

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

3
4 **Proposed Revisions August 2011**
5

6 ***Introduction***
7

8 The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the
9 American Speech-Language-Hearing Association (ASHA) accredits graduate¹ programs that prepare
10 individuals to enter professional practice in audiology and/or speech-language pathology. The CAA was
11 established by ASHA and is authorized to function autonomously in setting and implementing standards
12 and awarding accreditation. The CAA is recognized by the Council for Higher Education Accreditation and
13 by the U.S. Secretary of Education as the accrediting agency for the accreditation and preaccreditation
14 (accreditation candidate) of education programs leading to the first professional or clinical degree at the
15 master's or doctoral level and for the accreditation of these programs offered via distance education,
16 throughout the United States.
17

18 The intention of accreditation is to promote excellence in educational preparation while assuring the
19 public that graduates of accredited programs are educated in a core set of knowledge and skills required
20 to qualify for state and national credentials for independent professional practice. Quality education can
21 be achieved in a variety of ways, and the CAA wishes to support programs in the achievement of the
22 highest quality possible. These standards identify basic elements that must exist in all accredited
23 graduate education programs while allowing flexibility in the ways in which programs pursue excellence.
24

25 The CAA has identified the following six components as essential to quality education in the professions
26 and has established its accreditation standards accordingly:
27

- 28 • administrative structure and governance;
 - 29 • faculty;
 - 30 • curriculum (academic and clinical education);
 - 31 • students;
 - 32 • assessment;
 - 33 • program resources.
- 34

35 **Accreditation Standards**
36

37 The CAA has adopted the following standards as necessary conditions for accreditation of eligible
38 graduate education programs. The CAA is responsible for evaluating the adequacy of an applicant
39 program's efforts to satisfy each standard. Compliance with all standards represents the minimum
40 requirement for accreditation, regardless of mode of delivery, including distance education. The CAA will
41 evaluate programs to ensure that the program is equivalent across all modes of delivery and that students
42 enrolled in distance education or other modes of education delivery are held to equivalent standards and
43 afforded equivalent access to all courses, clinical practicum opportunities and supervision, advising,
44 student support services, program resources, and so on.
45

46 Recognizing that the entry-level degree programs in audiology and speech-language pathology are
47 different in scope and delivery, Standard 3.0 (Curriculum) is divided into two separate components, 3.0A
48 for audiology and 3.0B for speech-language pathology, to clarify the curricular distinctions between the
49 professions. Programs that apply for accreditation in both areas must address *both* Curriculum sections.

¹ *Graduate* refers to programs leading to a master's or doctoral degree, including a clinical doctoral degree, offered through graduate or professional schools.

50 Separate reporting may be necessary for other standards where distinct differences exist between the
51 audiology and speech-language pathology programs.

52
53 Standards for accreditation appear in **bold**; *Italicized* implementation language following each standard
54 provides interpretations or explanations of the standard and/or guidance to programs on how to document
55 compliance.
56

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58

Standard 1.0
Administrative Structure and Governance

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61
62 **1.1 The applicant institution of higher education holds regional accreditation.**

63
64 *The institution of higher education within which the applicant audiology and/or speech-language*
65 *pathology program is housed must hold regional accreditation from one of the following six regional*
66 *accrediting bodies: (1) Middle States Commission on Higher Education; (2) Commission on Institutions of*
67 *Higher Education of the New England Association of Schools and Colleges; (3) The Higher Learning*
68 *Commission of the North Central Association of Colleges and Schools; (4) Northwest Commission on*
69 *Colleges and Universities; (5) Southern Association of Colleges and Schools Commission on Colleges; or*
70 *(6) Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and*
71 *Universities.*

72
73 *For programs with components located outside the region of the home campus, the program must verify*
74 *to the CAA that all locations in which its academic components are housed, including official satellite*
75 *campuses outside of the United States, are regionally accredited.*

76
77 **1.2 The program’s mission and goals are consistent with CAA standards for entry into**
78 **professional practice (3.1A and/or 3.1B) and with the mission of the institution.**

79
80 *The mission statements of the institution, college, and program (including religious mission, if relevant)*
81 *must be presented as evidence to support compliance with this standard. The program’s faculty must*
82 *regularly evaluate the congruence of program and institutional goals and the extent to which the goals are*
83 *achieved.*

84
85 **1.3 The program develops and implements a long-term strategic plan.**

86
87 *The plan must be congruent with the mission of the institution, have the support of the university*
88 *administration, and reflect the role of the program within the community. Components of a plan may*
89 *include long-term program goals, specific measurable objectives, strategies for attainment, a schedule for*
90 *analysis, and a mechanism for regular evaluation of the plan itself and of progress in meeting the plan’s*
91 *objectives. The plan and the results of the regular evaluation of the plan and its implementation must be*
92 *shared with faculty, students, staff, alumni, and other interested parties.*

93
94 **1.4 The program’s faculty² has authority and responsibility for the program.**

95
96 *The institution must indicate by its administrative structure that the program’s faculty is recognized as a*
97 *body that can initiate, implement, and evaluate decisions affecting all aspects of the professional*
98 *education program, including the curriculum. The program’s faculty has reasonable access to higher*

² 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.

99 *levels of administration. The program must describe how substantive decisions regarding the academic*
100 *and clinical programs are initiated, developed, and implemented by the program faculty. Programs*
101 *without independent departmental status must be particularly clear in describing these aspects of the*
102 *organizational structure.*

103
104 **1.5 The individual responsible for the program(s) of professional education seeking accreditation**
105 **holds a graduate degree with a major emphasis in speech-language pathology, in audiology,**
106 **or in speech, language, and hearing science and holds a full-time appointment in the**
107 **institution. The individual effectively leads and administers the program(s).**
108

109 *Individuals with graduate degrees in areas other than those listed in the standard typically do not satisfy*
110 *this standard. In such cases, the individual's qualifications must be evaluated by the CAA to determine*
111 *appropriateness for the program director to provide leadership in teaching, research, and clinical areas. A*
112 *department chair who is not serving as the program director need not meet this standard, but it must be*
113 *clear in this situation that the program director is indeed responsible for the program(s) of professional*
114 *education.*

115
116 *Regular evaluation of the program director's effectiveness in advancing the goals of the program and*
117 *institution and in leadership and administration of the program must be documented.*
118

119 **1.6 Students, faculty, staff, and persons served in the program's clinic are treated in a**
120 **nondiscriminatory manner—that is, without regard to race, color, religion, sex, national origin,**
121 **participation restriction, age, sexual orientation, or status as a parent. The institution and**
122 **program comply with all applicable laws, regulations, and executive orders pertaining thereto.**
123

124 *The signature of the institution's president or designee on the application for accreditation affirms the*
125 *institution's compliance with all applicable federal, state, and local laws prohibiting discrimination,*
126 *including harassment, on the basis of race, color, religion, sex, national or ethnic origin, participation*
127 *restriction, age, sexual orientation, status as a parent, and status as a covered veteran, including, but not*
128 *limited to, the Americans with Disabilities Act of 1990; the Civil Rights Act of 1964; the Equal Pay Act; the*
129 *Age Discrimination in Employment Act; the Age Discrimination Act of 1975; Title IX of the Education*
130 *Amendments of 1972 (to the Higher Education Act of 1965); the Rehabilitation Act of 1973; the Vietnam-*
131 *Era Veterans Readjustment Assistance Act of 1974; the Equal Employment Opportunity Commission's*
132 *Civil Service Reform Act of 1978 (CSRA); the World Health Organization's International Classification of*
133 *Functioning, Disability, and Health; and all amendments to the foregoing. The program demonstrates*
134 *compliance through its policies and procedures.*
135

136 **1.7 The program provides information about the program and the institution to students and to**
137 **the public that is current, accurate, and readily available.**
138

139 *Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding*
140 *the program's accreditation status, standards, and policies regarding recruiting and admission practices,*
141 *academic offerings, matriculation expectations, academic calendars, grading policies and requirements,*
142 *and fees and other charges.*
143

144 *Although many types of data may be posted, the program must make available to the general public the*
145 *following measures of student achievement:*

- 146 • *number and percentage of students completing the program within the program's published time*
147 *frame for each of the three most recently completed academic years;*
- 148 • *number and percentage of program graduates passing the Praxis examinations for each of the three*
149 *most recently completed academic years (programs are required to report results only once for*
150 *graduates who took the exam multiple times in a single examination reporting period);*

- 151 • *number and percentage of program graduates employed in the profession or pursuing further*
152 *education in the profession within 1 year of graduation for each of the three most recently completed*
153 *academic years.*

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 those 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 program must demonstrate that it provides a breadth and depth of opportunities so that students may obtain a variety of supervised clinical experiences in different work settings with different populations 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/preceptors and clinical sites to provide each student with the clinical experiences necessary to prepare him or her 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;*

- 260 • *genetic bases of hearing and hearing loss;*
- 261 • *speech and language characteristics across the life span associated with hearing impairment;*
- 262 • *development of speech and language production and perception;*
- 263 • *manual and other communication systems, use of interpreters, and assistive technology;*
- 264 • *ramifications of cultural diversity on professional practice;*
- 265 • *educational, vocational, and social and psychological effects of hearing impairment and their impact*
- 266 *on the development of a treatment program;*
- 267 • *health care and educational delivery systems;*
- 268 • *professional codes of ethics and credentialing;*
- 269 • *supervisory processes and procedures;*
- 270 • *laws, regulations, policies, and management practices relevant to the profession of audiology.*

271
 272 *Instruction in prevention and identification of auditory and vestibular disorders must include opportunities*
 273 *for students to acquire the knowledge and skills necessary to*

- 274 • *interact effectively with patients, families, other appropriate individuals, and professionals;*
- 275 • *prevent the onset and minimize the development of communication disorders;*
- 276 • *identify individuals at risk for hearing impairment;*
- 277 • *apply the principles of evidence-based practice;*
- 278 • *screen individuals for hearing impairment and activity limitation or participation restriction using*
- 279 *clinically appropriate and culturally sensitive screening measures;*
- 280 • *screen individuals for speech and language impairments and other factors affecting communication*
- 281 *function using clinically appropriate and culturally sensitive screening measures;*
- 282 • *administer conservation programs designed to reduce the effects of noise exposure and of agents*
- 283 *that are toxic to the auditory and vestibular systems.*

284
 285 *Instruction in the evaluation of individuals with suspected disorders of auditory, balance, communication,*
 286 *and related systems must include opportunities for students to acquire the knowledge and skills*
 287 *necessary to*

- 288 • *interact effectively with patients, families, professionals, and others, as appropriate;*
- 289 • *evaluate information from appropriate sources to facilitate assessment planning;*
- 290 • *obtain a case history;*
- 291 • *perform an otoscopic examination;*
- 292 • *remove cerumen, when appropriate;*
- 293 • *administer clinically appropriate and culturally sensitive assessment measures;*
- 294 • *perform audiologic assessment using physiological, psychophysical, and self-assessment measures;*
- 295 • *perform electrodiagnostic test procedures;*
- 296 • *perform balance system assessment and determine the need for balance rehabilitation;*
- 297 • *perform assessment for rehabilitation;*
- 298 • *document evaluation procedures and results;*
- 299 • *interpret results of the evaluation to establish type and severity of disorder;*
- 300 • *apply the principles of evidence-based practice;*
- 301 • *generate recommendations and referrals resulting from the evaluation process;*
- 302 • *provide counseling to facilitate understanding of the auditory or balance disorder;*
- 303 • *maintain records in a manner consistent with legal and professional standards;*
- 304 • *communicate results and recommendations orally and in writing to the patient and other appropriate*
- 305 *individual(s);*
- 306 • *use instrumentation according to manufacturers' specifications and recommendations;*
- 307 • *determine whether instrumentation is in calibration according to accepted standards.*

308
 309 *Instruction in treatment of individuals with auditory, balance, and related communication disorders must*
 310 *include opportunities for students to acquire the knowledge and skills necessary to*

- 311 • *interact effectively with patients, families, professionals, and other appropriate individuals;*
- 312 • *develop and implement treatment plans using appropriate data;*
- 313 • *discuss prognosis and treatment options with appropriate individuals;*

- 314 • *counsel patients, families, and other appropriate individuals;*
- 315 • *develop culturally sensitive and age-appropriate management strategies;*
- 316 • *collaborate with other service providers in case coordination;*
- 317 • *conduct self-evaluation of effectiveness of practice;*
- 318 • *perform hearing aid, assistive listening device, and sensory aid assessment;*
- 319 • *recommend, dispense, and service prosthetic and assistive devices;*
- 320 • *provide hearing aid, assistive listening device, and sensory aid orientation;*
- 321 • *conduct audiologic rehabilitation;*
- 322 • *monitor and summarize treatment progress and outcomes;*
- 323 • *assess efficacy of interventions for auditory and balance disorders;*
- 324 • *apply the principles of evidence-based practice;*
- 325 • *establish treatment admission and discharge criteria;*
- 326 • *serve as an advocate for patients, families, and other appropriate individuals;*
- 327 • *document treatment procedures and results;*
- 328 • *maintain records in a manner consistent with legal and professional standards;*
- 329 • *communicate results, recommendations, and progress to appropriate individual(s);*
- 330 • *use instrumentation according to manufacturers' specifications and recommendations;*
- 331 • *determine whether instrumentation is in calibration according to accepted standards.*

332
333 **3.2A Academic and clinical education reflects current knowledge, skills, technology, and scope**
334 **of practice. The curriculum is regularly reviewed and updated. The diversity of society is**
335 **reflected throughout the curriculum.**
336

337 *The program must provide evidence that the curriculum is regularly and systematically evaluated and*
338 *updated to reflect current knowledge and scope of practice in the profession. Sensitivity to issues of*
339 *diversity should be infused throughout the curriculum. Evidence of regular and systematic evaluation may*
340 *include institutional program evaluations, exit interviews, alumni and employer input, and faculty and*
341 *administrative review of student performance and outcomes.*
342

343 **3.3A The scientific and research foundations of the profession are evident in the curriculum.**
344

345 *The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g.,*
346 *biological, behavioral, physical science, and mathematics), basic science skills (e.g., scientific methods*
347 *and critical thinking), and the basic communication sciences (e.g., acoustics and physiological and*
348 *neurological processes of speech, language, and hearing). The curriculum must reflect the scientific*
349 *bases of the professions and include research methodology. The curriculum must provide opportunities*
350 *for students to become knowledgeable consumers of research literature, with an emphasis on the*
351 *fundamentals of evidence-based practice, as well as the application of these principles and practices to*
352 *clinical populations. The program of study must include research and scholarship participation*
353 *opportunities that are consistent with the mission and goals of the program and the institutional and*
354 *professional expectations for clinical doctoral programs.*
355

356 **3.4A The academic and clinical curricula reflect an appropriate sequence of learning experiences.**
357

358 *The program must provide evidence of appropriate sequencing of course work and clinical education.*
359 *Appropriate sequencing must be evident in examples of typical programs of study including clinical*
360 *placements.*
361
362

363 **3.5A Clinical supervision is commensurate with the clinical knowledge and skills of each student,**
364 **and clinical procedures ensure that the welfare of each person served by students is**
365 **protected, in accord with recognized standards of ethical practice and relevant federal and**
366 **state regulations.**

367
368 *The program must have written policies that describe how the manner and amount of supervision are*
369 *determined and adjusted to reflect the competence of each student and the specific needs of the*
370 *clients/patients served. The written policies must describe the extent to which students are supervised*
371 *and receive supervisor or preceptor consultation when providing services to client/patients. Procedures*
372 *for client/patient safety, confidentiality, and security of client/patient records must also be clearly*
373 *described in the program's written policies, in accordance with relevant federal and state regulations.*
374 *Ethical standards must be clearly documented in the program's published materials.*

375
376 **3.6A Clinical education obtained in external placements is governed by agreements between the**
377 **program and the external facility and is monitored by program faculty.**

378
379 *The program must provide examples of its written agreements with external facilities, its policies*
380 *regarding the identification and ongoing evaluation of external facilities, procedures for selecting and*
381 *placing students in external clinical sites, and evidence that clinical education in external facilities is*
382 *monitored by the program to ensure that educational objectives are met.*

383
384 **3.7A The clinical education component of the curriculum provides students with access to a**
385 **client/patient base that is sufficient to achieve the program's stated mission and goals and**
386 **includes a variety of clinical settings, client/patient populations, and age groups.**

387
388 *The program must describe how it ensures that each student is exposed to a variety of populations*
389 *across the life span and from culturally and linguistically diverse backgrounds. Clinical education must*
390 *include experience with client/patient populations with various types and severities of communication*
391 *and/or related disorders, differences, and disabilities. The program must provide information about the*
392 *size and diversity of the client/patient base and describe the clinical populations available in the facilities*
393 *where students are placed.*

394

**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 acquire 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 program must demonstrate that it provides a breadth and depth of opportunities so that students are able to obtain a variety of supervised clinical experiences in different work settings with different populations 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/preceptors and clinical sites to provide each student with the clinical experiences necessary to prepare him or her for 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);

- 446 • *cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive*
- 447 *functioning);*
- 448 • *social aspects of communication (e.g., behavioral and social skills affecting communication);*
- 449 • *communication modalities (e.g., oral, manual, and augmentative and alternative communication*
- 450 *techniques and assistive technologies).*

451
452 *The program must provide opportunities for students to acquire and demonstrate knowledge in the*
453 *following areas:*

- 454 • *principles and methods of prevention, assessment, and intervention for people with communication*
- 455 *and swallowing disorders across the life span, including consideration of anatomical/physiological,*
- 456 *psychological, developmental, linguistic, and cultural correlates of the disorders;*
- 457 • *standards of ethical conduct;*
- 458 • *interaction and interdependence of speech, language, and hearing in the discipline of human*
- 459 *communication sciences and disorders;*
- 460 • *processes used in research and the integration of research principles into evidence-based clinical*
- 461 *practice;*
- 462 • *contemporary professional issues and advocacy;*
- 463 • *certification, specialty recognition, licensure, and other relevant professional credentials.*

464
465 *The program must provide opportunities for students to acquire and demonstrate skills in the following*
466 *areas:*

- 467 • *oral and written or other forms of communication;*
- 468 • *prevention, evaluation, and intervention of communication disorders and swallowing disorders;*
- 469 • *interaction and personal qualities, including counseling, collaboration, ethical practice, and*
- 470 *professional behavior;*
- 471 • *effective interaction with patients, families, professionals, and other individuals, as appropriate;*
- 472 • *delivery of services to culturally and linguistically diverse populations;*
- 473 • *application of the principles of evidence-based practice;*
- 474 • *self-evaluation of effectiveness of practice.*

475
476 **3.2B Academic and clinical education reflects current knowledge, skills, technology, and scope of**
477 **practice. The curriculum is regularly reviewed and updated. The diversity of society is**
478 **reflected throughout the curriculum.**
479

480 *The program must provide evidence that the curriculum is regularly and systematically evaluated and*
481 *updated to reflect current knowledge and sensitivity to issues of diversity across the scope of practice in*
482 *the profession. Evidence of regular and systematic evaluation may include institutional program*
483 *evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student*
484 *performance and outcomes.*

485
486 **3.3B The scientific and research foundations of the profession are evident in the curriculum.**
487

488 *The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g.,*
489 *biological, behavioral, physical science, and mathematics), basic science skills (e.g., scientific methods*
490 *and critical thinking), and the basic communication sciences (e.g., acoustics; physiological and*
491 *neurological processes of speech, language, and hearing; linguistics). The curriculum must provide*
492 *opportunities for students to become knowledgeable consumers of research literature with an emphasis*
493 *on the fundamentals of evidenced-based practice, as well as the application of these principles and*
494 *practices to clinical populations. The curriculum must reflect the scientific bases of the professions and*
495 *include research methodology, research literature, and opportunities to participate in research and*
496 *scholarship activities, consistent with the mission and goals of the program, institution, and profession.*

497
498

499 **3.4B The academic and clinical curricula reflect an appropriate sequence of learning experiences.**

500
501 *The program must provide evidence of appropriate sequencing of course work and clinical education.*
502 *Appropriate sequencing must be evident in examples of typical programs of study, including clinical*
503 *placements.*
504

505 **3.5B Clinical supervision is commensurate with the clinical knowledge and skills of each student,**
506 **and clinical procedures ensure that the welfare of each person served by students is**
507 **protected, in accord with recognized standards of ethical practice and relevant federal and**
508 **state regulations.**
509

510 *The program must have written policies that describe how the manner and amount of supervision are*
511 *determined and adjusted to reflect the competence of each student and the specific needs of the*
512 *clients/patients served. The written policies must describe the extent to which students are supervised*
513 *and receive supervisor or preceptor consultation when providing services to client/patients. Procedures*
514 *for client/patient safety, confidentiality, and security of client/patient records must also be clearly*
515 *described in the program's written policies, in accordance with relevant federal and state regulations.*
516 *Ethical standards must be clearly documented in the program's published materials.*
517

518 **3.6B Clinical education obtained in external placements is governed by agreements between the**
519 **program and the external facility and is monitored by program faculty.**
520

521 *The program must provide examples of its written agreements with external facilities, its policies*
522 *regarding the identification and ongoing evaluation of external facilities, procedures for selecting and*
523 *placing students in external clinical sites, and evidence that clinical education in external facilities is*
524 *monitored by the program to ensure that educational objectives are met.*
525

526 **3.7B The clinical education component of the curriculum provides students with access to a**
527 **client/patient base that is sufficient to achieve the program's stated mission and goals and**
528 **includes a variety of clinical settings, client/patient populations, and age groups.**
529

530 *The program must describe how it ensures that each student is exposed to a variety of populations*
531 *across the life span and from culturally and linguistically diverse backgrounds. Clinical education must*
532 *include experience with client/patient populations with various types and severities of communication*
533 *and/or related disorders, differences, and disabilities. The program must provide information about the*
534 *size and diversity of the client/patient base and describe the clinical populations available in the facilities*
535 *where students are placed.*
536

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538 **Standard 4.0 Students**
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540 **4.1 The program criteria for accepting students for graduate study in audiology and/or speech-**
541 **language pathology meet or exceed the institutional policy for admission to graduate study.**
542

543 *The program's criteria for admission must meet or exceed those of the institution and be appropriate for*
544 *the degree being offered. The admissions standards of the program and of the institution must be*
545 *described and a rationale presented for any differences between the two sets of criteria. Policies*
546 *regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and*
547 *consistently followed.*
548

549 **4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to**
550 **accommodate differences among individual students.**
551

552 *The program must provide evidence that its curriculum and its policies and procedures for admission,*
553 *internal and external clinical placements, and retention of students reflect a respect for and understanding*

554 of cultural and individual diversity. The program must provide its policy regarding proficiency in English
555 and/or other languages of service delivery and all other performance expectations.
556

557 **4.3 Students are informed about the program’s policies and procedures, degree requirements,**
558 **requirements for professional credentialing, and ethical practice. Students are informed about**
559 **documented complaint processes.**
560

561 *Programs may provide this information to students through student handbooks or other written means.*
562 *The program must maintain a record of student complaints and make these available to the CAA upon*
563 *request. Students must be made aware of the contact information for the CAA in the event they wish to*
564 *file a complaint related to the program’s compliance with standards for accreditation.*
565

566 **4.4 Students receive advising on a regular basis that pertains to both academic and clinical**
567 **performance and progress. Students also are provided information about student support**
568 **services.**
569

570 *The program must describe how students are advised on a timely and continuing basis regarding their*
571 *academic and clinical progress. In addition, the program must describe how students receive information*
572 *about the full range of student support services available at the institution.*
573

574 **4.5 The program must adhere to its institutional policies and procedures to verify that a student**
575 **who registers for a distance education course or program is the same student who**
576 **participates in and completes the program and receives the academic credit.**
577

578 *The program must document that the institutional policies regarding verification of a student's identity*
579 *protect student privacy and are implemented and applied consistently. If the institution does not have*
580 *specific policies, the program must develop and implement its own for this purpose. Acceptable*
581 *mechanisms may include, but are not limited to, secure log-in and pass code or other technologies or*
582 *practices that are effective for verifying student identification, while at the same time protecting student*
583 *privacy. The policies must include notification to students upon enrollment of any fees associated with*
584 *verification of identity for distance education purposes.*
585

5.1 The program conducts ongoing and systematic formative and summative assessment 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/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:

- *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;*
- *assess acquisition of student learning outcomes.*

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 served). Although many types of data may be used, 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:

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- *Program completion rate—students completing the program within the program’s published time frame. Documentation must include the number and percentage of students completing the program for each of the three most recently completed academic years. When averaged over 3 years, the program’s completion rate must meet or exceed the CAA’s established threshold.*
 - *Praxis examination pass rate—program graduates passing the Praxis examination. Documentation must include the number and percentage of program graduates for each of the three most recently completed academic years; programs are required to report results only once for graduates who took the exam multiple times in the same reporting period. When averaged over 3 years, the program’s graduate pass rate must meet or exceed the CAA’s established threshold.*
 - *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 for each of the three most recently completed academic years. When averaged over 3 years, the program’s employment rate must meet or exceed the CAA’s established threshold.*

655 *Results of the assessments, including the required student achievement measures, must be used to plan*

656 *and implement program improvements that are consistent with the program’s mission and goals.*

657

658 **5.4 The program regularly evaluates all faculty members and faculty uses the results for**

659 **continuous improvement.**

660

661 *The program must describe the mechanism for regular evaluation of its faculty by program leadership*

662 *(e.g., director, chair, evaluation committee) in accordance with institutional policy and guidelines.*

663 *Students also must have the opportunity to evaluate faculty in all academic and clinical settings on a*

664 *regular and ongoing basis. The program must demonstrate how results of all evaluations are*

665 *communicated to the faculty and used to improve performance.*

666

667

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.