Assurance of Student Learning Reflection 2024-2025	
College of Health and Human Services	*Communication Sciences and Disorders*
Communication Disorders 595	
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Is this an online program? ☐ Yes ☒ No	Please make sure the Program Learning Outcomes listed match those in CourseLeaf. Indicate verification here ☒ Yes, they match! (If they don't match, explain on this page under **Evaluation)**

Instructions: For the 2024-25 assessment, we are asking you to reflect on the last three-year cycle rather than collect data. It's important to take time to look over the results from the last assessment cycle and really focus on a data-informed direction going forward. In collaboration with your assessment team and program faculty, review each submitted template from 2021-2024 and consider the following for each Program Learning Outcome, add your narrative to the template, and submit the draft to your ASL Rep by May 15, 2025.

Program Student Learning Outcome 1	
Program Student Learning Outcome	**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.).**
Evaluation	This SLO continues to be highly relevant to the discipline and directly supports the foundational diagnostic knowledge expected of pre-professional speech-language pathologists and audiologists. Based on the review of the 2021–2024 cycle, no changes were made to the outcome itself. It includes a clear and measurable verb ("demonstrate") aligned with Bloom's Taxonomy and is singularly focused despite listing multiple disorder types as examples. Faculty reviewed all program learning outcomes in Spring 2024 in consultation with the Department Chair and CHHS Associate Dean. While the SLO itself remains unchanged, the associated measurement instruments were refined to better reflect content balance across the disciplines and improve assessment alignment. The overall number of program SLOs is considered appropriate, and this outcome remains a critical component of the academic and clinical preparation provided by the program.
Measurement Instruments	Across the three-year cycle, multiple direct measures were used to assess this outcome: • **CD 483 – Speech Sound Disorders – Treatment Plan Project** (*discontinue*): Students analyzed articulation data and determined which errors were age-appropriate versus disordered. Although this project was initially used to measure diagnostic skill, it is better aligned with intervention processes and has been reassigned to SLO #3. • **CD 486 – Language Disorders – Individualized Assessment Plan (IAP)** (*discontinue*): Students analyzed language samples and calculated MLU to identify possible delays/disorders. This assignment focused on transcription and analysis skills but will no longer be used for this SLO going forward. • **CD 478 – Clinical Issues and Treatment – Final Project** (*continue*): Students select a disorder and demonstrate knowledge of signs/symptoms in a format of their choosing. All options require diagnostic-level understanding. New Measurement Instrument: • **CD 482 – Audiology – Pathologies Case Study**: Students will review a case study and recognize auditory signs/symptoms to assist with determining a diagnosis

	All current and future instruments are direct measures. Rubrics are in use for each artifact, and while generally effective, adjustments will be reviewed in upcoming cycles to ensure alignment with any evolving project expectations. The addition of the Audiology Pathology Case Study allows students to demonstrate their understanding of signs and symptoms of hearing issues.
Criteria & Targets	The performance criterion for all direct measures of the SLO was a **grade of B or better**. Across all projects from 2021–2024, 100% of students (n=37 in most cohorts) met this benchmark. While the targets were consistently met, faculty feel the current benchmark remains appropriate due to the complexity of the content and the emphasis on foundational diagnostic understanding rather than advanced clinical application. However, if trends of 100% success continue in future cycles, consideration will be given to increasing the rigor or adjusting the rubric criteria accordingly. It is also worth noting that the CD 478 Final Project may contribute to consistently high student performance because of its flexible and student-centered design. Students are allowed to select both the topic and the presentation format, which can increase engagement and motivation. This level of choice may lead students to invest more effort into the assignment, potentially resulting in higher overall scores.
Results & Conclusion	**Results:** Assessment results across all three years met expectations. Students consistently demonstrated accurate identification of communication disorders through analysis of speech samples, selection of appropriate assessments, and interpretation of diagnostic indicators. The strongest performance was seen in the CD 478 final project, where students appreciated the autonomy and creativity built into the assignment. **Conclusions:** With no changes to curriculum or sequencing from the 2021-2024 assessment period, refinement of assessment artifacts is needed to ensure equal disciplinary representation. This will be addressed through the addition of the audiology assignment. The outcome appears to be well-supported by the curriculum structure and sequencing. Students take foundational development courses in the junior fall semester and build into disorder-specific content in junior spring and senior year. The scaffolded structure appears effective.
****IMPORTANT - Plans for Next Assessment Cycle**:	**Plans for Next Assessment Cycle (2025–26, 2026–27, 2027–28)** For the next three-year cycle, the following changes will be implemented and evaluated: • Discontinue the use of the CD 483 Treatment Plan and CD 486 IAP Projects for this SLO. • Add the Pathologies Case Study from CD 482 Audiology to strengthen audiology representation. • Continue using the CD 478 Final Project, with potential refinements to project options based on student feedback. • Review rubric alignment across instruments to ensure that they accurately reflect expectations tied to signs, symptoms, and identification, not just completion or formatting. This outcome itself will remain unchanged, but these refinements to measurement and artifact balance will allow for a more comprehensive and accurate assessment of student knowledge across the range of disorders covered in the curriculum.

Program Student Learning Outcome 2	
Program Student Learning Outcome	**Students will demonstrate knowledge of the basic processes of clinical intervention (i.e. treatment plan development, session planning, and basic implementation principles, etc.).** **New Outcome (effective 2025–2026):** *Students will demonstrate knowledge of the basic processes of clinical **assessment** (i.e., assessment tool selection, assessment administration and scoring, diagnostic report writing, etc.).* **Note:** This outcome replaces the previous SLO 2, which addressed clinical **intervention**. That content has now been reassigned to the new SLO 3 (see below for context). The results from SLO 3, which was clinical assessment, will be discussed here and

	intervention will be discussed under SLO 3).
Evaluation	Following faculty review and consultation with the CHHS Associate Dean, the program reviewed this outcome during spring 2024 to better reflect the core sequence of clinical skill development in the undergraduate curriculum. The change of **clinical assessment** from SLO 3 to SLO 2 emphasizes the foundational diagnostic knowledge required prior to intervention and aligns more closely with course objectives across multiple classes. The revised SLO remains clearly measurable and appropriately focused. The use of "demonstrate knowledge" paired with specific processes (assessment tool selection, administration, scoring, and report writing) provides a singular, focused, and measurable objective. It retains measurable language aligned with Bloom's Taxonomy.
Measurement Instruments	Across the three-year cycle, multiple direct measures were used to assess clinical assessment (previously SLO 3): • **CD 495 – Clinical Internship – Pre/Post Clinical Reflections, Evaluation of Undergraduate Clinical Internship Rubrics, Individualized Assessment Plans, Diagnostic Assessment Reports** *(discontinued)* • **CD 485 – Introduction to Assessment in Communication Disorders – Simucase Diagnostic Report** (*revised to* **CD 485 – Introduction to Assessment in Communication Disorders – Diagnostic Report):** Students complete a diagnostic task requiring them to select appropriate formal and informal assessments, review case history, and distinguish between age-appropriate errors and disordered patterns. This project includes rationale for assessment selection and early diagnostic reasoning. • **CD 482 – Audiogram Interpretation** (*continue)***:** Students complete a written assignment that includes interpretation of hearing assessment results and selection of intervention recommendations based on client profile and results. This task integrates assessment analysis and applied diagnostic thinking in audiology. Continued use of CD 485 Diagnostic Report and CD 482 Audiogram Interpretation accurately reflect student knowledge of assessment processes across different content areas in the undergraduate curriculum. They also allow all students, regardless of clinical placement, to demonstrate competencies tied to assessment knowledge. The previously used CD 495-based internship artifacts will be discontinued due to planned changes in clinical experience delivery. This change in measurement instruments was prompted in part by feedback from faculty, student performance data, and recognition that the former measurement tools specifically tied to CD 495 (Clinical Internship) were no longer the best indicators of learning at this phase.
Criteria & Targets	Across both assessment cycles (2021–2022 and 2023–2024), the performance criterion for each direct measure was a **grade of B or better**, or a **rubric score of 7 or higher** indicating that students required only general supervision to complete the task. • **CD 482 – Audiogram Interpretation:** The target of 90% was met in both years, with 100% of students achieving a B or better. This assignment has consistently demonstrated student proficiency in interpreting audiometric data, and the structured rubric aligned well with the outcome. However, a reduced sample in 2023–2024 (n=4) limits generalizability and should be monitored for future reporting consistency. • **CD 485 – Simucase Diagnostic Report:** This target was not met in either year—71% in 2021–2022 and 78% in 2023–2024 achieved a B or better. Faculty noted that students who underperformed typically struggled with following directions or made small errors that impacted multiple sections of the rubric. These findings indicate that although the target may be appropriate, additional scaffolding, clearer expectations, or rubric refinements may be needed. • **CD 495 – Evaluation of Undergraduate Internship – Diagnosis in Therapy Settings:** The 90% benchmark was consistently met with 100% of students scoring 7 or above in both years. However, the 2023–2024 sample size was limited (n=3), due to clinical assignment variation in administration of assessments. As this instrument is being discontinued, future assessments will rely more heavily on course-based artifacts that allow for larger and more equitable student samples. Together, these trends support maintaining **a grade of B or better**, with a closer review of CD 485 assignment structure and

	rubric clarity. Emphasis will also be placed on increasing consistency in sample sizes and assignment delivery.
Results & Conclusion	**Results:** The audiogram interpretation assignment (CD 482) consistently yielded high student performance, demonstrating strong understanding of hearing loss types, severity, and diagnostic reasoning. However, results from the Simucase diagnostic report (CD 485) fell short of expectations in both cycles, despite improvements in the second year. This suggests that while students may grasp assessment principles, there are still gaps in translating those concepts into written diagnostic reporting. The CD 495 evaluation rubric also showed consistently strong scores, but its limited sample size reduces its reliability as a primary assessment instrument. There is also a subjective component associated with reflection rubrics that can vary based upon supervisor or faculty member. **Conclusions:** Overall, this outcome is supported by mixed results. Students show strong competency in discrete assessment skills (e.g., audiogram reading) but require additional support in synthesizing and presenting diagnostic findings in a report format. Faculty discussed the value of allowing more flexibility in client selection (i.e., moving away from required Simucase use) and providing clearer models or breakdowns of report sections to help students meet expectations. The retirement of CD 495 as a measurement tool is supported by its limited reach and variability across placements. These findings helped inform the restructuring of the SLOs and reinforced the need to rely on consistent, course-based assignments that all students complete under similar conditions. This transition also supports more equitable and consistent assessment by drawing on course-based artifacts that all students complete, rather than relying on clinical placements that can vary in structure and supervisor feedback. The restructuring of this outcome is also part of a broader effort to align program outcomes with developmental learning trajectories in moving from assessment knowledge (now SLO 2) to intervention practices (now SLO 3).
****IMPORTANT - Plans for Next Assessment Cycle**:	**Plans for Next Assessment Cycle (2025–26, 2026–27, 2027–28)** For the next three-year cycle, the following changes will be implemented and evaluated: • Discontinue the use of CD 495 – Clinical Internship artifacts for this SLO. • Modify the CD 485 Diagnostic Report to remove the use of Simucase. Further refinement of the rubric with more explanation of assignment requirements. • Continue using the CD 482 – Audiologic Interpretation artifact. This outcome itself will remain unchanged, but these refinements to measurement and artifact balance will allow for a more comprehensive and accurate assessment of student knowledge across the range of disorders covered in the curriculum.

Program Student Learning Outcome 3	
Program 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.).** **New Outcome (effective 2025–2026):** *Students will demonstrate knowledge of the basic processes of clinical* ***intervention*** *(i.e., goal and objective writing, material selection, session planning, evidence-based practices, etc.).* **Note:** This outcome replaces the previous SLO 3, which addressed clinical **assessment**. That content has now been reassigned to the new SLO 2 (see above for context). The results from SLO 2, which was clinical intervention, will be discussed here and assessment is discussed under SLO 2).

Evaluation	Following faculty review and consultation with the CHHS Associate Dean, the program reviewed this outcome during spring 2024 to better reflect the core sequence of clinical skill development in the undergraduate curriculum. The change of **clinical intervention** from SLO 2 to SLO 3 demonstrates the development of knowledge from assessment to intervention and aligns more closely with the progression of information throughout the major courses. This outcome uses a measurable action verb ("demonstrate") and lists key clinical behaviors tied to planning and implementing therapy. It is not double-barreled, and it aligns with Bloom's Taxonomy. It allows faculty to assess the development of intervention skills across multiple content areas. As enrollment grows, having the clear division between assessment and intervention outcomes will support more focused instructional strategies and program-level tracking. Measurement instruments previously tied to CD 495 will be retired in favor of course-based artifacts that allow for more consistent and equitable assessment across the student population.
Measurement Instruments	Across the three-year cycle, direct measures from CD 495 were used to assess clinical intervention (previously SLO 2): 1. **CD 495 – Clinical Internship – Evaluation of Undergraduate Internship** *(discontinued)* 2. **CD 495 – Pre-Clinical Experience and Post-Clinical Semester Reflection** *(discontinued)* New Measurement Instruments: 1. **CD 483 – Speech Sound Disorders – Treatment Plan Project:** Students identify disorder types, write individualized goals/objectives, determine frequency/duration of sessions, and recommend therapy strategies and materials. 2. **CD 487 – Aural Rehabilitation – Writing Assignment 1:** Students develop a treatment framework based on case details, demonstrating understanding of goal selection, therapeutic strategies, and evidence-based decision-making. These instruments represent direct measures and align closely with the intervention skills outlined in the revised outcome. Rubrics are in use for each artifact, and while generally effective, adjustments will be reviewed in upcoming cycles to ensure alignment with any evolving project expectations. These measures ensure that all students, regardless of their clinical placement status, are assessed on their ability to apply intervention principles in a structured academic setting. Rubrics for both assignments will be reviewed and refined as needed to ensure alignment with this outcome.
Criteria & Targets	Success will be defined as 90% of students earning a grade of B or higher on each of the identified course-based assignments. The rubrics will evaluate components such as clarity of goal writing, evidence-based treatment planning, appropriateness of strategies, and structure of session delivery plans. Rubrics will also assess students' written communication and ability to tailor intervention to client-specific needs. In the most recent cycle using CD 495 artifacts, 97% of students met the benchmark of an average of 10-12 on the Evaluation of Clinical Internship demonstrating strong competency in intervention planning and documentation. However, because the previous evaluation relied on varied clinical placements, future data collection using course-based assignments will provide a more standardized assessment of student performance. Students met the benchmark of 100% completion for the CD 495 Pre-Clinical Experience and Post-Clinical Semester Reflection. This indirect measure, while useful for student reflection, was highly subjective and provided limited insight for programmatic decision-making. The new artifacts offer consistent expectations and are accessible to all students, helping ensure that the target of **a grade of a B or better** remains challenging yet realistic across a broader population. As this is an outcome with at least one new measurement instrument not previously used, rubrics will be reviewed at the end of the next cycle for continued relevance and accuracy.
Results & Conclusion	**Results:** Students showed enthusiasm and self-reflection in clinical settings as reported in reflection documents. Prior cycle data using CD 495 internship evaluation tools suggested students were generally successful in clinical intervention planning,

	with 97% achieving benchmark scores. However, faculty noted that reliance on clinic-based documentation limited consistent access to assessment across all students and created variability in expectations and supervision. **Conclusions**: Students showed the ability to self-reflect in clinical settings but this indirect measure did not really inform program decisions or change. The newly selected course-based artifacts offer a more equitable and scalable way to assess clinical intervention knowledge. The transition supports more consistent assessment by reviewing artifacts that all students complete, rather than relying on clinical placements that can vary in structure and supervisor feedback. The redesign of CD 495 – Clinical Internship also informed the decision to remove artificats that rely solely on the CD 495 Clinical Internship.
****IMPORTANT - Plans for Next Assessment Cycle**:	**Plans for Next Assessment Cycle (2025–26, 2026–27, 2027–28)** For the next three-year cycle, the following changes will be implemented and evaluated: • Discontinue use of CD 495 – Evaluation of Undergraduate Internship • Discontinue use of CD 495 – Clinical Internship Pre-Clinical Experience and Post-Clinical Semester Reflection • Add CD 483 – Speech Sound Disorders – Treatment Plan Project • Add CD 487 – Aural Rehabilitation – Writing Assignment 1 This outcome itself will remain unchanged, but these refinements to measurement and artifact balance will allow for a more comprehensive and accurate assessment of student knowledge across the range of disorders covered in the curriculum. As mentioned previously, the department is engaging in a redesign of the **Clinical Internship (CD 495)**. Future clinical education will no longer rely exclusively on on-campus clinic placements. Instead, faculty will explore alternative experiences such as community partnerships, simulated patients, and AI integration. This work will include collaboration with clinical faculty, community stakeholders, and institutional support structures to ensure meaningful and diverse clinical learning opportunities for all students. Until this new model is fully implemented, clinical intervention will be monitored through targeted course assignments rather than CD 495 artifacts. Beginning in 2025–2026, the newly revised outcome will be assessed using course-based assignments from CD 483 and CD 487. These artifacts were selected to ensure that all students, regardless of clinical placement variability, are assessed equitably on their knowledge of clinical assessment processes.

Program Student Learning Outcome 4	
Program Student Learning Outcome	**(Discontinue)** ***Students will demonstrate the ability to correctly document clinical information (i.e., including treatment plans, assessment plans, progress reporting [SOAP], final summaries, etc.).***
Evaluation	This outcome focused on clinical documentation skills developed during the CD 495 Clinical Internship experience. During the 2022–2023 assessment cycle, students demonstrated strong performance across all associated measures, consistently meeting or exceeding program targets. The outcome used a measurable action verb (“demonstrate”), was focused and clearly aligned with Bloom’s Taxonomy, and was evaluated through both direct and indirect measures. After discussion with the Department Chair and Associate Dean, this SLO will be discontinued for the upcoming three-year assessment cycle. The core skills of clinical documentation will continue to be assessed, but they will now be embedded across other SLOs, particularly those addressing intervention (SLO 3) and clinical decision-making (SLOs 1-3). This decision aligns with ongoing curriculum changes and ensures that documentation is reinforced within the broader context of clinical reasoning, planning, and implementation.

Measurement Instruments	**Measurement Instruments (2022–2023)** 1. **Direct:** *CD 495 – Evaluation of Undergraduate Internship* Students were assessed on multiple areas of clinical performance, including Written Documentation. Success was defined as receiving a score of 10–12, indicating independent performance. **Result:** 97% of students met the benchmark. 2. **Direct:** *SOAP (Progress) Note Ratings within Internship Rubric* Supervisors evaluated student SOAP notes throughout the semester. **Result:** 97% of students met the documentation expectations. 3. **Indirect:** *Pre- and Post-Clinical Semester Reflections* Students evaluated their documentation growth through structured reflection and supervisor discussion. **Result:** 100% of students completed both reflections and aligned their growth goals with supervisor feedback. The Pre- and Post-Clinical Semester Reflections did not inform program planning but did support student satisfaction with the experience. Students also adapted to a new electronic medical record system (ClinicNote), and video tutorials supported successful onboarding. Supervisors noted significant growth in students' ability to document clearly and clinically over time.
Criteria & Targets	Program success was defined as 90% of students meeting documentation targets on the internship rubric and completing their clinical reflections. These benchmarks were achieved. While targets were appropriate at the time, they are no longer in use as the outcome has been discontinued.
Results & Conclusion	**Results:** Students successfully met or exceeded all targets related to clinical documentation. The rollout of ClinicNote was supported by orientation meetings, instructional videos, and ongoing supervisor feedback. Weekly Blackboard assignments further supplemented their learning. Students reported feeling supported and grew in their ability to write clinically appropriate documentation. **Conclusions:** The outcome was successfully implemented and yielded consistently strong student performance. However, the structure of CD 495 and the delivery of clinical experiences are being revised, leading to a shift in how documentation is taught and assessed. As documentation is a foundational component of intervention and clinical reasoning, faculty determined that these skills should be assessed as integrated components within other outcomes and in academic coursework.
****IMPORTANT - Plans for Next Assessment Cycle**:	**Plans for Next Assessment Cycle (2025–26, 2026–27, 2027–28)** This outcome will be formally discontinued. Documentation skills will no longer be assessed through a separate SLO but will instead be embedded into course-based assignments that align with other learning outcomes. As part of the broader redesign of CD 495, the department is exploring alternative clinical experiences beyond the traditional on-campus placement, including simulated patients, community partnerships, enrichment activities, and service learning. Going forward, measurement instruments will be based on standardized course assignments that all students complete, ensuring equity and consistency. Rubrics for treatment planning and clinical writing will continue to emphasize clear, professional documentation within the broader framework of intervention planning and implementation.

Program Summary Reflection (2021–2024 Assessment Cycle)

Over the course of the 2021–2024 assessment cycle, the Communication Disorders program engaged in a broad and intentional reflection on student learning outcomes, instructional practices, and curriculum design. This period of review was guided by faculty collaboration, program-level discussions, and guidance from the College of Health and Human Services. A primary goal of this reflection was to ensure that all program learning outcomes were not only measurable and aligned with Bloom's Taxonomy, but also sequenced to support the developmental progression of clinical competencies.

Students consistently performed at or above expected benchmarks across most direct measures, including audiogram interpretation, treatment plan development, and clinical project assignments. Even in cases where benchmarks were not fully met (such as the Simucase diagnostic report) faculty engaged in thoughtful reflection and proposed immediate instructional or assignment-level changes. These changes included improved rubric clarity, enhanced student preparation, and a shift towards more flexible and course-based assignments.

One of the most impactful outcomes of this assessment cycle was the revision of the student learning outcomes themselves. SLOs were reorganized to better align clinical assessment (now SLO 2) and clinical intervention (now SLO 3) with the traditional progression of student learning. SLO 4, which focused solely on clinical documentation, was discontinued, with documentation skills now integrated throughout the other outcomes. These changes also ensured that each learning outcome remains meaningful and distinct, avoiding multi-part objectives and ensuring consistent assessment coverage.

A notable shift throughout the cycle was the movement toward using course-based assignments as the primary artifacts for program assessment. This decision was based on a commitment to equity and consistency, ensuring that all students—regardless of clinical placement or supervisory variation—are assessed using standardized expectations. Clinic-based artifacts from CD 495 were formally discontinued for SLOs, and the Clinical Internship course is currently undergoing a major redesign to incorporate a broader array of clinical learning experiences, including simulated clients, community partnerships, and AI integration.

During the 2023–2024 academic year, the faculty conducted a comprehensive review of every undergraduate course, evaluating course descriptions and learning objectives for alignment with student learning outcomes, college and university expectations, and current trends in the discipline. As part of the next assessment cycle, the department will conduct a deeper curricular review to determine whether courses should be retained, refined, combined, or eliminated, and to identify whether new coursework is needed to address emerging professional competencies. This initiative aims to ensure that the curriculum remains streamlined, responsive, and appropriately scaffolded across the program. In addition, the program is preparing to manage continued growth in enrollment, which is increasing at a projected rate of 10% per academic year. While this is a positive reflection of program reputation and demand, it also necessitates ongoing review of instructional capacity, course sequencing, and clinical education scalability.

Throughout this cycle, faculty collaboration has remained central to progress. Learning outcomes, rubrics, and curricular alignment are discussed among all faculty members. These collaborative practices will continue to support faculty in making data-informed decisions that enhance student preparation and program quality.

As the program moves into the 2025–2028 assessment cycle, it does so with revised SLOs and refined assessment strategies. The improvements made during the last three years have laid a strong foundation for continuous programmatic improvement and student success in the field of communication sciences and disorders.