

Nova Southeastern University
Health Professions Division
College of Health Care Sciences
Department of Speech-Language Pathology
Master of Science in Speech-Language Pathology Program
(MS-SLP)

Student Portfolio Guide



Eighth Edition: 2016

A Message to the Student about the Portfolio

The *Student Portfolio Guide* is to be used as a reference throughout the portfolio process. Its purpose is to assist you in developing your unique portfolio in order to demonstrate the knowledge, skills, and competencies which you will acquire during your enrollment in the Master of Science in Speech-Language Pathology program (MS-SLP) at Nova Southeastern University (NSU).

To assist you in creating your portfolio, the NSU chapter of the National Student Speech Language Hearing Association (NSSLHA) has organized and assembled individual Student Portfolio notebooks available for you to purchase. Each pre-assembled notebook meets the criteria for creating a portfolio as described in this Guide and includes sample forms. If you wish to purchase a NSSLHA Student Portfolio notebook, contact Ms. Brenda Miles, Program Manager (bmiles@nova.edu). Proceeds of the sale of the notebooks cover the cost of supplies and any extra funds go to the local NSSLHA chapter.

Please read the contents of the Portfolio Guide carefully. If there are questions or concerns, please contact Mr. Steven Vertz, Associate Director and Acting Formative Assessment Coordinator: (svertz@nova.edu).

Good luck as you begin this exciting and challenging project!



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The adaptation and use of this Guide will provide and promote consistency across intra-university training programs.

The program recognizes the effort and dedication of Crystal Cooper, M.S., CCC-SLP in her creation and ongoing development of the Master of Science in Speech-Language Pathology program portfolio.

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Introduction

The purpose of this portfolio is to provide an organized approach through which the student will demonstrate cumulative knowledge and professional skills acquired during the student's coursework and clinical experiences while enrolled in the Master of Science in Speech-Language Pathology (MS-SLP) program at Nova Southeastern University (NSU).

The contents of the portfolio are adapted from the NSU Graduate Teacher Education Program Student Portfolio Guide, which is based upon the "Accomplished Preprofessional and Professional Competencies for Teachers of the 21st Century" (also referred to as "Florida Educator Accomplished Practices") as described by the Florida State Department of Education. The Florida Educator Accomplished Practices address 6 key elements and behaviors considered necessary to become an effective speech-language pathologist.

The student portfolio serves several purposes:

1. *The portfolio is an authentic method of assessing educational outcomes.*
2. *The portfolio is a comprehensive means of assessing Florida Educator Accomplished Practices attained by the student during the program.*
3. *The portfolio documents the student's best practices and products.*
4. *The process allows for the active participation of the student in the assessment of learning.*
5. *The portfolio may be used by the student for job interviews and for other professional endeavors.*

In addition to specific benefits to the students, the entire portfolio process enhances the Master of Science in Speech-Language Pathology (MS-SLP) program curriculum by ensuring that the courses are current, relevant, and responsive to state requirements as well as to current trends in education and national standards in speech language pathology. The student portfolio requirement reflects the commitment of NSU's Master of Science in Speech-Language Pathology (MS-SLP) program to Florida state guidelines and to authentic, formative assessment of academic and clinical skills needed by students to meet national certification standards in speech-language pathology as set forth by the American Speech-Language-Hearing Association (ASHA) as well as accreditation standards mandated by the Council on Academic Accreditation (CAA) of Audiologists and Speech-Language Pathologists of ASHA.

The portfolio provides a tangible link between subject areas within the SLP curriculum, thereby strengthening the knowledge and skills content of the SLP curriculum and fostering partnerships between faculty members to ensure quality education to students enrolled in the MS-SLP.

Chapter 1

Frequently Asked Questions (FAQs) About the Student Portfolio

What is the SLP Student Portfolio?

The SLP Student Portfolio is a formative assessment tool used to encourage professional development and reflective learning. It is a selective form of authentic assessment which appears to be well-suited for evaluating the application of theory into practice. The portfolio contains a collection of *evidence*, also called *artifacts*, of the student's learning outcomes attained throughout the graduate program, indicating an acquisition and mastery of professional clinical skills as well as achievement of Florida Educator Accomplished Practices and Standards for Clinical Certification. **The ownership of and responsibility for the portfolio is the student's. The portfolio is the property of the student, and it is the student's responsibility to ensure that the evidence presented is in accordance with the procedures stated in this Guide.**

The framework of the portfolio is based on the 6 Florida State Department of Education Florida Educator Accomplished Practices for Educators (FEAPs) that contain professional benchmarks of competency (Appendix A) and selected Standards required for obtaining the Certificate of Clinical Competence (CCC) from ASHA (Appendix C). Each category contains sample key indicators. Examples of portfolio evidence are presented for each practice and standard. These samples provide an approved list of activities from which the student may choose in order to demonstrate the achievement of a given practice (Appendices B and D).

Who must develop the Portfolio?

All students enrolled in the NSU MS-SLP must complete a portfolio as a requirement for graduation.

What category of Florida Educator Accomplished Practices Benchmarks is applicable to the MS-SLP student?

The "Pre-professional" level of benchmarks is the category which applies to students enrolled in the MS-SLP.

What should be included in the Student Portfolio?

Specific assignments and activities designated in each SLP course syllabus are listed in a *Portfolio Evidence Table for SLP Course Assignments* to address the portfolio requirements. Evidence is to be selected from the student's ***best work***. Requirements for the development of the portfolio are presented in Chapter 4 of this Guide. For further clarification, or to answer your questions regarding evidence related to a specific course or clinical experience,

contact the course instructor or clinical supervisor. For general questions regarding the portfolio process, contact the Acting SLP Formative Assessment Coordinator, Mr. Steven Vertz (svertz@nova.edu).

How many pieces of evidence are required for each Florida Educator Accomplished Practice, each ASHA Standard, and each Program Outcome?

A minimum of **two** (2) pieces of evidence is required for each Florida Educator Accomplished Practice. **One** (1) piece of evidence is required for each ASHA Standard and **one** (1) for each Program Outcome.

Can the same piece of evidence be used more than once?

The student may create evidence that demonstrates mastery of more than one Florida Educator Accomplished Practice as well as one ASHA CFCC Standard and one Program Outcome. However, each piece of evidence may not be used for more than **two** (1) Florida Educator Accomplished Practices, **one** (1) ASHA Standard, and **one** (1) Outcome.

When should the student begin to develop a portfolio?

The student should begin to develop a portfolio and collect evidence at the beginning of the student's graduate course work. (*Helpful Hint: Throughout the graduate program enrollment, maintain a clearly marked folder in which to keep all prospective evidence/artifacts. When it is time to enter evidence into the portfolio, all of the documents will be in one place for easy access.*)

Can evidence from prerequisite coursework be included in the portfolio?

Evidence from prerequisite coursework **cannot** be included in the portfolio.

Can a student use evidence obtained during enrollment in a course at another university?

No. If a student enrolls in a graduate course at another university, evidence or artifacts developed for that course cannot be included in the student's portfolio, even if the course grade has been deemed acceptable for transfer. The course instructor from the other institution may not sign the ECR Form.

Must a student redo Evaluation Classification and Reflection (ECR) Forms and have the forms resigned if the form itself is revised during the student's enrollment?

No. In most instances, revisions are not retroactive and the student need not redo already completed ECR Forms.

How is the portfolio evaluated?

Appendix F includes specific criteria for evaluating portfolio evidence and artifacts. In order to create a well-documented, accurate portfolio, it is critical to be familiar with the standards and the forms used to evaluate your portfolio materials (see Appendix G).

Evaluation of the evidence created for the portfolio is an *ongoing process* throughout the MS-SLP. Faculty members and supervisors will evaluate the student's evidence dependent upon the course and/or the clinic assignment. Student Portfolio Evaluators (site visitors) will evaluate the portfolio at three benchmark checkpoints throughout the program.

During enrollment in the first clinical practicum, an initial portfolio review is conducted by an assigned departmental Student Portfolio Evaluator to ensure that the student understands the process and to provide guidance for further portfolio development.

As needed, a Portfolio Action Plan (PAP) is developed to address areas of deficiency to assist the student in working toward the successful completion of the portfolio. The PAP is developed by the student and the Portfolio Evaluator. Follow-up activities and timelines are determined in writing at the meeting.

An interim portfolio evaluation is conducted midway through the student's graduate program, during the student's first externship site visit. At that time, the portfolio is reviewed and completed by the Student Portfolio Evaluator. Any problems or portfolio deficiencies are discussed with the student.

At the end of the program, during the student's second externship site visit, a final portfolio evaluation is conducted, during which the completed portfolio and the two required Reflection Essays are reviewed by the Portfolio Evaluator. The completed FPE form is then submitted **by the student** to the Formative Assessment Coordinator (or his/her designee).

After reviewing the documents, the Formative Assessment Coordinator (or his/her designee) completes the Portfolio Exit Checklist (PEC) and assigns a portfolio project grade of "Pass" or "Fail." The student is required to receive a portfolio grade of *PASS* in order to graduate from the MS-SLP.

Does the portfolio count toward a course grade?

Specific individual course assignments are designated as portfolio assignments, and they count toward the course grade. However, *the portfolio is graded independent of course assignments*. An independent portfolio grade of "Pass" or "Fail" will be assigned at the end of the MS-SLP when the completed portfolio is submitted for final evaluation and approval. The portfolio grade will not be computed into the student's cumulative grade point average; however, **a grade of "Pass" on the portfolio will be required for graduation.**

Is the original copy of an assignment, which may include errors plus comments and suggestions from the instructor, be used as evidence or is a corrected revision of the assignment to be used?

The original copy of the assignment, with comments from the instructor, is to be used as evidence. The student may choose to include both the original copy and the corrected, revised version as evidence. Including both the original and the revised versions may demonstrate the student's ability to accept suggestions and to make appropriate changes. If the original document is not available to print, then a 'clean' copy would suffice, given that the instructor signs the ECR.

Is the ECR form submitted to the instructor with every assignment or project listed in the course syllabus as an example of evidence for the portfolio?

No. The student has a choice of whether or not to include an assignment in the portfolio. After the student has selected an assignment or project to be used as evidence in the portfolio, the completed ECR form, with the assignment attached, is submitted to the instructor or supervisor. **It is strongly suggested that the ECR form is to be submitted to the instructor at the end of the semester during which the course is taken.**

Can testimonies or letters of recommendation written before entry into the MS-SLP at NSU be used as portfolio evidence?

No. Only evidence obtained or developed during enrollment in the MS-SLP at NSU may be used as evidence for the portfolio.

Can the same artifact be used as evidence for a Florida Educator Accomplished Practice in addition to an ASHA Standard and a Program Outcome?

Yes. If one artifact demonstrates achievement of a Florida Educator Accomplished Practice, an ASHA Standard, and a Program Outcome, that one artifact may be used as evidence for all three categories.

Can clinical artifacts regarding adult clients as well as pediatric clients be used as portfolio evidence?

Yes. In accordance with ASHA Standards guidelines and Program Outcomes, evidence may be pertinent to either a pediatric or an adult client. Florida State Department of Education Florida Educator Accomplished Practices for Educators evidence must relate to school-aged children.

What happens if a student receives a grade of “Fail” on the final portfolio?

If a student receives a grade of “*Fail*” on the final portfolio submitted, the student cannot graduate from the MS-SLP. The portfolio is reviewed by the Formative Assessment Coordinator (or his/her designee), and suggestions are made regarding the deficiencies and/or inaccuracies. **The student must submit the revised portfolio within 4 weeks of the review for further evaluation.** Only when a portfolio grade of “*Pass*” is earned, may a student graduate from the MS-SLP. The student has the right to appeal the grade and may follow the departmental guidelines for the appeals process. (See SLP Orientation Booklet).

How may the student benefit from the development of the portfolio?

The portfolio may be viewed as a foundation for the professional development of the student. According to James & Van Cleaf (1990), portfolios serve the following purposes:

- *Students are more realistically oriented to professional requirements.*
- *Performance areas for continuing professional development are identified.*
- *Students are provided with immediate short- and long-term goals and projects.*
- *The interrelationship between academic coursework and guided field experiences*

is made more apparent.

There are other practical applications and uses of the portfolio. For example:

- The student may take the portfolio to a job interview to demonstrate how the student applies theoretical concepts and academic knowledge to practical clinical experiences.
- In some states, candidates for professional licensure may be required to submit a professional portfolio.
- The portfolio demonstrates the student's progress in the achievement of the 6 Florida Educator Accomplished Practices required by the State of Florida Department of Education.
- The portfolio is a formative assessment tool to demonstrate achievement of the knowledge and skill competencies relative to the American Speech-Language-Hearing Association Standards for the Certificate of Clinical Competence.
- The portfolio authenticates achievement of MS-SLP Outcomes for Learning.

Chapter 2

The Portfolio Evidence

Types of Evidence

Seven categories of evidence have been determined to be appropriate to demonstrate achievement of selected Florida Educator Accomplished Practices, ASHA Standards, and Program Outcomes. These categories may be used as guidelines for collecting artifacts for the SLP Student Portfolio. The student is ***not*** required to use all seven categories of evidence in the portfolio.

- **Performances:** *Performance* activities may involve role-playing or demonstrations of clinical skills in practicum or externships. Students actually “perform” to demonstrate mastery of a benchmark. The activities may be videotaped or audio taped for review and evaluation. (*Note: Signed permission **must** be obtained in order for any client videotape, audiotape, or photo to be included in the portfolio. All photos or videotapes must be **de-identified** before it may be included in the portfolio. For details, see Statement of Privacy and Confidentiality form (Appendix G).*)
- **Products:** Products are documents and artifacts that are created, usually in written form, to demonstrate student understanding of or reaction to a particular situation or a specific issue. Some examples of *products* are: lesson plans, progress reports, and evaluations.
- **Clinical Outcomes:** *Clinical outcomes* are the results of clinical progress achieved by the graduate student’s clients as a result of treatment related to a specific Florida Educator Accomplished Practice, ASHA Standard, or Program Outcome.
- **Testimonials:** *Testimonials* are documented evidence of what others have said about the student and the student’s professional performance. Informal notes, letters of recommendation, letters of appreciation, and awards are the most common examples in this category. The testimonials must address specific competencies described in the Florida Educator Accomplished Practices, ASHA Standards, or Program Outcomes.
- **Tests and Records:** *Tests and records* are the actual scores, tests, and records of the student’s performance in the SLP program. Grades, transcripts, letters from the Department of Education reporting the results of the teacher certification exam and/or the Educational Testing Service notification of results of the national Praxis exam in speech-language pathology are included in this category of evidence. If used as evidence, the tests and records must clearly indicate the relationship to a specific Florida Educator Accomplished Practice, Standard, or Outcome.
- **Professional Values and Commitments:** *Professional values and commitments* are evidences indicating what the student perceives to be important to the emerging and practicing professional. These evidences may include documentation of participation in professional organizations, documented attendance at professional conferences or workshops, evidence of subscriptions to professional journals, or abstracts of professional literature read by the student.

As the student progresses through the program, evidence will be graded by SLP faculty members and supervisors. Each piece of evidence will be graded using the criteria and forms which appear in the Appendices. It is recommended that the student become familiar with those criteria and forms in order to facilitate the creation of appropriate pieces of evidence.

Required Amount of Evidence for Each Course

In each course syllabus within the SLP program curriculum, there will be assignments designated as approved evidence for inclusion in the portfolio. Course assignments chosen by the student for inclusion in the portfolio must be evaluated and graded by the SLP course instructor or clinical supervisor.

For each Florida Educator Accomplished Practice, the student may select a minimum of two of the course assignments designated in the *Portfolio Evidence Table for SLP Course Assignments* presented with each course syllabus (Appendix G) throughout the program. A minimum of one designated course assignment from the table may be selected for use as evidence for each Standard and one for each Program Outcome.

General requirements for the portfolio are listed at the end of Chapter 4 of this Guide. Each student is advised to check with a designated SLP Student Portfolio Evaluator or the Formative Assessment Coordinator to ensure that all portfolio requirements have been met.

Evaluators of Evidence

Because of the dynamic nature of the portfolio, it is necessary for several professionals to evaluate the student portfolio over the period of time during which the student is enrolled in the SLP program. Evaluators will include: SLP faculty members, clinical practicum supervisors, externship supervisors, and the Formative Assessment Coordinator. The evaluators will use the forms provided in Appendix G to verify the student's work.

Designated SLP course instructors and clinical supervisors will review and sign the *Evidence Classification and Reflection Form -ECR* (Appendix G). The *ECR* is to be used when evidence is evaluated for various classes and clinics throughout the student's enrollment in the program. Each *ECR* Form reflects the attainment of a specific Florida Educator Accomplished Practice or Standard as well as the Program Outcome for the Programs in Speech-Language Pathology (Appendices A, C, E).

The designated SLP *Student Portfolio Evaluators/Site Visitors* will be responsible for the initial, interim, and final portfolio reviews using the *Portfolio Evaluation Form*:

The initial portfolio review is presented by the student to the Student Portfolio Evaluator during enrollment in the first clinical practicum. The purpose of the feedback offered at the time of the review is to provide appropriate direction to the student and to build a foundation to assist the student in the further development of the portfolio.

The interim portfolio evaluation form is to be used midway through the SLP program, during the first externship experience, to ensure that the student is "on the right track" in the portfolio process. At the time of the interim evaluation, the evaluator will provide critical feedback to the student regarding what has been done up to that point and what needs to be done to ensure successful and timely completion of the portfolio.

The final portfolio evaluation form is to be completed and signed by the evaluator when all portfolio requirements have been met. The student is responsible for submitting the completed and signed FPE to the Formative Assessment Coordinator.

The *Portfolio Exit Checklist – PEC* (Appendix G) is the final documentation in the portfolio process. The PEC is completed and signed by the Formative Assessment Coordinator after verification that all portfolio requirements have been met. The PEC form is sent to the Graduate Academic Advisor for graduation processing.

It is the student's responsibility to ensure that the entire content of the portfolio, including all evidence and forms, are completed accurately and in a timely manner.

Minimum requirements for the Initial Portfolio Presentation Review, conducted during student enrollment in Clinic I and the minimum requirements for the Interim Portfolio Evaluation, conducted during student enrollment in the first externship are listed on the following two pages.

Minimum Requirements for the Initial Portfolio Review

Development and refinement of portfolio procedures are part of an ongoing process. In order to assist students in the initiation of the portfolio, new requirements for the Initial Portfolio Review were implemented beginning in the Fall 2006 semester.

By the first portfolio review (IPPR) meeting, which takes place during Clinic I., students must have a **minimum** of the following documents completed and included in their portfolio:

1. A portfolio notebook, assembled and organized according to guidelines specified in the SLP Student Portfolio Guide (viewed on the SLP program website: <http://healthsciences.nova.edu/slp/> click “Handbooks and Manuals”)
2. Students are encouraged to consider purchasing the pre-assembled NSSLHA portfolio notebook. For further information regarding the purchase of the notebook, please contact Ms. Brenda Miles, Program Manager at bmiles@nova.edu
3. Signed Statement of Privacy and Confidentiality
4. Statement of Purpose (adapted from sample Statement found in SLP Student Portfolio Guide or in the pre-assembled NSSLHA portfolio)
5. Statement of why the student chose to enter the field of speech-language pathology (the statement should be no longer than one page).
6. A minimum of **three (3)** completed, faculty-reviewed and signed Evidence Classification and Review (ECR) forms.

If a student does not comply with these above-stated requirements, the student will receive a written “**professional warning.**” Should the student receive two (2) professional warnings during the course of enrollment in the SLP program, the student will be placed on professional probation.

As always, if you have any questions about the portfolio process, contact Mr. Vertz at svertz@nova.edu . Thank you for your cooperation.

Minimum Requirements for the Interim Portfolio Review

Development and refinement of portfolio procedures are part of an ongoing process. In order to assist students in keeping up with their portfolios in a timely manner, new requirements for the Interim Portfolio Review were implemented beginning in the Summer 2007 semester.

By the second portfolio review (IPE) meeting, which takes place during Externship 1, students must have a **minimum** of the following documents completed and included in their portfolio:

1. A portfolio notebook, assembled and organized according to guidelines specified in the MS-SLP Student Portfolio Guide (viewed on the SLP program website: healthsciences.nova.edu/slp/ click “Handbooks and Manuals”) A pre-assembled notebook may be purchased from our local NSSLHA chapter. Contact Ms. Brenda Miles, Program Manager, at (bmiles@nova.edu)
2. Cover Page
3. Signed Statement of Privacy and Confidentiality
4. Statement of Purpose (adapted from sample Statement found in Student Portfolio Guide or in the pre-assembled NSSLHA portfolio)
5. Statement of why the student chose to enter the field of speech-language pathology. (The statement should be no longer than one page.)
6. Professional Resume
7. Future Professional Goals
8. A minimum of **ten (10)** completed, faculty-reviewed and signed Evidence Classification and Review (ECR) forms.

If a student does not comply with these above-stated requirements, the student will receive a written “**professional warning.**” Should the student receive two (2) professional warnings during the course of enrollment in the SLP program, the student will be placed on professional probation.

As always, if you have any questions about the portfolio process, contact Mr. Vertz at svertz@nova.edu . Thank you for your cooperation.

Chapter 3

Creating a Portfolio

Developing a portfolio is a step-by-step, dynamic process which spans the entire period of enrollment in the SLP graduate program. Each student enrolled in the MS-SLP is responsible for the following:

Step 1. – Learn the Portfolio Process

In order to become familiar with the material needed for inclusion in the portfolio, it is recommended that the student carefully read the SLP Student Portfolio Guide upon enrollment in the SLP program. The portfolio procedures and guidelines are to be followed as specified in the Guide. If there are any questions or concerns, the student is advised to contact the SLP Formative Assessment Coordinator or a designated SLP Student Portfolio Evaluator.

Step 2. – Maintain the Artifacts (Evidence)

It is advisable to maintain a notebook and to develop a simple filing system for the forms, journals, reports, and other materials selected as evidence. Storing the information on a computer is recommended. Students are advised to retain copies of all documents until the final portfolio is graded and approval for graduation has been granted.

Step 3. – Determine the Portfolio Requirements for Each Course Taken

Each graduate course syllabus contains a *Portfolio Evidence Table for SLP Course Assignments* identifying assignments and/or activities which may be used as evidence. Specific Florida Educator Accomplished Practices, ASHA Standards, and/or Program Outcomes represented by the assignments and/or activities are defined. It is suggested that the student carefully read all the material provided in each course syllabus and described in the Portfolio Evidence Table. The student is advised to ask the instructor to explain the specific evidence that may be used for the portfolio as well as the manner in which the evidence is to be submitted (i.e. via email during the course). *Note that although several choices of assignments and evidence are provided in the Table, it is the student's choice as to which assignments are selected for inclusion in the portfolio.*

Step 4. – Select a Florida Educator Accomplished Practice/Standard/Outcome and a Related Artifact

Become familiar with all the types and classifications of evidence (see Chapter 2). Examples of artifacts for each Florida Educator Accomplished Practice/Standard/Outcome may be found in Appendix B. The evidence selected for the portfolio should be appropriate for the selected Practice/Standard/Outcome. Development and creative use of evidence not included in this guide is *acceptable and encouraged*. However, the student should make sure the evidence reflects the selected Florida Educator Accomplished Practice/Standard/Outcome. Consult the checklist in Chapter 4 to ensure that the required number of evidence pieces has been created.

Step 5 – Submit Individual Artifacts for Evaluation

Artifacts are submitted for evaluation to various SLP course instructors and clinical supervisors as the student progresses through the program. Before submitting an artifact, refer to Appendix F for information about the evaluation criteria. Does the artifact meet the criteria? Is it appropriate for the specific Florida Educator Accomplished Practice/Standard/Outcome? Does it convey mastery of that particular benchmark of competency? Does it reflect positively on the student's ability to acquire knowledge and skills necessary to become an effective

professional? Each artifact should represent the student's *best work*. The appropriate forms found in Appendix G should be included when the artifacts are submitted for evaluation.

Step 6 – Submit the Portfolio at the Appropriate Checkpoints for Evaluation

The student is required to submit the portfolio to a designated SLP Student Portfolio Evaluator for review at *three specific checkpoints* during the course of the student's enrollment in the SLP program: during enrollment in the first clinical practicum, during enrollment in the first externship, and during enrollment in the second externship. **It is the student's responsibility to follow the process timeline and to submit the portfolio at the appropriate times.** The student is responsible for submitting the completed/signed Final Portfolio Evaluation (FPE) form to the Formative Assessment Coordinator. (See Chapter 1 for details.)

Step 7 – Portfolio Grade

The Formative Assessment Coordinator assigns a grade of *Pass* or *Fail* for the portfolio. The Coordinator completes a *Portfolio Exit Checklist* (PEC) form, found in Appendix G, and submits the form and grade to the SLP Program Director or designee. The portfolio grade is not computed into the student's cumulative grade point average; however, a grade of *Pass* is a requirement for graduation. **See Chapter 1 for information regarding what must be done if a student receives a grade of *Fail* for the portfolio.**

Step 8 – Maintaining the Portfolio

The portfolio is the property of the student, who serves as the organizer and manager of the portfolio. It is maintained and updated by the student throughout the course of the student's enrollment in the graduate program. The student should keep the original portfolio and individual artifacts for future professional ventures, such as job interviews, demonstrations of professional development, and/or state licensure requirements.

Chapter 4

The Portfolio Format

The format of the portfolio is as important as its content. The format is to be organized in accordance with the instructions presented in this Guide. The portfolio should include all required information and completed forms. Specific procedures set forth in the *SLP Student Portfolio Guide* must be followed and student adherence to the procedures will be reviewed at designated checkpoints.

Portfolio Presentation Design

The portfolio is presented in a 3 - 4" 3-ring binder with window view cover and inside pockets. Tabbed 3-ring index dividers are to be used to clearly designate sections. Audio tapes, video tapes, CDs, photos, and other material or artifacts that cannot be presented on regular 3-hole 8 ½" X 11" paper are to be inserted into the notebook using clear plastic 3-hole binder inserts with pockets. (Special 3-hole binders with inserts designed to hold videotapes, CDs, photos are available at most office supply stores.) All titles, labels, and narratives are to be typed.

(Hint: Some students have reported that it is helpful to place individual artifacts and ECR forms in clear plastic sheet protectors.)

Portfolio Content

The content of the portfolio is to be presented in the following order to ensure uniform organization and to facilitate effective and efficient evaluation:

Cover Page

The cover page includes identifying information:

Title: Nova Southeastern University
College of Health Care Sciences
Master of Science in Speech-Language Pathology (MS-SLP) program
Student Portfolio
Student's Name
Student ID Number
Inclusive dates enrolled in MS-SLP

Note: Two copies of the cover page are needed. One copy is to be inserted in the outside front-view clear plastic cover of the notebook binder. The other copy is to be inserted as the first page inside the notebook.

Table of Contents

An accurate, clearly defined table of contents is needed to present an overview of the portfolio and to serve as a guide for the reader and the evaluator. The title of each piece of evidence is to be included in each of the sub-headings of the Table of Contents instead of page numbers. An example of the Table Contents format is included as *Table 1* at the end of this chapter.

In addition to the Cover Page and Table of Contents, the Portfolio contains the following required five Sections:

Section 1 - Student Introduction

This section contains a comprehensive personal profile that includes a statement of purpose of the portfolio, a current professional resume, a list of graduate level courses taken (the student must have earned a passing grade in the course in order for the course to be listed), a brief essay explaining why the student chose to enter the profession of speech language pathology, and a statement of future professional goals. In addition to the previously noted *required* information, *optional* documents, such as a Transcript, Plan of Study, and Letters of Recommendation may be included in Section 1.

Section 2 - Florida Educator Accomplished Practices

Section 2 presents authentic evidence of achievement of each of the six Florida Educator Accomplished Practices and includes the *Evidence Classification and Reflection (ECR) Form* (Appendix G), which must be completed and attached to each piece of evidence when the material is submitted for evaluation.

Section 3 – Standards for Certificate of Clinical Competence (CCC)

Section 3 presents formative evidence of achievement of each of the American Speech-Language-Hearing Association Standards for the attainment of the Certificate of Clinical Competence for Speech Language Pathology. The *Evidence Classification and Reflection (ECR) Form*, found in Appendix G, must be completed and attached to each piece of evidence when the material is submitted for evaluation.

Section 4 – Program Outcomes

Section 4 is comprised of a single page *Program Outcomes Checklist*. The checklist is used to indicate acquisition of SLP Program Outcomes. One piece of evidence is required for each of the 10 Program Outcomes. However, it is *not* necessary to insert the actual pieces of evidence in this section. Instead, the evidence may be cross-referenced to artifacts already inserted to document Florida Educator Accomplished Practices in Section 2 and/or artifacts in Section 3 which document Standards for CCC.

Section 5 – Student Reflections

This section includes two reflective essays written by the student, one for each of the following topics:

Write a reflective essay regarding your personal philosophy regarding the clinical process, and note how the experiences you have gained through the SLP program have contributed to your views of the clinical process and the profession.

Diversity is defined as ‘being different’ which could relate to background, population, disability, race, gender, etc. Write a reflective essay describing what you have learned from your diverse clients, through your course work, and/or your clinical experiences in the SLP program.

Each reflective piece must be written in narrative, essay form using correct grammar and spelling. Each essay should be no less than 1 and no more than 3 double-spaced typed pages in length.

Note: The *Evidence Classification and Reflection (ECR) Form* included in Appendix G does not need to be used with the two *Student Reflection Essays*.

Ediger (2000) provides the following suggestions for developing a portfolio:

- *It should not be too voluminous.*
- *It should be comprehensive.*
- *It should include a Table of Contents*
- *Portfolio entries need to pinpoint and relate directly to the objectives to be achieved.*
- *Clarity of the contents of the portfolio is essential.*

If there are any questions or concerns about the portfolio format, contact the Acting Formative Assessment Coordinator.

Table 1: Sample Outline for Table of Contents

Section 1.

Required Documents

- Statement of Purpose.....
- Professional Resume.....
- List of Graduate Courses.....
- Statement of Why You Chose to Enter the Profession of Speech-Language Pathology.....
- Future Professional Goals.....

Optional Documents

- Transcript.....
- Plan of Study.....
- Testimonials.....
- Recommendations.....

Section 2. (could match what is listed on ECR for piece of evidence)

Florida Educator Accomplished Practices

Instructional Design & Lesson Planning

- Evidence #1 Lesson Plan from Clinic 1, SLP 6101
- Evidence #2 Lesson Plan from Externship

Learning Environment

- Evidence #1.....
- Evidence #2.....

Instructional Delivery & Facilitation

- Evidence #1.....
- Evidence #2.....

Assessment

- Evidence #1 Diagnostic Report from Diagnostics 2
- Evidence #2..... Diagnostic Report from Externship 1

Continuous Improvement

- Evidence #1.....
- Evidence #2.....

Professional Responsibility & Ethical Conduct

- Evidence #1.....
- Evidence #2.....

Section 3.

Standards for Certificate of Clinical Competence

- IV-B** Evidence.....
- IV-C** Evidence.....
- IV-D** Evidence.....
- IV-E** Evidence.....
- IV-F** Evidence.....
- IV-G** Evidence.....

IV-H Evidence.....

V-A Power Point SLP 6078.....

V-B (1) Evidence

V-B (2) Evidence.....

V-B (3) Evidence.....

V-B (4) Evidence.....

V-C Evidence.....

Section 4.

Program Outcomes Checklist.....

Section 5.

Reflective Essay #1: *Personal Philosophy Regarding the Clinical Process*.....

Reflective Essay #2: *What I've Learned From My Multicultural Clients*.....

References

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Appendix A

Benchmarks of Florida Educator Accomplished Practices: Pre-professional Level

Reference Source: Florida State Department of Education. (2010). Accomplished professional and pre-professional competencies for teachers of the 21st century. Tallahassee, FL.

Benchmarks for Florida Educator Accomplished Practices Pre-professional Level

Practice Area	Pre-professional Level Benchmarks
#1 Instructional Design & Lesson Planning	The speech-language pathologist (SLP) plans intervention activities, drawing upon well-established human development/ learning theories or concepts and a variety of information about clients. The SLP communicates and works cooperatively with families and colleagues to improve educational and clinical experiences in schools and other professional settings.
#2 Learning Environments	The SLP understands the importance of creating effective learning environments and possesses techniques or strategies to do so, including some that provide opportunities for client input into the processes. The SLP understands the need for a variety of techniques and is working to increase his/her knowledge and skills. The SLP plans intervention activities, drawing upon well-established human development/ learning theories or concepts and a variety of information about clients.
#3 Instructional Delivery & Facilitation	The SLP is acquiring performance assessment techniques and strategies that measure higher order thinking skills in clients and is building a repertoire of realistic projects and problem solving activities designed to assist all clients in demonstrating their ability to think creatively. The SLP recognizes the importance of setting high expectations for all clients and works with other professionals to design learning experiences that meet the client's needs and interests. The SLP continually seeks advice/information from appropriate resources, including feedback, interpreting information, and modifying plans. Planned instruction incorporates a creative environment and utilizes varied and motivational strategies along with multiple resources for providing comprehensible instruction for all clients. Upon reflection, the SLP continuously refines outcome assessment and learning experiences.
#4 Assessment	The SLP collects and uses data gathered from a variety of sources. These sources will include both traditional and alternative assessment strategies. Furthermore, the SLP can identify and match the clients' clinical intervention plans with their cognitive, social, linguistic, cultural, emotional, and physical needs. The SLP uses technology available at the clinical site as appropriate to the learner. The SLP provides clients with opportunities to actively use technology and facilitates access to the use of electronic resources. The SLP uses technology to manage, evaluate, and improve instruction.
#5 Continuous Improvement	The SLP is aware that he/she is in the initial stages of a life-long learning process and that self-reflection is one of the key components of that process. While the SLP's concentration is, of necessity, inward and personal, the

role of colleagues and school-based or clinic improvement activities increases as time passes. Continued professional improvement is characterized by self-reflection, working with immediate colleagues and teammates, and meeting the goals of a personal professional development plan.

**#6 Professional
Responsibility &
Ethical Conduct**

Adheres to the Code of Ethics and Principles of Professional Conduct of the Education Profession in Florida.

Appendix B

Definitions and Examples of Evidence

For Individual

Florida Educator Accomplished Practices

Note: All evidence must be in compliance with legal parameters of confidentiality as noted in the Statement of Privacy and Confidentiality presented at the beginning of this Guide. For example, all identifying names of clients should be blacked out. Photos and videotapes must be de-identified before being used in the portfolio. Signed permission to include identifiable client photos, videotapes, and audiotapes in the portfolio is required.

Primary source for Florida Educator Accomplished Practice information presented in Appendix B: Beck, V. (December 2000). *Graduate teacher education program student portfolio guide*. Nova Southeastern University: Ft. Lauderdale, FL.

Florida Educator Accomplished Practices

Florida Educator Accomplished Practice #1 – Instructional Design & Lesson Planning

Definition and Context:

In the educational or clinical context, **diversity** is the term used to refer to the varying backgrounds of people in the learning environment, including clients as well as SLPs. There are many kinds of diversity...gender, ethnicity, religion, linguistic background (i.e. native language), socioeconomic status, geographical location or background, sexual orientation, and learning styles, including mode of communication. All clients and family members should be treated equally and with respect, regardless of their background. The SLP is sensitive to these differences and actively promotes an atmosphere in which differences are appreciated and valued. Instructional intervention should be modified and tailored to ensure equal learning opportunities for all clients, regardless of their background. A critical question for the SLP is: *“Do I value and have I met the unique needs of each of my clients?”*

Technology includes all electronic devices that can be used to support learning and professional productivity. These devices include: personal computer, assistive listening devices, augmentative and alternative communication devices, overhead projectors, video and audio tape recorders, voice synthesis devices, television, laser discs, LCD panels. SLPs are not expected to limit their instructional and classroom management materials to those that can be found on paper. SLPs need to ask themselves: *“How can I use technology to improve students’ communication and learning?”*

Sample Behaviors:

Explains and interprets key definitions, facts, principles, procedures related to working with diverse populations

Accepts and values students from diverse cultures and linguistic backgrounds

Treats all clients equitably

Creates a climate of openness, mutual respect, support, and inquiry in which diversity is fostered and celebrated

Demonstrates respect for diverse perspectives, ideas, and opinions

Creates a group experience that promotes understanding of diversity and cooperative behaviors among clients

Uses a range of activities that meet the needs of a diverse group of students

Uses school, clinic, family, and community resources in instructional clinical activities

Uses multicultural materials and resources

Provides opportunities for students to learn to value diversity and act responsibly in a diverse society

Sample Evidence:

Performances

Audio or video tapes, CDs, DVDs demonstrating appropriate work with diverse client populations
Evaluation forms/reports from early clinical experiences
Clinical practicum evaluation forms
Externship evaluation forms

Products

Products related to diversity, such as:

- Adaptations of curriculum, lessons, and/or materials for clients with diverse needs
- Assessment devices that have been modified to diminish cultural and linguistic bias
- Clinical materials that are gender-neutral as well as culturally and linguistically sensitive
- List of multicultural materials selected for use in assessment and intervention
- SLP-created checklists of clinical techniques/strategies to effectively treat all clients

Lesson or therapy plans that include:

- Activities and materials to promote and celebrate multicultural experiences
- Strategies to accommodate differences including learning styles, cultural heritage, and linguistic diversity
- Use of varied community and/or family resources in instruction
- Provisions for unifying experiences among culturally diverse clients

Reviews or analyses, including case studies of individual or groups, such as:

- Instructional materials and activities for incorporation of needs of diverse clients
- Clinical case examples that address clients with special needs in restrictive or inclusive settings
- Examples of due process hearings related to the rights of, and services required for students with special needs
- Influences of gender, cultural, socio-economic, learning style, linguistic variables, or other special needs on clinician/student interactions or on learning environments

Experiential reports or reflections related to diversity in a clinical setting, such as:

- Discussion of the instructional impact of the diversity characteristics of clients in a clinical site
- Discussion of materials selected/modified to incorporate diverse cultural/linguistic backgrounds
- Reflections on the impact of clinical practices on promoting diversity
- Self-reflections on how learning activities promoted client responsibility, appropriate social behavior, and valuing of diversity

Clinical Outcomes

Examples of products/activities addressing multicultural issues

Testimonials

Letters of recommendation from supervisors relating to work with diverse populations

Letters of recommendation/notes from culturally diverse clients and families

Tests and Records

Traditional tests measuring knowledge and understanding of cultural diversity

Alternative assessments, such as take-home exams, essays, or projects, related to diversity

Professional Values and Commitments

List of journal subscriptions related to diversity

Abstract of professional reading related to diversity

List of workshops/conferences relating to diversity

List of membership in professional groups relating to diversity

Florida Educator Accomplished Practice #2 – Learning Environments

Definition and Context:

The conditions that impact learning constitute the learning environment. A positive learning environment enables students/clients, teachers, families, and staff to work effectively together to achieve the desired learning outcomes. Factors impacting the learning environment include physical facilities, educational materials, equipment, and climate (traditions, cultures, and behaviors of all stakeholders). The students are well-disciplined and protected against violence and drugs. When the climate is positive, there is a sense of community, equity, openness. Stakeholders (students, teachers, families, and community) feel welcome, secure, and positive. SLPs need to ask themselves: *“How can I create a climate in my resource room or classroom where my students can learn?”*

Human development and learning focuses on how individuals change physically, socially, and academically from infancy onward throughout the life cycle. The changes which individuals undergo result in similarities and differences, which need to be taken into account during professional planning and interactions. SLPs are required to understand and use research, evidence-based best practices, and experience-based principles and theories to promote the cognitive, social, physical, and personal development of clients in ways that are appropriate to their progression, background, and abilities. SLPs need to examine all their activities, asking the question: *“Is the activity appropriate for the developmental status of my clients?”*

Planning is the act of developing a strategy or a course of action for achieving a desired purpose. Each lesson or activity must have a clearly defined and identifiable purpose or goal. Prior to implementation of the plan, the SLP anticipates and considers the various sources of input and other factors, such as resources, which may have a positive or negative impact on the outcomes. The SLP identifies workable strategies and outlines steps and procedures to ensure success. Plans reflect expectations about what is likely to occur; however, effective SLPs

are able to modify plans based on what actually occurs as the plans are implemented. Flexibility and creativity are hallmarks of effective planning. The SLP plans all aspects of assessment and instruction based upon the intended learning outcomes, considers input, identifies strategies and steps, and makes changes as needed. The critical question for the SLP is: *“How will I determine what my students/clients will be learning, and how will we decide how to achieve the desired outcomes?”*

Sample Behaviors:

Explains and interprets key definitions, facts, concepts, principles, procedures related to the learning environment

Arranges and manages the classroom in ways that facilitate student learning by meeting the cognitive, linguistic, and effective needs of all students

Establishes smooth and efficient routines, uses time effectively, and maintains instructional momentum

Provides clear direction and feedback regarding instructional activities and routines

Maintains content focus and motivates students

Formulates standards for student/client behavior (classroom rules) and applies them consistently and equitably

Analyzes settings, antecedents, and consequences of student behavior

Ensures student’s/client’s physical and emotional safety and well-being

Involves clients in decision making about issues related to the learning environment

Respects client’s rights to use a home language other than English for academic and social purposes

Recognizes and responds to the developmental/special needs of the individual student/client

Sample Evidence:

Performances

Audio/ videotapes demonstrating a positive learning environment created by the SLP

Evaluations of early clinical experiences

Clinical practicum evaluation forms

Externship evaluation forms

Evaluations by school/facility administrators

Products

Products related to the learning environment, such as:

- Written classroom management system, including standards, rules, procedures, and consequences
- Classroom management rules or procedures written with client input
- Projects demonstrating ability to encourage children to take responsibility for their own learning
- Behavior change project/plan
- Redesign/improvement of existing learning environment to facilitate learning or promote safety
- Plan to reduce bias in the learning environment

Lesson plans that include:

- Activities to facilitate student risk-taking
- Strategies to meet cognitive, linguistic, and affective needs
- Opportunities for students to make choices about the management of the learning environment

Reviews or analyses, including case studies of individuals or groups:

- Review of learning environments in school, classroom, and/or resource room
- Case study of client misbehavior, including setting, antecedents, and consequences
- Case study of causes for client motivation or lack of motivation
- Comparison of classroom management styles and procedures used by different SLPs

Experiential reports or reflections related to the learning environment in a school or clinical setting, such as:

- Reflection on the impact of feedback provided, or not provided, to clients on the learning environment
- SLP's logs regarding observations of other SLP's or teacher's classroom management strategies and effectiveness

Clinical Outcomes

Client suggestions or other forms of input related to the classroom context

Student/client-developed classroom rules used

Photographs of student products used in the classroom

Testimonials

Letters of recommendation from educators/supervisors related to the learning environment

Letters of recommendation or notes from clients and/or families referencing the learning environment

Tests and Records

Traditional tests measuring knowledge and understanding of:

- Interactive teaching strategies
- Effective practices for creating and maintaining a positive, task-oriented learning environment
- Alternative assessments related to the learning environment

Professional Values and Commitments

Abstracts of professional readings related to the learning environment

List of conferences and/or workshops related to the learning environment

Practice #3 – Instructional Delivery & Facilitation

Definition and Context:

The act of critical thinking is not merely a recall of memorized facts or a repetition of facts in one's own words, rather, critical thinking involves higher level thinking...analyzing, synthesizing, and evaluating. Those who think critically can integrate knowledge, generate new ideas, make sound decisions, recognize and solve problems through reasoning, interpret data, analyze trends, design and improve systems, and make sound judgments about

the work of others. **For the SLP to assist clients to use higher order thinking skills, SLPs need to design and assess clinical problem-solving activities that provide a context in which the client can learn and acquire these skills.**

In response to societal changes and expectations, legislative mandates in education, and an expanding professional scope of practice, the role of the school-based speech-language pathologist is changing and expanding. The SLP's role extends beyond a narrow definition of therapy to one in which an SLP serves as an advocate for students in all areas that can impact their overall well-being and their ability to learn. The SLP establishes partnerships with community agencies and volunteer organizations to provide contracts and services to students with special needs. The role of the SLP has expanded beyond the isolation of a therapy room, focusing on alternative service delivery models in the classroom and increased collaboration/consultation with other members of the educational team. The SLP is an active participant in the school curriculum and a valued member of the school team.

Knowledge of subject matter addresses the SLP's competence in the designated content area as well as understanding of the structure, skills, core concepts, methods of inquiry, and uses of technology in the content area. There are many sets of guidelines related to knowledge of the content area. In Florida, the most important guidelines are the *Sunshine State Standards*, which establish the benchmarks for student learning in each of the subject areas for various grades (Pre-Kindergarten – Grade 2, Grades 3 – 5, Grades 6 – 8, and Grades 9 – 12). All schools in Florida are held accountable to ensure that all disciplines design interdisciplinary units in ways which are meaningful to students. That is, units are to have a “real world” context and draw upon prior experiences and learning. School-based SLPs need to ask themselves: *“Do I possess the necessary knowledge to assist my clients in the achievement of targeted goals, and am I presenting that knowledge to my clients in ways that are meaningful to them?”* SLPs must be competent in the areas for which clinical services are provided within the framework of their Scope of Practice as well as their professional Code of Ethics. Intervention goals must be educationally relevant and relate to the school curriculum.

Sample Behaviors:

Explains and interprets key definitions, facts, concepts, principles, and procedures related to teaching critical thinking

Identifies and uses strategies, materials, and technologies to expand clients' thinking skills

Poses problems, dilemmas, and questions in therapy that require higher level thinking

Modifies and adapts therapy to add opportunities for creative critical thinking

Encourages clients to develop activities that are creative and innovative

Assists clients in development and use of rules of evidence

Provides clients opportunities to learn and demonstrate higher-order thinking skills, including:

- Keeping options open and evolving novel approaches to problem solution
- Perceiving connections among variables and formulating and verifying these connections
- Identifying and solving problems that require evaluation of arguments
- Analyzing issues and interpersonal problems and their resolution
- Solving problems based upon partial information and using predictions

Sample Evidence:

Performances

Audio or video tapes, CDs, DVDs of:

- Therapy sessions in which the SLP promotes creative and/or critical thinking
- Feedback provided to clients that encourages/guides creative approaches to problem-solving

Evaluation forms/reports from early clinic experiences

Clinical practicum evaluation forms

Externship evaluation forms

Products

Products demonstrating use of critical thinking skills, such as:

- Clinical intervention designs, including learning outcomes, directions, and assessment rubric, for projects requiring clients to demonstrate creativity and innovation
- Lower order intervention materials and activities adapted to include higher order thinking
- Test measuring a wide array of thinking and problem-solving skills
- Rubric deigned to assess problem-solving skills

Intervention plans that teach critical thinking skills, including:

- Instructional objectives that focus on a variety of levels of cognitive behavior
- Strategies, materials, and technologies to expand the client's thinking abilities
- Problem-finding/solving strategies to be used by clients
- Open-ended questions to promote creativity and/or critical thinking

Reviews or analyses, including case studies of clients, such as:

- Review of instructional materials or assessment methods for use of higher order thinking
- Case studies demonstrating problem-solving abilities

Experiential reports or reflections related to critical thinking in a school or clinical settings, such as:

- Reflections on critical thinking practices demonstrated in school and other clinical settings
- Reflections on the results of a clinical experience in which critical thinking was a priority
- Reflections on problems encountered in developing critical thinking skills in clients

Clinical Outcomes

Audio or video tapes, CDs, DVDs of clients engaged in critical thinking activities

Creative or critical works by clients demonstrating critical thinking

Tests of critical thinking skills acquired or not acquired by clients with an analyses of results

Testimonials

Letters of recommendation from instructors/supervisors referencing ability **to teach** critical thinking skills

Letters of recommendation/notes from client/family members referencing ability **to teach** critical thinking

Tests and Records

Traditional tests measuring knowledge and understanding of:

- Fundamental concepts of levels of cognitive thinking, problem-solving, and creativity
- Assessment skills and techniques for higher order thinking and problem-solving
- Alternative tests taken, such as take-home exams, essays

Professional Values and Commitments

Personal philosophy related to teaching critical thinking

List of conferences and workshops attended related to critical thinking

Florida Educator Accomplished Practice #4 – Assessment

Definition and context:

Within an educational context, assessment involves judging the quality of instruction and learning. Assessment includes a variety of strategies and methods to determine learning outcomes. *Formative assessments* can occur both before and during instruction as part of initial and continuous planning of the intervention process. *Summative assessments* may occur after instruction to determine what was learned. Assessments may be traditional in structure (use of standardized diagnostic tests) or alternative (rubrics using specified criteria to evaluate client performance). Assessments should be balanced, appropriate, varied, continuous, and comprehensive. In the educational setting, assessments should be tied to the instructional curriculum and provide evidence of knowledge, skills, and attitudes acquired.

Sample Behaviors:

Explains or interprets key definitions, facts, concepts, principles, and procedures related to assessment.

Assesses individual learning needs (cognitive, social, linguistic, cultural, emotional, and physical) in order to plan individual and/or group intervention.

Creates, evaluates, and/or modifies assessment devices to measure progress.

Employs an appropriate set of assessments to make valid judgments about client mastery of outcomes.

Uses assessment data to identify client strengths and weakness related to communication and learning.

Maintains and uses observational and anecdotal records to monitor client behavior and development.

Modifies instruction based upon assessments of client learning.

Modifies instruction based upon feedback from clients and families about the quality of instruction.

Provides opportunities for and guides clients in assessing their own learning.

Establishes a positive and appropriate testing environment.

Interprets and communicates standardized test results.

Utilizes an effective system for maintaining records of client progress.

Maintains privacy rights of clients related to test results.

Communicates client progress to client, families, colleagues, and other professionals when appropriate.

Abides by ethical precepts in the gathering, storage, use, and communication of assessment data.

Sample Evidence:

Note: All evidence must be in compliance with legal parameters of confidentiality as described in the Statement of Privacy and Confidentiality presented at the beginning of this Guide. For example, all identifying names of clients should be blacked out. Photos and videotapes must be de-identified before being used in the portfolio. Signed permission to include client photos, videotapes, and audiotapes in the portfolio is required.

Performances

Audio/videotapes/DVDs of related assessment
Evaluation forms/reports of diagnostic and/or clinical experiences
Clinical Practicum or Externship Evaluation Forms
Written clinical interview results related to assessment

Products

Assessment-related products, such as:

- Paper and pencil test measuring communicative performance
- Rubric (holistic, analytic, checklist, or rating scale) to assess performance
- Behavioral observation instrument and procedure
- Attitude scale
- Notes and records of client observations, interviews, and/or conferences

Lesson plans that include:

- Instructional strategies based on an assessment of client needs and performance, including creative, cognitive, social, cultural, linguistic, emotional, and physical needs
- Use of continuous assessment to modify instruction based upon assessment results
- Provisions for clients to assess their own work and progress

Reviews or analyses, including case studies of individuals or groups:

- Review of assessment instruments provided in published instructional materials
- Review of commonly used standardized tests
- Case study of individual or group standardized test results
- Case study of individual or group cognitive, affective, social, and physical development, including strengths and weaknesses
- Case study of individual or group continuing learning needs

Experiential reports or reflections related to assessment, such as:

- Report on assessment data used in identifying client needs and evaluating client progress
- Reflections on quality of decisions about client learning or behavior based on assessments
- Study of assessment practices demonstrated in school and other clinical settings
- Reports/reflections of meetings with school personnel and families about student progress
- Reflections on client feedback

Clinical Outcomes

Tests or assessments developed and/or interpreted by student SLP
Feedback from clients from surveys or notes regarding clinical effectiveness

Pre- and post- intervention results

Testimonials

Letters of recommendation from faculty, clinical supervisors, and administrators

Letters of recommendation or notes from clients and their families referencing assessment

Tests and Records

Traditional tests measuring knowledge and understanding of:

- Clinical assessment design, use, and interpretation
- Basic statistical concepts and techniques
- Fundamental measurement concepts
- Standardized test use and interpretation
- Grading and reporting client progress
- Ethical use of testing
- Ethical respect of privacy rights of client
- Alternative tests
- Transcript, including grades in courses based primarily on test scores

Professional Values and Commitments

List of journal subscriptions related to assessment

Log of professional readings related to assessment

Personal educational philosophy related to assessment

Florida Educator Accomplished Practice #5 – Continuous Improvement

Definition and Context:

The fundamental concept that drives advocates of continuous improvement is that while it is never achieved, one should always strive toward perfection. The role of the SLP is continuously evolving, changing, and expanding. The scope of practice for the SLP is expanding due to advances in research, methodology, and new technology. For the pre-professional SLP, graduation is one milestone in the path to becoming an SLP of excellence. Underlying all work is the question: “*What can I learn from this experience, and how can I do better next time?*” The question pertains not only to individual work, but also to the work of the larger group. Self-improvement and personal growth include improvement in the work setting. Through a process of self-reflection, the challenge for the SLP is to become aware of areas of weakness, accept them, and act upon them. The SLP is in a continuous search for ways to strengthen areas of weakness.

Sample Behaviors:

Explains and interprets key definitions, facts, concepts, principles, procedures related to continuous improvement

Reflects upon all intervention activities

Improves teaching based upon reflections about clinical experiences

Experiments with new clinical practices and evaluates their effectiveness

Recognizes problems, researches solutions, and evaluates outcomes

Learns from peers and colleagues and develops professional relationships

Participates in professional development experiences

Creates and follows a personal development plan with short-term and long-term goals

Sample Evidence:

Performances

Clinical practicum evaluation forms

Final externship evaluation forms

Written interview results related to commitment to continuous improvement

Products

Products demonstrating application of continuous improvement principles, such as:

- Professional development plan including short-term and long-term goals for improving performance
- Self-assessments and resulting improved products
- Log of professional readings conducted outside course requirements
- Program improvement plan using national and/or state standards
- Reviews or analyses, including case studies of individuals or groups, such as an inquiry project on the efficacy of a specific intervention strategy or clinical innovation

Experiential reports or reflections related to continuous improvement in a clinical setting:

- Reflections on effectiveness of a lesson delivered and ways the lesson could be improved
- Reflections about the results of experimentation with instructional strategies
- Reflection on a personally difficult and challenging clinical situation
- Comprehensive self-assessment describing overall growth in each Florida Educator Accomplished Practice

Testimonials

Letters of recommendation from supervisors referencing commitment to continuous improvement

Letters from CSD program instructors referencing continuous improvement

Tests and Records

Traditional tests measuring knowledge and understanding of principles of continuous improvement

Professional Values and Commitments

List of all professional journal subscriptions

Abstracts of professional readings

List of professional workshops, meetings, and conferences attended
List of memberships in professional organizations
Copy of National Student Speech-Language-Hearing Association membership card

Florida Educator Accomplished Practice #6 – Professional Responsibility & Ethical Conduct

Definition and Context:

Ethics is a practice of conduct within a framework of specific guiding principles and values. These principles include rules of conduct which enable an individual to differentiate between actions that are considered acceptable and those considered unacceptable. Ethical values promote personal and professional growth and well-being. The ethical SLP asks: *“Will my actions, or lack of actions, hurt anyone in any way, and will my actions promote the well-being of others?”*

Sample Behaviors:

Explains and interprets key definitions, facts, concepts, principles, and procedures related to ethical behavior, addressed in the Florida Code of Ethics for Professional Educators and in the American Speech-Language Hearing Association Code of Ethics.

Protects clients from conditions harmful to learning, mental and physical health, and safety.

Distinguishes between personal views and those of the school, district, and work setting

Maintains honesty and demonstrates integrity in all interpersonal relations

Represents facts concerning clinical matters accurately

Uses appropriate and respectful language

Uses institutional privileges only for those purposes for which they were intended

Maintains honesty in all professional dealings

Encourages clients’ independent action in pursuit of learning

Provides client’s access to diverse points of view

Supports clients’ independent thinking

Supports a colleague’s right to exercise political or civil rights and responsibilities

Fosters caring relationships in the work setting

Teaches clients to understand and to value individual and group differences

Works with others in ways that are mutually beneficial and productive

Sample Evidence:

Performances

Clinical and/or externship evaluation forms

Products

Lesson plans that include:

- Strategies that encourage independent action on the part of clients
- Provisions for access to diverse points of view
- Provisions for exploring ethical issues in the clinical context
- Strategies to apply democratic principles in the teaching/learning situation (e.g., groupings in which diverse viewpoints are promoted or values are clarified)

Reviews or analyses, including case studies of individuals or groups, such as:

- Clinical cases depicting ethical dilemmas
- Journal articles addressing ethical issues

Experiential reports or reflections related to ethical behavior in a clinical setting, such as:

- Reflections on ethical or unethical practices demonstrated in schools or other clinical settings
- Work with others that promoted a mutually beneficial relationship

Clinical Outcomes

Audio or videotapes, CDs, DVDs of clients interacting positively and independently, expressing diverse points of view

Products demonstrating ethical decision making by clients

Testimonials

Letters of recommendation from supervisors referencing ethical behaviors

Letters of recommendation/notes from clients/families referencing ethical behavior

Tests and Records

Traditional tests measuring and understanding of ethical principles, the Florida Code of Ethical Conduct for Teachers, and the American Speech-Language-Hearing Association Code of Ethics

Alternative assessments such as take-home exams and essays related to ethics

Professional Values and Commitments

Summary statement defining/describing the Code of Ethics and what it means to the SLP

Abstract of professional readings related to ethics

List of conferences and/or workshops attended related to ethics.

Appendix C

American Speech-Language-Hearing Association Selected Standards for the Certificate of Clinical Competence in Speech-Language Pathology

Reference Source: American Speech-Language-Hearing Association. (2014). Background information for the standards and implementation for the certificate of clinical competence in speech-language pathology. Rockville, MD.

Selected Standards for the Certificate of Clinical Competence in Speech-Language Pathology

In July 2012, the ASHA Standards Council adopted new standards for the Certificate of Clinical Competence, to be implemented effective September 1, 2014. The new standards incorporate process and outcome measures of academic and clinical skills using both formative and summative assessments. These 2014 Standards were revised March 1, 2016.

The Nova Southeastern University Master of Science in Speech-Language Pathology (MS-SLP) program developed a student portfolio process to be used as a formative assessment tool designed to demonstrate student achievement of the following selected standards:

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology will go into effect for all applications for certification received on or after September 1, 2014. View the [SLP Standards Crosswalk](#) [PDF] for more specific information on how the standards will change from the current SLP standards to the 2014 SLP standards.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- augmentative and alternative communication modalities

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
 - a. Conduct screening and prevention procedures (including prevention activities).
 - b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
 - c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
 - d. Adapt evaluation procedures to meet client/patient needs.
 - e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
 - f. Complete administrative and reporting functions necessary to support evaluation.
 - g. Refer clients/patients for appropriate services.
2. Intervention
 - a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
 - b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
 - c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
 - d. Measure and evaluate clients'/patients' performance and progress.
 - e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
 - f. Complete administrative and reporting functions necessary to support intervention.
 - g. Identify and refer clients/patients for services as appropriate.
3. Interaction and Personal Qualities
 - a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
 - b. Collaborate with other professionals in case management.

- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

These experiences should allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Appendix D

Implementation Procedures

and

Examples of Evidence

for ASHA Standards for

Certificate of Clinical Competence

Primary Reference Source: American Speech-Language-Hearing Association. (2002). Background information for the standards and implementation for the certificate of clinical competence in speech-language pathology. Rockville, MD.

Note: All evidence must be in compliance with legal parameters of confidentiality as noted in the Statement of Privacy and Confidentiality presented at the beginning of this Guide. For example, all identifying names of clients should be blacked out. Photos and videotapes must be deidentified before being used in the portfolio. Signed permission to include identifiable client photos, videotapes, and audiotapes in the portfolio is required.

Standard IV-B

Implementation:

This standard emphasizes the basic human communication processes. The applicant must demonstrate, through completion of the KASA form with supporting documentation, the ability to analyze, synthesize, and evaluate information pertaining to normal and abnormal human development across the life span, including basic communication processes and the impact of cultural and linguistic diversity on communication. Similar knowledge must also be obtained in swallowing processes and new emerging areas of practice. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Examples of Evidence:

Performances

Audio/videotapes, CDs, DVDs of presentations to class or other related professionals demonstrating knowledge and understanding of basic human communication and/ or swallowing processes

Clinic practicum evaluation forms

Externship evaluation forms

Products

Products related to knowledge of basic communication and swallowing processes, such as:

- Diagnostic plan or report
- Interdisciplinary lesson plan
- Learning experiences, such as:
 - Creative works (e.g. therapy materials)
 - Research papers
 - Textbook and literature reviews
 - Journal abstracts
 - Clinical products in which students integrated content across disciplines

Lesson plans that include:

- Identification of the types of knowledge related to basic communication and swallowing processes
- A variety of means to assist client acquisition of knowledge and skills
- Objectives and intervention activities that link knowledge from two or more disciplines

Reviews or analyses, including:

- Case studies of individuals or groups
- Reviews of therapy materials for integration and use of real world contexts
- Reviews of diagnostic and intervention materials related to the Standard

Experiential reports or reflections related to intervention in the knowledge areas in various practice settings, such as:

- Reflections on the quality of intervention content

- Reflections on the use of clients' prior learning and experiences during intervention
- Assessment of interdisciplinary treatment and collaboration

Clinical Outcomes

Products demonstrating acquisition and application of content knowledge and skills

Testimonials

Letters of recommendation from instructors/supervisors related to knowledge and presentation of material
Letters of recommendation/notes from clients and/or families related to knowledge and presentation of information

Tests and Records

Competency tests

Traditional tests measuring knowledge and understanding of basic communication and swallowing processes

Appropriate alternative assessments

Transcripts and grades in courses

Professional Values and Commitments

List of journal subscriptions in the knowledge and skills area

Abstracts from professional readings in knowledge and skills area

List of conferences and workshops attended in the content area

List of memberships in content area-related organizations or study groups, such as ASHA Special Interest Divisions

Standard IV-C

Implementation:

The applicant must demonstrate, through completion of the KASA form with supporting documentation, the ability to analyze, synthesize, and evaluate information delineated in this standard. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects. It is expected that coursework addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of communication (articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).

Examples of Evidence:

Performances

Audio/videotapes, CDs, DVDs demonstrating knowledge and skills of subject matter and/or disorder
Evaluation forms from clinical experiences
Clinical practicum evaluation forms
Externship evaluation forms

Products

Products related to knowledge of disorder, such as:

- Lesson plans that include:
 - Identification of the types of knowledge to be taught
 - A variety of means to assist client acquisition of knowledge and skills
 - Linkage of subject matter to Standard
 - Objectives and instructional activities that link knowledge from two or more disciplines
 - Interdisciplinary lesson plan
- Learning experiences, such as:
 - Research papers
 - Textbook and literature reviews
 - Journal abstracts
 - Clinical products which demonstrate integration of content across disciplines

Reviews or analyses, including case studies of individuals or groups

Reviews of interventional materials for integration of content areas or use of real world contexts

Experiential reports or reflections related to knowledge and skills as applied to intervention in a variety of settings, such as:

- Reflections on the quality of presentation content
- Reflections on the use of clients' prior learning and experiences during treatment
- Assessment of interdisciplinary instruction and collaboration

Clinical Outcomes

Products demonstrating acquisition and application of content knowledge and skills

Testimonials

Letters of recommendation from supervisors related to knowledge and presentation of subject matter

Letters of recommendation/notes from clients and/or families related to knowledge and presentation of subject matter

Tests and Records

Competency tests

Traditional tests measuring knowledge and understanding of subject area

Alternative assessments in content area

Transcripts and grades in courses

Professional Values and Commitments

List of journal subscriptions in the content area

Abstracts from professional readings in content area

List of conferences and workshops attended in the content area

List of memberships in content area-related organizations or study groups

Standard IV-D

Implementation:

The applicant must demonstrate, through completion of the KASA form with supporting documentation, the ability to analyze, synthesize, and evaluate information about prevention, assessment, and intervention over the range of differences and disorders specified in Standard III-C above. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Examples of Evidence:

Performances

Audio/videotapes, CDs, DVDs related to presentation of principles and methods of prevention, assessment, and intervention
Evaluation forms from clinical experiences
Clinical practicum evaluation forms
Externship evaluation forms

Products

Products related to knowledge of subject matter, such as:

- Lesson plan or thematic unit in the subject area
- Interdisciplinary lesson plan that addresses knowledge area
- Learning experiences for clients which exemplify the Standards:
 - Creative works (e.g. therapy materials)
 - Research papers
 - Textbook and literature reviews
 - Journal abstracts
 - Clinical products in which students integrate content across disciplines

Lesson plans that include:

- Identification of the types of knowledge and skills to be taught
- A variety of means to assist client acquisition of knowledge and skills
- Linkage of knowledge and skills to Standards
- Objectives and instructional activities that link knowledge from two or more disciplines

Reviews or analyses, including case studies of individuals or groups:

- Reviews of instructional materials for integration of knowledge and skills for use in real world contexts
- Reviews of instructional materials to determine relation to Standards

Experiential reports or reflections related to instruction in the content areas in a variety of practice settings, such as:

- Reflections on the quality of presentation content
- Reflections on the use of clients' prior learning and experiences during evaluation and treatment
- Assessment of interdisciplinary intervention and collaboration in the practice setting

Clinical Outcomes

Products demonstrating acquisition and application of content knowledge and skills

Testimonials

Letters of recommendation from instructors/supervisors related to knowledge and presentation of subject matter
Letters of recommendation/notes from clients and/or families related to knowledge and presentation of subject matter

Tests and Records

Competency tests
Traditional tests measuring knowledge and understanding of content area
Alternative assessments in content area
Transcripts and grades in courses

Professional Values and Commitments

List of journal subscriptions in the content area
Abstracts from professional readings in content area
List of conferences and workshops attended in the content area
List of memberships in content area-related organizations or study groups

Standard IV-E

Implementation:

The applicant must demonstrate, through completion of the KASA form with supporting documentation, knowledge of, appreciation for, and ability to interpret the ASHA Code of Ethics. Program documentation may reflect coursework, workshop participation, instructional module, clinical experiences, and independent projects.

Examples of Evidence:

Performances

Clinical evaluation forms
Externship evaluation forms

Products

Lesson plans that include:

- Strategies that encourage independent action on the part of clients
- Provisions for access to diverse points of view
- Provisions for exploring ethical issues in the clinical context
- Strategies to apply democratic principles during the intervention experience (e.g., groupings in which diverse viewpoints are promoted or values are clarified)

Reviews or analyses, including case studies of individuals or groups, such as:

- Clinical cases depicting ethical dilemmas
- Journal articles addressing ethical issues

Experiential reports or reflections related to ethical behavior in a clinical setting, such as:

- Reflections on ethical or unethical practices demonstrated in a variety of practice settings
- Evidence of work with others that promoted a mutually beneficial clinical and/or professional relationship

Clinical Outcomes

Audio/ videotapes, CDs, DVDs of clients interacting positively and independently, expressing diverse points of view

Products demonstrating ethical decision making

Testimonials

Letters of recommendation from supervisors referencing ethical behaviors, as defined by the American Speech-Language-Hearing Association (ASHA) Code of Ethics

Letters of recommendation/notes from clients and/or their families referencing ethical behavior

Tests and Records

Traditional tests measuring an understanding of ethical principles and the ASHA Code of Ethics
Alternative assessments such as reflective essays related to ethics

Professional Values and Commitments

Summary statement defining/describing the Code of Ethics and what the Principles of Ethics mean to the SLP personally

Abstract of professional readings related to ethics

List of conferences and/or workshops attended related to ethics

Standard IV-F

Implementation:

The applicant must demonstrate, through completion of the KASA form with supporting documentation, comprehension of the principles of basic and applied research and research design. In addition, the applicant should know how to access sources of research information and have experience relating research to clinical practice. Program documentation could include information obtained through class projects, clinical experiences, independent studies, and research projects.

Examples of Evidence:

Performances

Audio/videotapes, CDs, DVDs of evidence-based assessments

Evaluation reports of diagnostic and/or clinical experiences which provide evidence of research-based clinical practice

Clinical practicum or Externship evaluation forms which document the use of research sources for clinical practice

Products

Research-based or research-related products, such as:

- Paper and pencil tests measuring communicative performance
- Rubric (holistic, analytic, checklist, or rating scale) to assess performance
- Behavioral observation instrument and procedure
- Attitude scales
- Notes and records of client observations, interviews, and/or conferences

Reviews, abstracts, or analyses of current research in professional journals and case studies:

- Abstract or analysis of research study in current professional journal
- Case study using standard research design methods

Lesson plans that include:

- Instructional strategies based on research of client needs and performance, including creative, cognitive, social, cultural, linguistic, emotional, and physical needs
- Research-based clinical practice techniques
- Notes from class research project
- Class project in research methods course

Clinical Outcomes

Tests and measurements developed and interpreted for clinical practice

Pre- and post-intervention results

Testimonials

Statements from faculty or supervisors about knowledge and application of research design and principles

Tests and Records

Traditional tests measuring knowledge and understanding of:

- Clinical assessment design, use, and interpretation
- Basic statistical concepts and techniques
- Fundamental measurement concepts
- Standardized test use and interpretation
- Evaluating and reporting client progress
- Ethical use of research
- Ethical respect for privacy rights of the client/subject
- Transcript of grades in research-related coursework

Professional Values and Commitments

List of journal subscriptions related to research

Log or abstracts of professional readings related to research and evidence-based practice

Brief written reflection of how student has integrated research into clinical practice

Standard IV-G

Implementation:

The applicant must demonstrate, through completion of the KASA form with supporting documentation, knowledge of professional issues that affect speech-language pathology as a profession. Issues typically include professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. Documentation could include information obtained through clinical experiences, workshops, and independent studies.

Examples of Evidence:

Performances

Audio/videotapes, CDs, DVDs related to presentation of a current professional issue

Forms or documents that reference knowledge of reimbursement procedures

Clinical practicum or externship evaluation forms which reflect implementation of current professional practice guidelines

Products

Products related to knowledge of subject matter, such as:

- Lesson plan that incorporates current practice guidelines
- Interdisciplinary lesson plan that includes ASHA practice guidelines
- Advocacy letter which addresses a current professional issue
- Learning experiences which exemplify the Standard
 - Creative works (e.g. therapy materials)
 - Research papers
 - Textbook and literature reviews
 - Journal abstracts
 - Clinical products in which students integrated content across disciplines

Lesson plans that include:

- Identification and understanding of a current professional issue
- Linkage of content to ASHA policy
- Objectives and instructional activities that link practice policies and guidelines from two or more disciplines

Reviews or analyses, including:

- Case studies of individuals or groups:
- Reviews of instructional materials for integration of practice areas for use in real world contexts
- Reviews of instructional materials for coverage of current practice procedures

Experiential reports or reflections related to knowledge of professional issues:

- Reflections on the how academic program accreditation standards affect course content

- Reflections on knowledge of current practice issues relate to current clinical experiences
- Assessment of reimbursement procedures in different practice settings

Clinical Outcomes

Products demonstrating acquisition and application of current professional practice issues and guidelines

Testimonials

Letters of recommendation from instructors or supervisors related to knowledge and presentation of current professional issues, procedures, and practice policies.

Letters of recommendation/notes from clients and/or families related to knowledge and presentation of current professional practice policies

Tests and Records

Competency tests

Traditional tests measuring knowledge and understanding of subject area

Alternative assessments relating to Standard

Transcripts and grades in courses

Professional Values and Commitments

List of journal subscriptions in the content area

Abstracts from professional readings in contemporary professional issues

List of Standard related conferences and workshops attended

List of memberships in content area related organizations or study groups

Standard IV-H

Implementation:

The applicant must demonstrate, through completion of the KASA and supporting documentation, knowledge of state and federal regulations and policies related to the practice of speech language pathology and credentials for professional practice. Documentation could include course modules and instructional workshops.

Examples of Evidence:

Performances

Audio/videotapes, CDs, DVDs related to presentation of information reflecting knowledge of regulations, policies, and credentials
Clinical practicum evaluation forms
Externship evaluation forms

Products

Products related to knowledge of subject matter, such as:

- Learning experiences which exemplify the Standard
- Creative works (e.g. materials and information handouts for clients and their families or caretakers)
- Research papers
- Textbook and literature reviews
- Journal abstracts

Lesson plans that include:

- Objectives and activities that link knowledge of regulations and policies from two or more disciplines

Reviews or analyses, including:

- Case studies of individuals or groups
- Reviews of policies for integration and use in real world contexts
- Reviews of instructional materials for adherence to policies and regulations

Experiential reports or reflections related to policies, regulations, and credentials appropriate for a variety of settings, such as:

- Reflections on the impact of regulations and policies on the provision and quality of service in schools, hospitals, skilled nursing facilities, rehabilitation centers, or private practice settings
- Reflections on the use of students' prior learning and experiences during intervention
- Assessment of interdisciplinary policies and collaboration in different practice settings

Clinical Outcomes

Products demonstrating acquisition and application of knowledge and skills related to the Standard

Testimonials

Letters of recommendation from educators related to knowledge and presentation of subject matter
Letters of recommendation/notes from clients and/or families related to knowledge and presentation of subject matter

Tests and Records

Competency tests
Traditional tests measuring knowledge and understanding of subject area
Alternative assessments in content area
Transcripts and grades in courses

Professional Values and Commitments

List of journal subscriptions related to state and federal regulations
Abstracts from professional readings in content area
List of conferences and workshops attended in the content area (e.g. policy workshops sponsored by State Licensure Board or Department of Education)
List of memberships in organizations or study groups relating to state and federal regulations, policies, and credentials

Standard V-A

Implementation:

The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English, which, at a minimum, are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Individuals educated in foreign countries must meet the criteria required by the International Commission of Healthcare Professions (ICHP) in order to meet this standard.

Examples of Evidence:

Performances

Recordings of various in-therapy presentations/performances that exhibit oral communication skills, such as demonstration sessions, demonstrations of various intervention techniques, or role-playing
Audio/videotapes, CDs, DVDs analyzed for clarity and client/SLP interactions
Evaluation forms/reports of clinical experiences
Clinical evaluation forms
Externship evaluation forms

Products

Communication-related products, such as:

- Written directions provided to client for completion of a task requiring multiple steps
- Documents communicating client progress with clients, families, and/or colleagues (e.g. letters and consent forms)
- Observation log used to monitor client progress
- Journal abstracts and textbook reviews demonstrating written communication skills
- Reaction or research papers demonstrating ability to organize and communicate ideas effectively

Intervention plans that include:

- Opportunities for clients to learn from each other in group therapy
- Strategies supporting individual and group inquiry
- Use of interaction routines (e.g. active listening) for individual work, cooperative learning, and whole group activities
- Use of a variety of instructional formats, including direct instruction, discussion, demonstration, and experiential
- Inclusion of linguistic and cultural factors

Experiential reports or reflections related to communication in a clinical setting, describing/documenting:

- Reflections on occasion when communications, such as directions, had to be modified

- Reflections describing a conference with a client, family, or colleagues (reflecting on the communication skills used, such as empathy, clarifying, concrete examples)
- Reflections of how high expectations were communicated to clients
- Reflection on communication techniques used with individuals with limited English speaking skills

Clinical Outcomes

Analysis of client products as related to responses to directions

Testimonials

Letters of recommendation from supervisors referencing communication skills

Letters of recommendation or notes from clients and families referring to communication skills

Test and Records

Traditional tests of knowledge and understanding of a variety of communication and listening behaviors that SLPs employ to promote a positive learning environment

Alternative tests required for classes, such as take-home finals, essays, related to communication

Professional Values and Commitments

Log of professional readings relating to communication

Documentation of attendance at professional workshops or conferences related to the enhancement of oral and written communication

Standard V-B

Implementation:

The applicant must demonstrate, through completion of the KASA form with supporting documentation, the acquisition of the skills referred to in this Standard. It is expected that these skills will be demonstrated for each of the nine major areas outlined in Standard III-C. This documentation must be maintained and verified by the program director or official designee.

In addition to direct client/patient contact, clinical skills may be developed and demonstrated through successful performance on academic coursework and examinations, application of information obtained through clinical experiences, and completion of independent projects. In instances where applicants have not had direct patient contact with disorder and difference categories, appropriate alternative methods for skills development must be demonstrated. However, only direct clinical contact may be counted toward the required minimum of 400 clock hours of supervised clinical experience.

Part 1. – Evaluation:

Performances

Audio/videotapes, CDs, or DVDs of that demonstrate skills in assessment

Evaluation forms/reports of diagnostic and/or clinical experiences
Clinical practicum or Externship evaluation forms
Written clinical interview results related to assessment

Products

Assessment-related products, such as:

- Paper and pencil test measuring communicative performance
- Rubric (holistic, analytic, checklist, or rating scale) to assess performance
- Behavioral observation instrument and procedure
- Attitude scale
- Notes and records of client observations, interviews, and/or conferences

Lesson plans that include:

- Instructional strategies based on an assessment of client needs and performance, including creative, cognitive, social, cultural, linguistic, emotional, and physical needs
- Use of continuous assessment to modify instruction based upon assessment results
- Provisions for clients to assess their own work and progress

Reviews or analyses, including case studies of individuals or groups:

- Review of assessment instruments provided in published instructional materials
- Review of commonly used standardized tests
- Case study of individual or group standardized test results
- Case study of individual or group cognitive, affective, social, and physical development, including strengths and weaknesses
- Case study of individual or group continuing learning needs

Experiential reports or reflections related to assessment, such as:

- Report on assessment data used in identifying client needs and evaluating client progress
- Reflections on quality of decisions about client learning or behavior based on assessments
- Study of assessment practices demonstrated in school and other clinical settings
- Reports/reflections of meetings with professional personnel and families about client progress

Clinical Outcomes

Tests or assessments developed and/or interpreted by student SLP
Feedback from clients from surveys or notes regarding clinical effectiveness
Pre- and post- intervention results

Testimonials

Letters of recommendation from faculty, clinical supervisors, and administrators
Letters of recommendation or notes from clients and their families referencing assessment

Tests and Records

Traditional tests measuring knowledge and understanding of:

- Clinical assessment design, use, and interpretation
- Basic statistical concepts and techniques
- Fundamental measurement concepts
- Standardized test use and interpretation
- Grading and reporting client progress
- Ethical use of testing
- Ethical respect of privacy rights of client

Alternative tests

Transcript, including grades in courses based primarily on test scores

Professional Values and Commitments

List of journal subscriptions related to assessment

Documentation of attendance at professional workshops or conferences related to assessment

Part 2. – Intervention:

Performances

Audio/videotapes, CDs, DVDs demonstrating various intervention approaches and techniques

Clinical practicum evaluation forms

Externship evaluation forms

Products

Products related to intervention, such as:

- Long-term treatment plans, such as annual goals addressed in the student's IEP
- Treatment plans, strategies, and materials appropriate to client needs and interests
- Consolidated and sequenced objectives drawn from multiple sources
- Adaptations of instructional materials to improve attainment of therapy objectives
- Adaptations of instructional materials using diagnostic information to meet the needs and interests of clients
- Resource file of materials from a variety of sources
- Self-directed learning materials for clients
- Records/notes of treatment decisions reached through collaboration between the SLP and client, including families and caregivers, when appropriate

Lesson or unit plans that include:

- Performance and learning outcomes
- Properly sequenced objectives drawn from the learning outcomes
- A variety of methods/activities/materials to develop basic concepts and to support or enrich learning
- A variety of intervention procedures appropriate for specified learning outcomes

Reviews or analyses, including case studies of individuals or groups, such as:

- Review of instructional materials regarding the correlation between objectives and activities
- Review of instructional materials for their potential to develop concepts and to support or enrich learning

- Review of procedures/activities regarding their potential to relate to therapy objectives

Experiential reports or reflections related to intervention in a practice setting, such as:

- Reflections on service delivery practices demonstrated in different settings
- Reflections on successes/challenges in implementing an intervention plan
- Daily journal including reflections on adaptations made during instruction to meet client needs

Clinical Outcomes

Notes or other forms of written communication from clients/families related to the quality of intervention

Testimonials

Letters of recommendation from supervisors related to quality of intervention

Tests and Records

Traditional tests measuring knowledge and understanding of intervention concepts, skills, and strategies

Test scores (i.e. *PRAXIS*)

Alternative assessments such as take home exams, essays

Transcripts of grades in clinic and externship experiences

Professional Values and Commitments

List of journal subscriptions related to professional intervention strategies

Documentation of attendance at conferences and/or workshops attended related to intervention strategies for specific disorders

List of community, volunteer services, and/or extra-curricular activities that involved planning of instructional activities

Part 3. – Interactions and Personal Qualities:

Performances

Recordings of various in-therapy presentations/performances that exhibit oral communication skills, such as demonstration sessions, demonstrations of various intervention techniques, or role-playing

Audio/videotapes, CDs, DVDs analyzed for clarity and client/SLP interactions

Evaluation forms/reports of clinical experiences

Clinical evaluation forms

Externship evaluation forms

Products

Communication-related products, such as:

- Written directions provided to client for completion of a task requiring multiple steps
- Documents communicating client progress with clients, families, and/or colleagues (e.g. letters and consent forms)

- Observation log used to monitor client progress
- Journal abstracts and textbook reviews demonstrating written communication skills
- Reaction or research papers demonstrating ability to organize and communicate ideas effectively

Intervention plans that include:

- Opportunities for clients to learn from each other in group therapy
- Strategies that support individual therapy and enhance group dynamics
- Use of interactive events (e.g. active listening) for individual work, cooperative learning, and whole group activities
- Use of a variety of instructional formats and service delivery models
- Inclusion of linguistic and cultural factors in clinical decision-making
- Collaboration with professional team members

Experiential reports or reflections related to communication in a clinical setting, including:

- Reflections on occasions when planned strategies had to be modified
- Reflections describing a conference with a client, family, or colleagues (reflecting on the communication skills used, such as empathy, clarifying, concrete examples)
- Reflections of how high expectations were communicated to clients
- Reflection on communication techniques used with individuals with limited English speaking skills

Clinical Outcomes

Analysis of individual improvement by comparison of pre- and post- treatment performance results

Testimonials

Letters of recommendation from supervisors referencing communication skills professional behaviors which facilitate client improvement

Letters of recommendation or notes from clients and families referring to positive professional conduct or interactions

Test and Records

Traditional tests of knowledge and understanding of a variety of communication and listening behaviors that SLPs employ to promote a positive learning environment

Alternative tests required for classes, such as take-home finals, essays, related to communication

Professional Values and Commitments

Log of professional readings relating to communication

Standard V-C

Implementation:

Observation hours generally precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.

Observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student's observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards II and IV.

*Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. **Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum.** Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.*

Example of Evidence:

The completed ASHA Clinical Practicum Hours Summary form is to be used as evidence to document achievement of Standard V-C.

Appendix E

Program Outcomes and Definitions for the Master of Science in Speech-Language Pathology Program (MS-SLP)

**Master of Science in Speech-Language Pathology Program
(MS-SLP)
Department of Speech-Language Pathology
College of Health Care Sciences
Health Professions Division
Nova Southeastern University**

Program Outcomes and Definitions

The graduate of the Master of Science in Speech-Language Pathology (MS-SLP) program entering the profession will:

- 1. Integrate and apply information from the physical, biological, social, and behavioral sciences to the field of communication sciences and disorders.**
 - a) Identify physical and neural anatomical structures of the human communication mechanism.
 - b) Relate the normal physiologic mechanism of the human communication mechanism with associated communication disorders.
 - c) Apply knowledge of anatomy and physiology to various communication disorders.
 - d) Relate the physical nature of sound to the anatomical structure and physiological process of speech production and perception.
 - e) Integrate and apply knowledge of cognition and learning processes in the diagnosis and treatment of individuals with communication disorders.
 - f) Integrate and apply knowledge of social and emotional development to the diagnosis and treatment of individuals with communication disorders.
 - g) Apply the knowledge of normal human development to the diagnosis and treatment of individuals with communication disorders.
 - h) Apply the knowledge of the family social constellation to the counseling of families of individuals with communication disorders.

- 2. Demonstrate clinical proficiency in screening and assessment skills with a variety of clinical populations.**
 - a) Demonstrate clinical proficiency in screening and assessing the language development and abilities of infants, toddlers, and preschool children.
 - b) Demonstrate clinical proficiency in screening and assessing the language of school aged children and adolescents
 - c) Demonstrate clinical proficiency in screening and assessing the language abilities of adults.
 - d) Demonstrate clinical proficiency in screening and assessing the speech production development and abilities of infants, toddlers, and preschool children.
 - e) Demonstrate clinical proficiency in screening and assessing the speech production of school aged children and adolescents.
 - f) Demonstrate clinical proficiency in screening and assessing the speech production abilities of adults.
 - g) Demonstrate clinical proficiency in screening and assessing the voice production of individuals across the age span.

- h) Demonstrate clinical proficiency in screening and assessing the fluency, rate, and rhythm of the speech production of individuals across the age span.
- i) Demonstrate clinical proficiency in screening the auditory system for communication adequacy.
- j) Demonstrate clinical proficiency in assessing the adequacy of the anatomical mechanism for communication purposes.

3. Develop and implement a plan of intervention with a variety of clinical populations.

- a) Develop and implement a plan of intervention for infants, toddlers, and preschoolers who present language disorders.
- b) Develop and implement a plan of intervention for infants, toddlers, and preschoolers who present speech production disorders.
- c) Develop and implement a plan of intervention for school aged children and adolescents who present language disorders.
- d) Develop and implement a plan of intervention for school aged children and adolescents who present speech production disorders.
- e) Develop and implement a plan of intervention for adults who present language disorders.
- f) Develop and implement a plan of intervention for adults who present speech production disorders.
- g) Develop and implement a plan of intervention for individuals presenting vocal disorders.
- h) Develop and implement a plan of intervention for individuals presenting disorders of rate, rhythm, or fluency.
- i) Develop and implement appropriate home intervention plans for clients presenting a variety of communication disorders.

4. Evaluate and critically apply current research to determine and enhance clinical efficacy.

- a) Explain the process of conducting a review of the literature with regard to a specific diagnostic or therapeutic topic.
- b) Complete a review of the literature with regard to a specific diagnostic or therapeutic topic.
- c) Discriminate between valid and non-valid research.
- d) Apply current research to diagnostic and therapeutic techniques.
- e) Evaluate the validity of reported research conclusions.
- f) Adapt therapeutic activities based on reported research.
- g) Identify non-discipline resources which are germane to treatment of communication disorders.

5. Apply knowledge of cultural diversity across professional activities.

- a) Demonstrate awareness of cultural diversity in the choice of diagnostic materials.
- b) Demonstrate awareness of cultural diversity in the interpretation of diagnostic results.
- c) Differentiate between disordered communication skill and communication differences which result from cultural differences.
- d) Design treatment plans which are culturally appropriate.
- e) Demonstrate awareness of cultural diversity in choice of therapeutic materials.
- f) Prescribe referrals which are culturally appropriate.

6. Use written, oral, and non-verbal communication means to communicate clearly, effectively, and appropriately.

- a) Complete diagnostic reports which communicate results clearly, effectively, and appropriately.

- b) Complete therapy lesson plans which clearly indicate the intent and method of treatment.
- c) Relate evaluation results clearly and appropriately to clients and their families.
- d) Discuss diagnostic findings clearly and effectively with other professionals involved with clients.
- e) Discuss therapeutic regimen clearly and effectively with other professionals involved with clients.
- f) Explain communication disorder clearly and effectively to families and other professionals.

7. Collaborate and/or counsel effectively with clients, family members, care givers, and other professionals.

- a) Demonstrate awareness of cultural diversity in counseling families of clients.
- b) Interpret diagnostic findings effectively to clients, family members, caregivers and other professionals.
- c) Explain client's communication abilities clearly and effectively to family members, caregivers, and other professionals.
- d) Explain treatment plans to family members, care givers, and other professionals.
- e) Organize treatment regimens which reflect consultation with transdisciplinary team members.
- f) Demonstrate ability to serve as an effective member of a treatment team.
- g) Select a team of appropriate professionals to collaborate in the treatment of a client.

8. Demonstrate professional behaviors which exemplify knowledge of ethical, legal, regulatory, and financial aspects of professional practice.

- a) Discuss ethical and professional issues as they relate to culturally diverse populations.
- b) Demonstrate knowledge of best practices as provided by licensing and professional organizations.
- c) Demonstrate knowledge of laws which apply to the provision of services to individuals with communication disorders.
- d) Identify appropriate record keeping procedures.
- e) Identify sources which provide funding for speech-language pathology services.
- f) Differentiate between ethical and unethical professional practices.

9. Demonstrate skills for lifelong learning, professional development, and self-assessment.

- a) Demonstrate knowledge of professional associations.
- b) Maintain membership in appropriate professional associations.
- c) Demonstrate ability to research areas of limited knowledge.
- d) Explain methods of maintaining current skills.
- e) Explain methods of augmenting current skills.
- f) Explain licensure or certification requirements for continuing education.

10. Apply appropriate technologies to accomplish research, diagnosis, and treatment.

- a) Demonstrate the ability to conduct a literature research using computer technology.
- b) Explain the use of equipment to diagnose communication disorders.
- c) Demonstrate the ability to use technology to evaluate appropriate aspects of communication disorders.
- d) Demonstrate use of technology for maintenance of treatment records.
- e) Identify appropriate technologies for the diagnosis of communication disorders.
- f) Identify appropriate technologies for the treatment of communication disorders.

Appendix F

Criteria for Evaluation of Evidence

Criteria for Evaluation of Evidence

The criteria presented in this Appendix represent the major elements that the Master of Science in Speech-Language Pathology program (MS-SLP) faculty, supervisors, and Student Portfolio Evaluators will review in evaluating the student portfolio evidence. Reviewer approval and signature is required in order for the evidence to be included in the portfolio. The following guidelines will be applied when the evidence is evaluated for placement in the portfolio:

Performances

Performances demonstrate the practical applications of what the student has learned. Clinical practicum and externship, role-playing, class presentations are in this category. The performance is usually accompanied by an audio/video tape, CD, or DVD. A written evaluation form from a clinical supervisor or faculty member regarding the performance is required.

Criteria for Evaluation

Presentation

Quality of delivery will be evaluated based upon the following elements:

- Appropriateness of aids/props/materials
- Presentation skills
- Organization of presentation
- Appropriateness for audience
- Language appropriateness (grammar, syntax)

Content

Quality of content will be evaluated based upon the following elements:

- Organization of ideas
- Relevance to topic
- Relevance to Florida Educator Accomplished Practice, Standard, or Program Outcome

Note: If the performance includes a written component, that component will be judged against criteria for a passing grade as stated in the MS-SLP curriculum

Products

Products are items created, usually in written form, including those items typically used on the job or in a school/clinical setting (e.g. position papers, forms, lesson plans, tests, reports, reviews of literature, critical analyses, activity logs as well as artifacts such as audio/video tapes, CDs, DVDs, intervention materials). Products will be evaluated in accordance with criteria specified in the clinical practicum or externship experiences for which they are produced.

If the product has not been evaluated for a particular course or clinical experience, the following criteria will apply:

Written Product

The quality of the written product must comply with the MS-SLP and course requirements. The following additional attributes will also be evaluated:

- Quality of writing (grammar, syntax, spelling, punctuation, organization of ideas)
- Appropriate use of APA form and style
- Inclusion of scholarly references
- Inclusion of major content components
- Appropriate format
- Correlation between content and assignment
- Relevance to Florida Educator Accomplished Practice, Standard, or Program Outcome

Non-Written Product

Materials used to develop and present a product must be of high quality that will withstand the reasonable use for which it is intended:

- Quality of materials
- Relationship to topic
- Application and usage
- Relevance to Florida Educator Accomplished Practice, Standard, or Program Outcome

Clinical Outcomes

Clinical Outcomes are the results of clinical instruction, demonstration lessons, or evaluations of clinical practicum and/or externship. Materials created and designed by the SLP for use with clients may be included in this category. Examples may be:

- Intervention plans for therapy
- Alternative assessment instruments
- Augmentative instructional materials.

Materials must have been used by the SLP and should include:

- Appropriate format
- Content organization
- Adequate coverage of topic
- Adequate resources
- Accomplishment of stated goals
- Quality of delivery
- Relevance to Florida Educator Accomplished Practice, Standard, or Program Outcome

Testimonials

Testimonials are documentations of what others have said about the SLP relating to performance and professional behavior. Examples of testimonials may include:

- Letters of recommendation
- Special commendations
- Notes from clients or their family members.

In order to be evaluated as evidence for the portfolio, the testimonials must be originals and must include the full name and title of the individual writing the testimonial. The documents may be written by supervisors, administrators, or clients and/or their families. The information contained in the testimonials must be specific and clearly understood. When completing the *Evidence Classification and Reflection Form* (Appendix G), the student will establish a correlation between a particular testimonial and a specific Florida Educator Accomplished Practice, Standard, or Program Outcome

Tests and Records

Tests and records refer to actual test scores, grades, transcripts, resumes, and other data measuring knowledge and documenting professional experiences. Copies of original documents will be accepted. Grades and transcripts will be checked against NSU records.

Tests and records will be evaluated as evidence after the student has demonstrated a connection between the data and the Florida Educator Accomplished Practice, Standard, or program Outcome using the *Evidence Classification and Reflection Form* (Appendix G).

Professional Values and Commitments

Indicators of *Professional Values and Commitments* reflect what the student deems to be important from the perspective of professional development and personal growth. Evidences may include:

- A list or abstract of professional literature the student has read
- List of memberships in professional organizations
- Profession-related activities
- Professional philosophy
- Professional goals and commitments

Written expression will be judged according to MS-SLP criteria and standards. Other criteria include:

- Clarity of communication
- Ability to state a clear position
- Focus on personal issues
- Focus on professional issues

Appendix G

Forms Used

In

Student Portfolio Process

Statement of Privacy and Confidentiality

Any information contained in this portfolio which is considered private health information, including but not limited to photographs, reports, videotapes, lesson plans, and documentation, has been de-identified. Any documentation of evidence that identifies the client or family member must be accompanied by a written statement of permission for use in the portfolio. This is in accordance with the guidelines for confidentiality and privacy.

Note: All evidence must be in compliance with legal parameters of confidentiality as noted in the above Statement of Privacy and Confidentiality. For example, all identifying names of clients must be blacked out. Photos and videotapes must be de-identified before being used in the portfolio. Signed permission to include identifiable client photos, videotapes, and audiotapes in the portfolio is required.

- I have read and understand the above statement of Privacy and Confidentiality.
- I agree to abide by the rules of Privacy and Confidentiality.

Student's Signature: _____ Date: _____

Evidence Classification and Reflection (ECR) Form Instructions for Use

At the time a selected assignment is submitted for inclusion in the portfolio, the SLP student may complete the *Evidence Classification and Reflection Form* (ECR) and present the form to the appropriate course instructor or clinical supervisor for review and signature. The *Evidence Classification and Reflection Form* must be typed.

The following procedures are to be followed:

- The student determines how to use the artifact when organizing the portfolio presentation.
- The student completes the top section which provides identifying information.
- The student places a mark in the box to the left of a designated Florida Educator Accomplished Practice, Program Outcome, and/or Standard represented by the specific assignment to be used as evidence.
- Program Outcomes, Florida Educator Accomplished Practices, and Standards information related to each assignment or activity will be identified in the *Portfolio Evidence Table for SLP Course Assignments* matrix which is included in each course syllabus.
- Write the title of the evidence on the line indicated.
- Circle or underline the type of evidence being presented.
- Write a brief narrative response for each of the five statements listed in the bottom portion of the form. Relate the statements to the specific Florida Educator Accomplished Practice, Standard, and/or Program Outcome highlighted. Use complete, grammatically correct sentences.
- The instructor or supervisor will review the ECR Form and, if the information is appropriate and accurate, signs the form.
- The *Evidence Classification and Reflection Form* must be endorsed and signed by an approved faculty member or supervisor. **It is recommended that the student obtain the signature soon after the course has been completed in order to avoid problems that may arise if the faculty member or supervisor is not available at a later date.**
- Sometimes evidence has not been developed for a specific course or clinic (e.g. attending a professional workshop or participation in a professional organization or student group). In these instances, the student is to obtain approval for the activity and obtain the signature of a SLP faculty member, a designated Student Portfolio Evaluator, or the Formative Assessment Coordinator (or his/her designee).

Multiple Uses of a Single Artifact:

Although, in most instances, separate and distinct artifacts are used for each Florida Educator Accomplished Practice, there may be instances when one specific artifact is appropriate for more than one Florida Educator Accomplished Practice as well as for a Standard and a Program Outcome. ***Therefore, each artifact may be used a maximum of two times for the Florida Educator Accomplished Practices, one time for Standards, and referenced for one Program Outcome.***

When submitting a single artifact for more than one Florida Educator Accomplished Practice plus a Standard, two options are available to the student:

- Use a single ECR form, including references to the selected Florida Educator Accomplished Practice(s), Standard, and Program Outcome within the narrative context of the ECR.
- A separate *Evidence Classification and Reflection* form may be used for each Practice and Standard for which it is used as evidence but the evidence need not be supplied twice.

Note: The first option is the preferred method of presentation.

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 Florida Educator 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: _____ Student ID #: _____

Date Evidence Created: _____

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

Title of Evidence: _____

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):

2. Description of Context for Which Evidence Was Created:

- 3. Florida Educator Accomplished Practice, Standard, and/or Program Outcome Demonstrated:** Precisely explain how the artifact is used as evidence for the Florida Educator 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 Florida Educator Accomplished Practice, Standard, and/or Outcome.

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

- 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.)

Evaluator’s Printed Name: _____

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

Evaluator’s Position/Title: _____

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:
	Instructional Design & Lesson Planning		PO #1		IV-B
	Learning Environment		PO #2		IV-C
	Instructional Delivery & Facilitation		PO #3		IV-D
	Assessment		PO #4		IV-E
X	Continuous Improvement		PO #5		IV-F
	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 Florida Educator 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.**

Florida Educator 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 a Florida Educator 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: _____

Program Outcomes Checklist

*This checklist is to be used to indicate acquisition of Program Outcomes. One piece of evidence is required for each of the 10 Program Outcomes; however, it is **not** necessary to insert the actual pieces of evidence in this section. Instead, the evidence may be cross-referenced to artifacts inserted in Section 2 (Florida Educator Accomplished Practices) and/or Section 3 (Standards for CCC).*

Student's Name: _____ **Student ID #:** _____

Instructions: Check each Program Outcome acquired as demonstrated by evidence contained in this portfolio. Reference the section of the portfolio, and specify which Florida Educator Accomplished Practice (FEAP) and/or Standard in which the evidence has been inserted. The Program Outcome should be noted on the ECR Form.

<u>Program Outcome</u>	<u>Evidence Location</u>	<u>Reviewed By</u>	<u>Date</u>
# 1 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#2 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#3 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#4 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#5 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#6 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#7 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#8 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#9 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#10 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____

Important: Place this form in Section 4 of the Portfolio. Update as needed. This form is reviewed, signed, and dated by the designated portfolio evaluator at the time of each site visit

[SAMPLE COMPLETED FORM]

Program Outcomes Checklist

This checklist is to be used to indicate acquisition of Program Outcomes. One piece of evidence is required for each of the 10 Program Outcomes; however, it is not necessary to insert the actual pieces of evidence in this section. Instead, the evidence may be cross-referenced to artifacts inserted in Section 2 (Florida Educator Accomplished Practices) and/or Section 3 (Standards for CCC).

Student's Name: Sara Sample Student ID #: N012345678

Instructions: Check each Program Outcome acquired as demonstrated by evidence contained in this portfolio. Reference the section of the portfolio, and specify which Florida Educator Accomplished Practice (FEAP) and/or Standard in which the evidence has been inserted. The Program Outcome should be noted on the ECR Form.

<u>Program Outcome</u>	<u>Evidence Location</u>	<u>Reviewed By</u>	<u>Date</u>
#1 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#2 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#3 <u>X</u> _____	Sec. 2- FEAP # <u>6</u> Sec. 3- Standard # <u>IV-G (2)</u>	<u>CSC</u>	<u>10-9-15</u>
#4 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#5 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#6 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#7 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#8 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#9 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____
#10 _____	Sec. 2- FEAP # _____ Sec. 3- Standard # _____	_____	_____

Important: Place this form in Section 4 of the Portfolio. Update as needed. This form is reviewed, signed, and dated by the designated portfolio evaluator at the time of each site visit

Portfolio Evaluation Form

Initial (clinic 1); Interim (Ext. 1); Final (Ext. 2)

Note: The original form is to be placed in the student's portfolio

Student's Name: _____ Student ID #: _____

Section #1 – Student Introduction

REQUIRED:

- ____ Cover page
- ____ Statement of purpose of the portfolio
- ____ Resume
- ____ List of graduate courses
- ____ Statement of why the student chose to enter the field of speech-language pathology
- ____ Future professional goals
- ____ Statement of Privacy & Confidentiality

OPTIONAL:

- ____ Transcripts/Grade reports
- ____ Testimonials
- ____ Recommendations
- ____ Other

Section #2 – Florida Educator Accomplished Practices (FEAPs)

Note: Two pieces of evidence are required for each Florida Educator Accomplished Practice. An *Evidence Classification and Reflection Form (ECR)* must accompany each piece of evidence.

- | | | |
|--|----------|----------|
| 1. Instructional Design & Lesson Planning | (1) ____ | (2) ____ |
| 2. Learning Environment | (1) ____ | (2) ____ |
| 3. Instructional Delivery & Facilitation | (1) ____ | (2) ____ |
| 4. Assessment | (1) ____ | (2) ____ |
| 5. Continuous Improvement | (1) ____ | (2) ____ |
| 6. Professional Responsibility & Ethical Conduct | (1) ____ | (2) ____ |

Section #3 – Program Outcomes

Note: One piece of evidence is required for each Program Outcome. An *Evidence Classification and Reflection Form (ECR)* must accompany each piece of evidence. In some instances, the student may note a cross-reference to the original evidence, if the evidence appears in the Florida Educator Accomplished Practice Section.

***Site visitor to complete and initial/date Program Outcome Cross-Referenced Checklist found in Portfolio Reviews and Evaluations*

____ #1 ____ #2 ____ #3 ____ #4 ____ #5 ____ #6 ____ #7 ____ #8 ____ #9 ____ #10

Section #4 – Standards for CCC

Note: One piece of evidence is required for each Standard. An *Evidence Classification and Reflection Form (ECR)* must accompany each piece of evidence. In some instances, the student may note a cross-reference to the original evidence if the evidence appears in the Accomplished Practice Section.

- | | | |
|-------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> IV-B | <input type="checkbox"/> IV-F | <input type="checkbox"/> V-B (1) |
| <input type="checkbox"/> IV-C | <input type="checkbox"/> IV-G | <input type="checkbox"/> V-B (2) |
| <input type="checkbox"/> IV-D | <input type="checkbox"/> IV-H | <input type="checkbox"/> V-B (3) |
| <input type="checkbox"/> IV-E | <input type="checkbox"/> V-A | <input type="checkbox"/> V-C |

Section #5 – Student Reflections

- #1 Personal philosophy regarding the clinical process
- #2 What I have learned from my clients?

Evaluator’s Comments:

All required elements of this student portfolio have been completed, reviewed and approved.

Circle: YES or NO (If “NO,” please explain and indicate plan for completion.)

Portfolio Evaluator’s Signature: _____ Date: _____

THE STUDENT IS RESPONSIBLE FOR SENDING THE COMPLETED AND SIGNED FPE FORM TO THE FORMATIVE ASSESSMENT COORDINATOR.

PORTFOLIO EXIT CHECKLIST (PEC)

STUDENTS NAME:

STUDENT ID#:

DOCUMENTS TO BE SUBMITTED TO E. BLOOM FOR REVIEW AND EXIT INTERVIEW

FPE FORM INCLUDING EVALUATORS COMMENTS ___ YES ___ NO

SEMESTER ENROLLED IN CAPSTONE:

DATE OF PRAXIS EXAM:

Documents received: ___ YES ___ NO ___ INCOMPLETE

Final Portfolio Grade: ___ PASS ___ FAIL

Student Comments:

Your time to say anything you want about the program:

Specific courses that were helpful:

Suggestions that might be helpful:

Employment Opportunities:

Signature:

Date:

Portfolio Evidence Table for SLP Course Assignments Instructions for Use

The syllabus for each 6000 course within the MS-SLP contains a “*Portfolio Evidence Table for SLP Course Assignments*.” The Table was developed primarily to assist students in determining which of the assignments and/or activities within a specific course have been identified as meeting the competencies defined in the Florida Educator Accomplished Practices, Standards for the Certificate of Clinical Competence (CCC), and Program Outcomes. Course assignments and/or activities which may be used as evidence and the criteria used for evaluation are also included in the Table.

The student has the option of using none, one, or all of the assignments and/or activities listed in the Table as portfolio evidence. If a student wishes to include a course assignment/activity not listed in the Table as approved evidence, the artifact must then be approved by the course instructor or supervisor.

It is recommended that these procedures be followed:

- After receiving an evaluation/review/grade of a specific course assignment, activity, or exam, the student must decide whether or not to include the artifact in the portfolio.
- Review the *Portfolio Evidence Table for SLP Course Assignments* to determine whether or not the artifact has been identified in the Table.
- Check each of the three competencies columns (Program Outcomes, Standards for CCC, Florida Educator Accomplished Practices) to determine which of the areas of professional competence is/are represented by a specific assignment or activity.

Example: The knowledge and critical thinking/problem-solving skills illustrated by successful completion of the Code of Ethics Project required in the *Seminar for Professional Issues* course, indicate student competence in the areas of Professional Behavior and Ethics. Those areas are represented in *Program Outcome #8, Standard IV-E, and Florida Educator Accomplished Practice #6* and are listed in the evidence table for the Seminar course. The instructor has selected and pre-approved the ethics assignment to be used as portfolio evidence. If a student receives a positive evaluation of the assignment, then the student may choose to include the project as evidence in the portfolio.

- If the artifact is selected to be used as evidence, an Evidence Classification and Reflection (ECR) form is to be completed and attached to the evidence. Both items are then submitted to the instructor to review and sign.

Remember...the evidence chosen for inclusion in the portfolio is to be representative of the student's BEST WORK!

Portfolio Evidence Table for SLP Course Assignments

Course Number/Title: _____ Course Instructor: _____

The assignments for this course which are listed in the table below satisfy the SLP Program Outcomes/ Standards/ Florida Educator Accomplished Practices Student Portfolio Evidence Requirements. The student may choose to include some or all of these assignments as evidence in the Portfolio. The Evidence Classification and Reflection (ECR) Form is to be submitted to the course instructor with the selected piece of evidence. If a student wishes to include evidence not listed below, the evidence must be approved by a designated Student Portfolio Evaluator.

Florida Educator Accomplished Practice	Program Outcome	Standard For CCC	Class Assignment	Evidence for Portfolio	Criteria Used for Evaluation	Plan for Remediation

SAMPLE Portfolio Evidence Table for SLP Course Assignments

Course Number/Title: SLP 6075: Seminar in Professional Issues

Course Instructor: Crystal S. Cooper

The assignments for this course which are listed in the table below satisfy the MS-SLP Outcomes/Standards for CCC/Florida Educator Accomplished Practices Student Portfolio Evidence Requirements. The student may choose to include some or all of these assignments as evidence in the portfolio. The Evidence Classification and Reflection (ECR) form is to be submitted to the course instructor or supervisor with the selected piece of evidence. If a student wishes to include evidence not listed below, the evidence must be approved by the instructor or supervisor.

Florida Educator Accomplished Practice	Program Outcome	Standards for CCC	Class Assignment	Evidence for Portfolio	Criteria Used for Evaluation	Plan for Remediation
6 Ethics	8 Professional Behavior	IV-E Ethical Conduct	a) After class discussion of the Code of Ethics of the American Speech-Language-Hearing Association, each student will submit a paper describing an original scenario which illustrates a violation of each of the Principles of the Code. b) Group Activity: Groups will read and analyze scenarios in which the professional Code of Ethics has been violated. Groups will present a report to the class.	Evaluated Ethics Paper and Evaluation Matrix Evaluation Matrix	32/40 points 2.5/4 points	Student will resubmit paper with corrections Students will revise and resubmit
1 Instructional Design & Lesson Planning 3 Instructional Delivery & Facilitation	8 Professional Behavior	IV-G Professional Contemporary Issues IV-H Professional Credentials	a) An end-of-course quiz will be administered by the course instructor to assess the students' acquisition of course learning outcomes. b) Using information obtained via websites, students will compare and contrast the requirements for ASHA Standards for Certification, State Licensure, and Teacher Certification. What are the similarities and the differences in requirements?	Graded Course Quiz Summary Sheet Evaluation Matrix	32/40 points 4/6 points	Student will research and resubmit the corrected test questions Students will revise and resubmit with corrections
6 Professional Responsibility & Ethical Conduct	10 Technology	IV-B Communication IV-G Contemporary Professional Issues	Using class discussions, chapter 18 in the textbook, the ASHA Website, and other resources, each student will write an advocacy paper addressing a current professional issue or concern. Paper will include an Advocacy Action Plan.	Professional Issue Advocacy Paper and Evaluation Matrix	15/20 points	Student will revise paper and resubmit

Appendix H

The Code of Ethics

and the

Principles of Professional Conduct

of the

Education Profession in Florida

Florida Department of Education State Board of Education Administrative Rules

CHAPTER 6B-1 CODE OF ETHICS – EDUCATION PROFESSION

6B-1.006 Principles of Professional Conduct for the Education Profession in Florida

6B-1.001 Code of Ethics of the Education Profession in Florida.

- 1) The educator values the worth and dignity of every person, the pursuit of truth, devotion to excellence, acquisition of knowledge, and the nurture of democratic citizenship. Essential to the achievement of these standards are the freedom to learn and to teach and the guarantee of equal opportunity for all.
- 2) The educator's primary professional concern will always be for the student and for the development of the student's potential. The educator will therefore strive for professional growth and will seek to exercise the best professional judgment and integrity.
- 3) Aware of the importance of maintaining the respect and confidence of one's colleagues, of students, of parents, and of other members of the community, the educator strives to achieve and sustain the highest degree of ethical conduct.

Specific Authority 229.053(1), 231.546(2)(b) FS. Law Implemented 231.546(2)(b) FS. History - New 3-24-65, Amended 8-9-69, Repromulgated 12-5-74, Amended 8-12-81, 7-6-82, Formerly 6B-1.01.

6B-1.006 Principles of Professional Conduct for the Education Profession in Florida.

- 1) The following disciplinary rule shall constitute the Principles of Professional Conduct for the Education Profession in Florida.
- 2) Violation of any of these principles shall subject the individual to revocation or suspension of the individual educator's certificate, or the other penalties as provided by law.
- 3) Obligation to the student requires that the individual:
 - a) Shall make reasonable effort to protect the student from conditions harmful to learning and/or to the student's mental and/or physical health and/or safety.
 - b) Shall not unreasonably restrain a student from independent action in pursuit of learning.

- c) Shall not unreasonably deny a student access to diverse points of view.
 - d) Shall not intentionally suppress or distort subject matter relevant to a student's academic program.
 - e) Shall not intentionally expose a student to unnecessary embarrassment or disparagement.
 - f) Shall not intentionally violate or deny a student's legal rights.
 - g) Shall not harass or discriminate against any student on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background and shall make reasonable effort to assure that each student is protected from harassment or discrimination.
 - h) Shall not exploit a relationship with a student for personal gain or advantage.
 - i) Shall keep in confidence personally identifiable information obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.
- 4) Obligation to the public requires that the individual:
- a) Shall take reasonable precautions to distinguish between personal views and those of any educational institution or organization with which the individual is affiliated.
 - b) Shall not intentionally distort or misrepresent facts concerning an educational matter in direct or indirect public expression.
 - c) Shall not use institutional privileges for personal gain or advantage.
 - d) Shall accept no gratuity, gift, or favor that might influence professional judgment.
 - e) Shall offer no gratuity, gift, or favor to obtain special advantages.
- 5) Obligation to the profession of education requires that the individual:
- a) Shall maintain honesty in all professional dealings.
 - b) Shall not on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition if otherwise qualified, or social and family background deny to a colleague professional benefits or advantages or participation in any professional organization.
 - c) Shall not interfere with a colleague's exercise of political or civil rights and responsibilities.
 - d) Shall not engage in harassment or discriminatory conduct which unreasonably interferes with an individual's performance of professional or work responsibilities or with the orderly processes of education or which creates a hostile, intimidating, abusive, offensive, or oppressive environment; and, further, shall make reasonable effort to assure that each individual is protected from such harassment or discrimination.
 - e) Shall not make malicious or intentionally false statements about a colleague.
 - f) Shall not use coercive means or promise special treatment to influence professional judgments of colleagues.
 - g) Shall not misrepresent one's own professional qualifications.
 - h) Shall not submit fraudulent information on any document in connection with professional activities.
 - i) Shall not make any fraudulent statement or fail to disclose a material fact in one's own or another's application for a professional position.

- j) Shall not withhold information regarding a position from an applicant or misrepresent an assignment or conditions of employment.
- k) Shall provide upon the request of the certificated individual a written statement of specific reason for recommendations that lead to the denial of increments, significant changes in employment, or termination of employment.
- l) Shall not assist entry into or continuance in the profession of any person known to be unqualified in accordance with these Principles of Professional Conduct for the Education Profession in Florida and other applicable Florida Statutes and State Board of Education Rules.
- m) Shall self-report within forty-eight (48) hours to appropriate authorities (as determined by district) any arrests/charges involving the abuse of a child or the sale and/or possession of a controlled substance. Such notice shall not be considered an admission of guilt nor shall such notice be admissible for any purpose in any proceeding, civil or criminal, administrative or judicial, investigatory or adjudicatory. In addition, shall self-report any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion program, or entering of a plea of guilty or Nolo Contendere for any criminal offense other than a minor traffic violation within forty-eight (48) hours after the final judgment. When handling sealed and expunged records disclosed under this rule, school districts shall comply with the confidentiality provisions of Sections 943.0585(4)(c) and 943.059(4)(c), Florida Statutes.
- n) Shall report to appropriate authorities any known allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 231.28(1), Florida Statutes.
- o) Shall seek no reprisal against any individual who has reported any allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 231.28(1), Florida Statutes.
- p) Shall comply with the conditions of an order of the Education Practices Commission imposing probation, imposing a fine, or restricting the authorized scope of practice.
- q) Shall, as the supervising administrator, cooperate with the Education Practices Commission in monitoring the probation of a subordinate.

Specific Authority 229.053(1), 231.546(2)(b) FS. Law Implemented 231.546(2), 231.28 FS. History - New 7-6-82, Amended 12-20-83, Formerly 6B-1.06, Amended 8-10-92, 12-29-98.

Appendix I

Code of Ethics

of the

American Speech-Language-Hearing Association

2016



ASHA Code of Ethics

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising

Any form of communication with the public about services, therapies, products, or publications.

conflict of interest

An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner

An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

individuals

Members and/or certificate holders, including applicants for certification.

informed consent

May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction

The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere

No contest.

plagiarism

False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned

A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably

Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

Index terms: ethics

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