



DOCUMENTATION GUIDANCE

Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology

Effective August 1, 2017

The CAA has developed this Documentation Guidance to provide directions or suggestions to programs on how to document compliance with the 2017 Standards for Accreditation. These guidance elements are here as a companion resource to the 2017 Standards for Accreditation. The CAA also has identified sources of evidence for programs and site visitors to consider when preparing for and conducting an on-campus site visit.

The 2017 Standards for Accreditation include the standard and bulleted Requirements for Review that provide interpretations or explanations of the standard. A Glossary is also available with definitions to assist in interpreting the accreditation standards in the Standards document.

Resource Last Updated: April 2019

Standard 1.0 Administrative Structure and Governance

1.1 The sponsoring institution of higher education holds current regional accreditation.

Documentation Guidance:

- Provide an official letter from the accreditor indicating that the sponsoring institution holds current regional accreditation *or* a link to the regional accrediting body's directory of accredited programs.
- For programs with components located outside the region of the home campus, verify that all locations in which its academic components are housed, including satellite campuses outside of the United States, are regionally accredited.

Sources of Evidence:

- Provost or Dean
- Official letter/press release
- University catalog
- Regional accreditor website

1.2 The sponsoring institution of higher education must be authorized to provide the program of study in audiology and/or speech-language pathology.

Documentation Guidance:

- Provide a letter of attestation from a state agency that has authority for higher education or other authorized entity that has authority for programs of study at the sponsoring institution, or
- Provide a letter of attestation from the sponsoring institution's board of regents or from a recognized board or panel with this authority. If the program is part of a consortium, provide the appropriate attestation for each entity within the consortium, if different.

Sources of Evidence:

- State higher education authority or board of regents website
- Official letter/press release
- Provost or Dean
- University catalog

1.3 The program has a mission and goals that are consistent with preparation of students for professional practice.

Documentation Guidance:

- Provide the mission statement 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, if different.
- Describe how the program uses the mission and goals statements to guide decision making to prepare students for entry into professional practice.

Sources of Evidence:

- Program handbooks
- University catalog
- Program website
- Administrators, academic and clinical faculty, staff, program director, students

1.4 The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.

Documentation Guidance:

- Provide meeting minutes or other evidence that documents regular discussion of the congruence of the program mission and goals with that of the sponsoring institution.
- Provide meeting minutes or other evidence that documents regular discussion of the mission and goals, expected outcomes, strategies, and progress toward fulfillment of the mission.

Sources of Evidence:

- Program handbooks
- University catalog
- Program and university websites
- Meeting minutes
- Administrators, academic and clinical faculty, staff, program director, students

1.5 The program develops and implements a long-term strategic plan.

Documentation Guidance:

- Provide a copy of the strategic plan or the executive summary of the strategic plan. The plan should identify long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan.
- Describe the methods used to ensure congruence between the strategic plan and the mission and goals of the program.
- Describe the methods used to ensure that the strategic plan has the support of the institutional administration.
- Describe the methods used to ensure that the strategic plan reflects the role of the program within its community.
- Describe the process and timelines for creating, implementing, and evaluating the strategic plan.
- Describe the process for disseminating the strategic plan or executive summary of the strategic plan to faculty, students, staff, alumni, and other interested parties.

General Guidance:

- The program should describe how the processes of development, implementation, and evaluation of the plan are documented, how the results of the evaluation are used to improve the program, and how the plan is shared with stakeholders. The focus of this standard is to ensure that all critical components of the strategic plan are included in a program's long-term strategic plan, as defined in the Glossary appended to the Standards, rather than on the specific content of the plan.

Sources of Evidence:

- Program and university websites
- Faculty meeting minutes
- Program director, academic and clinical faculty, staff, administrators, students, alumni
- Program handbooks
- University catalog
- Strategic plan or executive summary of plan

1.6 The program's faculty has authority and responsibility for the program.

Documentation Guidance:

- Provide an organizational chart that demonstrates how the program fits into the administrative structure of the institution.
- For programs without independent departmental status, articulate the organizational structure and describe how the program maintains authority and responsibility for the program.
- Describe how program faculty and instructional staff have authority and responsibility to initiate, implement, and evaluate substantive decisions affecting all aspects of the professional education program, including the curriculum.
- Describe how the faculty accesses higher levels of administration.

Sources of Evidence:

- Organizational chart
- Faculty meeting minutes
- Program and university websites
- Program director, academic and clinical faculty, staff, administrators, students, alumni
- Program handbooks
- University catalog

1.7 The individual responsible for the program of professional education seeking accreditation holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full-time appointment in the institution.

Documentation Guidance:

- Provide documentation that the individual designated as program director holds the appropriate degree.
- Provide documentation that the individual designated as program director holds a full-time appointment at the institution.
- In cases where the department chair and program director are different individuals, describe how the program director exercises responsibility for the program of professional education.

Sources of Evidence:

- Vita
- Organizational chart
- Faculty meeting minutes
- Program and university websites
- Program director, academic and clinical faculty, staff, administrators, students, alumni

1.8 The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

Documentation Guidance:

- Describe how information regarding equitable treatment is communicated to students.
- Describe how information regarding equitable treatment is communicated to faculty.
- Describe how information regarding equitable treatment is communicated to persons served in the clinic.

- Provide links to handbooks, websites, and/or other appropriate documents to demonstrate the institutional expectations regarding compliance with all nondiscrimination statutes.
- Describe the method used by the program to maintain a record of complaints that were initiated within the university, in accordance with program or university grievance procedures, and those initiated outside of the university, charges, and litigation alleging violations of such policies and procedures and verification that appropriate action was taken to address the complaints.

Sources of Evidence:

- Program and university websites
- Program handbooks (faculty, student, clinic, etc.)
- University catalog
- Faculty meeting minutes
- Tour of facilities
- Program and/or institutional policy and procedures
- Program director, academic and clinical faculty, staff, administrators, students, alumni, clients

1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

Documentation Guidance:

- Indicate how public information about the program is accessed.
- Indicate when information about the program is updated.
- Indicate where the program’s statement of accreditation status is publicly posted.
- Describe the process for maintaining the currency and accuracy of information.
- Indicate who (e.g., program director, staff, information technology) is responsible for ensuring that information about the program and the institution is accurate.
- Indicate who/what (e.g., program director, faculty, staff) is responsible for ensuring that information about the program and the institution is available to students and to the public.
- Indicate where the program completion rates are publicly posted.
- Indicate where the *Praxis*® Subject Assessment examination pass rates are publicly posted.
- Indicate where the program’s graduate employment rates are publicly posted.
- Provide links to the program’s information and student outcome measures.
- If the program has a distance education component or a satellite campus, indicate where the reports for each of the three student outcome measures are publicly posted.

General Guidance:

- **Accreditation Statement** - Beginning January 1, 2017, a program **must** use the applicable accreditation statement in its entirety on its website as articulated in CAA’s Public Notice of Accreditation Status policy (see [Accreditation Handbook](#), Chapter XII). Additional references to the program’s accreditation status on the website must be accurate but need not include all components of the accreditation statement.
- **Student Outcome Measures** – Beginning August 1, 2017, student outcome measures must be labeled “Student Achievement Data” or “Student Outcome Data” on the program’s website. Separate tables must be presented for each professional area and for each component (i.e. distance education, residential, satellite campus).

Sources of Evidence:

- Program and university websites
- Program handbooks (faculty, student, clinic, etc.)
- University catalog

- Faculty meeting minutes
- Printed brochures; stationary
- Facility tour
- Program director, academic and clinical faculty, staff, administrators, students, alumni, clients

Standard 2.0 Faculty

2.1 2.1 The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:

- 2.1.1 allows students to acquire the knowledge and skills required in Standard 3.0,**
- 2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,**
- 2.1.3 allows students to meet the program's established goals and objectives,**
- 2.1.4 meets the expectations set forth in the program's mission and goals,**
- 2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.**

Documentation Guidance:

- Describe the methods used to ensure that the number of individuals in and composition of the group that delivers the program of study are sufficient to allow students to:
 - acquire the knowledge and skills required in Standard 3.0;
 - acquire the scientific and research fundamentals of the profession;
 - meet the program's established learning goals and objectives, along with other expectations set forth in the program's mission and goals;
 - complete the program within the published time frame.
- Document the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master's degrees.

Sources of Evidence:

- Vita
- Program website
- Program handbooks
- University catalog
- Student/alumni records
- Course syllabi
- Academic and clinical faculty, staff, program director, administrators, students, alumni, on- and off-campus clinical supervisors/preceptors

2.2 The number, composition, and workload of all full-time faculty who have responsibility in the graduate program are sufficient to allow them to meet expectations with regard to teaching, research, and service of the sponsoring institution.

Documentation Guidance:

- Describe the methods used to ensure that faculty who have responsibility in the graduate program and have obligations to provide teaching, research, and service as part of their workload
 - are accessible to students;
 - have sufficient time to advise students (if required);
 - have sufficient time to pursue scholarly and creative activities, advise students, and participate in faculty governance and other activities that are consistent with the expectations of the sponsoring institution.
- Describe the methods used to ensure that faculty who have responsibility in the graduate program and have obligations to provide clinical education and service as part of their workload
 - are accessible to students,
 - have sufficient time to advise students (if required),
 - have sufficient time for other activities that are consistent with the expectations of the sponsoring institution.
- Describe the processes used by the program to ensure that tenure-eligible faculty have the opportunity to meet the criteria for tenure of the sponsoring institution.

- Describe the processes used by the program to ensure that faculty who are eligible for promotion have the opportunity to meet the criteria for promotion of the sponsoring institution.
- Describe the processes used by the program to ensure that faculty who are eligible for continuing employment have the opportunity to meet the criteria for continued employment of the sponsoring institution.

Sources of Evidence:

- Vita
- University catalog
- Tenure/promotion policies and procedures
- Program website
- Program handbooks
- Student/alumni records
- Academic and clinical faculty, staff, program director, administrators, students, alumni, on- and off-campus clinical supervisors/preceptors

2.3 All faculty members (full-time, part-time, adjuncts), including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education as assigned by the program leadership.

Documentation Guidance:

- Provide detailed information regarding initial academic preparation (including degrees held and areas of study for each degree), contributions to the development of new knowledge, and pursuit of relevant continuing professional development for all full-time and part-time academic and clinical faculty members and adjuncts.
- Provide detailed information, which can include, but is not limited to, research activities, publications, and presentations.
- Provide detailed information regarding initial academic preparation and pursuit of relevant continuing clinical education for all full-time and part-time clinical faculty members and adjuncts. Detailed information about continuing education can include, but is not limited to, continuing education transcripts and records of professional development.
- Provide detailed licensing and certification information (as appropriate) for all full-time and part-time academic and clinical faculty members and adjuncts and the process used to verify all necessary credentials.
- Provide academic rank and tenure-track status for all full-time and part-time academic and clinical faculty members and adjuncts.
- Provide documentation that the individuals delivering the program are qualified to teach the assigned academic classes or provide the assigned clinical education.
- Provide documentation that the majority of academic content (greater than 50% of courses, as defined by number of credit hours) is taught by doctoral faculty who hold the appropriate terminal academic degree (PhD, EdD).

General Guidance:

- The program should assess all academic and clinical educators as qualified and competent to fulfill their assignments and responsibilities. When making assignments for academic courses, the program should consider an individual's areas of expertise, degrees, research or practice background, and other variables relevant to the program and institution to ensure compliance with university expectations.
- Doctoral level faculty applies only to the graduate curriculum and faculty.
- A form is available on the [CAA website](#) to support the program collecting the needed data for each faculty member.

Sources of Evidence:

- Vita
- University catalog
- Program handbooks
- Course syllabi
- Academic and clinical faculty, staff, program director, administrators, students, alumni, on- and off-campus clinical supervisors/preceptors

2.4 All faculty members maintain continuing competence and demonstrate pursuit of lifelong learning.

Documentation Guidance:

- Provide documentation of professional development activities for each individual who has responsibility to deliver academic and clinical components of the graduate program. Continuing competence can be demonstrated in a variety of ways, including:
 - o participation in professional development activities,
 - o publication or presentation of research,
 - o publication or presentation on scholarship of teaching and learning,
 - o publication or presentation on clinical methods and professional issues,
 - o maintenance of credentials.
- Provide documentation that all individuals who have responsibility to deliver the graduate program have a pattern of participating in professional development activities. This pattern can be demonstrated by participation in the above-mentioned ways over the individual's history at the sponsoring institution.

Sources of Evidence:

- Vita
- University catalog
- Tenure/promotion policies and procedures
- Course syllabi
- Budget
- Academic and clinical faculty, staff, program director, administrators, students, alumni, on- and off-campus clinical supervisors/preceptors
- Other evidence

Standard 3.0A Curriculum (Academic and Clinical Education) in Audiology

3.1A An effective entry-level professional audiology program allows each student to acquire knowledge and skills in sufficient breadth and depth to enable the student to function as an effective, well-educated, and competent clinical audiologist (i.e., one who can practice within the full scope of practice of audiology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for independent professional practice as an audiologist.

3.1.1A Professional Practice Competencies

The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

Accountability

- Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of audiology.
- Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists.
- Understand the professional's fiduciary responsibility for each individual served.
- Understand the various models of delivery of audiologic services (e.g., hospital, private practice, education, etc.).
- Use self-reflection to understand the effects of his or her actions and make changes accordingly.
- Understand the health care and education landscapes and how to facilitate access to services.
- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.

Integrity

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers.
- Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

Effective Communication Skills

- Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.
- Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals—in a responsive and responsible manner that supports a team approach to maximize care outcomes.

Clinical Reasoning

- Use valid scientific and clinical evidence in decision making regarding assessment and intervention.
- Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.
- Use clinical judgment and self-reflection to enhance clinical reasoning.

Evidence-Based Practice

- Access sources of information to support clinical decisions regarding assessment and intervention and management.
- Critically evaluate information sources and apply that information to appropriate populations.
- Integrate evidence in the provision of audiologic services.

Concern for Individuals Served

- Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care.
- Encourage active involvement of the individual in his or her own care.

Cultural Competence

- Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation).
- Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation).
- Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery.
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services.
- Understand the role of manual and other communication systems and the use of sign and spoken interpreters/transliterators and assistive technology to deliver the highest quality care.

Professional Duty

- Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services.
- Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services.
- Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel.
- Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
- Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served.

Collaborative Practice

- Understand how to apply values and principles of interprofessional team dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable.

3.1.2A Foundations of Audiology Practice

The program includes content and opportunities to learn so that each student can demonstrate knowledge of the

- embryology, anatomy, and physiology of the auditory, vestibular, and related body systems;
- normal aspects of auditory and vestibular function across the lifespan;
- normal aspects of speech production and language function across the lifespan;
- normal aspects of speech perception across the lifespan;
- effects and role of genetics in auditory function, diagnosis, and management of hearing loss;
- effects and role of genetics in vestibular function, diagnosis, and management of vestibular disorders;
- effects of chemicals and other noxious elements on auditory and vestibular function;
- effects of pathophysiology on the auditory, vestibular, and related body systems;
- medical and surgical interventions that may be used to treat the results of pathophysiology in these systems;
- interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders;
- effects of hearing loss on the speech and language characteristics of individuals across the life span and the continuum of care;
- effects of hearing impairment on educational, vocational, social, and psychological function and, consequently, on full and active participation in life activities;
- physical characteristics and measurement of simple and complex acoustic stimuli;
- physical characteristics and measurement of non-acoustic stimuli (e.g., EEG, tactile, electrical signals);
- methods of biologic, acoustic, and electroacoustic calibration of clinical equipment to ensure compliance with current American National Standards Institute (ANSI) standards (where available) and other recommendations regarding equipment function;
- principles of psychoacoustics as related to auditory perception in individuals with normal hearing and those with hearing loss;
- principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application of research to clinical populations.

3.1.3A Identification and prevention of hearing loss, tinnitus, and vestibular disorders

The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in

- the prevention of the onset of loss of auditory system function, loss of vestibular system function, development of tinnitus, and development of communication disorders;
- the use of protocols to minimize the impact of the loss of hearing, tinnitus, loss of vestibular system function, and development of communication disorders;
- the use of screening protocols, including clinically appropriate and culturally sensitive screening measures, to assess individuals who may be at risk for hearing impairment and activity limitation or participation restriction;
- the screening of individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures;
- the use of screening tools for functional assessment;
- administering programs designed to reduce the effects of noise exposure, tinnitus, and agents that are toxic to the auditory and vestibular systems;
- applying psychometrics and principles of screening;
- applying the principles of evidence-based practice;
- selection and use of outcomes measures that are valid and reliable indicators of success of prevention programs.

3.1.4A Assessment of the structure and function of the auditory and vestibular systems

The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- evaluate information from appropriate sources to facilitate assessment planning;
- obtain a case history;
- perform an otoscopic examination;
- remove cerumen, when appropriate;
- administer clinically appropriate and culturally sensitive assessment measures;
- perform audiologic assessment using behavioral, physiological (e.g., immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools;
- perform audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations;
- perform assessment to plan for rehabilitation;
- perform assessment to characterize tinnitus;
- perform balance system assessment and determine the need for balance rehabilitation;
- document evaluation procedures and results;
- interpret results of the evaluation to establish type and severity of disorder;
- generate recommendations and referrals resulting from the evaluation processes;
- provide counseling in a culturally sensitive manner to facilitate understanding of the hearing loss, tinnitus, or balance disorder of the individual being served;
- maintain records in a manner consistent with legal and professional standards;
- communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s);
- engage in interprofessional practice to facilitate optimal assessment of the individual being served;
- assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s);
- apply the principles of evidence-based practice;
- select and use outcomes measures that are valid and reliable indicators of success in assessment protocols that are used.

3.1.5A Assessment of the impact of changes in the structure and function of the auditory and vestibular systems

The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- administer clinically appropriate and culturally sensitive self-assessment measures of communication function for individuals across the lifespan and the continuum of care,
- administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served,
- administer clinically appropriate and culturally sensitive functional assessment tools for individuals across the lifespan and the continuum of care,
- determine contextual factors that may facilitate or impede an individual's participation in everyday life,
- select and use outcomes measures that are valid and reliable indicators of success in determining the impact of changes in structure and function of the auditory and vestibular systems.

3.1.6A Intervention to minimize the effects of changes in the auditory and vestibular systems on an individual's ability to participate in his or her environment

The program's curriculum provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- perform assessment for aural (re)habilitation;
- perform assessment for tinnitus intervention;

- perform assessment for vestibular rehabilitation;
- develop and implement treatment plans using appropriate data;
- counsel individuals served, families, and other appropriate individuals regarding prognosis and treatment options;
- develop culturally sensitive and age-appropriate management strategies;
- perform hearing aid, assistive listening device, and sensory aid assessment;
- perform assessment of devices used to manage tinnitus;
- recommend, dispense, and service prosthetic and assistive devices;
- provide hearing aid, assistive listening device, and sensory aid orientation;
- conduct audiologic (re)habilitation and engage in interprofessional practice to maximize outcomes for individuals served;
- serve as an advocate for individuals served, their families, and other appropriate individuals;
- monitor and summarize treatment progress and outcomes;
- assess efficacy of interventions for auditory, tinnitus, and balance disorders;
- apply the principles of evidence-based practice;
- document treatment procedures and results;
- maintain records in a manner consistent with legal and professional standards;
- communicate results, recommendations, and progress in a culturally sensitive and age-appropriate manner to appropriate individual(s);
- select and use outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems.

Documentation Guidance – Standard 3.1A:

- Provide evidence that the program
 - has established goals, objectives, and measures of the extent to which student learning outcomes have been met;
 - enables students to meet its expectations, which are consistent with its mission and goals;
 - offers opportunities for students to acquire and integrate the knowledge and skills needed for entry into independent professional practice in audiology across the scope of practice in audiology and across the range of practice settings;
 - offers a high quality learning environment that is centered on the student's acquisition of knowledge and skills and on assessment.
- Provide evidence that the curriculum will allow each student to demonstrate
 - professional practice competencies;
 - knowledge of the foundations of audiology practice;
 - knowledge and skills in the identification and prevention of hearing loss, tinnitus, and vestibular disorders;
 - knowledge and skills in assessment of structure and function of the auditory and vestibular systems;
 - knowledge and skills in assessment of the impact of changes in structure and function of the auditory and vestibular systems;
 - knowledge and skills in intervention to minimize the impact of changes in structure and function of the auditory and vestibular systems on an individual's ability to participate in his or her environment.
- Provide evidence that the curriculum offers courses and clinical experiences on a regular basis and enables students to qualify for current state and national credentials that are required for entry into independent professional practice.

Sources of Evidence:

- Audiology curriculum
- Mission and goal statements
- Student files
- Course syllabi
- Website, catalogs (e.g., for information about course numbering, prerequisites)
- Academic and clinical faculty, program director, students
- On- and off-campus clinical supervisors/preceptors

General Guidance:

- Forms are available on the [CAA website](#) to support the program's collection of the data needed about each course and the knowledge and skills covered in the curriculum.

3.2A An effective audiology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.

Documentation Guidance:

- Provide evidence of the curriculum planning processes used by the program.
- Provide evidence of the use of literature and other guiding documents to facilitate curriculum planning.
- Provide a description of the pedagogical approaches used to deliver the curriculum.
- Provide evidence of the schedule used to review the program curriculum.
- Provide evidence of the review processes used by the program to ensure that the curriculum reflects current audiology practice and education expectations.

Sources of Evidence:

- Course syllabi
- Meeting minutes, e.g., faculty, curriculum committee, etc.
- Institutional program evaluation
- Exit interviews
- Alumni, employer input
- Faculty administrative input about student performance, outcomes
- Academic and clinical faculty, program director, students, alumni, on- and off-campus clinical supervisors/preceptors

3.3A An effective audiology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established learning goals and objectives and develop into an independent, competent audiologist.

Documentation Guidance:

- Describe the method(s) used to organize, sequence, and provide opportunities for integration across all elements of the content.
- Provide examples of sequential and integrated learning opportunities.
- Describe how the organization, sequential nature, and opportunities for integration allow each student to meet the program's established learning goals and objectives.

Sources of Evidence:

- Course syllabi
- Website, catalogs (e.g., for information about prerequisites, course descriptions, program of study)
- Meeting minutes, e.g., faculty, curriculum committee, etc.

- Student records
- Academic and clinical faculty, program director, students, on- and off-campus clinical supervisors/preceptors

3.4A An effective audiology program is organized and delivered in such a manner that the diversity of society is reflected in the program.

Documentation Guidance:

- Describe how and where issues of diversity are addressed across the curriculum.
- Describe how students obtain clinical experience with diverse populations.

Sources of Evidence:

- Course syllabi
- Student records
- Academic and clinical faculty, program director, students, alumni, on- and off-campus clinical supervisors/preceptors

3.5A An effective audiology program is organized so that the scientific and research foundations of the profession are evident.

Documentation Guidance:

- Describe the methods used to ensure that each student obtains knowledge in the basic sciences, basic science skills, and the basics of communication sciences.
- Describe the methods used to ensure that each student can understand and apply the scientific bases of the profession.
- Describe the methods used to ensure that each student can understand and apply research methodology.
- Describe the methods used to ensure that all students have opportunities to become knowledgeable consumers of research literature.
- Describe the methods used to ensure that there are opportunities for each student to become knowledgeable about the fundamentals of evidence-based practice.
- Describe the methods used to ensure that there are opportunities for each student to apply the scientific bases and research principles to clinical populations.
- Describe the methods used to ensure that there are opportunities for each student to participate in research and scholarship that are consistent with the mission and goals of the program.

Sources of Evidence:

- Student records
- Course syllabi
- Vita
- Catalogs
- Academic and clinical faculty, program director, students, alumni, administrators

3.6A The clinical education component of an effective entry-level audiology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals. That base includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking services, consultation, recordkeeping, and administrative duties relevant to professional service delivery in audiology.

Documentation Guidance:

- Describe the methods used to ensure that the plan of clinical education for each student includes
 - experiences that represent the breadth and depth of audiology clinical practice;
 - opportunities to work with individuals across the life span and the continuum of care;
 - opportunities to work with individuals from culturally and linguistically diverse backgrounds;
 - experiences with individuals who express various types and severities of changes in structure and function of the auditory and vestibular systems and related disorders;
 - opportunities to obtain experiences with appropriate equipment and resources;
 - exposure to the business aspects of the practice of audiology (e.g., reimbursement requirements, insurance and billing procedures, scheduling).
- Provide information about the size and diversity of the potential base of individuals who may be served and the clinical populations available in the facilities where students are placed.

Sources of Evidence:

- Student records
- Tour of facilities
- Academic and clinical faculty, program director, students, alumni
- On- and off-campus clinical supervisors/preceptors
- Contact with off-campus sites

3.7A An effective audiology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter independent professional practice. The type and structure of the clinical education are commensurate with the development of knowledge and skills of each student.

Documentation Guidance:

- Provide documentation of written policies and procedures that describe how the manner and amount of supervision are determined and are adjusted to reflect the competence of each student and that will allow each student to acquire the independence to enter independent professional practice.

Sources of Evidence:

- Student records
- Tour of facilities
- Catalogs
- Policies and procedures
- Academic and clinical faculty, program director, students, alumni, clinical coordinator
- On- and off-campus clinical supervisors/preceptors
- Contact with off-campus sites

3.8A Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Documentation Guidance:

- Provide documentation of written policies and procedures that ensure that the amount of supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.
- Provide documentation that describes the consultation between the student and the clinical educator in the planning and provision of services.
- Provide documentation of written policies and procedures that ensure that the welfare of each individual who is served is protected.
- Provide documentation of written policies and procedures that describe how the care that is delivered by the student and clinical educator team is in accordance with current, recognized standards of ethical practice and relevant state and federal regulations.
- Provide evidence of the current ethical practice requirements being followed in the relevant published materials provided by the program.

Sources of Evidence:

- Student records
- Tour of facilities
- Catalogs
- Policies and procedures
- Academic and clinical faculty, program director, students, alumni, clinical coordinator, clients/caregivers
- On- and off-campus clinical supervisors/preceptors
- Contact with off-campus sites

3.9A Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

Documentation Guidance:

- Provide evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences.
- Provide documentation of the written policies regarding the role of students in the selection of externship sites and the placement of students in the sites.
- Provide documentation of the written policies that describe the processes used by the program to select and place students in external facilities.
- Provide documentation of its due diligence to ensure that each clinical site has the clinical population and personnel to meet the educational needs of each student assigned to that site.
- Provide documentation of the written policies and procedures that are used to evaluate the effectiveness of the educational opportunities provided at each active site.
- Provide documentation of the processes used to ensure that the clinical education in external facilities is monitored by the program.
- Provide documentation of the processes used by the program to verify that educational objectives of each active site are met.

Sources of Evidence:

- Agreements/contracts
- Policies (re. identification and ongoing evaluation of external facilities)
- Procedures (selection and placement of students, protocol for monitoring students, evaluation)
- Catalogs
- Students, alumni, clinical coordinator, off-campus clinical supervisors/preceptors

- Contact with off-campus sites

3.10A An effective entry-level audiology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.

Documentation Guidance:

- Provide documentation of the written policies and procedures that are pertinent to expectations of student academic and clinical conduct.
- Provide documentation of the written policies and procedures that are used to address violations of expectations regarding academic and clinical conduct.

Sources of Evidence:

- Catalogs, policies and procedures
- Academic and clinical faculty, program director, students, clinical coordinator
- On- and off-campus clinical supervisors/preceptors

Standard 3.0B Curriculum (Academic and Clinical Education) in Speech-Language Pathology

3.1B An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program’s mission and goals and that prepare each student for professional practice in speech-language pathology.

3.1.1B Professional Practice Competencies

The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

Accountability

- Practice in a manner that is consistent with the professional code of ethics and the scope of practice documents for the profession of speech-language pathology.
- Adhere to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists.
- Understand the fiduciary responsibility for each individual served.
- Understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.).
- Use self-reflection to understand the effects of his or her actions and makes changes accordingly.
- Understand the health care and education landscape and how to facilitate access to services.
- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.

Integrity

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers; and
- Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.

Effective Communication Skills

- Use all forms of expressive communication—including written, spoken, and non-verbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.
- Communicate—with patients, families, communities, and interprofessional team colleagues and other professionals caring for individuals in a responsive and responsible manner that supports a team approach to maximize care outcomes.

Clinical Reasoning

- Use valid scientific and clinical evidence in decision-making regarding assessment and intervention.
- Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.
- Use clinical judgment and self-reflection to enhance clinical reasoning.

Evidence-Based Practice

- Access sources of information to support clinical decisions regarding assessment and intervention/management,
- Critically evaluate information sources and applies that information to appropriate populations, and
- Integrate evidence in provision of speech-language pathology services.

Concern for Individuals Served

- Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care; and
- Encourage active involvement of the individual served in his or her own care.

Cultural Competence

- Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care. These include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation.
- Understand the impact of the cultural and linguistic variables of the individuals served on delivery of care. These include but are not limited to variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation.
- Understand the interaction of cultural and linguistic variables between the caregivers and the individuals served in order to maximize service delivery.
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.

Professional Duty

- Engage in self-assessment to improve his or her effectiveness in the delivery of services.
- Understand the roles and importance of professional organizations in advocating for rights to access to speech-language pathology services.
- Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.
- Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
- Understand and use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.

Collaborative Practice

- Understand how to apply values and principles of interprofessional team dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.

3.1.2B Foundations of Speech-Language Pathology Practice

The program must include content and opportunities to learn so that each student can demonstrate knowledge of the

- discipline of human communication sciences and disorders;
- basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases;

- ability to integrate information pertaining to normal and abnormal human development across the life span;
- nature of communication and swallowing processes
 - elements
 - articulation;
 - fluency;
 - voice and resonance, including respiration and phonation;
 - receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
 - hearing, including the impact on speech and language;
 - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
 - cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
 - social aspects of communication (e.g., behavioral and social skills affecting communication);
 - augmentative and alternative communication.
 - knowledge of the above elements includes each of the following:
 - etiology of the disorders or differences,
 - characteristics of the disorders or differences,
 - underlying anatomical and physiological characteristics of the disorders or differences,
 - acoustic characteristics of the disorders or differences (where applicable),
 - psychological characteristics associated with the disorders or differences,
 - developmental nature of the disorders or differences,
 - linguistic characteristics of the disorders or differences (where applicable),
 - cultural characteristics of the disorders or differences.

3.1.3B Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences

The program must include content and opportunities to learn so that each student can demonstrate knowledge of

- principles and methods of identification of communication and swallowing disorders and differences,
- principles and methods of prevention of communication and swallowing disorders.

3.1.4B Evaluation of Speech, Language, and Swallowing Disorders and Differences

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with

- articulation;
- fluency;
- voice and resonance, including respiration and phonation;
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
- hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
- cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);

- social aspects of communication (e.g., behavioral and social skills affecting communication); and
- augmentative and alternative communication needs.

3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in

- intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment.
- intervention for disorders and differences of
 - articulation;
 - fluency;
 - voice and resonance, including respiration and phonation;
 - receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
 - hearing, including the impact on speech and language;
 - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
 - cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
 - social aspects of communication (e.g., behavioral and social skills affecting communication);
 - augmentative and alternative communication needs.

3.1.6B General Knowledge and Skills Applicable to Professional Practice

The program must include content and opportunities to learn so that each student acquires knowledge and skills in working with individuals with the aforementioned communication and swallowing disorders across the lifespan and by demonstration of

- ethical conduct;
- integration and application of knowledge of the interdependence of speech, language, and hearing;
- engagement in contemporary professional issues and advocacy;
- processes of clinical education and supervision;
- professionalism and professional behavior in keeping with the expectations for a speech-language pathologist;
- interaction skills and personal qualities, including counseling and collaboration;
- self-evaluation of effectiveness of practice.

Documentation Guidance – Standard 3.1B:

- Provide evidence that the program
 - has established goals, objectives, and measures of the extent to which student learning outcomes have been met;
 - enables students to meet its expectations that are consistent with its mission and goals;
 - offers opportunities for students to acquire and integrate the knowledge and each skill needed for entry into professional practice in speech-language pathology across the current scope of practice and across the range of practice settings;
 - offers a high quality learning environment that is centered on the student’s acquisition of knowledge and skills and on assessment.

- Provide evidence that the curriculum will allow each student to demonstrate
 - professional practice competencies;
 - knowledge of the foundations of practice in speech-language pathology;
 - knowledge and skills in the identification of speech, language, and swallowing disorders and differences;
 - knowledge and skills in the identification and prevention of speech, language, and swallowing disorders;
 - knowledge and skills in the evaluation of speech, language, and swallowing disorders;
 - knowledge and skills in intervention to minimize the effects of changes in the speech, language, and swallowing mechanisms.

- Provide evidence that the program offers the courses and clinical experiences on a regular basis and enables students to qualify for current state and national credentials that are required for entry into professional practice.

Sources of Evidence:

- Speech-language pathology curriculum
- Mission and goal statements
- Student files
- Course syllabi
- Website, catalogs (e.g., for information about course numbering, prerequisites)
- Academic and clinical faculty, program director, students
- On- and off-campus clinical supervisors/preceptors

General Guidance:

- Forms are available on the [CAA website](#) to support the program's collection of the data needed about each course and the knowledge and skills covered in the curriculum.

3.2B An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.

Documentation Guidance:

- Provide evidence of the curriculum planning processes used by the program.
- Provide evidence of the use of literature and other guiding documents to facilitate curriculum planning.
- Provide a description of the pedagogical approaches used to deliver the curriculum.
- Provide evidence of the schedule used to review the program curriculum.
- Provide evidence of the review processes used by the program to ensure that the curriculum reflects current speech-language pathology practice and education expectations.

Sources of Evidence:

- Course syllabi
- Meeting minutes, e.g., faculty, curriculum committee, etc.
- Institutional program evaluation
- Exit interviews
- Alumni, employer input
- Faculty administrative input about student performance, outcomes
- Academic and clinical faculty, program director, students, alumni, on- and off-campus clinical supervisors/preceptors

3.3B An effective speech-language pathology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program’s established learning goals and objectives and develop into a competent speech-language pathologist.

Documentation Guidance:

- Describe the method(s) used to organize, sequence, and provide opportunities for integration across all elements of the content.
- Provide examples of sequential and integrated learning opportunities.
- Describe how the organization, sequential nature, and opportunities for integration allow each student to meet the program’s established learning goals and objectives.

Sources of Evidence:

- Course syllabi
- Website, catalogs (e.g., for information about prerequisites, course descriptions, program of study)
- Meeting minutes, e.g., faculty, curriculum committee, etc.
- Student records
- Academic and clinical faculty, program director, students, on- and off-campus clinical supervisors/preceptors

3.4B An effective speech-language pathology program is organized and delivered in such a manner that the diversity of society is reflected in the program.

Documentation Guidance:

- Describe how and where issues of diversity are addressed across the curriculum.
- Describe how students obtain clinical experience with diverse populations.

Sources of Evidence:

- Course syllabi
- Student records
- Academic and clinical faculty, program director, students, alumni, on- and off-campus clinical supervisors/preceptors

3.5B An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident.

Documentation Guidance:

- Describe the methods used to ensure that each student obtains knowledge in the basic sciences, basic science skills, and basic communication sciences.
- Describe the methods used to ensure that each student can understand and apply the scientific bases of the profession.
- Describe the methods used to ensure that each student can understand and apply research methodology.
- Describe the methods used to ensure there are opportunities for all students to become knowledgeable consumers of research literature.
- Describe the methods used to ensure that there are opportunities for each student to become knowledgeable about the fundamentals of evidence-based practice.
- Describe the methods used to ensure that there are opportunities for each student to apply the scientific bases and research principles to clinical populations.
- Describe the methods used to ensure that there are opportunities for students to participate in research and scholarship that are consistent with the mission and goals of the program.

Sources of Evidence:

- Student records
- Course syllabi
- Vita
- Catalogs
- Academic and clinical faculty, program director, students, alumni, administrators

3.6B The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.

Documentation Guidance:

- Describe the methods used to ensure that the plan of clinical education for each student includes
 - o experiences that represent the depth and breadth of speech-language pathology clinical practice;
 - o opportunities to work with individuals across the life span and the continuum of care;
 - o opportunities to work with individuals from culturally and linguistically diverse backgrounds;
 - o experiences with individuals who express various types and severities of changes in structure and function of the speech and swallowing mechanisms;
 - o exposure to the business aspects of the practice of speech-language pathology and swallowing (e.g., reimbursement requirements, insurance and billing procedures, scheduling).
- Provide information about the size and diversity of the potential base of individuals who may be served and the clinical populations available in the facilities where students are placed.

Sources of Evidence:

- Student records
- Tour of facilities
- Academic and clinical faculty, program director, students, alumni
- On- and off-campus clinical supervisors/preceptors
- Contact with off-campus sites

3.7B An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student.

Documentation Guidance:

- Provide documentation of written policies and procedures that describe how the manner and amount of supervision are determined and are adjusted to reflect the competence of each student and that will allow each student to acquire the independence to enter professional practice.

Sources of Evidence:

- Student records
- Tour of facilities

- Catalogs
- Policies and procedures
- Academic and clinical faculty, program director, students, alumni, clinical coordinator
- On- and off-campus clinical supervisors/preceptors
- Contact with off-campus sites

3.8B Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Documentation Guidance:

- Provide documentation of written policies and procedures that ensure that the amount of supervision provided to each student is adjusted to ensure that the specific needs are met for each individual receiving services.
- Provide documentation that describes the consultation between the student and the clinical educator in the planning and provision of services.
- Provide documentation of written policies and procedures that ensure that the welfare of each individual served is protected.
- Provide documentation of written policies and procedures that describe how the care that is delivered by the student and clinical educator team is in accordance with current, recognized standards of ethical practice and relevant state and federal regulations.
- Provide evidence of the current ethical practice requirements being followed in the relevant published materials provided by the program.

Sources of Evidence:

- Student records
- Tour of facilities
- Catalogs
- Policies and procedures
- Academic and clinical faculty, program director, students, alumni, clinical coordinator, clients/caregivers
- On- and off-campus clinical supervisors/preceptors
- Contact with off-campus sites

3.9B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

Documentation Guidance:

- Provide evidence of valid agreements (written or electronic) with active external facilities in which students are placed for clinical practicum experiences.
- Provide documentation of the written policies regarding the role of students in the selection of externship sites and the placement of students in the sites.
- Provide documentation of the written policies that describe the processes used by the program to select and place students in external facilities.
- Provide documentation of its due diligence to ensure that each clinical site has the clinical population and personnel to meet the educational needs of each student assigned to that site.
- Provide documentation of the written policies and procedures that are used to evaluate the effectiveness of the educational opportunities provided at each active site.
- Provide documentation of the processes used to ensure that the clinical education in external facilities is monitored by the program.
- Provide documentation of the processes used by the program to verify that educational objectives of each active site are met.

Sources of Evidence:

- Agreements/contracts
- Policies (re. identification and ongoing evaluation of external facilities)
- Procedures (selection and placement of students, protocol for monitoring students, evaluation)
- Catalogs
- Students, alumni, clinical coordinator, off-campus clinical supervisors/preceptors
- Contact with off-campus sites

3.10B An effective entry-level speech-language pathology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.

Documentation Guidance:

- Provide documentation of the written policies and procedures that are pertinent to expectations of student academic and clinical conduct.
- Provide documentation of the written policies and procedures that are used to address violations of expectations regarding academic conduct.

Sources of Evidence:

- Catalogs, policies and procedures
- Academic and clinical faculty, program director, students, clinical coordinator
- On- and off-campus clinical supervisors/preceptors

Standard 4.0 Students

4.1 The program criteria for accepting students for graduate study in audiology or speech-language pathology meet or exceed the institutional policy for admission to graduate study.

Documentation Guidance:

- Describe the program's and institution's criteria for admission.
- Describe the admissions standards of the program and of the institution and provide a rationale for any differences between the two sets of criteria.
- Provide program policies regarding the use of exceptions to the admissions policies.

Sources of Evidence:

- Websites (program, university)
- Catalogs
- Brochures
- Academic calendars
- Advertisements
- Admission policies and procedures
- Program director, students

4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

Documentation Guidance:

- Describe how the program's curriculum and program policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and an understanding of cultural, linguistic, and individual diversity.
- Provide the program's policy regarding proficiency in English and/or other languages.
- Provide documentation to support that the language proficiency policy is applied consistently.
- Provide the program's policy regarding the processes used to determine the need for and the provision of accommodations for students with reported disabilities.

Sources of Evidence:

- Website
- Graduate catalog
- Clinic handbook
- Policies and procedures
- Course syllabi
- Students, program director, academic and clinical faculty, clinical supervisors, administrators

4.3 The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program.

Documentation Guidance:

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

- Describe the program's policies and procedures to ensure that intervention plans are implemented and documented.
- Provide examples of the development, implementation, and documentation of intervention plans.
- Provide evidence that the policy is applied consistently across all students who are identified as needing intervention.

General Guidance:

- Intervention processes and opportunities should be available for not only summative assessments, but for all forms of assessments.

Sources of Evidence:

- Policies and procedures
- Course syllabi
- Faculty meeting minutes
- Student records
- Documentation of tracking and evaluation system
- Program director, academic and clinical faculty, clinical supervisors, students, alumni

4.4 Students are informed about the program's policies and procedures, expectations regarding academic integrity and honesty, ethical practice, degree requirements, and requirements for professional credentialing.

Documentation Guidance:

- Provide documentation of the methods used to inform students of its policies and procedures regarding academic integrity and honesty, ethical practice, degree requirements of the program, and requirements for professional credentialing.

Sources of Evidence:

- Graduate catalog
- Clinic handbook
- Policies and procedures
- Course syllabi
- Specific documents (degree requirements, current certification requirements, current licensure requirements, current ethical practice requirements)
- Program director, academic and clinical faculty, clinical supervisors, students, alumni

4.5 Students are informed about the processes that are available to them for filing a complaint against the program.

Documentation Guidance:

- Describe how the program provides information to its students about filing a complaint against the program.
- Describe the program's policy for maintaining a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct.
- Describe the manner in which students are informed to contact the CAA to file a complaint regarding the program's compliance with standards of accreditation.

Sources of Evidence:

- Graduate catalog
- Clinic handbook

- Policies & procedures (University student complaint; CAA complaint)
- Website
- Student complaint files
- Program director, academic and clinical faculty, clinical supervisors, students, administrators

4.6 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.

Documentation Guidance:

- Describe the student advisement processes, including the timelines for advising.
- Describe the mechanisms for documenting the advisement that pertains to academic and clinical progress.
- Describe the processes for identifying students who may not meet program requirements, including language proficiency.
- Describe the processes for documenting concerns about a student’s performance in meeting all program requirements and for ensuring those concerns are addressed with the student.

Sources of Evidence:

- Graduate catalog
- Clinic handbook
- Policies & procedures
- Student files
- Databases or other tracking mechanisms
- Students, alumni, academic and clinical faculty, program director

4.7 The program documents student progress toward completion of the graduate degree and professional credentialing requirements.

Documentation Guidance:

- Describe the processes for development and maintenance of documentation of each student’s records for the entire time of his or her matriculation in the program.
- Describe the mechanisms used by the program to ensure that the documentation is used to track student progress toward meeting the academic, clinical, and other requirements for the degree and the program identified credential(s) for which it is preparing its students.

Sources of Evidence:

- Policies & procedures
- Student files
- Databases or other tracking mechanisms
- Students, alumni, academic and clinical faculty, program director, administrative staff

4.8 The program makes the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for the credential(s).

Documentation Guidance:

- Describe the processes that are used by the program to provide access to student records that are requested by the student and program graduates or those who attended the program, but did not graduate.

- Describe the policy for retention of student records.

Sources of Evidence:

- Graduate catalog
- Policies & procedures
- Student files
- Databases or other tracking mechanisms
- Current and former students, alumni, academic and clinical faculty, program director, administrative staff

4.9 Students are provided information about student support services available within the program and institution.

Documentation Guidance:

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

Sources of Evidence:

- Catalogs/handbooks
- Websites
- Students, alumni, academic and clinical faculty, program director, administrators

4.10 The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.

Documentation Guidance:

- Describe the institutional policies regarding verification of student identity as well as how this process is implemented and applied.
 - o Acceptable mechanisms may include, but are not limited to, secure login and pass code or other technologies or practices that are effective for verifying student identification.
 - o Provide the policies regarding the protection of student identity for those students studying within a distance modality.
 - o Provide policies that include notification to students upon enrollment of any fees associated with verification of identity for distance education purposes.

Sources of Evidence:

- University catalogs
- Student handbooks
- Websites
- Policies and procedures
- Student files
- Students, alumni, academic and clinical faculty, program director, administrators

Standard 5.0 Assessment

5.1 The program regularly assesses student learning.

Documentation Guidance:

- Describe the processes used to assess the achievement of student learning outcomes.
- Describe the processes used to assess the acquisition of the expected knowledge and skills.
- Describe the processes used to provide consistent feedback to each student.

Sources of Evidence:

- Policies and procedures
- Course syllabi
- Student files
- Documentation of tracking and evaluation system
- Graduate and employer surveys
- Graduate exit interviews
- Students, alumni, academic and clinical faculty, program director, on- and off-campus supervisors/preceptors

5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.

Documentation Guidance:

- Describe the assessment plan that is used throughout the program to assess performance of its students, including the timelines for administration of the elements of the assessment plan.
- Describe processes used 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.
- Describe the student learning goals that address the acquisition of knowledge and skills, aptitudes, and abilities, including professionalism and professional behaviors.
- Describe how the goals, objectives, and student success in meeting the learning goals are aligned with the mission of the program.
- Describe the protocols for administering the assessment plan, including the use of multiple academic and clinical faculty.
- Describe the use of the assessment measures to evaluate and enhance student progress and how the assessment measures are applied consistently and systematically.

Sources of Evidence:

- Policies and procedures
- Program student learning goals
- Course syllabi
- Student files
- Documentation of tracking and evaluation system
- Students, alumni, academic and clinical faculty, program director, on- and off-campus supervisors/preceptors

5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.

Documentation Guidance:

- Describe the benchmarks or thresholds used to evaluate the quality of the program.
- Describe the procedures used to evaluate the quality, currency, and effectiveness of the program and each program component.
- Describe the processes by which the program engages in systematic self-study.
- Describe the mechanisms used to evaluate each program component.
- Demonstrate how the results of the assessment processes are used to improve the program.
- Provide the schedule on which the evaluations are conducted and the results are analyzed.
- Describe the mechanisms used to include evaluations of the academic and clinical aspects of the program by students.
- Describe the processes used to monitor the alignment between the stated program goals and objectives and the measured student learning outcomes.

Sources of Evidence:

- Policies and procedures
- Faculty meeting minutes
- Student, graduate and program assessment documents, e.g., graduate and employer surveys, feedback from external clinical facilities, client/caregiver feedback, community input
- Student evaluations
- Documentation of tracking and evaluation systems
- Outcome measures, such as program completion rate, Praxis examination data, employment rate
- Academic and clinical faculty, program director, on- and off-campus supervisors/preceptors, students, alumni, clients/caregivers

5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.

Documentation Guidance:

- Describe the procedures followed to use the results of the assessments to plan and implement program improvements that ensure continuous quality improvement.
- Describe the processes used to ensure that any program changes are consistent with the program's stated mission and goals.

Sources of Evidence:

- Policies and procedures
- Faculty meeting minutes
- Academic and clinical faculty, program director, administrators

5.5 The percentage of students who are enrolled on the first census date of the program and complete the program within the program's published academic terms meets or exceeds the CAA's established threshold.

Documentation Guidance:

- Describe the mechanisms used to keep records of the number of students enrolled on the first census day of the program.
- Describe the processes used by the program to compare each student's time to degree in light of the terms (consecutive or non-consecutive) established by the program.
- Describe the mechanisms used to keep records of the numbers of students who continue to graduation, take an approved leave of absence, take longer or leave the program for reasons

unrelated to program quality (e.g., personal, financial, relocation), and those students who take longer or leave the program for reasons related to academic or clinical progress (e.g., insufficient course offerings, remediation, academic integrity, dismissal).

- Provide an explanation and a plan for improvement, if the program's 3-year average for completion rate does not meet or exceed the CAA's established threshold.

Sources of Evidence:

- Policies and procedures
- University catalog
- Faculty meeting minutes
- Outcome measure summaries for program completion rate
- Academic and clinical faculty, program director, students, alumni

General Guidance:

- A form is available on the [CAA website](#) to support the program in documenting students completing the program.
- Information is available on the CAA website about [Calculating Program Completion Rates](#).

5.6 The percentage of test-takers who pass the *Praxis*[®] Subject Assessments in audiology or speech-language pathology meets or exceeds the CAA's established threshold.

Documentation Guidance:

- Describe the mechanisms used by the program to determine the number of test-takers who take the *Praxis*[®] Subject Assessment exam each year.
- Describe the mechanisms used by the program to determine how many individuals who took the *Praxis*[®] Subject Assessment exam each year passed the exam in that year.
- Provide an explanation and a plan for improvement if the program's 3-year average for exam pass rate does not meet or exceed the CAA's established threshold.

Sources of Evidence:

- Policies and procedures
- Faculty meeting minutes
- Outcome measure summaries for Praxis examination pass rate
- Academic and clinical faculty, program director, students, alumni

5.7 The percentage of program graduates who are employed in the profession or pursuing further education in the profession within 1 year of graduation meets or exceeds the CAA's established threshold.

Documentation Guidance:

- Describe the mechanism used by the program to determine the number of individuals who are employed in the field within 1 year of graduation.
- Describe the mechanism used by the program to determine the number of individuals who are pursuing further education in the field.
- Provide an explanation and a plan for improvement if the program's 3-year average for employment rate does not meet or exceed the CAA's established threshold.

Sources of Evidence:

- Policies and procedures
- Faculty meeting minutes
- Outcome measure summaries for employment rate
- Academic and clinical faculty, program director, alumni

5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate, Praxis® Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level.

Documentation Guidance:

- Describe the analysis processes used by the program to evaluate the results of program completion rate, Praxis® Subject Assessment pass rate, and employment rate to facilitate continuous quality improvement.

Sources of Evidence:

- Policies and procedures
- Faculty meeting minutes
- Outcome measures for program completion rate, Praxis examination data, employment rate
- Academic and clinical faculty, program director

5.9 The program regularly evaluates and documents the results of the assessment of all faculty and staff to determine their effectiveness in delivering a thorough and current program.

Documentation Guidance:

- Describe the mechanisms used by the program to evaluate the effectiveness of the faculty and staff to deliver a high quality program.
- Describe the processes of the evaluation procedures, including a timeline for such procedures and the safeguards that are in place to ensure that the processes are fair.
- Describe the mechanisms used to evaluate how the effectiveness of the delivery of the program is consistent with institutional policies and procedures.

Sources of Evidence:

- Policies and procedures
- University catalog/website
- Faculty meeting minutes
- Student, graduate and program assessments
- Academic and clinical faculty, program director, administrators, students

5.10 The faculty and staff involved in delivering the program to students use the results of the evaluation of their performance to guide continuous professional development that facilitates the delivery of a high quality program.

Documentation Guidance:

- Describe the mechanisms used to assess how the faculty and staff evaluation processes result in continuous professional development.
- Describe the mechanisms used by the program to determine whether continuous professional development facilitates delivery of a high quality program.

Sources of Evidence:

- Policies and procedures
- Faculty meeting minutes
- Academic and clinical faculty, program director, administrators

5.11 The individual responsible for the program of professional education seeking accreditation effectively leads and administers the program.

Documentation Guidance:

- Describe how the individual responsible for the program of professional education effectively leads and administers the program.
- Describe how the program director's effectiveness in leadership and administration of the program is evaluated and indicate the frequency of this evaluation.
- Demonstrate how the plan for review of the program director's effectiveness is clearly documented and shared with faculty.

Sources of Evidence:

- Vita
- Organizational chart
- Faculty meeting minutes
- Program director, academic and clinical faculty, administrators, administrative staff

Standard 6.0 Program Resources

6.1 The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.

Documentation Guidance:

- Describe the budgeting process for the program and submit a copy of the approved budget for the current year.
- 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.
- Provide verification that the budget is sufficient to meet the program's mission and goals.
- Describe how the program determines that there is sufficient support for the specific areas of personnel, equipment, educational and clinical materials, and research.
- Identify any budget insufficiencies and describe how these insufficiencies will affect the program in the near term and long term.
- If there are insufficiencies in the budget, describe how the program will address the impact of these insufficiencies on the program.
- 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.

Sources of Evidence:

- Budget
- Program mission and goals statements
- Program director, administrators

6.2 The institution provides adequate support to the program so that its faculty and staff have the opportunities to maintain continuing competence.

Documentation Guidance:

- Provide documentation of the institutional support for continuing professional development. Examples of evidence for institutional support for faculty development may include:
 - release time for research and professional development,
 - support for professional travel,
 - professional development opportunities on campus.
- Describe how the program provides sufficient support for the faculty and staff to maintain continuing competence.

Sources of Evidence:

- Budget
- Program director, academic and clinical faculty, administrators

6.3 The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals.

Documentation Guidance

- Describe the processes used and the results of those processes to determine the adequacy of the facility to deliver a high quality program.
- Describe the processes used and the results of those processes to determine that the facilities meet contemporary standards of access and use.

Sources of Evidence:

- Tour of facilities
- Program director, academic and clinical faculty, administrators, students, clients/caregivers

6.4 The program's equipment and educational and clinical materials are appropriate and sufficient to achieve the program's mission and goals.

Documentation Guidance:

- Describe the processes used to evaluate the quantity, quality, currency, and accessibility of the materials and equipment used by the program to determine whether they are sufficient to meet the mission and goals of the program.
- Describe the mechanisms used to determine whether the equipment is in good working order and, where appropriate, meets standards established by ANSI or other standards-setting bodies.

Sources of Evidence:

- Tour of facilities
- Equipment calibration records
- Inventories of major equipment and materials
- Program director, academic and clinical faculty, clinical supervisors, administrators, students, clients/caregivers

6.5 The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed for the program to meet its mission and goals.

Documentation Guidance

- Describe the processes used to evaluate the adequacy of the infrastructure to support the work of the program students, faculty, and staff.
- Describe how access to the infrastructure allows the program to meet its mission and goals.
- Demonstrate access by faculty and students to appropriate and sufficient resources, such as library resources, interlibrary loan services, access to the Internet, computer and laboratory facilities, and support personnel.
- Describe how the adequacy of support is evaluated and how these resources are addressed in the program's strategic plan.

Sources of Evidence:

- Tour of facilities
- Program director, academic and clinical faculty, clinical supervisors, administrators, students, clients/caregivers, administrative staff

6.6 The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals.

Documentation Guidance:

- Describe the processes used to evaluate the adequacy of access to clerical and technical staff to support the work of the program students, faculty, and staff.
- Describe how access to clerical and technical staff allows the program to meet its mission and goals.

Sources of Evidence:

- Tour of facilities
- Program director, academic and clinical faculty, clinical supervisors, administrators, students, alumni, administrative and technical staff