



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

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Introduction

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) accredits graduate¹ programs that prepare individuals to enter professional practice in audiology and/or speech-language pathology. The CAA was established by ASHA and is authorized to function autonomously in setting and implementing standards and awarding accreditation. The CAA is recognized by the Council for Higher Education Accreditation and by the U.S. Secretary of Education as the accrediting agency for the accreditation and preaccreditation (accreditation candidate) of education programs leading to the first professional or clinical degree at the master's or doctoral level and for the accreditation of these programs offered via distance education, throughout the United States.

The intention of accreditation is to promote excellence in educational preparation while assuring the public that graduates of accredited programs are educated in a core set of knowledge and skills required to qualify for state and national credentials for independent professional practice. Quality education can be achieved in a variety of ways, and the CAA wishes to support programs in the achievement of the highest quality possible. These standards identify basic elements that must exist in all accredited graduate education programs while allowing flexibility in the ways in which programs pursue excellence.

The CAA has identified the following six components as essential to quality education in the professions and has established its accreditation standards accordingly:

- administrative structure and governance
- faculty
- curriculum (academic and clinical education)
- students
- assessment
- program resources

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Accreditation Standards

The CAA has adopted the following standards as necessary conditions for accreditation of eligible graduate education programs. The CAA is responsible for evaluating the adequacy of an applicant program's efforts to satisfy each standard. Compliance with all standards represents the minimum requirement for accreditation, regardless of mode of delivery, including distance education. The CAA will evaluate programs to ensure that the program is equivalent across all modes of delivery and that students enrolled in distance education or other modes of education delivery are held to equivalent standards and afforded equivalent access to all courses, clinical practicum opportunities and supervision, advising, student support services, program resources, etc.

Recognizing that the entry-level degree programs in audiology and speech-language pathology are different in scope and delivery, Standard 3.0 (Curriculum) is divided into two separate components, 3.0A for audiology and 3.0B for speech-language pathology, to clarify the curricular distinctions between the professions. Programs that apply for accreditation in both areas must address both Curriculum sections. Separate reporting may be necessary for other standards where distinct differences exist between the audiology and speech-language pathology programs.

Standards for accreditation appear in **bold**. *Italicized* implementation language following each standard provides interpretations or explanations of the standard and/or guidance to programs on how to document compliance.

Standard 1.0 Administrative Structure and Governance

1.1 The applicant institution of higher education holds regional accreditation.

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 Association of Colleges and Schools, Middle States Commission on Higher Education;
2. New England Association of Schools and Colleges, Commission on Institutions of Higher Education;
3. North Central Association of Colleges and Schools, The Higher Learning Commission;
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.

The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide the program of post-secondary education and have appropriate graduate degree-granting authority.

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.

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.

The mission statements of the institution, college, and program (including religious mission, if relevant) 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.

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

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 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.

1.4 The program's facultyⁱⁱ has authority and responsibility for the program.

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.

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).

Individuals with graduate degrees in areas other than those listed in the standard typically do not satisfy this standard. In such cases, the individual's qualifications must be evaluated by the CAA to determine appropriateness for the program director to provide the leadership in teaching, research, and clinical areas. 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.

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.

1.6 Students, faculty, staff, and persons served in the program's clinics are treated in a nondiscriminatory manner-that is, without regard to race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.

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, disability, age, sexual orientation, genetic information, citizenship, and status as a covered veteran (e.g., 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, the Uniformed Services Employment and Reemployment Rights Act [USERRA], the Genetic Information Nondiscrimination Act [GINA], the Immigration Reform and Control Act [IRCA], and the Equal Employment Opportunity Commission's Civil Service Reform Act of 1978 [CSRA], and all amendments to the foregoing). The program demonstrates compliance through its policies and procedures.

The program must adhere to its institutional policies and procedures to ensure compliance with all nondiscrimination statutes, including non-harassment policies, internal complaint procedures, and appropriate training programs to ensure that all staff and faculty are made aware of the policies and the conduct they prohibit. The program must maintain, as relevant, a record of internal and external complaints, charges, and litigation alleging violations of such policies and ensure that appropriate corrective action has been taken.

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.

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. Although many types of data may be posted, the program must make available to the general public, by posting on the program's web site via [a clearly visible and readily accessible link](#), the following measures of student achievement:

- number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years;
- number and percentage of test-takers from the program who passed the Praxis examination for each of the 3 most recently completed academic years; test-takers who graduated more than 3 years ago should not be included in the data; results should be reported only once for test-takers who took the exam multiple times in a single examination reporting period;
- number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for each of the 3 most recently completed academic years.

Programs that include a distance education or satellite component as part of their accreditation must post all of the student achievement measures referenced above separately for each modality.

Standard 2.0 Faculty

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.

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 didactic and clinical education, both on-site and off-site, must have appropriate experience and qualifications for the professional area in which education is provided so that the program can achieve its mission and goals to enable its graduates to qualify for entry into independent professional practice.

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.

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.

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.

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.

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.

2.3 Faculty members maintain continuing competence.

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.

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.

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

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.

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 are able to satisfy the degree requirements within the published time frame.

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 qualify for relevant state and national credentials for independent professional practice that are relevant to the program's purpose and goals.

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.

The doctoral curriculum in audiology must include a minimum of 12 months' full-time equivalent of supervised clinical experiences. These include short-term rotations and longer term externships and should be distributed throughout the program of study. Clinical experiences must constitute at least 25% of the program length.

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 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.

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.

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.

Instruction in foundations of audiology practice must include opportunities for students to acquire knowledge in the following areas:

- 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, statistical methods, and application to clinical populations
- 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

Instruction in prevention and identification of auditory and vestibular disorders must include opportunities for students to acquire the knowledge and skills necessary to:

- interact effectively with patients, families, 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 toxic to the auditory and vestibular systems

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:

- interact effectively with patients, families, professionals, and others, as appropriate
- 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

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:

- interact effectively with patients, families, professionals, and other appropriate individuals
- 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

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.

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.

3.3A The scientific and research foundations of the profession are evident in the curriculum.

The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g., biological, behavioral, physical science, and statistics), basic science skills (e.g., scientific methods and critical thinking), and the basic communication sciences (e.g., acoustics and 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, with an emphasis on the fundamentals of evidence-based practice, as well as the application of these principles and practices to clinical populations. The program of study must include research and scholarship participation opportunities that are consistent with the mission and goals of the program and the institutional and professional expectations for clinical doctoral programs.

3.4A The academic and clinical curricula reflect an appropriate sequence of learning experiences.

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.

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.

The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive 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.

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.

The program must have written agreements with all active 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.

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.

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.

Standard 3.0B Curriculum (Academic and Clinical Education) in 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 are able to satisfy the degree requirements within the published time frame.

The intent of this standard is to ensure that program graduates have opportunities to acquire the knowledge and skills needed for entry into 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 qualify for those state and national credentials for independent professional practice that are relevant to the program's purpose and goals.

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 supervised clinical education hours, 325 of which must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study. 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 evaluate the overall clinical education of each student.

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.

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:

- 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 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, and augmentative and alternative communication techniques and assistive technologies)

The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas:

- 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, and hearing in the discipline of human communication sciences and disorders
- processes used in research and the integration of research principles into evidence-based clinical practice
- contemporary professional issues and advocacy
- certification, specialty recognition, licensure, and other relevant professional credentials

The program must provide opportunities for students to acquire and demonstrate skills in the following areas:

- 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, professionals, and other individuals, 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

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.

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.

3.3B The scientific and research foundations of the profession are evident in the curriculum.

The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g., biological, behavioral, physical science, and statistics), 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 consumers of research literature with an emphasis on the fundamentals of evidenced-based practice, as well as the application of these principles and practices to clinical populations. 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, institution, and profession.

3.4B The academic and clinical curricula reflect an appropriate sequence of learning experiences.

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.

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.

The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive 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.

3.6B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

The program must have written agreements with all active 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.

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.

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.

Standard 4.0 Students

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.

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.

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

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, linguistic, 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 and demonstrate that the policy is applied consistently.

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.

Programs may provide this information to students through student handbooks or other written means. The program must maintain a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct 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.

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.

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.

4.5 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.

The program must document that the institutional policies regarding verification of a student's identity protect student privacy and are implemented and applied consistently. If the institution does not have specific policies, the program must develop and implement its own for this purpose. Acceptable mechanisms may include, but are not limited to, secure log in and pass code or other technologies or practices that are effective for verifying student identification, while at the same time protecting student privacy. The policies must include notification to students upon enrollment of any fees associated with verification of identity for distance education purposes.

Standard 5.0 Assessment

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

The program must identify student–learning outcomes that address knowledge and skills consistent with the mission of the program. The program must use a variety of assessment mechanisms and techniques, including both formative and summative measures as defined below, administered by a range of program faculty and supervisors or preceptors, to evaluate students' progress, and apply those mechanisms consistently.

Formative Assessment—ongoing measurement throughout educational preparation for the purpose of monitoring acquisition of knowledge and skills and improving student learning

Summative Assessment—comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills, at the culmination of an educational experience (e.g., course, program)

The program must:

- assess acquisition of student learning outcomes;
- provide students with regular feedback about their progress in acquiring the expected knowledge and skills in all academic and clinical components of the program, including all off-site experiences;
- document the feedback mechanisms used to evaluate students' performance;
- document guidelines for remediation (e.g., repeating course work and/or clinical experiences, provisions for retaking examinations) and implement remediation opportunities consistently.

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.

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. 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 the program can verify completion of all academic and clinical requirements for the graduate degree and eligibility for relevant state and national credentials.

5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.

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.

The program must collect and evaluate data on its effectiveness from multiple sources (e.g., students, alumni, faculty, employers, off-site supervisors or preceptors, community members, persons receiving services). The data must include students' and graduates' evaluations of courses and clinical education.

In addition, the following measures of student achievement are required and will be evaluated relative to [established thresholds](#), as defined below:

- Program completion rate—students completing the program requirements within the program’s published time frame. Documentation must include the number and percentage of students completing the program within the published timeframe for each of the 3 most recently completed academic years. If, when averaged over 3 years, the program’s completion rate does not meet or exceed the CAA’s established threshold, the program must provide an explanation and a plan for improving the results.
- Praxis examination pass rate—test-takers from the program who passed the Praxis examination. Documentation must include the number and percentage of test-takers from the program, excluding individuals who graduated more than 3 years ago, who passed the Praxis examination for each of the 3 most recently completed academic years; results should be reported only once for test-takers who took the exam multiple times in the same examination reporting period. If, when averaged over 3 years, the program’s pass rate does not meet or exceed the CAA’s established threshold, the program must provide an explanation and a plan for improving the results.
- Employment rate—program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation. Documentation must include the number and percentage of program graduates who are employed or continuing further education in the profession for each of the 3 most recently completed academic years. If, when averaged over 3 years, the program’s employment rate does not meet or exceed the CAA’s established threshold, the program must provide an explanation and a plan for improving the results.

Results of the assessments, including the required student achievement measures, must be used to plan and implement program improvements that are consistent with the program’s mission and goals.

5.4 The program regularly evaluates all faculty members and faculty uses the results for continuous improvement.

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.

Standard 6.0 Program Resources

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

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.

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.

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.

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

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 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.

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.

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.

ⁱ **Graduate** refers to programs leading to a master's or doctoral degree, including a clinical doctoral degree, offered through graduate or professional schools.

ⁱⁱ 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.