Assurance of Student Learning 2019-2020	
College of Health and Human Services (CHHS)	Communication Sciences and Disorders
Communication Disorders Program- 595	
Leisa Hutchison, Undergraduate Program Director	

Use this page to list learning outcomes, measurements, and summarize results for your program. Detailed information must be completed in the subsequent pages.

Student Learning Outcome 1: Students will demonstrate knowledge of the signs, symptoms, and identification of communication, swallowing, and cognitive disorders (i.e. speech sound disorders, fluency, voice and resonance, language, hearing, and swallowing disorders and differences, etc.).

Instrument 1	**Direct:** Comprehensive Learning Check from CD 478 – Clinical Issues and Treatment – Midterm and Final Comprehensive Learning Checks
Instrument 2	**Direct:** Comprehensive Learning Check from CD 492 – Neuroanatomy in Communication Sciences and Disorders – Midterm and Final Comprehensive Learning Checks
Instrument 3	

Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 1.	Met	Not Met

Student Learning Outcome 3: Students will demonstrate knowledge of the basic processes of clinical assessment (i.e. assessment tool selection, assessment administration, assessment scoring, diagnostic report writing, etc.).

Instrument 1	Direct: CD 495 – Clinical Internship – Evaluation of Undergraduate Internship
Instrument 2	SimuCase Part Task Trainer data in Introduction to Assessment in Communication Disorders (CD 485)
Instrument 3	**SimuCase** Assessments Data

Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.	Met	Not Met

Student Learning Outcome :

Instrument 1	
Instrument 2	
Instrument 3	

Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.	Met	Not Met

Program Summary (Briefly summarize the action and follow up items from your detailed responses on subsequent pages.)

Communication Disorders Program Faculty selected four overall Student Learning Outcomes for the program. These include:

   1.) Students will demonstrate knowledge of the signs, symptoms, and identification of communication, swallowing, and cognitive disorders (i.e. speech sound disorders, fluency, voice and resonance, language, hearing, and swallowing disorders and differences,

etc.). – Assessed in 2019-20 and subsequent odd years using Case Study and/or writing/assessment/treatment planning projects from CD 483 and CD 486 as artifacts. (Spring 2021)

2.). Students will demonstrate knowledge of the basic processes of clinical intervention (i.e. treatment plan development, session planning, and basic implementation principles, etc.). – Assessed in 2018-19 and subsequent even years using artifacts of Evaluation of Undergraduate Internship; CD 495 – Pre-Clinical Experience and Post-Clinicial Semester Reflections

3.). Students will demonstrate knowledge of the basic processes of clinical assessment (i.e. assessment tool selection, assessment administration, assessment scoring, diagnostic report writing, etc.). Assessed in 2019-20 and subsequent odd years using artifacts of Case Studies and/or writing/assessment/treatment planning projects from CD 483 and CD 486. (Spring 2021)

4.). Students will demonstrate the ability to correctly document clinical information (i.e. including treatment plans, assessment plans, progress reporting (SOAP), final summaries, etc.). Assessed in 2018-19 and subsequent even years using artifacts of CD 495 – Clinical Internship – Evaluation of Undergraduate Internship and SOAP (Progress) Note, treatment plans.

Based on the assessment of student learning for 2019-20, the following actions occurred:
- A faculty change was made to assure more continuity of learning for students by having the same faculty member teach both the CD 484-Speech Anatomy and Physiology course and the CD 492 Neuroanatomy in Communication Sciences and Disorders course beginning 2020-2021

Due to the COVID-19 pandemic in the Spring 2020, faculty made adjustments to instruction and clinical internship in the following ways:
- Various faculty members and clinical supervisors participated in faculty development on:
    Converting courses to online/virtual course delivery format
    Telepractice clinical service delivery and supervision of interns
    Integrating technology and simulations into coursework.
    Selected Virtual learning platform training
- Semester practicum experiences were cancelled and courses were quickly converted to virtual formats.
- Lab Experiences were converted to SimuCase technology to continue these learning experiences.
- Individual diagnostic/assessment topics and writing activities were continued for students in the CD 495 internship via discussion boards and assignments on Blackboard. These included writing an Individualized Assessment Plan and writing an Individual Treatment plan based on reported assessment results.

- In the Assessment Course (CD 485), activities were specifically designed to give students opportunities to administer and interpret a variety of assessment tools – labs to practice administration of assessments.
- Faculty originally planned to use pre and post clinical reflections to assess student learning outcome number three. We found that the SimuCase simulations measured student learning more directly. Therefore, this report reflects the faculty's assessment of student learning using the SimuCase simulation software instrument..

- Faculty teaching language disorders (CD 486), speech sound disorders (CD 483), and Connecting with Nonverbal Communicators (CD 490), incorporated more assessment planning, interpreting, report writing, and treatment planning into their coursework in the form of Case Studies and/or assignments to increase opportunities to practice specific skills in each disorder area.
- Clinical supervisors provided more diagnostic/assessment opportunities for students during the clinical internship (CD 495) so students could gain experience administering assessments, report writing, and reporting diagnostic results to caregivers.

Student Learning Outcome 1			
Student Learning Outcome	**Student Learning Outcome 1:** Students will demonstrate knowledge of the signs, symptoms, and identification of communication, swallowing, and cognitive disorders (i.e. speech sound disorders, fluency, voice and resonance, language, hearing, and swallowing disorders and differences, etc.).		
Measurement Instrument 1	NOTE: **Each student learning outcome should have <u>at least one direct measure of student learning</u>. Indirect measures are not required.** Comprehensive learning checks at midterm and during final weeks of Clinical Issues in Treatment of Speech and Communication Disorders (CD 478) were administered. A 25% sample size (n=17) of assessment data was obtained and analyzed based on the rubric scoring schema. Students must be able to recognize and identify various types and severities of disorders of speech and communication in order to effectively treat these disorders. Comprehensive learning checks were specifically designed to assess students' ability to demonstrate these skills through clinical application showing a higher level of understanding than traditional objective exam formats.		
Criteria for Student Success	The program success target criteria for this outcome is that 90% of students will complete these two comprehensive learning check rubrics with scores of at least 85 out of 100 points. (Please see attached sample comprehensive learning check and rubrics for criteria for meeting each letter grade). A:93-100 B: 85-92 C: 77-84 D: 68-76 F: Below 67		
Program Success Target for this Measurement	90% or better	**Percent of Program**	100%

		Achieving Target	
Methods	In Fall 2019 and Spring 2020, the program was comprised of 31 juniors and 36 seniors for a total number of students equaling 67. A 25% randomized sample was taken (n=17) from the Clinical Issues in Treatment of Speech and Communication Disorders/CD 478-Jrs. Rubrics (samples attached) for comprehensive learning checks were collected from midterm and final points in the course. Faculty analyzed the data collected and compared the learning check performances both in this course and across the two courses selected to measure this outcome and determined that students in the program are learning through the activities and assessment methods utilized in these courses.		
Measurement Instrument 2	Comprehensive learning checks at midterm and during final weeks of - Neuroanatomy (CD 492) were administered. A 25% sample size (n=17) of assessment data was obtained and analyzed based on the rubric scoring schema. Students must be able to recognize and identify various types and severities of disorders of speech and communication in order to effectively treat these disorders. Comprehensive learning checks were specifically designed to assess students' ability to demonstrate these skills through clinical application showing a higher level of understanding than traditional objective exam formats.		
Criteria for Student Success	The program success target criteria for this outcome is that 90% of students will complete these two learning check rubrics with scores of at least 85 out of 100 points. (Please see attached sample comprehensive learning check and rubrics for criteria for meeting each letter grade). A:93-100 B: 85-92 C: 77-84 D: 68-76 F: Below 67		
Program Success Target for this Measurement	90% or better	**Percent of Program Achieving Target**	100%
Methods	In Fall 2019 and Spring 2020, the program was comprised of 31 juniors and 36 seniors for a total number of students equaling 67. A 25% randomized sample was taken (n=17) from the Neuroanatomy/CD 492 (Srs) course. Rubrics (samples attached) for comprehensive learning checks were collected from midterm and final points in this course. Faculty analyzed the data collected and compared the learning check performances both in this course and across the two courses selected to measure this outcome and determined that students in the program are learning through the activities and assessment methods utilized in these courses.		
Measurement Instrument 3			
Criteria for Student Success			

Program Success Target for this Measurement		Percent of Program Achieving Target	
Methods			
Based on your results, highlight whether the program met the goal Student Learning Outcome 1.		<mark>Met</mark>	Not Met

Actions A faculty change was made to assure more continuity of learning for students by having the same faculty member teach both the CD 484-Speech Anatomy and Physiology and CD 492 – Neuroanatomy. Various faculty members and clinical supervisors further developed teaching skills with online/virtual course delivery formats through the attendance of CITL workshops, workshops on Telepractice clinical service delivery and supervision of interns, and integrating technology and simulations into coursework. All of these actions were seen as ways to positively affect student learning outcomes. Faculty decided that artifacts from two additional courses were needed to assure student learning of that specific content (speech sound disorders and language disorders).

Follow-Up (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)

After the COVID-19 pandemic forced the conversion of courses and clinical practica to virtual or online formats, it was critical for faculty having little to no experience with online teaching to receive professional development. Along with this came the alteration of course assignments and/or experiences. Simulation technology was utilized more in courses so that students could apply the skills they were learning in their coursework. Additional clinical writing assignments requiring clinical judgement were made in the clinical internship to assure that students were still receiving clinical application opportunities. While difficult to say that these activities were a direct equivocal replacement to the face to face clinical experiences typically provided, these opportunities proved to be an effective means for learning the course content as measured via the artifacts collected. This outcome will be reassessed in 2021-22 with the collection of artifacts from two additional courses – Speech sound disorders (CD 483) and Language Disorders (CD 486). Data will be collected by program faculty for each course in the Spring of 2021 for both courses. These courses were selected to assure that the artifacts confirm student learning in these specific disorder areas in addition to areas measured this assessment cycle.

Next Assessment Cycle Plan (Please describe your assessment plan timetable for this outcome)

This learning outcome will be reassessed in odd years (2021-22). Two new courses were selected in which to obtain artifacts assessing student learning in the specific content areas of speech sound disorders (CD 483) and language disorders (CD 486). The additional courses were added to the assessment due to being core disorder courses with specific assessment and diagnostic skills needed to make appropriate differential diagnoses and treatment plans. The artifacts collected will be selected Case Study and/or writing/assessment/treatment planning projects from each course. Each faculty instructor for the course will be responsible for collecting artifacts from their respective course to be analyzed based on the scoring rubrics designed for each course activity selected to assess student learning.

	Student Learning Outcome 3
Student Learning Outcome	**Student Learning Outcome:** Students will demonstrate knowledge of the basic processes of clinical assessment (i.e. assessment tool selection, assessment administration, assessment scoring, diagnostic report writing, etc.).
Measurement Instrument 1	**NOTE: Each student learning outcome should have at least one direct measure of student learning . Indirect measures are not required.** DIRECT measures of student learning: CD 495 – Clinical Internship – Evaluation of Undergraduate Internship Senior level students in the program were assigned a designated client each semester (Fall 2019, Spring 2020). Each student was required to generate either an individual assessment plan or an individual treatment plan & sometimes both, weekly or bi-weekly lesson plans, and SOAP notes for each treatment session. Throughout the internship, students met frequently with supervisor(s) for discussion and feedback regarding student clinician performance. At the end of the semester, WKU clinical supervisors met with each student/supervisee individually for a final conference and to discuss performance in the internship experience. The following sections of the Evaluation of Undergraduate Internship form were completed: I. Diagnosis in Therapy Settings, II. Development and Preparation for Therapy, III.Therapy Implementation, IV. Written Documentation, V. Interpersonal Skills, and VI. Personal and Professional Qualities. While all areas are assessed according to the specific client disposition, the areas in sections I and IV most appropriately measure this outcome and were specifically analyzed. Students are assigned a score between 1 and 12, with 12 being the best score.
Criteria for Student Success	Scores on the rubric range from 1 to 12 and are divided into the following assessment categories. The program success target is for clinicians to obtain skills in the minimum score range 7-9 on the Evaluation of Undergraduate Internship. 10-12 – Takes initiative and works toward independence 7-9 – Regularly needs specific direction/demonstration 4-6 – Performs effectively ONLY after specific direction/demonstration 1-3 – Fails to perform regardless of supervision

Program Success Target for this Measurement	90% or better	**Percent of Program Achieving Target**	100%
Methods	All senior level students who conducted assessments/evaluations (n=16-Fall 2019 and n=) during the CD 495/Clinical Internship were selected to assess Outcome 2. Artifacts were obtained from client binders and supervisor records that contained scores in each competency area in Sections I and IV of the rubric assigned by WKU clinical supervisors. All identifying information was removed from clinical		

	documentation to remain compliant with HIPAA and FERPA regulations. Evaluation of Undergraduate Internship forms were collected and deidentified. Student progress was discussed and reviewed amongst thirteen clinical supervisors to identify areas of weakness and strength as well as potential needs to be addressed.
Measurement Instrument 2	**Direct**: SimuCase Part Task Trainer and Assessment Simulaton Data Simucase Part Task Trainers- SimuCase is a patented simulation technology platform that combines observations, video libraries and simulation technology that allows students to administer assessment instruments to virtual clients. Each student enrolled in the Junior level Assessment Class – CD 485, was assigned two part-task training simulations. This meant direct administration of an assessment instrument to a virtual client. To obtain full credit for the experience, students had to complete both assignments with at least 90% accuracy in learning/feedback mode of the software. Students were given multiple opportunities to perform the simulation activities with feedback in the learning mode of the software. A sample size of 17 randomly selected students from the class was analyzed for completion of the two part-task training simulations. All 17 completed the simulations scoring at least 90% or better in learning mode.
Criteria for Student Success	Scores on this simulation were based on a completion rating (rather than numerical); completion of these cases by scoring 90% or higher in Learning mode was required for the full points to be awarded for the assignment. The program success target is for 90% of students to complete the part-task training simulations with 90% or better scores (graded through the software for accuracy) in learning mode.

Program Success Target for this Measurement	90% or better	Percent of Program Achieving Target	100%

Methods	Artifacts were collected from the course faculty to analyze randomly selected students' (n=17) performance on the simulation activity. Scores were subsequently compared to an additional SimuCase simulation activity requiring students to complete the entire assessment process to determine if the students were consistently able to complete both activities successfully, which would indicate the higher level ability to apply what has been learned in the classroom to a Case Simulation in learning/feedback mode.
Measurement Instrument 3	**Direct:** SimuCase Assessments SimuCase is a patented simulation technology platform that combines observations, video libraries and simulation technology that allows students to administer assessment instruments to virtual clients. Each student enrolled in the Junior level Assessment Class – CD 485, was assigned SimuCase assessment simulations. The full assessment process requires multiple processes which are included in the simulation. These areas include: Collecting case history, selecting appropriate collaborators, forming a hypothesis, selecting and administering appropriate assessment tools, forming a diagnosis, and a skills check for

	clinical decision making. Students must complete each area during the simulation and score an average on all areas of 80% (with 100% being the best score) or better accuracy in learning or feedback mode.
Criteria for Student Success	Scores on this simulation were based on a completion rating (rather than numerical); completion of these 3 assessment cases by scoring an average of 80% or higher in Learning mode was required for the full points to be awarded for the assignment. The program success target is for 90% of students to complete the three assessment simulations with an average score of 80% or better scores (graded through the software for accuracy) in learning mode on each simulation.

Program Success Target for this Measurement	90% or better	**Percent of Program Achieving Target**	100%

Methods	Artifacts (SimuCase Scoring reports) from 17 randomly selected students' SimuCases were collected from course faculty for analysis. Students' reports were de-identified but were the same 17 students selected for the measurement of the previous artifact to assess this outcome. Results were compared to confirm students' abilities to not only administer the assessment tools, but also to report results, select appropriate tools, collect appropriate case histories, select appropriate diagnoses and make recommendations or referrals.

Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.	==Met==	Not Met

Actions (Describe the decision-making process and actions planned for program improvement. The actions should include a timeline.)

Based on previous assessment that indicated students' relative weaknesses in assessment and diagnostic skills, faculty designed activities in courses and clinical internships to further develop the diagnostic/assessment skills for students. All clinical supervisors were asked to provide as many diagnostic/assessment opportunities for students during the clinical internship (CD 495) as appropriate so that they could gain experience administering assessments, report writing, and reporting diagnostic results to caregivers. In the Assessment Course (CD 485), activities were specifically designed to give students robust opportunities to learn about a variety of assessment tools and to administer those tools. These included labs that were designed to give administration experience and diagnostic report writing experiences. Due to COVID 19, semester practicum experiences were cancelled and courses were converted to virtual formats. The pandemic also affected the lab experiences as well since assessment tools were no longer available to students. SimuCase technology was utilized in the diagnostic/assessment course to continue these learning experiences. Additionally, individual diagnostic/assessment topics and writing activities were continued for students in the internship via discussion boards and assignments on Blackboard. These included writing an Individualized Assessment Plan and writing an Individual Treatment plan based on reported assessment results. It was decided by faculty that labs and Simulations were effective in assuring practice and student learning and should be continued in the CD 485 Assessment Course as well as providing as much experience in test administration and assessment as is practical in the CD 495 Internship. Further, faculty teaching language disorders (CD 486), speech sound disorders (CD 483), and Connecting with Nonverbal Communicators (CD 490), incorporated more assessment planning, interpreting, report writing, and treatment planning into their coursework in the form of Case Studies and/or assignments to give students more opportunities to practice specific skills in each disorder area.

Follow-Up (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)

Students were able to continue clinical application experiences despite the worldwide pandemic occurring during this process. Faculty will continue to provide application exercises and opportunities in their courses. Artifacts will be collected in the next assessment period for CD 486- Language Disorders and CD 483 Speech Sound Disorders by the faculty teaching those courses.

Next Assessment Cycle Plan (Please describe your assessment plan timetable for this outcome)

This learning outcome will be reassessed in odd years (2021-22). Two new courses were selected to obtain artifacts assessing student learning in the specific content areas of speech sound disorders (CD 483) and language disorders (CD 486). The artifacts collected will be selected Case Study and/or writing/assessment/treatment planning projects from each course. Each faculty instructor for the course will be responsible for collecting artifacts from their respective course to be collected and analyzed based on the scoring rubrics designed for each course activity selected to assess student learning.

Comprehensive Learning Check (100 points) -EXAMPLE of Completed Check   Name: XXXXXXXX
Each video is worth 15 points.
Intervention Strategies/Techniques Word Bank – You are not limited to only these strategies/techniques.
*Note: If you select this strategy/technique, you must provide a SPECIFIC example in your response of how it will be used. It is VERY important to note you cannot use ANY prior knowledge of any of the characters – only what you SEE/HEAR in the clips.

Imitation	Counseling*	Laryngeal Exercises	Thick It
Slow Speech Rate	Syllable Sequencing	Functional Activity*	Positive Reinforcement*
Light Articulatory Contact	Vocal Fold Exercises	Carrier Phrases	Written Reminders*
Hydration	Finding Best Voice	Diet Modification*	Breathing Techniques
Highlighters	Pacing Board	Tactile Feedback*	Vocal Rest
Overarticulation	Alarms*	Standard Precautions*	Syllable Sequencing
Metronome	Visual Schedule	Oral Motor Exercises	Auditory Discrimination

Diagnosis options: Apraxia, articulation disorder**, Broca's aphasia (nonfluent), cleft lip/palate,** cognitive disorder (i.e. TBI, dementia), dysarthria**, dysfluency, language disorder,** phonological delay/disorder**,** voice disorder**, Wernicke's Aphasia**

Video 1: Christie – Watch the clip and diagnose Christie.
Diagnosis: Dysarthria (but it also really looks like cerebral palsy, this is the worst case of dysarthria I have seen. If cerebral palsy was on the list, I would've gone with that.)   Provide **two** reasons why you diagnosed Christie with this disorder.

1. He has slurred speech which seems to be very difficult for him to get out. It is almost unintelligible.

2. He has poor motor control and muscle strength. This also makes his breathing more difficult and he breathes with some effort towards the end of the video.

Provide **one** intervention technique for Christie and tell **how** it would help: I would improve his posture and use breathing techniques for better respiratory support. Most likely he would need to be provided a better chair to support his posture.

Video 2: Two Women – Watch the clip and diagnose the two women.
Diagnosis: Articulation Disorder   Provide **two** reasons why you diagnosed them with this disorder.

1. They both have a lisp. You can hear how the /s/ phoneme is changed to a /th/ sound.

2. The lady on the left has more of a lateral lisp, as you can hear a slushy sound when she says the /s/.

Provide **one** intervention technique for them and tell **how** it would help: I would use traditional articulation therapy beginning with phonetic placement. I would have them imitate my articulatory position. This would help them place their articulators in the correct position.

Video 3: Karl – Watch the clip and diagnose Karl.
Diagnosis: voice disorder   Provide **two** reasons why you diagnosed Karl with this disorder.

1. His voice has an extremely rough quality.

2. His voice seems lower than should be normal. This is not a trait in of itself for voice disorder but paired with roughness of the voice it seems concerning.

Provide **one** intervention technique for Karl and tell **how** it would help: We would try the eclectic/holistic approach and focus on hygienic voice habits for Karl, such as drinking more water and vocal rest.

Video 4: Iris – Watch the clip and diagnose Iris.
Diagnosis: Dementia (cognitive disorder)   Provide **two** reasons why you diagnosed Iris with this disorder.

1. She is frequently confused. She does not understand her husband when he tries to explain that they will go swimming tomorrow and is also confused about her book.

2. She is forgetful. She cannot remember her way through her house.

Provide **one** intervention technique for Iris and tell **how** it would help: I would focus on her activities of daily living, like forming her a visual schedule and using written reminders such as post it notes to help keep to the schedule.

Video 5: Brielle – Watch the clip and diagnose Brielle. She is five years old.
Diagnosis: phonological delay/disorder   Provide **two** reasons why you diagnosed Brielle with this disorder.

1. She presents with gliding, especially noticeable when she replaces /r/ with /w/.
2. She also presents with fronting, she replaces her /k/ with /t/ and /g/ with /d/.

Provide **one** intervention technique for Brielle and tell how it would help: We would start with the cycles approach and use lots of auditory bombardment to improve her auditory discrimination for "good" sounds and "bad" sounds.

Video 6: Webber – Watch the clip and provide **two** possible reasons **using anatomical terms** why Webber might be coughing.

1. His voice sounded very hoarse which points to an underlying issue that would affect both respiration and eating. Possibly a carcinoma, there are no surgical scars visible so most likely it is not because of a recent surgery.
2. His initial swallow was audible and looked like he experienced pain during the swallow. This indicates an issue with the valleculae and oral phase of swallow.

As his SLP, what would you do or recommend? Diet modification would be necessary, but he would also need a swallow study done as soon as possible to determine which type of food might be safe.

Video 7: Nell – Watch the clip and diagnose Nell.
Diagnosis: Fluent aphasia (Wernickes aphasia)   Provide **two** reasons why you diagnosed Nell with this disorder.

1. She has good intonation and obviously believes that the words she is saying make sense. She does not seem to have difficulty with speech.
2. Her "words" are nonsense sounds.

Provide **one** intervention technique for Nell: We would focus on activities of daily living for Nell and create a visual schedule for her to help cope with her inability to communicate.

Comprehensive Learning Check   Name: _____

You have 45 minutes to talk about the overall concepts discussed in class. For each concept, cover what you know and what is relevant to the video. FIRST, write what you saw/heard related to SPEECH and THEN tell why it may be impacted. **i.e. She corrected herself when saying "seizure" so the cerebellum may be affected because it controls… OR Right side of face was drooping so _____ nerve may be affected because it…**

<center>**Supporting Vocabulary**</center>

Cranial Nerves for Speech: Trigeminal, Facial, Glossopharyngeal, Vagus, Accessory, Hypoglossal

Cerebrum: Motor Cortex, Sensory Cortex

Cerebellum

Brainstem: Pons, Medulla, Midbrain

Diencephalon: Thalamus, Hypothalamus, Epithalamus, Subthalamus (also part of Basal Ganglia – can discuss in either place if you choose to discuss it)

Basal Ganglia: Substantia Nigra, Subthalamus, Dopamine

Cerebral Arteries: Vertebral, Basilar, Internal Carotid Artery, Middle Cerebral Artery, Posterior Cerebral Artery, Anterior Cerebral Artery

Trigeminal: _____
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Facial: _____
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Glossopharyngeal: _____
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Vagus: _____
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Accessory: _____
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Hypoglossal: _____
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Motor Cortex: _____
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Sensory Cortex: _____

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Cerebellum: _____

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Brainstem: _____

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Diencephalon: _____

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Basal Ganglia: _____

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Cerebral Arteries: _____

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Western Kentucky University
Western Kentucky University
Communication Disorders Clinic
Evaluation of Undergraduate Internship

Clinician:	Supervisor:	Semester:

GRADING RUBRIC	
10-12:	Clear & convincing evidence (can work independently)
7-9:	Clear evidence (needs only general direction)
4-6:	Partial evidence (needs specific direction/demonstration)
1-3:	Little or minimal (no evidence of specified skill/ineffective)

Profile of Clinical Skills		Final
I. Diagnosis in Therapy Settings	**A.** Familiarity with, and choice of appropriate diagnostic tools, ensuring use of least biased testing techniques	
	B. Administers and scores according to established procedures	
	C. Observes and identifies relevant behaviors	
	D. Interprets and analyzes diagnostic information accurately	
	E. Establishes appropriate short and long term objectives	
	F. Collects and uses baseline data as appropriate	
	G. Explains results of assessment to clients and caregivers in an effective way	
II. Development & Preparation for Therapy	**A.** Applies theory and research knowledge in treatment	
	B. Demonstrates creative selection/preparation of treatment techniques and materials, and if applicable, ensuring appropriate accommodations and modifications to support client access to curriculum	
	C. Plans and organizes sessions to meet individual and/or group goals	
III. Therapy Implementation	**A.** Uses materials and/or equipment proficiently	
	B. Provides clear, concise instruction in a manner appropriate to the age, attention, and	
	C. Uses appropriate cues and task modifications, as needed, to maintain attention while eliciting/facilitating therapy objectives	
	D. Demonstrates appropriate reinforcement/behavior management	
	E. Responds to/modifies treatment based on changes in client performance	
	F. Uses time in therapy session effectively to maximize learning	
	G. Demonstrates ability to lead session and/or collaborate in group activities	
IV. Written Documentation	**A.** Includes information that is relevant, accurate, and appropriate	
	B. Writes in a style that is clear, well-balanced, complete, and grammatically correct	
V. Interpersonal Skills	**A.** Demonstrates sensitivity and responsiveness to the emotional as well as the behavioral needs of clients and caregivers	
	B. Interacts appropriately with family members/other professionals	
VI. Personal & Professional Qualities	**A.** Professionalism: Oral communication model, dependability, appearance, level of involvement, seeks out help when needed	
	B. Manages time, documentation, and clinic demands with flexibility	
	C. Responds to supervisor's suggestions appropriately	
	D. Takes initiative and works in a self-directed manner	
	E. Trains family/caregivers to enhance therapy, as appropriate by providing transactional support	

CSD 495 – Grading Scale			TOTAL:	0
A = 10-12	B = 7-9		Diagnostic and Therapy Average:	0
C = 4-6	D = 1-3		Therapy Only Average:	0

Comments:

Supervisor Signature:

Clinician Signature:

Grading Rubric CD 478 Midterm Comprehensive Learning Check

Selecting an appropriate item for a disorder is worth 3 points each (15 points total). Providing reasoning for how and why is worth 5 points (25 points total). Example: HOW: The person will place the ink pen above his lips, pucker, and hold for five seconds. WHY: Dysarthria often causes _____, so this can help by _____.

Disorder Options: Articulation Disorder, Phonological Disorder, Apraxia, Dysarthria, Dysfluency. Each disorder must be used ONCE. Each item can only be used ONCE.

Letter Grade	Grading
A	Selects an appropriate item and matches with an appropriate disorder; provides reasoning for selection of item and how item will be used. Uses each item only once.
B	Selects an appropriate item and matches with an appropriate disorder; reasoning for selection of item and how item will be used is missing one of the components. Uses each item only once.
C	Selects an appropriate item and matches with an appropriate disorder; reasoning for selection of item and how item will be used lacks clarity. Uses each item only once.
D	Selects an appropriate item and matches with an appropriate disorder; reasoning for selection of item and how item will be used does not make sense. Uses each item only once.
F	Matches items with disorders inappropriately. Reasoning is not appropriate.

Grading Rubric CD 478 Final Comprehensive Learning Check

Each video is worth 15 points. Students are asked to match an intervention strategy/technique with the character's disorder they view in the video clip. They must diagnose the character and provide two reasons why they selected the disorder.

Intervention Strategies/Techniques Word Bank – You are not limited to only these strategies/techniques.

*Note: If you select this strategy/technique, you must provide a SPECIFIC example in your response of how it will be used. It is VERY important to note you cannot use ANY prior knowledge of any of the characters – only what you SEE/HEAR in the clips.

Diagnosis options: Apraxia, articulation disorder, Broca's aphasia, cleft lip/palate, cognitive disorder (i.e. TBI, dementia), dysarthria, dysfluency, language disorder, phonological delay/disorder, voice disorder, Wernicke's Aphasia

Letter Grade	Grading
A	Selects an appropriate strategy/technique and diagnoses the client correctly; provides reasoning for selection of diagnosis.
B	Selects an appropriate strategy/technique and diagnoses the client correctly; provides partial reasoning for selection of diagnosis.
C	Selects an appropriate strategy/technique and diagnoses the client correctly; provides unclear reasoning for selection of diagnosis.
D	Selects an appropriate strategy/technique and diagnoses the client correctly; provides inappropriate reasoning for selection of diagnosis.
F	Does not select an appropriate strategy/technique; misdiagnosis client; reasoning is not accurate.

Grading Rubric CD 492 Midterm Comprehensive Learning Check

You have 45 minutes to talk about the overall concepts discussed in class. For each concept, cover what you know and what is relevant to the video. FIRST, write what you saw/heard related to SPEECH and THEN tell why it may be impacted. **i.e. She corrected herself when saying "seizure" so the cerebellum may be affected because it controls… OR Right side of face was drooping so _____ nerve may be affected because it…**

Letter Grade	Grading
A	Selects an appropriate area of the brain that may be affected; provides reasoning for selection of area of brain.
B	Selects an appropriate area of the brain that may be affected; provides partial reasoning for selection of area of brain.
C	Selects an appropriate area of the brain that may be affected; provides unclear reasoning for selection of area of brain.
D	Selects an appropriate area of the brain that may be affected; provides inappropriate reasoning for selection of area of brain.
F	Does not select an appropriate area of the brain; reasoning is not accurate.

Grading Rubric CD 492 Final Comprehensive Learning Check

Part I: Nico sits in his wheelchair. Maria comments that he cannot TALK. What are two possible areas of the brain that may be affected?

Part II: Nico sits in his wheelchair. Maria comments that he cannot WALK. What are two possible areas of the brain that may be affected?

Part III: Looking at Nico's face throughout the film, which CRANIAL NERVE(S) may be affected?

Part IV: Nico was able to kick the ball. Neurologically, how did this motor movement happen from the time that the ball touched his foot (sensory) to the time he kicked the ball (motor)?

Part V: Neurologically, which areas of the brain may be affected causing Nico's overall state of consciousness and emotion?

Part VI: Random Questions

1. When Nico dances in Maria's dream, what neurotransmitter was likely activated?
   _____

2. In what part of the brain is this neurotransmitter produced?
   _____

3. What do you think is Nico's diagnosis?
   Reasoning SPECIFICALLY addressing neurological signs:

Letter Grade	Grading
A	Answers each question by addressing all components of the question.
B	Answers each question but does not address all components of the question.
C	Answers each question but does not address all components of the question and/or reasoning is not clearly articulated.
D	Answers each question but does not address all components of the question and reasoning is not clearly articulated.
F	Does not answer each question or address all components of the question; reasoning is not accurate.