CALIPSO documentation supports, in part or in whole, compliance with the following standards set forth by the CAA (Council on Academic Accreditation) and CFCC (Council for Clinical Certification.)

Council for Clinical Certification (CFCC) 2005 Standards
Effective January 1, 2006, Last Revised March 2009

CFCC Standard III-B
The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

Implementation:
This standard emphasizes the basic human communication processes. The applicant must demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span, including basic communication processes and the impact of cultural and linguistic diversity on communication. Similar knowledge must also be obtained in swallowing processes and new emerging areas of practice. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

☐ This standard is included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.

☐ Cumulative Evaluations for each cohort can be viewed/printed by clicking “Class Cumulative Evaluations” under the Reports section on the administrator lobby page.
CFCC Standard III-C

The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities.

Implementation:
The applicant must demonstrate the ability to integrate information delineated in this standard. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects. It is expected that course work addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of communication (articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).

☐ This standard is included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.

CFCC Standard III-D

The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

Implementation:
The applicant must demonstrate the ability to integrate information about prevention, assessment, and intervention over the range of differences and disorders specified in Standard III-C above. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

☐ This standard is included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.
CFCC Standard III-E
The applicant must demonstrate knowledge of standards of ethical conduct.

*Implementation:*
The applicant must demonstrate knowledge of, appreciation for, and ability to interpret the ASHA Code of Ethics. Program documentation must reflect course work, workshop participation, instructional module, clinical experiences, and independent projects.

☐ This standard is included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.

CFCC Standard III-F
The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

*Implementation:*
The applicant must demonstrate comprehension of the principles of basic and applied research and research design. In addition, the applicant should know how to access sources of research information and have experience relating research to clinical practice. Program documentation could include information obtained through class projects, clinical experiences, independent studies, and research projects.

☐ This standard is included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.
CFCC Standard III-G
The applicant must demonstrate knowledge of contemporary professional issues.

*Implementation:*
The applicant must demonstrate knowledge of professional issues that affect speech-language pathology as a profession. Issues typically include professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. Documentation could include information obtained through clinical experiences, workshops, and independent studies.

☐ This standard is included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.

CFCC Standard IV-B
The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

*Implementation:*
The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English, which, at a minimum are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

☐ This standard is included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.
CFCC Standard IV-C
The applicant for certification in speech-language pathology must complete a minimum for 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation:
Observation hours generally precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. For certification purposes, the observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student's observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards III and IV.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services—that is, 30 and 45 minutes respectively, not 75 minutes. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

☐ Completion of 25 observation hours and 375 direct client/patient contact hours are tracked via the clock hour feature and summarized on the Clinical Experience Record and in the My Checklist link.
☐ Clinical Experience Records for each cohort can be viewed/printed by clicking the “Class Clock Experience Records” link located under the Reports section on the administrator lobby page.
Completion of 325 clock hours at the graduate level is tracked via the clock hour feature and summarized on the Clinical Experience Record (webpage), Clinical Clockhour Database, and in the My Checklist link.

CFCC Standard IV-D
At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation:
A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

CFCC Standard IV-E
Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation:
Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements and should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. All observation and clinical practicum hours used to meet Standard IV-C must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

Supervisor Credentials:
During initial registration, supervisors are prompted via the supervisor instructions to enter information on ASHA membership, teacher certification, and state licensure and to upload scanned copies of verification. A listing of expiration dates and document verification can be viewed by clicking the “License Expirations” link under the Management section on the administrator lobby page. Information can be sorted by clicking on the column header, and supervisors can be e-mailed regarding missing or expired items by 1) clicking the box which corresponds to each name, 2) editing the message within the text box located at the bottom of the table, and 3) clicking the “Send message to supervisors” button.
Each supervisor should have an active date displayed as designated with a green check mark. A yellow yield symbol signifies expiration within 30 days, and a red exclamation symbol signifies past expiration.

Self-reporting of expiration dates by supervisors is not sufficient verification. Each expiration date should have supporting documentation as designated by a “Download” link. The linked document should display the most current card, certificate, etc.

To update this information as an administrator, click on the desired supervisor’s name. Then click on “Edit licenses and certification.” Enter or update the information, upload verification, and click the “Upload and Save” button. The new information will automatically appear in the table.

Please note: Only active supervisors will appear in the “License Expirations” table. Suppressed supervisors will not appear.

**Supervision Amounts:**

The amount of dx and tx supervision provided to each student is tracked under the “Observation percentages” link in the Statistics section. Choose a course and semester and click “Show” to view a specific semester. To view supervision amounts across all semesters, click on a specific student’s name. A bar graph will display dx and tx supervision percentages for each course throughout the clinical curriculum. Supervision should be commensurate with the student’s level of clinical training but no less than 25%.

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**CFCC Standard IV-F**

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

**Implementation:**

The applicant must demonstrate direct client/patient clinical experiences in both diagnosis and treatment with both children and adults from the range of disorders and differences named in Standard III-C.

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**Life span:**

- Clock hours are tracked by child and adult, but clinical experiences are tracked across the life span (young child, child, adult, and older adult.)
- Experience with client populations across the life span is reported by supervisors on each Clinical Performance Evaluation and displayed collectively on each student’s Performance Summary form and within the My Checklist feature.
- Performance Summaries for each cohort can be viewed/printed by clicking “Class Clinical Performances” under the Reports section on the administrator lobby page.

**Culturally and linguistically diverse backgrounds:**

- Experience with client populations from culturally and linguistically diverse backgrounds is verified by supervisors on each clock hour submission and displayed within the My Checklist feature.

**Various types and severities of disorders:**

- Experience with various types and severities of disorders is verified by supervisors on each Clinical Performance Evaluation and displayed collectively on each student’s Clinical Experience record (across the Big 9) and within the My Checklist feature.
- Clinical Experience Records for each cohort can be viewed/printed by clicking the “Class Clock Experience Records” link located under the Reports section on the administrator lobby page.
CFCC Standard IV-G
The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
   a) Conduct screening and prevention procedures (including prevention activities).
   b) Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.
   c) Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
   d) Adapt evaluation procedures to meet client/patient needs.
   e) Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f) Complete administrative and reporting functions necessary to support evaluation.
   g) Refer clients/patients for appropriate services.

2. Intervention
   a) Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b) Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c) Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d) Measure and evaluate clients'/patients' performance and progress.
   e) Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f) Complete administrative and reporting functions necessary to support intervention.
   g) Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities
   a) Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
   b) Collaborate with other professionals in case management.
   c) Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
   d) Adhere to the ASHA Code of Ethics and behave professionally.

Implementation:
The applicant must document the acquisition of the skills referred to in this Standard applicable across the nine major areas listed in Standard III-C. Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects. This documentation must be maintained and verified by the program director or official designee.
☐ All objectives of this standard are included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.

☐ Scores provided by supervisors are collectively averaged on the Cumulative Evaluation. Competency of each objective is set by each university and reflected in the Cumulative Evaluation by a non-highlight.

☐ Cumulative Evaluations for each cohort can be viewed/printed by clicking “Class Cumulative Evaluations” under the Reports section on the administrator lobby page.

CFCC Standard V-A: Formative Assessment

The applicant must meet the education program's requirements for demonstrating satisfactory performance through on-going formative assessment of knowledge and skills. The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.

Implementation:

Formative assessment yields critical information for monitoring an individual's acquisition of knowledge and skills. Therefore, to ensure that the applicant pursues the outcomes stipulated in Standard III and Standard IV in a systematic manner, academic and clinical educators must have assessed developing knowledge and skills throughout the applicant's program of graduate study. Applicants may also be part of the process through self-assessment. Applicants and program faculties should use the on-going assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation of strategies for acquisition of knowledge and skills.

The applicant must adhere to the academic program's formative assessment process and must maintain records verifying on-going formative assessment. The applicant shall make these records available to the Council for Clinical Certification upon its request. Documentation of formative assessment may take a variety of forms, such as checklists of skills records of progress in clinical skill development, portfolios, and statements of achievement of academic and practicum course objectives, among others.

☐ On-going formative assessment of knowledge and skills is provided via the Cumulative Evaluation form.

☐ Cumulative Evaluations for each cohort can be viewed/printed by clicking “Class Cumulative Evaluations” under the Reports section on the administrator lobby page.

☐ Student self-evaluations are another tool that serves as a formative assessment. Student self-evaluations are located under the Student Information’s “Evaluations” link.
Supervisor Credentials:

- During initial registration, supervisors are prompted via the supervisor instructions to enter information on ASHA membership, teacher certification, and state licensure and to upload scanned copies of verification. A listing of expiration dates and document verification can be viewed by clicking the “License Expirations” link under the Management section on the administrator lobby page. Information can be sorted by clicking on the column header and supervisors can be e-mailed regarding missing or expired items by 1) clicking the box which corresponds to each name, 2) editing the message to send located at the bottom of the table, and 3) clicking the “Send message to supervisors” button.

- Each supervisor should have an active date displayed as designated with a green check mark. A yellow yield symbol signifies expiration within 30 days, and a red exclamation symbol signifies past expiration.

- Self-reporting of expiration dates by supervisors is not sufficient verification. Each expiration date should have supporting documentation as designated by a “Download” link. The linked document should display the most current card, etc.

- To update this information as an administrator, click on the desired supervisor’s name. Then click on “Edit licenses and certification.” Enter or update the information, upload verification, and click the “Upload and Save” button. The new information will automatically appear in the table.

- Please note: Only active supervisors will appear in the “License Expirations” table. Suppressed supervisors will not appear.

Experience:

- During registration, supervisors are prompted to enter the year of initial ASHA certification. These dates are displayed in the “License Expirations” table. Dates can be sorted by clicking on the column header to demonstrate the breadth of supervisors’ clinical experience.
CAA Standard 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.

Implementation:
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 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/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);
- 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.
Knowledge and skills:
☐ The objectives of this standard are included on the Clinical Performance Evaluation form, so competency of this item is displayed on the Cumulative Evaluation.

Clock hours:
☐ Completion of 25 observation hours and 375 direct client/patient contact hours are tracked via the clock hour feature and summarized on the Clinical Experience Record and in the My Checklist link.
☐ Completion of 325 clock hours at the graduate level is tracked via the clock hour feature and summarized on the Clinical Experience Record and in the My Checklist link.
☐ Clock hours are also tracked via practice setting. The range of practice settings is displayed on the Clinical Experience Record and tracked in the My Checklist link.
☐ Experience with various types and severities of disorders is verified by supervisors on each Clinical Performance Evaluation and displayed collectively on each student’s Clinical Experience record (across the Big 9) and within the My Checklist feature.

Student self-evaluations:
☐ Student self-evaluations are located under the Student Information’s “Evaluations” link.

Clinical sites:
☐ During initial registration, supervisors are prompted via the supervisor instructions to complete a “Clinical Site Information” form. A listing of all clinical sites as well as corresponding contract expiration dates are available by clicking on the “Site information forms” link located in the View section.
☐ Expiration dates can be sorted by clicking on the column header. Each site should have an active date displayed as designated with a green check mark. A yellow yield symbol signifies expiration within 3 months, and a red exclamation symbol signifies expiration within 1 month or already expired.

CAA Standard 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.

Implementation:
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.

☐ The amount of dx and tx supervision provided to each student is tracked under the “Observation percentages” link in the Statistics section. Choose a course and semester and click “Show” to view a specific semester’s supervised averages and clock hours gained. To view supervision amounts across all semesters, click on a specific student’s name. A bar graph will display dx and tx supervision percentages for each course throughout the clinical curriculum. Supervision should be commensurate with the student’s level of clinical training but no less than 25%. Justification can be provided as to greater or lesser amounts of supervision based on the total number of hours accrued.
CALIPSO, in part, helps to monitor clinical affiliation agreements via the Clinical Site Information feature. During initial registration, supervisors are prompted via the supervisor instructions to complete a “Clinical Site Information” form. A listing of all clinical sites as well as corresponding contract expiration dates are available by clicking on the “Site information forms” link located in the View section.

Contract dates are recorded and displayed on the Clinical Site Information table. Expiration dates can be sorted by clicking on the column header. Each site should have an active date displayed as designated with a green check mark. A yellow yield symbol signifies expiration within 3 months, and a red exclamation symbol signifies expiration within 1 month or already expired.

To update this information as an administrator, find the desired site in the table and click the “Edit” link displayed in the Contract Expiration column. Administrators may also complete Site Information forms by clicking on the “Add new form” link. Please note: Site forms completed by administrators will be visible to students (once saved as final) but not to supervisors.

CAA Standard 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.

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

Implementation:
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.

Client/patient base:
- Verification that students are provided access to a client/patient base that is sufficient is documented via the Site Information Forms – Appendix VI-B: SLP Clinical Population. To access these forms, click on the “Site information forms” link located under the View section and then click on the link “Appendix VI-B” for each desired site. Caseload numbers will be displayed across the Big 9 for both children and adults.
- **Important Note:** The Appendix VI-B: SLP Clinical Population form requests the “number of terms your program has used this facility in the past two years.” In order to accurately display this number, go to the “Sites” link located in the Management section. At the top of the table, you will see the number of sites and a link entitled “Refresh terms used.” Click on this link to display the number of terms used for the two years prior to the refresh date.

Life span:
- Clock hours are tracked by child and adult, but clinical experiences are tracked across the life span (young child, child, adult, and older adult.)
- Experience with client populations across the life span is reported by supervisors on each Clinical Performance Evaluation and displayed collectively on each student’s Performance Summary form and within the My Checklist feature.
- Performance Summaries for each cohort can be viewed/printed by clicking “Class Clinical Performances” under the Reports section on the administrator lobby page.

Culturally and linguistically diverse backgrounds:
- Experience with client populations from culturally and linguistically diverse backgrounds is verified by supervisors on each clock hour submission and displayed within the My Checklist feature.

Various types and severities of disorders:
- Experience with various types and severities of disorders is verified by supervisors on each Clinical Performance Evaluation and displayed collectively on each student’s Clinical Experience record (across the Big 9) and within the My Checklist feature.
- Clinical Experience Records for each cohort can be viewed/printed by clicking the “Class Clock Experience Records” link located under the Reports section on the administrator lobby page.
CAA Standard 5.1
The program conducts ongoing and systematic formative and summative assessments of the performance of its current students.

Implementation:
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.

☐ The Clinical Performance Evaluation form identifies the clinical knowledge and skills to be gained. Students are provided feedback formally through midterm and final evaluations.
☐ Each student has access to his/her finalized evaluations via CALIPSO. Each evaluation requests verification from the supervisor that the evaluation was reviewed with the student. To verify that all evaluations contain student “signatures”, click on “Evaluations with student signatures” link located in the Exception Reports section. The table will identify a missing signature via an unfilled box. You can view the corresponding evaluation by clicking on “view” located in the last column of the table.
☐ The Cumulative Evaluation serves as a formative assessment, an ongoing measurement of clinical preparation in the acquisition of knowledge and skills, and provides regular feedback on progress toward clinical goals with all clinical experiences, on and off campus. Because students have unlimited access to all of their records (including the Cumulative Evaluation, Clinical Performance Evaluations, and Clock Hour Experience Record,) they are able to monitor their progress and advocate for their clinical education needs. Student review of the Cumulative Evaluation and Clock Hour Experience Record each semester is encouraged via the student instructions.
☐ Student self-evaluations are another tool that provides and documents progress toward meeting Program goals.
Students have 24-7 access to their records via CALIPSO. This unlimited access enables them to monitor their progress and advocate for their clinical education needs.

Program graduates have access to their records/CALIPSO account until the Program terminates access. This date is at the discretion of the Program. To terminate access, click on the “Students” link under the Management section on the administrator lobby page. Click the “Lock” button corresponding with each student’s name. To reactivate access, simply click “Unlock” by the desired student’s name.

Records are stored via CALIPSO for 8 years, one full accreditation cycle. However, the program can “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” by downloading and saving the key documents listed in the “Reports” section as each class graduates:
- Class Clinical Performances
- Class Cumulative Evaluations
- Class Clock Experience Records
- Class Clock DBs

The “My Checklist” link lists the requirements for as well as each student’s progression toward the successful completion of the clinical education program.

CAA Standard 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.

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

Implementation:
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:
- Program completion rate
- Praxis examination pass rate
- Employment rate

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.

- Student evaluations of supervisors/clinical education experiences are provided via the Supervisor Feedback form. To access Supervisor Feedback forms, click on the “Supervisor Feedback Forms” under the View section on the administrator lobby page. You can also view provided feedback specific to a given supervisor by clicking on the “Supervisors” link under the Management section, locating the desired supervisor, and clicking on the “Feedback” link located in the table.
- Clinical program effectiveness can also be collected from the “Cumulative by patient population” link located under the Statistics section. This link provides individual as well as class averages for clinical performances across the life span.
CAA Standard 5.4
The program regularly evaluates all faculty members and faculty uses the results for continuous improvement.

Implementation:
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.

☐ Student evaluations of clinical supervisors are provided via the Supervisor Feedback form. To access Supervisor Feedback forms, click on the “Supervisor Feedback Forms” under the View section on the administrator lobby page. You can also view provided feedback specific to a given supervisor by clicking on the “Supervisors” link under the Management section, locating the desired supervisor, and clicking on the “Feedback” link located in the table.

☐ CALIPSO administrators may also view a supervisor’s supervisory portfolio (of sorts) that compiles knowledge and skills practice areas, caseload based on clock hour submissions, as well as student feedback. To access this information, click on the “Supervisors” link under the Management section, locate the desired supervisor, and click on the Cumulative, Clockhour, and Feedback links. Grading/scoring of students’ performances are profiled under the “Supervisor Scores” link located in the Statistics section.

Application for Accreditation or Re-Accreditation
Appendix VI-B: SLP Clinical Population

☐ A unique feature of CALIPSO is the ability to automatically produce the CAA’s Appendix VI-B: SLP Clinical Population form based on information provided on the Clinical Site Information form and Sites link. To access these forms, click on the “Site information forms” link located under the View section and then click on the link “Appendix VI-B” for each desired site. The document is produced as a PDF and may be saved, printed, or merged into another PDF document.

☐ Important Note: The SLP Clinical Population form requests the “number of terms your program has used this facility in the past two years.” In order to accurate display this number, go to the “Sites” link located in the Management section. At the top of the table, you will see the number of sites and a link entitled “Refresh terms used.” Click on this link to display the number of terms used for the two years prior to the refresh date.
Clock Hours Gained in On-Campus vs Off-Campus Settings
☐ If asked to provide statistics on clock hours gained via on-campus placements versus off-campus placements, click on the “Clockhours on and off campus” link located in the Statistics section.

Average Number of Hours Gained Per Class/Cohort
☐ If asked to provide statistics on the average number of clock hours gained per class/cohort (for the purpose of demonstrating that there are sufficient caseloads/sites for students to easily meet the minimum requirement of clock hours within the time frame of the Program,) click on the “Average clockhours for this class” link located in the Statistics section. This document may also be produced as a PDF (click PDF link) for printing and/or saving.