it by the 2nd week of the semester to stay registered for the seminar. (Guidelines are available on the Course Blackboard under ‘Course Documents’)

COURSE OBJECTIVES
1. Will explore the theories, clinical diagnosis and management and/or treatments of stuttering and other types of fluency disorders.
2. Will provide a basis for further advanced studies in the area of fluency disorders, and/or a career in the clinical management of fluency disorders.

The activities and assignments in this course prepare candidates to meet Education Unit Program Outcomes 1a & b, 2b-d, and 3a-c (see pg. 1) and ASHA KASA competencies and standards for the Certificate of Clinical Competence III-B, C, and D (see Appendix).

STUDENT LEARNING GOALS

Basic Human Communication Processes of Speech/Language Fluency
1. Will demonstrate knowledge of the neurological basis and the physiology of motor speech control.
2. Will demonstrate knowledge of normal non-fluent speech patterns in children and adults.
3. Will demonstrate knowledge of cross-cultural and cross-linguistic differences that may impact on verbal expression.

Characteristics and Etiology of Fluency and Fluency Disorders
1. Will demonstrate knowledge of the etiologies of various types of fluency disorders, including stuttering, cluttering, neurogenic and psychogenic fluency disorders, etc.
2. Will demonstrate knowledge of the onset, development and clinical characteristics of fluency disorders.

Prevention, Assessment and Intervention of Fluency Disorders
1. Will demonstrate knowledge of differential diagnosis among childhood normal disfluency, normal second language disfluency, stuttering, and various other types of fluency disorders.
2. Will demonstrate knowledge of clinical assessment principles and procedures.
3. Will demonstrate knowledge of speech/language analyses used to classify fluency severity, determine rate of speech, and identify covert characteristics of fluency disorders.
4. Will demonstrate knowledge of integrating information gathered (e.g., data interpretation) that enables appropriate clinical decisions, goals/objectives, and recommendations to be formulated.
5. Will demonstrate knowledge of appropriate assessment and intervention procedures, taking age-related and cross-cultural differences into account.
6. Will demonstrate knowledge of counseling principles (e.g., rapport building, listening skills, etc.) and ability to integrate them in the assessment and treatment processes.
7. Will demonstrate knowledge of the role of family involvement in the prevention and intervention strategies for young children and adolescents.
COURSE INSTRUCTIONS  Teaching methods will include lectures, video/case demonstrations, group projects, guest lectures, discussions, and/or on-site observations.

COURSE REQUIREMENTS

Students are expected to keep up with assigned readings, participate in classroom activities and discussions, complete course assignments, give class presentations, and take two examinations. Students are also responsible for the information presented in class lectures, films, handouts, and all reading assignments. In addition, students are required to take Fluency Disorders KASA examination (in partial fulfillment of the M.A. degree requirements in Communicative Disorders) during the scheduled class time. The results of KASA examination will NOT be figured into your class grade points.

For all assignments, you are required to submit a hard copy (in class) and a word file (onto course website, i.e., Titanium).

PLANNED ASSIGNMENTS

A. Implementation of “Fluency Enhancing Techniques”  9/21

   Implement one or more fluency enhancing techniques (e.g., slow rate, easy onset, prolongation, continuing phonation, relaxation, etc.) during ALL communication situations and environments (including at home) for seven consecutive days. Write a brief 2-3 page summary and complete an online survey. (Refer to guidelines and grading sheet posted on course website for the details)

B. Attend ISAD online conference  10/26

   Attend and read at least 5 articles presented at the 15th ISAD online conference (Oct. 1-Oct. 22, A voice and something to say). Write a 2-3 page reaction summary for each activity, take an online survey, and participate in class discussions.

C. Oral presentation and discussion  10/12, 19, 26; 11/02 & 09

   Read assigned book chapters and/or journal articles and give 10-15 minutes oral presentation on the key concepts on the assigned topic and lead the class discussions. (Refer to guidelines and grading sheet posted on course website for the details)

D. Attending NSA meeting  11/30

   Attend two 2-hour NSA meetings at Anaheim and Riverside Chapters or elsewhere near your place. Refer to course Website (Titanium) for contact information, location, direction and meeting times & dates. Write a 2-3 page reflection/summary, take an online survey, and participate in class discussions. (Refer to guidelines and grading sheet posted on course website for the details)

E. Evaluation of Treatment Programs  Topic- 11/02; paper-12/14; oral – 12/14 & 21

   Sign up for a treatment program or topic to research and critique on. You will need to (1) review at least 3 videotapes or DVDs and 1 Websites relevant to your treatment program; (2) observe one treatment session (clinic, school, or hospital); (3) research on issues of concerns pertaining to your topic/intervention or management program; and (4) you will then submit a 3-5 pages paper summarizing and critiquing the treatment program based on at least 5 journal articles references from the past 10-15 years; (5) lastly, you will give a 5-7 minutes oral presentation. (Refer to guidelines and grading sheet posted on course website for the details)

F. Examinations  Exam I -10/05; Exam II –11/30; KASA Exam –12/07

   There will be two in-class examinations and KASA exam. The in-class course exam will be mixed in nature. It will include short essays, clinical cases, multiple choice, and true/false questions. A study guide will be given in class and/or posted on the Blackboard one week before the exam date.
EXAMINATION MAKE-UP POLICY
No make-up on the exams without prior consent of the instructor. Consent must be obtained at least 24 hours before the scheduled exam. Missed examination due to serious illness or any unexpected incident will require written verification from a physician or concerned authority. No exams may be taken early. The same rules also apply to the scheduled oral presentations and the KASA exam. However, to make up the KASA exam you will need to petition the Graduate Advisor for permission until the next administration time when the course is offered for the following semester.

LATE ASSIGNMENTS POLICY
Assignments should be submitted at the beginning of the class meeting the day they are due. Late assignments will be accepted for full credit only when a serious and compelling cause can be verified. All other late assignments will result in a reduction of grade points (i.e., ½ grade down per day); and should be submitted within one class meeting.

GRADING POLICY FOR THE COURSE
Plus/minus grading is used in this course. Each activity/assignment is assigned a letter grade, which is converted to a grade point (A = 4.00, A- = 3.70, B+ = 3.30, etc.) and then weighted as indicated below:

| A. Implementation of fluency enhancing techniques | 5%          |
| B. Case discussion leader                           | 5%          |
| C. Oral presentation and discussion (15 min.)      | 15%         |
| D. Attending NSA meetings                           | 10%         |
| E. Critique on fluency treatment program (5-7 min.)| 15%         |
| F. Exam I and Exam II (20%; 30%)                   | 50%         |

Total 100%

The weighted grade points are summed, and the sum is converted to a semester grade using plus and minus (i.e., A, A-, B+, B, B-, C+, C, etc.).

Extra Credit Activities (.5% to 1%) – You may earn extra credit by attending ASHA accredited workshops on stuttering. Details refer to guidelines posted on Blackboard.

REQUIRED TEXTS
Course packet. Available at XCOPY (347 N. State College Blvd., Fullerton, CA 92831; right next door to CVS; Tel: 714-738-7888).
Guitar, B., & (2011). Treatment

RECOMMENDED TEXTS

RECOMMENDED TEXTS
NSA Publication (1980, 91’01’). A stutterer’s story. Memphis, TN: Stuttering Foundation of America
Additional Resources/ Internet Links

Internet Resources for School SLPs
ASHA Special Interest Group #4
Specialty Recognition
Stuttering Home Page:
National Stuttering Association:
Stuttering Foundation of America:
International Fluency Associations (Professionals)
International Stuttering Associations (PWS & family)
The Lidcombe Programme (Onslow)
Stuttering Center of Western Pennsylvania (Yarrus)
University of Nebraska- Lincoln (Healey)
Ramig & Associate Speech & Language Center
Annandale Fluency Clinic
Successful Stuttering Management Program (Stg Mod.)
Hollins Communications Research Institute (Fl. Shaping)
The McGuire Programme (PWS run the program)
Daly’s Speech and Language Center (Cluttering)
East Carolina University (Speech easy)
Casa Future Technology (DAF)
The Journal of Stuttering Therapy, Advocacy and Research
Institute for Stuttering Treatment and Research
Friends of People Who Stutter:
British:
UK Special Interest Group in Stuttering Disorders
British, Childhood Stammering Center:
Australian Stuttering Research Centre

REQUIRED MATERIALS AND EQUIPMENT
None.

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

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Two week plan for distance instruction should on-campus instruction be interrupted: (adapt as appropriate). In case of instruction interruption, please check the course Blackboard site for weekly
### Tentative Course Schedule, Topics and Reading Assignments
(Contents of the Syllabus Are Subject to Change at the Discretion of the Instructor)

<table>
<thead>
<tr>
<th>Date</th>
<th>Tentative Course Topics</th>
<th>In-Class Activities</th>
<th>Reading Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/29</td>
<td>A. Course Overview</td>
<td>Lecture, video demo, &amp; discussion;</td>
<td>G&amp; ; Course Packet, Lesson #1</td>
</tr>
<tr>
<td></td>
<td>B. Professionalism; The challenges and roles of SLP;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/05</td>
<td>A. Terms &amp; Definitions: Fluency, Fluency Disorders &amp; Stuttering</td>
<td>Lecture, video demo &amp; discussion;</td>
<td>G&amp; , Ch. 1; Course Packet,</td>
</tr>
<tr>
<td></td>
<td>B. Rate of Speech &amp; Fluency Disorders</td>
<td>1-2 pages King’s Speech reflection paper due</td>
<td>Lesson #2</td>
</tr>
<tr>
<td>2/12</td>
<td>A. Basic Facts &amp; Unique Phenomena; Onset &amp; Development of Stuttering</td>
<td>Lecture, video demo;</td>
<td>G&amp; , Ch.1-2 &amp; 5-7; Course Packet,</td>
</tr>
<tr>
<td></td>
<td>B. The 3P-Factor Etiology</td>
<td>&amp; discussion;</td>
<td>Lessons # 3 &amp; 4;</td>
</tr>
<tr>
<td>2/19</td>
<td>A. Normal Childhood Disfluencies</td>
<td>Lecture &amp; discussion;</td>
<td>G&amp; , Ch. 13 &amp;14; Course Packet,</td>
</tr>
<tr>
<td></td>
<td>B. The Normative Data; Clinical Decisions &amp; Management Plans (pp.108-09)</td>
<td>Fluency strategies implement. paper due</td>
<td>Lesson #5</td>
</tr>
<tr>
<td>2/26</td>
<td>A. Ethical Issues of Tudor’s Study</td>
<td>Lecture &amp; discussion;</td>
<td>G&amp; , Ch. 8, 9, &amp; 13; Course Packet,</td>
</tr>
<tr>
<td></td>
<td>B. Assessment Models/Protocol/Procedures; Bill of Rights &amp; Responsibilities (p. viii)</td>
<td>In-class exercise;</td>
<td>Lesson #6</td>
</tr>
<tr>
<td>3/05</td>
<td>A. Exam I (Nature &amp; Assessment of Stuttering)</td>
<td>In-class examination;</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Lecture &amp; discussion;</td>
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<td></td>
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<td>Video demo</td>
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<tr>
<td>3/12</td>
<td>A. Differential Diagnosis: Cluttering &amp; Other Fluency Disorders (p. 160)</td>
<td>Lecture &amp; discussion</td>
<td>G&amp; , Ch. 10-12 &amp; 14; Course Packet,</td>
</tr>
<tr>
<td></td>
<td>B. Oral Presentations:</td>
<td>Student presentations</td>
<td>Lesson # 7</td>
</tr>
<tr>
<td></td>
<td>(1) Genetics</td>
<td></td>
<td>(pp. 195-207)</td>
</tr>
<tr>
<td></td>
<td>(2) Neurobiology/physiology</td>
<td></td>
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<tr>
<td>3/19</td>
<td>A. Bilingualism and Stuttering</td>
<td>Lecture &amp; discussion;</td>
<td>G&amp; , Ch. 10-12 &amp; 14; Course Packet,</td>
</tr>
<tr>
<td></td>
<td>B. Oral Presentations:</td>
<td>videos;</td>
<td></td>
</tr>
</tbody>
</table>

**Attendance Policy:** Regular attendance is expected, as the critical analysis of clinical problems and research in class is important in the development of clinical skills. The student is responsible for obtaining information that was covered during his/her absence. No make-up can be made for the missing in-class activities without instructor's pre-approval and/or written verification from a physician or concerned authority.

**Fieldwork Requirement:** If this course requires fieldwork, you must provide evidence of either a valid (current) credential or a live scan (inquire of your department office).

**In the event of emergency,** contact the University Police at 714-278-3333.
### Course Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/26</td>
<td><strong>A. Stuttering Treatment Approaches</strong></td>
</tr>
<tr>
<td></td>
<td><strong>B. Oral Presentations:</strong></td>
</tr>
<tr>
<td></td>
<td>(3) Speech Motor Control Issues</td>
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<td></td>
<td>(4) Psycholinguistics</td>
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<td></td>
<td>(5) Demands and Capacities Model</td>
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<td></td>
<td>(6) Covert Repair Hypothesis</td>
</tr>
<tr>
<td>4/09</td>
<td><strong>A. Fluency Enhancing Strategies</strong></td>
</tr>
<tr>
<td></td>
<td><strong>B. Oral Presentations:</strong></td>
</tr>
<tr>
<td></td>
<td>(7) Learning Theory</td>
</tr>
<tr>
<td></td>
<td>(8) Parental Language Input</td>
</tr>
<tr>
<td>4/16</td>
<td><strong>A. Treatment Considerations &amp; Goals; WHO’s ICF; Personal Construct Theory</strong></td>
</tr>
<tr>
<td></td>
<td><strong>B. Speech Rate in Stuttering</strong></td>
</tr>
<tr>
<td></td>
<td>(9) Emotion, Anxiety &amp; Stuttering</td>
</tr>
<tr>
<td>4/23</td>
<td><strong>Exam II (Treatment &amp; Management)</strong></td>
</tr>
<tr>
<td>4/30</td>
<td><strong>A. Stuttering Services in the Schools</strong></td>
</tr>
<tr>
<td></td>
<td><strong>B. Counseling</strong></td>
</tr>
<tr>
<td>5/07</td>
<td><strong>Fluency Disorders KASA Exam</strong></td>
</tr>
<tr>
<td>5/14</td>
<td><strong>Oral presentations on Treatment programs</strong></td>
</tr>
<tr>
<td>5/21</td>
<td><strong>Oral Presentations on Treatment programs</strong></td>
</tr>
<tr>
<td>5/21</td>
<td><strong>SUMMARY OF DEADLINES</strong></td>
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<td>King’s speech film reflection paper</td>
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<td>Implementation of fluency strategies</td>
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<td>Oral presentations on theories</td>
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<td>NSA meeting reflection paper</td>
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<td>Exam I &amp; II; KASA Exams</td>
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<td>Research paper &amp; presentation</td>
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#### SUMMARY OF DEADLINES

- King’s speech film reflection paper: 2/05
- Implementation of fluency strategies: 2/19
- Oral presentations on theories: 3/12, 19, & 26; 4/09, & 16
- NSA meeting reflection paper: 4/23
- Exam I & II; KASA Exams: 3/05 & 4/23; 5/07
- Research paper & presentation: **Topic-11/02; paper- 12/14; oral - 12/14 & 21**
As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit's Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

![Table of Standards and Implementation Procedures for the Certificate of Clinical Competence](http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm)
Education Unit Conceptual Framework

a transformational journey toward educational advancement and achievement

Core Values
We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

Based on our core values, our mission is as follows:

Mission Statement
Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

Student Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

Outcome 1: Knowledgeable and Competent Specialists
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

Outcome 2: Reflective and Responsive Practitioners
- a) promote diversity
- b) make informed decisions
- c) engage in collaborative endeavors
- d) think critically

Outcome 3: Committed and Caring Professionals
- a) become change agents
- b) maintain professional and ethical standards
- c) become life-long learners

Department of Human Communication Studies: Mission Statement and Goals
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: HCOM 472 and admission to the graduate program in communicative disorders. The course reviews the classification of voice disorders (perceptually); examines instrumental assessment of such disorders (acoustically); and emphasizes a comprehensive physiological, perceptual, and acoustic work-up of individual cases.

COURSE OBJECTIVE

This seminar provides basic information on voice disorders across the lifespan. The seminar emphasizes an understanding of the anatomic and physiological bases of voice disorders in analyzing clinical problems and in formulating diagnoses, prognoses, and treatment approaches. The seminar also emphasizes evidence-based clinical practice by giving students experiences in analyzing research literature.

The activities and assignments in this course prepare candidates to meet Education Unit Program Outcomes 1a, 2d, and 3c (see pg. 1) and ASHA KASA competencies and standards for the Certificate of Clinical Competence III-B, C, and D (see Appendix).

STUDENT LEARNING GOALS

1. Will demonstrate knowledge of the anatomy, innervation and physiology of the systems involved in normal and disordered voice production.
2. Will demonstrate knowledge of vocal pathologies related to functional, medical, neurological and psychogenic etiologies.
3. Will demonstrate knowledge of methods of evaluation for phonatory, respiratory and resonatory function - including perceptual, acoustic, stroboscopic, and aerodynamic assessment.
4. Will demonstrate knowledge in the interpretation of assessment data with respect to clinical diagnosis and the design of remediation for voice disorders.
5. Will demonstrate knowledge of current intervention options, including medical-surgical techniques and clinical behavioral treatment.
6. Will demonstrate knowledge of principles of perceptual-motor learning and their relevance to therapy design and execution.
7. Will demonstrate knowledge of anatomic and physiological changes due to laryngectomy, surgical treatment options, and techniques for post-laryngectomy verbal communication.

PLANNED ASSIGNMENTS

Research Paper: (25% of course grade) DUE 4/22/13
Select one basis for a voice disorder (e.g. vocal nodules, vocal polyps, contact ulcers, GERD/LPR, paradoxical vocal fold dysfunction, muscle tension dysphonia, ventricular phonation, functional dysphonia/aphonia, puberphonia (mutational falsetto), Reinke’s edema, keratosis/leukoplakia, laryngeal carcinoma, papillomas, peripheral vocal fold paralysis, spasmodic dysphonia, myasthenia gravis, multiple sclerosis, Huntington’s disease, Parkinson’s disease, trauma, etc.) and:
   a. describe it: incidence, typical signs and symptoms,
   b. discuss its causes: etiology and pathogenesis
   c. discuss assessment: what would be an appropriate evaluation protocol and why;
      what diagnostic/measurement profile might be expected,
   d. discuss behavioral and medical/surgical treatment options, and treatment efficacy (using data if available).
The paper should be about 10-15 double-spaced typewritten pages long, excluding references and figures. Refer to class lectures, readings, research literature and high quality, authored online resources. Evidence from refereed journals and data based studies need to be included. Citations and references should be in standard APA format. Refer to the 6th edition (2009) of the APA Publication manual.

**Research Paper Presentation: (5% of course grade) DUE 5/20/13**
You will be sharing your main information points at the end of the semester in a brief oral presentation (15 minutes), to be presented as an in-service. Please provide a short handout for each member of the seminar.

**Clinical and Laboratory portfolio:**
Documentation of four independent learning assignments related to assessment and therapy. These include summaries of reserve readings, documentation of perceptual voice assessments and voice hygiene programs with a voice work partner, descriptions of clinical diagnostic and therapeutic techniques, and descriptions of laboratory measurement techniques.

1. **Readings from the research literature (15% of course grade)**
You are responsible for reading all of the articles in your reading list, and for writing a brief summary and commentary for each of the articles as indicated below. Timing of reading: Working with the articles as we cover similar areas will increase their relevancy i.e. read the diagnostics related articles as we cover diagnostic techniques in class and the treatment related articles when we cover therapeutic approaches.

Each summary/commentary (1-3 pp.) should be a concise summary of the basic content of the article, and your personal response/comments regarding the article’s clinical usefulness and/or theoretical implications.

With regard to the level of detail in the summary - write them so that you can refer to your own summary and immediately be able to find the important content, the “stuff that makes a difference”.

- **Diagnostics related**: article summary/commentaries  **DUE: 2/25/13**
- **Treatment related**: article summary/commentaries  **DUE: 4/15/13**
- **Motor Learning & Specialized populations**: article summary/commentaries  **DUE: 4/29/13**

2. **Perceptual Voice Assessment (vocal hygiene program) (10% of course grade) DUE: 5/20/13**
This assignment consists of completing an initial pre-treatment and post-treatment perceptually based voice evaluation with a voice work partner from class.

For those of you who completed a similar assignment in HCOM 472 or your equivalent undergraduate voice disorders course – you will (1) work with a voice partner from class and may substitute a voice exercise program, e.g. Stemple’s vocal function exercises in place of the vocal hygiene program or (2) you may work with a person outside of class, who is willing to participate faithfully (friend, spouse, etc.) in a vocal hygiene program or voice improvement program.

Using suggestions from your text and other clinical sources, you will develop a vocal hygiene or vocal exercise program for your partner. Your “patient” will adhere as s/he best can for 5-6 weeks. Reduction of vegetative/vocal habits that may increase risk of vocal fold injury and increase of hydration are good basic goals - you will specifically choose what will work for your partner and then re-evaluate voice parameters following the program. Please document thoughtfully and carefully. Formally written reports are not necessary; a well- organized summary of findings and your evaluative comments will be adequate.

The write up will be evaluated with regard to the clarity, informativeness and readability of its contents. You may wish to use a format similar to the one used in the CSUF clinic as a guideline for organization.

In your initial data collection, take a thorough case history and report the results of voice measures. In your final data collection, report any changes in the patient’s health and voice status and note any circumstances or events in addition to the vocal hygiene program (or voice improvement program), which may have contributed to the relatively negative or relatively positive changes in the final evaluation.
3. **Therapeutic techniques (10% of course grade) DUE: 5/20/13**
   a) Write up detailed instructions for three different clinical techniques for improving hyperfunctional or hypofunctional voice disorders (1-2 pp. each). In addition to describing how the technique is carried out, please include a physiologically based rationale (how is this affecting the vocal folds in such a way that the vibratory pattern is now healthier and more efficient?)

   b) Write up detailed instructions for doing supportive relaxation and range of movement exercises we have practiced over the course of the semester. After participating in each in-class experience in breathing and movement exercises supportive of voice improvement, or phonatory training in speaking and singing, take time to write down (1) instructions for each exercise and (2) your subjective response to each exercise after practicing it several times during the week you learned the exercise.

4. **Clinical instrumentation (10% of course grade) DUE: 3/18/13**
   Based on information from your text, class lectures, readings from the literature, and appropriate websites, write concise, informative descriptions of the following instrumental assessment techniques. Include what phenomenon is actually measured, how the measurement is carried out clinically, and how waveforms or numeric information are interpreted. Please include relevant illustrations or graphics to support your descriptions, including waveforms labeled to indicate salient characteristics.

   **Physiologic**
   a) electroglottography (EGG)

   **Aerodynamic**
   b) subglottal pressure estimation,
   c) mean flow,

   Derived from inverse filtered airflow
   (please include description of inverse filtering procedure)
   d) AC (time-varying) flow,
   e) DC offset or minimum flow,
   f) Maximum flow declination rate (MFDR)

   **Acoustic**
   g) jitter,
   h) shimmer,
   i) harmonics to noise ratio

Assignments should be submitted at the beginning of the class meeting the day they are due. Late assignments will be accepted for full credit only when a serious and compelling cause can be verified. All other late assignments may be submitted within one class meeting for a one-letter grade penalty, or within two class meetings for 1/2 credit.

**GRADING POLICY FOR THE COURSE**
Course grades will be assigned on a +/- system on the following scale:

- **A+** 96.67 - 100
- **A** 93.34 - 96.66
- **A-** 90.00 – 93.33
- **B+** 86.67 – 89.99
- **B** 83.34 – 86.66
- **B-** 80.00 – 83.33
- **C+** 76.67 – 79.99
- **C** 73.34 – 76.66
- **C-** 70.00 – 73.33
- **D+** 66.67 – 69.99
- **D** 63.34 – 66.66
- **D-** 60.00 – 63.33
- **F** below 60.00
University and departmental policies regarding academic honesty will be in force in this seminar. In the course of writing your papers, you must give credit to works that you cite directly or indirectly. Not doing so is interpreted as plagiarism. Inappropriate use of secondary sources or acts of plagiarism will have serious consequences.

EXAMINATIONS

MIDTERM EXAMINATION (25% of course grade)
3/11/12: The midterm examination (closed book) will cover material covered during the first portion of the semester. Format will be: short answer and/or multiple choice, as well as brief essay questions. Most of the short answer questions will require factual knowledge; integration or “think” type questions will be in essay format. Make-up examinations are subject to the instructor’s approval and must be arranged prior to the scheduled examination date. Missed examinations due to serious illness will require documentation of illness from a physician.

KASA EXAMINATION
5/6/13: the KASA examination, one of your MA comprehensive examination requirements, will be administered the 14th week of the semester, during the class meeting time. Although the KASA exam is administered in the class, it will not be included in the course grade.

The next administration of the KASA examination is during the next semester that HCOM 573 is offered. If missed, the KASA examination for the voice area cannot be made up prior to this time.

REQUIRED TEXTS


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

Readings for Summary/Commentaries

Diagnostic-Related

Bold=available full text on-line


**Treatment-Related**


**Motor Learning and Special Populations**


**SELECTED COURSE REFERENCES**

**Anatomy and Physiology** (*available at CSUF library*)


**Texts on Voice Disorders**


**Stroboscopic Assessment**


**Instrumentation**


**Treatment of Children/Adolescents**


**Supportive Techniques**


**Learning Principles**


**Laryngectomy/Esophageal Speech**


**Internet Resources:**

Internet Links for Speech/Language/Audiology:
[http://www.communicationdisorders.com](http://www.communicationdisorders.com)

International Association for Laryngectomees
[http://www.larynxlink.com](http://www.larynxlink.com)

The National Center for Voice and Speech
[http://www.ncvs.org](http://www.ncvs.org)

UC Davis School of Medicine Center for Voice and Swallowing
[http://www.ucdvoice.org](http://www.ucdvoice.org)

American Cleft Palate-Craniofacial Association (ACPA)
[www.cleftpalate-craniofacial.org](http://www.cleftpalate-craniofacial.org)

Children’s Healthcare of Atlanta: Craniofacial resources
[www.choa.org/craniofacial](http://www.choa.org/craniofacial)

**REQUIRED MATERIALS AND EQUIPMENT**

None required.

**EXTRA CREDIT OPTIONS**

TBD
Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. The University requires students with disabilities to register with the Office of Disabled Student Services (DSS), located in UH-101 and at (657) 278 – 3112, in order to receive prescribed accommodations appropriate to their disability.

Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill, which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/ups.htm.

Two week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check the course instructor for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Titanium groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

Attendance Policy
Students are encouraged to attend each class, as the critical analysis of clinical problems and research in class is important in the development of clinical skills.

Fieldwork Requirement: None required.

EMERGENCY CALLS
DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department
Non-emergency line: (657) 278-2515
24-hour recorded emergency information line: (657) 278-0911
(657) 278-4444

More information online:
http://www.fullerton.edu/emergency preparedness/ep_students.html
In the event of emergency, contact the University Police at 9-1-1.

Non-Emergencies University Police: (657) 278-2515
Environmental Health & Instructional Safety (business hours):(657) 278-7233
Fullerton Campus Operation & Emergency Closure Line: (657) 278-4444
Irvine Campus Operation & Emergency Closure Line: (657) 278-8676
Campus Emergency Notification: AM Radio 1620

Emergency Procedures Notice to Students

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

Before an emergency occurs-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.
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<tr>
<th>Class Date</th>
<th>Topics</th>
<th>Assignments</th>
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<tr>
<td>1/28</td>
<td>Review of anatomy of the phonatory and resonatory mechanisms: muscles, supportive structures, innervation, and histological substructure of the vocal folds.</td>
<td>Lecture, discussion, &amp; demonstration CC&amp;L, chapters 1, 12, 14. Zemlin or similar, relevant sections</td>
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<td>2/4</td>
<td>Review of physiology of the vocal mechanism: theories of vocal fold oscillation; mucoviscoelastic theory of vocal fold vibration.</td>
<td>Lecture, discussion, &amp; demonstration CC&amp;L, chapters 3, 13. Zemlin or similar, relevant sections</td>
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<td>Vocal pathologies and their causes: Categories, etiologies, including endoscopic visualization.</td>
<td>Lecture &amp; discussion CC&amp;L, chapters 4, 5, 6 &amp; 7.</td>
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<td>2/11</td>
<td>Voice Assessment (I) The processes and procedures, the voice care team context: clinical interview/history; clinical (perceptual) approaches to measuring vocal function.</td>
<td>Lecture, discussion, &amp; demonstration CC&amp;L, chapters 2, 8 &amp; 14; Stemple, chapter 2</td>
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<td>2/25</td>
<td>Voice Assessment (II) Overview of instrumentation and applications; Visual-perceptual assessment – laryngeal videostroboscopy, rigid scope and flexible nasendoscopy.</td>
<td>Lecture, discussion, &amp; demonstration and/or problem solving; view demonstration tapes CC&amp;L, chapters 2, 8 &amp; 15; Stemple, chapter 2. <strong>Diagnostics related:</strong> articles DUE</td>
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<td>3/4</td>
<td>Voice Assessment (III) Instrumental approaches to measuring vocal function: Acoustic, electroglossotographic, and aerodynamic methods</td>
<td>Lecture, discussion, &amp; demonstration and/or problem solving; view demonstration tapes CC&amp;L, chapters 2, 8 &amp; 15; Stemple, chapter 2</td>
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<td>3/11</td>
<td><strong>MIDTERM EXAMINATION</strong></td>
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<td>3/18</td>
<td>Management of voice disorders: Overview of behavioral treatment approaches</td>
<td>Lecture, discussion, &amp; demonstration CC&amp;L, chapter 10; Stemple, chapters 1 &amp; 9 <strong>Clin. Instrum. DUE</strong></td>
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<td>3/25</td>
<td>Management of voice disorders: Behavioral treatment approaches for vocal hyperfunction.</td>
<td>Lecture, discussion, &amp; demonstration Stemple, chapter 3; Refer to CC&amp;L, chapter 10</td>
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<td>4/8</td>
<td>Management of voice disorders:</td>
<td>Lecture, discussion, &amp; demonstration Stemple, chapter 4;</td>
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<td>4/15</td>
<td>Behavioral treatment approaches for vocal hypofunction and resonatory problems.</td>
<td>demonstration</td>
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<td>Management of voice disorders:</td>
<td>Lecture, discussion, &amp;</td>
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<td>behavioral treatment approaches for</td>
<td>demonstration</td>
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<td>functional voice disorders, paradoxical</td>
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<td>vocal fold dysfunction and spasmodic dysphonia.</td>
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<td>4/22</td>
<td>Management of voice disorders:</td>
<td>Lecture &amp; discussion</td>
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<td>Medical/Surgical treatment.</td>
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<td>Management of professional voice users.</td>
<td>Lecture, discussion, &amp;</td>
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<td>Principles of skill acquisition and</td>
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<td>5/6</td>
<td><strong>KASA EXAMINATION</strong></td>
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<td>5/13</td>
<td>Laryngectomy rehabilitation, tracheoesophageal prosthesis (TEP) speech</td>
<td>Lecture &amp; discussion</td>
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<td>5/20</td>
<td><strong>STUDENT RESEARCH PAPER PRESENTATIONS</strong></td>
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<td>Monday</td>
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As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

### American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence

#### Standard III: Program of Study-Knowledge Outcomes
The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

- **Standard III-A:** The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.
- **Standard III-B:** The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
- **Standard III-C:** The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).
- **Standard III-D:** The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.
- **Standard III-E:** The applicant must demonstrate knowledge of standards of ethical conduct.
- **Standard IV-F:** Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types of severities of communication and/or related disorders, differences, and disabilities.
- **Standard IV-G:** The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:

1. **Evaluation:**
   - a. conduct screening and prevention procedures (including prevention activities);
   - b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals;
   - c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures;
   - d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention;
   - e. complete administrative and reporting functions necessary to support evaluation;
   - f. refer clients/patients for appropriate services.

2. **Intervention:**
   - a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process;
   - b. implement intervention plans (involve clients/patients and relevant others in the intervention process);
   - c. select or develop and use appropriate materials and instrumentation for prevention and intervention;
   - d. measure and evaluate clients’/patients’ performance and progress;
   - e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients;
   - f. complete administrative and reporting functions necessary to support intervention;
   - g. identify and refer clients/patients for services as appropriate.

3. **Interaction and Personal Qualities:**
   - a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others;
   - b. collaborate with other professionals in case management;
   - c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others;
   - d. adhere to the ASHA Code of Ethics and behave professionally.

*More information can be found at: [http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm](http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm)*
**HCOM 574(11824): Seminar in Articulation and Phonological Disorders**

**Spring 2013**

**Education Unit Conceptual Framework**

*a transformational journey toward educational advancement and achievement*

**Core Values**

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

**Based on our core values, our mission is as follows:**

**Mission Statement**

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

**Student Outcomes and Indicators**

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**

a) demonstrate strong foundation in subject matter or field of study
b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
c) demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**

a) promote diversity
b) make informed decisions
c) engage in collaborative endeavors
d) think critically

**Outcome 3: Committed and Caring Professionals**

a) become change agents
b) maintain professional and ethical standards
c) become life-long learners

**Department of Human Communication Studies: Mission Statement and Goals**

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.
COURSE DESCRIPTION FROM THE CATALOG

Description: Prerequisites: Human Comm 352 and admission to the graduate program in communicative disorders. Emphasis on developing critical thinking and analytical skills related to current issues in linguistic theories on the assessment and treatment of phonological disorders in children.
Units: (3)

COURSE OBJECTIVES

The activities and assignments in this course prepare candidates to meet Education Unit Program Outcomes 1a, 2d, and 3c (see pg. 1) and ASHA KASA competencies and standards for the Certificate of Clinical Competence III-B, C, and D (see Appendix).

1. to identify methodologies for intervention with children;
2. to examine a variety of types of approaches to assessment of phonological knowledge;
3. to perform several types of phonological analyses;
4. to practice articulatory phonetic transcription across languages;
5. to review the theories of phonological development;
6. to debate the issue, "What are disorders?";
7. to provide exposure to instrumental management; and
8. to provide graduate students with the opportunity to orally present their ideas and to critique the literature as they read and interpret it.

STUDENT LEARNING GOALS (not all are included in 574, but all are included in the KASA):

1. Will demonstrate knowledge of the anatomic structures, physiologic processes, and neurological basis, involved in the production and perception of speech including respiration, phonation, resonance and articulation (see assessment question # 1, 4).
2. Will demonstrate knowledge of the basic acoustical characteristics of speech as it relates to an understanding of articulatory or motor speech disorders (see assessment question #1, 4).
3. Will demonstrate knowledge of the stages of normal phonological development and phonological awareness skills in children from birth through school age, including the pre-linguistic stages (e.g.: babbling, jargon, etc.) (see assessment question #2).
4. Will demonstrate knowledge of the relationship between the development of phonological awareness skills and phonological disorders and literacy in children (see assessment question #7d).
5. Will demonstrate knowledge of the developmental norms for speech sound acquisition including discrepancies across studies with respect to the ages of speech sound acquisition and mastery (see assessment question #2, 6).
6. Will demonstrate knowledge of the speech sound differences across languages and dialects. (see assessment question # 2).
7. Will demonstrate knowledge of the organic, neurological and functional etiologies of speech disorders (see assessment question # 3, 4).
8. Will demonstrate knowledge of the pattern/types of articulation deficits associated with varied conditions (e.g., cleft lip & palate/craniofacial disorders, cerebral palsy, hearing impairment) (see assessment question # 5.).
9. Will demonstrate knowledge of the etiology and characteristics of developmental apraxia as well as acquired motor speech disorders (e.g., apraxia, dysarthria) (see assessment questions # 3 & 4).
10. Will demonstrate knowledge of characteristics of disorders of written language associated with deficits in phonological awareness (assessment question # 1).
11. Will demonstrate knowledge of the differences in etiologies and characteristics between articulatory (peripheral motor) and phonological (linguistic) deficits with respect to speech sound error patterns (see assessment question 1, 7a).
12. Will demonstrate knowledge of procedures for selecting, administering, and scoring formal and informal articulation and phonological assessment measures, including phonological analyses, to identify and characterize articulation, motor speech, & phonological disorders, taking age-related and cultural differences into account (see assessment question #7a).
13. Will demonstrate knowledge and ability to interpret results from assessment measures, taking age-related and cultural differences into account (see assessment question # 6).
14. Will demonstrate knowledge of clinical phonetic transcription procedures (both broad and narrow) including the accurate use of IPA and IPAext symbols to represent the speech output of clients (see assessment question #7a).
15. Will demonstrate ability to formulate appropriate goals, objectives and methods for individuals with articulation, motor speech, or phonological deficits based on the assessment results (see assessment question #6, 7b, 7c).
16. Will demonstrate knowledge of the various therapy approaches available for managing articulation, motor speech, and phonological disorders, taking age-related and cultural differences into account (see assessment question #7b).
17. Will demonstrate ability to interpret clinical research in the areas of articulation and phonological disorders in the selection of optimal treatment approaches for individuals with articulation, motor speech, and phonological disorders (see assessment question #7b).

GRADING POLICY FOR THE COURSE

Course Requirements

You will be responsible for information from all reading assignments and material presented during lectures and class discussions. If you miss a lecture, it is your responsibility to obtain the information from a fellow classmate.

1. Exam 1 (3/11), Exam 2 (4/22)
   - Covers readings and lectures to date of test
   - Multiple choice, short answer, and essay questions

2. Assignment
   - Transcribe a child speech sample using IPA
   - Conduct phonological process analysis
   - Due March 4
3. Demonstration of Therapy Method/Technique
   • Provide all needed materials
   • Explain and demonstrate therapy techniques/methods described in textbook (approx. 5-10 minutes)
   • Sign up for techniques/date no later than 2 weeks before due date
   • 4/29 & 5/13

4. Project
   • Conduct phonological/phonetic analysis of a 45-55 word utterance
   • Diagnose and determine priority of targets for therapy
   • Explain rationale for targets
   • Write goals/objectives
   • Create a treatment plan
   • Written transcription to be accessible to students no less than 2 weeks before due date
   • This must be completed independently
   • Due May 20 at the beginning of class. Must be turned in in-person.

Grading

All students must attend class during the final examination in order to receive credit for the final exam/project.

Exams and presentations can be made up only for reasons that are beyond the control of the student, and this is primarily limited to documented illness and is at the discretion of the instructor. Written assignments/projects are due at the beginning of class on assigned date. Late submissions may have points deducted or may be refused at the discretion of the instructor.

Students are also expected to come to class prepared for each class having read all reading assignments, and to participate in all discussions and clinical assignments, as contracted with the instructor. In addition, students must follow CSUF academic honesty policy.

Cell phones are to be turned-off or put on “vibrate” during class. Students may leave class to use a cell phone/other technology as long as doing so does not interrupt class. Use of a laptop during class is permitted only to take notes during lectures. Any student found to be utilizing technology for any purpose other than note taking for this class may be asked to either turn off laptop or leave class for that day.

Course grades will be assigned using the following scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
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<tr>
<td>A</td>
<td>93-96.9</td>
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<tr>
<td>A-</td>
<td>90-92.9</td>
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<td>B+</td>
<td>87-89.9</td>
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<tr>
<td>B</td>
<td>83-86.9</td>
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<td>B-</td>
<td>80-82.9</td>
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<tr>
<td>C+</td>
<td>77-79.9</td>
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<td>C</td>
<td>73-76.9</td>
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<td>C-</td>
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<td>D+</td>
<td>67-69.9</td>
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<td>D</td>
<td>63-66.9</td>
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<tr>
<td>Grade</td>
<td>Percentage</td>
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<td>-------</td>
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<tr>
<td>D-</td>
<td>60-62.9</td>
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<tr>
<td>F</td>
<td>59.9 or below</td>
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</table>

Final grades will be based on:

- Exam 1: 30%
- Exam 2: 30%
- Project: 20%
- Class presentation: 10%
- Assignments: 10%

**TOTAL: 100%**

**REQUIRED TEXTS**


**RECOMMENDED TEXTS**


**ADDITIONAL REQUIRED READING: JOURNAL ARTICLES**


**OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES**

Find all the KASA competencies on the 501 website, and Assessment Tool for KASA
**Students with Special Needs:** Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses.

**Academic Dishonesty Policy:** Academic dishonesty includes such things as cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

**Two week plan for distance instruction should on-campus instruction be interrupted: (adapt as appropriate)** In case of instruction interruption, please check the course Blackboard site for weekly instructional activities, which may include multimedia presentations, discussion forums, group work (to be conducted via Blackboard groupings), and text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.

**Attendance Policy**

Students are encouraged to attend each class, as the critical analysis of clinical problems and of research in class is important in the development of clinical skills.

**Fieldwork Requirement:** If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan. (inquire of your department office)

**In the event of emergency,** call 911. For more information on safety, please refer to: http://www.fullerton.edu/emergencypreparedness/ep_students.html
## 16-WEEK SCHEDULE (15 weeks of instruction plus 1 exam week)

<table>
<thead>
<tr>
<th>Date</th>
<th>Reading Assignment</th>
<th>Topic/Activities</th>
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<tbody>
<tr>
<td>1/28</td>
<td>BW Ch. 1</td>
<td>Introduction: Clinical Framework</td>
</tr>
<tr>
<td>2/4</td>
<td>BW Ch. 2-3</td>
<td>Articulatory and Acoustic Phonetics</td>
</tr>
<tr>
<td>2/11</td>
<td>BW Ch. 4</td>
<td>Theoretical Considerations</td>
</tr>
<tr>
<td>2/18</td>
<td>No Class – Presidents’ Day</td>
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<tr>
<td>2/25</td>
<td>BW Ch. 5</td>
<td>Normal Phonological Development</td>
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<tr>
<td></td>
<td>Stoel-Gammon (2011)</td>
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<td>3/4</td>
<td>BW Ch. 6</td>
<td>Data Collection Assignment Due</td>
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<tr>
<td>3/11</td>
<td></td>
<td>Exam 1</td>
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<tr>
<td>3/18</td>
<td>BW Ch. 7, Ch. 8</td>
<td>Linguistic Diversity</td>
</tr>
<tr>
<td>3/25</td>
<td>BW Ch. 9</td>
<td>Therapy for Articulation Errors</td>
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<tr>
<td>4/1</td>
<td>No Class – Spring Recess</td>
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<tr>
<td>4/8</td>
<td>BW Ch. 10;</td>
<td>Treatment for Phonemic Errors</td>
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<td></td>
<td>Powell (2008), Ruscello (2008)</td>
<td></td>
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<tr>
<td>4/15</td>
<td>BW Ch. 11</td>
<td>Special Populations</td>
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<tr>
<td>4/22</td>
<td></td>
<td>Exam 2</td>
</tr>
<tr>
<td>4/29</td>
<td></td>
<td>Therapy Presentations</td>
</tr>
<tr>
<td>5/6</td>
<td></td>
<td>KASA Exam (not for class credit)</td>
</tr>
<tr>
<td>5/13</td>
<td></td>
<td>Therapy Presentations Cont.</td>
</tr>
<tr>
<td>5/20 (5:00pm)</td>
<td></td>
<td>Final Project Due</td>
</tr>
</tbody>
</table>

*Contents of the syllabus are subject to change at the discretion of the instructor*
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard III: Program of Study-Knowledge Outcomes</strong></td>
</tr>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
</tr>
<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
</tr>
<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
</tr>
<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
</tr>
<tr>
<td><strong>Standard IV-F:</strong> Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types sand severities of communication and/or related disorders, differences, and disabilities.</td>
</tr>
<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
</tr>
<tr>
<td>1. <strong>Evaluation:</strong> a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services</td>
</tr>
<tr>
<td>2. <strong>Intervention:</strong> a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
</tr>
<tr>
<td>3. <strong>Interaction and Personal Qualities:</strong> a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
</tr>
</tbody>
</table>

*More information can be found at:
http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm*
Clinical Practicum: Augmentative and Alternative Communication  
Human Communication 576

<table>
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<th>Education Unit Conceptual Framework</th>
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<tbody>
<tr>
<td><strong>A Transformational Journey Toward Educational Advancement and Achievement</strong></td>
</tr>
<tr>
<td><strong>Core Values</strong></td>
</tr>
<tr>
<td>We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.</td>
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b) Demonstrate strong understanding and implementation of pedagogical skills or skills in their field  
c) Demonstrate ability to use technology as a resource |
| **Outcome 2: Reflective and Responsive Practitioners** |
| a) Promote diversity  
b) Make informed decisions  
c) Engage in collaborative endeavors  
d) Think critically |
| **Outcome 3:Committed and Caring Professionals** |
| a) Become change agents  
b) Maintain professional and ethical standards  
c) Become life-long learners |
Department of Human Communication Studies: Mission Statement and Goals

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

Course Description from the Catalog

Description: Prerequisite: Admission to the graduate program in communicative disorders. Course includes historical service delivery approaches; symbol sets and systems; assessment and management strategies for persons with complex communication and physical needs; advocacy approaches for the disabled.

Units: (3)

Course Objective

The activities and assignments in this course prepare candidates to meet Education Unit Program Outcomes 1a, b, c, 2a, b, c, d, 3a,b, and c (see pg. 1) and ASHA KASA competencies and standards for the Certificate of Clinical Competence III-B, C, and D (see Appendix).

Graduate Students in Communicative Disorders will gain an overview of the theory, historical framework, assessment, intervention tools and strategies as applied to augmentative and alternative communication (AAC) within the field of communicative disorders.

Student Learning Goals

1. The Graduate Students in Communicative Disorders will gain knowledge of the basic human communication processes, including social aspects of
communication, as related to persons with complex communication needs (CCN).

   a. Knowledge of neurology* and its effect on the use of augmentative and alternative communication technology and strategies,
   b. Knowledge of basic rules of linguistics* and how to support the acquisition of these rules by persons who communicate using speech generating devices,
   c. Knowledge and awareness of cultural issues that impact the family, health care practices, choices in education and technology,*
   d. Knowledge of the historical development of augmentative and alternative communication,*
   e. Knowledge of the World Health Organization’s International Classification of Functioning, Disability, and Health and the Children and Youth division (ICF-CY).

2. The Graduate Students in Communicative Disorders will gain knowledge of the modalities and social aspects of communication to:

   a. Augment language use that includes nonverbal, oral, and manual communication of individuals with complex communication needs within their culture
   b. Gain perspectives of persons with CCN by reading what they have published or have been published about them,
   c. Frame augmentative and alternative communication within pragmatic conditions associated with persons with complex communication needs,*
   d. Anticipate participation patterns and communication needs of persons who use assistive technology including AAC,*
   e. Create optimal learning and communication environments by effective collaboration with the communication partners of persons who use AAC,
   f. Demonstrate knowledge of various service delivery models that currently exist*,
   g. Consider developmental changes in pragmatic aspects of communication across lifespan as related to persons who use AAC.*

3. The Graduate Students in Communicative Disorders will gain an overview of the assessment and intervention strategies of persons with CCN as they:

   a. Learn from multiple sources assessment tools and procedures of gathering and reviewing diachronic information of the language use of persons with complex communication needs,
   b. Acquire knowledge of environmental factors including sources of products and technology, supportive relationships, policies, services and systems that influence decision making. Funding options, legislative, and ethical issues which pertain to the practice of augmentative and alternative communication* will be discussed.
   c. Promote participation by identifying body structures, body functions including proper seating and positioning* to access AAC, and important
personal factors (i.e. interests, motivation, cultural considerations) of persons with CCN,

d. Describe activities and participation of persons with CCN and their use of multiple modalities of communication with communication partners,

e. Develop observation guidelines of persons with CCN as they accomplish pragmatic functions of interacting socially,* sharing information and expressing unique identities in their environment;*

f. Identify and prioritize specific tasks and messages appropriate for persons with CCN to promote age appropriate participation in daily routines, general education curriculum, social interaction * and/or vocations;

g. Develop understanding of range of products and technology including a variety of aided and unaided symbol sets representing vocabulary, dynamic and static displays* including speech generating devices that promote participation of persons with complex communication needs,

h. Discuss multiple selection options that facilitate access to assistive technology including high and low technology,* including scanning using switches and partner assisted strategies.

i. Develop literacy strategies for communication of persons with complex communication needs using both high and low technology,*

j. Differentiate the key intervention principles and strategies for persons who are diagnosed with developmental disabilities (young language learners and children of school age) and persons with acquired disorders* (aphasia, ALS, traumatic brain injury, intensive and acute care) across environments,*

k. Collaborate effectively with special educators and other health professionals* through understanding of the roles and responsibilities of the team members, different purposes and techniques, policies and problem solving practices in using AAC;

l. Demonstrate ability to formulate culturally appropriate and meaningful goals and objectives for participation by persons who communicate using AAC* and their families/caregivers,

m. Write effective reports that include appropriate evaluation measures of meaningful functional communication progress across time and space.

* Indicates KASA Knowledge Based Competencies: Modalities of Communication (III B., C., D.) and Social Aspects of Communication (III B., C., D.)

**KASA** testing will be week 14.

The KASA exam does not count toward the course grade. It is partial fulfillment of the M.A. degree in Communicative Disorders. The KASA exam cannot be “made up” during the semester if the student does not take the exam on/during the scheduled class administration. Students must get permission from their Graduate Advisor to make up the exam on a case-by-case basis. Non-graded assignments may be completed by the students in preparation for the KASA exam.
Graded Assignments and Grading Policy

1. Assignments (10 pts)
   a. Week 4 Book, Topic Selection, and Three Sources (1 pt)
   b. Week 7 Literacy Project (5 pts)
   c. Week 10 5 Cycles Assignment (2 pts)
   d. Week 11 5 Cycles Assignment (2 pts)

2. CCN assessment, research paper, and power point summary (50 pts)
   a. Week 7 or 8 Power Point Presentation (5 pts)
   b. Week 8 March 22 Paper (25 pts)
   c. Week 9 March 29 Assessment (20 pts)

3. Final exam Week 16 8:30-10:20 a.m. LH 403b (40 pts)

Written assignments will be discounted one letter grade for each day they are late. One point will be deducted for each class a student does not attend after one approved absence unless official documentation by a medical doctor is provided. One point will be deducted for every three times a student is late to class or leaves early.

Course Grade

<table>
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<th>Grade</th>
<th>Description</th>
<th>Score Range</th>
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</table>

Required Text

Additional Readings


**CCN Book Options**


Selected Websites:  
http://aac.unl.edu  
www.aac-rerc.com  
www.aacfundinghelp.com  
www.drsharonrogers.com

ADDITIONAL COURSE INFORMATION

Students with Special Needs: Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disabled Student Services Office in order to be accommodated in their courses. For more information about students’ rights for accommodations due to documented special needs, contact the Disabled Student Services Office in UH 101 at 657-278-3117 or go to www.fullerton.edu/disabledservices.

Academic Dishonesty Policy: Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill that he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/.

Emergency Info: Students are encouraged to review the following university website for newly updated information on university preparedness procedures: http://www.fullerton.edu/emergencypreparedness/ep_students.html

In the event of emergency, contact the University Police at 714-278-3333.

Two week plan for distance instruction should on-campus instruction be interrupted: In case of instruction interruption, please check the online course management system for weekly instructional activities, which may include multimedia presentations, discussion forums, text and electronic readings. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444.
Attendance Policy: Students are expected to attend all classes, keep up with any assigned class readings, and be present on days when there is a scheduled class group assignment. One absence per semester is permissible with additional absences requiring a medical doctor’s signature and explanation on a medical pad. Arriving late to class or leaving early three times will equate to one absence.

Classroom Courtesy Policy
Students are expected to demonstrate courteous behavior during class lectures at all times out of respect for the instructor and fellow students. As a means for ensuring a classroom learning and teaching environment that is free of distractions and disruptions to their own and others’ learning, the following are examples of disruptive classroom behavior that students should refrain from during class instruction time (e.g., minimizing side-conversations and the passing of notes to others during class lectures, etc.).

The following use of electronic media/devices is also prohibited during class time: using cell phones, texting, using computers for activities other than active note taking and the review of items posted on Titanium such as class power-point lectures and handouts. Activities such as surfing the net during class-time, blogging, sending e-mails and/or any other form of electronic message transmissions are strictly prohibited.

Audio-taping/Videotaping/Digitized Audio/Video Recordings
Audio-taping, videotaping and/or digitized audio/video recordings of class lectures and discussions are permitted with instructor approval. Photographing of class activities without instructor permission is also not allowed without instructor approval.

Disclosure of Client Videos and/or Written Reports
Video observations of clinical therapy and evaluation sessions may be used as part of normal class instruction along with the discussion of clinical reports, lesson plans, home programs and other written clinical documents posted on Titanium and/or handed out in class. Students are reminded that all clinical case study information presented in class as part of regular classroom instruction/clinical training is confidential and should not be discussed and/or shared in written form with anyone outside of the classroom setting (including other peers, instructors, administrators, professionals, etc.).

Late Assignments:
Assignment extension requests will only be granted for serious situations and emergencies (e.g., medical emergencies). In such instances, students will be required to provide original formal written documentation on letterhead (e.g., note from physician, police report, legal notice of court-date) to support the request for extension of an assignment deadline. Students are expected to have a back-up e-copy or each completed assignment that can be emailed to the instructor in the event that a second copy needs to be requested. Students should therefore retain electronic copies of all completed assignments up until the last day that final grades are assigned for the current semester.

Fieldwork Requirement: None
Spring 2013 HCOM 576 AAC  
Course Schedule #20510 Friday 9:00-11:45 a.m. LH 403B

(12 Weeks of in-class instruction, 1 on-line class, 1 University holiday, 1 KASA exam, 1 Final exam)  
Adjustments and modifications to this schedule are at the discretion of the instructor.  

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Week 1  
February 1  
**Topic:** AAC! You’re studying what?  
**In-Class Assignment:** 1) My Symbols 2) AAC Nuts and Bolts (Incorporates Beukelman & Mirenda Chapters 1 & 2)  
**Article Reading:** Toward a Definition of Communicative Competence  

Week 2  
February 8  
**Topic:** The History of Disability; where does AAC fit in to the picture?  
**In-Class Assignment:** Form mid-term plan: 1) research topic, 2) assessment group/individual, 3) book selection  
**Required Article Reading:** Augmentative and Alternative communication: An Historic Perspective  
**Assignment:** Form midterm plan 1. Individual or group work, 2. Book selection, 3. Presentation topic  

Week 3  
February 15  
**Topic:** Symbols & Symbolic Approaches for Beginning Communicators  
**In-Class Assignment:** Dynavox Presentation by Mara Marshall  
**Required Reading:**  
  a. Chapter 3 & 4  
  b. Article: A Few Well Chosen Words  
  c. Article: Interactions Involving Individuals Using AAC Systems: State of the Art and Future Directions  
**Assignment:**  
  a. Transcribe and write a reflection paragraph on 5 cycles of a child-based communication interaction  
  b. KASA Preparation Optional: Write a summary of the history of AAC in an outline or bullet point format  

Week 4  
February 22  
**Topic:** Assessment: Participation Today and Tomorrow  
**In-Class Assignment:** Investigating assessment tools and report writing
**Required Reading:** Chapters 5-7

**Assignment:**
- a. Inform instructor of book and topic selection and three sources
- b. Inform instructor of group or individual work
- c. Check out books

**Week 5 March 1**
**Topic:** Cultural perspective in AAC; AAC-Beginning Communicators

**In-Class Assignment:**
- a. Switch It Up! Create communication access for kids to games

**Required Reading:**
- a. Chapter 8-10
- b. Article: 7 Common Questions about AAC and Early Intervention
- c. Article: AAC Classroom Strategies, Dos and Don’ts, ALL Program
- d. Article: Critical issues in the inclusion of students who use augmentative and alternative communication: An educational team perspective

**Assignment:**
- a. Transcribe and write a reflection paragraph on 5 cycles of a child-based communication interaction

**Week 6 March 8 – No Class – On-line Project**
**Topic:** Language Learning and Literacy

**On-Line Assignment:**
- a. Janice Light webinar on AAC and Literacy
- b. Complete the packet to be turned in on March 15th

**Required Reading:**
- a. Chapter 12
- b. PP on Titanium
- c. Article: Home Literacy Differences
- d. Article: Impact of Graphic Symbol Use on Reading Acquisition

**Week 7 March 15 (Presenters email PP-March 14)**
**Topic:** Student Presentations & Goal Writing

**In-Class Assignment:**
- a. Presentations Group A
- b. Writing legally defensible AAC goals

**Required Reading:**
- a. Handbook of Goals and Objectives CA State Standards

**Assignment:** Literacy project due today

**Week 8 March 22 (Presenters email PP March 21)**
**Topic:** Presentations & Funding
In-Class Assignment:
   a. Presentations Group B

Required Reading:
   a. Article: Speech Generating Device Funding for Children

Assignment: Paper + Email paper copy March 22 by 12:00 p.m.

Week 9
March 29
Topic: Traumatic Brain Injury (TBI): The Day My World Changed

In-Class Assignment:
   a. Julie Dunbar Packer – Prentke-Romich Company Presentation
   b. TBI Case Study

Required Reading:
   a. Chapter 17 TBI
   b. Article: Augmentative and Alternative Communication Use and Acceptance by Adults with Traumatic Brain Injury
   c. Article: Message Retrieval for Survivors of Traumatic Brain Injury

Assignment:
   a. Website review: www.prentrom.com Explore Quick Start: About the Unity Language and the AAC Language Lab
   b. Assessment report due today

*** Spring Break April 1-5 ***

Week 10
April 12
Topic: Adult Acquired Physical Disabilities and Acute Medical Settings

In-Class Assignment:
   a. Topics in Dementia, Brain Research, Stephen Hawking

Required Reading:
   a. Chapters 14 & 18
   b. Article: Purposes of AAC Device Use for Persons with ALS as Reported by Caregivers

Additional Reading:
   a. Article: An AAC Personnel Framework: Adults with Acquired Complex Communication Needs

Week 11
April 19
Topic: Adult Acquired Aphasia

In-Class Assignment:
   a. Lingraphica Presentation - Richard Steele
   b. Learning guide for class discussion of required reading

Required Reading:
a. Chapter 15  
b. Article: The Effect of Remnant and Pictographic Books on the Communicative Interaction of Individuals with Global Aphasia  
c. Article: Promoting Acceptance of Augmentative and Alternative Communication by Adults with Acquired Communication Disorders

Week 12  
April 26  
Topic: Degenerative Cognitive Linguistic Disabilities  
In-Class Assignment:  
a. Primary Progressive Aphasia Protocols  
Required Reading:  
a. Chapter 16  
b. Article: AAC Strategies for People with Primary Progressive Aphasia without Dementia: Two Case Studies  
Assignment: Hand in the 5 Cycles Assignment (adult-adult)

Week 13  
May 3  
Topic: Transition Strategies for Young Adults who use AAC  
In-Class Assignment:  
a. CA transition packet  
b. Final review  
Required Reading:  

Week 14  
May 10 KASA Assessment

Week 15  
May 17  
Topic: iPad – Don’t Steal Me I’m a Communication Device  
In-Class Assignment:  
a. National Test Prep  
b. Explore AAC on iPad technology  
c. Share your favorite communication development apps  
Required Reading: See Titanium for articles

Week 16  
May 24 Final Examination 9:30-11:20 a.m.
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit's Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard III: Program of Study-Knowledge Outcomes</strong></td>
</tr>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
</tr>
<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
</tr>
<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
</tr>
<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
</tr>
<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
</tr>
</tbody>
</table>
**Standard IV-F:** Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

**Standard IV-G:** The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:

1. **Evaluation:**
   a. conduct screening and prevention procedures (including prevention activities);
   b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals;
   c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures;
   d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention;
   e. complete administrative and reporting functions necessary to support evaluation;
   f. refer clients/patients for appropriate services

2. **Intervention:**
   a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process;
   b. implement intervention plans (involve clients/patients and relevant others in the intervention process);
   c. select or develop and use appropriate materials and instrumentation for prevention and intervention;
   d. measure and evaluate clients’/patients’ performance and progress;
   e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients;
   f. complete administrative and reporting functions necessary to support intervention;
   g. identify and refer clients/patients for services as appropriate.

3. **Interaction and Personal Qualities:**
   a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others;
   b. collaborate with other professionals in case management;
   c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others;
   d. adhere to the ASHA Code of Ethics and behave professionally.

*More information can be found at:
http://www.asha.org/about/membershipcertification/casebooks/slp/slp_standards.htm*
Education Unit Conceptual Framework

**Core Values**

We are a community of educators, educational partners, and students. Seven core values undergird our professional community. We value learning as a life-long process, professional literature that guides and informs our practice, responsibility to self and to the group, diversity as enriching the whole, multiple pathways to learning including the use of technology, critical inquiry that promotes positive student outcomes, and authentic and reflective assessment. We aspire to adhere to and model these in all our professional interactions. Through experiencing these core values in their educational journey, we believe our students will embrace and in turn, model them in their professional lives.

**Based on our core values, our mission is as follows:**

**Mission Statement**

Our mission is to teach, to serve, and to engage in scholarship. We teach our students to be critical thinkers and lifelong learners. We prepare professionals who improve student learning, promote diversity, make informed decisions, engage in collaborative endeavors, maintain professional and ethical standards, and become change agents in their workplaces. We engage in scholarly work that informs the profession and serve the educational community by providing applied scholarship.

**Student Outcomes and Indicators**

After successful completion of a program of study, our credential recipients and program graduates are:

**Outcome 1: Knowledgeable and Competent Specialists**
- a) demonstrate strong foundation in subject matter or field of study
- b) demonstrate strong understanding and implementation of pedagogical skills or skills in their field
- c) demonstrate ability to use technology as a resource

**Outcome 2: Reflective and Responsive Practitioners**
- promote diversity
- make informed decisions
- engage in collaborative endeavors
- think critically

**Outcome 3: Committed and Caring Professionals**
- become change agents
- maintain professional and ethical standards
- become life-long learners

**Department of Human Communication Studies: Mission Statement and Goals**

The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

**Instructor:** Terry I. Saenz  
**Office:** CP-420-10  
**Hours:** M 1-4 p.m., Tu 3-4 p.m.  
**E-mail:** tsaenz@fullerton.edu  
**Days:** Tuesdays  
**Time:** 4-6:45 p.m.  
**Phone:** (714) 278-3823
CSUF Speech-Language Pathology Services Credential Program Assessment 2013

COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: Human Comm 352 and admission to the graduate program in communicative disorders. Principles of language assessment and intervention based upon psycho-linguistic theory and current research on language disordered children. Emphasis placed on the development of critical thinking and analytical skills related to the assessment and treatment of language disorders in children.

COURSE OBJECTIVE

The activities and assignments in this course prepare students to meet Education Unit Program Outcomes 1a, 2d, 3c (see pg. 1) and standards for the Certificate of Clinical Competence III-B, C, & D (see Appendix).

Students will learn about language development, different types of child language disorders, and the assessment and treatment of child language disorders.

STUDENT LEARNING GOALS

Students will learn about the following:

1. The stages and process by which children acquire the content, form, use (pragmatic/social) components of language, (spoken, manual, written) across the life-span
2. The impact of dialect, bilingualism, and cross-cultural social communication differences on children’s acquisition of language across the life-span
3. Various etiologies of developmental receptive and expressive language disorders (spoken and written), including conditions such as hearing impairment, mental retardation, autism, traumatic brain injury, learning disabilities, and reading disorders
4. Various characteristics of receptive and expressive language disorders in all aspects of language (e.g., syntax, morphology, semantics, and pragmatics)
5. Various risk factors that may result in receptive and expressive language disorders (spoken and written) across all domains of language
6. The procedures for selecting, administering, and scoring formal as well as informal assessments of receptive and expressive language abilities (speaking, listening, reading, and writing) across all domains of language
7. The procedures for accurately interpreting results from formal and informal receptive and expressive language measures
8. Procedures for selecting and administering, with modification as needed, the receptive and expressive language skills of children from diverse cultural and language backgrounds
9. The methods for selecting and writing appropriate goals and objectives for language intervention plans and programs
10. The selection of appropriate child language intervention procedures, taking age- and cross-cultural based factors into account
11. The ability to accurately interpret clinical research findings related to the selection of appropriate child language assessment and intervention approaches
12. Strategies for counseling and working effectively with parents/caregivers of children with diagnosed receptive or expressive language disorders
13. Take the Developmental Language KASA examination in partial fulfillment of the M.A. degree requirements in Communicative Disorders.

PLANNED ASSIGNMENTS

Summary of a research article

15% of grade; due February 26

Each student will summarize a research article from the enclosed list in a 3-4 page summary. The summary will include a summary of the literature review (less than a page), subjects and methods, the results, conclusions, and the applicability of research findings to clinical practice. If the article is an article that discusses a topic rather than reports a research study, summarize the high points of the discussion. The summary should be sent to the instructor and all students in the class via e-mail, and a hard copy is also due to the instructor on the due date.
Formal and informal assessment assignment
20% of grade: due March 26

Each student will work with one other person to develop batteries of formal and informal assessments (including analyses) for children at each of the following ages: infancy (age 2); preschool (age 4); school age (age 8); secondary school (age 14). Each battery should include measures to assess syntax and morphology, semantics, pragmatics, and, if appropriate, literacy and writing skills. Each measure should have a brief rationale for its inclusion in the battery.

Group language sample analysis project
15% of grade: due April 16

Each student will work with one other person to do a semantic/pragmatic, syntactic, and narrative analysis of a child's language sample transcript. Formal language sample analysis measures can be combined with informal measures.

Evidence-based language intervention approach assignment
20% of grade: due April 30

Each student will complete a 3-4 page assignment in which a therapy approach cited in the literature is used to prepare a lesson plan for a child with 1) emerging language (toddler); 2) developing language (preschooler); language for learning (elementary schooler); or advanced language (adolescent). The specific format for this assignment will be discussed in class. The assignments are to be sent to the instructor and the other students in the class via e-mail, and a hard copy is also due to the instructor on the due date.

Oral summary of the evidence-based language intervention approach assignment
15% of grade: due either May 14 or May 21

Each student will present an oral summary of the evidence-based language intervention approach assignment and present it in class. An audiovisual or audio recording of the intervention approach with a child can be presented as part of the report. The oral report should last 7-10 minutes. Class members will select a date from the last two class periods on which to present the oral summaries.

Seven discussion assignments
15% of grade: occur throughout the course

Each student will participate in seven discussion assignments throughout the course, including the following: 1) preschool and school-aged children standardized assessments; 2) language sample analysis; 3) narrative analysis; 4) infant and toddler standardized assessments; 5) adolescent standardized assessments; 6) review of diagnostic report; 7) goals and objectives and lesson plans.

GRADING POLICY FOR THE COURSE

Students are responsible for all material presented in class and are expected to read assigned readings before the assigned class. They are expected to discuss course readings during class and apply them to their clinical experiences. The grading system for the class will be A, B, C, D, and F, with assignments graded A+ receiving 97%; A receiving 93%; A- receiving 90%; B+ receiving 87%; B receiving 83%; B- receiving 80%; C+ receiving 77%; C receiving 73%; C- receiving 70%; D+ receiving 67%; D receiving 63%; D- receiving 60%; F+ receiving 57%; and F receiving 53%.
CSUF Speech-Language Pathology Services Credential Program Assessment 2013

Grades will be based upon the following assignments.

Summary of a research article: 15%
Formal and informal assessment assignment: 20%
Group language sample analysis project: 15%
Evidence-based language intervention approach project: 20%
Oral summary of the evidence-based language intervention approach assignment: 15%

Seven discussion assignments: 15%

Assignment 1: preschool and school-aged children standardized assessments
Assignment 2: language sample analysis
Assignment 3: narrative analysis
Assignment 4: infant and toddler standardized assessments
Assignment 5: adolescent standardized assessments
Assignment 6: review of diagnostic report
Assignment 7: goals and objectives and lesson plans

Students must be in attendance on the dates listed in the syllabus for these assignments to receive credit for them. The grading is as follows: 1) present for 7 assignments, A+; 2) present for 6 assignments, A; 3) present for 5 assignments, B+; 4) present for 4 assignments, B; 5) present for 3 assignments, C+; 6) present for 2 assignments, C; 7) present for 1 assignment, D+; 8) present for no assignments, D.

All assignments must be turned in by their assignment due date. Assignments turned in after the due date may result in a loss of grade points. Regular attendance is expected.

EXAMINATIONS (Dates, make-up policy, etc.)

There are no examinations.

REQUIRED TEXTS

Required Text:


Recommended Text:


MATERIALS AVAILABLE ON HCOM 577 TITANIUM WEBSITE


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES FOR THE SUMMARY OF RESEARCH ARTICLE ASSIGNMENT

Other readings are taken from the American Journal of Speech-Language Pathology (AJSLP), the Journal of Speech, Language, and Hearing Research (JSLHR), and Language, Speech, and Hearing Services in Schools (LSHSS). Links on the Titanium site for this course will enable students to easily access each of these journals online. In addition, all notes for this class are on the Titanium site.

Other readings and all notes for the class are available on the Titanium website for this course.

Here are the readings:


### REQUIRED MATERIALS AND EQUIPMENT

There are no additional required materials and equipment other than those needed to complete assignments.

### EXTRA CREDIT OPTIONS

Opportunities for extra credit vary by semester and are open to all students.
information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, [http://www.fullerton.edu/senate/PDF/300/UPS300-021.pdf](http://www.fullerton.edu/senate/PDF/300/UPS300-021.pdf)

**Two-week plan for distance instruction should on-campus instruction be interrupted:** In case of instruction interruption, please check the course Titanium site for HCOM 57.

7. Keep up with class readings and notes for the class that are posted on Titanium. Check your CSU Fullerton e-mail address for regular updates. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 714-278-4444.

**Attendance Policy:** Attendance may be a consideration in your grade.

**Fieldwork Requirement:** If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan. (Certificate of Clearance).

**Classroom Courtesy:** Courteous behavior toward the instructor and other students is expected. As a part of this courteous behavior, the following behaviors are prohibited during class time except during the break: use of cell phones for calling, texting, or e-mailing and use of computers or similar devices for reasons other than note taking or reviewing class-related items on Titanium. Blogging, surfing the net, and sending e-mails are prohibited during class time.

**Confidentiality:** All videos and DVDs of clients as well as clinical reports and other materials relating to actual clients are confidential and are not to be shared outside of the classroom setting.
In the event of emergency, contact the University Police at 9-1-1.

Campus Emergency Preparedness

Emergency: 911
Non-Emergencies University Police:
(657) 278-2515
Environmental Health & Instructional Safety
(business hours):
(657) 278-7233
Fullerton Campus Operation & Emergency Closure Line:
(657) 278-4444
Irvine Campus Operation & Emergency Closure Line:
(657) 278-8676
Campus Emergency Notification:
AM Radio 1620

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

Before an emergency occurs-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

When an emergency occurs-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area, remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

After an emergency occurs-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University's operational status by checking the University's web site at http://www.fullerton.edu, calling the University's hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

EMERGENCY CALLS

DIAL 9-1-1
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (657) 278-0911
(657) 278-4444

More information: http://www.fullerton.edu/emergencypreparedness/ep_students.html
### 16-WEEK SCHEDULE (15 weeks of instruction plus 1 exam week)

<table>
<thead>
<tr>
<th>WEEK</th>
<th>TOPIC(S)</th>
<th>ACTIVITIES</th>
<th>READING ASSIGNMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Review: Models of language; relationship between cognition and language; theories of language development 1/29</td>
<td>Lecture and discussion</td>
<td>N.A.</td>
</tr>
<tr>
<td>2.</td>
<td>Review: Stages of oral language development; development of narrative and literacy skills; cross-cultural differences in language development 2/5</td>
<td>Lecture and discussion</td>
<td>Rsv: Lahey (Chp. 8 &amp; Appendix E); Miller (pp. 120-124); Wyatt &amp; Saenz (2009)</td>
</tr>
<tr>
<td>3.</td>
<td>Review: Language development (cont.); language disorders 2/12</td>
<td>Lecture and discussion</td>
<td>Paul, Chps. 1 &amp; 4</td>
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<td></td>
<td>Review: Language disorders (cont.) 2/19</td>
<td>Lecture and discussion</td>
<td>N.A.</td>
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<td>5.</td>
<td>Language disorders (cont.) 2/26</td>
<td>Due: summary of research article; lecture and discussion</td>
<td>N.A.</td>
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<tr>
<td>6.</td>
<td>Overview of the language assessment process; standardized language assessment 3/5</td>
<td>Lecture and discussion; discussion assignment 1, preschool and school-aged children standardized assessments</td>
<td>Paul, Chps. 2, 8, &amp; 11</td>
</tr>
<tr>
<td>7.</td>
<td>Language sampling; narrative/discourse analyses 3/12</td>
<td>Lecture and discussion; discussion assignment 2, language sample analysis</td>
<td>Retherford, Chps. 1-4; Rsv: Hughes et al. (Chp. 3, pp. 42-47, 53-57; Chp. 4, pp. 111-124, 130-133, 145-148; Chp. 5 (pp. 183-186); Lee (Chp. 2, pp. 62-79; Chp. 4, pp. 132-175); Owens (Chp. 7, pp. 192-199)</td>
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<tr>
<td>8.</td>
<td>Contemporary models of language assessment 3/19</td>
<td>Lecture and discussion; discussion assignment 3, narrative analysis</td>
<td>N.A.</td>
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<tr>
<td>9.</td>
<td>Assessment of infants, toddlers, adolescents, multicultural, and special populations 3/26</td>
<td>Due: Formal and informal assessment assignment lecture and discussion; discussion assignment 4, infant and toddler standardized assessments</td>
<td>Paul, Chps 5 (pp. 137-159), 6, 7 (pp. 234-255), &amp; 13</td>
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<tr>
<td>10.</td>
<td>Determining eligibility</td>
<td>Lecture and</td>
<td>Paul, Chps 3, 9, &amp; 12</td>
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for services; establishing a language intervention plan; traditional and naturalistic approaches to language intervention 4/9

discussion; discussion assignment 5, adolescent standardized assessments; discussion assignment 6, review of diagnostic report

| 11. | Classroom and whole-language based models of language intervention; developing literacy skills for academic success 4/16 | Due: group language sample analysis project; lecture and discussion; discussion assignment 7, goals and objectives and lesson plans | Paul, Chp. 10 |
| 12. | Language intervention with 0-3, adolescent, multicultural and special populations 4/23 | Lecture and discussion | Paul, Chps. 5 (160-181), 7 (pp. 255-285), & 14 |
| 13. | Language intervention with 0-3, adolescent, multicultural, and special populations (cont.); working with families: Family-centered approaches to assessment and intervention 4/30 | Due: evidence-based language intervention approach assignment; lecture and discussion | N.A. |
| 14. | KASA Developmental Language Examination 5/7 | Take the KASA Developmental Language Examination | N.A. |
| 15. | Oral reports 5/14 | Due: oral reports | N.A. |
| 16. | Exam Week-Oral reports 5/21 5-6:50 P.M. | Due: oral reports | N.A. |
SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

<table>
<thead>
<tr>
<th>American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence</th>
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<tbody>
<tr>
<td><strong>Standard III: Program of Study-Knowledge Outcomes</strong></td>
</tr>
<tr>
<td>The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</td>
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<tr>
<td><strong>Standard III-A:</strong> The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
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<tr>
<td><strong>Standard III-B:</strong> The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</td>
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<tr>
<td><strong>Standard III-C:</strong> The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).</td>
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<tr>
<td><strong>Standard III-D:</strong> The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</td>
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<tr>
<td><strong>Standard III-E:</strong> The applicant must demonstrate knowledge of standards of ethical conduct.</td>
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<td><strong>Standard IV-F:</strong> Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.</td>
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<tr>
<td><strong>Standard IV-G:</strong> The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:</td>
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<tr>
<td>1. Evaluation: a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; e. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services.</td>
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<td>2. Intervention: a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients/patients’ performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.</td>
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<tr>
<td>3. Interaction and Personal Qualities: a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.</td>
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*More information can be found at: http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm*
490 Discussion 4: I.E.P. and I.T.P. Goals and Benchmarks Case Studies

I.E.P. Goals and Benchmarks

For each of the following case studies, please identify three goals and one benchmark for each goal, including one or more benchmarks appropriate for the classroom setting. Describe how you would implement all of the classroom benchmarks.

1. John is a five-year-old monolingual middle class mainstream student in a kindergarten class. He was referred for testing by his teacher shortly after he began school. Formal testing revealed deficits in a number of areas. Typical utterances include: “The boy going,” and “The dog runned,” and “Five dog.” John makes mistakes in identifying colors, basic shapes, articles of clothing, and furniture. Lastly, he has a poor attention span and cannot follow more than two-part directions.

2. Seth, eight, has autism and is in a special day class. He has difficulty with turn taking and staying on topic, often perseverating on his favorite topic, reptiles. In addition, Seth produces narratives that make sudden jumps in time, place, and topic. Seth almost never initiates interaction with other children in class or on the playground.

3. Ashley, thirteen, receives special education for reading and language arts as well as speech-language services. She has difficulty studying for tests, in part because she has problems with taking notes in class. Her teachers say that her written essays and her oral presentations in class are rambling and somewhat incoherent. Ashley also has difficulty learning new material.

I.T.P. Goals and Benchmarks

1. Jason is a five-year-old who is transitioning from preschool to kindergarten and from an IFSP to an IEP. He uses limited vocabulary, makes grammatical errors consistent with those of a younger child, and has an MLU of 3.

What transitional goals and benchmarks would you write for him at the ITP, including those proposed by other team members?

How would you implement the goals and objectives as a team, and who might do what?

2. Emily is sixteen and has difficulties with narratives, note taking, and essay writing. Her area of relative strength is math, and she is interested in studying math at the junior college level when she graduates from high school.

What transitional goals and would you write for her at the ITP, including those proposed by other team members?
How would you implement the goals as a team, and who might do what?

3. Sixteen-year-old Joshua has autism and limited communication skills. He speaks in broken sentences and follows simple one-part directions. Joshua is patient with repetitive tasks, and his parents would like to see him in a sheltered workshop.

What transitional goals and benchmarks would you write for him at the ITP, including those proposed by other team members?

How would you implement the goals and benchmarks as a team, including those proposed by other team members?
CALIFORNIA STATE UNIVERSITY, FULLERTON
SPEECH AND HEARING CLINIC
Audiology PRACTICUM EVALUATION RATINGS SUMMARY FORM

Student: ___________________________ Date: ___________________________
Practicum: HCOM 468
Semester/Year (circle semester/write year): Spring ______ Fall ______
Name of supervisor/evaluator: __________________________

Ratings: 6/7-Superior (Skills are superior; Needs minimal assistance and supervisor input)
4/5 -Adequate (Skills are adequate; Needs moderate assistance and supervisor input)
2/3 -Needs Improvement (Needs considerable improvement, assistance and supervisor input)
1 - Unsatisfactory

<table>
<thead>
<tr>
<th>CLINICAL SKILLS</th>
<th>7</th>
<th>6</th>
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<th>3</th>
<th>2</th>
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<tr>
<td>1. SKILLS IN HEARING SCREENING &amp; REFERRAL</td>
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<td>A. Demonstrate or describe collection of case history information as it pertains to the screening of hearing (IV.G.1.b).</td>
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<td>B. Demonstrate or describe selection of appropriate hearing screening procedures (IV.G.1.c).</td>
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<td>C. Demonstrate proper procedures &amp; protocol for otoscopic examination of external auditory canal prior to hearing screening (IV.G.1.a).</td>
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<td>D. Demonstrate proper procedures &amp; protocol for hearing screening using pure tone audiometry (IV.G.1.a).</td>
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<td>E. Demonstrate proper procedures &amp; protocol for hearing screening for middle ear pathology using immittance audiometry (IV.G.1.a).</td>
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<td>F. Demonstrate or describe adaptation of hearing screening procedures to meet client/patient needs (IV.G.1.d).</td>
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<td>G. Demonstrate interpretation of screening results (IV.G.1.e)</td>
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<td>H. Demonstrate or describe appropriate administrative and reporting functions necessary to support screening process (IV.G.1.f).</td>
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<td>I. Describe appropriate referral and management practices that should be followed as a function of screening results (IV.G.1.g).</td>
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Communicative Disorders Credential Program
Collaborative/Consultation Assignment Policy

Purpose:
□ The purpose of the Communicative Disorders collaborative/consultation assignment is to document that credential candidates have the opportunity to perform collaboration and/or consultation in the public schools.
□ Provide data for the purposes of program evaluation and improvement.

Process:
□ HCOM 490, Seminar: Speech and Hearing Services in Schools, has been identified as the course in which candidates complete a collaborative/consultation assignment. This is done via the collaborative/consultation assignment.

Reporting Scores:
Collaborative/consultation assignment scores are reported as a percentage (points earned/points possible). Grades are equivalent to percentage points using the following scale: A+=97%; A=93%; A-=90%; B+=87%; B=83%; B-=80%; C+=77%; C=73%; C-=70%; D+=67%; D=63%; D-=60%; F=57% or lower. Data is used for program evaluation and improvement. Student names and CWIDs are confidential.

Communicative Disorders Collaborative/Consultation Assignment:

<table>
<thead>
<tr>
<th>Collaborative/Consultation Assignment and Scoring Guide</th>
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</table>

Objective:
□ To write collaborative/consultation goals and objectives (or benchmarks), to plan and implement collaborative/consultation therapy, and to keep data on therapeutic progress.

Procedures:
Collaborative/Consultation Assignment: 3-4 pages
This report should be written about the same bilingual/bicultural child who was assessed for the diagnostic report, if possible. Any other child selected should also be bilingual/bicultural. Classroom consultation and/or collaboration procedures should begin by the middle of the semester, at the latest, with the child you select for your report. The report itself should be written in the format of the CSUF speech and hearing clinic's therapy report and should include the following: 1) a brief review of assessment findings; 2) goals and objectives (or benchmarks) for the child, including classroom consultation goals and objectives (these may be taken from the diagnostic report if you previously submitted one); 3) citation of grade level (if appropriate) California Department of Education Common Core Standards; 4) consultative and/or collaborative
procedures; 5) research citation(s) from the literature to support the therapy approach(es) and 6) the student's progress toward the objectives over the treatment period.

If you cannot do this report on the same child you used for the diversity assignment, you do not need to do an extensive assessment of the child yourself. You should include information from the child's last 3-year evaluation and I.E.P., progress toward any goals and objectives/benchmarks on the child's existing I.E.P., and your own goals and objectives for the child.

<table>
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<tr>
<th><strong>Assessment:</strong></th>
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<tr>
<td>Criteria for grading include the following: 1) content and form of the goals and objectives/benchmarks, including collaborative goals and objectives/benchmarks, and modifications of the classroom; 2) appropriate use of the grade level California Department of Education Common Core Standards; 3) information on child's initial performance on objectives/benchmarks and performance after several weeks of classroom consultation or collaboration; 4) use of creative procedures that effectively utilize the strengths of consultation and collaboration in the classroom setting; and 5) application of evidence-based practice to treatment procedures. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1=incomplete and not completely accurate; 0=missing. The total number of points possible is 15.</td>
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Communicative Disorders Credential Program
Diversity Assignment Policy

Purpose:
- The purpose of the Communicative Disorders Diversity Assignment is to document that credential students have the opportunity to work with students who are culturally/linguistically diverse.
- Provide data for the purposes of program evaluation and improvement.

A similar diversity assignment is required of all graduate programs in the College of Education.

Process:
- HCOM 490, Seminar: Speech and Hearing Services in Schools, has been identified as the course in which students complete a diversity assignment. This is done via the diagnostic report assignment, which is required in all sections of the course.
- The assignment is assessed on a scoring guide that is common across all sections of HCOM 490.

Reporting Scores:
Diversity assignment scores will be reported as a percentage (points earned/points possible). Letter grades will be converted to percentage points using the following scale:
A+=97%; A=93%; A-=90%; B+=87%; B=83%; B-=80%; C+=77%; C=73%; C-=70%; D+=67%; D=63%; D-=60%; F=57% or lower. Data will be used for program evaluation and improvement. Student names and CWIDs will be confidential.

Communicative Disorders Diversity Assignment:

<table>
<thead>
<tr>
<th>Diagnostic Report Assignment and Scoring Guide</th>
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Objective:
- To assess and write an assessment report on a student either being evaluated for the initial provision of speech-language therapy or a student currently receiving speech-language services who is being evaluated for his/her three-year evaluation.

Procedures:
Diagnostic report: 3-4 pages
- Select a bilingual/bicultural student who is a good candidate for classroom collaboration and who is being initially assessed or reevaluated for a 3-year reevaluation. When selecting the student to assess, you should be sure that the student is culturally/linguistically diverse. You should have your child selected and should begin testing early in the semester at the latest. Perform a complete speech/language
evaluation, including formal and informal assessments as appropriate in both languages, and classroom observation. Consult with other relevant members of the assessment team, including the classroom teacher, before you write your report and include relevant information in the background section of your own report. In your diagnostic report, include the following: 1) rationale for assessment; 2) background information on the child; 3) tests and test results; 4) informal assessments and observations done; 5) a summary of the child's strengths and weaknesses; 6) recommendations; and 7) goals and objectives (or benchmarks) that may be implemented in the classroom by the teacher and/or clinician and classroom modifications. If the child does not qualify for speech-language services, include the goals and objectives/benchmarks and modifications in the classroom that would be recommended for the classroom setting if the child qualified for speech-language services. Students will be expected to incorporate information from other coursework and the present course in their assessment report (i.e., it should demonstrate knowledge of appropriate assessment techniques with the bilingual/bicultural population).

**Assessment:**

Criteria for grading include the following: 1) thoroughness of background information; 2) relevance and completeness of formal and informal assessments in both languages; 3) accurate summation of the child's strengths and weaknesses; 4) relevance and comprehensiveness of recommendations, and 5) content and form of goals and objectives, including collaborative goals and objectives/benchmarks, and the modifications made in the classroom. This diagnostic report also may provide the foundation for your classroom consultation report. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1=incomplete and not completely accurate; 0=missing. The total number of points possible is 15. This is translated into a percentage for the assignment by the instructor.
Communicative Disorders Credential Program
Ethics Exam

Purpose:
• The purpose of the Communicative Disorders ethics exam is to document that credential candidates are knowledgeable of the code of ethics of the American Speech-Language-Hearing Association (ASHA).
• Provide data for the purposes of program evaluation and improvement.

Process:
• HCOM 501, Seminar in Speech-Language Pathology, has been identified as the course in which students are exposed to and take an exam on ASHA ethics. This is done via the ethics exam.

Reporting Scores:
The number of students who pass the ethics exam with a score of 85% or higher is reported as the percentage passing. The mean score is reported each semester by the course instructor to the Speech-Language Pathology Services Credential coordinator. Data are used for program evaluation and improvement. Student names and CWIDs are confidential.

Ethics Exam:

Ethics Exam and Scoring Guide

Objective:
• To demonstrate knowledge of American Speech-Language-Hearing Association ethics by scoring 85% or higher on an objective test.

Procedures:
Ethics Exam
In HCOM 501, Seminar in Speech-Language Pathology, candidates take an objective test of ASHA ethics that consists of true/false, multiple choice, fill-in-the-blank, and short-answer questions. The instructor grades the exams, and all candidates who obtain a score of 85% correct or above pass the course.

Sample questions are below:
8. T/F Under ASHA’s Code of Ethics, it is acceptable to provide clinical services (e.g., to populations in remote areas) by correspondence only.
9. T/F ASHA’s Code of Ethics states that it is allowable for telecommunication means to be used for delivering clinical services except where prohibited by law.
10. T/F According to the Code of Ethics, individuals are allowed to guarantee the results of proposed treatments under certain conditions such as when there is reason to believe that the prognosis for progress is good.
11. T/F ASHA’s Code of Ethics applies to individuals holding certification but not to those in their clinical fellowship year.
12. T/F One principle of ethics states that in addition to not discriminating against colleagues and students, individuals should not discriminate against members of allied professions (professions outside of speech pathology and audiology).

Matching
Identify the ASHA Code of Ethics principle that is associated with each of the following rules or clinical issues [Each item worth 1 point each.]

a. Principle of Ethics I: “Individuals shall honor their responsibility to hold paramount the welfare of persons they serve....”
b. Principle of Ethics II: “Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence...”
c. Principle of Ethics III: “Individuals shall honor their responsibility to the public by promoting public understanding of the professions...”
d. Principle of Ethics IV: “Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions...”

24. ___ Emphasizes the importance of a client’s right to privacy and confidentiality.
25. ___ States that individuals should not discriminate in the delivery of professional services... on the basis of race, ethnicity, age, religion, national origin, sexual orientation or disability.
26. ___ States that individuals must hold the necessary credentials for providing service and only engage in aspects of the professions that are within the scope of one’s professional training and education.
27. ___ Asserts that service providers need to fully inform clients about the nature and possible effects of service.
28. ___ Prohibits professionals from engaging in improper sexual activities with clients or students over whom they exercise professional authority.
29. ___ Addresses professional conflict of interest issues.
30. ___ States that service providers need to remain current in their professional training and knowledge through continuing education experiences.
31. ___ States that individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
32. ___ Addresses the importance of referencing the source of information when using other person’s ideas, research, presentations, or products.
33. ___ Prohibits any form of sexual harassment or discrimination in relationships with colleagues, students, and members of allied professions.
34. ___ Provides guidelines for marketing, promoting and advertising services and products.
35. ___ Refers to the proper maintenance and use of clinical equipment.
36. ___ Addresses the issue of fraud, deceit, and dishonesty.

**Assessment:**
Criteria for grading is the percentage correct on the objective test. A passing score is considered to be 85% or higher.
KASA Exams

KASA Knowledge-Based Assessment: Articulation

1. Describe in a paragraph the distinction between speech sound errors that are considered “articulatory/phonetic” in nature versus those that are considered “phonological/phonemic” in nature. (III. B. 1, 2 & III. C.4, C.5)

2. Briefly summarize the stages of normal phonetic and phonological development (prelinguistic and linguistic) from birth to 8 years of age for the English language (III.B. 3 & 6)

3. Describe in a paragraph the speech sound production characteristics observed in children diagnosed with “Developmental Apraxia of Speech”. Discuss the various positions concerning the etiology of this controversial disorder. (III.C. 1 & 3)

4. Compare the etiologies (including localization of involvement) of acquired dysarthria versus apraxia of speech. (III.B.1, & III.C. 1& 3)

5. List the typical speech patterns and characteristics you would expect to find in the speech of children with cleft lip and palate following primary repair (III. C. 2)

6. Case Study #1

   Your client is a 6 year-old male who was referred by his parents and classroom teacher. He demonstrates multiple articulation errors and is approximately 50% intelligible when the context is known. His errors are inconsistent as they do not fall into specific patterns. An oral mechanism exam revealed low facial tone and hyposensitivity to touch. He showed some searching and effortful behavior in his attempts at some of the non-speech oral tasks. His receptive and expressive language appear to be age-appropriate. He’s a bright boy but becomes easily frustrated.

   Describe specifically how you would proceed in the assessment (both formally and informally) of this child’s articulation and phonological system, including the questions you would ask the parent to assist you in your diagnosis and clinical decision-making? (III.B.5, III.D.2, 4)

   a. Answer the above question if the child is English-speaking. b. Answer the question if the child is non-English speaking.
7. **Case Study #2:**

Your client is a 5 year old female who demonstrates the following phonological processes: cluster reduction, backing, labialization, stopping, and syllable reduction (weak syllable deletion) with a high occurrence of inconsistent error patterns, as well. She failed the hearing screening. Her oral peripheral exam indicated reduced labial and lingual strength though range of motion and speed during non-speech oral tasks was within normal limits. Her auditory comprehension and expressive communication appear to be age-appropriate.

a. What do these results suggest in terms of a differential diagnosis (e.g., linguistic versus motoric)? (III.C.5, III.D. 1 & III.D 3)
b. In light of these findings, what approach might be appropriate for remediation of these errors? Briefly explain your rationale. (III.D. 4 & 5). Cite any current research that supports your decision. (III.D. 6)
c. Generate one goal and two objectives that correspond to the implementation of this approach (III.D 4)
d. Describe how you would assess this child’s phonological awareness skills (III.B.4)
Assessment of Knowledge: Cognitive Aspects of Communication

1. Describe in one or two pages the neurological bases of the arousal, attention, perception, memory, and analytical thinking processes that support communication. Your description should include but not be limited to an indication of what area or areas of the brain are critically involved in each process. (III.B.1)

2. In one page, describe the relationship between the development of certain cognitive functions and abilities (e.g., memory, attention, cognitive developments such as object permanence) and language during early child development (III.B.2)

3. Describe in one or two pages the etiologies of cognitive-communication disorders in a way that indicates you (a) recognize the relationship between etiologies and cognitive-communication disorders (III.C.1) and (b) are able to interpret prognosis for change cognitive-communication in the context of the etiology (III.D.4).

4. Case study: Your patient is a 22-year old right-handed man who suffered a traumatic brain injury four weeks ago. His cognitive functions are now at the seventh level of the Rancho Los Amigos Cognitive Function Scale.

   a. Describe one appropriate non-standardized assessment procedure for a cognitive-communication function that you would believe would be of significant importance in this patient’s case. Describe the results you would expect to obtain, given his level on the RLACFS. (III.D.1, 3)

   b. What standardized test instruments would you select to provide a comprehensive evaluation of cognitive-communication functions? Describe three of the most important results you would expect to obtain; you may be subjective, since you do not have the test instrument in front of you for reference. (III.D.2)

   c. Describe one management procedure that you would use to address one of the cognitive communication problems that you addressed in 4.b. (III.D.5)

   d. Briefly describe this man’s prognosis for attaining a functional communication, including reference to etiology, the time since onset, and all relevant clinical features. (III.D.4)

   e. Describe one significant way in which your assessment strategies would differ and one way in which the management strategies would differ if your patient had all the same characteristics, including the etiology, but his age were only eight years? (III.C.2, III.D.1-5)

Approved Spring 2004-Revised 9-8-04
KASA Knowledge-Based Assessment: Fluency

2. Describe succinctly (1-2 pages) the neurological bases and physiological processes of how normal speech is produced. Your description should include but not be limited to an indication of what area or areas of the brain are critically involved in the speech motor control process. (III.B.1)

3. Define and describe the term “fluency” in terms of both the physiological processes and the perceptual aspects of the speech signal. Describe the normal nonfluent speech characteristics commonly observed in youngsters whose language is rapidly expanding and in adults who are experiencing “stage fright.” Your response to this question should be approximately one page. (III. B. 2)

4. In one to two pages, discuss the effects of cultural and linguistic background factors on fluency? Give examples for each of these factors. (III. B. 3)

5. a) Define the term “fluency disorders.” In a page or two, describe the etiologies of fluency disorders in terms of 3-P (Predisposing, Precipitating, and Perpetuating) factors, and discuss how the understanding of these factors may be helpful in assessment and treatment. Your answers have to be specific in referring to each P factor. (III.C.1, 2).

   b) In two to three pages, demonstrate your knowledge about one classical and one contemporary theory/hypothesis/model of stuttering. Discuss the strengths and weaknesses of each theory/hypothesis/model in terms of onset, development, and clinical characteristics of fluency disorders. (III.C.1, 2).

6. Case study 1: The client is a 35-year-old female who self-referred with a presenting complaint regarding her “speech clarity.” She indicates that others have complained about not being able to understand her well because “she talks too fast.” She reports that she is very good in physics and has been a high school teacher for 10 years. She is not afraid of talking in front of the class or strangers. She cannot understand why people have trouble understanding her. The client indicates a history of “mild” head injury in her childhood; she was in a coma for a week. During the case history interview, you hear a few sounds inconsistently being slurred during the moments of rate acceleration. You also note that the client has a tendency to repeat at the phrase level and seemed to be off subject from time to time during conversation.

   a. Indicate the formal and informal assessment tools that may be used to make a differential diagnosis of the client. (III. D.1,2)

   b. Define ‘fluency-inducing conditions’ and ‘adaptation effect,’ and explain how these two phenomena may be used in providing evidence for making differential diagnosis that would provide specific treatment direction. (III.D.2)

   c. Based on the reported information and your expected results from additional assessment, what etiological factors may be causing the client’s problem with her “speech clarity”? Which clinical sign/symptoms led you to your conclusions? (III.D.3)
d. State your primary goals and objectives to address the client’s speech concerns. What management procedures/strategies might you use to address these goals and objectives? (III. D. 4)

7. Case Study 2: Karen is a 5 years old female who was born and raised in a Spanish speaking family with three other older siblings. Spanish is the dominant language used at home. Mom reported that Karen started stuttering at the age of 3 whenever she got excited. Her speech was characterized by occasional word and phrase repetitions with some syllable repetitions. No family history of stuttering was reported. Karen’s stuttering became notable after entering Kindergarten where English was formally introduced to her for the first time. According to Mom, Karen is an outgoing person who loves to talk. However, it was noted that she has lately became very quiet in school. Mom is seeking a 2nd opinion regarding the decision on Karen’s qualification for receiving school speech services.

a. Briefly describe the kinds of information and evidence that you will need to obtain/gather in order to make a differential diagnosis of the client. (III. D.1,5)

b. Indicate the formal and informal assessment tools and procedures that may be used to derive qualitative and/or quantitative data needed for the differential diagnosis. Be specific in describing how counseling principles and skills may be employed in communicating with the child and the family in your assessment. (III.D. 2, 3,4, 6)

c. According to ASHA Division IV, Fluency Task Force on School Services, and given the new changes in IDEA, briefly describe the role of a speech-language pathologist in the intervention process. More importantly, list and briefly describe three potential factors that would qualify a child who stutters to receive school services. Also, briefly describe how you may present your decision to the family and school administration. (III. D. 5, 6)

d. State your primary goals and objectives to address the client’s speech concerns. What intervention plan might you use to address these goals and objectives? How will you get family involved in your intervention plan? (III. D. 4, 7)
KASA Knowledge-Based Assessment: Hearing

1. Describe in one to two paragraphs the role of the external ear, middle ear, and inner ear in sound transmission through the peripheral auditory system. (III.B.1)

2. Describe in a paragraph the tonotopic organization of the human auditory system relative to the cochlea and central auditory systems. (III.B.2)

3. Describe in one to two paragraphs the basic stages of embryological development of the auditory system. (III.B.4)

4. Illustrate on a waveform the following aspects of sound: amplitude, frequency, wavelength, and period. (III.B.3)

5. Using A (for air) and B (for bone) symbols, draw stick audiograms for each of the following conditions: (III.C.1, 2)
   a. Middle ear disease
   b. Inner ear hearing loss
   c. Combination of middle ear and inner ear difficulties

6. In one or two sentences each, describe the causes and characteristics of the following inner ear conditions: (III.C.1, 2, 3)
   c. Presbycusis
   d. Noise exposure
   e. Meniere’s disease
   f. Vestibular schwannomas

7. List two disorders of the central auditory system and describe in a paragraph the potential effects on an individual’s communication function. (III.C.4)

8. Describe the influence of each of the following on the validity and reliability of pure tone testing: (III.D.1)
   a. proper earphone placement
   b. test instructions
   c. false positive and false negative responses

9. List three clues that might alert a classroom teacher that a student may have hearing loss, and briefly describe how you could guide the classroom teacher in identifying and helping these students. (III.D.2)

10. In a brief paragraph, describe the role of the speech-language pathologist in making appropriate referrals for central auditory processing testing. (III.D.4)
11. Briefly describe the role of the speech-language pathologist in troubleshooting hearing aids. What specific tools should the speech-language pathologist have available to carry out troubleshooting? (III.D.5)

12. Define the term “auditory training” and briefly discuss the following four general methods of auditory training based on the fundamental strategy stressed in therapy. (III.D.6)
   c. Analytic method
d. Synthetic method
e. Pragmatic method
f. Eclectic method

13. Case Study: Using the attached audiogram answer and discuss the following questions: (III.D.3)
   a. What is the type (nature) and degree of hearing loss in each ear?
   b. What is the affected part or parts of the auditory system for each ear?
   c. Considering the entire audiogram, describe the potential effects of the hearing loss on the client’s ability to understand conversational speech.
   d. Is the speech audiometric data consistent with the pure tone findings?
KASA Knowledge-Based Assessment: Modalities of Communication

1. Discuss in a total of one page the following AAC symbols and symbol sets for representing vocabulary:
   - Object-based symbols
   - Picture-based symbols with linguistic versus without linguistic characteristics
   - Picture-based symbols of dedicated VOCAs
   - Alphabet-based symbols, phonemic or phonic-based symbols
   - Electronically produced vibratory/acoustic symbols
   - Sign languages (III.C.3)

2. Write an essay (3 pages) on assessment and evaluation in AAC. Be complete in your answer. In addition to Huer’s strategies for evaluation, be sure to include Lloyd’s, Beukelman’s and other strategies, e.g., the Participation Model. Describe the 15 areas for assessment (Huer) of the AAC client. In addition, describe and list those commercial tests, tools, and protocols available for evaluation of capabilities. Think about formal and informal procedures, methods, and tests you might utilize during a typical assessment for AAC. Name all of the members of the team who should be consulted during an assessment for AAC. Finally, outline positioning/seating guidelines. (III.D.1, 2)

3. List two or more specific AAC intervention strategies, including goals, appropriate for consumers as described below:
   a. Young, nonsymbolic language learners
   b. Children of school age who are symbolic language learners
   c. Adults with severe aphasia
   d. Adults with traumatic brain injury
   e. Persons in intensive and acute care settings (III.D. 3, III.D.4., III.D. 5, III.D.6.)

4. Briefly discuss (1-2 paragraphs) how the field of AAC began. (III.C.1)

5. List several selection options for aided as well as unaided communication strategies and list several examples of high tech and several of light tech AAC devices. (III.C.2, 4)

6. In a paragraph or two, discuss options for funding AAC devices (III.C.5)

Approved Spring 2004-Revised 9-1-04
KASA Knowledge-Based Assessment: Receptive and Expressive Language (Acquired)

1. Succinctly describe (1-2 pages) the process of auditory processing and comprehension of a spoken message. Your explanation should include reference to the sensation, perception, and comprehension (literal and figurative) of speech. For each of these aspects of processing and comprehension, indicate what area or areas of the brain are critically involved, and indicate the degree to which there is hemispheric specialization for that aspect or those aspects of processing or comprehension. (III.B.1)

2. In 1-2 pages,
   (a) discuss some common etiologies/causes of aphasia (III.C.1) and
   (b) describe characteristics related to the etiology and onset of aphasia that influence the severity of the aphasic disorder (III.C.2 & III.D.4).

3. Case study: Your patient is a 65-year old right-handed woman who suffered a cerebral infarction in Wernicke’s area seven days earlier. He is fluent and able to communicate basic needs, but he requires assistance from others for almost every communicative exchange, even those that required only comprehension on his part.
   a. Describe an appropriate non-standardized assessment of the four communicative modalities (e.g., speaking, listening, reading, and writing) and include hypothetical objective results that are compatible with the description offered above. (III.D.1, 3)
   b. What standardized test instruments would you select? Indicate the characteristics of the test or tests that make it appropriate for this patient and for your purpose. (III.D.2)
   c. State two appropriate long-term goals and one short-term goal for each of the long-term goals for this patient, and describe specific management strategies that would be appropriate for reaching those goals. (III.D.5)
   d. Describe this patient’s prognosis for attaining functional communication, including reference to etiology, the time since onset, and all relevant clinical features. (III.C.2. and III.D.4)
   e. Assume that a monolingual Korean-speaking, elderly woman developed aphasia as a result of a lesion in the same area as this patient’s lesion. What language assessment procedures would you choose and why? (III.B.2. and III.D.1)

Approved Spring 2004—Updated 9/15/04
(Developmental)

1. Describe (2-3 pages) the semantic, syntactic/morphologic, and pragmatic development of a preschool child (III.B.1).

2. Describe (1 page) how the English language skills of a native Spanish speaking second grader who is acquiring English as a second language might differ from those of a native English speaking child of the same age. Assume the Spanish speaking child has only been exposed to English for two years (III.B.2).

3a. Describe (1 page) the receptive and expressive language difficulties that might be displayed by a child with Specific Language Impairment (III.C.1, III.C.2, III.D.1).

3b. Describe (1 page) the receptive and expressive language difficulties that might be displayed by a child with autism or PDD. Please specify which disorder you are addressing (III.C.1, III.C.2, III.D.1).

4. Describe at least three test modifications that could be implemented with a child whose first language is Spanish to determine whether the morphologic/syntactic errors could be attributed to a language disorder or a language difference. (III.D.4).

5. Case Study

You have been asked to evaluate the speech and language skills of a 7-year old student who is a Standard American English speaker. The mother reports that when the child was born, she was born via C-section and only weighed 4 pounds at birth. She stated that, at this point in her development, her daughter’s spoken sentences are fairly long (6 or more words, on the average) but that her sentences are not always “grammatically correct.” She also indicates that she is fairly good at following directions but does not always get them correct. She is also concerned about her daughter’s vocabulary skills. In addition, she feels that her daughter’s conversation is not always on topic. She is not yet capable of writing full complete sentences. Her difficulties are impacting on her academic performance in the classroom. The child has received previous therapy services through district-based preschool and kindergarten/first grade language based classroom programs in another school district. You have not yet received a copy of the child’s most recent IEP or speech/language diagnostic report.

a. Describe in 1-2 paragraphs the types of questions that you might ask this parent to obtain information beyond that already stated above from your parent interview along with a rationale for obtaining this information (III.D.1).

b. Indicate the standardized test instruments that you might select and your rationale for your selection (III.D.2).

c. Describe informal assessment procedures that you might use to assess the oral and written (if applicable) language skills of this child (III.D.2).
d. Describe what types of language analysis procedures that you would use to analyze and interpret the results from your informal analyses of oral and written language (e.g., semantic category analysis, type-token ratio, c-unit, MLU, pragmatic analysis) and what types of patterns you would expect to find (III.D.3).

e. Write three goals and one objective for each goal for this child (III.D.5)

f. State at least one intervention approach that might be used successfully with this child and discuss how you would implement it (III.D.6).

g. Briefly describe (1-2 paragraphs) research findings that would support your choice of the above mentioned intervention approach (III.D.7).
Assessment of Knowledge: Social Aspects of Communication

1. Describe (1-2 pages) the stages of pragmatic development from pre-school through adolescence specifically addressing the following areas:
   a. language functions/speech acts (e.g., greeting, informing, labeling, requesting)
   b. conversational discourse (e.g., turn-taking, topic initiation/maintenance, conversational repair)
   c. narratives (organizational structure, cohesion, referencing) (III.B.1)

2. Describe (1-2 pages) how cross-cultural differences might impact on the assessment of pragmatic (conversation and narrative discourse) abilities of a child client from a non-mainstream cultural background. Provide examples of some of the differences you might see (III.B.3).

3. Describe (1 page) the pragmatic communicative functions of the non-dominant hemisphere. (III.B.2)

4. Summarize (1 page) the conversational characteristics of a high-functioning child with autism. (III.C. 1, 2)

5. Describe (1-2 paragraphs) the narrative of a child with Specific Language Impairment (SLI) with respect to overall organization, structure, informativeness, referencing, cohesion, etc. (III.C.2)

6. Describe (in 1-2 paragraphs) the specific conversational skills and strategies that you might use during the intervention process to train individuals to use AAC devices effectively with familiar and unfamiliar communication partners. The skills and strategies that you address should not focus exclusively on a client’s ability to program and use a pre-programmed device. They also should include strategies that can be used in conjunction with an AAC device to engage in various aspects of conversational discourse (e.g., topic maintenance, initiation, conversational repair, etc.) (III.D.4)

7. Case Study:

   Assume that you have a 10-year old student (B.) who is a monolingual Mainstream American English speaker. According to B.’s mother, her daughter has a tendency in conversations with others to obsess over certain topics (talk too long on the same topic). She also has difficulty responding to others when they don’t understand what she is saying and try to ask her to clarify. When she is retelling a movie or story, B.’s mother also reports that her daughter tends to start the story without specifying or giving enough information about whom she is talking. As a result, it is difficult to understand to whom she is referring when she uses words like “he” and “she” in her movie/story retells. In addition, when she is talking about a certain event in a movie or story, B. tends to end the story abruptly without talking about what happened at the end of the event or the results of that event.
a. Name one commercially available assessment tool that you might administer to assess this child’s narrative and/or conversational skills. Also describe at least one informal assessment procedure that you might use to provide additional information about the child’s narrative retell and/or conversational skills. Discuss in detail how you would obtain and analyze results from the informal analysis to address the areas of concern noted by the parent (III.D.1)

b. Assume that results from your assessment confirm, as reported by the child’s parents difficulties with the following: a) talking too long on the same topic during conversation, b) responding to other’s questions when they don’t understand what this student is talking about, c) being clear about who is involved in the story or movie that she is retelling, and d) ending stories abruptly without talking about what happened at the end of an event or as the result of an event. Write two measurable goals/objectives (one goal and one objective for two different areas of narrative weakness) that you could include as part of this child’s individualized educational plan (III.D.2.3).

c. Write out a sample lesson plan description of methods/procedures/activities and materials that you could use for each of the two above listed goals/objectives. Be sure to also include possible modeling/cueing/corrective feedback strategies for each method/procedure/activity (III.D.2.3)
KASA Knowledge-Based Assessment: Swallowing

1. Describe (1-2 pages) the normal anatomy and physiology of a swallow from the time of ingestion of a spoon of solid material to the point where it passes through the gastro-esophageal sphincter. How would it differ in a 6 month-old child compared with an adult? (III.B.1)

2. Describe (1 page) the neurological control of the entire swallowing process from oral preparation to the point of entrance into the stomach, including reference to central and peripheral nervous system structures. (III.B.2)

3. Case study: Your patient is a 76-year old woman who suffered a large infarct in the territory of the right middle cerebral artery five days earlier. The patient is unable to maintain extended attention and effort for more than 3-4 seconds. Because it was expected that a functional swallow would not return within at least two to four weeks, a PEG was placed, and the patient has now been admitted for acute inpatient rehabilitation. A modified barium swallow indicated (1) sluggish oral preparation/transfer with need for re-stimulation after several sentence in order to evoke completed oral processing of a bolus, (2) 50 percent effectiveness of oral transfer with significant left buccal residue, (3) 2-5 second delay in pharyngeal swallow reflex, and (4) 50 percent effectiveness of pharyngeal transfer function with residual distributed primarily in the left pyriform sinus and hypopharynx.

   a. Describe (1-2 pages) the clinical assessment of this patient and the likely features that would be observed. In addition, describe how the etiology relates to the features in this particular case. (III.C.1,2,3 & III.D.1,3)
   
   b. What clinical (bedside) observations and/or medical background features indicated the need for an instrumental assessment? (III.D.1)

   c. Describe (1 page) the exact procedures that would have been followed to complete the modified barium swallow study for this particular patient. What would you observe during the modified barium swallow that would lead to the diagnostic impressions listed in the above description of this patient? (III.D.2,3)

   d. State the long and short-term goals that are appropriate for this patient. What specific management strategies would be appropriate for this patient? (III.D.4,5)

   e. Justify your selection of management strategies through an interpretation of one or more clinical research studies. Your analysis should include comparison of the above patient with the subjects in the studies, the similarity between the treatment you propose and the treatment or treatments used in the studies, and the relevant design features of the studies. (III.D.7)

   f. Describe this patient’s prognosis for attaining a functional swallow, and explain your rationale, including reference to etiology, the time since onset, and all relevant clinical features. (III.D.4)

   g. How would the management strategies differ if you observed the same features during modified barium swallow with a two-year old child who had traumatic brain injury? (III.D.6)

Approved Spring 2004-Updated 9/8/04
KASA Knowledge-Based Assessment: Voice and Resonance

1. Describe succinctly (1-2 pages) the physiological events that occur when a normal adult speaker produces the utterance “puh-muh” [modal register at a normal conversational intensity] with respect to
   a. respiratory activity,
   b. laryngeal behavior,
   c. velopharyngeal movement, and
   d. acoustic output.
   Please use formal terminology when referring to relevant anatomic structures and include information on motor innervation of laryngeal and velopharyngeal movements.

How would this be different in a 5-year-old child with severe velopharyngeal incompetence? (III.B.1, 2, 3)

2. Briefly (1-2 pages) discuss differences across socio-linguistic, racial/ethnic and cross-cultural groups with regard to
   a. voice use patterns, i.e. vocal quality, pitch, loudness, and resonance (III.B.5), and
   b. incidence/prevalence of voice and resonance disorders. (III.C.4)

3. Using a table or grid, provide a classification system of voice disorders differentiating disorders that are functional vs. organic in origin, including velopharyngeal/resonance disorders. Please include
   a. basic clinical signs of the disorder groups,
   b. a rationale for your choice of categories, and
   c. a brief comment on the challenge in creating mutually exclusive categories.
   (III.C.1, 2, 3)

Case study: Your patient is a 38-year old Japanese female, who just finished her first semester of full-time teaching as instructor of Japanese language and culture at the university. She is in her second trimester of her first pregnancy, and has come in for an evaluation of problems with her voice. Her videostroboscopy indicates moderate erythema on the arytenoid mucosa, mild-moderate edema of the true vocal folds, a large posterior glottal gap during phonation, and large bilateral pre-nodular swellings at the midpoint of the membranous vocal folds. Her reported symptoms include poor voice in the mornings, bitter acid taste sensation upon waking, frequent spells of dry coughing, effortful phonation, and increasing vocal fatigue over the course of a working day. You hear a voice that sounds low in vocal intensity, and moderately hoarse with a mild strain-strangled quality and mild breathiness; you also note frequent phonatory breaks. You note a shallow breathing pattern, and breath holding before phonatory initiation/harsh glottal onsets. You also notice significant muscle tension in the jaw/neck area, shoulders that are rounded and sloped forward, and a forward carriage of the head (relative to shoulders).

a. What recommendations might you make regarding vocal hygiene and voice conservation? (III.D.1)
b. What non-instrumental clinical assessment tasks would you choose to evaluate her vocal function; provide a rationale for each task. What might her results be? (III.D.2)

c. Describe (1-2 paragraphs) options for instrumental assessment for visual-perceptual, acoustic, aerodynamic, and physiologic aspects of vocal function. What trends would you expect in these measures? (III.D.2)

d. Based on the reported information and your expected results from additional assessment, what etiological factors may be causing her compromised vocal function? Which clinical signs/symptoms led you to your conclusion? (III.D.2,3)

e. State your primary goals and objectives to address her problems. What management procedures/strategies might you use to address these goals and objectives? Include appropriate referrals to other clinical professionals. (III.D.4,5,6)

f. Your patient speaks Japanese in many professional and social contexts, using a perceptually high fundamental frequency and low vocal intensity. In order to be heard in the classroom, she uses both English and Japanese with a higher vocal intensity, but with much perceived effort. Would you try to lower the Fo in her Japanese and/or English speech to a more “optimum pitch”? Provide a rationale for your response. Cite the findings of relevant research literature in your rationale.(III.B.3, III.D.4,7).

g. In facilitating and habituating new vocal production habits, what principles of perceptual motor skill learning are vital to effective learning? What are your options for cueing the client to attend to sensory information? (III.B.4, III.D.4).
Name _______________________________ CWID # ____________________________

Phone (cell) ___________________________ Email ____________________________

Date ____________________________

Instructions:
1. Place a check next to the clinic in which you are expressing your intent to register for the coming semester. If you are approved for more than one clinic in a given semester, you must submit a separate notice for each clinic. The clinic and the semester must agree with your approved Clinical Practicum Plan (CPP).
2. The Notice of Intent to Register must be turned into the clinic within the following dates:
   - On-campus clinics: Spring: September 15  Summer: February 1  Fall: March 15
   - Off-campus clinics: Spring: May 25  Summer: August 25  Fall: December 15
3. You must have met all prerequisites with a grade of "C" or higher prior to beginning your clinic. Attach a copy of your Graduate Study Plan (GSP) as well as photocopies of unofficial grade reports showing that you have met the prerequisites for the clinic(s) and highlight the required pre-requisites on the transcript. If a required course is in progress, circle it on the list of prerequisites listed below. If you fail to provide the required documentation to meet the pre-requisite requirements, you will not receive the permit required to register for the clinic.
   - In addition, attach the following items:
     - HCOM 458 and 558A, attach the 458/558A Information Form.
     - HCOM 489A, attach a copy of the CBEST score showing that you passed all three parts as well as a copy of your Certificate of Clearance. Go to CP-540 to apply for the Certificate of Clearance. It takes approximately 4 to 6 weeks to receive this document.
     - HCOM 559 A/B, attach a “Questionnaire for Placement” and a resume. Samples of these forms are available in the clinic.
4. If you have completed one or more of the required prerequisites at another institution, you must provide the “Requirements for Degrees, Credentials, and Certificate of Clinical Competence-SLP” form signed by the Graduate Advisor (Dr. Tsao) or the Credential Coordinator (Dr. Terry Saenz).
5. Successful completion of all prior clinics is a prerequisite to subsequent clinics.

Course No.  Course Name  Pre/Corequisites
☐  HCOM 458  Prac: Spch Lang Dis Child  HCOM 352, 476, *574 or *577
☐  HCOM 468  Audiology Practicum  HCOM 461
☐  HCOM 485  Aural Rehab Practicum  HCOM 461, 465 & either 458 or 558A
☐  HCOM 558A  Clinic Sp Lang In Adult  HCOM 472, 474, 475, 476, *542
☐  HCOM 558B  Clin Prac: Diag In CD  HCOM 476
☐  HCOM 558C  Clin Prac: Multicultural  HCOM 458 and 558A, 404
☐  HCOM 559A  Adv Cl Prac Comm Disorder  HCOM 458, 558A, 543, 571, 573, 574, 576, 577
☐  HCOM 559B  Adv Cl Prac Comm Disorder  HCOM 559A
☐  HCOM 489A  Pub Schl Comm Disord  HCOM 458, 558A, 543, 571, 573, 574, 577, passing score on CBEST, concurrent enrollment in HCOM 490, Certificate of Clearance

*may be taken concurrently-All prerequisites MUST be taken prior to the indicated clinic, with the exception of 574 and 577 which can be taken concurrently with 458 and 542 which can be taken concurrently with 558A.

The semester I plan to take this clinic is (check the semester and fill in the year):
☐  Spring  Year ________
☐  Summer  Year ________
☐  Fall  Year ________
PLEASE NOTE: ONLY RESPOND FOR THE SPECIFIC CLINIC YOU INDICATED ON THE FRONT

In what languages are you fluent, other than English?

How many years have you been using each of the languages you listed above?

How did you develop proficiency? (check all that apply)

☐ Through exposure and or use at home
☐ Through community exposure
☐ Through high school and/or college work course

☐ Have you ever worked with interpreters to assess or provide services to clients from other language backgrounds? ☐ Yes ☐ No In what capacity:

☐ Other

List any clinical experience you've had (e.g., SLPA, aide, volunteer):

List any special skills/training you have (e.g., ABA):

---

For HCOM 558C:

Please note that 558C has the following meeting times as indicated in the university course schedule: Tues 4-9:45 and Thurs 4:00-6:45 pm. There will also be one additional meeting scheduled during 3-4 weeks of the semester as a time agreed upon by the clinic supervisor and student in preparation for therapy/instruction sessions 2, 3 and 4.

For HCOM 489A, 559A, or 559B, complete the following:

Client preferences by type of disorder and type of experience (DX or TX):
1)  
2)  
3)  

Preferences for geographic location:
1)  
2)  
3)  

Preferences for specific sites:
1)  
2)  
3)  

For HCOM 559B:

Indicate the number of hours you need (check one): ☐ 50 ☐ 100 ☐ 150
CSUF Speech-Language Pathology Services Credential Program Assessment 2013

Revised 03/23/05

California State University, Fullerton
Speech and Hearing Clinic

PRACTICUM EVALUATION FORM

Revised by CD Faculty, Department of Human Communication Studies
June 2004

Based upon and adapted from practicum evaluation form developed by Klevens-Volz (University of Pennsylvania)

Student: ____________________________

Practicum (circle one): 458 485 489A 558A 558B 558C 559A 559B
Other____

Semester/Year (circle semester/write year): Sp ___ Sum ___ Fall ___

Mid-semester Eval (X) Date: _____ Final Eval (0) Date: _____

Name of Supervisor/Evaluator: ________________________________

Type of Client(s) Seen

(Indicate the type of communication areas addressed)

Child ___ Artic/Phon ___
Adult ___ Dev Lang ___
Acq Neuro/Aphasia ___
Cog Impair ___
AAC ___
Soc/Prag ___
Voice ___
Fluency ___
Dysphagia ___
Hearing Imp ___
Accent Mod/ESL ___

I. Skills in Interacting With Clients and Obtaining Information During the Interview/Counseling Process

A. Ability to develop appropriate interview and/or counseling questions**(1b)

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<th>Superior</th>
<th>Adequate</th>
<th>Needs Improvement</th>
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Clinician is able to independently identify and write an appropriate set of interview questions in all relevant areas of communication and development. The wording of questions reflects sensitivity to and awareness of the cultural/linguistic and other relevant client/family background factors.

Clinician required some assistance in identifying and writing an appropriate set of interview questions in all relevant areas of communication and development. Attempted to use wording in questions that reflects sensitivity to and awareness of the cultural/linguistic and other relevant client/family background factors.

Clinician had difficulty identifying and writing an appropriate set of interview questions in all relevant areas of communication and development, even with guidance. Attempted wording of questions reflects limited sensitivity to and awareness of the cultural/linguistic and other relevant client/family background factors.

Sub-Area Ratings: Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___;
Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___;
Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___
### B. Ability to Effectively Ask Interview Questions** (1b)

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Clinician is able to effectively ask interview questions in a clear and organized manner, probing when necessary and appropriate, to obtain information important and relevant to the case.

Clinician required some assistance in being able to effectively ask interview questions in a clear and organized manner, probing when necessary and appropriate to obtain information important and relevant to the case.

Clinician had considerable difficulty asking interview questions in a clear and organized manner, failing to probe when necessary and appropriate to obtain information relevant and important to the case.

**Sub-Area Ratings:**
- Artic/Phon __
- Dev Lang __
- Acq Neuro/Aphasia __
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- Hearing Imp __
- Accent Mod/ESL __

### C. Ability to Establish Rapport with Client and Family (including family members or other closely involved individuals) (1b)

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Offered empathetic understanding, warmth and respect to create atmosphere of trust and to facilitate sharing of the problem; Clinician interacted in a manner that was sensitive to the cultural/linguistic, and other relevant client social background factors (e.g., age).

Created somewhat effective atmosphere; responses indicated a concern for client's needs. Strategies used for facilitating sharing could be improved. Clinician showed attempts to consider cultural/linguistic and other relevant client/family background factors during interaction with clients from diverse backgrounds.

Generally unable to establish atmosphere of trust and to work jointly with client toward therapy goals; Clinician had some difficulty relating to the client in an open, honest manner that facilitated client sharing; Clinician interacted in a manner that was insensitive to the cultural/linguistic and other relevant background characteristics of client.

**Sub-Area Ratings:**
- Artic/Phon __
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- AAC __
- Soc/Prag __
- Voice __
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- Accent Mod/ESL __

### D. Appropriateness and Effectiveness of Clinician Sharing and Problem Solving (1b)

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Clinician was able to independently use and identify effective strategies for sharing their own reactions in genuine, self-disclosing and confronting ways, when appropriate, to help move the client and family to problem solving phase.

Clinician needed some assistance in using and/or identifying effective strategies for clinician sharing and problem solving. However, was able to make some attempts to share their own reactions in a genuine and self-disclosing manner. Was able to use some effective strategies for helping the client and family to move to a problem solving stage.

Clinician had some difficulty using appropriate strategies for sharing in a genuine, self-disclosing and confronting manner that helped to move the client and family to problem solving stage; Too much therapy time spent on clinician’s concerns.

**Sub-Area Ratings:**
- Artic/Phon __
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**E. Organization and Professionalism During Client/Family Interviews (1b)**

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- Showed good organization of ideas and presentation of information to clients/families; had visual aids and other paperwork ready to show clients when needed.
- Occasional difficulty with the organization/preparation in delivery of information to client/family and/or use of visual aids and other paperwork during interview and/or counseling sessions.
- Noticeably poor organization with respect to presentation of ideas or information to client/family.

**Sub-Area Ratings:**
- Artic/Phon ___________
- Dev Lang ___________
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**F. Pacing and Interaction During Client/Family Interviews and Counseling Sessions (1b)**

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- Used an appropriate pacing throughout interview and/or counseling sessions; allowed time for client/family to interject comments and questions.
- Pace of interview and/or counseling sessions was somewhat fast or slow; did not always leave enough time for client’s questions or concerns.
- Noticeably poor organization with respect to presentation of ideas or information to client/family; pacing was inappropriate and insufficient time was allowed for client’s questions or concerns; responses to these concerns were inaccurate or inappropriate and not consistent with the level of knowledge and experience of clinician; lack of sensitivity to clients of cultural/linguistic diversity was evident during the interview; showed lack of a culturally sensitive responsive interview and counseling approach when working with clients from diverse backgrounds; showed an inability to use interpreters/ translators appropriately.

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**G. Level of Cultural Sensitivity and Responsiveness During Client/Family Interviews (1b)**

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- During the interview and/or counseling process, clinician responded to questions and concerns in a manner that is consistent with clinician’s level of knowledge and experience. Used a culturally sensitive and responsive interview and counseling approach when working with clients from.
- Lacked appropriate judgment in responding to some questions from client/family; needed some guidance as to how to use culturally sensitive and responsive interview and counseling approach when working with clients from.
- Responses to client/family concerns were inaccurate or inappropriate and not consistent with the level of knowledge and experience of clinician; lack of sensitivity to clients of cultural/linguistic diversity was evident during.
### II. Diagnostic Testing, Analysis and Interpretation Skills

#### A. Selection of Diagnostic Tools (1c)

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Makes appropriate choices for both formal and informal measures/tools used to evaluate client, taking into account their diagnosed or suspected area of communication disorder or need; considers age, cultural and linguistic background of client in selection process.

Needed guidance in selecting appropriate tools and measures to evaluate clients while taking into account their diagnosed or suspected area of communication disorder or need; only minimally considers age, cultural and linguistic differences of clients in selection process.

Needed detailed and specific assistance in generating a diagnostic plan that was appropriate given a client’s diagnosed or suspected area of communication disorder or need; unaware of influence of age, cultural and linguistic factors in selection process.

#### B. Resourcefulness in Identifying and Obtaining Relevant Documents and Information Important to the Diagnostic Testing Process** (1b)

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Clinician was able to independently identify and obtain, using appropriate clinic confidentiality/consent procedures, IEPs, previous speech-language reports and other relevant document important to the diagnostic testing analysis process.

Clinician needed some guidance in identifying and obtaining, using appropriate clinic confidentiality and consent procedures, IEPs, previous speech-language reports and other relevant document important to the diagnostic testing process.

Clinician required substantial guidance in identifying and obtaining, using appropriate clinic confidentiality and consent procedures, IEPs, previous speech-language reports and other relevant document important to the diagnostic testing process.

#### C. Administration of Screening, Standardized and Non-standardized Assessment Measures (1a, 1c, 1d)

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Administration of screening, formal or informal assessment

Needed assistance in proper administration of screening.

Lacked skills in administering screening, formal or informal
measures flowed smoothly; used alternative assessment or modified test administration procedures when necessary; showed evidence of preparation and knowledge of testing procedures; appropriately used bilingual interpreters and paraprofessionals when necessary; dealt skillfully with client reaction to testing situation; remained flexible and problem solved as needed.

formal or informal measures; needed guidance on how to use alternative assessment or modified test administration procedures when necessary; showed some but nor full evidence of preparation or knowledge of testing procedures including the use of bilingual interpreters and paraprofessionals; Some but limited ability in recognizing the need to adapt testing in response to client reactions

measures. Had difficulties knowing when and how to use alternative or modified test administration procedures; Lack of full preparation or knowledge are evident; Inappropriate use of bilingual interpreters and paraprofessionals; Was unable to identify and/or handle client behaviors and reactions during the testing process; Failed to recognize the need to adapt testing in response to client reactions.

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### D. Data Analysis (1e)

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Recorded data from formal and informal measures accurately. Was able to independently and accurately analyze data from formal and informal test measures. Lacked confidence or certainty in recording data from formal and informal test measures; Needed some assistance with the analysis of data from formal and/or informal measures. Needed significant assistance with the recording and/or analysis of data from formal and informal assessments.

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### E. Interpretation of Diagnostic Information** (1e)

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Accurately interpreted test results and observations to determine nature and extent of the communication problems; took cultural and linguistic factors into account when scoring and interpreting test results; **Displayed the ability to effectively integrate and interpret data and information from multiple sources (e.g., diagnostic measures, interview, written reports) to make an appropriate diagnosis, referrals, and therapy recommendations.**

Needed guidance interpreting diagnostic data to describe communication problem; needed some guidance on when and how to take cultural and linguistic factors into account when interpreting responses and scoring evaluations; **Need guidance in integrating and interpreting data and information (e.g., diagnostic measures, interview, written reports) to make an appropriate diagnosis, referrals, and therapy recommendations.**

Unable to interpret diagnostic data but could grasp their meaning when explained; gave little consideration of cultural and linguistic background in interpreting responses and scoring evaluations; needed considerable guidance in using data and information from multiple sources (e.g., diagnostic measures, interview, written reports) to make an appropriate diagnosis, referrals, and therapy recommendations.

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### III. Diagnostic Report Writing Skills

#### A. Written Summary of Client Background Information (1b, 1f)

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Skillfully integrated relevant personal and clinical information from client interview, records and other sources of information into clear, concise and comprehensive summary of client status and background information. When appropriate, included information on cultural and linguistic background of client in report.

Needed assistance in integrating relevant personal and clinical information from client interview, records and other sources of data into a clear, concise, and comprehensive summary of client status and background information. Did not always include relevant information on cultural and linguistic background of client in report (when appropriate).

Failed to include relevant personal and clinician information from client interview, records and other sources of information in report. Fails to mention critical information regarding cultural/linguistic background of client.

**Sub-Area Ratings:**
- Artic/Phon ___
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#### B. Written Summary of Diagnostic Test Findings (1f)

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Provided a comprehensive and accurate description of client’s test performance during formal and/or informal assessment measures (e.g., language sampling, observation, alternative or modified assessments). Reported the use of any test modifications and any potential sources of test bias. Clearly distinguished disorders and differences; used “non-deficit” terminology when describing language differences.

Needed assistance in writing a comprehensive and accurate description of client’s test performance during formal and/or informal assessment measures (e.g., language sampling, observation, alternative or modified assessments). Did not consistently report any test modifications and any potential source of test bias; did not clearly distinguish disorders and differences; did not consistently use “non-deficit” terminology when describing language differences.

Failure to include relevant and accurate description of client’s test performance during formal and informal assessment measures. Little or no report on test modifications and any potential source of test bias; did not clearly distinguish disorders and differences; did not use “non-deficit” terminology when describing language differences.

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#### C. Written Summary of Diagnostic Impressions (1f)

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Able to provide an accurate written summary of diagnostic impressions that were appropriate given test findings.

Needed assistance in writing an accurate summary of diagnostic impressions that were appropriate given test.

Unable to write an accurate summary of diagnostic impressions that were appropriate given test findings.
Cultural and linguistic factors taken into account when writing impressions.

**Sub-Area Ratings:**
- Artic/Phon ___
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### D. Written Recommendations (1e, 1f, 1g)

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**Able to write appropriate recommendations, including the need for referral when appropriate given diagnostic findings.**

Cultural and linguistic factors taken into account when writing recommendations.

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### E. Overall Organization and Format of Report; Use of Clinical Jargon (1f)

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**Adhered carefully to established guidelines for professional writing, only minor revisions necessary.** Used clinical jargon effectively and appropriately.

Produced report that generally adhered to guidelines for professional writing in content and usage. Clinical jargon generally used effectively. Needed moderate level of help with revision. Suggestions for revising and improving well utilized.

Unable to produce adequate report that adhered to guidelines for professional writing, even after suggestions for revision. Inappropriate use of clinical jargon.

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### IV. Skills Developing & Planning Prevention/Therapy/Instruction Programs

#### A. Ability to Determine Appropriate and Realistic Goals and Objectives Using Relevant Theoretical Frameworks and Research**** (2a)

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**Used independent judgment in determining appropriate goals and objectives for a prevention, therapy or instructional program plan that could be realistically achieved and that are based on a clear understanding of significant and relevant theory and**

Needed guidance in determining appropriate goals and objectives for a prevention, therapy or instructional program plan that could be realistically achieved and/or that are based on a clear understanding of significant and relevant theory

Needed considerable assistance in determining appropriate goals and objectives for a prevention, therapy or instructional program plan that could be realistically achieved and that are based on a clear understanding of significant
research. Able to apply theory and research in the development of goals and objectives that are culturally and linguistically appropriate as well as relevant to client's/client population’s identified area(s) of communication need, taking other relevant personal factors into account.

| Sub-Area Ratings:                |
| Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |

B. Ability to Include the Client, Community and Significant Others in Developing Program Goals and Objectives (2b)

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Was able to independently involve and effectively utilize input from the client, community and significant others in the development of prevention/therapy/instruction programs.

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C. Ability to Develop Realistic Objectives for Future Sessions (2a)

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Based on client's performance and supervisor's feedback, developed realistic goals and objectives for future sessions, given the client’s present abilities and levels of performance.

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D. Ability to Write Measurable Goals and Objectives (2a)

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Showed ability to clearly define goals and to write clear, quantifiable and measurable objectives that clearly include a delineation of the behavior to be performed, conditions and

| Sub-Area Ratings:                |
| Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |

and relevant theory and research. Needed assistance in applying theory and research in the development of goals and objectives that are culturally and linguistically appropriate as well as relevant to client's/client population’s identified area(s) of communication need, taking other relevant personal factors into account.

| Sub-Area Ratings:                |
| Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |

and research. Also required considerable guidance in applying theory and research in the development of goals and objectives that are culturally and linguistically appropriate as well as relevant to client's/client population’s identified area(s) of communication need, taking other relevant personal factors into account.

| Sub-Area Ratings:                |
| Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |

B. Ability to Include the Client, Community and Significant Others in Developing Program Goals and Objectives (2b)

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Was able to independently involve and effectively utilize input from the client, community and significant others in the development of prevention/therapy/instruction programs.

| Sub-Area Ratings:                |
| Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |

C. Ability to Develop Realistic Objectives for Future Sessions (2a)

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Based on client's performance and supervisor's feedback, developed realistic goals and objectives for future sessions, given the client’s present abilities and levels of performance.

| Sub-Area Ratings:                |
| Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |

D. Ability to Write Measurable Goals and Objectives (2a)

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Showed ability to clearly define goals and to write clear, quantifiable and measurable objectives that clearly include a delineation of the behavior to be performed, conditions and
### E. Selection of Therapy Procedures, Methods and Activities (2c)

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Able to effectively select appropriate prevention program/therapy/instructional procedures, methods, and activities that take cultural/linguistic and other relevant client/community background factors into account.

Needed guidance in selecting appropriate prevention program/therapy/instructional procedures, methods, and activities that take cultural/linguistic and other relevant client/community background factors into account.

Even when given assistance, was unable to effectively select appropriate prevention program/therapy/instructional procedures, methods, and activities that take cultural/linguistic and other relevant client/community background factors into account.

### F. Ability to Write Clear Descriptions of Session Procedures/Materials (2f)

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Lesson plans included clear descriptions of session activities with materials, cueing, reinforcement, and modeling procedures clearly delineated.

Needed some assistance in writing lesson plans that include clear descriptions of session activities with materials, cueing, reinforcement, and modeling procedures clearly delineated.

Unable to independently write lesson plans that include clear descriptions of session activities with materials, cueing, reinforcement, and modeling procedures clearly delineated.

### G. Appropriate and Effective Selection of Materials (2c)

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Carefully considered and was able to independently select prevention program/therapy/instructional materials that were appropriate given established goals, objectives, client/community communication needs and other relevant factors including cultural/linguistic background.

Had some difficulty independently selecting prevention program/therapy/instructional materials that were appropriate given established goals, objectives, client/community communication needs and other relevant factors including cultural/linguistic background.

Even with assistance was unable to independently select therapy/instructional materials that are appropriate given established goals, objectives, client/community communication needs and other relevant factors including cultural/linguistic background.

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**Sub-Area Ratings:**

- Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___;
- Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___;
- Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___
### H. Resourcefulness in Obtaining Additional Information or Materials (2c)

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<th>Rating</th>
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<tbody>
<tr>
<td>Superior</td>
<td>Took initiative in obtaining additional information and materials for implementing prevention program/therapy/instruction goals beyond those readily obtainable from clinic.</td>
</tr>
<tr>
<td>Adequate</td>
<td>Needed guidance in obtaining additional information and materials for implementing prevention program/therapy/instruction goals beyond those readily obtainable from clinic.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>Made little effort to obtain information and materials for implementing prevention program/therapy/instruction goals beyond those readily obtainable from clinic.</td>
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**Sub-Area Ratings:**
- Artic/Phon __; Dev Lang ___; Acq Neuro/Aphasia ____;
- Cog Impair __; AAC ___; Soc/Prag ___; Voice ___;
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### I. Ingenuity in Developing Original Techniques and Materials (2c)

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<th>Rating</th>
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<tr>
<td>Superior</td>
<td>Highly creative devising and adapting techniques and materials that were appropriate for specific needs of client.</td>
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<tr>
<td>Adequate</td>
<td>Demonstrated some creativity devising and adapting techniques for specific needs of client.</td>
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<tr>
<td>Needs Improvement</td>
<td>Used materials and techniques in a routine and unimaginative manner.</td>
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**Sub-Area Ratings:**
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- Cog Impair __; AAC ___; Soc/Prag ___; Voice ___;
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### J. Ability to Modify Program Plans As Needed (2e)

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<th>Rating</th>
<th>Description</th>
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<tr>
<td>Superior</td>
<td>Periodically and effectively generates ideas and revises prevention/therapy/instruction program plans as needed to improve effectiveness and/or client performance/participation. Displayed independent thinking and was able to suggest appropriate strategies and procedures for implementing new procedures when appropriate.</td>
</tr>
<tr>
<td>Adequate</td>
<td>Needed some assistance in knowing when and how to revise prevention/therapy/instruction program plans to improve effectiveness and/or client performance/participation. Needed some assistance in thinking through and identifying possible new strategies and procedures for implementing therapy/instruction procedures when appropriate.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>Unable to determine how and when to revise proposed prevention program therapy/instructional plans as needed to improve teaching effectiveness and/or client performance. Unable to identify possible new strategies and procedures for implementing therapy/instruction procedures when appropriate.</td>
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**Sub-Area Ratings:**
- Artic/Phon __; Dev Lang ___; Acq Neuro/Aphasia ____;
- Cog Impair __; AAC ___; Soc/Prag ___; Voice ___;
- Fluency ____; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL __

### K. Utilization of Supervisor Suggestions for Modifying Goals or Techniques (N/A)

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<tr>
<th>Rating</th>
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<tr>
<td>Superior</td>
<td>Openly accepted and consistently implemented supervisor suggestions for modifying</td>
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<tr>
<td>Adequate</td>
<td>Usually accepted and implemented supervisor suggestions for modifying prevention/therapy/instruction</td>
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<tr>
<td>Needs Improvement</td>
<td>Had difficulty accepting and/or implementing supervisor suggestions for modifying prevention/therapy/instruction</td>
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### V. Skills Interacting With Clients During the Therapy/Instruction Process

#### A. Sensitivity, Responsiveness, and Flexibility in Meeting Client Needs**** (2e)

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<tr>
<th>Highly perceptive observing the client’s verbal and nonverbal behavior cues. Able to effectively take client responses into account during sessions to adjust session plans as needed. Superior skill adjusting session plans for special or unexpected situations/events during therapy/instruction sessions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some difficulty being able to accurately observe, perceive and interpret client’s verbal and nonverbal behavior cues. Needs some assistance in taking client responses into account to adjust session plans for unexpected situations/events during therapy/instruction sessions.</td>
</tr>
<tr>
<td>Considerable difficulty accurately observing, perceiving, and interpreting client verbal and nonverbal behavior cues. Needs considerable guidance in knowing how to take client responses into account in adjusting session plans and/or handling unexpected situations/events during therapy/instruction sessions.</td>
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#### Sub-Area Ratings:

- Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia __; Cog Impair __; AAC __; Soc/Prag __; Voice __; Fluency __; Dysphagia __; Hearing Imp __; Accent Mod/ESL __

#### B. Ability to Manage Behavior (2b, 2e)

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<tr>
<th>If discipline necessary, clinician quickly and skillfully set limits, in a non-threatening, non-rejecting way. Offered choices when appropriate; informed client of logical consequences and followed through with these; able to keep clients on task or able to quickly bring clients back to task.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of need for discipline but attempts to set limits not consistently successful; generally able to maintain non-threatening, non-rejecting attitude. Inconsistently offered choices and follows through with consequences; inconsistent ability to keep clients on task or to quickly bring clients back to task.</td>
</tr>
<tr>
<td>Generally either unable to set limits or unable to do so without adversely affecting therapy relationship. Did not offer choices; often did not follow through with consequences stated; had difficulty keeping clients on task or bringing clients back to task.</td>
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#### Sub-Area Ratings:

- Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia __; Cog Impair __; AAC __; Soc/Prag __; Voice __; Fluency __; Dysphagia __; Hearing Imp __; Accent Mod/ESL __

#### C. Ease in the Clinical Situation (2b)

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<th>Appeared confident; sufficiently free from concerns about own performance to focus affectively on needs of client.</th>
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<tr>
<td>Although showed some uneasiness about own performance, it did not significantly interfere with meeting needs of client.</td>
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<td>Concerns about own performance often prevented focusing on the client’s needs; visible signs of nervousness or tension present.</td>
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#### Sub-Area Ratings:

- Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia __; Cog Impair __; AAC __; Soc/Prag __; Voice __; Fluency __; Dysphagia __; Hearing Imp __; Accent Mod/ESL __
### D. Appropriate Use of Therapy Materials and Equipment (2c)

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- **Superior**: Demonstrated appropriate use of materials and equipment during therapy/instruction sessions. Was able to skillfully integrate them into sessions to accomplish session objectives and enhance client performance.
- **Adequate**: Was somewhat familiar with and adept at using materials and equipment during therapy/instruction sessions. Needed some guidance in knowing how to integrate them into session activities so as to accomplish session objectives and enhance client performance.
- **Needs Improvement**: Was not prepared or failed to use material appropriately and effectively to accomplish session objectives and enhance client performance.

### E. Implementation of Teaching Strategies: Instruction and Demonstration (2b)

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<th>Needs Improvement</th>
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- **Superior**: Provides proper and sufficient instruction, information and/or demonstration regarding tasks required for client.
- **Adequate**: Some ability to provide instruction, information and demonstration, but lacking in effectiveness or frequency.
- **Needs Improvement**: Does not provide appropriate and sufficient instruction, information or demonstrating.

### F. Implementation of Teaching Strategies: Modeling, Cueing, Reinforcement and Feedback (2b)

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- **Superior**: Showed familiarity and skill with using the following therapy/instruction techniques: modeling, cueing, reinforcement, and feedback.
- **Adequate**: Needed some direction in effectively using the following therapy/instruction techniques: modeling, cueing, reinforcement, and feedback.
- **Needs Improvement**: Unable to effectively use the following therapy/instruction techniques: modeling, cueing, reinforcement, and feedback.

### G. Oral Speech and Language Model*** (2b, 2e)

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- **Superior**: Oral speech and language skills provide an effective communication model for the client. Able to adapt one’s own communication style and/or
- **Adequate**: Client’s oral speech and language skills do not consistently provide an effective communication model for the client. Clinician
- **Needs Improvement**: Oral speech and language skills do not provide an adequate model for client. Clinician has considerable difficulty in being able to adapt
level, as needed to effectively model target behaviors and meet needs of client.

needs some guidance in knowing how to adapt one’s own communication style and/or level, as needed to effectively model target behaviors and meet needs of client.

one’s own communication style and/or level, as needed to effectively model target behaviors and meet needs of client.

Sub-Area Ratings: Artic/Phon ____; Dev Lang ____; Acq Neuro/Aphasia ____;
Cog Impair ____; AAC ____; Soc/Prag ____; Voice ____;
Fluency ____; Dysphagia ____; Hearing Imp ____; Accent Mod/ESL ____

H. Accuracy in Discrimination of Client Responses (2d)

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Able to accurately discriminate client responses (e.g., correct vs. incorrect) during therapy/instruction sessions. Able to accurately and independently determine the need for additional cueing, modeling, and/or reinforcement to elicit correct responses. In session feedback on client responses is always appropriate.

Needs some assistance in accurately discriminating client responses during sessions, determining the need for additional cueing, modeling, and/or reinforcement. Generally accurate in providing in session feedback on client responses.

Unable to accurately discriminate client responses during sessions and/or determine the need for additional cueing, modeling, and/or reinforcement. Inaccurate in provision of feedback on client responses.

Sub-Area Ratings: Artic/Phon ____; Dev Lang ____; Acq Neuro/Aphasia ____;
Cog Impair ____; AAC ____; Soc/Prag ____; Voice ____;
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I. Effective Use of Time (2b)

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Clinician’s pacing of session allowed for maximally effective use of time; elicited maximum number of responses from client.

Sessions focused on therapy goals. Clinician elicited moderate number of client responses, but did not use time to maximum advantage.

Spent a significant amount of time on activities unrelated to therapy goals; elicited too few client responses.

Sub-Area Ratings: Artic/Phon ____; Dev Lang ____; Acq Neuro/Aphasia ____;
Cog Impair ____; AAC ____; Soc/Prag ____; Voice ____;
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VI. Therapy/Instructional Progress Report Writing Skills

A. Written Summary of Client Background Information (2f)

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Skillfully integrated relevant personal and clinical information from client interview, records and other sources of information into clear, concise and comprehensive summary of client status and background

Needed assistance in integrating relevant personal and clinical information from client interview, records and other sources of data into a clear, concise, and comprehensive summary of client status and background

Failed to include relevant personal and clinician information from client interview, records and other sources of information in report. Fails to mention critical information regarding cultural/linguistic background
information. When appropriate, included information on cultural and linguistic background of client in report.

information. Did not always include relevant information on cultural and linguistic background of client in report (when appropriate).

Sub-Area Ratings:  Artic/Phon ____; Dev Lang ____; Acq Neuro/Aphasia ____; Cog Impair ____; AAC ____; Soc/Prag ____; Voice ____; Fluency ____; Dysphagia ____; Hearing Imp ____; Accent Mod/ESL ____

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B. Written Summary of Formal and Informal Assessments (2f)

Provided a comprehensive and accurate description of client's test performance on all formal diagnostic assessments and/or informal assessment measures including baseline and follow-up testing measures. Reported the use of any test modifications and any potential sources of test bias. Clearly distinguished disorders and differences; used "non-deficit" terminology when describing language differences.

Needed assistance in writing a comprehensive and accurate description of client's test performance during formal and/or informal assessment measures. Did not consistently report any test modifications and any potential source of test bias; did not clearly distinguish disorders and differences; did not consistently use "non-deficit" terminology when describing language differences.

Failure to include relevant and accurate description of client's test performance during formal and informal assessment measures. Little or no report on test modifications and any potential source of test bias; did not clearly distinguish disorders and differences; did not use "non-deficit" terminology when describing language differences.

Sub-Area Ratings:  Artic/Phon ____; Dev Lang ____; Acq Neuro/Aphasia ____; Cog Impair ____; AAC ____; Soc/Prag ____; Voice ____; Fluency ____; Dysphagia ____; Hearing Imp ____; Accent Mod/ESL ____

C. Written Summary of Client Performance on all Targeted Goals and Objectives (2f)

Provided a comprehensive and accurate description of client's performance on all evaluated goals/objectives.

Needs some assistance in writing a comprehensive and accurate description of client's performance on evaluated goals/objectives.

Unable to write a comprehensive and accurate description of client's performance on evaluated goals/objectives, even with assistance.

Sub-Area Ratings:  Artic/Phon ____; Dev Lang ____; Acq Neuro/Aphasia ____; Cog Impair ____; AAC ____; Soc/Prag ____; Voice ____; Fluency ____; Dysphagia ____; Hearing Imp ____; Accent Mod/ESL ____

D. Analysis and Interpretation of Information from Formal and Informal Assessments (2e)

Accurately analyzed and interpreted results from formal and informal assessments to determine the most appropriate recommendations and goals for future.

Needed guidance in analyzing and interpreting results from formal/informal assessment; Needed some guidance in determining the most appropriate recommendations.

Unable to independently analyze and interpret results from formal/informal assessment; Needed considerable guidance in determining appropriate...
CSUF Speech-Language Pathology Services Credential Program Assessment 2013

therapy/instruction; took cultural and linguistic factors into account when analyzing and interpreting results from assessment measures. and goals for future therapy/instruction; gave some consideration of cultural and linguistic background in analyzing and interpreting results from assessment measures. recommendations and goals for future therapy;/instruction; gave little consideration of cultural and linguistic background in analyzing and interpreting results from assessment measures.

Sub-Area Ratings:  Artic/Phon ____;  Dev Lang ____;  Acq Neuro/Aphasia ____;
Cog Impair ____;  AAC ____;  Soc/Prag ____;  Voice ____;
Fluency ____;  Dysphagia ____;  Hearing Imp ____;  Accent Mod/ESL ____

III. Writing (2e, 2g)

E. Written Recommendations  (2e, 2g)

<table>
<thead>
<tr>
<th>Superior</th>
<th>Adequate</th>
<th>Needs Improvement</th>
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<tbody>
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</table>

Able to write appropriate recommendations for referral and future communication needs given client’s current levels of performance. Cultural and linguistic factors taken into account when writing recommendations. Needed assistance in writing appropriate recommendations for referral and future communication needs given client’s current levels of performance. Cultural and linguistic factors need to be taken into account more fully when writing recommendations. Unable to write appropriate recommendations for referral and future communication needs given client’s current levels of performance. Cultural and linguistic factors not taken into account when writing recommendations.

Sub-Area Ratings:  Artic/Phon ____;  Dev Lang ____;  Acq Neuro/Aphasia ____;
Cog Impair ____;  AAC ____;  Soc/Prag ____;  Voice ____;
Fluency ____;  Dysphagia ____;  Hearing Imp ____;  Accent Mod/ESL ____

F. Overall Organization and Format of Report; Use of Clinical Jargon (2f)

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<tr>
<th>Superior</th>
<th>Adequate</th>
<th>Needs Improvement</th>
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</tbody>
</table>

Adhered carefully to established guidelines for professional writing, only minor revisions necessary. Used clinical jargon effectively and appropriately. Produced report that generally adhered to guidelines for professional writing in content and usage. Clinical jargon generally used effectively. Needed moderate level of help with revision. Suggestions for revising and improving well utilized. Unable to produce adequate report that adhered to guidelines for professional writing, even after suggestions for revision. Inappropriate use of clinical jargon.

Sub-Area Ratings:  Artic/Phon ____;  Dev Lang ____;  Acq Neuro/Aphasia ____;
Cog Impair ____;  AAC ____;  Soc/Prag ____;  Voice ____;
Fluency ____;  Dysphagia ____;  Hearing Imp ____;  Accent Mod/ESL ____

VII. Self-evaluation/Self-supervision Skills

A. Initiative and Reflective thinking (2a)

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<tr>
<th>Superior</th>
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<th>Needs Improvement</th>
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</tbody>
</table>

Took initiative for discussing goals, objectives, therapy procedures and client performance when appropriate. Questioned their initiative. Display s occasional use of initiative in discussing goals, objectives, therapy procedures and client performance. Occasionally questions their initiative. Rarely or never takes initiative when discussion goals, objectives, therapy procedures and/or client performance.
| Sub-Area Ratings: Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |
|---|---|---|

### VIII. Personal and Professional Qualities

#### A. Dependability: Keeping Appointments (N/A)

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<thead>
<tr>
<th>Superior</th>
<th>Adequate</th>
<th>Needs Improvement</th>
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<tbody>
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<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Was dependable in keeping all scheduled supervisory appointments, client meetings and team meetings. On those occasions where appointment could not be kept, was prompt in notifying others or making alternative arrangements with the approval of the supervisor.</td>
<td>Occasional, limited lapses in keeping appointments. Generally attempts to notify others or make alternative arrangements acceptable to the supervisor when an appointment cannot be kept.</td>
<td>Inconsistent in keeping appointments. Does not make realistic attempts to notify others or to make alternative arrangements acceptable to supervisor.</td>
</tr>
</tbody>
</table>

| Sub-Area Ratings: Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |
|---|---|---|

#### B. Dependability: Paperwork (2f)

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<th>Superior</th>
<th>Adequate</th>
<th>Needs Improvement</th>
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<td>6</td>
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<tr>
<td>Consistently completed assignments thoroughly and on time.</td>
<td>Occasional, limited lapses in completing assignments thoroughly and on time.</td>
<td>Significant difficulties completing assignments thoroughly and on time.</td>
</tr>
</tbody>
</table>

| Sub-Area Ratings: Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___ |
|---|---|---|
### C. File Maintenance/Record Keeping (2f)

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<th>Superior</th>
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</table>

Consistently maintained ongoing file documentation of client activities (e.g., lesson plans, progress notes, summaries of client/family conferences and client contact) in accordance with clinic filing/organization procedures.

Did a fairly good job in maintaining ongoing file documentation of client activities (e.g., lesson plans, progress notes, summaries of client/family conferences, and client contacts) in accordance with clinic filing/organization procedures.

Difficulty maintaining ongoing file documentation of client activities in accordance with clinic filing/organization procedures.

**Sub-Area Ratings:**
- Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___;
- Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___;
- Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___

### D. Adherence to Legal/Ethical Professional Standards for Client Confidentiality (2f)

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<th>Superior</th>
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<th>Needs Improvement</th>
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</table>

Consistently adhered to established professional standards for maintaining client privacy and confidentiality.

Generally adhered to established professional standards for maintaining client privacy and confidentiality.

On numerous occasions, failed to adhere to established professional standards for maintaining client privacy and confidentiality.

**Sub-Area Ratings:**
- Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___;
- Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___;
- Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___

### E. Attitude Toward Learning (N/A)

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<th>Superior</th>
<th>Adequate</th>
<th>Needs Improvement</th>
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</table>

Carried out practicum assignment with positive, concerned attitude; Displayed an open and positive attitude toward learning during the clinical training process.

Willingly carried out practicum assignments; Generally displayed an open and positive attitude toward learning during the clinical training process.

Carried out practicum assignments routinely; Was inconsistent in displaying an open and positive attitude toward learning during the clinical training process.

**Sub-Area Ratings:**
- Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___;
- Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___;
- Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___

### F. Cooperation With Fellow Professionals/Teamwork (N/A)

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<th>Superior</th>
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<th>Needs Improvement</th>
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</table>

Maintained mutually helpful communication with colleagues; Always communicated effectively with others to meet needs of client; Showed strong sensitivity to needs of co-workers and allied professionals; offered assistance when possible; Was a highly involved and

Was generally in communication colleagues; Showed some attempts to communicate with others to meet the needs of the client; Displayed some evidence of sensitivity to the needs of co-workers and allied professionals; Occasionally offered assistance; Was a

Was rarely in communication colleagues; Made infrequent attempts to communicate with others to meet the needs of the client; Did not always show sensitivity to the needs of co-workers and allied professionals; Rarely offered assistance when possible; Was not a fully participating
<table>
<thead>
<tr>
<th>Sub-Area Ratings:</th>
<th>Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___</th>
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G. Response to Weekly, Mid-semester, and Final Supervisory Evaluation and Feedback (N/A)

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<th>Superior</th>
<th>Adequate</th>
<th>Needs Improvement</th>
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</table>

Responded to and accepted supervisory evaluation and feedback in open, non-defensive and professional manner.

Responded to and accepted supervisory evaluation and feedback in a passive but open, non-defensive and professional manner.

Responded to and accepted supervisory evaluation and feedback in a defensive and/or non-professional manner.

<table>
<thead>
<tr>
<th>Sub-Area Ratings:</th>
<th>Artic/Phon ___; Dev Lang ___; Acq Neuro/Aphasia ___; Cog Impair ___; AAC ___; Soc/Prag ___; Voice ___; Fluency ___; Dysphagia ___; Hearing Imp ___; Accent Mod/ESL ___</th>
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Additional Supervisor Comments and Statements

<table>
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<tr>
<th>Midterm Evaluation</th>
<th>Final Evaluation</th>
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</table>

Mean Skill Level, Grade, Credit/No Credit Option

For Clinical Practica w/Grade Requirement:
Mean Skill Level ________ Grade _______

For Clinical Practica w/Credit/No Credit Option:
Credit ___ No credit ___
(To receive credit, student must have 25 or more items with ratings of 5 or better and no rating less than 4)

For Public School Practicum:
Minimum 100 contact hours requirement met?
Yes ___ No ___

For Clinical Practica w/Grade Requirement:
Mean Skill Level ________ Grade _______

For Clinical Practica w/Credit/No Credit Option:
Credit ___ No credit ___
(To receive credit, student must have 25 or more items with ratings of 5 or better and no rating less than 4)

For Public School Practicum:
Minimum 100 contact hours requirement met?
Yes ___ No ___
### Student Response to Evaluation

<table>
<thead>
<tr>
<th>Midterm Evaluation</th>
<th>Final Evaluation</th>
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<tbody>
<tr>
<td>Agree _____ Disagree _____</td>
<td>Agree _____ Disagree _____</td>
</tr>
<tr>
<td>Comments:</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

### Supervisor/Student Clinician Agreed Upon Plan for Improving Performance in Specific Disorder/Skills Areas (Mandatory for Areas rated “3” or lower)

<table>
<thead>
<tr>
<th>Midterm Evaluation</th>
<th>Final Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Goal:</td>
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<tr>
<td>Plan:</td>
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<td>Goal:</td>
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<td>Plan:</td>
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### Midterm Evaluation

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Supervisor Signature</th>
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<tr>
<td>Date</td>
<td>Date</td>
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### Final Evaluation

<table>
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<th>Student Signature</th>
<th>Supervisor Signature</th>
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<tr>
<td>Date</td>
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CALIFORNIA STATE UNIVERSITY, FULLERTON
SPEECH AND HEARING CLINIC

PRACTICUM EVALUATION RATINGS SUMMARY FORM

Student: ___________________________ Date: ___________________________

Practicum (circle one): 458  485  489A  558A  558B  558C  559A  559B  Other______

Semester/Year (circle semester/write year): Sp ____  Sum ____  Fall ____

Type of evaluation (circle one): Mid-semester  Final

Name of supervisor/evaluator: ___________________________

Ratings: 6/7 – Superior (Skills are superior; Needs minimal assistance and supervisor input)
         4/5 – Adequate (Skills are adequate; Needs moderate assistance and supervisor input)
         2/3 – Needs Improvement (Needs considerable improvement, assistance and supervisor input)
         1 – Unsatisfactory
         N/A – Not applicable

**Type of Client(s) Seen**
(Indicate the type of communication areas addressed)

<table>
<thead>
<tr>
<th>Child</th>
<th>Artic/Phon</th>
<th>Adult</th>
<th>Dev Lang</th>
<th>Acq Neuro/Aphasia</th>
<th>Cog Impair</th>
<th>AAC</th>
<th>Soc/Prag</th>
<th>Voice</th>
<th>Fluency</th>
<th>Dysphagia</th>
<th>Hearing Imp</th>
<th>Accent Mod/ESL</th>
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<tr>
<th>CLINICAL SKILLS</th>
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<th>6</th>
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<th>4</th>
<th>3</th>
<th>2</th>
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<th>N/A</th>
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</thead>
</table>

**I. SKILLS IN INTERACTING WITH CLIENTS (COUNSELING, INTERVIEWING)**

A. Ability to develop appropriate interview and/or counseling questions (1b)
B. Ability to effectively ask interview questions (1b)
C. Ability to Establish Rapport with Client and Family (1b)
D. Appropriateness and Effectiveness of Clinician Sharing and Problem Solving (1b)
E. Organization and Professionalism During Client/Family Interviews (1b)
F. Pacing & Interaction During Client/Family Interviews & Counseling Sessions (1b)
G. Level of Cultural Sensitivity & Responsiveness during Client/Family Interviews (1b)

**II. DIAGNOSTIC TESTING, ANALYSIS, AND INTERPRETATION**

A. Selection of Diagnostic Tools (1c)
B. Resourcefulness in Identifying and Obtaining Relevant Documents and Information Important to the Diagnostic Testing Process (1b)
C. Administration of Screening, Standardized and Non-standardized Assessment Measures (1a, 1c, 1d)
D. Data Analysis (1e)
E. Interpretation of Diagnostic Information (1e)
### III. DIAGNOSTIC REPORT WRITING SKILLS

<table>
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<tbody>
<tr>
<td>A.</td>
<td>Written Summary of Client Background Information (1b, 1f)</td>
<td></td>
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<tr>
<td>B.</td>
<td>Written Summary of Diagnostic Test Findings (1f)</td>
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<tr>
<td>C.</td>
<td>Written Summary of Diagnostic Impressions (1f)</td>
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<td>D.</td>
<td>Written Recommendations (1e, 1f, 1g)</td>
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<tr>
<td>E.</td>
<td>Overall Organization and Format of Report; Use of Clinical Jargon (1f)</td>
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### IV. SKILLS IN DEVELOPING AND PLANNING PREVENTION/THERAPY

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<tbody>
<tr>
<td>A.</td>
<td>Ability to Determine Appropriate and Realistic Goals and Objectives Using Relevant Theoretical Frameworks and Research (2a)</td>
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<td>B.</td>
<td>Ability to Include the Client, Community and Significant Others in Developing Program Goals and Objectives (2b)</td>
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<tr>
<td>C.</td>
<td>Ability to Develop Realistic Objectives for Future Sessions (2a)</td>
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<td>D.</td>
<td>Ability to Write Measurable Goals and Objectives (2a)</td>
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<tr>
<td>E.</td>
<td>Selection of Therapy Procedures, Methods, and Activities (2c)</td>
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<td>F.</td>
<td>Ability to Write Clear Descriptions of Session Procedures/Materials (2f)</td>
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<td>G.</td>
<td>Appropriate and Effective Selection of Materials (2c)</td>
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<td>H.</td>
<td>Resourcefulness in Obtaining Additional Information or Materials (2c)</td>
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<tr>
<td>I.</td>
<td>Ingenuity in Developing Original Techniques and Materials (2c)</td>
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<td>J.</td>
<td>Ability to Modify Therapy/Instruction Plans as Needed (2e)</td>
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<tr>
<td>K.</td>
<td>Utilization of Supervisor Suggestions for Modifying Goals or Techniques (N/A)</td>
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### V. SKILLS IN INTERACTING WITH CLIENTS (THERAPY/INSTRUCTION PROCESS)

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<tbody>
<tr>
<td>A.</td>
<td>Sensitivity, Responsiveness, and Flexibility in Meeting Client Needs (2e)</td>
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<tr>
<td>B.</td>
<td>Ability to Manage Behavior (2b, 2e)</td>
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<tr>
<td>C.</td>
<td>Ease in the Clinical Situation (2b)</td>
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<tr>
<td>D.</td>
<td>Appropriate Use of Therapy Materials and Equipment (2c)</td>
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<td>E.</td>
<td>Implementation of Teaching Strategies: Instruction and Demonstration (2b)</td>
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<tr>
<td>F.</td>
<td>Implementation of Teaching Strategies: Modeling, Cueing, Reinforcement and Feedback (2b)</td>
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<tr>
<td>G.</td>
<td>Oral Speech and Language Model (2b, 2e)</td>
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<tr>
<td>H.</td>
<td>Accuracy in Discrimination of Client Responses (2d)</td>
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<tr>
<td>I.</td>
<td>Effective Use of Time (2b)</td>
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### VI. THERAPY/INSTRUCTIONAL PROGRESS REPORT WRITING

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<tbody>
<tr>
<td>A.</td>
<td>Written Summary of Client Background Information (2f)</td>
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<tr>
<td>B.</td>
<td>Written Summary of Formal and Informal Assessments (2f)</td>
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<tr>
<td>C.</td>
<td>Written Summary of Client Performance on all Targeted Goals and Objectives (2f)</td>
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<tr>
<td>D.</td>
<td>Analysis and Interpretation of Information from Formal and Informal Assessments (2e)</td>
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<tr>
<td>E.</td>
<td>Written Recommendations (2e, 2g)</td>
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<td>F.</td>
<td>Overall Organization and Format of Report; Use of Clinical Jargon (2f)</td>
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### VII. SELF-EVALUATION/SELF-SUPERVISION SKILLS

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<td>A.</td>
<td>Initiative and Reflective Thinking (2a)</td>
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<td>B.</td>
<td>Ability to Evaluate Clinician and Client Performance (2d)</td>
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### VIII. PERSONAL AND PROFESSIONAL QUALITIES

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<td>B. Dependability: Paperwork (2f)</td>
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<td>C. File Maintenance/Record Keeping (2f)</td>
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<td>D. Adherence to Legal/Ethical Professional Standards for Client Confidentiality (2f)</td>
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<td>E. Attitude Toward Learning (N/A)</td>
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<td>F. Cooperation with Fellow Professionals/Teamwork (N/A)</td>
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<td>G. Response to Weekly/Mid-semester/Final Supervisory Evaluation and Feedback (N/A)</td>
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**Mean Skill Level, Grade, Credit/No Credit Option**

*For Clinical Practica w/Grade Requirement:* Mean Skill Level _______ Grade _______

*For Clinical Practica w/Credit/No Credit Option:* Credit ___ No credit ____

(To receive credit, student must have 25 or more items with ratings of 5 or better and no rating less than 4)

*For Public School Practicum:*

Minimum 100 contact hours requirement met? Yes ____ No ____

---

### Additional Supervisor Comments and Statements

<table>
<thead>
<tr>
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<th>Midterm Evaluation</th>
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### Student Response to Evaluation

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<td>Midterm Evaluation</td>
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**Supervisor/Student Clinician Agreed Upon Plan for Improving Performance in Specific Disorder/Skills Areas (Mandatory for Areas rated “3” or lower)**

**Midterm Evaluation**
- Student Signature
- Off-Campus Supervisor (if applicable)
- On-Campus Supervisor
- Date

**Final Evaluation**
- Student Signature
- Off-Campus Supervisor (if applicable)
- On-Campus Supervisor
- Date
California State University, Fullerton
Communicative Disorders Program

Survey of Graduates and Employers

Instructions for Graduate: Please evaluate each of the knowledge or skill-based competencies listed below by circling the applicable number on each scale. The rating scale is described at the top of each page. The items marked by double asterisks should be responded to only if you completed the Clinical Rehabilitative Services Credential in Language, Speech, and Hearing. Otherwise, leave those items blank. Please give the second copy of this form to your employer to complete after you have completed the first box below for your employer, since they probably do not know which courses you have completed.

Instructions for Employer: Please evaluate each of the knowledge or skill-based competencies listed below by circling the applicable number on each scale. The rating scale is described at the top of each page. The items marked by double asterisks should be responded to only if your graduate completed the Clinical Rehabilitative Services Credential in Language, Speech, and Hearing (see Item 1.2 below, if in doubt). Otherwise, leave those items blank. Please mail in the return envelope provided by the graduate. Thank you for helping!

1.0 BACKGROUND INFORMATION

1.1 Please indicate which of the following electives you have had

- SPCH 404: Comm Biling/Multicult
- SPCH 450: Acoustics Phonetics
- SPCH 543: Neuro Spch Dysphagia
- SPCH 544: Sem Neuro Lang Cognitive
- SPCH 554: Sem Multicult Com Dis
- SPCH 571: Sem in Fluency Disorders

- SPCH 573: Sem in Voice Disorders
- SPCH 574: Sem in Phonological Dis
- SPCH 576: Seminar in Aug & Alt Com
- SPCH 558B: Clin Prac: Diag in CD
- SPCH 558C: Clin Prac: Multicultural
- SPCH 558D: Clin Prac: Instrumental

1.2 Credentials, certification, license (check those you now hold)

- CCC-SLP
- California License SLP
- Clinical Rehab Services Credential
- Special Classroom Authorization

1.3 Type of work setting (check all that apply)

- Hospital
- Community clinic
- Private practice
- Public school
- Special day class/CH
- Other

1.4 Age of your clients (check all that apply)

- 0 – 3 years
- 3 – 5 years
- 6 – 12 years
- Adolescent
- Adult
- Geriatric
## RATING SCALE

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<th>Rating</th>
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<tr>
<td>2</td>
<td>Neutral</td>
</tr>
<tr>
<td>1</td>
<td>Moderately disagree</td>
</tr>
<tr>
<td>0</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

### Basic Knowledge and Skills

1. I left the program with strong oral communication skills.  
   Rating: 4 3 2 1 0

2. I left the program with strong written communication skills.  
   Rating: 4 3 2 1 0

3. I left the program with a strong understanding of the following:
   a. The biological, neurological, and acoustic aspects of human communication and swallowing processes.  
      Rating: 4 3 2 1 0
   b. The psychological, developmental, and linguistic foundations of human communication and swallowing processes.  
      Rating: 4 3 2 1 0
   c. The cultural foundations of human communication processes.  
      Rating: 4 3 2 1 0
   d.* Fundamental bases of speech, language, and hearing  
      Rating: 4 3 2 1 0
   e.* Basic knowledge of communicative disorders  
      Rating: 4 3 2 1 0

### Clinical Knowledge and Skills

4. **Articulation** (e.g., developmental articulation disorders, phonological disorders, dysarthria, and apraxia): I received a strong education and/or training with regard to……  
   a. Knowledge of etiologies and characteristics  
      Rating: 4 3 2 1 0
   b. Knowledge of the principles and practices of assessment and diagnosis  
      Rating: 4 3 2 1 0
   c. Knowledge and the principles and practices of management  
      Rating: 4 3 2 1 0
   d. Clinical skills in assessment and diagnosis  
      Rating: 4 3 2 1 0
   e. Clinical skills in management  
      Rating: 4 3 2 1 0

5. **Cognitive aspects of communication** (e.g., the cognitive deficits associated with right hemisphere syndrome, traumatic brain injury, dementia, etc.): I received a strong education and/or training with regard to……  
   a. Knowledge of etiologies and characteristics  
      Rating: 4 3 2 1 0
   b. Knowledge of the principles and practices of assessment and diagnosis  
      Rating: 4 3 2 1 0
   c. Knowledge and the principles and practices of management  
      Rating: 4 3 2 1 0
   d. Clinical skills in assessment and diagnosis  
      Rating: 4 3 2 1 0
   e. Clinical skills in management  
      Rating: 4 3 2 1 0

6. **Modalities of communication** (i.e., the use of non-oral or assisted communication): I received a strong education and/or training with regard to……  
   a. Knowledge of etiologies and characteristics  
      Rating: 4 3 2 1 0
   b. Knowledge of the principles and practices of assessment and diagnosis  
      Rating: 4 3 2 1 0
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<td><strong>Page 3</strong></td>
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</table>

6.c. Knowledge and the principles and practices of management  
6.d. Clinical skills in assessment and diagnosis  
6.e. Clinical skills in management  

7. Disorders of **fluency**: I received a strong education and/or training with regard to…...
7.a. Knowledge of etiologies and characteristics  
7.b. Knowledge of the principles and practices of assessment and diagnosis  
7.c. Knowledge and the principles and practices of management  
7.d. Clinical skills in assessment and diagnosis  
7.e. Clinical skills in management  

8. **Hearing**: I received a strong education and/or training with regard to…..
8.a. Knowledge of etiologies and characteristics  
8.b. Knowledge of the principles and practices of screening  
8.c. Knowledge and the principles and practices of management of communication in persons with hearing impairment  

9. **Receptive and expressive language—acquired disorders**: I received a strong education and/or training with regard to…..
9.a. Knowledge of etiologies and characteristics  
9.b. Knowledge of the principles and practices of assessment and diagnosis  
9.c. Knowledge and the principles and practices of management  
9.d. Clinical skills in assessment and diagnosis  
9.e. Clinical skills in management  

10. **Receptive and expressive language—developmental disorders**: I received a strong education and/or training with regard to…..
10.a. Knowledge of etiologies and characteristics  
10.b. Knowledge of the principles and practices of assessment and diagnosis  
10.c. Knowledge and the principles and practices of management  
10.d. Clinical skills in assessment and diagnosis  
10.e. Clinical skills in management  

11. **Social aspects of communication** (e.g., the pragmatic deficits associated with right hemisphere syndrome, traumatic brain injury, autism, or developmental language disorders): I received a strong education and/or training with regard to…..
12.a. Knowledge of etiologies and characteristics  

<table>
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<th>RATING SCALE</th>
<th>4 = Strongly agree</th>
<th>3 = Moderately agree</th>
<th>2 = Neutral</th>
<th>1 = Moderately disagree</th>
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<td>Knowledge of etiologies and characteristics</td>
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<td><strong>Voice and resonance:</strong> I received a strong education and/or training with regard to.....</td>
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<td>15.c.</td>
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<td>Ability to communicate with clients, families, and other professionals</td>
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<td>Ability to apply research findings to clinical needs</td>
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<td>19.*</td>
<td>Current principles, procedures, and instruments used in assessing speech and language, including persons from diverse language or cultural backgrounds</td>
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<td>Advanced principles and procedures for individual or group therapy</td>
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<td>Knowledge of relevant legal, professional, and ethical mandates</td>
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<td>Ability to manage the behaviors of diverse learners in different therapy settings</td>
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<td>23.*</td>
<td>Ability to collaborate and communicate with individuals with disabilities and with their families, school personnel, and with community resources</td>
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<td>Knowledge of second language acquisition and linguistic dialectal variation</td>
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<td>Ability to appropriately assess, select, and develop augmentative/alternative communication systems and to train clients in their use</td>
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Continue with the next items only if you are working in a public school system under the Clinical Rehabilitative Services Credential in Speech, Language, and Hearing

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<td>27.*</td>
<td>Evaluation and reporting outcomes of direct clinical-educational management programs to parents and pupils (including efficient record keeping)</td>
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<td>28.*</td>
<td>Development and effective use of individualized objectives for exceptional individuals with speech-language-hearing disorders</td>
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<td>Designing and utilizing pupil performance criteria to evaluate pupil attainment and behaviors</td>
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<td>30.*</td>
<td>Ability to design and manage effective speech, language, and hearing programs</td>
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<td>Description of the roles and relationships of the speech, language, and hearing specialist and audiologist in public education</td>
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<td>32.*</td>
<td>Knowledge of history and theory of education</td>
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* Indicates items that are used in program's CRSC analysis.
ASHA Code of Ethics

American Speech-Language-Hearing Association

Code of Ethics

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.
Rules of Ethics

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
Rules of Ethics

1. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
2. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
3. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
4. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
5. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
2. Individuals shall not participate in professional activities that constitute a conflict of interest.
3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.
Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

Index terms: ethics


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doi:10.1044/policy.ET2010-00309
KASA Website

Knowledge and Skills Acquisition (KASA) Summary Form
For Certification in Speech-Language Pathology
March, 2003
The KASA form is intended for use by the certification applicant during the graduate program to track the processes by which the knowledge and skills specified in the 2005 Standards for the CCC are being acquired. Each student should review the KASA form.

The student, with input and monitoring of program faculty, must enter a check mark in column B as each of the knowledge and skills is acquired. It is expected that many entries will appear in the course work and the clinical practicum columns, with some entries appearing in both.

### I. KNOWLEDGE AREAS

<table>
<thead>
<tr>
<th>Standards</th>
<th>Knowledge/ Skill Met? (check)</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>Other (e.g. labs, research) (Include description of activity)</th>
</tr>
</thead>
</table>
| Standard III-A: The applicant must demonstrate knowledge of the principles of:  
- Biological sciences  
- Physical sciences  
- Mathematics  
- Social/Behavioral sciences | | | | Transcript verification in HCOM 501 |
| Standard II-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases  
- Basic Human Communication Processes | | | | Transcript verification in HCOM 501 |

<table>
<thead>
<tr>
<th>Standards</th>
<th>Knowledge/ Skill Met? (check)</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>Other (e.g. labs, research) (Include description of activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td>512 Neural Basis, 571 Som Phon Dis, 573 Som Voice Dis, 574 Som Phon Dis, 577 Som Child Lang Dis</td>
<td></td>
<td></td>
<td>KASA Exam: Artic, Fluent, Hear, Lang/AD, Voice</td>
</tr>
<tr>
<td>Neurological</td>
<td>542 Neural Basis, 571 Som Phon Dis, 573 Som Voice Dis, 574 Som Phon Dis, 577 Som Child Lang Dis</td>
<td></td>
<td></td>
<td>KASA: Artic, Cogn, Fluent, Lang/AD, Mod, Soc, Vo</td>
</tr>
<tr>
<td>Acoustic</td>
<td>571 Som Phon Dis, 573 Som Voice Dis, 577 Som Child Lang Dis</td>
<td></td>
<td></td>
<td>KASA Exam: Artic, Fluent, Hear, Lang/AD, Voice</td>
</tr>
<tr>
<td>Psychological</td>
<td>542 Neural Basis, 573 Som Voice Dis, 577 Som Child Lang Dis</td>
<td></td>
<td></td>
<td>KASA Exam: Cogn, Lang/AD, Voice</td>
</tr>
<tr>
<td>Developmental/Lifespan</td>
<td>512 Neural Basis, 573 Som Voice Dis, 574 Som Phon Dis, 577 Som Child Lang Dis</td>
<td></td>
<td></td>
<td>KASA: Artic, Cogn, Hear, Lang/AD, Soc, Voice</td>
</tr>
<tr>
<td>Linguistic</td>
<td>571 Som Phon Dis, 573 Som Voice Dis, 574 Som Phon Dis, 577 Som AAC, 577 Som Child Lang Dis</td>
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<td></td>
<td>KASA: Artic, Fluent, Lang/AD, Mod, Soc, Voice</td>
</tr>
<tr>
<td>Cultural</td>
<td>571 Som Phon Dis, 573 Som Voice Dis, 574 Som Phon Dis, 577 Som AAC, 577 Som Child Lang Dis</td>
<td></td>
<td></td>
<td>KASA: Artic, Fluent, Lang/AD, Mod, Soc, Voice</td>
</tr>
<tr>
<td>Swallowing Processes</td>
<td>Biological</td>
<td>641 Som Dysphagia</td>
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<td>KASA Exam: Swallowing</td>
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<tr>
<td></td>
<td>Neurological</td>
<td>543 Som Dysphagia</td>
<td></td>
<td>KASA Exam: Swallowing</td>
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<tr>
<td></td>
<td>Acoustic</td>
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<tr>
<td></td>
<td>Psychological</td>
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<td>Developmental/Lifespan</td>
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<td></td>
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<tr>
<td></td>
<td>Cultural</td>
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<tr>
<td>Standards</td>
<td>Knowledge/ Skill Met? (check)</td>
<td>Course # and Title</td>
<td>Practicum Experiences # and Title</td>
<td>How Achieved?</td>
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</tr>
<tr>
<td>Standard BCE: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:</td>
<td></td>
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</tr>
<tr>
<td>Articulation</td>
<td>Etiologies</td>
<td>574 Sem Phon Dis</td>
<td>KASA Exam: Artic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Characteristics</td>
<td>574 Sem Phon Dis</td>
<td>KASA Exam: Artic</td>
<td></td>
</tr>
<tr>
<td>Fluency</td>
<td>Etiologies</td>
<td>571 Sem Flu Dis</td>
<td>KASA Exam: Flu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Characteristics</td>
<td>571 Sem Flu Dis</td>
<td>KASA Exam: Flu</td>
<td></td>
</tr>
<tr>
<td>Voice and resonance, including inspiration and phonation</td>
<td>Etiologies</td>
<td>573 Sem Voice Dis</td>
<td>KASA Exam: Voice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Characteristics</td>
<td>573 Sem Voice Dis</td>
<td>KASA Exam: Voice</td>
<td></td>
</tr>
<tr>
<td>Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities</td>
<td>Etiologies</td>
<td>474 Nour Com Dis, 577 Sem Child Lang Dis</td>
<td>KASA Exam: Lang A/D</td>
<td></td>
</tr>
<tr>
<td>Characteristics</td>
<td>574 Nour Com Dis, 577 Sem Child Lang Dis</td>
<td>KASA Exam: Lang A/D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing, including the impact on speech and language</td>
<td>Etiologies</td>
<td>401 Audiosaudios, 405 Aural Rehab</td>
<td>KASA Exam: Hear</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Characteristics</td>
<td>401 Audiosaudios, 405 Aural Rehab</td>
<td>KASA Exam: Hear</td>
<td></td>
</tr>
<tr>
<td>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orolfacial myofunction)</td>
<td>Etiologies</td>
<td>543 Sem Dysphagia</td>
<td>KASA Exam: Swallowing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Characteristics</td>
<td>543 Sem Dysphagia</td>
<td>KASA Exam: Swallowing</td>
<td></td>
</tr>
<tr>
<td>Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</td>
<td>Etiologies</td>
<td>542 Neural Bases</td>
<td>KASA Exam: Cogn</td>
<td></td>
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<tr>
<td></td>
<td>Characteristics</td>
<td>542 Neural Bases</td>
<td>KASA Exam: Cogn</td>
<td></td>
</tr>
<tr>
<td>Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)</td>
<td>Etiologies</td>
<td>577 Sem Child Lang Dis</td>
<td>KASA Exam: Soc</td>
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</tr>
<tr>
<td></td>
<td>Characteristics</td>
<td>577 Sem Child Lang Dis</td>
<td>KASA Exam: Soc</td>
<td></td>
</tr>
<tr>
<td>Communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)</td>
<td>Etiologies</td>
<td>576Sem/OC/970Sem/Online</td>
<td>KASA Exam: Soc</td>
<td></td>
</tr>
</tbody>
</table>
## CSUF Speech-Language Pathology Services Credential Program Assessment 2013

### Characteristics

#### Standard III B: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Knowledge/ Skill Met? (check)</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>Other (e.g. labs, research) (Include description of activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
<td>570 Sem AAC</td>
<td>KASA Exam: Mod</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td>574 Sem Phon Dis 2</td>
<td>KASA Exam: Artic</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
<td>574 Sem Phon Dis 2</td>
<td>KASA Exam: Artic</td>
<td></td>
</tr>
</tbody>
</table>

#### Fluency

| Prevention |                               | 571 Sem Fluor Dis 3 | KASA Exam: Fluen |
| Assessment |                               | 571 Sem Fluor Dis 3 | KASA Exam: Fluen |
| Intervention|                             | 571 Sem Fluor Dis 3 | KASA Exam: Fluen |

#### Voice and Resonance

| Prevention |                               | 573 Sem Voice Dis 3 | KASA Exam: Voice |
| Assessment |                               | 573 Sem Voice Dis 3 | KASA Exam: Voice |
| Intervention|                             | 573 Sem Voice Dis 3 | KASA Exam: Voice |

#### Receptive and Expressive Language

| Prevention |                               | 577 Sem Child Lang Dis | KASA Exam: LangAD |
| Assessment |                               | 577 Sem Child Lang Dis | KASA Exam: LangAD |

### Additional Standards

#### Intervention

<table>
<thead>
<tr>
<th>Knowledge/ Skill Met? (check)</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>Other (e.g. labs, research) (Include description of activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>577 Sem Child Lang Dis</td>
<td>KASA Exam: LangAD</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>576 Sem AAC</td>
<td>KASA Exam: Mod</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>461 Audi Audiol, 465 Aure Ruh</td>
<td>KASA Exam: Hear</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>461 Audi Audiol, 465 Aure Ruh</td>
<td>KASA Exam: Hear</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>543 Sem Dysphagia</td>
<td>KASA Exam: Swallowing</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>543 Sem Dysphagia</td>
<td>KASA Exam: Swallowing</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>543 Sem Dysphagia</td>
<td>KASA Exam: Swallowing</td>
<td></td>
</tr>
<tr>
<td>Cognitive aspects of communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>544 Neural Basis</td>
<td>KASA Exam: Cogn</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>544 Neural Basis</td>
<td>KASA Exam: Cogn</td>
<td></td>
</tr>
</tbody>
</table>

#### Social aspects of communication

| Prevention |                               | 570 Sem AAC, 577 Sem Child Dis | KASA Exam: Soc |
| Assessment |                               | 577 Sem Child Lang Dis | KASA Exam: Soc |

#### Communication Modalities

| Prevention |                               | 577 Sem AAC |
| Assessment |                               | 577 Sem AAC |
| Intervention|                             | 577 Sem AAC |

<table>
<thead>
<tr>
<th>Standard III E: The applicant must demonstrate knowledge of standards of ethical conduct.</th>
<th>Knowledge/ Skill Met? (check)</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>Other (e.g. labs, research) (Include description of activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOOM 501</td>
<td></td>
<td>NA</td>
<td>Written exam in HOOM 501</td>
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</tr>
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</table>

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### CSUF Speech-Language Pathology Services Credential Program Assessment 2013

<table>
<thead>
<tr>
<th>Standards</th>
<th>Knowledge/ Skill Met?</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>How Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard III.F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.</td>
<td>check</td>
<td>HCOM 500 and all other required graduate seminars</td>
<td>KASA Exams include questions that require writer to demonstrate knowledge of research processes and principles, including application to evidence-based practice</td>
<td></td>
</tr>
<tr>
<td>Standard III.G: The applicant must demonstrate knowledge of contemporary professional issues.</td>
<td></td>
<td>HCOM 501 and all other required graduate seminars</td>
<td>All KASA exams</td>
<td></td>
</tr>
<tr>
<td>Standard III.H: The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.</td>
<td></td>
<td>HCOM 501</td>
<td>Written exam in HCOM 501</td>
<td></td>
</tr>
<tr>
<td>Standard IV.A: The applicant must complete a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV.G.</td>
<td></td>
<td>Prerequisites are checked prior to enrollment in any graduate seminar and any clinical practicum. This ensures an appropriate sequence of learning</td>
<td>Verification of completion of all requirements for the M.A. Degree, all required clinical practicum hours, and the fulfillment of all KASA competencies.</td>
<td></td>
</tr>
<tr>
<td>Standard IV.B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.</td>
<td></td>
<td>HCOM 501</td>
<td>Demonstrated through writing of papers and other documents and in oral communication activities in HCOM 501.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standards</th>
<th>Knowledge/ Skill Met?</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>How Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard IV.C: The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.</td>
<td>check</td>
<td>All required clinical practicum courses.</td>
<td>Final verification of hours is done by CD Coordinator at conclusion of program.</td>
<td></td>
</tr>
<tr>
<td>Standard IV.D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.</td>
<td></td>
<td>All required clinical practicum courses.</td>
<td>Final verification of hours is done by CD Coordinator at conclusion of program.</td>
<td></td>
</tr>
<tr>
<td>Standard IV.E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.</td>
<td></td>
<td>All clinical supervisors have appropriate ASHA certification, experience, and expertise.</td>
<td>Supervisors' credentials are verified by CD program each semester.</td>
<td></td>
</tr>
<tr>
<td>Standards</td>
<td>Knowledge/ Skill Met?</td>
<td>Course # and Title</td>
<td>Practicum Experiences # and Title</td>
<td>How Achieved?</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.</td>
<td>Achieved in clinical practicum courses that include clients from diverse cultural and linguistic backgrounds.</td>
<td>Final verification that the student has had experience with clients from diverse linguistic and cultural backgrounds is done by CD Coordinator using the cover sheet of the &quot;Summary of Clock Hours.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other successful alternative methods):</td>
<td></td>
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</tr>
<tr>
<td>1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Standards</th>
<th>Knowledge/ Skill Met?</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>How Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Conduct screening and prevention procedures (including prevention activities)</td>
<td></td>
<td></td>
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<tr>
<td>b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals</td>
<td></td>
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<tr>
<td>c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures</td>
<td></td>
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<tr>
<td>d. Adapt evaluation procedures to meet client/patient needs</td>
<td></td>
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<tr>
<td>e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention</td>
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<tr>
<td>f. Complete administrative and reporting functions necessary to support evaluation</td>
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<td>g. Refer clients/patients for appropriate services</td>
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<tr>
<td>• Articulation</td>
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<tr>
<td>Standards</td>
<td>Knowledge/ Skill Met?</td>
<td>Practicum Experiences # and Title</td>
<td>Other (e.g., labs, research) (Include description of activity)</td>
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<td>----------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Fluency</td>
<td></td>
<td>456A Pract Adult, 555B Pract Diag, 556C Pract Multicultural, 556A Adv Pract, 456A Pract Public Soft and/or 555B Pract Pract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice and resonance, including expiration and phonation</td>
<td></td>
<td>556A Pract Adult, 555B Pract Diag, 556C Pract Multicultural, 556A Adv Pract, 456A Pract Public Soft and/or 555B Pract Pract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing, including the impact on speech and language</td>
<td></td>
<td>456 Pract Aud</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)</td>
<td></td>
<td>555A Pract Adult, 555B Pract Pract</td>
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<td>Social aspects of communication (including challenging behavior; reflective social skills, lack of communication opportunities)</td>
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<td>Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)</td>
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<th>Other (e.g., labs, research) (Include description of activity)</th>
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<td>2. Intervention (must include all skill outcomes listed in a-g below for each of the 5 major areas)</td>
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<td>a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients/patients' needs. Collaborate with clients/patients and relevant others in the planning process</td>
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<td>b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)</td>
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<td>c. Select or develop and use appropriate materials and instrumentation for prevention and intervention</td>
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<td>d. Measure and evaluate clients/patients' performance and progress</td>
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<td>e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients</td>
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<td>f. Complete administrative and reporting functions necessary to support intervention</td>
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### Standards

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<th>Other (e.g., labs, research) (Include description of activity)</th>
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#### A

**g. Identify and refer clients/patients for services as appropriate**

- **Articulation**
  - 458 Prac Child, 556A Prac Adult, 559B Prac Diag, 559C Prac Multicultural, 55AA Adv Prac, 489A Prac Public Sch and/or 556B Adv Prac

- **Fluency**
  - 55A Prac Adult, 559B Prac Diag, 556A Prac Multicultural, 55AA Adv Prac, 489A Prac Public Sch and/or 556B Adv Prac

- **Voice and resonance**
  - 55A Prac Adult, 559B Prac Diag, 556C Prac Multicultural, 55A Adv Prac, 489A Prac Public Sch and/or 556B Adv Prac

- **Receptive and expressive language**
  - 455 Prac Child, 559A Prac Adult, 559B Prac Diag, 556C Prac Multicultural, 55A Adv Prac, 489A Prac Public Sch and/or 556B Adv Prac

- **Hearing, including the impact on speech and language**
  - 55A Prac Adult, 559A Adv Prac

- **Swallowing**
  - 455 Prac Child, 559A Prac Adult, 559B Prac Diag, 556C Prac Multicultural, 55A Adv Prac, 489A Prac Public Sch and/or 556B Adv Prac

- **Cognitive aspects of communication**
  - 455 Prac Child, 559A Prac Adult, 559B Prac Diag, 556C Prac Multicultural, 55A Adv Prac, 489A Prac Public Sch and/or 556B Adv Prac

- **Social aspects of communication**
  - 455 Prac Child, 559A Prac Adult, 559B Prac Diag, 556C Prac Multicultural, 55A Adv Prac, 489A Prac Public Sch and/or 556B Adv Prac

- **Communication modalities**
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#### 3. Interaction and Personal Qualities

### Standards

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a. **Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**

- 458 Prac Child, 458 Prac Aud, 485 Prac Aud, 489A Prac Public Sch and/or 556B Adv Prac

b. **Collaborate with other professionals in case management.**

- 458 Prac Child, 458 Prac Aud, 485 Prac Aud, 489A Prac Public Sch and/or 556B Adv Prac

c. **Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**

- 458 Prac Child, 458 Prac Aud, 485 Prac Aud, 489A Prac Public Sch and/or 556B Adv Prac

d. **Adhere to the ASHA Code of Ethics and behave professionally.**

- 458 Prac Child, 458 Prac Aud, 485 Prac Aud, 489A Prac Public Sch and/or 556B Adv Prac
Knowledge and Skills Acquisition (KASA) Summary Form
For Certification in Speech-Language Pathology
Verification by Program Director

Name of Student: ____________________________________________
Social Security No.: ____________________________

The applicant for certification:

☐ Yes ☐ No Has a master's or doctoral degree. A minimum of 75 semester credit hours were completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology ( Std. I)

☐ Yes ☐ No Initiated and completed all graduate course work and graduate clinical practicum in an institution whose program was accredited by the CAA (Std. I)

☐ Yes ☐ No Has completed a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes (Std. III-A, B, C)

☐ Yes ☐ No Possesses knowledge of the principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders (Std. III-C)

☐ Yes ☐ No Has demonstrated knowledge of standards of ethical conduct (Std. III-E)

☐ Yes ☐ No Has knowledge of processes used in research and the integration of research principles into evidence-based clinical practice (Std. III-F)

☐ Yes ☐ No Has demonstrated knowledge of contemporary professional issues (Std. III-G)

☐ Yes ☐ No Has demonstrated knowledge about certification, specialty recognition, licensure, and other relevant professional credentials (Std III-H)

☐ Yes ☐ No Has completed a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G (Std. IV-A)

☐ Yes ☐ No Possesses skills in oral and written and other forms of communication sufficient for entry into professional practice (Std. IV-B)

☐ Yes ☐ No Has completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact (Std. IV-C)

☐ Yes ☐ No Has completed at least 325 clock hours while engaged in graduate study (Std. IV-D)

☐ Yes ☐ No Has been supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision was appropriate to the student's level of knowledge, experience, and competence and the supervision was sufficient to ensure the welfare of the client/patient populations (Std. IV-E)

☐ Yes ☐ No Has gained knowledge of and experience with individuals from culturally/linguistically diverse backgrounds and with client/patient populations across the life span (Std. IV-F)

☐ Yes ☐ No The applicant has met the education program's requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills (Std. V-A)

The program director verifies that the student meet each standard and has successfully met the education program's requirements for demonstrating satisfactory performance through ongoing assessment of knowledge and skills.

Name
Coordinator, Communicative Disorders Program

Communicative Disorders Program
California State University, Fullerton
University

Signature

Date
CSUF Speech-Language Pathology Services Credential Program Assessment 2013

CALIFORNIA STATE UNIVERSITY, FULLERTON
COMMUNICATIVE DISORDERS PROGRAM

SUMMARY OF CLOCK HOURS

STUDENT: 

Student's Name

CUID

LAST DATA ENTRY: Date

(MONTH/YEAR)

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<td>E. Organization and Professionalism During Client/Family Interviews</td>
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<td>F. Pacing &amp; Interaction During Client/Family Interviews &amp; Counseling Sessions</td>
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<td>G. Level of Cultural Sensitivity &amp; Responsiveness during Client/Family Interviews</td>
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<td>II. DIAGNOSTIC TESTING, ANALYSIS, AND INTERPRETATION</td>
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<td>B. Resourcefulness in Identifying and Obtaining Relevant Documents and Information Important to the Diagnostic Testing Process</td>
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<td>C. Administration of Screening, Standardized and Non-standardized Assessment Measures</td>
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<td>III. DIAGNOSTIC REPORT WRITING SKILLS</td>
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<td>IV. SKILLS IN DEVELOPING AND PLANNING PREVENTION/THERAPY</td>
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<td>A. Ability to Determine Appropriate and Realistic Goals and Objectives Using Relevant Theoretical Frameworks and Research</td>
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<td>C. Ability to Develop Realistic Objectives for Future Sessions</td>
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<td>D. Ability to Write Measurable Goals and Objectives</td>
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<td>F. Ability to Write Clear Descriptions of Session Procedures/Materials</td>
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<td>H. Resourcefulness in Obtaining Additional Information or Materials</td>
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<td>I. Ingenuity in Developing Original Techniques and Materials</td>
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<td>J. Ability to Modify Therapy/Instruction Plans as Needed</td>
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<td>K. Utilization of Supervisor Suggestions for Modifying Goals or Techniques</td>
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<td>V. SKILLS IN INTERACTING WITH CLIENTS (THERAPY/INSTRUCTION PROCESS)</td>
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<td>A. Sensitivity, Responsiveness, and Flexibility in Meeting Client Needs</td>
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<td>C. Ease in the Clinical Situation</td>
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<td>E. Implementation of Teaching Strategies: Instruction and Demonstration</td>
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<td>F. Implementation of Teaching Strategies: Modeling, Cueing, Reinforcement and Feedback</td>
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<td>G. Oral Speech and Language Model</td>
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<td>H. Accuracy in Discrimination of Client Responses</td>
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<td>I. Effective Use of Time</td>
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<td>VI. THERAPY/INSTRUCTIONAL PROGRESS REPORT WRITING</td>
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<td>C. Written Summary of Client Performance on all Targeted Goals and Objectives</td>
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<td>D. Analysis and Interpretation of Information from Formal and Informal Assessments</td>
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<td>B. Ability to Evaluate Clinician and Client Performance</td>
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<td>A. Dependability: Keeping Appointments</td>
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<td>B. Dependability: Paperwork</td>
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<td>C. File Maintenance/Record Keeping</td>
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<td>D. Adherence to Legal/Ethical Professional Standards for Client Confidentiality</td>
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<td>E. Attitude Toward Learning</td>
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<td>F. Cooperation with Fellow Professionals/Teamwork</td>
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<td>G. Response to Weekly/Mid-semester/Final Supervisory Evaluation and Feedback</td>
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<td>Area of Skill-Based Competency</td>
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<td><strong>I. SKILLS IN HEARING SCREENING &amp; REFERRAL</strong></td>
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<td>A. Demonstrate or describe collection of case history information as it pertains to the screening of hearing.</td>
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<td>B. Demonstrate or describe selection of appropriate hearing screening procedures.</td>
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<td>C. Demonstrate proper procedures and protocol for otoscopic examination of external auditory canal prior to hearing screening.</td>
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<td>D. Demonstrate proper procedures and protocol for hearing screening using pure tone audiometry.</td>
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<td>E. Demonstrate proper procedures and protocol for hearing screening for middle ear pathology using immittance audiometry.</td>
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<td>F. Demonstrate or describe adaptation of hearing screening procedures to meet client/patient needs.</td>
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<td>G. Demonstrate interpretation of hearing screening results.</td>
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<td>H. Demonstrate or describe appropriate administrative and reporting functions necessary to support screening process.</td>
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<td>I. Demonstrate or describe appropriate referral and management practices that should be followed as a function of screening results.</td>
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KASA Knowledge-Based Assessment: Modalities of Communication

1. Discuss in a total of one page the following AAC symbols and symbol sets for representing vocabulary:
   - Object-based symbols
   - Picture-based symbols with linguistic versus without linguistic characteristics
   - Picture-based symbols of dedicated VOCAs
   - Alphabet-based symbols, phonemic or phonic-based symbols
   - Electronically produced vibratory/acoustic symbols
   - Sign languages

2. Write an essay (3 pages) on assessment and evaluation in AAC. Be complete in your answer. In addition to Huer’s strategies for evaluation, be sure to include Lloyd’s, Beukelman’s and other strategies, e.g., the Participation Model. Describe the 15 areas for assessment (Huer) of the AAC client. In addition, describe and list those commercial tests, tools, and protocols available for evaluation of capabilities. Think about formal and informal procedures, methods, and tests you might utilize during a typical assessment for AAC. Name all of the members of the team who should be consulted during an assessment for AAC. Finally, outline positioning/seating guidelines.

3. List two or more specific AAC intervention strategies, including goals, appropriate for consumers as described below:
   a. Young, nonsymbolic language learners
   b. Children of school age who are symbolic language learners
   c. Adults with severe aphasia
   d. Adults with traumatic brain injury
   e. Persons in intensive and acute care settings

4. Briefly discuss (1-2 paragraphs) how the field of AAC began.

5. List several selection options for aided as well as unaided communication strategies and list several examples of high tech and several of light tech AAC devices.

6. In a paragraph or two, discuss options for funding AAC devices

Approved Spring 2004-Revised 9-1-04
490 Discussion 6: Reading

1. Describe the stages of the development of literacy, including the development of phonological awareness.

2. Emily, 6, has difficulty with phonological awareness at the syllable level (phonological processor). She has problems tapping and counting syllables in words and adding syllables and substituting syllables in words.

Develop one goal and benchmark for Emily.

How would you implement the benchmark in therapy?

3. John, 7, has difficulty with phonological awareness at the phoneme level (phonological processor). He has difficulty identifying phonemes in words, matching phonemes with a phoneme in a word, and blending phonemes to make words.

Develop one goal and benchmark for John.

How would you implement the benchmark in therapy?

4. Jacob, 6, does not know his sound-symbol correspondences (the sounds that letters make) (orthographic processor).

Develop one goal and benchmark for Jacob.

How would you implement the benchmark in therapy?

5. Ashley, 8, has difficulty with reading comprehension, especially when trying to read expository text (meaning processor).

Develop one goal and benchmark for Ashley.

How would you implement the benchmark in therapy?

6. Maria, 9, has difficulty with fast-mapping new vocabulary words (context processor).

Develop one goal and benchmark for Maria.

How would you implement the benchmark in therapy?
7. Dallas has problems writing narratives (as well as oral narratives) (context processor).

Develop one goal and benchmark for Dallas.

How would you implement the benchmark in therapy?
490 Discussion 4: I.E.P. and I.T.P. Goals and Benchmarks Case Studies

I.E.P. Goals and Benchmarks

For each of the following case studies, please identify three goals and one benchmark for each goal, including one or more benchmarks appropriate for the classroom setting. Describe how you would implement all of the classroom benchmarks.

1. John is a five-year-old monolingual middle class mainstream student in a kindergarten class. He was referred for testing by his teacher shortly after he began school. Formal testing revealed deficits in a number of areas. Typical utterances include: “The boy going,” and “The dog runned,” and “Five dog.” John makes mistakes in identifying colors, basic shapes, articles of clothing, and furniture. Lastly, he has a poor attention span and cannot follow more than two-part directions.

2. Seth, eight, has autism and is in a special day class. He has difficulty with turn taking and staying on topic, often perseverating on his favorite topic, reptiles. In addition, Seth produces narratives that make sudden jumps in time, place, and topic. Seth almost never initiates interaction with other children in class or on the playground.

3. Ashley, thirteen, receives special education for reading and language arts as well as speech-language services. She has difficulty studying for tests, in part because she has problems with taking notes in class. Her teachers say that her written essays and her oral presentations in class are rambling and somewhat incoherent. Ashley also has difficulty learning new material.

I.T.P. Goals and Benchmarks

1. Jason is a two-year-nine-month-old who is transitioning from early intervention to preschool. He uses limited vocabulary, makes grammatical errors consistent with those of a younger child, and has an MLU of 2.

What transitional goals and benchmarks would you write for him at the IEP, including those proposed by other team members?

How would you implement the goals and objectives as a team, and who might do what?

2. Emily is sixteen and has difficulties with narratives, note taking, and essay writing. Her area of relative strength is math, and she is interested in studying math at the junior college level when she graduates from high school.

What transitional goals and would you write for her at the ITP, including those proposed by other team members?
How would you implement the goals as a team, and who might do what?

3. Sixteen-year-old Joshua has autism and limited communication skills. He speaks in broken sentences and follows simple one-part directions. Joshua is patient with repetitive tasks, and his parents would like to see him in a sheltered workshop.

What transitional goals and benchmarks would you write for him at the ITP, including those proposed by other team members?

How would you implement the goals and benchmarks as a team, including those proposed by other team members?
1. Jacob is 11 and has high functioning autism. His areas of greatest difficulty are initiating and interacting with children in his class, and he much prefers to be around adults.

Write one goal and benchmark for Jacob that is appropriate for the classroom setting or recess.

Describe how you would implement the benchmark in the classroom setting or recess.

2. Ashley is 8 and has difficulties remembering information presented in class, including directions.

Write one goal and benchmark for Ashley that is appropriate for the classroom setting.

Describe how you would implement the benchmark in the classroom setting.

3. Juan is 4 and has problems with learning preacademic concepts.

Write one goal and benchmark for Juan that is appropriate for the classroom setting.

Describe how you would implement the benchmark in the classroom setting.

4. Maria is 14 and has difficulty presenting oral reports in class, especially in science and English class.

Write one goal and benchmark for Maria that is appropriate for the classroom setting.

Describe how you would implement the benchmark in pull-out therapy and/or the classroom setting.

5. Joshua, 7, is enrolled in stuttering therapy. He is fairly fluent in pull-out therapy, but he is still frequently disfluent in the classroom.

Write one goal and benchmark for Joshua that is appropriate for the classroom setting.

Describe how you would implement the benchmark in the classroom setting.

6. Emily, 15, is in voice therapy for vocal nodules. She has mastered several techniques in the therapy room and uses good vocal hygiene there. However, she still raises her voice in the classroom and when she is outside.
Write one goal and benchmark for Emily that is appropriate for the classroom setting or outside.

Describe how you would implement the benchmark in the classroom setting or outside.
Human Communication Studies 490  
Seminar: Speech and Hearing Services in Schools  
Spring 2015

EDUCATION UNIT CONCEPTUAL FRAMEWORK

Mission
The College of Education is committed to the preparation and professional development of innovative and transformative educators who advance just, equitable, and inclusive education. As a professional community of scholar-practitioners, we promote creativity, collaboration, and critical thinking as fundamental to student achievement and success in a diverse and interconnected world.

Program Outcomes and Indicators
After successful completion of a program of study, our credential recipients and program graduates are:

1. Knowledgeable and Competent Specialists who
   a) demonstrate a strong foundation of knowledge
   b) implement effective practice
   c) use current technologies for teaching and learning

2. Reflective and Responsive Practitioners who
   a) advance just, equitable, and inclusive education
   b) make informed decisions
   c) participate in collaborative endeavors
   d) think critically and creatively

3. Committed and Caring Professionals who
   a) demonstrate leadership potential
   b) maintain professional and ethical standards
   c) engage in continuous improvement

Department of Human Communication Studies: Mission Statement and Goals
The instructional mission of the Communicative Disorders Program is to provide its majors with an understanding of and appreciation for (a) normal and disordered human communication across the life span and across culturally/linguistically diverse populations, (b) the scientific foundations of the speech, language, and hearing professions, and (c) the interaction and interdependence of speech, language, and hearing processes within the discipline. Graduates of the program are prepared to (a) pursue advanced degrees and credentials in speech-language pathology, audiology, and speech and hearing sciences and (b) become professional practitioners of speech-language pathology capable of serving in clinics, schools, community centers, hospitals, and private practice.

Instructor: Terry I. Saenz  
Office: CP-420-10  
Hours: M 1-4 p.m., Tu 3-4 p.m.  
E-mail: tsazn@fullerton.edu  
Days: M 10 sessions/semester plus finals week  
Time: 4-6:45 p.m.  
Phone: (657) 278-3823
COURSE DESCRIPTION FROM THE CATALOG

Prerequisites: concurrent enrollment in HCOM 489A and admission to the graduate program in communicative disorders. Problems and challenges unique to the student clinician in the organization and management of the speech and hearing program in the school. The clinician's role: planning, scheduling, case finding, treatment program reporting and other responsibilities.

COURSE OBJECTIVE

The activities and assignments in this course prepare students to meet Education Unit Program Outcomes 2a and 2c (see pg. 1), the ASHA KASA competency and standard for the Certificate of Clinical Competence III-D (see Appendix), and the standard for the Certificate of Clinical Competence IV-G.

Students will learn about policy and procedures regarding practicing as a speech-language pathologist in the public schools.

STUDENT LEARNING GOALS

Students will learn about the following:

1. The history of special education and speech-language pathology.
2. Federal and state laws that govern speech-language pathology practice in the public schools, including gender identity/expression and eligibility criteria.
3. Behavior management in the public schools, including the promotion of safe educational environments.
5. Observational assessment and collaboration in the public schools, including communication with teachers, and with the business community, public, and non-public agencies as appropriate.
6. Consultation with other professionals in the assessment process.
7. Diversity through a diversity assignment involving a least-biased diagnostic report of a bilingual/bicultural child and an I.E.P.
   Experience in access to the curriculum
9. Utilization of access to the curriculum and/or literacy in a videotaped or audiotaped classroom lesson.
10. Consultation/collaboration through a classroom consultation/collaboration report that includes evidence of evidence-based practice, application of the California Department of Education Common Core standards, and progress monitoring.
11. Procedures for using speech-language pathology assistants and implementing private insurance and Medical billing.

PLANNED ASSIGNMENTS

Assignment 1

15% of grade: one case study due during the semester (dates will be assigned)

Option A: Case study: 20 minutes total

Select the most difficult or puzzling case on your caseload. Do a 7-10 minute (and no more) oral presentation to the class, including essential background information about the child, speech, language, and other problems, therapeutic or behavioral approaches you have tried with the child, and their results to date. Provide a one-page handout to all students and the instructor containing an outline of the information. Moderate a 10-minute discussion by the class about your case. You may include any of the following as a part of your presentation: videotaped or audio taped samples of speech and language (with parental permission), test results, and information from observations and therapy. Criteria for grading will include the completeness yet conciseness of the presentation of the child's background information, presenting problems, attempted interventions, and their success or failure.
Option B: 20-minute presentation on an aspect of school speech-language pathology

This option is for students with exceptional expertise or knowledge of an aspect of speech-language pathology in the schools. The topic must be checked with the instructor prior to the presentation for relevance to the class, and may include a type of disability, assessment or therapy technique, or professional issue or procedure. Provide a handout for all students and the instructor. Criteria for grading will include the completeness yet conciseness of the presentation and applicability of the information to clinical practice in the school setting.

Test

15% of grade: March 2nd

Test on IDEA Act, IEP process, and eligibility criteria

This is a test based on the information presented in class lectures about the IDEA Act, the IEP process, and eligibility criteria. It will include multiple choice, true-false, and matching questions.

Assignment 2

25% of grade: March 23rd

Diagnostic report (diversity assignment): 3-4 pages

Select a bilingual/bicultural student who is a good candidate for classroom collaboration and who is being initially assessed or reevaluated for a 3-year reevaluation. When selecting the student to assess, you should be sure that the student is culturally/linguistically diverse. You should have your child selected and should begin testing by early October at the latest. Perform a complete speech/language evaluation, including formal and informal assessments as appropriate in both languages, and classroom observation. Consult with other relevant members of the assessment team, including the classroom teacher, before you write your report and include relevant information in the background section of your own report. In your diagnostic report, include the following: 1) rationale for assessment; 2) background information on the child; 3) tests and test results; 4) informal assessments and observations done; 5) a summary of the child's strengths and weaknesses; 6) recommendations; and 7) goals and objectives (or benchmarks) that may be implemented in the classroom by the teacher and/or clinician and classroom modifications. If the child does not qualify for speech-language services, include the goals and objectives/benchmarks and modifications in the classroom that would be recommended for the classroom setting if the child qualified for speech-language services. In addition, include a copy of the student's I.E.P., including all goals and objectives (or benchmarks) in speech and language. Students will be expected to incorporate information from other coursework and the present course in their assessment report (i.e., it should demonstrate knowledge of appropriate assessment techniques with the bilingual/bicultural population).

Criteria for grading include the following: 1) thoroughness of background information; 2) relevance and completeness of formal and informal assessments in both languages; 3) accurate summation of the child's strengths and weaknesses; 4) relevance and comprehensiveness of recommendations, and 5) content and form of goals and objectives/or benchmarks, including collaborative goals and objectives/benchmarks, and modifications made in the classroom. This diagnostic report also may provide the foundation for your classroom consultation report. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1=incomplete and not completely accurate; 0=missing. The total number of points possible is 15. This is translated into a percentag for the assignment by the instructor.

Assignment 3

15% of grade: due April 13th

Videotaped or audio taped classroom lesson: 10-minute oral presentation in class

Prepare a speech/language lesson to be presented in a regular or special classroom. Have the lesson include curriculum and/or literacy materials. You will need to obtain permission to videotape or audiotape from the parents of the students involved in the lesson. Present your lesson in the classroom and videotape or audiotape it. Do a ten-minute oral presentation of your lesson, including an excerpt of the videotaped lesson and a critique. The critique should include the strengths and weaknesses of the activity, its implementation, and any changes you would make in the future. Turn in a copy of your videotape or DVD. Prepare a handout presenting the lesson plan including the curriculum-based skills targeted by the class lesson as cited by the grade level California Department of Education Common Core
Standards (if appropriate), age range the lesson is appropriate for, materials required, lesson procedures, type of therapy approach, research citation for evidence-based practice, and critique. Make a copy of the lesson plan for each student in HCOM 490. Criteria for grading include: 1) the creativity of the lesson plan; 2) the implementation of the lesson (it doesn’t have to be perfect, but the lesson should be generally followed); 3) the effective use of the classroom setting; 4) effective use of the California Department of Education Common Core Standards; 5) effective use of evidence-based practice; and 6) the thoroughness of the critique.

Assignment 4

25% of grade: due Monday, May 11th, at 5 p.m.

Classroom consultation report (collaborative/consultation assignment): 3-4 pages

This report should be written about the same bilingual/bicultural child who was assessed for the diagnostic report, if possible. Any other child selected should also be bilingual/bicultural. Classroom consultation and/or collaboration procedures should begin by the end of March, at the latest, with the child you select for your report. The report itself should be written in the format of the CSUF speech and hearing clinic’s therapy report and should include the following: 1) a brief review of assessment findings; 2) goals and objectives (or benchmarks) for the child, including classroom consultation goals and objectives (these may be taken from the diagnostic report if you previously submitted one); 3) citation of grade level (if appropriate) California Department of Education Common Core Standards; 4) consultative and/or collaborative procedures; 5) research citation(s) from the literature to support the therapy approach(es) and 6) the student's progress toward the objectives over the treatment period.

If you cannot use do this report on the same child you used for assignment 3, you do not need to do an extensive assessment of the child yourself. You should include information from the child's last 3-year evaluation and I.E.P., progress toward any goals and objectives on the child's existing I.E.P., and your own goals and objectives for the child. Criteria for grading include the following: 1) content and form of the goals and objectives/benchmarks, including collaborative goals and objectives/benchmarks, and modifications of the classroom; 2) appropriate use of the grade level California Department of Education Common Core Standards; 3) information on child's initial performance on objectives/benchmarks and performance after several weeks of classroom consultation or collaboration; 4) use of creative procedures that effectively utilize the strengths of consultation and collaboration in the classroom setting; and 5) application of evidence-based practice to treatment procedures. Each of the categories is scored using the following rubric: 3=complete and accurate; 2=complete and not completely accurate or incomplete and accurate; 1=incomplete and not completely accurate; 0=missing. The total number of points possible is 15. This is translated into a percentage for the assignment by the instructor.

DISCUSSIONS

There will be eight in-class discussions. Here are their topics: 1) eligibility criteria case studies; 2) behavior management case study(ies); 3) classroom assessment; 4) I.E.P. and Individualized Transition Plan goals and objectives case studies; 5) classroom collaboration case studies; 6) reading case studies; 7) CA Standards for the Teaching Profession; and 8) fair hearing case study(ies).

GRADING POLICY FOR THE COURSE

Students are responsible for all material presented in class and are expected to read assigned readings before the assigned class. They are expected to discuss course readings during class and apply them to their experiences in the public schools. The grading system for the class will be A, B, C, D, and F, with assignments graded A+ receiving 97%; A receiving 93%; A- receiving 90%; B+ receiving 87%; B receiving 83%; B- receiving 80%; C+ receiving 77%; C receiving 73%; C- receiving 70%; D+ receiving 67%; D receiving 63%; D- receiving 60%; F+ receiving 57%; and F receiving 53%.

Grades will be based upon the following assignments plus participation in in-class discussions in addition to one test. Attendance may also be a consideration.

Assignment 1-Case study or other option: 15%
Assignment 2-Diagnostic report (diversity assignment): 25%
Assignment 3-Videotaped or audiotaped classroom lesson: 15%
Assignment 4-Classroom consultation reports (collaborative/consultation assignment): 25%

For the eight discussions, the grading will be as follows and will be 5% of the total grade: present for all 8 discussions, A+; present for 7, A; present for 6, B+; present for 5, B; present for 4, C+; present for 3, C; present for 2, D+; present for 1, D; present for none, F. Students must be present on the dates of these discussions in the syllabus to receive credit for
the discussions.
Discussion 1-Eligibility criteria case studies
Discussion 2-Behavior management case study(ies)
Discussion 3-Classroom assessment
Discussion 4-I.E.P. and I.T.P. goals and objectives case studies and role-play
Discussion 5-Classroom collaboration case studies
Discussion 6-Reading case studies
Discussion 7-CA Standards for the Teaching Profession
Discussion 8-Fair hearing case study(ies)

All assignments must be turned in by their assignment due date. A grade will be deducted for an assignment turned in after the due date unless prior permission is obtained from the instructor.

EXAMINATIONS (Dates, make-up policy, etc.)

Test of IDEA Act, IEP process, and eligibility criteria: 15%

Students must take the test on the specified date unless they are extremely ill. If a student is very ill, s/he must make arrangements for a make-up exam prior to the time of the test.

REQUIRED TEXT


OTHER INSTRUCTIONAL MATERIAL/ACTIVITIES

Other readings and all notes for the class are available on the Titanium website for this course. There additionally may be guest speakers for some of the topics.

Here are the other readings:


REQUIRED MATERIALS AND EQUIPMENT

There are no additional required materials and equipment other than those needed to complete assignments.

EXTRA CREDIT OPTIONS
There are usually no extra credit options.
| Students with Special Needs: | Please inform the instructor during the first week of classes about any disability or special needs that you may have that may require specific arrangements related to attending class sessions, carrying out class assignments, or writing papers or examinations. According to California State University policy, students with disabilities must document their disabilities at the Disability Support Services Office in order to be accommodated in their courses. http://www.fullerton.edu/DSS/ |
| Academic Dishonesty Policy: | Academic dishonesty includes such things cheating, inventing false information or citations, plagiarism, and helping someone else commit an act of academic dishonesty. It usually involves an attempt by a student to show a possession of a level of knowledge or skill which he/she in fact does not possess. Cheating is defined as the act of obtaining or attempting to obtain credit for work by the use of any dishonest, deceptive, fraudulent, or unauthorized means. Plagiarism is defined as the act of taking the work of another and offering it as one’s own without giving credit to that source. An instructor who believes that an act of academic dishonesty has occurred (1) is obligated to discuss the matter with the student(s) involved; (2) should possess reasonable evidence such as documents or personal observation; and (3) may take whatever action (subject to student appeal) he/she deems appropriate, ranging from an oral reprimand to an F in the course. Additional information on this policy is available from University Policy Statement 300.021, http://www.fullerton.edu/senate/documents/PDF/300/UPS300-021.pdf |
| Two-week plan for distance instruction should on-campus instruction be interrupted: | In case of instruction interruption, please check the course Blackboard site for 489A and 490 and contact your master clinician. Continue on, if possible, at your public school practicum site(s) and let me know if you are continuing at your site. Keep up with class readings and notes for the class that are posted on BlackBoard. Check your CSU Fullerton e-mail address for regular updates. For additional information, please call the California State University, Fullerton Campus Operation and Emergency Closure Information Line: 657-278-4444. |
| Attendance Policy: | Attendance may be a consideration in your grade. |
| Fieldwork Requirement: | If this course requires fieldwork you must provide evidence of either a valid (current) teaching credential or a live scan. (Certificate of Clearance). |
| Classroom Courtesy: | Courteous behavior toward the instructor and other students is expected. As a part of this courteous behavior, the following behaviors are prohibited during class time except during the break: use of cell phones for calling, texting, or e-mailing and use of computers or similar devices for reasons other than note taking or reviewing class-related items on Blackboard. Blogging, surfing the net, and sending e-mails are prohibited during class time. |
| Confidentiality: | All videos and DVDs of clients as well as clinical reports and other materials relating to actual clients are confidential and are not to be shared outside of the classroom setting. |
**In the event of emergency**, contact the University Police at 9-1-1.

Campus Emergency Preparedness
Emergency: 911
Non-Emergencies University Police:
(657) 278-2515
Environmental Health & Instructional Safety (business hours):
(657) 278-7233
Fullerton Campus Operation & Emergency Closure Line:
(657) 278-4444
Irvine Campus Operation & Emergency Closure Line:
(657) 278-8676
Campus Emergency Notification:
AM Radio 1620

The safety of all students attending California State University Fullerton is of paramount importance. During an emergency it is necessary for students to have a basic understanding of their personnel responsibilities and the University’s emergency response procedures. In the event of an emergency please adhere to the following guidelines

**Before an emergency occurs**-

1. Know the safe evacuation routes for your specific building and floor.
2. Know the evacuation assembly areas for your building.

**When an emergency occurs**-

1. Keep calm and do not run or panic. Your best chance of emerging from an emergency is with a clear head.
2. Evacuation is not always the safest course of action. If directed to evacuate, take all of your belongings and proceed safely to the nearest evacuation route.
3. Do not leave the area; remember that faculty and other staff members need to be able to account for your whereabouts.
4. Do not re-enter building until informed it is safe by a building marshal or other campus authority.
5. If directed to evacuate the campus please follow the evacuation routes established by either parking or police officers.

**After an emergency occurs**-

1. If an emergency disrupts normal campus operations or causes the University to close for a prolonged period of time (more than three days), students are expected to complete the course assignments listed on the syllabus as soon as it is reasonably possible to do so.
2. Students can determine the University’s operational status by checking the University’s web site at http://www.fullerton.edu, calling the University’s hotline number at 657-278-0911, or tuning into area radio and television stations. Students should assume that classes will be held unless they hear or read an official closure announcement.

**EMERGENCY CALLS**

**DIAL 9-1-1**
All campus phones and cell phones on campus reach the University Police Department

Non-emergency line: (657) 278-2515

24-hour recorded emergency information line: (657) 278-0911
(657) 278-4444

More information online: [http://prepare.fullerton.edu/](http://prepare.fullerton.edu/)
<table>
<thead>
<tr>
<th>WEEK</th>
<th>TOPIC(S)</th>
<th>ACTIVITIES</th>
<th>READING ASSIGNMENTS</th>
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<tbody>
<tr>
<td>1.</td>
<td>No class-holiday 1/19</td>
<td>No class</td>
<td>N.A.</td>
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<tr>
<td>2.</td>
<td>Introduction to course; history of special education; special education legal mandates 1/26</td>
<td>Lecture and discussion</td>
<td>Moore &amp; Montgomery, Chs. 1-2; (ASHA) Roles and Responsibilities of Speech-Language Pathologists in Schools</td>
</tr>
<tr>
<td>3.</td>
<td>Assessment process, eligibility criteria, &amp; response to intervention; behavior management in small group and classroom contexts, and promotion of safe educational environments 2/2</td>
<td>Sign up for 1st assignment: case study; Discussion 1, eligibility criteria case studies; Discussion 2, behavior management case studies Bring your district's assessment and I.E.P. forms; course</td>
<td>Moore &amp; Montgomery, Ch. 3, 6, pp. 226-229, 8, pp. 321-328; (ASHA) Admission/Discharge Criteria in Speech-Language Pathology</td>
</tr>
<tr>
<td>4.</td>
<td>Assessment in the classroom 2/9</td>
<td>Lecture and discussion; Discussion 3, classroom assessment equivalents due for 489A; maps and schedules due for 489A</td>
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<td>5.</td>
<td>No class-holiday 2/16</td>
<td>No class</td>
<td>N.A.</td>
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<td>6.</td>
<td>Legal mandates, including acceptance of gender</td>
<td>Discussion 4, I.E.P. and I.T.P. goals and objectives case</td>
<td>Moore &amp; Montgomery, Ch. 4</td>
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<td>identity/expression; Individualized Education Programs; Individualized Transition Plans; mandatory state examinations</td>
<td>studies and role-play</td>
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<td>7.</td>
<td>Classroom collaboration and service delivery options</td>
<td>Test: Requirements of the IDEA Act, IEP process, and eligibility criteria; Lecture and discussion</td>
<td>Moore &amp; Montgomery, Ch. 6, pp. 229-239</td>
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<td>8.</td>
<td>Classroom collaboration; communicating with the business community and public and non-public agencies</td>
<td>Lecture and discussion; Discussion 5, classroom collaboration case studies</td>
<td>Same</td>
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<td><strong>9.</strong></td>
<td><strong>Introduction to reading and writing in the classroom 3/16</strong></td>
<td><strong>Lecture and discussion; Discussion 6, reading case studies</strong></td>
<td><strong>Moore &amp; Montgomery, Ch. 6, pp. 240-246; (ASHA) Knowledge and Skills Needed by Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents; (ASHA) Roles and Responsibilities of Speech-Language Pathologists with Respect to Reading and Writing in Children and Adolescents (Guidelines); (ASHA) Roles and Responsibilities of Speech-Language Pathologists for Reading and Writing in Children and Adolescents (Position Statement, Executive Summary of Guidelines, Technical Report)</strong></td>
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<td><strong>10.</strong></td>
<td><strong>Use of Speech/Language Assistants; California Standards for the Teaching Profession 3/23</strong></td>
<td><strong>Lecture and discussion Discussion 7, CA Standards for the Teaching Profession Second assignment due: diagnostic report Midterm evaluation due</strong></td>
<td><strong>Moore &amp; Montgomery, Ch. 9, pp. 375-381; (ASHA) Knowledge and Skills for Supervisors of Speech-Language Pathology Assistants; (CA Commission on Teacher Credentialing) CA Standards for the Teaching Profession</strong></td>
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<td><strong>11.</strong></td>
<td><strong>No class 4/6</strong></td>
<td><strong>No class</strong></td>
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<td>No.</td>
<td>Description</td>
<td>Assignment Details</td>
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<td>13.</td>
<td>No class 4/20</td>
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<td>14.</td>
<td>No class 4/27</td>
<td>No class</td>
<td>N.A.</td>
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<td>15.</td>
<td>Parent and children rights; Fair Hearing; third party reimbursement; resumes and interviewing 5/4</td>
<td>Lecture and discussion; Discussion 8, Fair hearing case studies Final paperwork due for 489A Friday, 5/8, at 5 p.m.</td>
<td>Moore &amp; Montgomery, Chs. 8-9</td>
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<tr>
<td>16.</td>
<td>Exam Week-Wrap up, 5/11, 5-6:50</td>
<td>Fourth assignment due: collaboration report</td>
<td>N.A.</td>
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SYLLABUS APPENDIX

As noted in the syllabus, the objectives/goals, activities, and assignments for this course are driven by the Education Unit’s Program Outcomes and Indicators (see table on front page) and the standards and implementation procedures for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association as outlined below:

**American Speech-Language-Hearing Association Standards and Implementation Procedures for the Certificate of Clinical Competence**

**Standard III: Program of Study-Knowledge Outcomes**

The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

**Standard III-A:** The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

**Standard III-B:** The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

**Standard III-C:** The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities); communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).

**Standard III-D:** The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

**Standard III-E:** The applicant must demonstrate knowledge of standards of ethical conduct.

**Standard IV-F:** Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

**Standard IV-G:** The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes:

1. **Evaluation:** a. conduct screening and prevention procedures (including prevention activities); b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals; c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures; d. adapt evaluation procedures to meet client/patient needs; interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention; f. complete administrative and reporting functions necessary to support evaluation; g. refer clients/patients for appropriate services

2. **Intervention:** a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs; collaborate with clients/patients and relevant others in the planning process; b. implement intervention plans (involve clients/patients and relevant others in the intervention process); c. select or develop and use
appropriate materials and instrumentation for prevention and intervention; d. measure and evaluate clients'/patients' performance and progress; e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients; f. complete administrative and reporting functions necessary to support intervention; g. identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities: a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient family, caregivers, and relevant others; b. collaborate with other professionals in case management; c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others; d. adhere to the ASHA Code of Ethics and behave professionally.

*More information can be found at:
http://www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm
**Number and type of field placements**

The clinical practica include the following:

- **HCOM 458 Clinical Practicum: Speech and Language Disorders in Children (3 units)**
  Candidates perform assessments and therapy with children who typically have a language and/or phonological/articulation disorder.

- **HCOM 468 Audiology Practicum (1 unit)**
  Candidates perform hearing screenings on clients.

- **HCOM 485 Aural Rehabilitation Practicum (1 unit)**
  Candidates are involved in aural rehabilitation with clients.

- **HCOM 489A Public School Practicum in Communicative Disorders (4 units) (required only for the preliminary credential)**
  Candidates perform assessments and therapy with students with a variety of speech/language disorders in a public school setting.

- **HCOM 558A Clinical Practicum: Speech and Language Disorders in Adults (3 units)**
  Candidates perform assessments and therapy with adult clients, most frequently with clients who have had strokes.

- **HCOM 558C Clinical Practicum: Communicative Disorders and Differences in Individuals from Diverse Backgrounds (3 units) (required only for the preliminary credential)**
  Candidates perform assessments and therapy with adults and/or children who are culturally/linguistically diverse.

- **HCOM 559A Advanced Clinical Practicum: Communicative Disorders (3 units)**
  Candidates perform assessments and therapy with adults and/or children in a hospital, clinic, or skilled nursing home facility.

- **HCOM 559B Advanced Clinical Practicum: Communicative Disorders (1--3 units) (optional for the preliminary credential)**
  Candidates perform assessments and therapy with adults and/or children in a hospital, clinic, or skilled nursing home facility.