

**Alignment of ASHA Standards to
California's Adopted Program Standards
November 2010**

Overview of this Report

This agenda item presents a proposed alignment comparing California's adopted program standards for the (Educational Specialist) Other Related Services: Speech-Language Pathology Services credential with the American Speech-Language-Hearing Association's (ASHA) adopted program standards. After the presentation of the draft alignment at the January 2010 COA meeting, staff collected stakeholder feedback on the proposed alignment.

Staff Recommendation

That the COA adopt the CTC-ASHA Alignment Matrix presented in Appendix D of this agenda item.

Background

The COA has the responsibility to review national program standards and determine the alignment between the national standards and California's adopted program standards (<http://www.ctc.ca.gov/educator-prep/accred-alignment.html>). If the alignment is quite close, the national program standards may be used in California's accreditation activities in lieu of the California adopted program standards. If the national standards are aligned in some areas, but other areas of the California adopted program standards are not adequately addressed, the COA may determine that an approved program may utilize the national standards and address the identified portions of California's adopted program standards.

The Commission staff consultant with expertise in special education, Dr. Jan Jones Wadsworth, facilitated work with faculty from California institutions reviewing the recently adopted California SLP program standards and the American Speech-Language-Hearing Association (ASHA) program standards.

One of the requirements for California's Speech-Language Pathology (SLP) programs is that the SLP program must also be ASHA accredited. An alignment matrix which identifies the concepts in California's SLP standards which are adequately addressed in the ASHA standards and which concepts are not adequately addressed by the ASHA standards would be very useful to all California SLP programs. An adopted alignment matrix would allow California's SLP programs to submit verification of the institution's ASHA accreditation with an addendum that addresses the concepts identified in California's SLP standards that are not adequately addressed by the ASHA standards.

The major discrepancy identified between the California SLP standards and ASHA's standards is California's focus on the student and schools. ASHA's focus is much broader and includes a focus on health care as is demonstrated by this information from the ASHA web page:

Speech-language pathologists (SLPs) are essential professionals in every health care setting—acute care, rehabilitation, pediatric, and psychiatric hospitals; long term care; outpatient facilities; and home health. Their expertise provides invaluable benefit to patients and other staff in managing problems (swallowing,

communication, and cognitive-linguistic disorders) that affect patients' overall health, well-being, and ability to benefit from other medical or rehabilitation interventions. The qualifications and expertise of SLPs in health care settings cannot be duplicated by members of other professions. (retrieved October 12, 2009 from <http://www.asha.org/careers/recruitment/healthcare/default.htm>)

The full text for the ASHA SLP standards can be found at the following web site: http://www.asha.org/certification/slp_standards.htm.

The draft matrix and electronic survey were available during the month of September for stakeholder feedback. A total of 13 responses were submitted (there are only 15 SLP Programs in California) with 12 of the 13 responses being submitted by individuals from colleges or universities. A meeting of the state directors of the Communication Disorders programs was scheduled for October 8, 2010 in Sacramento. Teri Clark was invited to the meeting and the group devoted over an hour to reviewing the feedback from the survey.

The group (Appendix B) as a whole reviewed the first Program Design standard and the feedback received for that standard. A facilitated discussion was held for Standard 1 and consensus was reached. Then the individuals worked in small groups to review the feedback for one of the standards. Each group then presented its findings and recommendations to the full group. A limited number of adjustments were made in the draft matrix to develop the proposed matrix presented in Appendix C of this agenda item.

Proposed CTC-ASHA Matrix for the ASHA Addendum

The draft matrix (Appendix C) identifies concepts from the adopted California standards that are not adequately addressed by the ASHA standards. The identified concepts are underlined and an ASHA accredited program would need to address only the underlined concepts in its CTC-ASHA Addendum.

To address the identified concept, the institution would provide a narrative description and/or provide the course syllabi and key assignments or assessments where the concept is addressed in the program. Two of the SLP Program Standards were found to be fully addressed by the ASHA standards and the ASHA accredited program would not submit anything related to SLP. An ASHA accredited program would submit its report from the CAA (ASHA's accreditation body) and the CTC-ASHA Addendum for Program Assessment and the Commission's accreditation site visit.

Next Steps

If the COA adopts the CTC-ASHA Alignment matrix, staff will disseminate the matrix to all approved Speech-Language Pathology programs and provide guidance as to how the matrix may be used in the Commission's accreditation activities.

Appendix A

CTC-ASHA Alignment Matrix Summary of Electronic Stakeholder Feedback

13 responses from stakeholders at the following universities/districts

CSU Chico

CSU Fullerton

CSU Long Beach (2)

CSU Los Angeles

San Diego State University

San Francisco State University

San Jose State University

Chapman University

University of Redlands

CUSD

Institution Name Not Provided (2)

Appendix A

Summary of Electronic Stakeholder Feedback on the DRAFT CTC-ASHA Alignment Matrix

Standard		Elements not Addressed by ASHA Standards	# Responses	Yes	No	% Agree
Program Design Standards	1: Program Design, Rationale and Coordination*	<ul style="list-style-type: none"> • Evidence based practice and knowledge base relevant to the schools. • No mention of service delivery options, general education of the knowledge and skills to meet the needs of students • Multiple points of entry • There is no mention of schools/ students/children. • Logical sequence between the instructional components and field work. 	9	4	5	44%
	2: Professional, Legal and Ethical Practices	<ul style="list-style-type: none"> • Nothing in KASAs related to special education law, legal requirements for assessment, IFSP, IEP, instruction of STUDENTS with disabilities. No mention of safe educational environments. 	9	7	2	78%
	3: Educating Diverse Learners	<ul style="list-style-type: none"> • No knowledge of education based pedagogical theories, development of academic language • The KASAs do not addressstrategies necessary in teaching and engaging students with disabilities • No mention of gender identification 	9	4	5	44%
	4: Effective Communication and Collaborative Partnerships	<ul style="list-style-type: none"> • (2) general/special education teachers, and co-teachers, related service personnel, and administrators, (3) trans-disciplinary teams including but not limited to multi-tiered intervention, Section 504, IEP/IFSP/ITP. • The program informs candidates of the importance of communicating effectively with the business community, public and non-public agencies, to provide the cohesive delivery of services, and bridge transitional stages across the life span for all learners. 	9	5	4	56%
	5: Assessment of Students	<ul style="list-style-type: none"> • No mention of credential authorization, progress monitoring in the schools, regarding eligibility and services • Assess students 	9	5	4	56%

**Bolded items represent those in which there was less than 75% agreement from the field that the identified components in the CTC standard are not adequately addressed by the ASHA standards.*

Appendix A

Standard	Elements not Addressed by ASHA Standards	# Response s	Yes	No	% Agree
	<ul style="list-style-type: none"> • Assessments not for the purpose of making accommodations, modifications, instructional decision and ongoing program improvements. • No knowledge of statewide assessment, local, state and federal accountability systems. 				
6: Using Educational and Assistive Technology	<ul style="list-style-type: none"> • “in the instructional setting” • “to facilitate curriculum access” 	9	6	3	67%
7: Transition and Transitional Planning	<ul style="list-style-type: none"> • No statement related to transition or transition planning. 	9	7	2	78%
8: Participating in ISFP/IEPs and Post-Secondary Transition Planning	<ul style="list-style-type: none"> • No mention of IFSP/IEPs or Transition Planning 	9	8	1	89%

**Bolded items represent those in which there was less than 75% agreement from the field that the identified components in the CTC standard are not adequately addressed by the ASHA standards.*

Appendix A

Standard		Elements not Addressed by ASHA Standards	# Responses	Yes	No	% Agree
Speech-Language Pathology Standards	1: Speech, Language, Hearing, and Swallowing Mechanisms	Fully addressed in ASHA Standards	9	9	0	100%
	2: Child Development and Speech, Language, and Hearing Acquisition	<ul style="list-style-type: none"> • Development of literacy, understanding of the relationship of speech and language skills to literacy, language arts, and access to the core curriculum. 	9	6	3	67%
	3: Speech, Language, Hearing, and Swallowing Disorders	Fully addressed in ASHA Standards	9	9	0	100%
	4: Assessment of Speech and Language Disorders	<ul style="list-style-type: none"> • “Candidates exhibit proficiency in a school setting” • “Each candidate exhibits in a school setting” • “Candidates demonstrate proficiency in the effective use of interpreters/translators in the assessment of English language learners.” 	9	7	2	78%
	5: Management of Speech and Language Disorders	<ul style="list-style-type: none"> • No mention of the schools • No behavior intervention strategies related to schools 	9	7	2	78%
	6: School Field Experience	<ul style="list-style-type: none"> • No school field experience required in ASHA Standards 	9	6	3	67%

**Bolded items represent those in which there was less than 75% agreement from the field that the identified components in the CTC standard are not adequately addressed by the ASHA standards.*

Appendix A

Standard	Elements not Addressed by ASHA Standards	# Response s	Yes	No	% Agree
7: Consultation and Collaboration	<ul style="list-style-type: none"> • Not addressed in KASAs 	8	5	3	63%
8: Assessment of Candidate Performance	<ul style="list-style-type: none"> • No mention of schools, students/children • No mention of the selection process for the supervising master clinician – check to make sure the university supervisor has the credential if supervising – and if they participate in the schools 	8	6	2	75%

**Bolded items represent those in which there was less than 75% agreement from the field that the identified components in the CTC standard are not adequately addressed by the ASHA standards.*

Appendix B

Comments for Standards where there was less than 75% support

Program Design Standards	
Std	Comments by Stakeholders who did not agree that the concepts were missing from ASHA Standards
1	<p>a) More broadly, ASHA standards cover the life span. Children are a major focus in several sections of the ASHA standards that include a focus on evidence based practice, service delivery options, multiple ways to enter services, and sequence of courses and field work. See specifically-- Standard IIIC including articulation; receptive and expressive language; cognitive aspects; social aspects and communication modalities. In the implementation of these standards, a primary focus on children served in schools from birth to age 21 years is covered, particularly as related to services under the Individuals with Disabilities Education Act. Further, Standard IIID addresses the multiple points of entry through prevention, screening, and assessment across education, health, and private practice settings. Focus on school-age children is concentrated in disorder areas that include articulation, fluency, receptive/expressive language, cognitive aspects; social aspects and communication modalities. In particular, a strong focus on bilingualism, autism, Augmentative and Alternative Communication has increased due to the needs of school-based services. Service delivery options are examined specifically in courses and clinical experiences required with children in on and off-campus settings. The standards are written broadly to accommodate the needs of the workplace. Standard IIIF addresses evidence-based practice and integration in research directly. Focus on relevance to school settings is included in courses and clinical experiences in disorder areas most common among children, already listed above: articulation, fluency, receptive/expressive language, cognitive aspects; social aspects and communication modalities. Logical training sequence is addressed throughout the ASHA standards, as courses and clinical experiences are required to achieve mastery. In particular, Standards IIIA, IIIB, IIIC and Standards IIID are structured in the program of study so as to support foundation coursework followed by clinical practicum and internships with children and adults. Child-focused practicum and internships are heavily focused on school-aged children and school settings. Standard IVA also states specifically that a sequence of coursework and clinical experiences must be structured so as to build skills sequentially.</p> <p>b) The KASA document is link between knowledge (Instructional component) and skills (fieldwork).</p> <p>c) In regards to #4, Standard IV-F refers to supervised practicum "across the lifespan" which includes children. in regards to #5, the implementation instructions for Standard IV-C refers to assigning practicum only after students have "acquired a sufficient knowledge base to qualify for such experience."</p> <p>d) The standards developed by ASHA are more than those listed in one particular documents. ASHA creates a variety of position papers, practice policies that more</p>

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Program Design Standards	
Std	Comments by Stakeholders who did not agree that the concepts were missing from ASHA Standards
	<p>clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in Schools. Such documents are updated as standards and laws change.</p> <p>e) Talk about evidence based practice in 3.3.3. However, nowhere talk about schools specifically. For other areas, ASHA talks about patients or clients; those are equivalent to students and children. Students and children are the patients or clients of SLP's in the schools. Multiple points of entry are included in virtually every program in the country. ASHA 3.4 deals with #5.</p>
3	<p>a) ASHA Standards IIIC and IIID include implementation in coursework, clinical, and internship experiences that include the above concepts. Specifically, courses focused on child-related disorder areas including articulation, fluency, voice, receptive/expressive language, cognitive aspects, social aspects, and communication modalities heavily emphasis the knowledge and skills required in the classroom setting that include the above concepts.</p> <p>b) I don't understand the gender identification statement as a standard.</p> <p>c) Not sure what this one means in terms of "academic language." The ASHA standards address receptive/expressive language across the lifespan which includes the oral language as well as the written language of school-age children. SLPs also must adhere to the Code of Ethics (Standard IV-g, 3-d) which includes gender identity. Teaching strategies are under Standard IV-g, 2.</p> <p>d) The standards developed by ASHA are more than those listed in one particular documents. ASHA creates a variety of position papers, practice policies that more clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in Schools. Such documents are updated as standards and laws change.</p> <p>e) Most programs will require a course that deals with #1. #2 implies that there are different strategies for "teaching and engaging students with disabilities" than there are for "teaching and engaging clients with disabilities" which is suffused throughout KASA. #3 implies that gender identification somehow makes a difference re: intervention. It doesn't.</p>
4	<p>a) The above concepts are addressed in the implementation of required ASHA standards as follows: Standard IIIC includes a focus on general/special education teachers, co-teachers and related service personnel in child-focused disorder courses including those addressing articulation, fluency, voice, receptive/expressive language, communication modalities, social aspects of communication and cognitive aspects of communication. Standard IIID includes direct experience working with general/special education teachers, co-teachers and related service personnel; and multi-tiered intervention required</p>

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Comments for Standards where there was less than 75% support

Program Design Standards	
Std	Comments by Stakeholders who did not agree that the concepts were missing from ASHA Standards
	<p>by Response to Intervention Initiatives and legal policies in school-based internships including children served by SLPs in the schools. Effective communication with the community at-large, cohesive service delivery and transitional stages are addressed by specifically by Standard IVG.</p> <p>b) Standard IV-G, 2a refers to collaborating with clients/patients and relevant others in the planning process</p> <p>c) The standards developed by ASHA are more than those listed in one particular documents. ASHA creates a variety of position papers, practice policies that more clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in Schools. Such documents are updated as standards and laws change.</p> <p>d) KASA standard IVG #1g and #2g and #3b subsume all of these aspects.</p>
5	<p>a) Each of the above concepts are addressed by the required ASHA standards including Standards IIIC, IIID, IIIF, and IIIG in course and clinical experiences focused on children. In particular Standard IIID included course and clinical experiences to conduct assessment, planning for accommodations and instructional design in classrooms, and accountability systems. Nearly 50% of the curriculum focuses disorders related to children served under IDEA. Additionally, Standard IIIF focuses specifically on requirements for all national and state certification requirements, including credentialing at the state level to practice in schools as an SLP.</p> <p>b) Again, ASHA standards refers to "across the lifespan" which includes children, who would be assumed to be students in schools. Therefore, #2 is addressed.</p> <p>c) The standards developed by ASHA are more than those listed in one particular documents. ASHA creates a variety of position papers, practice policies that more clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in Schools. Such documents are updated as standards and laws change.</p> <p>d) Agree that #1 and #4 are missing. #2 and #3 are subsumed throughout the document. Once again, clients = students.</p>
6	<p>a) While these concepts are not specifically stated in the ASHA standards, instructional setting and facilitation of curriculum access are included in courses and clinical experiences required by Standards IIIC, IIID, IIIF and IIIG. These are considered recommended practices in schools are included in child-related disorder courses and practica.</p> <p>b) Those specific words are not used</p> <p>c) The standards developed by ASHA are more than those listed in one particular</p>

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Program Design Standards	
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	<p>document. ASHA creates a variety of position papers, practice policies that more clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in Schools. Such documents are updated as standards and laws change.</p> <p>d) All work is done in "instructional settings". Even a hospital can be called an "instructional setting". Agree that #2 is missing.</p>

Speech-Language Pathology Standards	
Std	Comments by Stakeholders who did not agree that the concepts were missing from ASHA Standards
2	<p>a) ASHA Standards IIIC, IIID, IIIF and IIIG specifically address literacy and the relationship to the core curriculum. Specifically, receptive/expressive language is included in all the above standards, particularly in IIIC and IIID. The focus on oral language in support of literacy development forms the core of recent knowledge and research that informs teaching and clinical experiences required by ASHA standards identified above.</p> <p>b) Standard III-C- receptive and expressive language</p> <p>c) The standards developed by ASHA are more than those listed in one particular document. ASHA creates a variety of position papers, practice policies that more clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in Schools. Such documents are updated as standards and laws change.</p> <p>d) I agree that item 1) is missing yes, but also>>>> No mention of gender variables, unless we are accepting "gender" as implied from the other language in the Standard (i.e., biological, psychological, etc??) Survey does not allow responder to add other missing items or to note whether language from ASHA-KASA standard covers the CTC standard</p>
6	<p>a) While ASHA Standards do not specifically name school-based field experience, Standard IVF requires experiences across the life-span. Due to the requirements of Standard IIID that includes clinical intervention with children, school-based field work is assured.</p> <p>b) I agree that the words "school field experience required" are not used in the ASHA standards.</p> <p>c) ASHA requires clinical experiences in three different areas. Hard not to include schools to get three different settings.</p> <p>d) The standards developed by ASHA are more than those listed in one particular document. ASHA creates a variety of position papers, practice policies that more clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in</p>

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Comments for Standards where there was less than 75% support

Speech-Language Pathology Standards	
Std	Comments by Stakeholders who did not agree that the concepts were missing from ASHA Standards
	Schools. Such documents are updated as standards and laws change.
7	<p>a) Standard IVG specifically addresses collaboration.</p> <p>b) Consultation and collaboration are implied but not stated in the standards.</p> <p>c) Standard IV-G mentions collaboration in several places but I'll agree that it does not mention consultation</p> <p>d) The standards developed by ASHA are more than those listed in one particular document. ASHA creates a variety of position papers, practice policies that more clearly detail the competencies required for specific work locations, specific disabilities, etc. One such document is Roles and Responsibilities of Speech-Language Pathologists in Schools. Such documents are updated as standards and laws change.</p> <p>e) Unclear what you think is missing here.</p>

Appendix C

California Association of Academic Programs in Communication Sciences and Disorders

Sacramento Meeting – October 8, 2010

Carolyn Conway Madding, Ph.D., CSU Long Beach (Chair)

Robert Hanyak, AuD., University of Pacific (Treasurer)

Margaret (Dee) Parker, Ph.D., CSU Dominguez Hills (Secretary)

Paige Shaughnessy, Ph.D., Loma Linda University

Michael Kimbarow, Ph.D., San Jose State University

Doug McColl, Ph.D., Chico State University

Kurt Kitselman, Ph.D., CSU Fullerton

Suzanne Miller, Ph.D., CSU San Marcos

Judy Montgomery, Ph.D., Chapman University

Edward Klein, Ph.D., CSU Los Angeles

Janice Woolsey, M.A., CSU Northridge

Sherry Foldvary, M.A., CSU Northridge

Lauren O'Hanlan, Ph.D., CSU Sacramento

Linda Oldenburg, M.A., CSU Sacramento

Charlotte Lopes, M.A., San Diego State University

Simalee Smith-Stubblefield, M.A., University of Pacific

Heidi Germino, M.A., University of Pacific

Julia Shuler, M.A., University of Redlands

Michelle Powers-Lundvall, M.A., CSU Long Beach

Robert Powell, JD, CSHA

Bill Barnaby, Jr., JD

CTC Staff: Teri Clark, CTC

Appendix D Proposed CTC-ASHA Alignment Matrix

<p style="text-align: center;">CTC Standards--ASHA Accredited Programs Must Show Where in the SLP Program the <u>Underlined Concepts</u> are Addressed</p>	<p style="text-align: center;">Course/Assignment/Assessment</p>
<p>1: Program Design, Rationale and Coordination Each program of professional preparation is coordinated effectively in accordance with a cohesive design and sound <u>evidence-based practices relevant to the contemporary conditions of schools</u>. The design must reflect the <u>full range of service delivery options</u>, including <u>general education</u>, and the <u>knowledge and skills to meet the needs of students</u> in the specific areas authorized by the credential. The program has an organizational structure that forms a <u>logical sequence between the instructional components and field work</u>, and that provides for coordination of the components of the program. The program describes a plan that allows for multiple points of entry.</p>	
<p>2: Professional, Legal and Ethical Practices Each program must provide instruction in the philosophy, history and legal requirements, and ethical practices of special education. This curriculum includes <u>state and federal mandates, legal requirements for assessment, Individualized Family Service Program, Individualized Education Program (IEP)</u> development and monitoring, services, and instruction of <u>students with disabilities</u>. The program provides candidates information on laws and regulations as they pertain to promoting teacher behavior that is positive and self-regulatory as well as <u>promoting safe educational environments</u>. The program provides opportunities for demonstration of ethical standards, of teaching, of evidence based educational practices in relation to theories, research and regulations necessary to the provision of services to individuals with disabilities and their families.</p>	
<p>3: Educating Diverse Learners The program provides instruction in understanding and acceptance of differences in culture, cultural heritage, ethnicity, language, age, religion, social economic status, <u>gender identity/expression</u>, sexual orientation, and abilities and disabilities of individuals served. In addition, the program provides knowledge and application of <u>pedagogical theories, development of academic language</u> and principles/practices for English language usage leading to comprehensive literacy in English. The program ensures each candidate is able to demonstrate</p>	

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<p>knowledge, skills and abilities to become proficient in implementing evidence based and multifaceted methodologies and strategies necessary in teaching and engaging students with disabilities.</p>	
<p>4: Effective Communication and Collaborative Partnerships The program provides instruction in communicating effectively with (1) individuals with disabilities and their parents, and primary caregivers, (2) general/special education teachers, and co-teachers, related service personnel, and administrators, (3) <u>trans-disciplinary teams including but not limited to multi-tiered intervention, Section 504, IEP/IFSP/ITP.</u> The program provides opportunities for the candidate to establish and work in partnerships to design, implement, and evaluate appropriate, integrated services based on individual student needs. The program informs candidates of the importance of <u>communicating effectively with the business community, public and non-public agencies, to provide the cohesive delivery of services, and bridge transitional stages across the life span for all learners.</u></p>	
<p>5: Assessment of Students The program provides opportunities for candidates to acquire the knowledge and skills necessary to assess students in a comprehensive manner within the breadth of the credential authorization. Each candidate understands and uses multiple sources of information in order to participate in <u>progress monitoring and in decision making regarding eligibility and services.</u> The program provides candidates with the knowledge and skill to assess students from diverse backgrounds and varying language, communication, and cognitive abilities. The program provides opportunities for using both formal and informal <u>assessments to evaluate students' needs and strengths</u> for the purpose of making <u>accommodations, modifications, instructional decisions and ongoing program improvements.</u> The program provides the opportunities for each candidate to demonstrate <u>the knowledge of required statewide assessments and local, state and federal accountability systems.</u></p>	

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<p>6: Using Educational and Assistive Technology The program provides opportunities for candidates to acquire the ability to use computer-based technology to facilitate the teaching and learning process. Each candidate demonstrates knowledge and understanding of the appropriate use of computer-based technology for information collection, analysis and management <u>in the instructional setting</u>. Candidates demonstrate knowledge of assistive technology including low and high equipment and materials <u>to facilitate communication, curriculum access,</u> and skill development of students with disabilities.</p>	
<p>7: Transition and Transitional Planning The program provides opportunities for candidates to <u>plan, implement, and evaluate transitional life experiences</u> for students with disabilities across the lifespan. Each candidate collaborates with personnel from other educational and community agencies to plan for successful <u>transitions by students</u>. Each candidate demonstrates the knowledge and ability to teach students appropriate self-determination and expression skills.</p>	
<p>8: Participating in ISFP/IEPs and Post-Secondary Transition Planning The program provides candidates opportunities to demonstrate the ability to participate effectively as a team member and/or case manager for the <u>IFSP/IEP/transition planning process</u>, from pre-referral interventions and requisite assessment processes, through planning specially-designed instruction to support access to the core curriculum, developing appropriate IFSP/IEP/transition planning goals based on standards and <u>following all legal requirements of the IFSP/IEP/transition planning process</u>.</p>	
<p>SLP Standard 1: Speech, Language, Hearing, and Swallowing Mechanisms</p> <p>Each candidate demonstrates understanding of the anatomy, physiology, and neurology of the speech, language, hearing, and swallowing mechanisms. In addition, candidates exhibit</p>	<p style="text-align: center;">Fully Addressed by the ASHA Standards</p>

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<p>knowledge of the physical bases and processes involved in the production and perception of speech, language, and hearing, and the production of swallowing. Finally, each candidate demonstrates comprehension of the acoustics or physics of sound, physiological and acoustic phonetics, perceptual processes, and psychoacoustics involved in speech and hearing.</p>	
<p>SLP Standard 2: Child Development and Speech, Language, and Hearing Acquisition</p> <p>Each candidate demonstrates knowledge of developmental milestones pertaining to typical and atypical human development and behavior, birth through twenty-two. Candidates exhibit understanding of the gender, linguistic, psycholinguistic, and cultural variables related to the normal development of speech, hearing, and language, including comprehension of first and second language and dialect acquisition. Additionally, each candidate demonstrates comprehension of cultural, socioeconomic, linguistic and dialectical differences and their role in assessment and instruction. Candidates also exhibit understanding of speech/language development across the range of disabilities. Each candidate demonstrates knowledge of the <u>development of literacy, including phonological awareness, and an understanding of the relationship of speech and language skills to literacy, language arts, and access to the core curriculum.</u></p>	
<p>SLP Standard 3: Speech, Language, Hearing, and Swallowing Disorders</p> <p>Each candidate demonstrates understanding of speech, language, hearing, and swallowing disorders, including but not limited to disorders of language, articulation/phonology, fluency, voice, hearing, and swallowing. Candidates exhibit comprehension of speech, language, and hearing disorders associated with special populations, including but not limited to individuals on the autistic spectrum and/or with cerebral palsy, cleft palate, hearing impairment, developmental disabilities, learning disabilities, and traumatic brain injury.</p>	<p style="text-align: center;">Fully Addressed by the ASHA Standards</p>

Appendix D Proposed CTC-ASHA Alignment Matrix

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<p>SLP Standard 4: Assessment of Speech and Language Disorders</p> <p>Each candidate demonstrates competency in the collection of relevant information regarding individuals’ past and present status and family and health history. Candidates <u>exhibit proficiency in a school setting</u> in screening and evaluation, including procedures, techniques, and instrumentation used to assess the speech and language status of children, and the implications of speech/language disorders in an educational setting. <u>Each candidate exhibits in a school setting expertise in the administration of least biased testing techniques and methodologies for assessing the speech and language skills of culturally and linguistically diverse populations (i.e., speakers of second languages and dialects), including a language sample. Candidates demonstrate proficiency in the effective use of interpreters/translators in the assessment of English language learners.</u> Each candidate demonstrates accurate interpretation of test results and makes appropriate referrals for further evaluation or treatment. Candidates demonstrate proficiency in the assessment for and selection of appropriate augmentative and alternative communication systems. Each candidate exhibits knowledge of hearing screening procedures.</p>	
<p>SLP Standard 5: Management of Speech and Language Disorders</p> <p>Each candidate exhibits comprehension of methods in a <u>school setting</u> of preventing communication disorders including, but not limited to, family/caregiver and teacher in-service, consultation, and collaboration. Candidates demonstrate knowledge of intervention strategies for a variety of speech, language, hearing, and swallowing disorders. Candidates use a variety of school-based service delivery models, which may include but are not limited to: pull-out, push-in, group, classroom consultation and/or collaboration, and co-teaching. Candidates will have opportunities to use curriculum materials commonly used in a school’s core curriculum in the service delivery modes employed. Each candidate uses appropriate intervention strategies for individuals from culturally/linguistically/ socioeconomically diverse populations, including the use of</p>	

Appendix D Proposed CTC-ASHA Alignment Matrix

<p style="text-align: center;">CTC Standards--ASHA Accredited Programs Must Show Where in the SLP Program the <u>Underlined Concepts</u> are Addressed</p>	<p style="text-align: center;">Course/Assignment/Assessment</p>
<p>interpreters/translators and the facilitation of second language/dialect acquisition. Candidates use <u>effective behavioral intervention strategies and effectively monitor the progress of students in school settings</u>. Each candidate demonstrates proficiency in the training of students and families/caregivers, teachers and/or other professionals in the use of augmentative and alternative communication systems. Candidates exhibit knowledge of rehabilitative procedures with individuals who have hearing impairments, including the use of assistive listening devices.</p>	
<p>SLP Standard 6: School Field Experience</p> <p>Each candidate will complete sufficient <u>field experiences in the schools</u> to demonstrate the knowledge, skills and abilities described in SLP Standards 1 through 5. Candidates acquire experience with a variety of speech/language disorders, assessment and intervention techniques, and diverse populations that <u>may range in age from birth to twenty-two</u>. Candidates will participate and demonstrate proficiency in the following: speech/language/hearing screening, evaluation, and intervention; writing, presentation, and implementation of IEP/IFSPs; a variety of service delivery models; provision of services for children on the autistic spectrum; assistance to classroom teachers in providing modifications and accommodations of curriculum for students; and monitoring of student progress. In addition, each candidate exhibits understanding of multi-tiered intervention (e.g., response to intervention).</p>	
<p>SLP Standard 7: Consultation and Collaboration</p> <p>Each candidate engages in <u>consultation and/or collaboration with teachers</u> and other relevant personnel as part of a school field experience. Candidates <u>consult with teachers</u>, other personnel, and families during the prevention, assessment, and <u>IEP process</u>. Candidates also demonstrate relevant methods of consultation and collaboration in intervention, which may include but is not limited to the development of program modifications to support students' learning in the classroom, including academic content in pull-out intervention, instruction of small groups in the classroom, and teaching classroom lessons.</p>	

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<p style="text-align: center;">CTC Standards--ASHA Accredited Programs Must Show Where in the SLP Program the <u>Underlined Concepts</u> are Addressed</p>	<p style="text-align: center;">Course/Assignment/Assessment</p>
<p>SLP Standard 8: Assessment of Candidate Performance</p> <p>Prior to recommending each candidate for a SLP services credential, one or more persons responsible for the program determine on the basis of thoroughly documented evidence that each candidate has demonstrated satisfactory performance on the full range of knowledge and skills authorized by the credential <u>in a school setting</u>. During the program, candidates are guided and coached on their performance in relation to the knowledge and skills using formative processes. Verification of candidate performance is provided by a faculty representative of the university training program in consultation with the supervising master clinician.</p>	