2017 CAA Annual Report - Speech-Language Pathology

Program Demographics

This page contains the information that the CAA currently has about your program. **All fields on this page are read-only.**

To update your program's address, phone number, fax, website, and email click here.

If you have updated any information, you will need to click **Data Refresh** in the menu bar at the top of this page and select "Program Information" in order to display the updates here.

For help while completing this report, contact caareports@asha.org

Institution Name:	University of Vermont
Address:	University of Vermont UVM-E.M. Luse Center 489 Main Street-407 Pomeroy Hall Burlington, VT 05405
Phone Number:	(802)656-3861
Fax Number	(802)656-2528
Program Website	http://www.uvm.edu/cnhs/cmsi
Professional Area	Speech Language Pathology
Degree Designator	MS
Second Degree Designator	No Response Provided
Consortium	No
Satellite Campus	No

Distance Education	Yes, <50 hrs
Contractual Arrangement	No
Current Accreditation Cycle Dates:	08/01/2012-07/31/2020

Institution Description and Authorization

Academic institution type

Public

Academic institution size

10,000 – 19,999 students

Basic Carnegie classification of institution

R2: Doctoral Universities – Higher research activity

Modalities

**Your response to the following question will enable additional questions within this report regarding the modalities. If you later alter your response to these questions, you risk losing information entered.

Are graduate courses for the entry-level graduate program available through <u>distance education?</u>

No

Is this graduate program or a component of the program offered through a <u>satellite or branch campus?</u>

No

Standard 1.1 Regional Accreditation

If there were areas of non-compliance, partial compliance or follow-up regarding Regional Accreditation noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Regional Accreditation listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Regional Accreditation.

None have occurred

Name of Regional Accreditor

NEASC-CIHE

Provide the URL from your Regional Accreditor's website that specifically shows your institution's accreditation information. You will need to navigate to your institution's page and then provide the URL here (see Help content for links to directories):

https://cihe.neasc.org/about-our-institutions/roster/university-vermont

Is the program currently undergoing review by the regional accreditor?

No

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.1

None

Standard 1.2 Degree Granting Authority

If there were areas of non-compliance, partial compliance or follow-up regarding Degree Granting Authority noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Degree Granting Authority listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Degree Granting Authority.

None have occurred

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.2

None

Standard 1.3 Mission, Goals and Objectives

If there were areas of non-compliance, partial compliance or follow-up regarding Mission, Goals and Objectives noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Mission, Goals and Objectives listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Mission, Goals and Objectives.

For the past two years, the department has been working on creating a new strategic plan that spans 2016 - 2020. The new mission and goals and most objectives were set in Spring 2016. During Fall 2016 and Spring 2017, some objectives were reworded, added, or deleted, as appropriate. In addition, timelines for achieving some objectives were adjusted.

Provide the mission and goals of the program. If the program is part of a consortium, provide the mission statement and goals for each entity within the consortium.

Mission: Advancing communication so everyone is heard. Through:

• Increasing opportunities and reducing disparities for our students, clients, faculty, staff, and community

• Creating and disseminating new knowledge through exceptional research and education

• Inspiring future leaders to be agents for positive change

Goals:

1. Increase opportunities and reduce disparities for our students, clients, faculty, staff, and community
2. Create and disseminate new knowledge through exceptional research and education
3. Inspire future leaders to be agents for positive change.

Describe how the program will use the mission and goals statements to guide decision making to prepare students for entry into professional practice in audiology or speech-language pathology

Our mission and goals permeate our decision-making about admissions, curriculum, practicum, and in many other areas. For example, during Fall 2017 we plan to revise our admissions essay instructions in order to encourage applicants to discuss disparities that may have impacted them in the past, so that we can take those factors into account in making our admissions decisions. In addition, faculty and staff will report their own efforts at being agents for positive change in their annual reviews beginning in the 2017-2018 academic year.

For which credentials are students prepared? Select all that are relevant to the program's mission and goals.

	State licensure,	Teaching Credentials
	Specify States,	Specify
Certificate of Clinical Competence (CCC),	Vermont,	Vermont

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.3

None

Standard 1.4 Evaluation of Mission and Goals

If there were areas of non-compliance, partial compliance or follow-up regarding the Evaluation of Mission and Goals noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Evaluation of Mission and Goals listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Evaluation of Mission and Goals.

The College of Nursing and Health Sciences has been updating its strategic plan over the past two years. The chair, faculty, and staff of the College, including CSD faculty and staff, have been actively involved in this process. The CNHS strategic plan, including its mission and goals, and also the University of Vermont's mission and goals, were/are taken into account when developing or revising the department's mission and goals.

Describe how the program will systematically evaluate its progress toward fulfilling its mission and goals.

The CSD strategic plan, including its mission and goals, is reviewed by the department as a whole at least once annually - more as appropriate. We have systematized our procedures for the documentation of progress towards meeting individual objectives and goals, so that goals/objectives that are coming due will be systematically identified in our twice-monthly department meetings to ensure that appropriate progress is being made and to identify any challenges that may have arisen as related to any goals/objectives.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.4

None

Standard 1.5 Program Strategic Plan

If there were areas of non-compliance, partial compliance or follow-up regarding the Strategic Plan noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Strategic Plan listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Strategic Plan.

For the past two years, our department worked together to create a new strategic plan, spanning from 2016 to 2020. The new mission and goals and most objectives were set in Spring 2016. During Fall 2016 and Spring 2017, some objectives were reworded, added, or deleted, as appropriate. In addition, timelines for achieving some objectives were adjusted.

Provide an executive summary of the strategic plan that is shared with faculty, students, staff, alumni, and other interested parties.

The core values of the Department of Communication Sciences and Disorders are caring, collaboration, compassion, connectedness, and family. These values shape our day-to-day actions and interactions as well as our mission and goals. Our mission is advancing communication so everyone is heard. Our goals focus on (1) increasing opportunities and reducing disparities for our students, clients, faculty, staff, and community, (2) creating and disseminating new knowledge through exceptional research and education, and (3) inspiring future leaders to be agents for positive change. These goals impact everything we do, including our undergraduate and graduate curricula, the extra-curricular activities that we offer to students (community service, Speech & Hearing Club, Peer Mentoring, CSD Honors Society, etc.), research, clinical services, and outreach to the community.

Describe the methods used to ensure that the strategic plan reflects the role of the program within its community.

The strategic plan was developed through a thoughtful process of reflection and discussion in a series of meetings. The many roles that our program plays in serving the departmental, college, university and wider communities were taken into account to ensure that our mission, goals, and objectives would encompass our current and aspirational contributions to these communities.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.5.

None

Standard 1.6 Program Authority and Responsibility

If there were areas of non-compliance, partial compliance or follow-up regarding Program Authority and Responsibility noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Authority and Responsibility listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the Program's Authority and Responsibility.

None have occurred

If your program does not have independent departmental status, describe how the program will maintain authority and responsibility for the program within the structure or policies and procedures of the institution.

Program has independent departmental status

Where is the program housed administratively (e.g., College of Education, School of Medicine)?

Allied Health, Health Sciences, Health Professions, Public Health

Describe the ways in which the faculty have access to higher levels of administration.

Faculty have direct access to higher levels of administration within the College of Nursing and Health Sciences through college-wide meetings that occur at least twice per semester, during which faculty and staff vote on issues such as College bylaws; committees; tenure, promotion, and annual review procedures; and the like. Faculty from all departments serve as officers or members of College committees, including search committees, curriculum committees, and personnel committees. In addition, there are college-wide brown bag lunches and guest speakers on various topics. Also, faculty & staff are welcome to make appointments with College administrators. University-wide forums are held on key issues, such as expanding diversity on campus and the new incentive-based budgeting process that was instituted within the past few years. CSD faculty serve on the university-wide Faculty Senate and a variety of other university committees. Finally, faculty also have the option of communicating with higher levels of administration indirectly via the chair or the dean.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.6.

None

Standard 1.7 Program Director

If there were areas of non-compliance, partial compliance or follow-up regarding the Program Director noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Program Director listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's director.

The long-standing Chair of the department, Dr. Shelley Velleman, will be on sabbatical from July 1, 2017 - June 30, 2018. The long-standing Graduate Program Director, Dr. Michael Cannizzaro, will serve as Interim Chair during this time period. Therefore, Clinical Associate Professor Ms. Hope Morris will serve as Graduate Program Director during the same time period. As of July 1, 2018, all of these parties will return to their former duties.

The name of the program director is displayed based on information currently on file with the CAA.

If this information is incorrect, please submit a Change in Program Director Form to accreditation@asha.org. Once reviewed by staff, the information displayed here will be updated.

Dr. Shelley L Velleman

Date appointed:

9/1/2011

Is the program director new since submission of the last CAA report?

yes

If this program director is serving in an interim capacity, describe the program's specific plans for appointing a permanent program director.

As of July 1, 2018, all of the parties will return to their former duties; i.e., Dr. Shelley Velleman will resume her position as Chair and Dr. Michael Cannizzaro will return to the position of Graduate Program Director.

Describe how the individual responsible for the program effectively leads and administers the program. Include examples of contributions made by this individual to support your explanation.

The Chair attends to or provides oversight for courses of instruction and research and their purpose and content (e.g., overseeing the development and implementation of new courses) and scheduling courses for and otherwise making assignments to faculty; assesses the effectiveness of Departmental instruction and student advising during the annual review process; oversees and contributes to student advising; fosters research and scholarship by Department faculty (e.g., serves as a research mentor for new faculty members) and assists in appropriate administration of the research; makes recommendations to the Dean, following such consultation with Department faculty as may be required by Department guidelines, on the appointment of new faculty and reappointment of faculty (such as upcoming searches due to impending faculty retirements); mentors faculty and conducts annual performance reviews and reviews related to changes in faculty status; takes a futuristic look at personnel needs and tailors recruitment and retention to assure that faculty and staff are adequate and prepared to meet demands; initiates corrective action relative to faculty and/or staff performance or conduct; participates in or oversees processes related to admission, recruitment, retention, and academic progression of students; prepares a budget for the unit and manages the budget after its adoption; schedules meetings to conduct Department business, typically twice monthly, and otherwise consults with Department faculty as may be necessary or desirable to the effective administration of the Department; is familiar with University, College/School, and Department policies or contract requirements as necessary to effectively carry out the responsibilities of a Chairperson; assures compliance with standards to maintain accreditation at the state and national level (e.g., CAA report) including assessment of outcomes as relevant to programs within the department; articulates the mission, vision, and goals of the Department and the College to the campus community and constituents; develops and implements a departmental strategic plan which is in line with the College's and the University's strategic priorities (see sections 1.3 - 1.5); maintains a view of professional trends and in collaboration with the dean assures that programs are positioned to meet changes in these trends; and maintains involvement in state (e.g., Vermont Office of Professional Licensure Advisory Board) and/or national organizations that allow UVM to be recognized in their respective disciplines.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.7

None

Standard 1.8 Equitable Treatment

If there were areas of non-compliance, partial compliance or follow-up regarding Equitable Treatment noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Equitable Treatment listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Equitable Treatment.

None have occurred

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.8

None

Standard 1.9 Public Information

If there were areas of non-compliance, partial compliance or follow-up regarding Public Information noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Public Information listed in the last Accreditation Action Report

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Describe any changes that have occurred in the last reporting period regarding the currency, accuracy and availability of public information about the program.

None have occurred

The CAA requires programs to disclose accurate and complete information on their respective websites about their accreditation status to include the specific degree program holding the accreditation status and the full name, address, and phone number of the accrediting agency: Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Please provide the URL where this information can be found:

https://www.uvm.edu/uvmweb/cnhs/csd/master_science_communication_sciences_and_disorders

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Provide the URL where the Praxis pass rates are located on the program's website.

https://www.uvm.edu/uvmweb/cnhs/csd/master_science_communication_sciences_and_disorders

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Provide the URL where the completion rates are located on the program's website.

https://www.uvm.edu/uvmweb/cnhs/csd/master_science_communication_sciences_and_disorders

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Provide the URL where the graduate employment rates are located on the program's website.

https://www.uvm.edu/uvmweb/cnhs/csd/master_science_communication_sciences_and_disorders

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In addition to publishing these student achievement data (Praxis pass rate, program completion rates, and program's graduation rates) on the program's website, does the program publish student achievement information anywhere else? (Select all that apply)

No Response Provided

Describe how information regarding the number of expected terms for program completion (full-time, part-time, different delivery modalities, etc.) is made available to the public and to students. If it is available on the program's website, include the specific URL.

Our website (available to students and the public) outlines the program length on the following page, in the "Frequently Asked Questions" section: https://www.uvm.edu/uvmweb/cnhs/csd/master_science_communication_sciences_and_disorders

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Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 1.9

None

Standard 2.0 Faculty

Provide information about individuals who are currently employed by the university and contribute to the graduate program for which you are seeking accreditation.

To add or remove faculty from this list **click here**.

If you have added or removed faculty from the list using the link above, you will need to click Data Refresh in the menu bar at the top of this page and select "Faculty Information" in order to display the updates here.

You will then be able to provide details about each newly added faculty member. You must provide details for all faculty members. A checkmark will appear next to the faculty member's name when the entry has been completed.

At the bottom of each faculty page, you will see two saving option. 1) Save and Close and 2) Close - Remember to Save Later. Save and Close will save that faculty page immediately, but the save function can be slow. If you are working on more than one record, then Close - Remember to Save Later will allow you make edits to multiple faculty records and then save them all at once. The system will time out if you have not saved in approximately 30 minutes, so be sure to save often.

Detail Summary

Faculty Name	CCC Status	Employment Status to the University	Academic Rank	Role	Highest Degree	Classroom Teaching Contribution	Other Activites
Elizabeth Jean Adams	CCC-A	Full-Time 9mo.	Other	Clinical Supervisor	Clinical Doctorate	0.4000	Supervision
Michael S Cannizzaro	CCC-SLP	Full-Time 9mo.	Associate Professor	Instructional Faculty, Program Director	Research Doctorate (e.g. PhD, EdD, etc)	0.2000	Research, Advising, Administration
Sharon L Cote	CCC-SLP	Full-Time 12mo.	Other	Clinic Director, Clinical Supervisor, Instructional Faculty	Master's	0.2000	Supervision
Mary Alice Favro	CCC-SLP	Other	Other	Clinical Supervisor, Instructional Faculty	Master's	0.2000	Supervision
Barry E Guitar	CCC-SLP	Full-Time 9mo.	Full Professor	Clinical Supervisor, Instructional Faculty, Other	Research Doctorate (e.g. PhD, EdD, etc)	0.1000	Supervision, Research
Tiffany L Hutchins	None	Full-Time 9mo.	Associate Professor	Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.0000	Research
Danra M Kazenski	CCC-SLP	Full-Time 12mo.	Other	Clinical Supervisor, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.0600	Supervision
Rhiannon M. Kim	CCC-SLP	Part-Time	Lecturer	Clinical Supervisor, Instructional Faculty	Master's	0.2000	N/A
Hope Morris	CCC-SLP	Full-Time 9mo.	Other	Clinical Supervisor, Instructional Faculty	Master's	0.0000	Supervision

Name	Certification	Employment	Rank	Role	Degree	Workload	Other
Patricia A Prelock	CCC-SLP	Full-Time 12mo.	Full Professor	Instructional Faculty, Other	Research Doctorate (e.g. PhD, EdD, etc)	0.1000	N/A
Dinah K Smith	CCC-A	Full-Time 12mo.	Other	Clinical Supervisor	Master's	0.0000	Supervision
Shelley L Velleman	CCC-SLP	Full-Time 9mo.	Full Professor	Department Chair, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.1000	Supervision, Research, Administration
Julia C Walberg	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Nancy M Gauvin	CCC-SLP	Full-Time 12mo.	Other	Clinical Supervisor, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.3000	Supervision, Research
Marie Christine Potvin	None	Full-Time 9mo.	Lecturer	Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.1000	N/A
Claudia I Abbiati	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Laura A Bonazinga	CCC-SLP	Part-Time	Lecturer	Instructional Faculty	Master's	0.2000	N/A

Summary of Faculty Contribution

Number of full-time 9 month faculty	7
Number of full-time 12 month faculty	5
Number of part-time faculty	4
Number of adjunct faculty	0
Number of faculty with "other" employment status	1
Number providing supervision	11
Number providing research	5
Number providing advising	1
Number providing administration	2
Total % workload classroom teaching	2.16

Standard 2.1 Faculty Sufficiency – Overall Program

If there were areas of non-compliance, partial compliance, or follow-up regarding Overall Program Faculty Sufficiency noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Overall Program Faculty Sufficiency listed in the last Accreditation Action Report

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Describe any changes that have occurred in the last reporting period regarding overall program faculty sufficiency.

One new SLP clinical faculty member with a research doctorate began teaching in our program this year, as of 8/2017 (Dr. Nancy Gauvin), filling an existing clinical faculty line. Another faculty with a research doctorate was hired in a new tenure-track line and will begin teaching in August 2017 (Dr. Emily Coderre).

One Audiology clinical faculty member is retiring as of 6/17 and that faculty line will be discontinued. This 0.80 FTE faculty member devoted 63% of her time to direct clinical practice within our Audiology clinic and 5% to administrative activities within the clinic. The rest of her time was devoted to department/college/university service (5%) and clinical supervision within the Audiology clinic (27%). Due to the department's focus on the growth of the SLP portion of our program, our Audiology clinical services will be gradually decreased. Thus, there is no longer a need for this Audiology clinical faculty line.

Provide the institution's definition of full-time and part-time student.

In order to be considered a full-time student, a graduate student must enroll in 9 credits or more and an undergraduate student must enroll in 12 credits or more. Students who do not meet that criteria are considered part time.

Have there been any faculty changes since your last report to the CAA?

yes

Indicate faculty changes that have occurred since your last report to the CAA.

Faculty Name	Status	Courses taught/assigned	Effective date
Nancy Gauvin	New and replaced former faculty member	CSD 350: Swallowing Disorders, CSD 352: Voice Disorders, CSD 360: Research Methods Communication Disorders I, CSD 361: Research Methods II; CSD 363: Non-thesis Case Presentation	8/1/2016
Emily Coderre	New and filled additional faculty line	no courses in MS graduate program this year	8/21/2017
Dinah Smith	Left the program	CSD 322, 323, 324: clinicial supervision in Audiology clinic 27% time	6/30/2017
Claudia Abbiati	New and filled additional faculty line	N/A	1/1/2017

What is the total number of students currently enrolled in the residential component of the CAA accredited graduate education program?

Student Status	Current Report	Prior Report	Percent Change
Full-time	32	26	23.0769
Part-time	0	0	0.0000
Total	32	26	23.0769

Percentage change of enrollment across all modalities (if applicable)

% Change Full-time   23.0769

% Change Part-time   0.0000

If student enrollment has increased 50% or more since last year for any modality (residential, distance education, satellite/branch campuses), explain steps taken by the program to ensure:

- **Sufficient faculty**
- **Sufficient financial and other resources**
- **Students meet student outcome measures (Praxis pass rates, program completion rates, employment rates)**
- **Students have access to client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.**
- **Program mission and goals are met**
- **Long-term stability and quality programming**

Enrollment did not increase by 50% or more in the last year

Do you offer an undergraduate program in the field of Communication Sciences and Disorders?

yes

Complete the table with your total enrollment for Undergraduate CSD degrees.

Undergraduate Degree (e.g. BA, BS, etc)	Current total enrollment	Full-time Enrollment	Part-time Enrollment
Communication Sciences and Disorders BS	84	84	0

Does your department offer any other graduate programs in addition to the one you are currently reporting on?

no

Describe the methods that the program uses to ensure that the number of individuals in and the composition of the group that delivers the program of study are sufficient to allow students to:

Acquire the knowledge and skills in sufficient breadth and depth as required in Standard 3 and meet the expected student learning outcomes

Graduate curriculum is reviewed at least annually by the full faculty. A "KASA"-type form is maintained for every graduate student to ensure that they have met our academic and clinical criteria before graduation. The full faculty meet to discuss all graduate students in the middle of every semester (fall & spring) to discuss each student's progress and any challenges related to academics, clinical abilities, or professionalism that have arisen. If there are concerns, a plan is devised to address them. Specific faculty are assigned follow-up responsibilities with that student. In many cases, a detailed remediation plan is developed and signed by all parties, including the student. Any student who fails to meet a required competency in the course(s) in which that competency is typically met (even if they passed the course in other respects) is required to do a remedial assignment in order to meet that competency. In addition, every student completes a comprehensive portfolio that includes one essay per semester plus a large set of clinical and academic artifacts that document their mastery of every ASHA competency (and also every Vermont competency).

Acquire the scientific and research fundamentals of the profession including evidence-based practice

All MS students take a sequence of three research courses (or one plus a MS thesis or one plus a research project) that introduce the principles of EBP, among other topics. The capstone project in the third course is a thorough systematic review of a clinical question, which they present in poster format at our college's annual Zeigler Research Forum.

Meet the program's established learning goals and objectives

Graduate curriculum is reviewed at least annually by the full faculty. A "KASA"-type form is maintained for every graduate student to ensure that they have met our academic and clinical criteria before graduation. The full faculty meet to discuss all graduate students in the middle of every semester (fall & spring) to discuss each student's progress and any challenges related to academics, clinical abilities, or professionalismthat have arisen. If there are concerns, a plan is devised to address them. Specific faculty are assigned follow-up responsibilities with that student. In many cases, a detailed remediation plan is developed and signed by all parties, including the student. Any student who fails to meet a required competency in the course(s) in which that competency is typically met (even if they passed the course in other respects) is required to do a remedial assignment in order to meet that competency. In addition, every student completes a comprehensive portfolio that includes one essay per semester plus a large set of clinical and academic artifacts that document their mastery of every ASHA competency (and also every Vermont competency).

Meet other expectations set forth in the program's mission and goals

Graduate curriculum is reviewed at least annually by the full faculty. A "KASA"-type form is maintained for every graduate student to ensure that they have met our academic and clinical criteria before graduation. The full faculty meet to discuss all graduate students in the middle of every semester (fall & spring) to discuss each student's progress and any challenges related to academics, clinical abilities, or professionalismthat have arisen. If there are concerns, a plan is devised to address them. Specific faculty are assigned follow-up responsibilities with that student. In many cases, a detailed remediation plan is developed and signed by all parties, including the student. Any student who fails to meet a required competency in the course(s) in which that competency is typically met (even if they passed the course in other respects) is required to do a remedial assignment in order to meet that competency. In addition, every student completes a comprehensive portfolio that includes one essay per semester plus a large set of clinical and academic artifacts that document their mastery of every ASHA competency (and also every Vermont competency).

Complete the program within the published timeframe

A "KASA"-type form is maintained for every graduate student to ensure that they have met our academic and clinical criteria before graduation. The full faculty meet to discuss all graduate students in the middle of every semester (fall & spring) to discuss each student's progress and any challenges related to academics, clinical abilities, or professionalism that have arisen. If there are concerns, a plan is devised to address them. Specific faculty are assigned follow-up responsibilities with that student. In many cases, a detailed remediation plan is developed and signed by all parties, including the student. Any student who fails to meet a required competency in the course(s) in which that competency is typically met (even if they passed the course in other respects) is required to do a remedial assignment in order to meet that competency.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.1

None

Standard 2.2 Faculty Sufficiency – Institutional Expectations

If there were areas of non-compliance, partial compliance or follow-up regarding Institutional Expectations for Faculty Sufficiency noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Institutional Expectations for Faculty Sufficiency listed in the last Accreditation Action Report

Describe any changes that have occurred in the last reporting period regarding Faculty Sufficiency – Institutional Expectations.

A new tenure-track academic faculty line was added; the new faculty member will begin in August, 2017.

One Audiology clinical faculty member is retiring as of 6/17 and that faculty line will be discontinued. This 0.80 FTE faculty member devoted 63% of her time to direct clinical practice within our Audiology clinic and 5% to administrative activities within the clinic. The rest of her time was devoted to department/college/university service (5%) and clinical supervision within the Audiology clinic. Due to the department's focus on the growth of the SLP portion of our program, our Audiology clinical services will be gradually decreased. Thus, there is no longer a need for this Audiology clinical faculty line.

What is the institution's formula for assigning faculty workload.

The full-time faculty collective bargaining agreement states thatdepartment chairs are responsible for workload assignments, in consultation with the dean. The decisions about workload arearrived at through discussion with individual faculty members and faculty members collectively to ensure that all required coursesare taught by faculty with the expertise to teach them. Additionally, workloads are determined by facultyresearch/scholarship and/or clinical responsibilities. In consultation with the department chair, faculty may be given reduced teaching loads withcommensurate increases in practice or service or research funding.

In general, the College guidelines for tenure-track faculty forpercent effort in teaching, research and service are 45/45/10. The 45% effort in teaching reflects 10% effort for each courseequivalent (typically a 3-credit lecture course) and 5% effort in advising.

Service includes service to the department, College or Universitythrough committee work as well as service to professional associations.

Expectations for clinical faculty vary according to responsibilities; the College guidelines state that teaching workload percentage may vary between 60% and 90% depending on clinical practice hours,administrative responsibilities, scholarship activities and service. Again, 1 course equivalent is 10% effort and advising is5% effort. Clinical supervision of students is considered in the teaching workload and calculated as course equivalents based on thenumber of hours spent each semester in clinical supervision. Approximately 8-12 hours of supervision activities perweek per semester are considered 1 course equivalent. Expectation is for the equivalent of a 3/3 load (3 courses persemester) or a 4/4 course load depending on other assigned responsibilities.

Describe any exceptions to the institution's policy for assigning faculty workload that are currently being employed. Provide the rationale for making this exception.

Not Applicable

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.2

None

Standard 2.3 Faculty Qualifications

If there were areas of non-compliance, partial compliance or follow-up regarding Faculty Qualifications noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Faculty Qualifications listed in the last Accreditation Action Report

Describe any changes that have occurred in the last reporting period regarding faculty qualifications.

An additional clinical faculty member with a research doctorate (Ed.D.) began teaching in our SLP MS program as of 8/1/2016. In addition, a faculty member with a PhD who was on sabbatical during the 2016-17 academic year will return to teaching one of our MS courses as of Fall 2017. These two factors have increased the percentage of our academic content that is taught by doctoral faculty who hold a PhD or EdD.

If the information provided in the Faculty Details (Section 2.0) does not demonstrate that the majority of academic content is taught by doctoral faculty who hold a PhD or EdD degree, provide rationale.

Majority of academic content is taught by doctoral faculty who hold a PhD or EdD degree

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.3.

None

Standard 2.4 Faculty Continuing Competence

If there were areas of non-compliance, partial compliance or follow-up regarding Faculty Continuing Competence noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Faculty Continuing Competence listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Faculty Continuing Competence.

None have occurred

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 2.4.

None

Standard 3.0 - Courses

Instruction: **Provide details for all courses (academic and clinical) in the curriculum by completing the table below.**

1. **Add a row in the table for each course in the curriculum.**
2. **Indicate the instructors assigned to teach each course for the complete program of study.**
3. **In the Requirement column, indicate how the course is offered and if it is for Graduate students only or a combined Undergraduate and Graduate course.**

Course Title and Number/Section	Instructors	Terms offered in the last 2 years	Requirement	Type	# of credits
CSD 321: Clinic Practicum Study I	Sharon Cote 	Fall 2016 Fall 2015	Required-Grad	Clinical	1
CSD 320: Clinic Preparation & Management	Sharon Cote	Fall 2016 Fall 2015	Required-Grad	Academic	3
CSD 330:Assessment of Stuttering	Barry Guitar	Fall 2016 Fall 2015	Required-Grad	Academic	1
CSD 340: Speech Sound Disorders in Children	Shelley Velleman	Fall 2016 Fall 2015	Required-Grad	Academic	3
CSD 341: Language Disorders	Laura Bonazinga	Fall 2016 Fall 2015	Required-Grad	Academic	3
CSD 342: Language/Learning Disabilities	Laura Bonazinga	Fall 2016 Fall 2015	Required-Grad	Academic	3
CSD 322: Clinic Practicum Study 2	Sharon Cote Dinah Smith Elizabeth Adams	Spring 2017 Spring 2016	Required-Grad	Clinical	2
CSD 326: Clinic Practicum Study 6	Sharon Cote	Winter 2016 Winter 2015	Elective-Grad	Clinical	1
CSD 272: Hearing Rehabilitation	Elizabeth Adams	Spring 2017 Summer 2017 Spring 2016 Summer 2016	Required-Grad	Academic	3
CSD 327: School Based Issues for SLPs	Sharon Cote	Spring 2017 Spring 2016*	Required-Grad	Academic	1
CSD 331: Treatment of Stuttering	Barry Guitar	Spring 2017 Spring 2016	Required-Grad	Academic	2
CSD 350: Swallowing Disorders	Nancy Gauvin	Spring 2017 Spring 2016**	Required-Grad	Academic	3
CSD 351: Aphasia in Adults	Michael Cannizzaro	Spring 2016 Spring 2016	Required-Grad	Academic	3
CSD 323: Clinic Practicum Study 3	Sharon Cote	Summer 2017 Summer 2016	Required-Grad	Clinical	3
CSD 360: Research Methods Communication Disorders 1	Nancy Gauvin	Summer 2017 Summer 2016***	Required-Grad	Research	3

CSD 324: Clinic Practicum Study 4	Danra Kazenski	Summer 2017 Summer 2016	Required-Grad	Clinical	3
CSD 313: Augmentative Communication	Mary-Alice Favro	Fall 2017 Fall 2016	Required-Grad	Academic	3
CSD 352: Voice Disorders	Nancy Gauvin	Fall 2017 Fall 2016****	Required-Grad	Academic	3
CSD 361: Research Methods II	Nancy Gauvin	Fall 2016 Fall 2015***	Required-Grad	Academic	1
CSD 353: Adult Neuropathologies	Michael Cannizzaro	Fall 2017 Fall 2016	Required-Grad	Academic	3
CSD 362: Master's Thesis Research	Shelley Velleman Michael Cannizzaro Tiffany Hutchins Barry Guitar Patricia Prelock 	Fall 2017 Fall 2016	Elective-Grad	Research	6 credits total
CSD 363: Non-thesis research	Shelley Velleman Michael Cannizzaro Tiffany Hutchins Barry Guitar Patricia Prelock	Spring 2017 Fall 2016 Spring 2016 Fall 2015	Elective-Grad	Research	3
CSD 363:Non-thesis Case Presentation	Nancy Gauvin	Spring 2017 Spring 2016***	Required-Grad	Research	3
CSD 325: Clinic Practicum Study 5	Sharon Cote	Spring 2017 Spring 2016	Required-Grad	Clinical	3
CSD 271:Introduction to Audiology	Elizabeth Adams	Fall 2016 Summer 2016 Fall 2015 Summer 2015	Required-Grad	Academic	3

Please describe any additional clarifying information you wish to provide regarding the program's courses.

None

Standard 3.1 Overall Curriculum

If there were areas of non-compliance, partial compliance or follow-up regarding Overall Curriculum noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

<u>2017 Standard</u>**:** 3.1

Element of the standard to be met: Opportunity for acquisition of knowledge and skills

Evidence of Concern:

The program notes that it has added a new course, CSD 296; however, the official course description could not be accessed from the provided website link.

Steps to be Taken:

 In the next annual report, provide access to a working link for the official course description of CSD 296.

STEPS TAKEN: This course had a generic number last year when it was offered for the first time. It is now being offered with its own number, CSD 327, for 1 credit. It's entitled CSD 327 (1) SchoolBased Issues for SLPs. The curriculum sheet for the incoming graduate students (Class of 2019) can be found here:

http://www.uvm.edu/sites/default/files/media/csd_graduate_course_sequence_students_entering_fall_2017.pdf

A description of CSD 327 can be found here:

http://www.uvm.edu/courses/csd_327

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Please describe any changes that have occurred in the last reporting period regarding the program's Overall Curriculum.

None have occurred

How are credit hours offered at the institution?

Semester

Provide the URL for the current graduate program course descriptions.

http://catalogue.uvm.edu/graduate/commscience/#courseinventory

Based on full-time enrollment, indicate the academic and clinical requirements for the degree, including the minimum number of graduate semester/quarter credit hours required to earn the degree.

Requirements	Number of Credits
Minimum required academic credits	31
Minimum elective academic credits	0
Minimum required practicum/clinical credits	11
Minimum elective practicum/clinical credits	0
Minimum required research credits (include dissertation if applicable)	6
Minimum elective research credits (include dissertation if applicable)	0
Indicate any other requirements below	
None	0
Total	48

Please download the Knowledge and Skills chart, complete it, and then upload it to this question.

SLP-Knowledge-and-Skills-within-the-Curriculum.doc

Describe how the professional practice competencies are infused throughout the curriculum.

All courses relate to the professional practice competencies. Clinical courses (CSD 320, 321, 322, 323, 324, 325, 326 [optional], and 327 focus directly on professional practice. Academic courses (CSD 271[if needed], 272 [if needed], 330, 331, 340, 341, 342, 350, 351, 352, 353) focus on specific areas of professional practice (speech sound disorders, stuttering, aphasia, etc.). As such, they all include a component focusing on assessment and one focusing on intervention in that area. The introductory research course (CSD 360) focuses on research skills for professional practitioners, as do the systematic reviews research courses (CSD 363 fall and spring). Students who do a research project (a different section of CSD 363) or a thesis work with CSD faculty, all of whom carry out translational research. Therefore, even those students who do a master's thesis are doing research that applies to professional practice.

Describe how the professional practice competencies are demonstrated, assessed, and measured, including inter-professional education and supervision.

Professional practice competencies are demonstrated, assessed and measured within the clinical courses and within the academic courses, as noted above. Assignments within all courses are focused on applying theory to practice. Within their clinical practica, students are asked to demonstrate a systematically tracked wide variety of professional practice competencies by both UVM and external supervisors. Interprofessional education is incorporated in several courses through simulation activities designed expressly for this purpose by faculty across our College of Nursing and Health Sciences. These competencies are carefully tracked using our own version of the former ASHA KASA form, which specifies which competencies are achieved in which courses/which practicum experiences. If a student passes a course without achieving a competency that is typically achieved within that course, the Graduate Program Director, Chair, and/or Clinic Director meet with the student to identify an alternative manner in which the student will achieve that competency. In their second year of graduate study, all students complete a portfolio that demonstrates their completion of every ASHA competency via artifacts. The students write an essay for each semester, explaining how (in which courses or clinical experiences) they have achieved each competency that they achieved in that semester, supporting their choices of artifacts that demonstrate that competency.

Describe how contemporary professional issues (such as reimbursement and credentialing regulations) are presented in the curriculum.

Contemporary professional issues are thoroughly presented within the clinical courses (listed above).

Does the program offer clinical education for undergraduates?

No

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.1

None

Standard 3.2 Curriculum Currency

If there were areas of non-compliance, partial compliance or follow-up regarding the Curriculum Currency noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Curriculum Currency listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Curriculum Currency.

None have occurred

Describe the pedagogical approaches that the program will use to deliver the curriculum.

Lecture, demonstrations (by faculty and by students), discussions, readings, videos, simulation experiences, student presentations, peer reviews, student written work (term papers, mock diagnostic reports, mock intervention materials and reports).

Describe the curriculum planning process used by the program.

The curriculum is reviewed annually, during the day-long departmental retreat in May. Follow-up is carried out by appropriate faculty and then presented to the Chair's Committee (Leadership Group) and/or the entire department, as appropriate. Specific topics of focus are chosen for discussion and follow-up, as appropriate. For example, in May 2017 the curriculum topics were diversity awareness & advocacy and interprofessional education (IPE).

How did the program use literature and other guiding documents to facilitate curriculum planning?

Relevant faculty and committees prepare materials for departmental discussion. For example, the college-wide Committee for Inclusive Excellence (CIE) has done extensive research and has worked with the university-wide CIE as well as local community diversity groups to develop recommendations and faculty training workshops for all faculty within the college. Our department has taken a leadership role in these efforts. Similarly, the college-wide IPE committee has done extensive research and has attended national conferences on this topic; they have prepared a college-wide day-long workshop for all faculty for August 2017.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.2

None

Standard 3.3 Sequence of Learning Experiences

If there were areas of non-compliance, partial compliance or follow-up regarding the Sequence of Learning Experiences noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Sequence of Learning Experiences listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Sequence of Learning Experiences.

None have occurred

Provide a typical academic program, showing the sequence of courses and clinical experiences.

First year-Fall:

- CSD 321: Clinic Practicum Study 1 (One credit of clinical experience)
- CSD 320: Clinic Preparation and Management
- CSD 330: Assessment of Stuttering
- CSD 340: Speech Sound Disorders in Children
- CSD 341: Language Disorders
- CSD 342: Language/Learning Disabilities

First year- Spring:

- CSD 322:Clinic Practicum Study 2(Two credits of clinical experience)
- CSD 327:School Based Issues for SLP's
- CSD 331:Treatment of Stuttering
- CSD 350:Swallowing Disorders
- CSD 351: Aphasia in Adults

First year- Summer:

- CSD 323:Clinic Practicum Study 3 (3 credits of clinical experience)
- CSD 360: Research Methods Communication Disorders I

Second Year- Fall:

- CSD 324:Clinic Practicum Study 4(3 credits of clinical experience)
- CSD 313: Augmentative Communication
- CSD 352:Voice Disorders
- CSD 353:Adult Neuropathologies
- CSD 361:Research Methods II

Second Year-Spring:

- CSD 325:Clinic Practicum Study 5 (3 credits of clinical experience)
- CSD 363: Research Methods II OR CSD 363:Non-Thesis Research (research project) OR CSD 362 Thesis

Describe any differences in the expected sequence of courses and clinical experiences that result from different tracks.

We have no tracks, except with respect to research. All students take CSD 360: Research Methods Communication Disorders I. Most students take CSD 361 and CSD 363, which is a sequence of courses leading to a clinical systematic review. A few students do a research project (a different section of CSD 363) or a thesis (CSD 362).

Describe the method(s) used to organize, sequence, and provide opportunities for integration across all elements of the content.

Curriculum is reviewed annually in May to ensure that the organization and sequence provide opportunities for integration. Faculty discuss themes that run through the entire curriculum, such as professional practice competencies, professional ethics, diversity, and IPE, to ensure that we are being thorough and consistent.

Provide two (2) examples of the sequential and integrated learning opportunities

Example One:

Faculty in all academic courses provide discussions, lectures, readings, group activities, etc. that focus on evidence-based practice. EBP is a strong focus in all research courses and experiences (CSD 360, 363, and 362), which deepens, broadens, and reinforces the students' mastery of EBP in all areas of practice.

Example Two:

The capstone portfolio is an opportunity for both students and faculty to verify integration across all elements of the content. Students typically document multiple clinical and academic artifacts to verify that they have met each ASHA competency, demonstrating that they are making these connections both in theory and in practice.

Describe how the organization, sequential nature, and opportunities for integration allow each student to meet the program's established learning goals and objectives.

See above. Our KASA form verifies that the students have met all competencies throughout the program. The organization, sequence, and integration opportunities ensure that they have met these competencies not only superficially but across all aspects of the program, with appropriate levels of depth and breadth.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.3

None

Standard 3.4 Diversity Reflected in the Curriculum

If there were any areas of non-compliance, partial compliance or follow-up regarding Diversity Reflected in the Curriculum noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Diversity Reflected in the Curriculum listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Diversity Reflected in the Curriculum.

None have occurred

Describe how and where issues of diversity will be addressed across the curriculum.

Diversity issues are discussed beginning as early as the Orientation in the first fall of the first year. These issues are incorporated into every course whenever possible. For example, Battle (2011), Communication Disorders in Multicultural and International Populations, is used in several courses. Practicum experiences are selected to provide as much diversity exposure to all students as possible.

Describe how students obtain clinical experience with diverse populations.

Vermont is not exactly the most diverse state yet the University of Vermont is located in Burlington, Vermont where we have a relatively large refugee population. Our students are placed in school placements throughout Chittenden County where they are exposed to students and families of diverse populations. We also have historically seen a fair number of clients for voice therapy who are individuals changing gender. We will be starting a new support group for this population in January of 2018. We also have an accent modification group where we work with international faculty and staff from our own university setting. The University of Vermont Eleanor M. Luse Center has also contracted with Burlington Public School district to offer speech and language screenings, hearing screenings and preschool speech and language evaluations. These settings also include many children who are of diverse backgrounds. One area of diversity where our students gain a lot of exposure is poverty. When our students are in their off campus placements, a significant portion of the school population with whom they work come from disadvantaged homes.

To supplement what our students get in the in-house clinic and the off campus placements, we also have designed simulations in CSD 323. Students must work with a family for whom English is not their first language; therefore, they get experience working with interpreters as well. In two of the Clinic courses (CSD 320 and 327), there are specific assignments to assess speakers of languages other than English based upon speech and language sampling of clients for whom English is not the first language.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.4

None

Standard 3.5 Scientific and Research Foundation

If there were areas of non-compliance, partial compliance or follow-up regarding the Scientific and Research Foundations noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Scientific and Research Foundations listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Scientific and Research Foundations.

None have occurred

How does the curriculum reflect the scientific basis of the professions and include research methodology and exposure to research literature? (Select all that apply)

Complete research literature reviews within courses, Incorporate evidence-based practice into the clinic, Participate in faculty research,

Require research course

Describe the methods that the program uses to ensure all students have opportunities to become knowledgeable consumers of research literature.

All students complete CSD 360 (Intro Research) and either CSD 363 (Systematic Reviews or Non-thesis Research [research project]) or CSD 362 (thesis). EBP is included throughout all courses.

Describe the methods that the program uses to ensure that there are opportunities for each student to become knowledgeable about the fundamentals of evidence-based practice.

EBP is included throughout all courses. Students are required to justify clinical decisions based upon research. In classes, students are given mock clinical assignments (diagnostic reports, treatment plans, etc.) and are expected to back up their clinical decisions based upon EBP.

Describe methods that the program uses to ensure that there are opportunities for each student to apply the scientific bases and research principles to clinical populations.

See above. Also, all clinical supervisors expect students to justify all clinical decisions based upon scientific bases and research principles.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.5

None

Standard 3.6 Clinical Settings/Populations

If there were areas of non-compliance, partial compliance or follow-up regarding Clinical Settings/Populations noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

<u>**2017 Standard**</u>**:** 3.6

> *Element of the standard to be met:* Exposure to a variety of populations

Evidence of Concern:

The program notes that clinical simulation experiences have been added to the clinical settings; however, it is not evident how this clinical experience will be incorporated into already existing assignments of clinical settings.

Steps to be Taken:

In the next annual report, describe how the clinical simulation setting is assigned and used to meet the diversity and type of setting each student receives during their program.

Answer:

In the University of Vermont Communication Sciences and Disorders Department, we are actively planning and implementing clinical simulations within our clinical and academic courses to reinforce concepts taught in most academic courses at the graduate level. Incorporating these simulations can ensure that all the students have opportunities to apply concepts that they may not all get in their external placements. One example is evaluation and treatment in the realm of communication modalities. In the Augmentative and Alternative Communication class, there will be a simulation built in to meet course objectives and ASHA standards. All students will be involved in these simulations. Simulations will therefore enhance our current assignments of clinical settings; they will not replace them. The clinical settings themselves have not been changed.

Please describe any changes that have occurred in the last reporting period regarding the program's Clinical Settings/Populations.

None have occurred

Describe the methods used to ensure that the plan of clinical education for each student includes the following:

Experiences that represent the breadth and depth of speech-language pathology clinical practice

At the University of Vermont, students are required to obtain the following experiences:

At least 10 hours of

- Adult language treatment hours
- Adult language diagnostic hours
- Adult speech treatment hours
- Adult speech diagnostic hours
- Child language treatment hours
- Child language diagnostic hours
- Child speech treatment hours
- Child language diagnostic hours

In addition, students must have at least 60 total diagnostic hours and have at least five hours of fluency, voice and articulation experiences. Although ASHA no longer specifies how many hours are necessary in each sub-group, UVM felt it was important to continue these requirements in order to ensure a breadth and depth of experiences.

In addition, the off-campus clinic coordinators look for a variety of placement opportunities each of the three semesters. Off campus placements are purposefully scheduled to ensure exposure to a variety of ages, disorders etc. If, on a rare occasion, a student will stay at the same site for more than one semester, the off campus coordinator will plan with the site supervisor activities to make sure the student has exposure to different types of work. For example, the second semester might focus on more behaviorally challenging students or students with intensive special needs or delve more deeply into the special education law and paperwork requirements. In terms of our in-house clinic at the University of Vermont Eleanor M. Luse Center, there are different clinic groups such as audiology block, post stroke communication group, accent modification group and transgender group to which students have the opportunity to be assigned. Students are also assigned different types of clients with a variety of disorders and differences to ensure exposure and breadth and depth of experiences.

Opportunities to work with individuals across the life span and the continuum of care

Each semester, the clinic director varies the on-campus assignments to ensure that graduate students have the opportunity to work with individuals across the life span and continuum of care. Medical/adult off campus placements are not plentiful in Vermont (and worsening due to Genesis charging money to take students). The summer off campus coordinator works very hard to find out of state placements that focus on adults so our students get these opportunities for those who are able to go away. We work hard to maintain our relationships with those few sites in Vermont able to take students. To supplement these efforts, we have also created simulation opportunities in our courses so our students get experiences with older adults. We have a very active clinic for toddlers, preschoolers and school age individuals so our students get many experiences with these younger populations.

Opportunities to work with individuals from culturally and linguistically diverse backgrounds

- As stated in section 3.4, there are a variety of opportunities via off campus placements in various schools as well as different clients and groups we have in our on-campus clinic. We have our program designed so students may travel across the country for other placements to allow for more diversity exposure. This takes place in the summer between the first and second year of graduate school. We are beginning to plan for another opportunity to do an offsite placement away from UVM for a few students in the spring of their final year. In addition to these opportunities, a travel course is in the works with two of our faculty members to offer training and direct intervention with children who are on the autism spectrum in the Carribean.

Experiences with individuals who express various types of severities of changes in structure and function of speech and swallowing mechanisms

Much care is taken when scheduling on-campus clients and off campus placements to allow the graduate student experiences so they can be exposed to various types of severities of changes in the structure and function of speech and swallowing mechanisms. We have an active list of clients who come to us for assessment of Childhood Apraxia of Speech. Students get experience with the differential diagnosis of this disorder. The same can be said for the area of fluency. In terms of voice, we see clients with a variety of voice disorders. Students also have the opportunity to sit in on the local craniofacial and cleft palate clinic and can attend nasopharyngoscopy assessments as well with our affiliated medical center. Students have the opportunity to observe swallowing assessments with the local hospital and experience these same disorders while at their adult placements. To supplement these efforts, there are simulated experiences designed for each academic course to further the student's exposure to a variety of changes in the structure and function of speech and swallowing mechanism.

Exposure to the business aspects of the practice of speech-language pathology and swallowing (e.g., reimbursement requirements, insurance and billing procedures, scheduling)

All students are responsible for completion of billing sheets for their clients; therefore, they are exposed to the practice of billing plus the codes associated with it. In CSD 322, course topics include exposure to ICD-10 codes and billing fraud. There is a review of the ASHA ethics as compared to what is being asked of SLP's in differing medical settings. Students are involved in a discussion of how to advocate if they find themselves in situations where there is fraud. In CSD 325 (spring semester), an SLP from the community will be coming in to describe the process for beginning an LLC, opening up a private practice. In CSD 327, there is a lecture on the procedures and problems/ethical dilemmas that may occur when being asked to supervise an SLP-A or a paraeducator. Students then discuss how to share the ASHA ethics information with school administrators in regards to what they can and cannot do in regards to supervision.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.6

None

Standard 3.7 Clinical Education - Students

If there were areas of non-compliance, partial compliance or follow-up regarding Clinical Education - Students noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Clinical Education - Students listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Clinical Education - Students.

None have occurred

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.7

None

Standard 3.8 Clinical Education - Client Welfare

If there were areas of non-compliance, partial compliance or follow-up regarding Clinical Education – Client Welfare noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Clinical Education – Client Welfare listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Clinical Education - Client Welfare

None have occurred

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.8.

None

Standard 3.9 External Placements

If there were areas of non-compliance, partial compliance or follow-up regarding External Placements noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding External Placements listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's External Placements.

In the last reporting period students were placed in their first external clinical experience in the spring of their first year. There were a total of 4 off campus placements:

- Spring of first year
- Summer between first and second year
- Fall of second year
- Spring of second year

In the fall of 2016, it was determined that a pilot would be created to discontinue the off campus placement for spring of the first year. The reasons why are as follows:

- A review of the clock hour data revealed that many of our graduate students were finishing their 400 hour requirement around Dec/Jan of their second year. They then were not taking the spring of second year placement very seriously which was affecting the relationship with off campus supervisors
- UVM was the only school at the Northeast Council of Clinic Directors that was offering four, distinct placements.
- Finding enough off campus placements for two cohorts (spring 1st year and spring second year students) was very difficult in a state with a small population
- Guided off campus experiences in addition to designed simulations actually are ensuring more depth and breadth of experiences as opposed to 4 distinct off campus placements.
- Clinical faculty have more time (two semesters) to supervise and teach students instead of relying on non-faculty off campus supervisors.

Describe how valid agreements (written or electronic) or statements of intent to accept students are established and maintained, once agreements are established with all active external facilities in which students will be placed for clinical practicum experiences.

Each external supervisor is given a clinical affiliation agreement and asked to provide information about the site, the population served, and the amount of time they will be working with the students. This is signed and returned to our administrative staff. This is a document in addition to the legal contract.

Describe policies regarding: (a) the role of students in the selection of externship sites, and (b) the placement of students in the sites.

The externship coordinators meet individually with graduate students each semester to review their practicum experiences with regard to diversity across the life span, in various settings, including client ethnicities and the severity of client presentations as well as the students' professional interests. As a general rule, during their program each student is assigned to an elementary school, a setting with adults and/or medically involved patients (hospitals, nursing homes, home health agencies), and either a preschool setting or a setting with students in grades 6-12. Students have the opportunity to express their preferences with respect to future externship sites, taking into consideration their needs with respect to the factors above. The externship coordinators attempt to comply with these preferences, although this is not always possible.

Each students' practicum hours are tracked explicitly with respect to the types of diversity noted above as well as other factors.

Describe policies and procedures the program uses to select and place students in external facilities

Students must be in good clinical and academic standing in order to be eligible for an external placement. Students on a remediation plan may or may not be placed in an external facilities depending on the details of the remediation plan. The match of students to site depends on a multitude of factors listed in no particular order such as: experience needs, hour needs, geographical location, variety of site needed for depth and breadth of education and interpersonal relationship between supervisor and student. A clinical faculty members acts as the off campus liason. At UVM, the clinic director is responsible for placements fall and spring semester and another faculty member is responsible for the summer semester. The faculty members are the ones who contact possible sites. Students do not have to find their own placements. Once a site has agreed, the legal department of UVM and the site develop the contract. Once that is finalized and the student has completed all the mandatories for the site, the external placement may begin at the beginning of the new semester.

Describe policies and procedures that demonstrate due diligence to ensure that each external facility has the clinical population and personnel to meet the educational needs of each student assigned to that site.

In state sites are known to the University. Details regarding sites that may be utilized out of state are discussed with the supervising SLP and or manager to ensure the educational needs of the students are met. In addition, the clinical affiliation agreement (see below) has questions in regards to the specifics of the site such as type of client's delay, difference and disorder, age of client, setting, etc.

Describe the procedures that the program uses to ensure that valid agreements (written or electronic) between the external site and the program are signed before students are placed.

External site supervisors receive an email with the clinical affiliation agreement and the instructions on completing it, and are instructed to return it to our department's administrative staff before the student's placement begins. The administrative staff continually checks in with supervisors who have not turned in their documentation, and informs our clinic director if any site supervisors do not complete it in a timely manner.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.9

None

Standard 3.10 Student Conduct

If there were areas of non-compliance, partial compliance or follow-up regarding Student Conduct noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Conduct listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Student Conduct.

None have occurred

Describe policies and procedures that are pertinent to expectations of student academic and clinical conduct.

Academic

The process employed by the program occurs at the individual course level and at the academic advising level. Instructor documentation activities in the individual courses are multiple. They include the regular provision of feedback to students regarding their achievement of formative and applicable summative assessment learning outcomes. In the case of written assignments, instructors typically provide a grade and either hand-written or electronically typed track-change comments regarding the individual student's performance relative to established learning outcome evaluation criteria . Additionally, many instructors utilize the university's web-based platform "Blackboard" to administer online tests and to post individual grades. The online tests are often designed to provide students with immediate feedback regarding their answer choices and grades. The course grade center contains a listing of all the assignments along with brief descriptions, due dates, and point values and provides a numerical summary of student progress. All students have round-the-clock, password-protected access to their own grade centers in which they can check their progress as measured by course assignments that are designed to help them achieve the expected knowledge and skills.

At the academic advising level, each student attends an individual advising meeting each semester in which they participate in the review and documentation of their academic progress. Course grades and sequence are reviewed by referencing the student's transcript and a Graduate Course Plan/Sequencing Form. Discussion takes place regarding the student's progress toward achieving the expected knowledge and skills. Group advising is also provided at least once per semester.

Clinical

The process employed by the program occurs at the individual clinical practicum level and at the clinical advising level. In individual clinical practicum experiences (for both on- and off-campus placements) instructors regularly provide students with oral and written feedback and conduct weekly conferences regarding student achievement of formative assessment learning outcomes specific to individual therapy and diagnostic sessions with clients. Mid-term evaluations are used as a formative assessment phase in which the student self-evaluates and sets clinical performance goals related to achievement of the expected knowledge and skills. Semester-end evaluations are used as summative assessments of intended learning outcomes. At the end of the semester, each practicum supervisor meets with the student to document the Knowledge and Skills Acquisition (KASA) requirements used by the department (adapted from a version of the ASHA KASA form). The supervisor enters these into the Calipso program.

At the clinical advising level, each student attends an individual advising meeting with the Externship Coordinator once a semester in which they participate in the review and documentation of their clinical progress. Clinical experiences and hours are now documented and reviewed using an electronic database (Calipso) on which we track practicum evaluation ratings, the department's Knowledge and Skills Acquisition (KASA) requirements, the Diversity Checklist, and Clinical Clock Hours. Discussion takes place regarding the student's progress toward achieving the expected knowledge and skills .

As yet another opportunity for both summative and formative student feedback and remediation, over the course of the program, students develop individual portfolios documenting their achievement of academic and clinical goals over time via academic and clinical artefacts and periodic essays. Essays are submitted each semester to the Graduate Program Coordinator to make sure that the students are on track. They are given feedback on these cumulative portfolios by the middle of that final semester, with opportunities to remediate any deficits.

See below for additional information.

Describe policies and procedures that the program uses to address violations of expectations regarding academic and clinical conduct.

Documentation

The program's guidelines for remediation of academic and clinical activities are documented in the Communication Sciences and Disorders (CSD) Faculty Manual, which includes a section that details the "Process for Identification and Remediation of Graduate Students with Clinical or Academic Challenges."

Provision of Information to Students

The program's guidelines for remediation of academic and clinical activities are provided to students in a couple of ways . Course syllabi contain a standard section regarding remediation, which explains that if a student fails to achieve any of the intended knowledge and skills learning outcomes, they will be required to achieve proficiency on the outcome(s) by completing remedial assignments as specified and deemed appropriate by the instructor. The CSD website contains a link to the "Policy for Review of Clinical Performance and Clinical Probation Process."

Implementation

The program implements remediation opportunities consistently by following the documented guidelines, which indicate that instructors collectively conduct mid-term reviews of both the academic and clinical performance of all students. This typically occurs during a regularly scheduled department meeting in which all student performance is reviewed and "at risk" students are identified. Plans of action are devised to address identified student needs. The Externship Coordinator serves as a liaison for all off-campus practicum instructors and solicits information in advance regarding student clinical performance so that it can be provided during the mid-term review meeting.

See below for additional information.

Describe how the program ensures that students know the expectations regarding their application of the highest level of academic and clinical integrity during all aspects of their education (e.g., written policies and procedures that are pertinent to expectations of student academic and clinical conduct) and that these expectations are consistently applied.

The program's guidelines for remediation of academic and clinical activities are provided to students in a couple of ways . Course syllabi contain a standard section regarding remediation, which explains that if a student fails to achieve any of the intended knowledge and skills learning outcomes, they will be required to achieve proficiency on the outcome(s) by completing remedial assignments as specified and deemed appropriate by the instructor. The CSD website contains a link to the "Policy for Review of Clinical Performance and Clinical Probation Process." In addition, academic and clinical expectations, including expectations for academic and clinical integrity, as provided in detail in the Graduate Handbook and the Graduate Clinical Manual.

Describe the process that the program will use to address violations of expectations regarding academic and clinical conduct.

See above.

The program implements remediation opportunities consistently by following the documented guidelines, which indicate that instructors collectively conduct mid-term reviews of both the academic and clinical performance of all students. This typically occurs during a regularly scheduled department meeting in which all student performance is reviewed and "at risk" students are identified. Plans of action are devised to address identified student needs. The Externship Coordinator serves as a liaison for all off-campus practicum instructors and solicits information in advance regarding student clinical performance so that it can be provided during the mid-term review meeting.

Academic Concerns

Students are encouraged to seek help from instructors early in a term when it appears that their performance in a course may not be satisfactory. If health or family issues are the cause of the poor performance, students are encouraged to be proactive and to work with their faculty and academic advisor to make a plan for delaying assignments, making up work, or receiving incomplete grades.
Graduate students whose academic progress is deemed unsatisfactory at any time may be dismissed from the Graduate College by the Dean, upon consultation with the student's department or program. In addition, students may be dismissed if (a) they receive two grades or more below a B (3.00), or (b) they receive a U (Unsatisfactory) in Thesis or Dissertation Research or Seminar.

Appeal procedures are provided in the CNHS Low Scholarship Policy section in the CNHS Student Handbook:

http://www.uvm.edu/sites/default/files/cnhs_handbook_2017_18.pdf
Students who may be out of sequence in their course of study, or are considering withdrawal or leave of absence from the University, should discuss and develop plans with their advisor.
Students who wish to withdraw from the University must notify their chair in writing. Students who have left the University for one semester or more must write to their chair to request readmission. Graduate students must also notify the Graduate Dean's Office in writing.
Students who, prior to completing enrollment for all credit requirements, do not enroll for one or more credits for a period of one calendar year and are not on an approved leave of absence are deactivated from the college.

Clinical Concerns

When an on-campus or off-campus clinical faculty/instructor develops concerns about a student's decisions and/or behavior with respect to appropriate conduct at any time during a semester, and/or the student demonstrates insufficient progress (two or more grades below a B or repeated demonstration of challenges in specific clinical areas) in meeting clinical competencies at the mid-term evaluation for either on- campus or off-campus practicum and/or the student repeatedly presents with challenges meeting goals, the student will be considered to be on Clinical Probation. Under these circumstances, a Planning Team will be convened. This team will include the student (and advocate if desired) and 1-3 of the following faculty: the clinical instructor (or off-campus coordinator), Clinic Director, academic advisor, department Chair. The purpose is to identify the problems and develop a remediation plan with specific goals and a timeline. The remediation plan will include reviewing the circumstances of concern, identification of the challenges, and development of behavioral goals and action plans to support the student's professional and clinical growth in the area(s) of concern. Target dates for accomplishing the goals will be established and regular meetings of the Planning Team will be outlined to review progress and revisit goals and target dates. A written Action Plan will be completed at the close of each Planning Team meeting and a copy distributed to all parties.

The student who does not demonstrate improved skills in the specified time period may be removed from the practicum placements and clock hours accrued may not be counted. This decision will be made jointly by the clinical instructor/faculty and the off- campus coordinator (when relevant) along with the Academic advisor and Clinic Director. On occasion, an off-campus supervisor may insist that a student's placement be discontinued without an opportunity for a remediation plan.

 The student who completes a semester with an unsatisfactory rating for progress in meeting clinical competencies (has not met goals in a previously-developed remediation plan or has a mean semester clinical grade of B- or below) is not eligible for an off-campus placement in the subsequent semester. Instead, the student would remain in an on-campus practicum. The process is designed to provide the student with intensive clinical instruction to support progress towards clinical performance goals. This policy is designed to assist the student in developing professional competency and to protect clients and affiliations with off- campus practicum sites.

If the student is in the last semester of the graduate program and ends the semester with an unsatisfactory grade (B- or below) in practicum, (s)he may find it necessary to extend his/her graduate program to meet all the clinical requirements.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 3.10.

None.

Standard 4.1 Student Admission Criteria

If there were areas of non-compliance, partial compliance or follow-up regarding Student Admission Criteria noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Admission Criteria listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's admission criteria.

None have occurred

Please provide any additional clarifying information regarding the program's compliance with Standard 4.1

None

Standard 4.2 Student Adaptations

If there were areas of non-compliance, partial compliance or follow-up regarding Student Adaptations noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Adaptations listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding Student Adaptations.

None have occurred

Provide an example documenting the fact that the program's curriculum demonstrates respect for and understanding of cultural, linguistic, and individual diversity.

In response to many of our departmental cultural and linguistic diversity initiatives, we have recently developed a new course promoting these values. CSD 395: Autism in the Caribbean, is a travel course for CSD Graduate students to broaden their horizons through cultural and linguistic diversity training and implementing SLP services in a different cultural setting. The course objectives and reading list from the syllabus is below.

COURSE OBJECTIVES

Upon completion of this course the student will be able to:

Describe Caribbean culture especially as it impacts family dynamics and social stigmas of communication diagnoses.

Collaborate in scoring ASD assessment measures.

Collaborate in PLAY Project family-centered intervention.

Administer SLP standardized tests to culturally diverse children accommodating for cultural impacts.

Demonstrate integration of previous cultural competency and clinical experiences in caring for diverse populations.

Apply the concepts of community partnerships to provide a holistic approach to enhance health and quality of life of the population.

Analyze the complexity of the roles of the SLP in community and public health through collaborations with other community professionals.

REQUIRED TEXT

Hyter, Y. D., & Salas-Provance, M. B. (2017). *Culturally responsive practices in speech,*

language and hearing sciences. Forthcoming. Plural Publishing

REQUIRED READINGS

Hyter, Y.D.,Roman, T.R.,Staley, B.,McPherson, B. (2017). Competencies for effective global engagement: a proposal for communication sciences and disorders. *Perspectives of the ASHA Special Interest Groups, SIG 17*, Vol 2(Part 1).

Wickenden, M. (2013). Widening the SLP lens: How can we improve the well-being of people with communication disabilities globally. *International Journal of Speech-Language Pathology*, *15*(1), 14–20.

Other readings, as assigned.

Provide an example documenting the fact that the program's policies and procedures demonstrate respect for and understanding of cultural, linguistic, and individual diversity (e.g., admission, internal/external clinical placement and student retention policies/procedures, proficiency in English).

The following is from the "Chairpersons Welcome", Graduate Outcomes and the Executive Summary statement from the CSD Graduate Student Handbook. See also additional items provided in the "Clarifying Information Section" below.

From the Chairperson's Welcome

*The Communication Sciences and Disorders Department and the University of Vermont Eleanor M. Luse Center **strive to ensure that every member and prospective member of the campus community receives fair and equal treatment and opportunity, and***

experiences an inclusive environment (UVM – AAOE statement) free from harassment, bias, discrimination and bullying. Every member of the department – faculty, staff, and students – is responsible for maintaining a safe, respectful, supportive, collaborative atmosphere. If an incident occurs, please contact the chair, program director, clinic director, and/or your advisor. Please refer to the Office of Affirmative Action and Equal Opportunity for links to policies and procedures at the bottom of the main page: *https://www.uvm.edu/aaeo.*

GRADUATE OUTCOMES

Knowledge of the nature of speech, language, hearing, and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and cultural correlates.
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 functioning or feeding; orofacial myofunction)
Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
Social aspects of communication (e.g., behavioral and social skills affecting communication)
Communication modalities(e.g., oral, manual, and augmentative and alternate communication techniques and assistive technologies)
Knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders
Standards of ethical conduct
Interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders
Processes used in research and the integration of research principles into evidence-based clinical practice
Contemporary professional issues
Certification, specialty recognition, licensure, and other relevant professional credentials
Skills in the following areas:
Oral and written or other forms of communication
Prevention, evaluation, and intervention of communication disorders and swallowing disorders
Interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior
Effective interaction with patients, families, professionals, and other individuals, as appropriate
Delivery of services to culturally and linguistically diverse populations
Application of the principles of evidence-based practice
Self-evaluation of effectiveness of practice

STRATEGIC PLAN – Executive Summary

The core values of the Department of Communication Sciences and Disorders are caring, collaboration, compassion, connectedness, and family. These values shape our day-to-day actions and interactions as well as our mission and goals. Our mission is advancing communication so everyone is heard. Our goals focus on (1) increasing opportunities and reducing disparities for our students, clients, faculty, staff, and community, (2) creating and disseminating new knowledge through exceptional research and education, and (3) inspiring future leaders to be agents for positive change. These goals impact everything we do, including our undergraduate and graduate curricula, the extra-curricular activities that we offer to students (community service, Speech & Hearing Club, Peer Mentoring, CSD Honors Society, etc.), research, clinical services, and outreach to the community.

Provide the program's policy regarding the processes used to determine the need for and the provision of accommodations for students with reported disabilities.

The following is the department policy from the 2016-2017 CSD Graduate Student Handbook

ACCOMMODATION S

The University of Vermont is committed to a policy of equal educational opportunity and welcomes individuals with diverse backgrounds and abilities. The University therefore prohibits discrimination, including discrimination on the basis of disability. At the same time, all students in the College of Nursing and Health Sciences (CNHS) must be able to perform the essential clinical as well as academic requirements, as the overall curricular objectives are to prepare students to actually practice in their chosen fields.

Services and accommodations for students with disabilities are coordinated by three University offices:

- Student Accessibility Services (SAS) certifies and coordinates services for students with physical disabilities (visual, hearing, mobility, and/or manual dexterity impairments), learning disabilities, and attention deficit disorders;
- Counseling and Psychiatry Services, part of the Center for Health and Well-being certifies and coordinates services for students with psychological disabilities; and
- Student Health Services, part of the Center for Health and Well-being certifies and coordinates services for students with ongoing medical conditions.

Services to equalize opportunities in the classroom and other course accommodations are arranged through these offices. Current and comprehensive documentation of disability or condition will be required. Students are encouraged to inform the staff of the appropriate certifying office of any desired services or accommodations in advance of each semester. Early disclosure and consultation enable students to have the benefit of expertise from the certifying office and the student's academic program and generally make for more effective accommodations. More about these services and contact information can be found through the UVM website. It is the responsibility of all students seeking disability accommodations to self-identify by contacting the appropriate Certifying Office (SAS, The Center for Health and Wellbeing: Counseling and Psychiatry Services, or The Center for Health and Wellbeing: Student Health Services) and supplying adequate and comprehensive documentation of the disability. Students are strongly encouraged to self-identify as early as possible. Accommodations cannot be made retroactively. It is the responsibility of the staff of the Certifying Office to certify student disabilities and to recommend reasonable and appropriate accommodations in light of the nature of a student's disability and academic program requirements. Once accommodations have been agreed upon by the student and the Certifying Office, the faculty for whom the accommodation is relevant will be notified, in writing. A student's specific disability will not be revealed to faculty unless communicated directly by the student or as necessary to facilitate provision of the accommodation/s. Once the faculty member has been notified of the need for accommodations, she/he may meet and/or communicate in other ways with the student and/or the disability specialists to discuss the recommended accommodations and work in a collaborative manner to determine their feasibility and to identify effective ways of meeting the student's needs. If accommodations are required in the clinical setting, the faculty responsible for the clinical course will attempt to find a placement site willing to make the requested accommodations. The student is not guaranteed that any specific site will be available. The student must adhere to the procedures for medical clearance required of all students participating in clinical education experiences.

Any student not requesting accommodation at the time of admission may not be granted accommodation after beginning the program until the student has contacted the appropriate Certifying Office, that office has certified that a disability exists, and that office has recommended reasonable accommodations, in writing, to the faculty involved. If a student develops a health condition, has a worsening of an existing health condition, or is diagnosed with a disability while a student and requests accommodations, s/he must provide documentation of the condition from a recognized professional capable of identifying such a condition to the appropriate Certifying Office (SAS, The Center for Health and Wellbeing: Counseling and Psychiatry Services, or The Center for Health and Wellbeing: Student Health Services).

For detailed explanation of policies on disabilities, please see the Student Accessibility Services (SAS) website: http://www.uvm.edu/~access/.

Please provide any additional clarifying information regarding the program's compliance with Standard 4.2.

As part of our ongoing improvement in the area of cultural, linguistic and individual diversity, and in addition to the aforementioned efforts in the previous sections, the following selection from our Department Strategic Plan clearly outline the efforts of our department in these initiatives.

GOAL I. Increase opportunities and reduce disparities for our students, clients, faculty, staff, and community

OBJECTIVES:

- Our grad and undergrad students will reflect the racial, ethnic, ability, and economic diversity of Vermont within three years.

- Faculty and staff will be provided opportunities to increase their cultural sensitivity.

ACTIONS & TIMELINE: (person(s) responsible in parentheses)

- Increase graduate admissions and retention from under-represented groups via the following:
- With help from the Institutional Research Office, find out correlation between GRE and GPA with success in grad school AND whether students from those backgrounds do more poorly on GREs AND look at our own data on that by May 2018 (Reconstituted Weighting Committee)
- Consider reweighting of GRE-GPA-Essay by May 2018 (Reconstituted Weighting Committee).
- Consider changing our essay to encourage applicants to divulge information about whether they fall into any of the following categories by May 2018: (Graduate Program Director will reach out to OSS)

- non-native speakers of English

- racial/ethnic diversity

- first generation college students

- low SES

- disability

- social challenges

- Prioritize phone follow-up to encourage applicants that fall into the categories listed in 1c (Grad Admissions Coordinator/Grad Program Director) by January 2017 and ongoing
- Explore funding options, including:
- Request Dean, Development Officer to contact development/funding/donor to support low-SES and/or first generation VT undergrad CSD student (Chair) by March 2017
- Annually consider availability of IBB funds to support students in these categories (Grad Admissions Coordinator/Grad Program Director)
- Meet with SFS (student financial services) about better supporting those students (ASHF grants etc.) (Grad Admissions Coordinator/Grad Program Director) by May 2017
- Explore additional funding for faculty and staff support of students who need more academic and/or clinical and/or logistical support (Chair, consultation with Office of International Education) (Fall 2019)
- Each year, look at our admissions spreadsheet for diverse students and consider them in light of possible reasons why their GREs/GPAs might be lower beginning January 2017. Once the data described in 1a are available (May 2018 or before), take those into account. (Grad Admissions Coordinator/Grad Program Director)
- Sponsor a UVM CSD table for undergrad students attending the National Black Association Speech Language Hearing (NBASLH) conference in Atlanta April 2017 and annually thereafter (Chair; faculty attending NBASLH).
- Develop by May 2017 and maintain annually stronger connection with UVM Grad Writing Center and increase student participation at the Center (Grad Advisor, Clinic Director)
- Encourage graduate students to apply to serve as Graduate Writing Mentors to provide writing and other extra support for graduate students (Grad Advisor) by November 2016 and every semester thereafter.
- Increase undergraduate admissions from under-represented groups via the following:
- Meet with Admissions about better selecting those students including marketing to our own former refugee populations (CSD rep(s) to CNHS CIE) and Investigate UVM New American Scholarship and other existing possibilities (Fall 2018)
- Support CNHS Diversity Working Group/CNHS Committee on Inclusive Excellence initiative to create pathway for diverse students from Community College of Vermont and from Burlington Technical Center (CSD rep(s) to CNHS CIE) by May 2017
- Participate in CNHS Committee on Inclusive Excellence initiatives to increase undergraduate admissions from under-represented groups annually (CSD rep(s) to CNHS CIE; other faculty) by September 2016 and ongoing
- Encourage undergraduate students to apply to serve as Undergraduate Writing Mentors to provide writing and other extra support for undergraduates (Undergrad Advisors) by November 2016 and every semester thereafter
- Continue high school career day presentation in Colchester annually (Clinic Director)
- Continue AHEC career presentations and College Quest presentations annually (Mary Alice Favro and other Faculty)
- Increase cultural responsiveness of undergraduate and graduate students by investigating the below, selecting certain projects to focus on, and implementing those:
- Increase intercultural responsiveness training in undergraduate and graduate curricula
- Increase intercultural responsiveness components in all courses (e.g., infusing chapters from Battle book) by September 2016 and ongoing
- Include guest lectures in graduate courses by September 2016 and ongoing
- Develop D2 undergraduate course and submit course action form by September 2017; implement by January 2018 (Julia Walberg with chair consultation)
- Initiate intercollaboration with CNHS and other colleges/departments (e.g., special education) to allow educational travel opportunities, ensuring that the opportunities that we offer properly prepare the students and result in community-directed sustainable long-term benefits for the communities (e.g., follow-up telepractice after in-person interactions) by January 2017 (Nancy Gauvin and other faculty). Possibilities include:
- St. Kitts (ASD and possibly establishing an SLP program - Nancy's connection)
- Gambia & elsewhere in Africa (Nancy's connection – neonatology, feeding)

- Belize (Rycki Maltby) – *English speaking, highly in need but may not meet CSD needs*
- Investigate summer clinical placement swap with a college or university (e.g., McGill) with a more diverse student population by (Clinic Director, Fall 2019)
- Meet with Office of International Education to increase % of undergraduates who participate in intercultural learning experiences beyond those required for the UVM degree (i.e., 1 D1, 1 D2) and the CSD major (i.e., 2 semesters of foreign language) by May 2018 (undergrad advisors)
- Invite graduate students to participate in faculty discussions (see 4biii)
- Connect with ASHA and with Connecting Cultures in the Psychological Sciences Department re: training for supervisors with respect to supervising students from different backgrounds (Chair, Clinic Director, Nancy Gauvin)
- Increase offerings in clinic for foreign accent modification (Chair, Clinic Director, Nancy Gauvin)
- Increase cultural responsiveness of faculty and staff
- Advertise to underrepresented groups when hiring to increase diversity of faculty/staff by September 2016 and ongoing (Chair, Clinic Director)
- SIG 14
- NBASLH
- Other
- Cultural Linguistic Diversity training follow-up with Mercedes Avila (Chair)
- Complete surveys when distributed by December 2016
- Follow-up meeting with Mercedes by March 2017
- Action plan including follow-up readings (such as Waking Up White – Debby Irving) and discussions by May 2017 and ongoing
- Monitor and increase faculty/staff attendance at Blackboard Jungle in April 2017 and thereafter (Chair)
- Meet with Health Disparities Cultural Competence Advisory Group (which includes LGBTQ) to get ideas about how we can interact with them more actively and productively by May 2018 (Chair, Mary Alice Favro)
- Encourage and support undergraduate students, graduate students, staff, and faculty who might be able to fit it in, to take Mindfulness and Counseling course beginning September 2016 and ongoing. Ask Rhiannon if she would consider offering it in the spring in 2017-18 instead of fall or if she would consider offering a 1-credit version for our students by December 2016. (Danra)

Standard 4.3 Student Intervention

If there were areas of non-compliance, partial compliance or follow-up regarding Student Intervention noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Interventions listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding Student Information.

None have occurred

Describe the program's policies and procedures for identifying students who need intervention in order to meet program expectations for the acquisition of knowledge and skills in all aspects (academic and clinical) of the curriculum:

Academic aspects of the program

The following is taken from the 2016-2017 CSD Graduate Student Handbook and is relevant to Clinical and Academic concerns. These policies and procedures are also consistent with UVM's Graduate College.

CLINICAL/ACADEMIC REVIEW

The purpose of the Clinical/Academic Review (CAR) meeting is to provide a forum for discussion of faculty concerns regarding the academic and/or clinical performance of a particular student as well as non-academic issues that may be relevant to a student's progress in the program.

Any faculty member with relevant concerns may request a CAR meeting about any student. Following a period of open discussion, the graduate advisor (or designated faculty member) summarizes the issues presented, and suggests an appropriate plan of action (e.g., follow-up meetings of the graduate advisor and other faculty with the student to set remediation goals). A written summary of the recommendations, action plan, and appropriate follow-up are documented in the student's file. The student's advisor is responsible for monitoring compliance with the CAR meeting recommendations.

All graduate students' clinic and academic progress will be discussed at least once per semester even if a CAR is not requested.

Clinical aspects of the program

The following is taken from the 2016-2017 CSD Graduate Student Handbook and is relevant to Clinical and Academic concerns. These policies and procedures are also consistent with UVM's Graduate College. (same as previous box)

CLINICAL/ACADEMIC REVIEW

The purpose of the Clinical/Academic Review (CAR) meeting is to provide a forum for discussion of faculty concerns regarding the academic and/or clinical performance of a particular student as well as non-academic issues that may be relevant to a student's progress in the program.

Any faculty member with relevant concerns may request a CAR meeting about any student. Following a period of open discussion, the graduate advisor (or designated faculty member) summarizes the issues presented, and suggests an appropriate plan of action (e.g., follow-up meetings of the graduate advisor and other faculty with the student to set remediation goals). A written summary of the recommendations, action plan, and appropriate follow-up are documented in the student's file. The student's advisor is responsible for monitoring compliance with the CAR meeting recommendations.

All graduate students' clinic and academic progress will be discussed at least once per semester even if a CAR is not requested.

Describe the process used to ensure guidelines for remediation are documented, are provided to students, and implemented consistently.

See above

Please provide any additional clarifying information regarding the program's compliance with Standard 4.3.

Policies related to academic benchmarks and professional standards from the 2016-2017

CSD Graduate Student Handbook

LOW SCHOLARSHIP

Students are encouraged to seek help from instructors early in a term when it appears that their performance in a course may not be satisfactory. If health or family issues are the cause of the poor performance, students are encouraged to be proactive and to work with their faculty and academic advisor to make a plan for delaying assignments, making up work, or receiving incomplete grades.

Academic: Students whose academic progress is deemed unsatisfactory at any time may be dismissed from the Graduate College by the dean upon consultation with the student's department or program. In addition, students may be dismissed if they receive two grades or more below a B (3.00), or they receive a U (Unsatisfactory) or UP (Unsatisfactory Progress) in Thesis or Dissertation Research, Seminar or Clinical Practicum. Students will be dismissed from the graduate program if they fail the comprehensive examination on both the first and second attempt or if they fail a thesis or dissertation defense on both the first and second attempt.

Professional: Students whose professional integrity is deemed unsatisfactory at any time may be dismissed from the Graduate College by the dean upon consultation with the student's department or program. Breaches of professional integrity include, but are not limited to, violations described in the Misconduct in Research and Other Scholarly Activities policy, violation of the Code of Academic Integrity, and actions that violate the standards of professional practice in the discipline of study or in duties associated with an assistantship.

Standard 4.4 Student Information

If there were areas of non-compliance, partial compliance or follow-up regarding Student Information noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Information listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's Student Information

None have occurred

How are students informed about expectations regarding academic integrity and honesty? (Select all that apply.)

Academic Advising, Coursework, Handouts, Student orientation meetings, Student handbooks,

Website

Provide URL
http://www.uvm.edu/sconduct/?Page=ah.html&SM=menu-programs.html

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Please provide any additional clarifying information regarding the program's compliance with Standard 4.4.

None

Standard 4.5 Student Complaints

If there were areas of non-compliance, partial compliance or follow-up regarding Student Complaints noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Complaints listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding student complaints.

None have occurred

Describe how the program conveys to students the process and mechanism required to file a complaint against the program within the institution.

The following information is included in the Graduate Student Handbook:

Students with a grievance about a course grade should follow the instructions outlined in the UVM Grade Appeals Policy found at: http://www.uvm.edu/~uvmppg/ppg/student/gradeappeals.pdf

Students with a concern or grievance regarding any aspect of the program may refer to the CNHS Student Concern Policy on the Handbooks, Forms and Policies page of the CNHS website (https://www.uvm.edu/cnhs/handbooks_forms_and_policies). Several avenues of communication about concerns are available, as described below.

Students and student representatives are encouraged to provide programmatic feedback on a regular basisby attending meetings scheduled for that purpose. These are intended to bring up issues that are of ongoing concern or to provide constructive feedback on program improvement for the graduate program. Students in this program have the benefit of being educated in a department in which the faculty and staff care deeply about them and their progress. As such, the faculty and staff are all eager to help maximize the student's learning while helping them to maintain a healthy mental, emotional, and physical lifestyle

despite the inevitable stresses of a graduate program in our field. One of our goals is to be good listeners, to hear student concerns as well as their insights, and to celebrate their successes. However, it may not always be clear to students what the avenues of communication are or which of them to use under specific circumstances. Below are some details on avenues of communication students may take:

1. If the student has a problem relating to interactions with a particular person, the obvious first course is to address the issue directly with that person – the sooner the better. We are happy to discuss policies and decisions that we make in our multiple roles as teachers, preceptors, administrators, and support staff with the student. We may not be aware of the ways in which certain policies, procedures, strategies, or even subconscious habits may affect our individual students. We appreciate the student assisting us in our own lifelong learning processes. Discussions of this sort are most likely to go well if they occur at a time and place where both people involved can devote their full attention to the discussion.
2. If the student would like to discuss progress through the program, including personal events or conditions that might affect progress, the CSD Graduate Program Advisor, Professor Mike Cannizzaro, is the one to see. The Graduate Advisor can serve as the "middle man", passing on questions or information to other academic and clinical faculty about any special considerations or modifications that might need to be made in a particular case. Again, the most productive discussions will occur at times and places that are selected by both people for this purpose, rather than "on the fly".
3. If the student has a problem or suggestion that relates to the program in a more general sense (e.g., an issue that affects multiple or all graduate students), the departmental student representatives should be the first people that the student turns to. Graduate representatives from each class will be meeting with faculty Mike Cannizzaro and Sharon Cote twice per semester to listen and respond to student concerns of this sort. The CSD student representative to the Dean's Graduate Leadership Council can also take any concerns that relate to graduate education within the College of Nursing and Health Sciences to that level.
4. For first year students, the second year students will often be a very useful source of general information about "how things work around here" as well as of strategies for maintaining the delicate work-life balance that will get the student through. However, if the above approaches are not successful or special circumstances make the student feel that they are inappropriate, the student is welcome to request an appointment with Shelley Velleman, the department chair, at any time.

The College-wide Student Concern policy is also posted on the website at https://www.uvm.edu/cnhs/handbooks_forms_and_policies. It states:

CNHS Student Concern Policy

There are many avenues available for students to discuss concerns or provide suggestions about different aspects of the undergraduate or graduate program. Here are the mechanisms provided to address your concerns:

1. *Discuss your concern with the relevant party.* Meeting directly with the person whose classroom, supervisory or administrative policy or action is in question is always the best first step since it addresses the concern where it arises.
2. *Discuss your concern with your advisor.* If discussions with the relevant party prove unsuccessful, or if you feel more comfortable speaking to your advisor, he or she will be happy to speak with you confidentially.

3. *Discuss your concern with the Department Chair.* The Department Chair will be glad to meet with you to discuss concerns that you may have about any aspect of your program. If you wish to discuss concerns that pertain to a specific faculty or staff member your decision about confidentiality will be respected.

4. *Contact the Office of Student Services in the College of Nursing and Health Sciences***.**

   ○ You may *send an email* directly to the Office of Student Services administrator requesting that she share your concern anonymously with the Chair of your department, Graduate Program Director, or both depending on the concern. Send your e-mail to Erica.Caloiero@med.uvm.edu.

   ○ You may *request a meeting* with the Office of Student Services administrator to share your concern and dialog about how to resolve it. This step represents an action that goes beyond the Department and might be helpful if you are concerned about basic Department policy that may differ from the College guidelines or if you believe the Department mechanism would not be sufficient. To request a meeting, e-mail Erica.Caloiero@med.uvm.edu.

   ○ You may complete the online student concern form.

5. *Address your concern to the relevant accrediting body***.** This step can be achieved by contacting the organization and should be used only in cases where very serious concerns are raised about important Departmental policies, or the handling of a particular concern.

   ○ Communication Sciences and Disorders: American Speech-Language-Hearing Association's Council of Academic Accreditation (CAA). 1-800-498-2071 or 301-897-5700 or by e-mail at accreditation@asha.org.

   ○ Physical Therapy: Commission on Accreditation in Physical Therapy Education: http://www.capteonline.org/home.aspx

   ○ Athletic Training: Commission on Accreditation in Athletic Training Education: http://www.caate.net/

   ○ Medical Laboratory Science: National Accrediting Agency for Clinical Laboratory Science

   ○ Nuclear Medicine Technology: Joint Review Committee on Education Programs in Nuclear Medicine Technology

   ○ Nursing: Commission on Collegiate Nursing Education (CCNE)

   ○ Radiation Therapy: Joint Review Committee on Education in Radiologic Technology (JRCERT)

Students with a grievance about a course grade should follow the instructions outlined in the UVM Grade Appeal Policy.

Please provide any additional clarifying information regarding the program's compliance with Standard 4.5

The graduate student manual also specifies that:

Serious concerns or complaints about perceived systemic problems in the department affecting students' ability to obtain a satisfactory education may be brought to the attention of the relevant accrediting body:
American Speech-Language-Hearing Association's Council of Academic Accreditation (CAA): 1-800-498-2071 or 301- 897-5700 or by email ataccreditation@asha.org. Concerns or complaints on this level should relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech Language Pathology and include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA. Please see the complete CAA policy statements regarding these actions at: http://caa.asha.org/wp-content/uploads/Accreditation-Handbook.pdf

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Standard 4.6 Student Advising

If there were areas of non-compliance, partial compliance or follow-up regarding Student Advising noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Advising listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding Student Advising.

None have occurred

Please provide any additional clarifying information regarding the program's compliance with Standard 4.6

From the 2016-2017 CSD Graduate Student Manual

ADVISING

All students in the department have an academic advisor. The advisor is your own personal link to the department, college, and university and can help the student navigate and understand their rights and responsibilities, the requirements of their program and university, and the services available. (Refer to diagram below.) Although the ultimate responsibility for making decisions about educational plans and life goals rests with the individual student, the academic advisor assists by helping to identify and assess alternatives and the consequences of decisions. Advisors assist students in the development of educational plans; clarification of career and life goals; selection of appropriate courses and other educational experiences; interpretation of institutional requirements; evaluation of student progress toward established goals; and referral to and use of institutional and community support services.

Students provide evaluations of their faculty advisors and such evaluations are considered in reviews for reappointment, promotion, and tenure. The CNHS Office of Student Services assumes responsibility for the evaluation process.

Standard 4.7 Student Progress Documentation

If there were areas of non-compliance, partial compliance or follow-up regarding Student Progress Documentation noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Progress Documentation listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the documentation of student progress.

None have occurred

Please provide any additional clarifying information regarding the program's compliance with Standard 4.7

None

Standard 4.8 Availability of Student Records

If there were areas of non-compliance, partial compliance or follow-up regarding Availability of Student Records noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Availability of Student Records listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's Availability of Student Records.

None have occurred

Describe how documentation of student progress toward the completion of graduate degree and professional credentialing requirements is readily available to students in the distance education component.

We no longer have an active distance graduate program.

Describe the process that the program uses to provide access to student records that are requested by the students and by program graduates.

Current students and program graduates can request records by contacting the graduate program coordinator or department chair.

Describe the processes that the program uses to provide access to student records that are requested by those who attended the program but did not graduate.

Students who attended the program did not graduate can request student records by contacting the graduate program coordinator or department chair.

Describe the institution's policy for retention of student records.

The institutional policies of the University of Vermont can be found at the following URLs:

http://www.uvm.edu/policies/general_html/recordretention.pdf

http://www.uvm.edu/compliance/compliance/record_retention_schedule

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Describe the program's policy for retention of student records.

The department of Communication Sciences and Disorders follows institutional guidelines for records retention.

Graduate student records for students who graduate are kept for 5 years as per Graduate College Policy.

Records for graduate students who have been absent from the program or did not finish the program are kept for 7 years.

Class lists and student grades are maintained electronically through centralized university systems.

Explain the rationale for any differences between the institutional policy and the program policy for retention of student records.

We follow institutional policy.

Please provide any additional clarifying information regarding the program's compliance with Standard 4.8.

None

Standard 4.9 Student Support Services

If there were areas of non-compliance, partial compliance or follow-up regarding Student Support Services noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Student Support Services listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Student Support Services

None have occurred

Describe the mechanism by which students are informed about the full range of student support services available at the sponsoring institution.

During clinical and academic orientation and as part of typical individual and group advising sessions, the graduate student advisor, chair and clinic director provide students with information regarding a wide range of campus support services. All faculty and staff are also required to be knowledgeable about supporting students and contacting the appropriate on campus supports as indicated. Student concerns are directed to the office of the Dean of Students and a wide range of resources are available through this office.

https://www.uvm.edu/deanofstudents/students_concern

Please provide any additional clarifying information regarding the program's compliance with Standard 4.9.

None

Standard 4.10 Verification of Student Identity

If there were areas of non-compliance, partial compliance or follow-up regarding Verification of Student Identity noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Verification of Student Identity listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Verification of Student Identity.

None have occurred

Please provide any additional clarifying information regarding the program's compliance with Standard 4.10.

None

Standard 5.1 Assessment of Student Learning

If there were areas of non-compliance, partial compliance or follow-up regarding Assessment of Student Learning noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Assessment of Student Learning listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding assessment of students.

None have occurred

Please provide any additional clarifying information regarding the program's compliance with Standard 5.1

None

Standard 5.2 Program Assessment of Students

If there were areas of non-compliance, partial compliance or follow-up regarding Program Assessment of Students noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Assessment of Students listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding program assessment of students.

None have occurred

Describe the assessment plan that the program will use to assess performance of students, including the timelines for administering the elements of the assessment plan.

Individual coursework: Students are evaluated every semester both formatively and summatively in all courses, via participation in discussions, simulations, group work, and the like; quality of written work in papers, written discussions, mock clinical documents, and the like; quality including professionalism of oral presentations.

Individual clinical student-supervisor relationships: Internal and external clinical faculty provide frequent (at least weekly, on campus) written and/or oral feedback at least weekly to all students who they are supervising. All students' clinical performance is evaluated both at mid-term and at the end of the semester by every clinical supervisor. Site visits to off-campus sites within Vermont are made every semester. Electronic or telephone contact is made for sites in other states (for summer placements).

Advising: Each student meets with the Grad Program Director every semester to discuss their progress within the program, including any concerns that have arisen. More frequent meetings are scheduled whenever requested by the student and whenever concerns arise.

Consensus review: All faculty discuss the academic and clinical performance of all graduate students in the middle of every fall and spring semester. Action plans are devised for any students for whom there are concerns, including remediation plans which include frequent check-in meetings to ensure that students are on track for meeting their remediation goals. More frequent faculty discussions occur among relevant smaller groups of faculty/administrators if warranted due to concerns about specific students.

Portfolios: Students work each semester to prepare a capstone portfolio to be submitted in the spring of their second year. This includes an essay each semester and academic and clinical artifacts that demonstrate that they are meeting all ASHA and Vermont competencies. These portfolios are reviewed by faculty, with revisions required if warranted, in the second semester of the second year.

Describe the processes that the program will use to assess the extent to which students meet the learning goals that were developed to address the acquisition of knowledge and skills, attributes, and abilities, including professionalism and professional behaviors.

See above. The department has its own version of the former ASHA KASA form on which students' completion of specific competencies are tracked as they complete their coursework and their clinical placements. See Standard 3 for more information.

Describe the use of the assessment measures to evaluate and enhance student progress and how the assessment measures are applied consistently and systematically.

See above. Academic assessment measures include: quizzes, tests, papers, discussions, group work, simluations, mock clinical documentation, presentations, and the like within courses. Clinical assessment measures including treatment plans, lesson plans, therapy notes, progress reports, diagnostic reports, oral and written feedback from every clinical session; mid-semester and end-of-semester clinical evaluations by every supervisor. Overall formative and summative assessment is provided by the students' ongoing progress on their capstone portfolios, including the artifacts that they use to demonstrate their achievement of the required competencies.

Please provide any additional clarifying information regarding the program's compliance with Standard 5.2

None

Standard 5.3 Ongoing Program Assessment

If there were areas of non-compliance, partial compliance or follow-up regarding Program Assessment noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Assessment listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's Ongoing Program Assessment.

None have occurred

Describe the benchmarks or threshold that the program uses to evaluate program quality.

1. Student academic and internal clinical performance as assessed in multiple ways - see other sections

2. Student external clinical performance as reflected in external practicum grades and performance

3. Student feedback in once-per-semester cohort student representative meetings, individual and group advising meetings, suggestion box, course evaluations, clinical supervisor evaluations, student exit interviews at the end of the program, post-graduate student surveys, post-graduate employer surveys

4. Student praxis scores

5. Faculty annual reviews; chair annual, 3-year, and 5-year reviews

6. UVM periodic departmental performance reviews; ASHA annual and re-accreditation reviews

7. Client surveys

Describe the processes by which the program will engage in systematic self-study.

- Curriculum review annually in May by all faculty
- Strategic plan review (including completion of goals and revising or setting new goals) annually in December by all faculty
- Admissions process: number and quality of applicants and of enrolled new students
- College benchmarks for admission rates (including quality), retention rates, graduation rates, scholarly productivity (publications, grants, presentations), degrees of faculty (doctoral etc.)
- Chair monthly meetings with Dean
- UVM periodic departmental performance reviews
- ASHA annual and re-accreditation reviews
- See box above

Describe how the program will use the results of the assessment processes to improve the program.

Monthly department meetings to discuss any areas of challenge and to devise remediation plans including key personnel involved and the process to be used. This may include revisions to the strategic plan/goals - either in December or sooner if warranted. Individual meetings with specific faculty, staff, or administrators (within the dept or college or beyond, as warranted) as appropriate to devise and carry out plans for remediation.

Describe the processes that the program uses to monitor the alignment between:

(a) the stated mission, goals, and objectives and

Annual review of strategic plan including accomplishment of goals and objectives

Comparison of Dept. strategic plan and goals to College and University strategic plans and goals

(b) the measured student learning outcomes

If concerns arise regarding student accomplishement of learning outcomes, the need to revise the goals and/or objectives to address those concerns is considered in a department meeting, with actions planned and taken as appropriate

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Describe the mechanisms used to measure student achievement of each professional practice competency.

An electronic web based tracking program (Calypso) is used to measure student achievement and monitor progress across the 9 domains of professional practice competencies. This data is reviewed at the close of every semester to ensure students are meeting minimum grade/benchmarks (3.0/4.0) across domains. This data is used to assign clinical rotations/assessments/hours as needed to ensure students are meeting these competencies of professional practice.

Please provide any additional clarifying information regarding the program's compliance with Standard 5.3

None

Standard 5.4 Ongoing Program Improvement

If there were areas of non-compliance, partial compliance or follow-up regarding Ongoing Program Improvement noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding the Ongoing Program Improvement listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Ongoing Program Improvement.

None have occurred

Describe the processes that the program uses to ensure that any program changes are consistent with the program's stated mission, goals, and objectives.

Any potential program changes are reviewed by the department curriculum committee to ensure that the changes will be consistent with our strategic plan, vision, mission and goals of the program. If approved by the curriculum committee, programatic changes are then reviewed by the college wide curriculum committee, the graduate college and then ultimately the provost's office. At each step, careful consideration of the strategic plan, vision, mission and goals are incorporated to ensure fidelity to these areas.

Please provide any additional clarifying information regarding the program's compliance with Standard 5.4

None

Standard 5.5 Program Completion Rate

If there were areas of non-compliance, partial compliance or follow-up regarding Program Completion Rates noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Completion Rates listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Program Completion Rate

None have occurred

Describe the mechanisms that the program will use to keep records of the number of students enrolled on the first census day of the program.

Data on enrollment are are managed by the graduate college until students are matriculated. Once they are matriculated, data are managed by the registrar's office and our college's (CNHS) Office of Student Services. Student record files are also maintained for each entering cohort by our administrative staff, the Chair and the Graduate Program Director.

Describe the processes that the program uses to compare each student's time to degree in light of the terms (consecutive or nonconsecutive) established by the program.

The time to degree is measured in consecutive semesters. Typical program degree competition is 5 consecutive semesters (Fall, Spring, Summer, Fall, Spring).

Describe the mechanism that the program uses to keep records of the numbers of students who continue to graduation, take an approved leave of absence, and leave the program for academic, clinical, personal, or other reasons.

Records of enrollment, transcript progress, and continuation to graduation are maintained by the graduate college and registrar's office with input from our department. Updates to student status (e.g., leave of absence) and or readiness for graduation (e.g., intent to graduate forms) are submitted by our graduate program coordinator. Other changes are communicated between the registrar's office, the graduate college and our department. Review of student records takes place each semester and is coordinated between the graduate program coordinator and the program administrative staff.

Provide the published length of time (stated in semesters/quarters) for students to complete the residential program of study.

Full-time with CSD undergraduate major   5 semesters

Full-time without CSD undergraduate major   5 semesters

Part-time with CSD undergraduate major   N/A

Part-time without CSD undergraduate major   N/A

Download the Program Completion Rate Calculator worksheet, complete it, and then upload it as evidence in support of the data you have provided in this report. If there are additional components of the program (distance education or satellite campuses), please complete the additional tabs in the excel workbook with this data.

CAA Report Program-Completion-Rate-Calculator-Worksheet.xlsx

Provide the program completion rate for graduation cohorts in the residential program for the most recently completed academic years (based on enrollment data).

Period	Number completing on time	Number completing later than on-time	Number not completing	Total
Recent Year	10	0	1	
1 Year Prior	15	0	0	
2 Years Prior	13	1	2	
3 Year Average				90.4762

3 year average program completion rate average for all modalities

90.4762

Provide an explanation and a plan that will be used for improvement if the program's 3-year average for completion rate does not meet or exceed the CAA's established (80%) threshold. Include a timeline for implementing and assessing these steps.

3-year average completion rate was above 80%

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 5.5.

None

Standard 5.6 Praxis Examination Pass Rate

If there were areas of non-compliance, partial compliance or follow-up regarding Praxis Examination Pass Rates noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Praxis Pass Rates listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's Praxis Examination Pass Rate

None have occurred

Describe the mechanisms that the program uses to determine the number of test-takers who take the Praxis Subject Assessment exam each year.

We regularly monitor and and keep data on the institutional score reports generated for our graduate students through PRAXIS.

Describe the mechanisms that the program uses to determine how many individuals who took the Praxis Subject Assessment exam each year passed the exam in that year.

We regularly monitor and and keep data on the institutional score reports generated for our graduate students through PRAXIS and verify the scores of our students as compared to the passing score.

For the residential program, provide the number of test-takers who took and passed the Praxis examination for the three most recently completed years. Results must be reported only once for test-takers who took the exam multiple times in the same reporting period. Exclude individuals who graduated more than 3 years ago.

Period	Number of Test-takers Taking the Exam	Number of Test-takers Passed	Pass Rate
Recent Year	11	11	
1 Year Prior	14	14	
2 Years Prior	13	13	
3-year average			100.0000

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3 year Praxis pass rate average for all modalities:

100.0000

Provide an explanation and a plan for improvement that will be used if the program's 3-year average for exam pass rate does not meet or exceed the CAA's established (80%) threshold. Include a timeline for implementing and assessing these steps.

3-year average praxis pass rate was above 80%

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 5.6.

None

Standard 5.7 Employment Rate

If there were areas of non-compliance, partial compliance or follow-up regarding Employment Rates noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Employment Rates listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's Employment Rate

None have occurred

Describe the mechanism that the program uses to determine the number of individuals who are employed in the CSD professions within 1 year of graduation.

We continue regular contact with students post-graduation to keep track of employment.

Describe the mechanism that the program uses to determine the number of individuals who are pursuing further education in the CSD professions.

We continue regular contact with students post graduation to keep track of continued educational pursuits.

Provide the number of graduates in your _residential_ program that are employed in the profession or pursuing further education in the profession within 1 year of graduation. Starting with students that graduated at least 1 year ago, provide 3 years worth of data.

Academic Year	Number of Graduates Employed	Number of graduates not employed	Total
1 Year Prior	14	0	
2 Year Prior	13	0	
3 Years Prior	14	0	
3-Year Average			100.0000

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3 year Employment rate average for all modalities

100.0000

Provide an explanation and a plan that will be used for improvement if the program's 3-year average for employment does not meet or exceed the CAA's established (80%) threshold. Include a timeline for implementing and assessing these steps.

3-year average employment rate was above 80%

Please provide any additional clarifying information regarding the program's compliance with Standard 5.7.

None

Standard 5.8 Program Improvement – Student Outcomes

If there were areas of non-compliance, partial compliance or follow-up regarding Program Improvement – Student Outcomes noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Improvement – Student Outcomes listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Program Improvement – Student Outcomes

None have occurred

Describe the analysis processes that the program uses to evaluate the results of graduation rate, Praxis Subject Assessment pass rate, and employment rate to facilitate continuous quality improvement.

These data are reviewed by the faculty during annual curriculum review. This meeting takes place as the last department meeting of the year as metrics of program quality and improvement are reviewed and action plans initiated as necessary.

Please provide any additional clarifying information regarding the program's compliance with Standard 5.8.

None

Standard 5.9 Evaluation of Faculty

If there were areas of non-compliance, partial compliance or follow-up regarding the Evaluation of Faculty noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Evaluation of Faculty listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Evaluation of Faculty

None have occurred

Please provide any additional clarifying information regarding the program's compliance with Standard 5.9.

None

Standard 5.10 Faculty Improvement

If there were areas of non-compliance, partial compliance or follow-up regarding the Faculty Improvement noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Faculty Improvement listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Faculty Improvement

None have occurred

Describe the mechanisms that the program uses to determine whether continuous professional development facilitates delivery of a high-quality program.

Curriculum is reviewed by all faculty annually, in May. Faculty are reviewed annually with respect to teaching as well as scholarship (if relevant), professional practice (if relevant), professional development, and service - including an individual meeting with the department chair. This includes review of teaching course evaluations from all courses. All faculty are expected to update their knowledge and skills on a regular basis and to apply these to their teaching and supervision. All faculty set goals for the next year and review whether or not they met their goals for the previous year during this process. If they do not meet these expectations, this will be reflected and discussed in their annual review and incorporated into their goals for the coming year. As needed, supports are put into place (e.g., mentoring by another faculty member) to facilitate their meeting of those goals.

Please provide any additional clarifying information regarding the program's compliance with Standard 5.10.

None

Standard 5.11 Effective Leadership

Please describe any changes that have occurred in the last reporting period regarding the program's Effective Leadership

None have occurred

If there were areas of non-compliance, partial compliance or follow-up regarding the Effective Leadership noted in the CAA Accreditation Action Report last year describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Effective Leadership listed in the last Accreditation Action Report

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Please provide any additional clarifying information regarding the program's compliance with Standard 5.11.

In the coming academic year (2017-2018), current Chair Dr. Shelley Velleman will be on sabbatical and Dr. Michael Cannizzaro will serve as interim Chair. As of July 1, 2018, Dr. Velleman will return to the Chair position. Associate Professor and current Graduate Program Director Dr. Cannizzaro completed the CAPCSD Leadership Training in April 2017; his years of experience as a faculty member in the dept. and as GPD have prepared him well for this interim position.

Standard 6.1 Institutional Financial Support

If there were areas of non-compliance, partial compliance or follow-up regarding Institutional Financial Support noted in the CAA Accreditation Action Report last year, describe
the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Institutional Financial Support listed in the last Accreditation Action Report

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Please describe any changes that have occurred in the last reporting period regarding the program's Institutional Financial Support.

None have occurred

Describe the budgeting process for the program.

The university uses an "Incentive Based Budgeting" financial structure. Under this model, revenues flow to the College and the Dean has increased financial decision-making ability. The Dean (former ASHA president Patty Prelock) continuesto support the program strongly financially and in all other ways. The department submits their budget request for the year and discussions happen to clarify expenses.

Report the total budget for the accredited program. Enter "0" where none and do not use a comma (e.g. use 10540 and NOT 10,540).

Sources of Support	Prior Year (Amount in $)	Current Year (Amount in $)	% increase/decrease
Faculty/Staff Salaries	790517.9900	1067996.0000	35.1008
Supplies & Expenses (non-capital/non-salary expenses)	42959.6700	60286.0000	40.3316
Capital Equipment	0.0000	0.0000	0.0000
Institutional Support Sub-Total	833477.6600	1128282.0000	35.3704
Grants/contracts	11276.6700	26815.0000	137.7918
Clinic Fees	452443.6200	523197.0000	15.6381
Other Funding	17710.5700	31370.0000	77.1259
Non-Institutional Support Sub-Total	481430.8600	581382.0000	20.7613
Total Budget	1314908.5200	1709664.0000	30.0215
% of budget represented by non-institutional support	36.6133	34.0056	-7.1223

If you included funding in the "Other Funding" line in the table above, please describe the source(s).

N/A

For variances in any budget category that differ from the previous academic year by 10% or more, explain the reasons and the impact of any differences.

Salaries have increased due to the hiring of a new full-time clinical faculty, paying more of clinical faculty salaries under the new budget model and also paying for all faculty overload and part-time faculty. Faculty overload and part-time faculty salaries were previously paid by our Continuing Education department.

Supplies & Expenses increased due to paying graduate student tuition which was previously paid by the graduate college.

Grant/contracts – More grants.

Clinic – Increased clients and increased cost of living.

Other Funding – Less start-up funding and incentives.

Describe how the program determines that there is sufficient support for the specific areas of personnel, equipment, educational and clinical materials, and research.

Program needs are continually assessed through regularly Department meetings, College meetings, and meetings among various administrators (e.g., Business Manager, Chair, Grad Program Director, Clinic Director, Dean, student representatives from each graduate college cohort).

Describe potential budget insufficiencies or anticipated changes to financial resources that may impact program capacity in the near and long term. Discuss steps that will be taken by the program to ensure sufficient financial resources to achieve the program's mission and goals.

No financial resource changes or insufficiencies are anticipated

If the program's budget includes funds generated from activities outside the usual budgeting processes, describe the consistency of these funds and the portion of the budget that is accounted for by these funds. Describe the possible impact on program viability if these funds are not available.

Not Applicable

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.1.

None

Standard 6.2 Support for Faculty Continuing Competence

If there were any areas of non-compliance or follow-up regarding Support for Faculty Continuing Competence noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Support for Faculty Continuing Competence listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Support for Faculty Continuing Competence

None have occurred

Describe how the program provides sufficient support for the faculty and staff to maintain continuing competence.

Each year funds are set aside to support faculty continuing professional development, for all full-time faculty (academic and clinical) - typically, approximately $1250 per faculty. In addition, faculty who have used up their professional development funds can apply for additional funds from the Dean of the College. Staff can also request funds from the department or the Dean for additional training. In addition, many professional development offerings are available for both faculty and staff on campus, throughout the year. Finally, the Dean offers incentive funds to departments that have met various goals for research productivity, enrollment levels, diversity, etc. When departmental funds are available, faculty and staff can apply for them for continuing competence and related purposes.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.2.

None

Standard 6.3 Physical Facilities

If there were areas of non-compliance, partial compliance or follow-up regarding Physical Facilities noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Physical Facilities listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Physical Facilities

None have occurred

Describe the processes the program uses – and the results of those processes – to determine the facility's adequacy in delivering a high-quality program.

Grad students elect representatives - one per cohort year - and these representatives meet with the Grad Program Director and the Clinic Director once per semester to express, on behalf of their entire cohort, what is going well and what suggestions or requests they might have. These include facilities. For example, several years ago the students requested more comfortable chairs for the classroom that is within the department. This request was granted. They occasionally ask for certain clinical materials and these are purchased. Clients are routinely sent surveys to seek their feedback and input. Of course, any student, faculty member, staff person, or clinic client can approach the department chair or the clinic director at any time to make such a suggestion or request as well. In addition, anyone can email a generic department email address checked by staff and these comments will be passed along to departmental administration anonymously. There is also a suggestion box within the department that is checked regularly. Typically, facilities needs are addressed long before requests or suggestions are made. For example, portions of the building were repainted this year even though no one had requested this. In addition, our clinical video recording system was updated.

Describe the processes the program uses – and the results of those processes – to determine the facility's adequacy in meeting contemporary standards of access and use.

Grad students elect representatives - one per cohort year - and these representatives meet with the Grad Program Director and the Clinic Director once per semester to express, on behalf of their entire cohort, what is going well and what suggestions or requests they might have. These include facilities. For example, several years ago the students requested more comfortable chairs for the classroom that is within the department. This request was granted. They occasionally ask for certain clinical materials and these are purchased. Clients are routinely sent surveys to seek their feedback and input. Of course, any student, faculty member, staff person, or clinic client can approach the department chair or the clinic director at any time to make such a suggestion or request as well. Typically, facilities needs are addressed long before requests or suggestions are made. For example, portions of the building were repainted this year even though no one had requested this. In addition, our clinical video recording system was updated.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.3.

None

Standard 6.4 Program Equipment and Materials

If there were areas of non-compliance, partial compliance or follow-up regarding Program Equipment noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Program Equipment listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's equipment, educational and clinical materials

None have occurred

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.4.

None

Standard 6.5 Technical Infrastructure

If there were areas of non-compliance, partial compliance or follow-up regarding Technical Infrastructure noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding Technical Infrastructure and Resources listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Technical Infrastructure

None have occurred

Describe the processes that will be used to evaluate the adequacy of the infrastructure to support the work of the program's students, faculty, and staff.

Faculty, staff, students, and clients are encouraged to make suggestions and requests about infrastructure at any time. These requests occur during regularly scheduled meetings, opinion surveys, and through one-on-one discussions with the department chair, the grad program director, the clinic director, etc. In addition, anyone can email a generic department email address checked by staff and these comments will be passed along to departmental administration anonymously. There is also a suggestion box within the department that is checked regularly. Suggestions and requests are discussed among relevant parties, researched, and implemented if appropriate. For example, faculty and staff computers are upgraded on a regular bases. In addition, the College has recently changed its internet and computing support system, which has resulted in vast improvements in almost all services. In those cases in which there are still some "glitches" the support staff are hard at work to remedy those situations.

Describe how access to the infrastructure will allow the program to meet its mission and goals.

Faculty, staff, and students need access to appropriate infrastructure in order to communicate amongst themselves and to stay current with relevant literature and other resources. For example, faculty use Blackboard to organize and support their teaching. Many departmental, college, and university resources are easily available to all relevant parties via departmental and college shared drive document storage systems. The departmental, college, and university websites and electronic web resources are updated very frequently - whenever appropriate.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.5

None

Standard 6.6 Clerical and Technical Staff Support

If there were areas of non-compliance, partial compliance or follow-up regarding Clerical and Technical Staff Support noted in the CAA Accreditation Action Report last year, describe the steps taken by the program to address the concern and how the program is now in compliance with this standard.

There were no citations regarding clerical and technical staff support listed in the last Accreditation Action Report

Please describe any changes that have occurred in the last reporting period regarding the program's Clerical and Technical Staff Support

None have occurred

Describe the process the program uses to evaluate the adequacy of access to clerical and technical staff to support the work of the program's students, faculty, and staff.

All faculty, students, staff, and clinic clients are encouraged to express suggestions and requests regarding clerical and technical staff through regularly scheduled meetings, one-on-one interactions with the chair, program director, clinic director, or business manager, a suggestion box, etc. Clerical and technical staff are reviewed annually, with input from relevant parties. Many continuing education opportunities are offered to clerical and technical staff throughout the year. All faculty and staff can take university courses with free tuition.

Please describe any additional clarifying information you wish to provide regarding the program's compliance with Standard 6.6

None

Unreferenced Documents
CAA Report Program-Completion-Rate-Calculator-Worksheet.xlsx
SLP-Knowledge-and-Skills-within-the-Curriculum.doc