2018 CAA Annual Report - Speech-Language Pathology

2018 CAA Annual Report - Speech-Language Pathology

Program Demographics

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

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

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

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

Institution Name:	University of Louisiana, Lafayette
Address:	University of Louisiana, Lafayette College of Liberal Arts Dept of Communicative Disorders PO Box 43170 Lafayette, LA 70504-3170
Phone Number:	(337)482-6721
Fax Number	(337)482-1540
Program Website	http://speechandlanguage.louisiana.edu/
Professional Area	Speech Language Pathology
Degree Designator	MS
Second Degree Designator	No Response Provided
Consortium	No
Satellite Campus	No

Distance Education	No
Contractual Arrangement	No
Current Accreditation Cycle Dates:	05/01/2012-04/30/2020

Institution Description and Authorization

Academic institution type

Public

Academic institution size

10,000 – 19,999 students

Basic Carnegie classification of institution

R2: Doctoral Universities – Higher research activity

Modalities

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

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

No

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

No

Standard 1.1 Regional Accreditation

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

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

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

None have occurred

Name of Regional Accreditor

SACSCOC

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

http://www.sacscoc.org/details.asp?instid=67560

Is the program currently undergoing review by the regional accreditor?

No

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

None

Standard 1.2 Degree Granting Authority

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

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

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

None have occurred

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

None

Standard 1.3 Mission, Goals and Objectives

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

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

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

None have occurred

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

The Department of Communicative Disorders employs the following mission statement: "To understand how communication works and how it breaks down so that we can design and implement better ways for the prevention of communicative disorders as well as designing and teaching better intervention procedures to enable individuals with communication disorders to lead richer, fuller and more productive lives." For the Masters of Science program, therefore, our mission is to prepare individuals to function professionally and ethically as speech/language pathologists in a variety of employment settings, to educate individuals who are able to serve as resource persons to families of the communicatively handicapped and to the community at large, and to provide graduate students the opportunity to learn to use research as a viable clinical tool and to become a discriminating consumer of the research of others.

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

Our mission and goals statement guides all decisions we make as to curriculum changes and the way we teach our classes and manage our clinical placements. Both our academic and clinical faculty work together to make sure that at all stages of the program, we present our students with models of how to treat individuals with communicative disorders with dignity and compassion. While we understand that the program exists primarily to prepare the students, the welfare of the individuals we serve is always clearly the driving force behind decisions that we make.

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

State licensure

Specify States

Certificate of Clinical Competence (CCC),   Louisiana

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

None

Standard 1.4 Evaluation of Mission and Goals

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

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

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

None have occurred

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

The faculty will discuss and review its mission and goals at multiple faculty meetings as a part of our institution-driven program assessment. The department established specific goals for the Master's program that align with both the Council for Clinical Certification standards and the mission and goals of the department and University as part of an annual program assessment. Specific data is gathered each year to measure how well the program is doing at meeting these goals. At the first faculty meeting of the academic year, goals (objectives) and targets for success are reviewed for the previous year and strategies for improving our efforts are discussed and implemented in the upcoming year. Additionally, every 5 years, the department re-evaluates its progress as part of the updating of the departmental strategic plan.

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

None

Standard 1.5 Program Strategic Plan

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

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

---

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

None have occurred

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

An ad-hoc committee of academic and clinical faculty reviewed the 2009 – 2014 departmental strategic plan. Using input from the current faculty as well as input from students, graduates of the program, off-campus supervisors/employers & clients and/or parents of clients receiving services through the on-campus clinic, the committee identified 5 focus areas to target in order to move closer to our vision for the department. Our vision is that the program will be a national and international leader in providing educational excellence in master's, doctoral and continuing education in communication sciences and disorders that nurtures the development of practitioners, researchers and future leaders and advances the well-being of individuals with communication disorders. Each focus area was then aligned with a strategic imperative from the University's strategic plan. The 2015 -2020 Master Strategic Plan for the University focuses on 4 general areas for targeted improvement. These include (1) **Student** experience as it contributes to academic success,(2) **Faculty** resources to facilitate teaching, research and service, (3) **Research** resources that support cutting-edge research and insightful scholarship, and (4) **Governance** structure that will improve the capacity of the administration to prioritize, enhance and support the academic functions of the university. Of these four areas, the department of Communicative Disorders chose to emphasize three areas that are specific to our students, faculty and mission in our focus areas – student experience, faculty involvement, and research advancement.

The five areas of focus for the 2015-2010 Communicative Disorders Strategic Plan are listed below along with their strategic imperatives.

CURRICULUM : A consistency in the knowledge and skills taught in both academic and clinical settings will facilitate our student's ability to integrate more theoretical principles and their applications into the coursework as well as translate theory and research into clinical practice. This will help us implement our educational policy that within our program, the curriculum drives the clinical practices employed.

CLINICAL EDUCATION: Enhancements of several areas of clinical expertise within the department will establish the on-campus clinic as a center for excellence and cutting-edge clinical service delivery and increase the clinical skills of all student clinicians.

DIVERSITY: Expansion of our knowledge base within courses and clinical education and our experiential base during clinical activities with issues revolving around service delivery to individuals from diverse cultural/linguistic/experiential backgrounds and fonts of knowledge will prepare our students to meet the communicative needs of a diverse population. In addition, an effort to increase the diversity of the students in both the Master's and Doctoral programs will provide both faculty and students opportunities to interact with individuals from a wide variety of backgrounds.

COMMUNITY LIAISONS/COLLABORATION: The establishment of strong bonds between the department and the professional community will generate a positive image for the department & promote scientific-based best practices in delivery of speech-language-hearing services throughout the region.

PROGRAM ADMINISTRATION & FUNDING: Increased funding for clinical and research activities will enhance the department's image as a high-producing research unit within the university.

 CLINICAL RESEARCH: Increased focus on clinical research to determine best practices within clinical settings utilizing defensible theoretical foundations and their implications

---

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

At the time the current strategic plan was prepared, input from current and former students, professionals within the community and current and former clients/parents of clients from our on-campus clinic was sought through surveys. This information along with on-going feedback that comes through daily contact with stakeholders of the department was used to construct the strategic plan. This past year, we invited off-campus supervisors to a thank-you reception and a series of round-table discussions. In this informal gathering, we were able to gather many suggestions of how we might be more successful in meeting the expectation of the professional community in training our students. Based on the success of this evening of discussion , we plan to organize an advisory council of stakeholders to provide input as we prepare for our next strategic plan.

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

None

Standard 1.6 Program Authority and Responsibility

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

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

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

None have occurred

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

Program has independent departmental status

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

Arts, Sciences, Humanities, Social and Behavioral Sciences

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

Each year the President of the University, the Provost and the President of the Faculty Senate hold a convocation for faculty which includes a time for faculty to voice concerns and ask questions. The Dean od the College also holds similar meetings each year in the Fall term. The graduate school holds a meeting of the graduate faculty each Spring terms for faculty to understand issues specific to graduate education and to bring up issues of concern they may have. There is an active Faculty Senate with representatives from each college and each rank including instructor and adjunct. Faculty can also make appointments directly to speak with both the Dean of our college and the Dean of the Graduate School without going through the Department Head. Faculty would need to go through the Dean's office to be able to speak directly to administrators above the Dean level

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

None

Standard 1.7 Program Director

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

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

---

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

None have occurred

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

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

Dr. Nancye C Roussel

Date appointed:

6/2/2008

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

no

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

This Program Director has a permanent appointment

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

In this department, the program director also serves as depart head and department assessment co-ordinator. This allows her to have direct knowledge of how well the program is performing in meeting student outcomes, while assuring that these outcomes align with both certification standards and CAA standards for program accreditation. As department head, she is in the position to effectively represent program concerns to the Dean and Provost. This year she was able to secure an additional full-time clinical supervisor position for the department while maintaining the current level of adjunct supervision. This makes the third additional full-time supervisor she has been able to hire during her tenure as program director. The program has been able to increase the number of graduate students as well as the number of clients each student sees in the on-campus clinic over the past several years. Supervisory load in terms of both students and clients has decreased, while the availability of supervisors for important one-to-one teaching and modeling with students has increased. The program director also organizes presentations by professionals from the community to provide information on professional issues not covered in traditional classes. She is the face of the program at the annual Open House for prospective master's students, corresponds with prospective students throughout the year and often meets with those who are not accepted to discuss ways to strengthen their applications. She is the chairman of the admissions committee and works diligently with other members of the committee to assure that we accept students who will be successful both academically and clinically.

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

None

Standard 1.8 Equitable Treatment

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

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

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

None have occurred

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

None

Standard 1.9 Public Information

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

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

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

None have occurred

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

Please provide the URL where this information can be found:

http://speechandlanguage.louisiana.edu/about-us/accreditation

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

http://speechandlanguage.louisiana.edu/about-us/accreditation/student-outcome-data

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

http://speechandlanguage.louisiana.edu/about-us/accreditation/student-outcome-data

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

http://speechandlanguage.louisiana.edu/about-us/accreditation/student-outcome-data

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

No Response Provided

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

In addition to being included on the website as part of the requirements for the master's degree. This information is highlighted at presentations at our Annual Open House held each fall and shared with students at orientation once they have been accepted into the program.

https://speechandlanguage.louisiana.edu/programs/masters-speech-language-pathology/requirements#degree

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

None

Standard 2.0 Faculty

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

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

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

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

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

Detail Summary

Faculty Name	CCC Status	Employment Status to the University	Academic Rank	Role	Highest Degree	Classroom Teaching Contribution	Other Activites
Julie G Andries	CCC-SLP	Full-Time 12mo.	Other	Clinic Director	Master's	0.0000	Supervision, Administration
Stacy Renee Barton	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Ramona R Breaux	CCC-SLP	Full-Time 12mo.	Other	Clinical Supervisor	Master's	0.0000	Supervision
Michael P Cannito	CCC-SLP	Full-Time 9mo.	Full Professor	Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.4500	Research, Advising
Jaime C Crooks	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Holly L Damico	CCC-SLP	Full-Time 9mo.	Assistant Professor	Clinical Supervisor, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.3000	Supervision, Research
Jack S Damico	CCC-SLP	Full-Time 9mo.	Full Professor	Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.2000	Research, Advising
Karen E Lynch	CCC-SLP	Full-Time 12mo.	Other	Clinical Supervisor	Research Doctorate (e.g. PhD, EdD, etc)	0.0000	Supervision
Ryan L Nelson	CCC-SLP	Full-Time 9mo.	Associate Professor	Clinical Supervisor, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.3500	Supervision, Research, Advising
Judith D Oxley	CCC-SLP	Full-Time 9mo.	Assistant Professor	Clinical Supervisor, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.3000	Research

Name		Status	Rank	Role	Degree	Workload	Contribution
Nancye C Roussel	CCC-SLP	Full-Time 9mo.	Associate Professor	Department Chair, Instructional Faculty, Program Director	Research Doctorate (e.g. PhD, EdD, etc)	0.3000	Advising, Administration
Jennifer Tetnowski	CCC-SLP	Full-Time 12mo.	Other	Clinical Supervisor	Research Doctorate (e.g. PhD, EdD, etc)	0.0000	Supervision, Research
John A Tetnowski	CCC-SLP	Full-Time 9mo.	Full Professor	Clinical Supervisor, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.2000	Supervision, Research, Advising
Christine P Weill	CCC-SLP	Full-Time 12mo.	Other	Clinical Supervisor	Research Doctorate (e.g. PhD, EdD, etc)	0.0000	Supervision, Research
Anne Z Williams	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Meagan k Hayes	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Alicia F Mendoza	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Blaire Michelle Perry	CCC-SLP	Part-Time	Other	Clinical Supervisor	Master's	0.0000	Supervision
Rachel W Saffo	CCC-SLP	Other	Other	Clinical Supervisor, Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.0000	Supervision
Anthony P Salvatore	CCC-SLP	Full-Time 9mo.	Full Professor	Instructional Faculty	Research Doctorate (e.g. PhD, EdD, etc)	0.3000	Research, Advising

Summary of Faculty Contribution

Number of full-time 9 month faculty	8
Number of full-time 12 month faculty	5
Number of part-time faculty	6
Number of adjunct faculty	0
Number of faculty with "other" employment status	1
Number providing supervision	15
Number providing research	9
Number providing advising	6
Number providing administration	2
Total % workload classroom teaching	2.40

Standard 2.1 Faculty Sufficiency – Overall Program

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

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

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

None have occurred

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

At the graduate level, a full-time student is one who takes at least 9 credit hours in a Fall or Spring term and 6 credit hours in a summer term. Students taking less than these benchmark levels are considered part-time.

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

yes

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

Faculty Name	Status	Courses taught/assigned	Effective date
Anthony Salvatore	New and replaced former faculty member	CODI 531, CODI 546, CODI 590	9/1/2017

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

Student Status	Current Report	Prior Report	Percent Change
Full-time	69	69	0.0000
Part-time	0	0	0.0000
Total	69	69	0.0000

Percentage change of enrollment across all modalities (if applicable)

% Change Full-time	0.0000
% Change Part-time	0.0000

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

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

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

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

yes

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

Undergraduate Degree (e.g. BA, BS, etc)	Current total enrollment	Full-time Enrollment	Part-time Enrollment
BA Speech Pathology and Audiology	223	223	0

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

yes

List all other graduate programs offered in your department, in addition to the one you are currently reporting on:

Degree program	Current Total Enrollment	Full-time enrollment	Part-time Enrollment
PhD in Applied Language & Speech Sciences	23	13	10

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

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

All academic classes are taught by full-time faculty with PhD and faculty teach within their specialty areas. We are able to do this by hiring faculty who have specific interests within the profession but who also have training and/or clinical experience that covers a broader range of areas. As they come into our program, they are able to identify courses that they feel they can confidently teach. Our clinical supervisors also have various areas of strengths/interests and they typically are given cases that match there strengths. We supplement the 5 full-time clinical supervisors with a number of adjunct part-time supervisors – many of who are graduates of our program. We require that these individuals have a minimum of 3 years of experience post-graduation but most typically have 5 or more. They also supervise cases that match their level and type of clinical experience. We feel that the current number of full-time faculty lines and full-time clinical supervisors (10 and 5 respectively) is sufficient to provide a program of study for 70 Master's students. Passing rates on the PRAXIS as well as employment statists seem to show that we are being successful.

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

Since all individuals teaching classes have obtained the highest research degree, they all have the scientific and research background to be able to emphasize the theoretical background of the practices of speech-language pathology. In addition, faulty teaching graduate classes must also be members of the graduate faculty of the University. These appointment are made for 5 years and require evidence of scholarly study and research including publications and presentation to be appointment or re-appointed. Therefore, Faculty must remain current in their fields of expertise. Clinical faculty are encouraged to sit in classes with the graduate students to keep current with research. Clinical faculty are also given travel support to maintain their knowledge of both current research and best-practices of clinical delivery.

Meet the program's established learning goals and objectives

Learning goals and objectives are evaluated periodically (at least once in a 3 year cycle) with many evaluated yearly for the Master's program so that we can be certain that our students are meeting our expectations. Surveys to employers of our students give feedback on what others see as the strengths and weaknesses of our students. The clinic director also receives feedback from off-site supervisors and students provide feedback on their supervisors. The information is synthesized and sites where students are not being guided in ways that are in convert with the philosophies of the program are not utilized in the future.

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

The size of the faculty in relationship to the size of the MS Class is conducive to the establishment of a commitment to mentoring within the department. Students are able to get to know the faculty through informal advising during established office hours (typically 10 hours per week for each faculty member) and an ethos of concern and caring for student welfare as well as the welfare of our in-house clients is clear among the faculty. We believe that this sets an example for students of how to interact with families, clients and other professional within the community. Which, in turn, meets our goal of producing graduates who have high ethical standards as well as the ability to serve as an advocate and/or resource for the communication challenged individuals in our communities.

Complete the program within the published timeframe

All students begin the program at the same time and take the required classes in the same order. This assures that we are able to offer each required class one time per year. Most PhD level faculty teach 1-2 required classes and at least 1 elective class for the Master's program. Students are also assigned an advisor who they meet with each semester to assure that they stay on track for graduation within the 2 year time frame.

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

None

Standard 2.2 Faculty Sufficiency – Institutional Expectations

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

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

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

None have occurred

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

The university recognizes that the teaching load, expressed in terms of semester credit hours will vary across disciplines and faculty members within disciplines. Department heads, with the approval of their academic deans and the Academic VP, are allowed to adjust the loads to meet the needs of the faculty member, department and the University while providing for adequate teaching and research. All continuing faculty are assigned one of four workload tracks which are determined in consultation with his/her department head and dean. The primary factor in determining the track is the mission of the department and/or college. Tracks vary as to the relative weight ascribed to the two major components of faculty work: research and teaching. Teaching loads vary from a high of 15 credit hours per semester for an instructor to as low as 3 credit hours per semester for a tenured full professor with major research grants and/or several PhD students. In addition, assigned course loads may be modified to accommodate faculty members teaching non-traditional courses such as web-based or other distance learning courses, clinicals, practicums, labs etc. Within this department assistant and associate professors typically teach 3 classes (9 hrs) with 6 hrs dedicated to research and service to the University. Full professors teach a 2/2 load (6 hrs) with 9 hrs dedicated to research and service to the University. Supervising dissertations is included in the research/service component.

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

Faculty members who serve as co-ordinators for one of the graduate program may receive a 1 course reduction in one semester so it they are assistant/associate they would carry a 3/2 teaching load; professors would have a 2/1 teaching load. Also faculty members who have 2 or more PhD students at the dissertation stage may be given a course reduction one semester in the year if requested. Three of the clinical supervisors have elected to teach 1 undergraduate class (with extra compensation) in addition to their full-time supervision duties. New faculty are given a 1 course reduction in there first semester from the expectations for their rank.

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

None

Standard 2.3 Faculty Qualifications

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

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

---

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

None have occurred

If the information provided in the Faculty Details (Section 2.0) does not demonstrate that the majority of academic content is taught by doctoral faculty who hold a PhD or EdD degree, provide rationale. NOTE: *Academic content includes lectures or other pedagogical methods, laboratory experiences, and/or clinically related activities or experiences provided within the context of a credit-earning didactic course or research experience.*

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

---

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

None

Standard 2.4 Faculty Continuing Competence

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

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

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

None have occurred

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

None

Standard 3.0 - Courses

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

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

Course Title and Number/Section	Instructors	Terms offered in the last 2 years	Requirement	Type	# of credits
CODI 546 Craniofacial Anomalies	Anthony Salvatore	Spring (2018)	Elective-Grad	Academic	3
CODI 504 Voice Disorders	Nancye Roussel	Summer(2017, 2018)	Required-Grad	Academic	3
CODI 508 Aphasia	Jack Damico	Fall (2016, 2017)	Required-Grad	Academic	3
CODI 510 Clinical Practicum I	Julie Andries	Summer (2017, 2018)	Required-Grad	Clinical	3
	Stacy Barton	Fall (2017, 2018)			
	Jennifer Tetnowski	Spring (2017, 2018)			
	Karen Lynch				
	Christine Weill				
	Ramona Breaux				
	Jamie Crooks				
	Anne Williams				
	Meagan Hayes				
	Blaire Perry				
	Alicia Mendoza				
	Rachel Saffo				

CODI 512	Julie Andries	Summer (2017, 2018)	Required-Grad	Clinical	4
Clinical Practicum II	Stacy Barton	Fall (2017, 2018)			
	Rachel Saffo	Spring (2017, 2018)			
	Jennifer Tetnowski				
	Alicia Mendoza				
	Karen Lynch				
	Christine Weill				
	Ramona Breaux				
	Jamie Crooks				
	Anne Williams				
	Blaire Perry				
CODI 513	Julie Andries	Spring (2017, 2018)	Elective-Grad	Clinical	9
Externship in Speech Language Pathology					
CODI 522	Judith Oxley	Spring (2017)	Required-Grad	Academic	3
Speech Sound Disorders in Children		Fall (2017)			
CODI 524	Nancye Roussel	Spring (2017, 2018)	Required-Grad	Academic	3
Communication Science	Michael Cannito				
CODI 526	Ryan Nelson	Fall (2016, 2017)	Required-Grad	Academic	3
Language Disorders in Children					
CODI 528	Holly Damico	Spring (2017, 2018)	Required-Grad	Academic	3
Language and Literacy					
CODI 531	Nancye Roussel	Fall (2016)	Required-Grad	Academic	3
Medical Speech Pathology		Spring (2018)			
CODI 535	Judith Oxley	Spring (2018)	Elective-Grad	Academic	3
Augmentative and Alternative Communication					
CODI 540	John Tetnowski	Fall (2016, 2017)	Required-Grad	Academic	3
Disorders of Speech Fluency					

CODI 550	Judith Oxley	Fall (2016, 2017)	Required-Grad	Research	1-2
Advanced Clinical Research in Communicative Disorders		Spring (2017, 2018)			
CODI 555	Michael Cannito	Spring ((2017, 2018)	Elective-Grad	Academic	3
Motor Speech Disorders					
CODI 560	Michael Cannito	Fall (2016, 2017)	Elective-Grad	Academic	3
Dementia and Communication					
CODI 589 -001	Nancye Roussel	Fall (2016, 2017	Elective-Grad	Seminar	3
Dysphagia Research					
CODI 589 -003	John Tetnowski	Spring (2017, 2018)	Elective-Grad	Seminar	3
Counseling					
CODI 589-004	Nancye Roussel	Spring (2017, 2018)	Elective-Grad	Seminar	3
Advanced Voice Intervention					
CODI 590-001	Holly Damico	Fall (2017)	Elective-Grad	Seminar	3
Early Language Development and Intervention					
CODI 590-002	Ryan Nelson	Spring (2017, 2018)	Elective-Grad	Seminar	3
Practical Applications in Language Intervention					
CODI 590-003	Anthony Salvatore	Fall (2017)	Elective-Grad	Seminar	3
Traumatic Brain Injury					
CODI 590-004	Ryan Nelson	Summer (2017, 2018)	Elective-Grad	Seminar	3
Autism Assessment and Intervention					
CODI 590 - 005	Michael Cannito	Summer (2017, 2018)	Elective-Grad	Seminar	3
Neurogenic Voice Disorders					
CODI 591-001	Shalini Arehole	Fall (2016)	Elective-Grad	Seminar	3
Hearing Rehabilitation					
CODI 595	Multiple Faculty	Spring (2017, 2018)	Required-Grad	Seminar	1
Capstone Seminar					
CODI 611-001	Nancye Roussel	Summer (2017)	Required-Undergrad/Grad	Academic	3
Neuroscience for SLP					
CODI 611 - 002	John Tetnowski	Summer (2017, 2018)	Required-Undergrad/Grad	Academic	3
Statistcis in Communicative Disorders					
CODI 611-003	Ryan Nelson	Fall (2016)	Elective-Grad	Seminar	3
Adolescent Language					
CODI 611-004	Ryan Nelson	Spring (2017)	Elective-Grad	Seminar	3
Multicultural &Multilinguistic Issus in CODI					

CODI611-005	Holly Damico	Summer (2017)	Elective-Grad	Seminar	3
Writing Theory & Intervention					
CODI611-006	Ryan Nelson	Fall (2017)	Elective-Grad	Seminar	3
Literacy Theory and Application					
CODI614- 001	John Tetnowski	Spring (2018)	Elective-Grad	Seminar	3
Cluttering and Other Fluency Disorders					
Codi 612 - 001	John Tetnowski	Summer (2018)	Elective-Grad	Seminar	3
Group Therapy in Stuttering					

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

None

Standard 3.1 Overall Curriculum

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

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

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

None have occurred

How are credit hours offered at the institution?

Semester

Provide the URL for the current graduate program course descriptions.

http://catalog.louisiana.edu/content.php?filter[27]=CODI&filter[29]=&filter[course_type]=-1&filter[keyword]=&filter[32]=1&filter[cpage]=1&cur_cat_oid=10&expand=&navoid=2366&search_database=Filter#acalog_template_course_filter

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

Requirements	Number of Credits
Minimum required academic credits	30
Minimum elective academic credits	12
Minimum required practicum/clinical credits	15
Minimum elective practicum/clinical credits	0
Minimum required research credits (include dissertation if applicable)	0
Minimum elective research credits (include dissertation if applicable)	0
Indicate any other requirements below	
Capstone Seminar as equivalent of comprehensive exams	1
Total	58

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

SLP-Knowledge-and-Skills-within-the-Curriculum-1.doc

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

The policy of the department is that all academic faculty have both the PhD and their CCCs in either SLP or AUD, therefore all of the faculty teaching disorders classes have some clinical experience and know what it takes to be a competent professional in both the academic world and the clinical realm. In addition, the program is built around the idea that theory and what is taught in the classroom should inform clinical practice, therefore classes are structured around providing the background knowledge students need but also actively provide opportunities for students to see how this is applied in real life situations. Case studies, clips of actual therapy sessions, discussions of what is best practices in specific situations or scenarios set the stage for instruction and modeling of accountability, communication skills, clinical reasoning, concern for the individual, cultural competence, professional duty, collaborative practice and other professional competencies by the instructors. Clinical supervisors in their modeling of case management and guiding of students through the clinical process naturally address all of these and grade students on how well they are meeting these expectations each semester.

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

These competencies are demonstrated and assessed throughout the levels of clinical practicum but specifically during the students' off-campus practicum. They are measured as part of clinical grading. Direct demonstration and discussion of these competencies are also covered explicitly in a series of professional staffings that are held weekly in the first year and periodically throughout the second year as part of the clinical practicum course. Instruction is provided by both academic and clinical staff as well as guest professionals from the community.

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

Credentialing is covered in several of the professional staffings described above across the students two years on campus. The Clinic Director conducts a required meeting for graduating students in their final semester and the Program Director or graduate coordinator also discusses these issues in the final session of the Capstone Seminar. Reimbursement issues specific to Medicare are presented in the professional staffings and also covered informally as the arise in classes such as swallowing, voice, aphasia, TBI, dementia, and in off-site placements. Contemporary professional issues are also presented by professionals from the surrounding community invited to the professional staffings held for second year students. Care is taken to include professionals from all venues of practice.

Does the program offer clinical education for undergraduates?

Yes

Provide the following information regarding clinical education for undergraduates:

Average number of undergraduate students enrolled in clinical practicum	10
Average number of clock hours earned per undergraduate student per academic term	20
Average number of academic terms (semester/quarters) undergraduates are enrolled in clinical practicum	1

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

None

Standard 3.2 Curriculum Currency

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

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

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

None have occurred

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

While individual faculty members are free to use pedagogical approaches that they are comfortable using in their individual classrooms, the department as a whole does encourage experiential learning in the classrooms and in clinical teaching. Our goal is to make sure that our students know why they are using certain techniques in therapy, so the connection between theory, evidence and the development of critical thinking skills is infused throughout the curriculum. Some professors have chosen to use Socratic seminar principles, others use co-operative and team-based learning. All introduce case-based learning at some point in their classes

Describe the curriculum planning process used by the program.

The basic curriculum has been in place since our last accreditation visit. Each year the department, including both academic and clinical faculty discuss student progress as compared to our mission to determine if changes need to be made. We look at a variety of data including PRAXIS scores, feedback from off-campus supervisors and employers, student feedback in the form of a program evaluation survey completed by graduating students each spring, student data from formative assessment assignments throughout the 2 year program and student evaluation of instruction of individual classes.

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

The program relied specifically on the materials from the CAA standards as well as certification standards to guide the design of a curriculum that would provide the academic and clinical experiences necessary for our students to have the depth and breadth of knowledge and skills needed to take an entry level job in any type of setting. In addition, we reviewed materials provided by ETS to make sure that students were exposed to the knowledge needed to pass the PRAXIS exam and qualify for licensing and certification. Material from presentations made at ASHA and CAPCSD conventions attended by the program director, clinical director and other faculty were also useful.

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

None

Standard 3.3 Sequence of Learning Experiences

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

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

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

None have occurred

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

A typical academic program can be seen at the following URL http://speechandlanguage.louisiana.edu/programs/masters-speech-language-pathology/semester-semester-plan

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

This program does not utilize different tracks. Students can choose to take electives that are more oriented to medical practice versus school-based or child focused practice but this is not required. Our goal as a program is to train a student who has the basic knowledge and skills to work in any setting.

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

Courses are sequenced such that all required courses, with the exception of the second research course, are completed in the first year (3 terms). This allows students to then expand on the basic knowledge from these courses in their electives which are taken in the second year. The first year is heavily weighted with academic credits with students takin up to 12 hours of coursework and 3 hours of clinical practicum. This is reversed in the second year where both total credit hours are fewer (typically 9 per semester) and more of the students time is devoted to clinical practicum. The rationale for this was two-fold. First, it makes the clinical supervisors' job easier if the student has taken the coursework prior to being assigned a client with that exceptionality rather than taking the coursework and clinic concurrently. Secondly, it allows students to choose electives that build on the basic knowledge acquired in the required courses. For example students who have taken voice, articulation, aphasia and fluency disorders are able to integrate this knowledge with the specific information presented in a Motor Speech Disorders or Neurogenic Voice Disorders class. They will have a better understanding of how to provide effective communication treatment that encompasses all of the speech components as well as a concurrent language deficit. The Capstone Seminar which comes in the students' final semester as well as the Clinical Research project, also presented in that final semester, are both designed to require the student to integrate and apply information and skills learned across the curriculum.

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

Example One:

Students take two classes in their first year that address language-learning deficits in children and they have the option of taking several electives in the second year that build on these concepts. The first, CODI 526, appears in the Gall semester of Yeas 1 and introduces students to a particular philosophy of language learning (constructivism) and provides them with real world application of this theoretical construct for assessment and treatment of language disorders ins school-aged children. The second course, CODI 528, builds on the knowledge provided in the first course and focuses specifically on literacy and the language-disordered student. Students learn how meaning-making (the basis of language) can be applied to improving both reading and writing. The two classes are taught by different faculty members who approach language disorders in the same way but who differ in their teaching styles. These two required classes can be followed up by electives that might include a course focusing on autism or one focusing entirely on writing, or on narratives, or on early language. All are taught from a constructivist perspective. The learning is sequential but integrated.

Example Two:

The research sequence in the program is another example of sequential but integrated learning. Students typically take their first research course, CODI 500, in their first summer term. Here they learn about research methods, choosing areas to research, constructing research questions, applying statistical methods, professional writing and citation, and critiquing scientific and clinic papers. They are also introduced to the fundamentals of evidenced-based practice. This allows students to use these concepts as they move through their required disorder classes and begin applying what they are leaning in clinical practicum. Evidenced-based practice is emphasized and referenced in all required disorder classes, many advanced seminars, and in professional staffings throughout the 2 year curriculum. Students enroll in their second research class (CODI 550- Advances Clinical Research) in both the Fall and Spring semesters of their second year. In this class, they plan an action research project based on their on-site clinical assignment and gather data to support their hypotheses. They present this research in the form of a poster presentation to the faculty in the Spring as well as prepare a research paper. The presentation is part of the third class in the sequence, the Capstone Seminar (CODI 595) in which students investigate and evaluate a wide variety of topics relevant to both clinical practice and research.

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

The over-arching goals of the program are to prepare individuals to function professionally and ethically as SLPs, to serve as resource persons to families and the community at large, to learn to use research as a viable clinical tool and to become discriminating consumers of the research of others. As described in the above series of questions, the way in which our classes are sequenced; the continuity of theoretical constructs presented across different classes: the focus on integration of knowledge with application through the use of case-based instruction and clinical scenarios; and the culminating Capstone experience all combine to provide each student the skills necessary to meet the learning goals and objectives of this program. We begin with the theory in each instance and then build with a series of classes and clinical experiences that show the students how to apply that theory to clinical practice in a responsible and ethical way.

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

None

Standard 3.4 Diversity Reflected in the Curriculum

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

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

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

None have occurred

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

Multicultural differences in the nature of communication disorders and swallowing disorders, including but not limited to etiologies, characteristics, methods of prevention, assessment and intervention are infused into each basic disorder course at the mater's level and are reflected in the learning objectives for the courses. In addition, a seminar on diversity issues is offered at least once during the 2 year cycle for students to take as one of their electives. Topics on assessment and treatment delivery to individuals from multicultural/multilinguistic backgrounds and professional responsibility to diversity and inclusion in clinical practice are included in the professional staffing sequence that forms a portion of each clinical practicum course.

Describe how students obtain clinical experience with diverse populations.

The University-based clinic includes individuals from a variety of cultural backgrounds, drawing from the University community in terms of family members of faculty and staff. The clinic also routinely provides screenings for the SGA Child Development Center, an on-campus child-care facility for students and faculty that serves international families on campus. Students also provide screenings at a number of schools across the area serving children from different cultures and socio-economic groups. Students enter information on the cultural background of each client as they record their clinical clock-hours. The clinic director monitors this information when making off-campus and on-campus assignments to assure that all students obtain clinical experience with diverse populations.

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

None

Standard 3.5 Scientific and Research Foundation

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

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

---

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

None have occurred

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

Attend research conferences, Complete research literature reviews within courses, Complete research project or dissertation,

Incorporate evidence-based practice into the clinic, Require research course

---

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

Students take two required research courses: a basic course and a course in applied clinical research. Many classes use contemporary research instead of a textbook so that students are provided with the most recent research in a particular topic area. The majority of the classes require students to read and discuss research in classes with elective seminars taught entirely based on reading and interpreting research

---

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

Evidence-based practice is discussed in multiple disorder classes and is at the core of the philosophy of the department i.e theory drives practice. Students are introduced to the principles of evidenced-based practice in the first research course including the different levels of evidence used to support ethical clinical practice. Students apply these principles in designing and implementing their own action research project in the second research course. They also use this knowledge to evaluate common therapy practices to determine their research base as one component of the Capstone Seminar.

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

Students are taught to cite references of clinical programs they may recommend and/or use in therapy in their written reports including final case summaries, diagnostic reports, and therapy plans. Supervisors encourage students to do independent research when planning and implementing therapy for their cases. Each student also takes a course in applied clinical research and applies the principles of action research to an individual client on their caseload. They develop the project and collect data during the course of the Fall semester and then analyze the data in consultation with the instructor for the research course. They present their results for critique to the faculty at the end of the Spring semester and must pass this exercise in order to complete the Capstone seminar. This seminar serves as the comprehensive exam for the Master's degree so students must show understanding of the application of scientific principles to clinical populations in order to graduate from the program.

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

None

Standard 3.6 Clinical Settings/Populations

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

There were no citations regarding Clinical Settings/Populations listed in the last Accreditation Action Report

---

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

None have occurred

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

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

The Clinic Director manages and tracks all aspects of student practicum, including prerequisite/co-requisite coursework, previous clinical experiences, satisfactory demonstration of clinical skills and assignment of clinic cases in order to ensure students receive experience across the scope of practice and life span. Clinical assignments are made based on each student's need for experience across the scope of practice and in accordance with accreditation standards in order to achieve the minimum clinical experience. Students review and verify this information in the fall and spring of the second year of graduate student and consult with the Clinic Director regarding any discrepancies or areas of need. In their final semester, the Director makes assignments based on the need to complete the minimum clinical experience required. This includes assessing total number of hours of practicum experience remaining as well as areas of experience (child vs adult or within a particular disorder category). All on-campus clinical assignments, off-campus site assignments and externship placements are made on the basis of student need to acquire experience with particular populations or in specific settings. We use the CALIPSO program to track this information.

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

We have expanded the on-campus clinic in order to assure that regardless of off0camnpus practicum sites students might request, they have the opportunity to work with individuals of all ages, disorders and levels of severity in our clinic. We have a large school-aged population, pre-school groups and adults groups (aphasia, head-injured, ALS, Parkinson's).

Opportunities to work with individuals from culturally and linguistically diverse backgrounds

As stated previously, the on-campus clinic includes individuals from a variety of cultural backgrounds. Many off-campus sites, especially the school-based sites have populations that come from diverse cultural and linguistic backgrounds. We use schools and other sites in the 7 parishes that comprise Acadiana so students may be assigned to rural schools, hospitals, or long-term care facilities as well as more urban settings. Student exposure to culturally and linguistically diverse populations is also tracked through the Calipso program. Off-sties describe the typical patients seen in their clinics using the profile section in the program to help us monitor the diversity of the clients seen by our students.

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

Off-site practicum sites include acute care facilities, LTACs, rehab hospitals, LTAs, private practices and out-patient clinics which provide students with a wide range of cases in terms of severity. The on-campus clinic also includes a wide range of severity in both our child and adult populations. For example, we have adults who are using AAC devices following stroke or TBI, more moderately involved individuals as well as a high-functioning group of people with aphasia who address literacy and writing issues. As Medicaid funding for evaluations for children continues to decrease, we have more referrals for assessments for individuals with complex speech and language problems. The clinic director manages a large waiting list and takes into account type of disorder as well as severity of the disorder when selecting patients for services in our clinic to assure students get experiences at all levels of severity.

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

Exposure to the business aspects of practice comes primarily as students are assigned to off-sites as we operate a free clinic on campus. Reimbursement issues are covered in the Medical Speech Pathology course as well as in advanced seminars in voice and swallowing. Guest speakers from various types of settings are invited to make presentations to students in the second year on issues such as billing, coding services, managing private practice, scheduling clients etc.

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

None

Standard 3.7 Clinical Education - Students

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

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

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

None have occurred

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

None

Standard 3.8 Clinical Education - Client Welfare

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

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

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

None have occurred

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

None

Standard 3.9 External Placements

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

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

---

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

None have occurred

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

When verbal contact is made with a new perspective supervisor, the facility is sent the University's standard Agreement of Affiliation which was formulated in consultation between the department and the University legal department. If the facility agrees to the terms as written, two original signed copies are requested. These then receive approval by the Department Head and then go to the Provost/VP for Academic Affairs whose approves for the University. One original is then sent to the affiliation site and the other is kept on file in the clinic director's office. A copy of the agreement is sent to the Campus Director of Safety. If the acility requests or makes changes to the agreement, these are reviewed first by the Clinic Director to determine if the proposed changes meet our departmental clinical requirements and then the revised agreement is sent to the campus legal department for review/revisions. At this point negotiations are between the legal departments for the two entities. Once approved verbally by both parties, signatures of the department head, representative of the affiliation site and the Provost are obtained. All Agreements of Affiliation are renewed every 5 years unless a shorter time frame is requested by the Affiliation site.

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

Students are given a request form that allows them to indicate their top five choices of off-site setting (school, private practice, hospital, rehab, skilled nursing facility). A list of current affiliations along with past students' reviews of their experiences at the sites is kept in the clinician workroom for students to consult. Past students are encouraged to give as much pertinent information about the site to the director to facilitate good matches in placements for future students.

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

The director considers the students' choices, along with availability of types of settings, and students' levels of experience and need with regard to clock hour distribution when making assignments. Supervision style and personality are also considered if known. Students may request specific sites but are not guaranteed these as they are subject to availability semester to semester. The director also considers other pertinent information such as transportation needs, travel time, work and family commitments is possible. Every effort is made to give the students the experiences they request, and our goal is to give the student their first or second choice for one of their off-site placements

---

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

The clinic director ensures that supervisors at external sites have a minimum of three years of   experience before supervising graduate students. A supervisor's manual developed by the department, instructions for accessing and using Calipso for grading and any other support that is requested are provided by the clinic director who serves as the liaison with external practicum sites. ASHA certification and Louisiana licensure are checked to be sure these are in place and up-to-date. Off-sites are encouraged to complete the site profile questions on the Calipso program. Students also fill out a review questionnaire at the end of each semester describing the populations, experience, number of hours received, etc to facilitate future placement decisions and to show if populations are changing over time.

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

The clinic director has an original copy of all affiliation agreements and makes sure that a valid agreement is in place before sending students to that site. When new agreements are made or when expiring agreements are updated, a copy is also sent to the campus safety director. Each semester, the clinic director submits a list of sites where students will be assigned so that a current insurance certificate can be forwarded to the external sites from the university safety office. Before a certificate is issued, the validity of the affiliation agreement is confirmed by the safety office. This serves as a double-check to make sure that all agreements are current before students are allowed to begin.

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

None

Standard 3.10 Student Conduct

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

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

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

None have occurred

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

It is the policy of the program that all students must be able to develop effective and appropriate relationships with faculty, supervisor's, staff, peers, individual clients, parents/caregivers and other professionals. Students must adhere to the Code of Ethics of ASHA and be professional at all times which includes adhering to the clinic dress code policy with interacting with the public in any capacity. Students must exercise good judgement, complete duties and assignments in a timely manner, maintain client confidentiality, communicate effectively, and be culturally appropriate.

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

If a student violates any of the expectations of academic and clinical conduct, they must participate in a dialogue about their own disposition and work with faculty to develop plans to make changes. Students may be referred to appropriate support services as part of a remediation plan. Students are encouraged to meet with the instructor or clinic supervisor who identifies problems with academic or clinical conduct initially. The program director and/or clinic director may be called into the process by either the faculty member or the student involved.

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

Entering students are presented with a copy of the Progression, Remediation, Dismissal policy and these policies are discussed during orientation for the program each summer. Students sign a copy of the document which is then placed in the academic advising folders. A copy of the document is also posted on the general Clinic Moodle site for students to access at any time. Students also have access to the Clinic Handbook on the Clinic Moodle site. The handbook specifies all expectations for conduct in the clinic. Verbal presentations of this information is also covered in clinic orientation sessions which are held weekly in the first summer term and during the first two weeks of the Fall semester.

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

All faculty monitor dispositions and conduct in the classroom and in clinical practicum settings. For problems of academic dishonesty or plagiarism, there are University pocedures that faculty must follow that includes reporting violations to the Dean of Student for the University. For violations of clinical conduct, the Clinical Director will meet with the student to address the concerns; for violations of academic conduct other than dishonesty/plagerisim, the student will meet with the Program Director.

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

None

Standard 4.1 Student Admission Criteria

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

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

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

None have occurred

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

None

Standard 4.2 Student Adaptations

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

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

---

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

None have occurred

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

Respect for and understanding of cultural and individual diversity is infused into coursework and clinical practicum across the curriculum. For example it is incorporated into CODI 526, Language Disorders in Children as reflected on the syllabus directing students to the ASHA standards that CODI 526 meets. Within the course, students receive instruction on how S:Ps can effectively identify and account for cultural and individual diversity in their service delivery practices. The 5th Course Objective introduces and demonstrates how important variables relevant to unique development and cultural diversity impact assessment and intervention in school based populations. Specifically, Learner Outcome 2 requires that student discuss the cognitive, cultural, linguistic and social variables that come into play when providing service delivery to language disorders students. Students respond in writing to this and all other learner outcomes as a portion of their final project. In their response, they cite the readings assigned in class and other scholarly references that support their response to their outcome. For example, students may include as support for learner Outcome 2 the following reference:

Hamayan, E., NarlerB, Sanchez-Lopez C., Damico J. (2007) *Speecial education considerations for English Language Learners: Delivering a continuum of services.* Philadelphia, PA: Caslon (Pages 29-75, Chapters 3 & 4)

Or

Westby, C (1997). There's more to passing than knowing the answers. *Language Speech and Hearing Services in Schools*, 28, 274-287.

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

An additional requirement for admission included in all admission requirement documents reads "If you are applying for admission into the Master's program, you are expected to have writing and speaking abilities acceptable for purposes of employment as speech language clinicians. I you do not possess these skills, you will be expected to pursue remedial work" This shows that while we do expect a certain level of proficiency in English we will accept students who have linguistic diversity and provide remedial work necessary to bring them to the level necessary for employment. If a student does require work in English proficiency, someone on the clinical faculty works with them privately so that the instruction is specific to individual problems that the difference is causing in the delivery of clinical services. The clinic director is sensitive to issues of cultural, linguistic and individual diversity when assigning both internal and external placements and considers all of these when making clinical assignments.

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

Students with special needs such as psychological, physical and learning disabilities are first referred to the Office of Disability Services (ODS) on campus. The ODS makes recommendations of approved accommodations and is available to the department to help tailor a program of accommodation for individual students that meet their needs while still maintaining the standards of the program. Within the clinical curriculum, the clinic director and individual clinical supervisors collaborate with the student to determine appropriate accommodations for documentation deadlines or other aspects specific to the individual student's particular disability and needs. In cases where students need physical accommodations, the clinical faculty work with the student clinician to adapt therapy activities that will be within their ability to perform. In some cases, students may be paired with an undergraduate student who acts as an assistant. The assistant may perform activities that the student clinician cannot, but the student clinician plans and directs the therapy and is involved as much as physically possible.

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

None

Standard 4.3 Student Intervention

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

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

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

None have occurred

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

Academic aspects of the program

Students who make less than a B in an academic class are identified as needing possible intervention. Grades of C will be accepted without remediation if the student demonstrated the knowledge/skill competences associated with the course but received a C because of tardiness, absence or a lack of participation points. Grades of C will also be accepted if the instructor certifies that the student has demonstrated attainment of the competencies associated with a course through a process of formative assessment as set forth by the instructor

Clinical aspects of the program

Students who are not functioning at al least a C level for their specific level of experience at the midterm grading period are referred for supported clinic immediately. Students who earn a grade of C in a practicum course are automatically place in supported clinic for remediation in the following semester. At the end of each semester, the clinical faculty meet to discuss students' overall progress in attainment of the skills specified by certification standards. Students who are identified as not meeting the expected progression through the levels of independence or clinical competencies specified in clinical grading materials are referred for supported clinic the following semester.

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

All students are given a copy of the remediation document when they enter the program. The sign a copy of the document to acknowledge their understanding of the process and this is filed in their academic folder. From academic remediation, it is the responsibility of the Program Director to ensure that remediation procedures are followed and documented. Remediation plans must be signed by the student, the instructor and the program director and filed in the student's academic folder. In addition, the remediation is noted in the KASA tracking potion of CALIPSO and knowledge and skills associated with that class are marked as in progress. When the student has successfully completed the remediation pan, the instructor notifies the Program Director in writing that the student has demonstrated the required knowledge/skill competencies and this is noted in the KASA tracking form. For clinical remediation, the student meets with the Clinical Director who discusses the concerns and sets expectations and goals for the coming semester. The student then meets with their supervisor and a remediation plan is constructed which the student signs. This is placed in their clinical folder.

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

None

Standard 4.4 Student Information

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

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

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

None have occurred

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

Other

Specify

Academic Advising, Coursework, Student orientation meetings, Student handbooks,   Course Syllabi

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

None

Standard 4.5 Student Complaints

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

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

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

None have occurred

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

Students are informed of the process and mechanism for filing complaints in studet orientation meetings and in student handbooks (Clinic Handbook). They are also referred to procedures for filing appeals and complaints that can be found on the University's website.

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

None

Standard 4.6 Student Advising

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

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

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

None have occurred

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

None

Standard 4.7 Student Progress Documentation

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

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

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

None have occurred

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

None

Standard 4.8 Availability of Student Records

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

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

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

None have occurred

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

There is no distance education component.

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

Current students and program graduates can request copies of students records from the program director's or clinical director's offices by email, phone or in person. Current students have access to the records of clinical hours and KASA progress through CALIPSO at any time. They may also access any records kept in the academic folders. Program graduates are given copies of their final clock hour summary signed by the Clinic Director as well as the signed Program Director Certification form needed for application for certification. If copies are requested after graduation, these are provided at no cost to the student.

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

Records for students who attended the program but do not graduate are maintained in the program directors office. Students who request a copy of these records are provided copies at no cost to the student.

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

The institution keeps hard copies of student records for 2 years; there is no specified time given for retention of electronic records

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

Hard copies of essential student records are kept for 20 years in the Program Director's office. This includes summaries of clinic clock hours (hard copies of individual clock hour forms are not retained), KASA forms for students prior to use of CALIPSO, graduation tracker, records on PRAXIS exam scores if provided to the department by the student, a copy of the Program Director Certification form. Electronic records from CALIPSO are archived and retained

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

Requests for clinic hours and documentation of classes taken are occasionally received from individuals who let certification or a license lapse and have need of these records to be able to become re-licensed or certified. To accommodate the rare requires, we calculated the pace we had available and determined that 20 years would be the maximum.

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

None

Standard 4.9 Student Support Services

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

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

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

None have occurred

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

A standard statement is placed on every syllabus detailing the types of support services available as well as the contact information for accessing the services.

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

None

Standard 4.10 Verification of Student Identity

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

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

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

None have occurred

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

None

Standard 5.1 Assessment of Student Learning

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

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

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

None have occurred

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

None

Standard 5.2 Program Assessment of Students

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

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

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

None have occurred

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

At the end of each academic semester, students' performance in both the academic and clinical aspects of the program are assessed. For academic performance the program director consults with each professor who taught a course that semester to determine if any students are ar risk or not performing as well as expected. If a student is struggling in a majority of the classes or consistently performing at the bottom of the class, they will meet with the program director to discuss any extenuating circumstances and develop plan for student support. For clinical performance, the clinical faculty meet and determine collective which students would benefit from supported clinic or other accommodations. The ultimate assessment of student performance occurs in the final semester during the Capstone Seminar. Here students must exhibit critical thinking and the ability to integrate the knowledge and skills they should have acquired in order to pass the course. Since this is also the equivalent of comprehensive exams, students who do no pass will not graduate and will have to remain enrolled for another semester. They will complete remediation during that semester which might include additional clinic or courses and completion of an alternate Capstone experience.

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

Each academic class addresses specific learning goals that are referenced back to the standards required for ASHA certification. It is up to the professor to determine if each student met the goals set out for that class. In some classes, the semester grade reflects this as the final exam is comprehensive and requires students to exhibit this knowledge. In other classes, projects or specific assignments given during the semester serve as formative assessment of specific aspects of knowledge and/or skill and students must show mastery of this before this learning goal is marked as completed. Copies of these specific assignments are kept in an electronic portfolio as part of CALIPSO. A student's grade for each clinic case is based on the extent to which the students meet specific skills, attributes, and abilities including professionalism and professional behaviors.

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

The program director explains to the students in orientation the purpose of assessment – especially the assessment of skills – for the program. The program views assessment as a way to assure student success in the program – not a way of failing or weeding out students. Once a student is accepted into the program, our goal is to help that student success in becoming a certified speech-language pathologist. However, we do not want to send graduates who do not meet our standards out into the professional world, therefore assessment is necessary. By following the timeline and processes described above, we are able to identify students who are at risk and intervene prior to the student experiencing failure in most cases. There are cases in which students are not successful despite our efforts.

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

None

Standard 5.3 Ongoing Program Assessment

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

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

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

None have occurred

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

Program quality of the master's program is tied to the success of our students on 6 specific outcomes. We expect that 95% of our students will attain the official passing score on the PRAXIS with 50% or greater scoring in the average performance range (170-185) or higher. We expect that the average percent correct for all three subtests for the group will exceed 70% and that UL Lafayette students' scores should equal or exceed state averages on all sub-tests and exceed national averages on at least one sub-test. We expect that 100% of our students will obtain an average rating of 3.5 or higher on the off-campus rating form. We use rubrics to evaluate student performance on their clinical action research projects with the expectation that 50% of students will be rated at a Level 3 (Proficient) with regard to research processes and application to clinical practice. We also use a 4 point writing rubric to evaluate student work from the Capstone Seminar with the standard that 100% will be rated at Level 3 (Effective) with 40% rated at Level 4 (Outstanding). We also rate first drafts of clinical reports from the second year students and expect 80% of students at Level 3 or above on professional writing.

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

At the beginning of each academic year, the above assessment data for the master's program along with a summary of progress made to meet our strategic plan imperatives is prepared by the program director/department head and presented to the faculty alone with summary data from the previous year's student exit surveys. In the upcoming year in preparation of our upcoming re-accreditation, we will complete a more focused self-study to critically evaluate all aspects of the program: academic and clinical curriculum, physical facilities, off-campus placements, faculty, etc.

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

As part of the on-going assessment process required by our University, areas of weakness from a program stand-point are identified each year based on the results of our assessment of student learner outcomes outlined above and possible program changes discussed. In the past, changes have included changes in the sequence of classes for the master's students, changes in pedagogical approaches for certain classes, modifications in clinical procedures etc. If the faculty agrees that changes are needed, a committee is formed to come up with a proposal to bring before the entire faculty for approval

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

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

During the evaluation of program assessment results that is done annually as described above, the mission, goals and objectives of the program are also reviewed to determine if they are in alignment with the measured student learning outcomes. If there is not alignment, one option is to re-state the mission and/or goals objectives as part of strategic planning.

(b) the measured student learning outcomes

If our data shows that students are meeting our benchmarks for attaining learner outcomes but we do not feel that our program or the graduates we produce are meeting the goals set out in our mission statement, this would indicate that perhaps we need to refocus the student learner outcomes so that success on these will assure success at accomplishing the mission of the program.

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

These competencies are included on clinical grading forms and students are evaluated by each individual supervisor each semester they are in clinical practivcum as to how well they have achieved these competencies.

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

None

Standard 5.4 Ongoing Program Improvement

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

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

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

None have occurred

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

Each Fall semester, when we analyzed the program assessment data for the master's program, we are tasked to come up with ways that the program can be improved as it is the philosophy of this University that there is always room for improvement. At this same time, the summary of progress toward completing the strategic plan is also discussed. In this way the two aspects of program evaluation can be juxtaposed to assure consistence.

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

None

Standard 5.5 Program Completion Rate

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

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

---

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

None have occurred

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

The department head receives reports from the University through the Dean's office of official enrollment data. This is kept in a file on the department head's computer.

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

Each individual student has an academic/advising folder that is kept in the department office. Grades are posted in the student folders each semester by the administrative assistant who maintains these files. These are used of a record of terms of enrollment for each student. In the case that the grades are not posted, this information is accessible from the Universities student record system.

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

This information is maintained by the program director in spreadsheet that contains the date the student enters the program, the date of any approved absences and the date students leave the program.

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

Full-time with CSD undergraduate major	6 semesters
Full-time without CSD undergraduate major	8 semesters
Part-time with CSD undergraduate major	N/A - do not allow part-time study
Part-time without CSD undergraduate major	N/A - do not allow part-time study

---

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

Copy of Program-Completion-Rate-Calculator-Worksheet.xlsx

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

Period	Number completing on time	Number completing later than on-time	Number not completing	Total
Recent Year	33	0	2	
1 Year Prior	31	0	0	
2 Years Prior	34	0	0	
3 Year Average				98.0000

3 year average program completion rate average for all modalities

98.0000

Provide an explanation and a plan that will be used for improvement if the program's 3-year average for completion rate does not meet or exceed the CAA's established (80%) threshold. Include a timeline for implementing and assessing these steps. In your explanation, provide details on how the program has addressed the following areas in regards to their impact on program completion rates:

- The number, composition, and qualifications of faculty sufficient to meet the mission of the program (Std. 2.1, 2.3)

- Academic and clinical courses offered sufficiently enough for students to graduate on time (Std. 3.1)

- Academic and clinical advising offered along with remediation (Stds. 4.2, 4.3, 4.6, 4.9)

- Appropriate admissions policies (Std. 4.1)

- Classes that are more likely to be causing students to drop out or take longer to complete the program (3.0)

3-year average completion rate was above 80%

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

None

Standard 5.6 Praxis Examination Pass Rate

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

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

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

None have occurred

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

We use self-generated data to supplement the data provided by ETS as a good number of students don't report their scores to the program even though they are told to do so and given the correct code for both score reporting and identifying the program where they studied. Students continue to use the code for the University in general, which goes to the School of Education. Information from ETS as well as from individual students is kept in a spreadsheet with the students entry date and graduation date and employment data along with the date that the exam was taken. Scores are then color-coded for a specific exam year. We use the year as defined by ETS i.e. from August-July. As a back up, PRAXIS scores are also kept in the student's academic folder which is retained and stored in the department heads office.

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

The number is calculated using the data in the above spreadsheet. If a student takes the exam twice in one year, failing once and passing the second time, they are counted as taking the exam once and passing it. If a student takes the exam once during the year and fails it , but takes it at a later time and pass it, they are counted as taking the exam and passing in the year in which they took the exam.

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

Period	Number of Test-takers Taking the Exam	Number of Test-takers Passed	Pass Rate
Recent Year	33	31	
1 Year Prior	24	21	
2 Years Prior	33	32	
3-year average			93.3333

3 year Praxis pass rate average for all modalities:

93.3333

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

3-year average praxis pass rate was above 80%

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

None

Standard 5.7 Employment Rate

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

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

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

None have occurred

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

Students are asked to report their initial employment to either the program director or the clinical director and many do that prior to leaving the program. This data is kept in the spreadsheet with other data on the graduate cohorts. As the 1 year anniversary approaches, the program attempts to reach out to students who haven't reported employment through email contacts we may have for them and through social media.

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

We use the same mechanism as for the students who are employed.

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

Academic Year	Number of Graduates Employed	Number of graduates not employed	Total
1 Year Prior	31	0	
2 Year Prior	34	0	
3 Years Prior	30	0	
3-Year Average			100.0000

3 year Employment rate average for all modalities

100.0000

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

3-year average employment rate was above 80%

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

None

Standard 5.8 Program Improvement – Student Outcomes

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

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

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

None have occurred

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

The program director looks for trends in all three areas. For graduation rate, reasons that students either withdrew from the program or failed are considered and discussed with faculty to understand if any commonalities might indicate a change in admission criteria or a change in curriculum, pedagogy, grading etc. For employment date, we look at where students are taking jobs (in-state or out-of-state) and the type of settings they gravitate toward to see if there are trends that might indicate weaknesses or strengths in the program. Praxis pass rates are are compared to pass rates within the state and nationally and student performance on the specific subtests is evaluated to see if consistent trends might help us see where to change or improve our instruction or clinical opportunities for our students.

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

None

Standard 5.9 Evaluation of Faculty

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

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

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

None have occurred

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

None

Standard 5.10 Faculty Improvement

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

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

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

None have occurred

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

The program director monitors student evaluation of faculty teaching and, as the department head, is involved in reviewing faculty development on an annual basis. We also gather student evaluations of clinical supervision which is reviewed by the clinical director. We also have data from PRAXIS subtest scores which might indicate weak areas of instruction in our program and we have student evaluations of the program on the exit surveys. Theoretically, any weaknesses identified might be attributed to poor professional development, but there are multiple factors that could also contribute. It is the responsibility of the department head to determine if professors and supervisors are providing quality instruction that reflects the most up-to-date evidence in each of their areas of specialization and intervene if necessary. All evidence we have at this point shows that our faculty do engage in continuous professional development as traced on their annual workload and merit evaluations and out quality indicators show that we do deliver a high-quality program.

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

None

Standard 5.11 Effective Leadership

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

None have occurred

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

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

---

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

None

Standard 6.1 Institutional Financial Support

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

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

---

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

None have occurred

Describe the budgeting process for the program.

The department is given a budget at the beginning of each academic year that covers salaries, supplies, operating expenses and travel. There is a process for department heads to request increased in each category but the final budget is governed by the Office of the Vice-President for Financial Affairs. For self-generated funds, the department head prepares a budget each year based on past years' revenues and submits this to the financial office.

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

Sources of Support	Prior Year (Amount in $)	Current Year (Amount in $)	% increase/decrease
Faculty/Staff Salaries	1584514.0000	1936252.0000	22.1985
Supplies & Expenses (non-capital/non-salary expenses)	12102.0000	12102.0000	0.0000
Capital Equipment	0.0000	0.0000	0.0000
Institutional Support Sub-Total	1596616.0000	1948354.0000	22.0302
Grants/contracts	0.0000	0.0000	0.0000
Clinic Fees	64607.0000	69191.0000	7.0952
Other Funding	73240.0000	84728.0000	15.6854
Non-Institutional Support Sub-Total	137847.0000	153919.0000	11.6593
Total Budget	1734463.0000	2102273.0000	21.2060
% of budget represented by non-institutional support	7.9475	7.3216	-7.8754

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

Student course fees of $100.00 that are placed on all clinical courses (CODI 401, 510, 512, 513) plus donations to a UL Foundation Account .

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

This year all faculty and staff received raises that averaged 4%. In addition, the budget for adjunct faculty was increased as we added 3 additional part-time supervisors and 1 addtional part-time adjunct at the undergraduate level to provide ASL classes. We also saw a double digit increase in the other funding due to increases in donations to our Foundation account . The impact of all of these was positive allowing the department to invest in a major improvement in the clinic observation and recording system. We were only able to fund half of the project and hope to continue to raise funds to finish the project in the upcoming year. Next year, the money available from both clinic fees and in the course fee account will reflect the major capital equipment purchase made this year.

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

Faculty and clinical staff workloads are used to determine if there is sufficient support for personnel. If these are kept at or below a maximum level established by university and departmental policy, then support is considered to be sufficient. Academic faculty workloads have been discussed preciously. We have sufficient support for academic faculty to cover all required classes in the master's and doctoral programs and to offer most UG classes twice a year. Faculty teaching loads are all on the low end for their specific workload tract giving sufficient time for research and service. The departmental policy for full-time clinical faculty is a supervision case-load of no more than 20 cases per semester. All of the clinical faculty fall below that level. The University also gives us adequate funds to hire part-time adjuncts for clinical supervision and to teach undergraduate classes. Therefore, we believe that we have sufficient salary support from the University for personnel. While we would like to have more institutional support for equipment and educational and clinical materials, the administration has supported the department in establishing the clinical course fees and allows all revenue for the clinic fee account to stay within the department. We are able to purchase all educational and clinical materials that are requested by faculty and continuously upgrade materials such as diagnostic tests so that we are using the most current editions. We fell that the self-generated funds are more than sufficient to support these areas since we typically end the fiscal year with a surplus of funds. We have been able to use this surplus to save for large expenditures for equipment and infrastructure. Sufficient support for research is determined by the adequacy in faculty research productivity on a yearly basis as well as the ability to fund faculty travel to present the results of their research. The department has one of the highest yearly publication records in the College and consistently qualify for merit raises (which these are available) and graduate faculty status. Both of these depend heavily on research productivity.

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

We do not anticipate any changes in the budget supplied by the University or in the funding from the Clinic Course Fees account. However, at the beginning of the summer term, we moved to a free clinic for on-campus clients. We are currently working with our Foundation officer to look for potential donors to establish long-term funding for the department/clinic. We also plan to expand our summer literacy camps for children and these will require a fee to attend.

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

In the short term, we have a commitment from Scottish Rite to continue their current contribution of $12,500 per year for clinic operations. We received a $5,000 grant from a local foundation and were encouraged to apply again next year. We also have plans for a major fund-raising effort in the Fall semester. We have budgeted carefully for the next fiscal year as we go through a transition to dependence on donations to replace clinic fees. We do not anticipate that the fundamental goals and objectives of the program will be significantly impacted by this move.

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

None

Standard 6.2 Support for Faculty Continuing Competence

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

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

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

None have occurred

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

Each faculty member is given a travel allowance to attend conferences or other workshops. The allowance this past year was $1500 per faculty (both clinical and academic faculty). Faculty could also choose to use this allowance to pay for continuing education products that were delivered online or through other recorded modalities.

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

None

Standard 6.3 Physical Facilities

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

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

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

None have occurred

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

Graduating students complete a program evaluation form at the final Capstone session and one of the questions asks them to rate classroom and clinical facilities on a scale of 1-6 with 6 being Very Satisfied. On the surveys for the past two years, the majority of those surveyed ranked our facilities at 5 or 6.

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

The department has a safety coordinator who attends all University-wide safety meetings where standards of access, use and safety are discussed. It is this person's role to make sure that all facilities on our floor are up to the standards and to work with the safety coordinator for the building to make sure that building access is appropriate. The clinic also has a designated safety officer who is responsible for updating emergency response plans and educating student clinicians on the procedures to follow in specific emergency situations.

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

None

Standard 6.4 Program Equipment and Materials

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

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

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

None have occurred

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

None

Standard 6.5 Technical Infrastructure

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

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

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

None have occurred

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

For students, the graduate survey also address the adequacy of teaching materials, equipment and instrumentation as well as clinical materials and instrumentation. The College of Liberal Arts has a staff member who serves as the IT point person for the college. This person maintains a data base of computers within the department and informs the department head when these need to be upgraded or replaced. He also serves as the liaison for campus-wide IT and manages open-access computer labs within the building, upgrading these computers on a consistent basis.

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

As technology continues to improve, access to the internet through WiFi in both the classrooms and the clinic is crucial for allowing the program to meet its mission of training students. With the cooperation of the IT department for the University, the department has recently installed a new system for viewing and recording clinical sessions. This new system is HIPPA compliant and allows supervisors greater flexibility in monitoring student therapy sessions and using the recordings for teaching purposes. The system also allows faculty to engage in critical clinical research as they fulfill another part of our mission: to explore ways to better evaluate and treat communication disorders

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

None

Standard 6.6 Clerical and Technical Staff Support

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

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

---

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

None have occurred

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

A question is included on the graduate student evaluation form to get the student perspective. The department head seeks input from faculty each year when performance evaluations of clerical staff are completed concerning adequacy of access

---

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

None

Unreferenced Documents

Copy of Program-Completion-Rate-Calculator-Worksheet.xlsx

SLP-Knowledge-and-Skills-within-the-Curriculum-1.doc

SLP-Knowledge-and-Skills-within-the-Curriculum-1.doc

January 25, 2018

Dr. Nancye C. Roussel
University of Louisiana, Lafayette
College of Liberal Arts
Dept of Communicative Disorders
PO Box 43170
Lafayette, LA 70504-3170

CAA File #150

Dear Dr. Roussel,

We are happy to inform you that the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) has approved your annual report for the master's program in speech-language pathology.

Your next annual report is due August 1, 2018 and will be submitted through the online reporting system. Approximately four months prior to the due date of your report, you will be sent a reminder that the program's next report to the CAA is due for submission.

The issues related to standards compliance provided in the attached *Accreditation Action Report* must be addressed in the program's next CAA report. The CAA expects that the program will demonstrate full compliance with the standards cited by the time of the next CAA report. If there is not sufficient evidence of full compliance by that date, the program's accreditation may be in jeopardy, in keeping with the US Department of Education's criteria for CAA's recognition:

> *(b) if the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.*

The CAA considers timely submission of all accreditation reports and fees a critical condition for continued accredited status. Thus, a program will be placed on Administrative Probation when it has not met its reporting and/or financial expectations to the CAA. Administrative Probation is an action taken by the CAA as a result of failure, by established deadlines, to complete and file any accreditation report, including all special requests for information or pay annual accreditation fees.

Notification of Changes:

When the CAA awards or approves to continue an accreditation status, it does so based on the expectation that the program will continue to comply with all accreditation standards over the term of accreditation. On

occasion, changes occur prior to the next regularly scheduled CAA report and require immediate notification to the CAA. These include:

1. Changes in institutional accreditation status
2. Program director changes
3. Administrative structure changes
4. Program closure

Should any of these changes occur prior to your next CAA report, please refer to the detailed information about the CAA's policies and procedures, which are available in Chapter XI Expectations of Program in the Accreditation Handbook.

We look forward to continued discussions with you regarding the ongoing development and quality improvement of your program to prepare future professionals in audiology and speech-language pathology. Please let us know if we can assist your program in any way.

Sincerely,

Jennifer C. Friberg, Ed.D , Chair
Council on Academic Accreditation in Audiology and Speech-Language Pathology

cc: Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) Accreditation Office

ACCREDITATION ACTION REPORT
Annual Report Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology has reviewed the program's accreditation annual report and took the accreditation action indicated below.

Name of Program: University of Louisiana Lafayette

File #: 150

Professional Area:

	Audiology
x	Speech-Language Pathology

Modality:

x	Residential
	Distance Education
	Satellite Campus
	Contractual Arrangement

Degree Designator(s): MS

Current Accreditation Cycle: 5/1/2012 – 4/30/2020

Action Taken: Approve to continue accreditation

Effective Date: January 24, 2018

Next Review: Annual Report – August 1, 2018

Notices: The program is advised to adhere to the following notices that are appended to this report.

- PROGRAM COMPLIANCE EXPECTATIONS
- PUBLIC DISCLOSURE OF DECISION AND ACCREDITATION STATUS

In the context of the institutional and program mission statements and in consideration of the credentials for which the program is preparing students, the CAA conducted its comprehensive review and found the program to be in compliance with the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, except as noted below.

AREAS OF NON-COMPLIANCE

The CAA found the program to be not in compliance with the following Standards for Accreditation. Non-compliance means that the program does not have in place the essential elements necessary to meet the standard. The program must demonstrate its compliance with these standards when responding to prior concerns in the next annual report or reaccreditation application or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance. **Failure to demonstrate compliance with the standards may jeopardize the program's accreditation status or require the CAA to place the program on probation.**

- **There are no areas of non-compliance with accreditation standards.**

AREAS OF PARTIAL COMPLIANCE

The CAA found the program to be in partial compliance with the following Standards for Accreditation. Partial compliance means that the program has in place some, but not all, of the essential elements necessary to meet all aspects of the standard. The program must demonstrate its compliance with these standards when responding to prior concerns in the next annual report or reaccreditation application or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance. **Failure to demonstrate compliance with the standards may jeopardize the program's accreditation status or require the CAA to place the program on probation.**

- **There are no areas of partial-compliance with accreditation standards.**

AREAS FOR FOLLOW-UP (clarification/verification)

The CAA did not find the program to be out of compliance with the following Standards for Accreditation at this time. However, the program must provide additional information or an update in the program's next annual report or reaccreditation application for clarification or verification of these issues, in order to monitor the program's continued compliance in the stated areas.

- **There are no areas for follow-up with accreditation standards.**

The CAA has evaluated this program regarding its performance with respect to student achievement and provides the following report, required as an accrediting agency recognized by the U.S. Secretary of Education [34 CFR 602.17(f)(2)].

PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT *The CAA has evaluated this program regarding its performance with respect to student achievement and provides the following report, required as an accrediting agency recognized by the US Secretary of Education [34 CFR 602.17(f)(2)].*

PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT

Comments/Observations:

The CAA assessed the program's performance with respect to student achievement and found the program to meet or exceed the established CAA expectations (as described in accreditation standard 5.0-Assessment) in the following checked areas. Details regarding any of these areas found to be <u>not</u> in compliance are described earlier in this report in the context of the relevant standard.

x	Program Completion Rates
x	Employment Rates
x	Praxis Examination Rates

PROGRAM COMPLIANCE EXPECTATIONS

As an accrediting agency recognized by the U.S. Secretary of Education, the CAA must comply with Criterion §602.20 [34 CFR 602.20(a)(2)(iii)]. This criterion requires that if an accrediting agency's review of a program indicates that the program is not in compliance with any standard, the CAA must establish timelines for programs that are not in full compliance "to take appropriate action to bring itself into compliance with the agency's standards". As the programs that the CAA accredits are at least two years in length, the maximum time allowed under this criterion is two years. If, after review of a required report, the program remains out of full compliance with any standard and sufficient progress toward compliance has not been demonstrated, the CAA may act to place the program on probation or withdraw its accreditation status in accordance with the policy and procedures outlined in the Accreditation Handbook. The CAA may place a program on probation or withdraw accreditation from a program prior to this time when there is clear evidence of circumstances that jeopardize the capability of the program to provide acceptable educational experiences for the students, as noted above. However, a program will be placed on probation or accreditation withdrawn after the review of a third consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards.

PUBLIC DISCLOSURE OF THIS DECISION AND ACCREDITATION STATUS

The CAA publishes a notice of final accreditation actions on its website after comprehensive reviews are completed in accordance with its published policies. In the event an adverse action is taken and becomes final (i.e., withdrawal or withholding of an accreditation status), the CAA is required to publish a brief statement summarizing the reasons for withholding or withdrawing the accreditation status of a program, together with the comments, if any, that the affected program may wish to make.

The Criteria for Recognition by the U.S. Secretary of Education requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an accredited or

preaccredited program releases about accreditation or preaccreditation status, contents of site visit reports, and accrediting or preaccrediting actions with respect to the program. [34 CFR 602.23(d) and 602.23(e)] The program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program, using the language provided in the Accreditation Handbook (see Chapter XII Informing the Public) on the academic accreditation website. If the program chooses to disclose any additional information within the scope of the ED rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the CAA's name, address, and telephone number as described in the Accreditation Handbook. If an institution or program misrepresents or distorts any action by the CAA with respect to any aspect of the accreditation process, its accreditation status, the contents of the site visit report, or final CAA accreditation actions or decisions, the CAA will inform the chief executive officer of the institution and the program director that corrective action must be taken. If corrective action is not taken, the CAA will release a public statement that provides correct information and may invoke other sanctions as may be appropriate.