

**Comparison of 1999 (Current) and 2008
Standards for Accreditation of Graduate Education Programs
in Audiology and Speech-Language Pathology**

Council on Academic Accreditation in Audiology and Speech-Language Pathology

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| <p>Standards are divided into 6 sections:</p> <ul style="list-style-type: none"> 1.0 Administrative Structure and Governance 2.0 Faculty 3.0 Curriculum (Academic and Clinical Education) 4.0 Students 5.0 Assessment 6.0 Program Resources | <p>Standards are divided into 5 sections:</p> <ul style="list-style-type: none"> 1.0 Administrative Structure and Governance 2.0 Faculty/Instructional Staff 3.0 Curriculum (Academic and Clinical Education) 4.0 Students 5.0 Program Resources | <p>Added <u>new</u> section on Assessment</p> <p>Section 3 - Curriculum divided into 2 sub sections:</p> <ul style="list-style-type: none"> A. audiology B. speech-language pathology |
| <p>No eligibility section in the introduction.</p> | <p>To be eligible for accreditation, programs must meet the following criteria:</p> <ul style="list-style-type: none"> 1. Institution must hold regional accreditation. 2. The institution must offer master's and/or doctoral degree programs that are specifically designed to prepare students for entry into professional practice as audiologists or speech-language pathologists. 3. After December 31, 2003 the CAA will award Candidacy or initial accreditation only to doctoral level programs in audiology... After December 31, 2006, the CAA will award Candidacy, initial accreditation, or reaccreditation only to doctoral level programs in audiology... Master's level programs in audiology will no longer be eligible for reaccreditation by the CAA after this date. 4. The institution must conduct a comprehensive self-analysis that demonstrates how the program meets each of the accreditation standards, and the results of this analysis must be documented in the application for accreditation. | <p>Eligibility section in the introduction is eliminated. All of the eligibility requirements are addressed in the standards.</p> |

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| 1.0 ADMINISTRATIVE STRUCTURE AND GOVERNANCE | | |
| <p>1.1 The applicant institution of higher education holds regional accreditation.</p> <p>The institution of higher education within which the applicant audiology and/or speech-language pathology program is housed must hold regional accreditation from one of the following six regional accrediting bodies: (1) Middle States Commission on Higher Education; (2) New England Association of Schools and Colleges, Commission on Institutions of Higher Education; (3) The Higher Learning Commission of the North Central Association of Colleges and Schools; (4) Northwest Commission on Colleges and Universities; (5) Southern Association of Colleges and Schools, Commission on Colleges; or (6) Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities.</p> <p>For programs with components located outside the region of the home campus, the program must verify to the CAA that all locations in which its academic components are housed, including official satellite campuses outside of the United States, are regionally accredited.</p> | <p>1.1 The applicant institution of higher education holds regional accreditation.</p> <p><i>The applicant institution of higher education within which the speech-language pathology and/or audiology program is housed must hold regional accreditation from one of the following six regional accrediting bodies: (1) Middle States Association of Colleges and Schools, (2) New England Association of Schools and Colleges, (3) North Central Association of Colleges and Schools, (4) Northwest Association of Schools and Colleges, (5) Southern Association of Colleges and Schools, (6) Western Association of Schools and Colleges.</i></p> <p><i>If an applicant program offers academic components that are located outside the region of its home campus and are determined by the regional accrediting body to be separately accreditable, evaluation of the other institution(s) is the responsibility of the region in which it is located. The program should verify to the CAA that all locations in which its academic components are housed are appropriately accredited.</i></p> | Edits for clarification. |
| <p>1.2 The program's mission and goals are consistent with CAA standards for entry into professional practice (3.1A and/or 3.1B) and with the mission of the institution.</p> <p>The mission statements of the institution, college, and program must be presented as evidence to support compliance with this standard. The program's faculty must regularly evaluate the congruence of program and institutional goals and the extent to which the goals are achieved.</p> | <p>1.2 The program's mission, goals, and objectives are consistent with ASHA-recognized national standards for entry into professional practice and with the mission of the institution.</p> <p><i>The application should include the mission statements of the institution and college as well as of the program. The program faculty and professional staff should regularly evaluate the consistency of program and institutional goals and objectives and the extent to which they are achieved.</i></p> | Edits for clarification. |
| <p>1.3 The program develops and implements a long-term strategic plan.</p> <p>The plan must be congruent with the mission of the institution, have the support of the university administration, and reflect the role of the program within the community. Components of a plan may include long-term program goals, specific measurable objectives, strategies for attainment, a schedule for analysis, and a mechanism for</p> | <p>1.6 The program conducts ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Students have ongoing opportunity to assess their academic and clinical education program. Results of the assessments are used to plan and implement program improvements that promote high-quality educational experiences for students.</p> | <p>New standard (based on portion of 1999 Standard 1.6 re. program goals, planning, and evaluation)</p> <p><u>Note</u> – student assessment portion of 1999 standard 1.6 appears under new standard 5.0 Assessment.</p> |

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| <p>regular evaluation of the plan itself and of progress in meeting the plan's objectives. The plan and the results of the regular evaluation of the plan and its implementation must be shared with faculty, students, staff, alumni, and other interested parties.</p> | <p><i>The program should detail the procedures followed in evaluating the quality, currency, and effectiveness of its graduate program, the academic and clinical preparation of its students, the professional performance of its graduates, and the process by which it engages in systematic self-analysis. The plan should indicate the mechanisms used to evaluate each component and the schedule on which the evaluations are conducted. Results of such evaluations should be reported, as well as specific modifications to the program that result from the evaluations. Student performance on the Praxis series examinations in speech-language pathology and/or audiology is an example of an expected outcome measure.</i></p> | |
| <p>1.4 The program's faculty¹ has authority and responsibility for the program.</p> <p>The institution must indicate by its administrative structure that the program's faculty is recognized as a body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum. The program's faculty has reasonable access to higher levels of administration. The program must describe how substantive decisions regarding the academic and clinical programs are initiated, developed, and implemented by the program faculty. Programs without independent departmental status must be particularly clear in describing these aspects of the organizational structure.</p> | <p>1.3 The program's faculty/instructional staff have authority and responsibility for making decisions regarding and for conducting the academic and clinical program, including curriculum, within the institution; and the program's faculty/ instructional staff have reasonable access to higher levels of administration.</p> <p><i>The institution should indicate by its administrative structure that the program's faculty/instructional staff are recognized as a body that can initiate, evaluate, and implement decisions affecting all aspects of the professional education program. Programs without independent departmental status should be particularly clear in describing these aspects of the organizational structure. The program should describe how substantive decisions regarding the academic and clinical programs are initiated, developed, and implemented by the program faculty.</i></p> | <p>New numbering.</p> <p>Edits for clarification.</p> |
| <p>1.5 The individual responsible for the program(s) 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. The individual effectively leads and administers the program(s).</p> | <p>1.4 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, or hearing science, and holds a full-time appointment in the institution. The individual effectively leads and administers the program.</p> | <p>New numbering.</p> <p>Edits for clarification.</p> <p>Added regular evaluation process to document effective leadership.</p> |

¹ In this document the term *faculty*, unless otherwise qualified, is meant to include faculty members (tenure-track and non-tenure-track), lecturers, clinical supervisors, and all other instructional staff members who are employees of the program. This term does not apply to off-site clinical supervisors, preceptors, internship mentors, or similar personnel who do not hold employment contracts with the institution of higher education.

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| <p>Individuals without earned graduate degrees in the areas listed in the standard but with earned graduate degrees in other areas of major emphasis, such as linguistics, deaf education, special education, reading, administration, speech communication, or otolaryngology, typically do not satisfy this standard. A department chair who is not serving as the program director need not meet this standard, but it must be clear in this situation that the program director is indeed responsible for the program(s) of professional education.</p> <p>Regular evaluation of the program director's effectiveness in advancing the goals of the program and institution and in leadership and administration of the program must be documented.</p> | <p><i>Other areas of major emphasis, such as education of the deaf, special education, reading, administration, speech communication, and otolaryngology, typically do not satisfy this standard. The disciplinary area for a department chair or head is not specified. The individual responsible for the professional program, however, must hold a graduate degree in the profession.</i></p> <p><i>Effective leadership is provided by the program director with regard to meeting the teaching, research, and service goals of the program and institution.</i></p> | |
| <p>1.6 Students, faculty, staff, and persons served in the program's clinic are treated in a nondiscriminatory manner—that is, without regard to race, color, religion, sex, national origin, participation restriction, age, sexual orientation, or status as a parent. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.</p> <p>The signature of the institution's president or designee on the application for accreditation affirms the institution's compliance with all applicable federal, state, and local laws prohibiting discrimination, including harassment, on the basis of race, color, religion, sex, national or ethnic origin, physical or mental disability or condition, age, sexual orientation, status as a parent, and status as a covered veteran, including, but not limited to, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1964, the Equal Pay Act, the Age Discrimination in Employment Act, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 (to the Higher Education Act of 1965), the Rehabilitation Act of 1973, the Vietnam-Era Veterans Readjustment Assistance Act of 1974, and all amendments to the foregoing. The program demonstrates compliance through its policies and procedures.</p> | <p>1.5 Students, staff, and clients are treated equitably—that is, without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.</p> <p><i>The signature of the institution's president or designee affirms the institution's compliance with all applicable federal, state, and local laws, including, but not limited to, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1964, the Equal Pay Act, the Age Discrimination in Employment Act, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 (to the Higher Education Act of 1965), the Rehabilitation Act of 1973, the Vietnam-Era Veterans Readjustment Assistance Act of 1974, and all amendments to the foregoing. The program demonstrates compliance through its policies and procedures.</i></p> | <p>New numbering.</p> <p>Edits for clarification</p> |
| <p>1.7 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.</p> | <p>1.8 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.</p> | <p>New numbering.</p> |

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| <p>Web sites, catalogs, advertisements, and other publications/electronic media must be accurate regarding the program's accreditation status, standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges. Data on the following student outcome measures must be available to the public: program completion rates, Praxis examination pass rates, and employment rates. (See Standard 5.3 below.)</p> | <p><i>Catalogs, advertisements, and other publications/ electronic media must include accurate information regarding the program's accreditation status, standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, graduation rates, academic calendars, grading policies and requirements, and fees and other charges.</i></p> | |
| <p>2.0 FACULTY</p> | | |
| <p>2.1 All faculty members, 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 assigned by the program.</p> <p>Qualifications and competence to teach graduate-level courses and to provide clinical education must be evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education. All individuals providing clinical education, both on-site and off-site, must have appropriate experience and credentials for the professional area in which clinical education is provided.</p> <p>The faculty must possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum, consistent with the institutional expectations for clinical graduate programs. Academic content is to be taught by doctoral-level faculty except where there is a compelling rationale for instruction by an individual with other professional qualifications that satisfy institutional policy.</p> | <p>2.1 Faculty/instructional staff are qualified and competent by virtue of their education, experience, and professional credentials to provide the academic and clinical education for the program seeking accreditation.</p> <p><i>The program should make available vitae of faculty/instructional staff that identify educational background and experience. Qualifications and competence to teach graduate-level courses should be evident in terms of appropriateness of degree level, practical or educational experiences specific to curricular responsibilities in the program, and other indicators of competence to offer graduate education. Individuals providing clinical supervision for the purposes of certification should hold the appropriate ASHA Certificate of Clinical Competence and other credentials consistent with state requirements.</i></p> <p><i>Doctoral level programs in audiology must demonstrate sufficient doctoral level faculty with appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum and consistent with the institutional expectations for doctoral programs.</i></p> | <p>Edits for clarification.</p> <p>Implementation language includes following changes:</p> <p>All faculty, <u>including all individuals providing clinical supervision</u>, are qualified to provide assigned academic and clinical education</p> <p>Both on-site and off-site supervisors must have appropriate experience and <u>credentials</u> (rather than only ASHA CCC).</p> <p><u>Doctoral</u> faculty must teach academic content of program, except in limited instances.</p> |
| <p>2.2 The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty is sufficient to meet the teaching, research, and service needs of the program and the expectations of the institution. The institution provides stable support and resources for the program's faculty.</p> | <p>2.2 The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty/instructional staff is sufficient to meet the teaching, research, and service needs of the program and expectations of the institution.</p> | <p>Blends 1999 standards 2.2 and 2.3 re. sufficiency of faculty and institutional support to meet needs of the program, including tenure, promotion, or continued employment opportunities.</p> |

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| <p>A sufficient number of qualified doctoral-level faculty with full-time appointments is essential for accreditation. This number must include research-qualified faculty (e.g., PhDs). The program must document that the number of doctoral-level and other faculty is sufficient to offer the breadth and depth of the curriculum, including its scientific and research components, so that students can complete the requirements within a reasonable time period and achieve the expected knowledge and skills. The faculty must have sufficient time for scholarly and creative activities, advising students, participating in faculty governance, and other activities consistent with the institution's expectations. Faculty must be accessible to students.</p> <p>Institutional commitment to the program's faculty is demonstrated through documentation of stability of financial support for faculty, evidence that workload assignments are consistent with institutional policies, and evidence of positive actions taken on behalf of the program's faculty.</p> <p>The program must demonstrate that faculty members have the opportunity to meet the institution's criteria for tenure, promotion, or continued employment, in accord with the institution's policies.</p> | <p><i>A sufficient core of qualified full-time speech, language, hearing doctoral-level faculty is essential for accreditation. The program should document that the number of doctoral-level and other faculty/instructional staff is sufficient to offer the curriculum, including its scientific and research components, in such a manner that students can complete the requirements within a reasonable time period. The faculty must have sufficient time for scholarly and creative activities, advising students, participation in faculty governance, and other activities consistent with the institution's expectations. Faculty must be accessible to students. Excessive reliance on ancillary, adjunct, or part-time faculty typically would not meet the standard.</i></p> <p>2.3 The institution demonstrates a commitment to the continuity of the program by maintaining a sufficient number of doctoral-level faculty and other instructional staff, with appropriate qualifications to ensure the continued integrity of the program.</p> <p><i>Institutional commitment to the program may be demonstrated through documentation of stability of financial support, evidence of recent history of positive actions taken on behalf of the program, long-range academic plans of the institution and program, and promotion/tenure policies for faculty/instructional staff. The program must demonstrate by its allocation of responsibilities that faculty/instructional staff members have the opportunity to meet the institution's criteria for tenure, promotion, or continued employment, in accord with the institution's policies.</i></p> | <p>Must have sufficient core of full-time doctoral faculty, including <u>research-qualified</u> faculty, (e.g., PhD)</p> <p>Edits for clarification.</p> |
| <p>2.3 Faculty members maintain continuing competence.</p> <p>Faculty can demonstrate continuing competence in a variety of ways, including course and curricular development, professional development, and research activities. Evidence of each faculty member's professional development activities must appear in faculty vitae.</p> <p>The program must demonstrate that support, incentives, and resources are available for the continued professional development of the faculty. Examples of evidence include release time for research and professional development support for professional travel, and professional development opportunities on campus.</p> | <p>2.4 Faculty/instructional staff maintain continuing competence.</p> <p><i>The program should describe the mechanism for evaluating the competence of its faculty/instructional staff in academic and clinical teaching, scholarship, and other activities and should provide evidence of the competence of the faculty/instructional staff.</i></p> <p><i>Professional development is one mechanism for supporting continuing competence. The program should demonstrate how support, incentives, and resources are available for the continued professional development of the faculty/instructional staff. Examples of evidence include</i></p> | <p>New numbering. Edits for clarification.</p> |

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| | <i>support for professional travel, release time for professional development, and professional development opportunities on campus.</i> | |
| 3.0 CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) <u>A. AUDIOLOGY</u> | | |
| <p>3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.</p> <p>The program must provide a curriculum leading to an entry-level clinical doctoral degree with a major emphasis in audiology. The program must offer appropriate courses and clinical experiences on a regular basis so that students may satisfy the degree requirements within the published time frame.</p> <p>The program must ensure that students have opportunities to acquire the knowledge and skills needed for entry into independent professional practice across the range of practice settings (including but not limited to hospitals, schools, private practice, community speech and hearing centers, and industry) and to meet relevant licensure and certification standards.</p> <p>Doctoral-level programs in audiology must provide evidence of a curriculum that allows students to achieve the knowledge and skills listed below. Typically, the achievement of these outcomes requires the completion of 4 years of graduate education or the equivalent.</p> <p>The doctoral curriculum in audiology must include a <u>minimum</u> of 12 months' full-time equivalent of supervised clinical experiences throughout the program of study. These include short-term rotations and longer term externships. Clinical experiences must constitute at least 25% of the program length.</p> <p>The aggregate total of clinical experiences must equal at least 12 months, to include direct client/patient contact, consultation, record keeping, and administrative duties relevant to professional service delivery in audiology. The program must provide sufficient breadth and depth of</p> | <p>3.1 The curriculum (academic and clinical education) is consistent with the mission and goals of the program and is sufficient to permit students to meet ASHA-recognized national standards for entry into professional practice.</p> <p><i>The program should describe the curriculum leading to a master's or doctoral degree with a major emphasis in speech-language pathology and/or audiology. The program must offer appropriate courses and clinical experiences on a regular basis so that students enrolled in the program may satisfy the requirement for a graduate degree(s) in speech-language pathology and/or audiology for entry into professional practice.</i></p> <p><i>The intent of this standard is to ensure that program graduates are able to meet ASHA certification standards. The program may demonstrate how ASHA's recognized standards are met by describing outcome evaluations of students' knowledge and skills needed for entry into professional practice.</i></p> <p><i>Master's level programs in audiology must include a minimum of 36 graduate semester credit hours. At least 30 of the 36 semester credit hours of professional course work must be in audiology, including at least 6 hours in hearing disorders and hearing evaluation, at least 6 hours in habilitative/rehabilitative procedures with individuals who have hearing impairment, and at least 6 hours in speech-language pathology. The graduate curriculum must include a minimum of 250 clock hours of supervised clinical observation and supervised clinical practicum in audiology. At least 40 clock hours must be in the area of evaluation of hearing in children, at least 40 clock hours in the evaluation of hearing in adults, at least 80 clock hours in the selection and use of amplification and assistive devices, including a minimum of 10 hours related to children and a minimum of 10 hours related to adults, at least 20 clock hours in the</i></p> | <p>Section 3 is divided into two subsections: 3A – Audiology 3B – Speech-language pathology</p> <p>3.1 A deletes references to curriculum expectations for <u>master's</u> programs in audiology</p> <p>3.1A also incorporates 1999 Standard 3.4 re. interaction and interdependence of speech, language, and hearing in curriculum</p> <p>Curriculum prepares students in <u>full breadth and depth of scope of practice</u> in audiology. A program's curriculum must be designed to support students' acquisition of knowledge, skills, and abilities.</p> <p>Must provide sufficient didactic coursework, typically over 4 years; however there is no stated minimum of semester credit hours or number of academic terms to meet this standard. Removing the process requirement of a minimum number of semester credit hours allows programs creativity and flexibility in designing a program of study consistent with its own stated mission.</p> |

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| <p>opportunities for students to obtain a variety of clinical experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in audiology, sufficient to enter independent professional practice.</p> <p>It is the responsibility of the program to plan a clinical program of study for each student. The program must demonstrate that it has sufficient agreements with supervisors or preceptors and clinical sites to provide each student with the clinical experience necessary to prepare them for independent professional practice. It is the program's responsibility to design, organize, administer, and evaluate the overall clinical education of each student.</p> <p>The doctoral academic and clinical curriculum in audiology must include instruction in the areas of (a) foundations of audiology practice, (b) prevention and identification, (c) evaluation, and (d) treatment, as described below.</p> <p>Instruction in foundations of audiology practice must include opportunities for students to acquire knowledge in the following areas:</p> <ul style="list-style-type: none"> • normal aspects of auditory physiology and behavior over the life span • interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders • anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems • principles, methods, and applications of psychoacoustics • effects of chemical agents on the auditory and vestibular systems • instrumentation and bioelectrical safety issues • infectious/contagious diseases and universal precautions • physical characteristics and measurement of acoustic stimuli • physical characteristics and measurement of electric and other nonacoustic stimuli • principles and practices of research, including experimental design, evidence-based practice, | <p><i>treatment of hearing disorders in children and adults, and at least 20 clock hours in speech-language pathology.</i></p> <p><i>Doctoral level programs in audiology must include a minimum of 75 semester credit hours of post-baccalaureate education culminating in a doctoral degree that is sufficient in depth and breadth for graduates to achieve the knowledge and skills outcomes identified for entry into independent professional practice as identified below. In addition, the curriculum should include appropriate research opportunities, consistent with the specified mission and goals of the program and institutional expectations for doctoral programs.</i></p> <p><i>The doctoral curriculum in audiology also must include a minimum of 12 months full-time equivalent of supervised clinical practicum during the program of study. The aggregate total of clinical experiences should equal at least 52 weeks. A week of clinical practicum is defined as a minimum of 35 hours per week in direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical practicum experiences in different work settings, with different populations, and with appropriate resources and equipment in order to demonstrate skills across the scope of practice in audiology and that are sufficient to enter independent professional practice.</i></p> <p><i>The doctoral academic and clinical curriculum in audiology must include instruction in the areas of (a) foundations of audiology practice, (b) prevention and identification, (c) evaluation, and (d) treatment.</i></p> <p><i>Instruction in foundations of audiology practice should include the following:</i></p> <ul style="list-style-type: none"> • <i>Professional codes of ethics and credentialing</i> • <i>Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services</i> • <i>Educational, vocational, and social and psychological effects of hearing impairment and their impact on the</i> | <p>Maintains minimum of 12 months FTE supervised clinical experiences as part of program, which should comprise at least 25% of the overall program.</p> <p>Program responsible for designing, administering, and evaluating all clinical education for each student.</p> <p>The ability to “apply the principles of evidence-based practice” is added to the list of knowledge and skills acquisition opportunities. Added and edited knowledge, skill, and ability statements from previous set of standards</p> <p>Other edits for clarification</p> |

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| <p>statistical methods, and application to clinical populations</p> <ul style="list-style-type: none"> • medical/surgical procedures for treatment of disorders affecting auditory and vestibular systems • client/patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services • genetic bases of hearing and hearing loss • speech and language characteristics across the life span associated with hearing impairment • development of speech and language production and perception • manual and other communication systems, use of interpreters, and assistive technology • ramifications of cultural diversity on professional practice • educational, vocational, and social and psychological effects of hearing impairment and their impact on the development of a treatment program • health care and educational delivery systems • professional codes of ethics and credentialing • supervisory processes and procedures • laws, regulations, policies, and management practices relevant to the profession of audiology <p>Instruction in prevention and identification of auditory and vestibular disorders must include opportunities for students to acquire the knowledge and skills necessary to</p> <ul style="list-style-type: none"> • interact effectively with patients, families, and other appropriate individuals and professionals • prevent the onset and minimize the development of communication disorders • identify individuals at risk for hearing impairment • apply the principles of evidence-based practice • screen individuals for hearing impairment and activity limitation or participation restriction using clinically appropriate and culturally sensitive screening measures • screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures • administer conservation programs designed to reduce the effects of noise exposure and of agents that are | <p><i>development of a treatment program</i></p> <ul style="list-style-type: none"> • <i>Anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems</i> • <i>Normal development of speech and language</i> • <i>Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment</i> • <i>Normal processes of speech and language production and perception over the life span</i> • <i>Normal aspects of auditory physiology and behavior over the life span</i> • <i>Principles, methods, and applications of psychoacoustics</i> • <i>Effects of chemical agents on the auditory and vestibular systems.</i> • <i>Instrumentation and bioelectrical hazards</i> • <i>Infectious/contagious diseases and universal precautions</i> • <i>Physical characteristics and measurement of acoustic stimuli</i> • <i>Physical characteristics and measurement of electric and other nonacoustic stimuli</i> • <i>Principles and practices of research, including experimental design, statistical methods, and application to clinical populations</i> • <i>Medical/surgical procedures for treatment of disorders affecting auditory and vestibular systems</i> • <i>Health care and educational delivery systems</i> • <i>Ramifications of cultural diversity on professional practice</i> • <i>Supervisory processes and procedures</i> • <i>Laws, regulations, policies, and management practices relevant to the profession of audiology</i> • <i>Manual communication, use of interpreters, and assistive technology</i> <p><i>Instruction in prevention and identification of auditory and vestibular disorders should include opportunities for students to, at a minimum, acquire the knowledge and skills necessary to:</i></p> <ul style="list-style-type: none"> • <i>Interact effectively with patients, families, other appropriate individuals, and professionals</i> • <i>Prevent the onset and minimize the development of</i> | |

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| <p>toxic to the auditory and vestibular systems</p> <p>Instruction in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems must include opportunities for students to acquire the knowledge and skills necessary to</p> <ul style="list-style-type: none"> • interact effectively with patients, families, and other appropriate individuals and professionals • 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 physiological, psychophysical, and self-assessment measures • perform electrodiagnostic test procedures • perform balance system assessment and determine the need for balance rehabilitation • perform assessment for rehabilitation • document evaluation procedures and results • interpret results of the evaluation to establish type and severity of disorder • apply the principles of evidence-based practice • generate recommendations and referrals resulting from the evaluation process • provide counseling to facilitate understanding of the auditory or balance disorder • maintain records in a manner consistent with legal and professional standards • communicate results and recommendations orally and in writing to the patient and other appropriate individual(s) • use instrumentation according to manufacturer's specifications and recommendations • determine whether instrumentation is in calibration according to accepted standards <p>Instruction in treatment of individuals with auditory, balance, and related communication disorders must include opportunities for students to acquire the knowledge and skills necessary to</p> <ul style="list-style-type: none"> • interact effectively with patients, families, and other | <p><i>communication disorders</i></p> <ul style="list-style-type: none"> • <i>Identify individuals at risk for hearing impairment</i> • <i>Screen individuals for hearing impairment and disability/handicap using clinically appropriate and culturally sensitive screening measures</i> • <i>Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures</i> • <i>Administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems</i> <p><i>Instruction in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems must include opportunities for students to, at a minimum, acquire the knowledge and skills necessary to:</i></p> <ul style="list-style-type: none"> • <i>Interact effectively with patients, families, other appropriate individuals and professionals</i> • <i>Evaluate information from appropriate sources to facilitate assessment planning</i> • <i>Obtain a case history</i> • <i>Perform an otoscopic examination</i> • <i>Determine the need for cerumen removal</i> • <i>Administer clinically appropriate and culturally sensitive assessment measures</i> • <i>Perform audiologic assessment using physiologic, psychophysical and self-assessment measures</i> • <i>Perform electrodiagnostic test procedures</i> • <i>Perform balance system assessment and determine the need for balance rehabilitation</i> • <i>Perform aural rehabilitation assessment</i> • <i>Document evaluation procedures and results</i> • <i>Interpret results of the evaluation to establish type and severity of disorder</i> • <i>Generate recommendations and referrals resulting from the evaluation process</i> • <i>Provide counseling to facilitate understanding of the auditory or balance disorder</i> • <i>Maintain records in a manner consistent with legal and professional standards</i> • <i>Communicate results and recommendations orally and in writing to the patient and other appropriate individual(s)</i> | |

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| <p>professionals, as appropriate</p> <ul style="list-style-type: none"> • develop and implement treatment plans using appropriate data • discuss prognosis and treatment options with appropriate individuals • counsel patients, families, and other appropriate individuals • develop culturally sensitive and age-appropriate management strategies • collaborate with other service providers in case coordination • conduct self-evaluation of effectiveness of practice • perform hearing aid, assistive listening device, and sensory aid assessment • recommend, dispense, and service prosthetic and assistive devices • provide hearing aid, assistive listening device, and sensory aid orientation • conduct audiologic rehabilitation • monitor and summarize treatment progress and outcomes • assess efficacy of interventions for auditory and balance disorders • apply the principles of evidence-based practice • establish treatment admission and discharge criteria • serve as an advocate for patients, families, and other appropriate individuals • document treatment procedures and results • maintain records in a manner consistent with legal and professional standards • communicate results, recommendations, and progress to appropriate individual(s) • use instrumentation according to manufacturer's specifications and recommendations • determine whether instrumentation is in calibration according to accepted standards | <ul style="list-style-type: none"> • <i>Use instrumentation according to manufacturer's specifications and recommendations</i> • <i>Determine whether instrumentation is in calibration according to accepted standards</i> <p><i>Instruction in treatment of individuals with auditory, balance, and related communication disorders must include opportunities to, at a minimum, acquire the knowledge and skills necessary to:</i></p> <ul style="list-style-type: none"> • <i>Interact effectively with patients, families, other appropriate individuals, and professionals</i> • <i>Develop and implement treatment plan using appropriate data</i> • <i>Discuss prognosis and treatment options with appropriate individuals</i> • <i>Counsel patients, families, and other appropriate individuals</i> • <i>Develop culturally sensitive and age-appropriate management strategies</i> • <i>Collaborate with other service providers in case coordination</i> • <i>Perform hearing aid, assistive listening device, and sensory aid assessment</i> • <i>Recommend, dispense, and service prosthetic and assistive devices</i> • <i>Provide hearing aid, assistive listening device, and sensory aid orientation</i> • <i>Conduct aural rehabilitation</i> • <i>Monitor and summarize treatment progress and outcomes</i> • <i>Assess efficacy of interventions for auditory and balance disorders</i> • <i>Establish treatment admission and discharge criteria</i> • <i>Serve as an advocate for patients, families, and other appropriate individuals</i> • <i>Document treatment procedures and results</i> • <i>Maintain records in a manner consistent with legal and professional standards</i> • <i>Communicate results, recommendations, and progress to appropriate individual(s)</i> • <i>Use instrumentation according to manufacturer's specifications and recommendations</i> • <i>Determine whether instrumentation is in calibration according to accepted standards</i> | |

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| | <p>3.4 The curriculum reflects the interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders.</p> <p><i>The program should demonstrate how students obtain information about the interrelationship of speech, language, and hearing and speech-language pathology and audiology. Programs may detail courses offered, course syllabi, faculty resources, and clinical experiences.</i></p> | |
| <p>3.2A Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.</p> <p>The program must provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession. Sensitivity to issues of diversity should be infused throughout the curriculum. Evidence of regular and systematic evaluation may include institutional program evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student performance and outcomes.</p> | <p>3.2 Academic and clinical education reflects current knowledge, skills, technology, scope of practice, and the diversity of society. The curriculum is regularly reviewed and updated.</p> <p><i>The program should provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession(s) and sensitivity to issues of diversity.</i></p> | <p>Edits for clarification.</p> <p>Implementation includes examples of evidence.</p> |
| <p>3.3A The scientific and research foundations of the profession are evident in the curriculum.</p> <p>The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g., biological, behavioral, physical science, and mathematics), basic science skills (e.g., scientific methods and critical thinking), and the basic communication sciences (e.g., acoustics; physiological and neurological processes of speech, language, and hearing). The curriculum must reflect the scientific bases of the professions and include research methodology. The curriculum must provide opportunities for students to become knowledgeable consumers of research literature. The program of study must include research and scholarship opportunities that are consistent with the mission and goals of the program and institutional expectations for clinical doctoral programs.</p> | <p>3.3 The scientific and research foundations of the professions are evident in the curriculum.</p> <p><i>The program should demonstrate how students obtain knowledge in the basic sciences (e.g., biology, physics) and the basic communication sciences (e.g., acoustics, physiological and neurological processes of speech-language and hearing, linguistics). The curriculum should reflect the scientific bases of the professions and include research methodology, exposure to research literature, and opportunities to participate in research activities.</i></p> | <p>Edits for clarification.</p> <p>Clarifies research exposure and scholarship expectations for clinical doctoral programs.</p> |

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| <p>3.4A The academic and clinical curricula reflect an appropriate sequence of learning experiences.</p> <p>The program must provide evidence of appropriate sequencing of course work and clinical education. Appropriate sequencing must be evident in examples of typical programs of study including clinical placements.</p> | <p>3.5 The academic and clinical curricula reflect an appropriate sequence of learning experiences.</p> <p><i>The program should provide evidence of appropriate sequencing of course work and clinical practicum. This should be evident in student records, in examples of typical academic programs, and in the narrative provided within the application.</i></p> | <p>New numbering. Edits for clarification.</p> <p>Clarifies expectations for documentation.</p> |
| <p>3.5A Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.</p> <p>The program must demonstrate how the nature and amount of supervision are determined and adjusted to reflect the competence of each student. The program's written policies must describe the extent to which students are supervised and have access to supervisor or preceptor consultation when providing services to client/patients. Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.</p> | <p>3.6 The nature, amount, and accessibility of clinical supervision are commensurate with the clinical knowledge and skills of each student.</p> <p><i>The program should demonstrate how the nature and amount of supervision are appropriate for the development of clinical skills in individual students.</i></p> <p>3.7 The clinical education procedures ensure that the welfare of each client served by students is protected and that the clinical education is in accord with ASHA's Code of Ethics.</p> <p><i>The program's written policy statements should describe how this standard is met—in particular, the extent to which students are supervised and have access to needed supervisor consultation when providing services to clients. Procedures for client confidentiality and security of client records should be described.</i></p> <p>3.9 Academic and clinical education provides students with learning experiences that orient them to providing services in an effective, ethical, legal, and safe manner.</p> <p>The program should provide evidence (e.g., course syllabi, practicum handbook) that information regarding ethics and legal and safety issues is provided to students. The program should describe how it guides students to assess the effectiveness of their services. The program should also describe how it offers students opportunities to observe and practice in an ethical, legal, and safe manner. Supervisor manuals and lists of student competencies are examples of evidence.</p> | <p>Combines concepts from 1999 Standards 3.6, 3.7, and 3.9 re. clinical supervision and procedures, safety, and ethics.</p> <p>New numbering.</p> <p>Removes specific reference to ASHA's Code of Ethics allowing program flexibility in applying national and state codes to teach and adhere to ethical standards.</p> <p>Edits for clarification.</p> |

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| <p>3.6A Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.</p> <p>The program must provide examples of its written agreements with external facilities, its policies regarding the identification and ongoing evaluation of external facilities, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the program to ensure that educational objectives are met.</p> | <p>3.8 Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty/instructional staff.</p> <p><i>The program should provide examples of its written agreements with external facilities and evidence that clinical education in external facilities is monitored by program faculty/ instructional staff.</i></p> | <p>New numbering.</p> <p>Implementation expands on expectations re. student advising and program's selection and monitoring of external placements.</p> |
| <p>3.7A The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.</p> <p>The program must describe how it ensures that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds. Clinical education must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. The program must provide information about the size and diversity of the client/patient base and describe the clinical populations available in the facilities where students are placed.</p> | <p>3.10 Clinical education includes a variety of clinical settings, client populations, and age groups.</p> <p><i>The program should describe how it ensures that each student is exposed to the varieties described in the standard.</i></p> <p>5.5 The program has access to a client base sufficiently large and diverse to achieve the program's mission, goals, and objectives and to prepare students to meet the ASHA- recognized national standards for entry into professional practice.</p> <p><i>The program should provide information about the size and diversity of the client base and describe the clinical populations available in the practicum facilities where students are placed.</i></p> | <p>Combines 1999 Standards 3.10 and 5.5 re. sufficiency and variety of clinical population base</p> <p>New numbering. Edits for clarification.</p> |
| <p>3.8A The program must provide evidence that all curriculum standards are met, regardless of mode of delivery.</p> <p>Distance education and other modes of education delivery must be examined to ensure that the course work and clinical education are equivalent to those offered in the existing program, including number of credits, availability and sequencing of courses, supervision, coordination of placements with external facilities, and diversity of client/patient population. The overall quality of the program must be equivalent across modes of delivery.</p> | | <p><u>New</u> standard.</p> |

**3.0 CURRICULUM (ACADEMIC AND CLINICAL EDUCATION)
B. SPEECH-LANGUAGE PATHOLOGY**

3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.

The program must provide a curriculum leading to a master's or other entry-level graduate clinical degree with a major emphasis in speech-language pathology. The program must offer appropriate courses and clinical experiences on a regular basis so that students may satisfy the degree requirements within the published time frame.

The intent of this standard is to ensure that program graduates are able to acquire the knowledge and skills needed for entry into professional practice and to meet relevant licensure and certification standards.

Programs of study in speech-language pathology must be sufficient in depth and breadth for graduates to achieve the knowledge and skills outcomes identified for entry into professional practice as listed below. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.

The curriculum in speech-language pathology must provide the opportunity for students to complete a minimum of 400 clinical education hours, 325 of which must be attained at the graduate level. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice.

It is the responsibility of the program to plan a clinical program of study for each student. The program must demonstrate that it has sufficient agreements with supervisors or preceptors and clinical sites to provide each student with the clinical experience necessary to prepare them for independent professional practice. It is the program's responsibility to design, organize, administer, and

3.1 The curriculum (academic and clinical education) is consistent with the mission and goals of the program and is sufficient to permit students to meet ASHA-recognized national standards for entry into professional practice.

The program should describe the curriculum leading to a master's or doctoral degree with a major emphasis in speech-language pathology and/or audiology. The program must offer appropriate courses and clinical experiences on a regular basis so that students enrolled in the program may satisfy the requirement for a graduate degree(s) in speech-language pathology and/or audiology for entry into professional practice.

The intent of this standard is to ensure that program graduates are able to meet ASHA certification standards. The program may demonstrate how ASHA's recognized standards are met by describing outcome evaluations of students' knowledge and skills needed for entry into professional practice.

[Remainder of 1999 standard 3.1 is specific to curricular expectations for degree programs in audiology.]

3.4 The curriculum reflects the interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders.

The program should demonstrate how students obtain information about the interrelationship of speech, language, and hearing and speech-language pathology and audiology. Programs may detail courses offered, course syllabi, faculty resources, and clinical experiences.

Section 3 is divided into two subsections:
3A – Audiology
3B – Speech-language pathology

3.1B also incorporates 1999 Standard 3.4 re. interaction and interdependence of speech, language, and hearing in curriculum.

Curriculum prepares students for entry into professional practice in speech-language pathology. A program's curriculum must be designed to support students' acquisition of knowledge, skills, and abilities.

Curriculum prepares students in full breadth and depth of scope of practice in speech-language pathology.

Added curriculum content (i.e., knowledge and skills) for master's degree programs in SLP.

Must provide sufficient graduate coursework, typically over 2 years; however there is no stated minimum of semester credit hours or number of academic terms to meet this standard. Removing the process requirement of a minimum number of semester credit hours allows programs creativity and flexibility in designing a program of study consistent with its own stated mission.

Requires minimum of 400 clinical

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| <p>evaluate the overall clinical education of each student.</p> <p>The program must provide an academic and clinical curriculum that is sufficient for students to acquire and demonstrate, at a minimum, knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</p> <p>The program must provide opportunities for students to acquire and demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and cultural correlates. These opportunities must be provided in the following areas:</p> <ul style="list-style-type: none"> • articulation • fluency • voice and resonance, including respiration and phonation • receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities • hearing, including the impact on speech and language • swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction) • cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) • social aspects of communication (e.g., behavioral and social skills affecting communication) • communication modalities (e.g., oral, manual, augmentative and alternative communication techniques and assistive technologies) <p>The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas:</p> <ul style="list-style-type: none"> • principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders • standards of ethical conduct • interaction and interdependence of speech, language, | | <p>hours to be completed by students, 325 hours at the graduate level.</p> <p>Program responsible for designing, administering, and evaluating all clinical education for each student.</p> <p>Other edits for clarification</p> |
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| <p>and hearing in the discipline of human communication sciences and disorders</p> <ul style="list-style-type: none"> • processes used in research and the integration of research principles into evidence-based clinical practice • contemporary professional issues • certification, specialty recognition, licensure, and other relevant professional credentials <p>The program must provide opportunities for students to acquire and demonstrate skills in the following areas:</p> <ul style="list-style-type: none"> • oral and written or other forms of communication • prevention, evaluation, and intervention of communication disorders and swallowing disorders • interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior • effective interaction with patients, families, and other professionals, as appropriate • delivery of services to culturally and linguistically diverse populations • application of the principles of evidence-based practice • self-evaluation of effectiveness of practice | | |
| <p>3.2B Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.</p> <p>The program must provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession. Sensitivity to issues of diversity should be infused throughout the curriculum. Evidence of regular and systematic evaluation may include institutional program evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student performance and outcomes.</p> | <p>3.2 Academic and clinical education reflects current knowledge, skills, technology, scope of practice, and the diversity of society. The curriculum is regularly reviewed and updated.</p> <p><i>The program should provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession(s) and sensitivity to issues of diversity.</i></p> | <p>Edits for clarification.</p> <p>Implementation includes examples of evidence.</p> |
| <p>3.3B The scientific and research foundations of the profession are evident in the curriculum.</p> <p>The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g. biological, behavioral, physical science, and mathematics), basic science skills (e.g., scientific methods and critical thinking), and the basic communication sciences (e.g., acoustics; physiological and neurological processes of speech, language, and hearing; linguistics). The curriculum must provide opportunities for students to become knowledgeable</p> | <p>3.3 The scientific and research foundations of the professions are evident in the curriculum.</p> <p><i>The program should demonstrate how students obtain knowledge in the basic sciences (e.g., biology, physics) and the basic communication sciences (e.g., acoustics, physiological and neurological processes of speech-language and hearing, linguistics). The curriculum should reflect the scientific bases of the professions and include research methodology, exposure to research literature, and opportunities to participate in research activities.</i></p> | <p>Edits for clarification.</p> <p>Clarifies research exposure and scholarship expectations</p> |

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| <p>consumers of research literature. The curriculum must reflect the scientific bases of the professions and include research methodology, research literature, and opportunities to participate in research and scholarship activities, consistent with the mission and goals of the program and institutional expectations.</p> | | |
| <p>3.4B The academic and clinical curricula reflect an appropriate sequence of learning experiences.</p> <p>The program must provide evidence of appropriate sequencing of course work and clinical education. Appropriate sequencing must be evident in examples of typical programs of study, including clinical placements.</p> | <p>3.5 The academic and clinical curricula reflect an appropriate sequence of learning experiences.</p> <p><i>The program should provide evidence of appropriate sequencing of course work and clinical practicum. This should be evident in student records, in examples of typical academic programs, and in the narrative provided within the application.</i></p> | <p>New numbering.</p> <p>Edits for clarification.</p> <p>Clarifies expectations for documentation.</p> |
| <p>3.5B Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.</p> <p>The program must demonstrate how the nature and amount of supervision are determined and adjusted to reflect the competence of each student. The program's written policies must describe the extent to which students are supervised and have access to supervisor or preceptor consultation when providing services to client/patients. Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.</p> | <p>3.6 The nature, amount, and accessibility of clinical supervision are commensurate with the clinical knowledge and skills of each student.</p> <p><i>The program should demonstrate how the nature and amount of supervision are appropriate for the development of clinical skills in individual students.</i></p> <p>3.7 The clinical education procedures ensure that the welfare of each client served by students is protected and that the clinical education is in accord with ASHA's Code of Ethics.</p> <p><i>The program's written policy statements should describe how this standard is met—in particular, the extent to which students are supervised and have access to needed supervisor consultation when providing services to clients. Procedures for client confidentiality and security of client records should be described.</i></p> <p>3.9 Academic and clinical education provides students with learning experiences that orient them to providing services in an effective, ethical, legal, and safe manner.</p> <p>The program should provide evidence (e.g., course syllabi, practicum handbook) that information regarding ethics and legal and safety issues is provided to students. The program should describe how it guides students to assess the effectiveness of their services. The program should also describe how it offers students opportunities to observe and practice in an ethical, legal, and safe manner. Supervisor manuals and lists of student competencies are examples of evidence.</p> | <p>Combines concepts from 1999 Standards 3.6, 3.7, and 3.9 re. clinical supervision and procedures, safety, and ethics.</p> <p>New numbering.</p> <p>Removes specific reference to ASHA's Code of Ethics allowing program flexibility in applying national and state codes to teach and adhere to ethical standards.</p> <p>Edits for clarification.</p> |
| <p>3.6B Clinical education obtained in external</p> | <p>3.8 Clinical education obtained in external placements</p> | <p>New numbering.</p> |

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| <p>placements is governed by agreements between the program and the external facility and is monitored by program faculty.</p> <p>The program must provide examples of its written agreements with external facilities, its policies regarding the identification and ongoing evaluation of external facilities, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the program to ensure that educational objectives are met.</p> | <p>is governed by agreements between the program and the external facility and is monitored by program faculty/instructional staff.</p> <p><i>The program should provide examples of its written agreements with external facilities and evidence that clinical education in external facilities is monitored by program faculty/ instructional staff.</i></p> | <p>Implementation expands on expectations re. student advising and program's monitoring of external placements.</p> |
| <p>3.7B The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.</p> <p>The program must describe how it ensures that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds. Clinical education must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. The program must provide information about the size and diversity of the client/patient base and describe the clinical populations available in the facilities where students are placed.</p> | <p>3.10 Clinical education includes a variety of clinical settings, client populations, and age groups.</p> <p><i>The program should describe how it ensures that each student is exposed to the varieties described in the standard.</i></p> <p>5.5 The program has access to a client base sufficiently large and diverse to achieve the program's mission, goals, and objectives and to prepare students to meet the ASHA-recognized national standards for entry into professional practice.</p> <p><i>The program should provide information about the size and diversity of the client base and describe the clinical populations available in the practicum facilities where students are placed.</i></p> | <p>Combines 1999 Standards 3.10 and 5.5 re. sufficiency and variety of clinical population base</p> <p>New numbering.</p> <p>Edits for clarification.</p> |
| <p>3.8B The program must provide evidence that all curriculum standards are met, regardless of mode of delivery.</p> <p>Distance education and other modes of education delivery must be examined to ensure that the course work and clinical education are equivalent to that offered in the existing program, including number of credits, availability and sequencing of courses, supervision, coordination of placements with external facilities, and diversity of client/patient population. The overall quality of the program must be equivalent across modes of delivery.</p> | | <p><u>New standard.</u></p> |

| 4.0 STUDENTS | | |
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| <p>4.1 The program criteria for accepting students for graduate study in audiology and/or speech-language pathology meet or exceed the institutional policy for admission to graduate study.</p> <p>The program's criteria for admission must meet or exceed those of the institution and be appropriate for the degree being offered. The admissions standards of the program and of the institution must be described and a rationale presented for any differences between the two sets of criteria. Policies regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and consistently followed.</p> | <p>4.1 The program criteria for accepting students for graduate study in speech-language pathology and/or audiology are consistent with the institutional policy for admission to graduate study.</p> <p><i>A comparison of institutional and program policies should confirm that the program's criteria for admission meet or exceed those of the institution.</i></p> | <p>Edits for clarification.</p> <p>Admissions criteria must be <u>appropriate for degree being offered.</u></p> |
| <p>4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.</p> <p>The program must provide evidence that its curriculum and its policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural and individual diversity. The program must provide its policy regarding proficiency in English and/or other languages of service delivery and all other performance expectations.</p> | <p>4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.</p> <p><i>The program should provide evidence that its curriculum and its policies and procedures for admission, field placements, and retention of students reflect a respect for and understanding of cultural and individual diversity.</i></p> | <p>Implementation language specifies policies that must be provided, including language proficiency, other performance requirements for clinical practice, and remediation options.</p> <p>Edits for clarification.</p> |
| <p>4.3 Students are informed about the program's policies and procedures, degree requirements, requirements for professional credentialing, and ethical practice. Students are informed about documented complaint processes.</p> <p>Programs may provide this information to students through student handbooks or other written means. The program must maintain a record of student complaints and make these available to the CAA upon request. Students must be made aware of the contact information for the CAA in the event they wish to file a complaint related to the program's compliance with standards for accreditation.</p> | <p>4.3 Students are informed about the program's policies and procedures, degree requirements, requirements for professional credentialing, and ethical practice. A student complaint process is documented.</p> <p><i>Programs may provide this information to students through orientation meetings, student handbooks, assigned academic advising, or other means of information dissemination. The program must maintain a record of student complaints and make these available to the CAA upon request. Students should be made aware of the mailing address and telephone number of the CAA in the event they wish to file a complaint.</i></p> | <p>Edits for clarification.</p> |
| <p>4.4 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress. Students also are provided information about student support services.</p> | <p>4.4 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress. Students are also provided information on student support services.</p> | <p>Edits for clarification.</p> |

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| <p>The program must describe how students are advised on a timely and continuing basis regarding their academic and clinical progress. In addition, the program must describe how students receive information about the full range of student support services available at the institution.</p> | <p><i>The program should describe how students are advised on a timely and continuing basis regarding their academic and clinical progress. In addition, the program should describe how students receive information about student support services.</i></p> | |
| <p>4.5 The program must provide evidence that all student standards are met, regardless of mode of delivery for curriculum.</p> <p>The program must ensure that students enrolled in distance education or other modes of education delivery are held to equivalent standards and afforded equivalent access to advising, student support services, and program resources.</p> | | <p><u>New</u> standard.</p> |
| <p>5.0 ASSESSMENT</p> | | |
| <p>5.1 The program conducts ongoing and systematic formative and summative assessment of the performance of its current students.</p> <p>The program identifies student learning outcomes and uses a variety of assessment techniques, administered by a range of program faculty and supervisors or preceptors, to evaluate students' progress. Students are provided regular feedback about their progress in achieving the expected knowledge and skills in all academic and clinical components of the program, including all off-site experiences. The program documents the feedback mechanisms (e.g., grade definitions, performance rubrics) used to evaluate students' performance and applies those mechanisms consistently. The program documents guidelines for remediation (e.g. repeatable courses and/or clinical experiences, provisions for re-taking examinations) and implements remediation opportunities consistently.</p> | <p>1.6 The program conducts ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Students have ongoing opportunity to assess their academic and clinical education program. Results of the assessments are used to plan and implement program improvements that promote high-quality educational experiences for students.</p> <p><i>The program should detail the procedures followed in evaluating the quality, currency, and effectiveness of its graduate program, the academic and clinical preparation of its students, the professional performance of its graduates, and the process by which it engages in systematic self-analysis. The plan should indicate the mechanisms used to evaluate each component and the schedule on which the evaluations are conducted. Results of such evaluations should be reported, as well as specific modifications to the program that result from the evaluations. Student performance on the Praxis series examinations in speech-language pathology and/or audiology is an example of an expected outcome measure.</i></p> | <p><u>New</u> Section 5.0 - Assessment</p> <p>Based on portion of 1999 standard 1.6 re. assessment of <u>current students</u>.</p> <p>Edits for clarification</p> |
| <p>5.2 The program documents student progress toward completion of the graduate degree and professional credentialing requirements and makes this information available to assist students in qualifying for certification and licensure.</p> <p>The program must maintain accurate and complete records throughout each student's graduate program. It is advisable that forms or tracking systems be developed and used for this purpose. Responsibility for the completion of the records and timetable for completion must be clearly established.</p> | <p>1.7 The program documents student progress toward completion of the graduate degree and professional credentialing requirements and makes this information available to assist students in qualifying for certification and licensure.</p> <p><i>The program should maintain accurate and complete records throughout each student's graduate program. It is advisable that forms or computer tracking programs be developed and used for this purpose. Responsibility for the completion of the records and timetable for completion</i></p> | <p>New numbering/section</p> <p>Edits for clarification.</p> |

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| <p>Records must be readily available to students upon request. Records must be available to program graduates in accordance with the institution's and program's policies for retention of student information, and those policies must be described. The program must maintain documentation on each student in sufficient detail so that completion of all academic and clinical requirements can be verified.</p> | <p><i>should be clearly established. Records should be readily available to students upon request. The program should maintain documentation on each student planning to apply for professional credentialing in sufficient detail so that completion of all academic and clinical requirements can be verified.</i></p> | |
| <p>5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.</p> <p>The program must document the procedures followed in evaluating the quality, currency, and effectiveness of its graduate program and the process by which it engages in systematic self-study. The documentation must indicate the mechanisms used to evaluate each program component, the schedule on which the evaluations are conducted and analyzed, and the program changes and/or improvements that have resulted from assessments.</p> <p>The program collects and evaluates data on its effectiveness from multiple sources (e.g., students, alumni, faculty, employers, off-site supervisors or preceptors, community members, persons served). The data must include students' and graduates' evaluations of courses and clinical education.</p> <p>Although many types of data may be used, the following measures of student achievement are required and will be evaluated relative to established benchmarks:</p> <ul style="list-style-type: none"> • percentage of students passing the Praxis examinations by year • percentage of students completing the program within the program's published time frame • percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation <p>These required student achievement measures must be presented to the public in program information materials (e.g., Web site, brochures) that are regularly updated and readily available.</p> <p>Results of the assessments must be used to plan and implement program improvements that are consistent with the program's mission and goals.</p> | <p>1.6 The program conducts ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Students have ongoing opportunity to assess their academic and clinical education program. Results of the assessments are used to plan and implement program improvements that promote high-quality educational experiences for students.</p> <p><i>The program should detail the procedures followed in evaluating the quality, currency, and effectiveness of its graduate program, the academic and clinical preparation of its students, the professional performance of its graduates, and the process by which it engages in systematic self-analysis. The plan should indicate the mechanisms used to evaluate each component and the schedule on which the evaluations are conducted. Results of such evaluations should be reported, as well as specific modifications to the program that result from the evaluations. Student performance on the Praxis series examinations in speech-language pathology and/or audiology is an example of an expected outcome measure.</i></p> | <p>Based on portion of 1999 Standard 1.6 re. assessment of <u>program</u>.</p> <p>Expands on expectations of assessment of <u>program effectiveness</u> and student achievement. Some data previously requested under 1999 Standard 1.7</p> <p>Edits for clarification; emphasis on using the assessment results for improvement.</p> |
| <p>5.4 The program regularly evaluates all faculty</p> | <p>2.4 Faculty/instructional staff maintain continuing</p> | <p><u>New standard</u></p> |

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| <p>members and faculty uses the results for continuous improvement.</p> <p>The program must describe the mechanism for regular evaluation of its faculty by program leadership (e.g. director, chair, evaluation committee) in accordance with institutional policy and guidelines. Students also must have the opportunity to evaluate faculty in all academic and clinical settings on a regular and ongoing basis. The program must demonstrate how results of all evaluations are communicated to the faculty and used to improve performance.</p> | <p>competence.</p> <p><i>The program should describe the mechanism for evaluating the competence of its faculty/instructional staff in academic and clinical teaching, scholarship, and other activities and should provide evidence of the competence of the faculty/instructional staff.</i></p> <p><i>Professional development is one mechanism for supporting continuing competence. The program should demonstrate how support, incentives, and resources are available for the continued professional development of the faculty/instructional staff. Examples of evidence include support for professional travel, release time for professional development, and professional development opportunities on campus.</i></p> | <p>Includes a portion of 1999 Standard 2.4 re. expectations for faculty evaluation.</p> |
| <p>6.0 PROGRAM RESOURCES</p> | | |
| <p>6.1 The institution provides adequate financial support to the program so that the program can achieve its stated mission and goals.</p> <p>The program must provide evidence that budgetary allocations received for personnel, space, equipment, research support, materials, and supplies are regular, appropriate, and sufficient for its operations.</p> | <p>5.1 The institution provides adequate financial support to the program so that the program can achieve its stated mission, goals, and objectives.</p> <p><i>The application should provide evidence that the program receives budgetary allocations for personnel, space, equipment, materials, and supplies appropriate and sufficient for its operation.</i></p> | <p>New numbering/section.</p> <p>Edits for clarification.</p> |
| <p>6.2 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.</p> <p>The program must demonstrate that its facilities are adequate and reflect contemporary standards of ready and reasonable access and use. This includes accommodations for the needs of persons with disabilities consistent with the mandates of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.</p> | <p>5.2 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, goals, and objectives.</p> <p><i>The program should demonstrate that its facilities reflect contemporary standards of ready and reasonable access and use. This includes accommodations for the needs of persons with disabilities consistent with the mandates of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.</i></p> | <p>New numbering/section</p> <p>Edits for clarification.</p> |
| <p>6.3 The program’s equipment and educational/ clinical materials are appropriate and sufficient to achieve the program’s mission and goals.</p> <p>The program must provide evidence that the amount, quality, currency, and accessibility of equipment and materials are sufficient to meet program goals and that the equipment is maintained in good working order. The</p> | <p>5.3 The program’s equipment and educational/ clinical materials are appropriate and sufficient to achieve the program’s mission, goals, and objectives.</p> <p><i>The program should provide evidence that equipment is maintained in good working order and is free of safety hazards. The program must provide evidence of calibration and calibration checks of equipment on a regular schedule.</i></p> | <p>New numbering/section</p> <p>Edits for clarification.</p> |

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| <p>program must provide evidence of calibration of equipment on a regular schedule, including evidence that the equipment meets standards specified by the manufacturer, the American National Standards Institute, or other appropriate agencies.</p> | <p><i>Written records should show that equipment is calibrated to standards specified by the manufacturer, the American National Standards Institute, or other appropriate bodies.</i></p> | |
| <p>6.4 The program has access to clerical and technical staff, support services, and library and technology resources that are appropriate and sufficient to achieve the program's mission and goals.</p> <p>The program must demonstrate access to appropriate and sufficient resources for faculty and students, such as library resources, interlibrary loan services, access to the Internet, computer and laboratory facilities, and support personnel. The program must describe how the adequacy of support is evaluated and how these resources are addressed in the program's strategic plan.</p> | <p>5.4 The program has access to clerical and technical staff, support services, and library and computer resources that are appropriate and sufficient to achieve the program's mission, goals, and objectives.</p> <p><i>The program should demonstrate access to appropriate and sufficient resources such as library resources, interlibrary loan services, access to the Internet, and computer laboratory facilities. Support services may be demonstrated by describing how secretarial and technical support are sufficient to assist the program in meeting its mission, goals, and objectives.</i></p> | <p>New numbering/section</p> <p>Edits for clarification.</p> |