**Evidence Classification and Reflection (ECR) Form**

***NOTE: This form must be included with each piece of evidence. If the evidence will be used for more than one Accomplished Practice plus a Standard and/or Program Outcome, the student may choose to either complete a separate ECR form for each or may choose to incorporate relevant references to each of the Florida Educator Accomplished Practices, Standards, and Outcomes designated on a single ECR form.***

 **Student’s Name:** Theresa Therapist **Student ID #:**  N012345678

 **Date Evidence Created:** 09/01/2014

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **X** | **Florida Educator Accomplished Practice****Check One or Two:** | **X** | **Program Outcome****Check One:** | **X** | **Standard for CCC****Check One:** |
|  | 1. Instructional Design & Lesson Planning
 |  | PO #1 |  | IV-B |
|  | 1. Learning Environment
 |  | PO #2 |  | IV-C  |
|  | 1. Instructional Delivery & Facilitation
 |  | PO #3 |  | IV-D |
|  | 1. Assessment
 |  | PO #4 |  | IV-E |
| X | 1. Continuous Improvement
 |  | PO #5 |  | IV-F |
|  | 1. Professional Responsibility & Ethical Conduct
 |  | PO #6 |  | IV-G |
|  |  |  | PO #7 |  | IV-H |
|  |  |  | PO #8 |  | V-A |
|  |  | X | PO #9 |  | V-B (1) |
|  |  |  | PO #10 |  | V-B (2) |
|  |  |  |  |  | V-B (3) |
|  |  |  |  |  | V-C |

**Title of Evidence:** National Student Speech-Language-Hearing Association (NSSLHA) Membership

**Type of Evidence (Circle or Underline One):** *Performance, Product, Tests and Records, Clinical Outcomes, Testimonials, Professional Values and Commitments*

 **1. Brief Description (In one or two sentences, describe the artifact in clear and simple terms):**

This artifact is a copy of my membership card for the National Student Speech-Language-Hearing Association (NSSLHA).

 **2. Description of Context for Which Evidence Was Created:**

This evidence was created to demonstrate my involvement in the National Student Speech-Language-Hearing Association (NSSLHA) as part of my student experience at Nova Southeastern University and my commitment to my future profession.

**3. Florida Educator Accomplished Practice, Standard, and/or Program Outcome Demonstrated: Precisely explain how the artifact is used as evidence for the Accomplished Practice/Standard/ Outcome identified under “Types of Evidence” noted above. In this section, you must convince the evaluator that the artifact chosen is appropriate evidence for the identified Accomplished Practice, Standard, and/or Outcome.**

***Accomplished Practice 3 (Continuous Improvement) and Program Outcome 9 (Lifelong Learning):***

Membership in NSSLHA demonstrates my commitment to continuous improvement and lifelong learning. This artifact demonstrates my ability to access an essential student support system such as ASHA’s National Student Speech-Language-Hearing Association. Additionally, as a member of NSSLHA, I have online access to ASHA journals and offers substantial benefits, such as attending the annual ASHA convention and other workshops at a reduced rate. Through reading journals and attending ASHA conventions and workshops, I have been able to keep up with the latest evidence-based research, effective treatment strategies, and creative new ideas to enhance my knowledge as a professional and in helping my clients.

**4. Growth and Knowledge of Professional Competence: Explain the increase in knowledge and professional competence you experienced through this particular piece of evidence as an Accomplished Practice, Standard, and/or Outcome.**

Through my involvement in NSSLHA, I have grown as a profession, increasing my therapeutic knowledge-base through evidence-based practices. It has been helpful in conduction research in preparation for presentations about speech-language-swallowing issues for multidisciplinary teams such as psychologists, developmental specialists, nursing staff, dieticians, physical therapists, and occupational therapists. The availability of this support system will also assist me in transitioning to be a member of ASHA.

**5. Areas of Improvement: Discuss ways in which you would improve upon this evidence if given the opportunity to develop and use it again. How would you change what you did? (Note: “Continuous Improvement” implies that there is always room to make something better. Even if you were satisfied with the results and the evidence, there are ways to improve.)**

I will continue to be an ASHA member and support my organization as it is supporting me in my clinical practice. This is essential in my ongoing practice so that I would continue to be aware of contemporary issues surrounding the various specialties in the field of speech-language pathology.

 **Evaluator’s Printed Name:**

 **Evaluator’s Signature**:  **Date:**

**Evaluator’s Position/Title:**