Assurance of Student Learning Reflection 2024-2025	
College of Health & Human Services	*Communication Sciences & Disorders*
Speech-Language Pathology-0466	
Kimberly Green	
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 communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic/cultural correlates.**
Evaluation	**Over the past three-year academic cycle, students have (and continue to be) evaluated at the close of their time in the graduate program using a comprehensive examination developed by the graduate SLP faculty.**
Measurement Instruments	Are the measurement instruments actually measuring the outcome? Yes. The comprehensive examination is specifically designed to assess students' cumulative knowledge of core concepts taught throughout the graduate speech-language pathology program. Students are required to take a comprehensive examination given in the their final semester of the graduate program. This exam is administered through Blackboard. Each of the 128 multiple choice questions aligns with major content areas covered in required coursework, such as anatomy and physiology, etiology, and culturally and linguistically appropriate practices. Questions directly target understanding of communication and swallowing disorders, allowing for measurement of student knowledge across the defined domains of the learning outcome. If you change the SLO, is this still the best instrument to use? If the SLO were to be revised to emphasize applied clinical reasoning or practical application of knowledge in addition to theoretical understanding, the current multiple choice format may not be sufficient as a standalone measure. In that case, a performance-based assessment (e.g., case-based simulations, written responses, or oral defense) could be added to more effectively evaluate the applied competencies. Is this a direct or indirect measure? This is a direct measure. The comprehensive exam requires students to demonstrate specific knowledge through performance on structured assessment items, which provides concrete evidence of what students have learned.

	Is your artifact appropriate? Yes, the comprehensive exam is appropriate for assessing this learning outcome because it systematically evaluates content mastery across all program domains. This also largely mirrors the format of the national Praxis exam, which students are also required to take. In addition to this artifact, the program uses other artifacts to holistically assess the student's overall learning. Will the rise in the use of AI affect the assignment and measurement? The current design of the comprehensive exam is not likely to be affected by AI tools. This design has been maintained across the three-year review period. The exam is administered in a controlled environment using the Respondus, lockdown browser feature of Blackboard. It is designed to be taken under strict closed-book, no-resource conditions. As such, students are not permitted to access external assistance, including AI software, during the assessment period. The program faculty will continue to monitor technology and software development to help ensure academic integrity is maintained. If there are rubrics, do they need to be altered to better fit the learning outcome? Does the rubric (if using) work or does it need to be adjusted? No rubrics have been used with the multiple choice exam over this comprehensive review period. If alternative or supplemental assessments (e.g., written case studies or clinical simulations) are added in the future, rubrics would need to be created and carefully aligned with the SLO to ensure consistent and objective scoring.
Criteria & Targets	Does Criteria for Success (level of performance students will have achieved for your program to have been successful--ex., students will have earned 4/5 for documentation and citation on capstone essays) need to be changed? The current criterion for success is that students must achieve a minimum score of 70% on the comprehensive exam to pass. This benchmark is aligned with the overall goal of ensuring students have acquired the core knowledge necessary for entry-level practice in speech-language pathology. While the 70% passing score is appropriate as a minimum threshold for individual student performance, it may be valuable to consider increasing the threshold to 80% which could ensure a higher level of content mastery. What about targets? The current target is a 100% pass rate on the comprehensive exam. Although this target is high, it also reflects the program's commitment to ensuring a high mastery rate for demonstration of student learning, high graduation rate, and thus readiness for professional practice. As stated above, because this target has been consistently met, the program may consider increasing the target. If you have successfully made your targets consistently, consider a more challenging target. While a 100% pass rate will remain the baseline target for program success, the program could consider implementing a tiered success metric to promote continuous improvement. For example, the program may consider: • Maintain a 100% minimum pass rate. • Increase the minimum score to 80% or higher.

	These adjustments would help the program better evaluate student achievement, inform ways in which the program might modernize and update the curriculum, and support higher level outcomes.
Results & Conclusion	**Results:** The results have been consistent with prior years, with all students eligible to take the exam achieving a passing score of at least 70% on the comprehensive examination. Since 2021, the program has maintained a 100% pass rate on this assessment, indicating strong student performance and content mastery across the curriculum. **Conclusions:** The comprehensive exam continues to be a valid and reliable measure of students' cumulative knowledge of communication and swallowing disorders and differences, as defined by the program's learning outcome. Given the exam's structure and alignment with required coursework, it serves not only as a programmatic benchmark but also as a preparatory tool for the Praxis exam, which is essential for national certification and licensure. No modifications have recently been made; however, the graduate faculty plans to continue to review the examination material to ensure questions reflect the most current instructional material from required content. What worked? • Alignment between course content and exam content appears to be strong, as evidenced by the high pass rate. • The use of a structured, multiple-choice format allows for comprehensive coverage across the curriculum and consistency with the Praxis format. • A practice exam was added, which has provided students with an opportunity to self-assess and prepare effectively before taking the official comprehensive exam. What didn't? Why do you think this? For example, maybe the content in one or more courses was modified; changed course sequence (detail modifications); changed admission criteria (detail modifications); changed instructional methodology (detail modifications); changed student advisement process (detail modifications); program suspended; changed textbooks; facility changed (e.g. classroom modifications); introduced new technology (e.g. smart classrooms, computer facilities, etc.); faculty hired to fill a particular content need; faculty instructional training; development of a more refined assessment tool. Student feedback and performance data suggest that content knowledge is well-supported; however, evolving clinical demands and accreditation standards increasingly emphasize applied and critical thinking skills. In light of this, the faculty recognizes the value of adding more case-based questions to the multiple-choice format with other assessment methods in the future. • While no recent modifications have been made to the exam itself, graduate faculty continue to review and refine exam content. • Future considerations include integrating case-based assessment methods that allow evaluation of applied decision-making. • The program continues to monitor alignment between course content and exam material to ensure it reflects current research, clinical guidelines, and professional standards.

	• A new faculty member will join the graduate program in fall 2025. This new team member will be asked to review the content areas of the exam that reflects their speciality areas. The new faculty member will also help to ensure alignment of their instructional content with the exam. • Part-time faculty who teach core content will also be asked to consider structuring their course content and exams in ways which support learning outcomes that would be reflected through the comprehensive exam. No recent changes have been made to course sequencing or facilities; however, the program remains responsive to changing student needs and accreditation guidelines. The faculty anticipates updated accreditation guidelines in the coming academic year. Faculty review and update textbooks for each course as needed. For example, a new different textbook was adopted for the Early Intervention in SLP course. Technology integration and assessment diversification are areas identified for future development to enhance measurement of complex competencies.
****IMPORTANT - Plans for Next Assessment Cycle**:	As we work hard to improve our assessment practices and make them more meaningful and effective, it's important each program craft a three-year plan for the following assessment cycle (2025-26, 2026-27, 2027-28) – this process assists in "closing the loop." For example, you may decide to: • collect a more appropriate artifact • create new program outcomes • adjust targets because they are consistently exceeded or not met • need to reconstruct your curriculum map • sequencing of classes might need to be adjusted, or additional class(es) provided Whatever your plan is, provide a narrative, in future tense, that indicates how you will approach future assessments. You will be expected to implement any needed changes before the next assessment cycle. The current artifact continues to be considered appropriate for this learning outcome. While new program outcomes will be maintained at 100%, the criteria for mastery may be increased to 75% or 80% following review of current artifact structure (see details below). Restructuring of course sequencing will be considered following the review of the current course curriculum and expected changes to accreditation and professional standards. Over the next three assessment cycles, the program will continue using the comprehensive examination as the primary assessment tool to evaluate cumulative knowledge related to communication and swallowing disorders. This exam currently functions is a direct, reliable, summative measure. It also provides information about student mastery of content and can serve as a preparation tool for the Praxis exam. The program faculty will continue to evaluate the exam's alignment with evolving clinical, educational, and accreditation standards. During the next three cycles, the program will seek to implement the following: • **Artifact/Exam Review:** The comprehensive exam will remain in use as the artifact for this learning outcome; however, it will be modified as needed to reflect updated professional standards. Faculty will review the structure and content validity of the exam to ensure it measures what it purports to measure. Questions will be reviewed for reflection of accuracy, relevance, and content rigor.

	• **Faculty Training:** All new full-time faculty who join the team during the review cycle will be provided training on how the comprehensive exam is developed and expectations for student learning outcomes. Each faculty member (including new faculty) will be assigned to review and contribute to content areas aligned with their expertise. • **Part-Time Faculty**: In an effort to promote consistency across instructors, part-time faculty who teach core content will be invited to align course assessments and review materials with concepts tested in the comprehensive exam. • **Case-Based Questions:** The program will begin review the current comprehensive exam for the potential inclusion of additional case-based multiple-choice questions. The purpose will be to assess students' clinical reasoning and applied knowledge in context. • **Target Adjustment:** Given recent pass rates and trends in performance, the program will review whether the current passing threshold of 70% remains sufficient. If the average performance consistently exceeds expectations, the benchmark may be increased to 75% or 80% to promote a higher level of mastery. • **Couse Sequencing Review:** Based on student feedback and performance data, the program will determine whether the sequencing of certain disorders courses (e.g., neurogenic vs. pediatric, or swallowing vs. language disorders) impacts student integration of knowledge. Following this review, the program will determine if adjustments to the current course sequence should be considered. • **Accreditation Alignment:** As new CAA accreditation standards are released, the program will review changes and revise exam content and evaluation strategies to reflect updated competencies as needed. • **Textbook Updates:** The program will continue to seek out textbooks and other instructional resources which are foundational, current, and reflect evidence-based practice.

Program Student Learning Outcome 2	
Program Student Learning Outcome	**Students will demonstrate skills in assessment and treatment of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic/cultural correlates.**
Evaluation	Using the last three assessment cycles, is this program learning outcome still relevant, or should it be changed? Other things to examine: Is the outcome measurable? Is it double or triple barreled? Does it include measurable verbs following Bloom's Taxonomy? The learning outcome remains relevant, measurable, and consistent with professional expectations, and continues to support the program's mission of preparing students to enter the fild of SLP. While the outcome is multi-barreled, it reflects the integrated nature of clinical practice. Assessment and treatment are central aspects of professional competence in speech-language pathology. This is also reflective of the language and expectations outlined in accreditation standards and professional practice documents.

	Student learning outcomes are measurable and assessable, as evidenced by its successful use in conjunction with the CALIPSO Clinical Education Performance Rating Scale. The direct assessment of student performance through clinical coursework (SLP 590 and SLP 591) and faculty observation ensures that each component of the outcome is evaluated in practice. Within this course, students are required to complete critical thinking tasks which require demonstration and application of clinical skills. These include, but are not limited to, assessment and evaluation, differentiating between disorders, selecting and implementing appropriate treatment plans across populations. At this time, the program has determined that no revision to the learning outcome is necessary. However, in the upcoming assessment cycle, faculty will explore the potential benefits of dividing this outcome into two more focused statements—one for assessment and one for treatment—to enhance clarity and streamline data collection and analysis, while still adhering to the integrated competencies required for clinical practice.
Measurement Instruments	Are the measurement instruments actually measuring the outcome? Is this a direct or indirect measure? The CALIPSO Clinical Education Performance Rating Scale is a direct measure that has been and continues to a highly effective and appropriate instrument for measuring this program learning outcome. It captures a comprehensive range of clinical skills based on ASHA's 2020 Certification Standards. The assessment tool evaluates student performance through real-time clinical experiences in the SLP 590 internship and SLP 591 externship. Faculty observe and evaluate a minimum 25% of all clinical service delivery for each student. The CALIPSO rubric is used by supervisors/faculty to provide consistent feedback and ratings across areas such as planning, implementation, assessment, and goal setting. Because it tracks real-world clinical performance, the artifact accurately reflects student ability to assess and treat targets in SLP across diverse populations and settings. If you change the SLO, is this still the best instrument to use? Should the SLO be revised in the future, particularly if it is divided into separate outcomes for assessment and treatment, the CALIPSO system would still remain a relevant and valuable as a measurement instrument. Its flexibility and alignment with specific clinical skills make it adaptable to more narrowly defined outcomes. Is your artifact appropriate? If not, what other options are there? The CALIPSO clinical performance evaluation artifact remains appropriate, but the program will continue to explore complementary measures that may provide additional insights into student learning. Will the rise in the use of AI affect the assignment and measurement? Currently, the use of AI is not anticipated to impact the validity or integrity of the CALIPSO-based assessment process, as it involves in-person supervision and direct observation. The program will; however, continue to monitor developments in AI-assisted tools to determine if availability of technology or software might enhance feedback delivery or student reflection. If there are rubrics, do they need to be altered to better fit the learning outcome? Does the rubric (if using) work or does it need to be adjusted?

	Rubrics used within CALIPSO are functioning well and do not currently require revision. Annual review of the rubrics by faculty ensure consistent interpretation and application of performance levels. The program will continue to review rubrics for any potential need to revine descriptors or increase student performance expectations in the future.
Criteria & Targets	Does Criteria for Success (level of performance students will have achieved for your program to have been successful (ex., students will have earned 4/5 for documentation and citation on capstone essays) need to be changed? Yes. Students achieving a minimum score of "3 – Present" on the Clinical Education Performance Rating Scale within CALIPSO continues to be a valid and appropriate benchmark for determining clinical competency. A score of 3 indicates that a student can perform effectively with only general direction from a supervisor, demonstrating sufficient independence and readiness for clinical practice. What about targets? The program's current target is that 80% of students will meet or exceed this benchmark of a 3 (Present) rating. Over the past three assessment cycles, 100% of students have consistently met or exceeded the expected performance level before graduating; however, there have been students who have needed additional reinforcement through the use of a clinical remediation plan to target gaps in learning. The CALIPSO instrument has provided the insight needed over the past cycle to determine when a student is in need of such intervention and support. Below is the current rating scale used by faculty supervisors: Clinical Education Performance Rating Scale **1- Not evident:** Inadequacies were present that suggest that the student fails to understand and/or apply skills in relation to clinical applications. Performance was inadequate. **2-Emerging:** Needs specific direction and/or demonstration from the supervisor to perform effectively. **3-Present:** Needs general direction with occasional specific direction from the supervisor to perform effectively. **4-Developed:** Demonstrates independence with occasional collaboration with the supervisor. Makes changes when appropriate and is effective. Students need to reach a level of 3 to demonstrate that competency has been met. At this time, no changes are needed to the performance scale itself. The four-point rubric remains aligned with ASHA standards, accurately reflects stages of clinical skill development, and offers a clear framework for evaluation. Regular faculty calibration will continue to ensure the consistent and appropriate use of this rating tool across supervisors and clinical sites.
Results & Conclusion	**Results**: Are the results what was expected or not? What stood out in the assessment cycle over the past three years? Explain The clinical practicum has two components. On campus, the students complete an internship where they develop the skills needed for the second component, the externship where they work with clients in medical and educational settings. Prior to entering SLP 591 Externship, students have to demonstrate appropriate skills in SLP 590 (documented in a web-based tracking

system called CALIPSO). Upon successful completion of SLP 590, the Externship Director reviews CALIPSO (online rating tool) to see which students are ready to proceed to which types of externships in SLP 591.

The program uses several mechanisms to assess student performance on the 184 metrics or standards required by ASHA. On a formative basis, each faculty person notifies advisors at the end of each semester when knowledge competencies have been met so that information can be entered into CALIPSO. Advisors can also document information on the Advisor Student Data Inquiry section of the student's electronic file.

The results over the last three assessment cycles consistently indicate that students are achieving competency in clinical assessment and intervention skills. The majority of tudents in the SLP 590 and SLP 591 courses successfully demonstrated the required clinical competencies as measured using the CALIPSO Clinical Education Performance Rating Scale. This result aligns with program expectations, and no students required remediation or additional clinical hours due to lack of skill development. For those students who required additional support through implementation of a remediation plan, the CALIPSO rating system was a significant factor in helping to identify gaps in learning to be targeted through additional support provided by the program. Each student who completed a remediation plan over the course of the past cycle moved on to successful complete their clinical courses. This means that 100% of students achieved at least a score of "3 – Present" or higher, which represents the threshold for competency, on all evaluated clinical competencies.

The program has consistently maintained a 100% success rate in achieving the targeted level of clinical competence, which is notable given the diverse clinical placements and evolving healthcare contexts. The reliability of the CALIPSO evaluation system, likely contributed to accurately measureing these outcomes. Additionally, returning the campus plan to 6 credit hours of SLP 591 and 2 hours of SLP 590 appears to have reinforced structured clinical skill development and was positively received by students.

The high level of student success indicates that the current structure of clinical coursework and supervision is effective. Clinical practicum hours, distribution of experiences, and supervisory support are adequately preparing students for entry-level practice. The decision to revert to the original clinical hour distribution for campus students (6 hours of SLP 591 and 2 hours of SLP 590) after a committee review proved beneficial in optimizing student readiness and satisfaction.

Conclusions:

What worked?

Several components of the program positively contributed to student success in achieving the learning outcome of demonstrating clinical skills in assessment and treatment:

- **ASHA Standards Adherence:** The program's alignment with ASHA 2020 certification standards (and 2023 updates) ensured content relevancy and clinical rigor.
- **Clinical Course Structure**: The reinstatement of the clinical hour structure for campus students to 6 credit hours of SLP 591 and 2 hours of SLP 590 showed to be effective as evidenced by student outcomes. This sequence provided students with a progressive learning experience across diverse settings and levels of clinical complexity, enhancing their readiness for professional practice.

- **Use of CALIPSO Assessment Platform**: The CALIPSO system supported objective and standardized tracking of student progress. Faculty were able to consistently evaluate clinical skill development across multiple competencies aligned with ASHA standards. Student were also able to see their scores throughout their progression through clinical placements as well as written feedback from supervisors.
- **Faculty/Supervisor Feedback**: Regular feedback sessions and required mid-term reviews using CALIPSO helped to create an early identification system for students who may need additional support. Supervisors were highly encouraged to meet with students to review mid-term feedback.
- **Remediation Process**: The introduction of a formalized clinical remediation plan provided a safety net for students demonstrating difficulty by the midpoint of their internship or externship. Individualized plans ensured early intervention and contributed to all students ultimately meeting the required competency thresholds.

What didn't? Why do you think this? For example, maybe the content in one or more courses was modified; changed course sequence (detail modifications); changed admission criteria (detail modifications); changed instructional methodology (detail modifications); changed student advisement process (detail modifications); program suspended; changed textbooks; facility changed (e.g. classroom modifications); introduced new technology (e.g. smart classrooms, computer facilities, etc.); faculty hired to fill a particular content need; faculty instructional training; development of a more refined assessment tool.

During the temporary change to clinical hour allocation, where both campus and distance students followed the same plan of 6 hours SLP 591, 1 hour SLP 590, and 1 hour SLP 588, there were concerns regarding the depth and sequencing of clinical exposure:

- **Reduced Time in SLP 590**: The decrease in SLP 590 hours limited students' exposure to foundational, on-campus clinical experiences early in their practicum journey. Students and faculty both indicated that this change in programming may have compromised the scaffolded development of clinical skills prior to external placements.

What worked?

The decision to revert to the original campus plan was informed by a combination of qualitative and quantitative data:

- **Student Feedback**: Surveys and feedback during advising sessions indicated that students felt better supported and more confident when they had more structured on-campus clinical experiences (SLP 590) prior to externship (SLP 591).
- **Committee Review**: The graduate faculty and clinical staff examined student evaluations, course performance trends, and faculty input. Their recommendation to restore the prior hour allocation was grounded in evidence that it provided a stronger developmental sequence.
- **Clinical Competency Outcomes**: The program's consistent pass rate may be attributable, in part, to the stronger framework offered by the original clinical structure for SLP 590, which allowed for a more gradual and supported development of clinical competence.

****IMPORTANT - Plans for Next Assessment Cycle**:	As we work hard to improve our assessment practices and make them more meaningful and effective, it's important each program craft a three-year plan for the following assessment cycle (2025-26, 2026-27, 2027-28) – this process assists in "closing the loop." For example, you may decide to: • collect a more appropriate artifact • create new program outcomes • adjust targets because they are consistently exceeded or not met • need to reconstruct your curriculum map • sequencing of classes might need to be adjusted, or additional class(es) provided Whatever your plan is, provide a narrative, in future tense, that indicates how you will approach future assessments. You will be expected to implement any needed changes before the next assessment cycle. To support continuous improvement and ensure alignment with accreditation and clinical expectations, the following actions will be implemented over the next three-year cycle: • **Review and Update of Program Learning Outcome**: While the current SLO remains aligned with accreditation standards, faculty will review its wording to ensure clarity, measurability, and alignment with Bloom's taxonomy. If needed, the SLO may be divided into two outcomes—one focusing on assessment and one on treatment—to enhance specificity and tracking. • **Faculty/Supervisor Training**: Ongoing faculty training sessions will focus on enhancing the use of clinical rating tools, improving interrater reliability, and addressing evolving best practices in supervision and feedback. • **Technology & Innovation**: The program will explore the expanded use of video recordings and simulation to support clinical learning. These strategies will address the program's effort to "close the loop" on assessment and data-driven programming.

Program Student Learning Outcome 3	
Program Student Learning Outcome	**Students will demonstrate knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state and national regulations and policies relevant to professional practice.**
Evaluation	Using the last three assessment cycles, is this program learning outcome still relevant, or should it be changed? Other things to examine: Is the outcome measurable? Is it double or triple barreled? Does it include measurable verbs following Bloom's Taxonomy? This program learning outcome remains highly relevant. Over the last three assessment cycles, the outcome has consistently aligned with the professional standards established by the American Speech-Language-Hearing Association (ASHA), the Council for Clinical Certification (CFCC), and state licensing boards. Given the evolving nature of regulations, credentialing requirements, and the increasing emphasis on compliance with state and federal policies, this outcome continues to reflect an essential area of competency for graduate-level students in SLP. The evaluation outcome helps supports student readiness for professional entry into the field by ensuring they understand the frameworks governing ethical and competent service delivery across settings. Students will score at least 162 on the SLP Praxis exam, which is

	the benchmark set by the Praxis national exam, administered through the Educational Testing Service (ETS).
Measurement Instruments	The Praxis Examination in Speech-Language Pathology is currently the direct measurement instrument used to assess this program learning outcome. This is a standardized assessment developed by the Educational Testing Service (ETS). Are the measurement instruments actually measuring the outcome? Yes, the Praxis exam is an appropriate direct measure of students' cumulative knowledge across foundational content areas in speech-language pathology and is a valid indicator of academic and professional readiness. It reflects national expectations for entry-level practice and encompasses many aspects of the knowledge and skills outcomes defined by ASHA and the Council for Clinical Certification in Audiology & Speech-Language Pathology. Is this a direct or indirect measure? The Praxis exam is a direct measure of student learning, as it requires the demonstration of applied knowledge and yields quantitative results (i.e., scaled scores) that can be evaluated against program standards and licensure benchmarks. If you change the SLO, is this still the best instrument to use? This SLO is influenced by evaluation standards and requirements established by ASHA for clinical practice. Should this SLO change, it will be in alignment with the requirements set forth by ASHA. The Praxis exam is the current entry-level exam for practice to be eligible for national certification. It is also a requirement in most states. Is your artifact appropriate? If not, what other options are there? The artifcact is an appropriate measure of the SLO. Should other measures be used, the program's comprehensive exam and the clinical evaluation outcomes using CALIPSO ratings could be considered. Will the rise in the use of AI affect the assignment and measurement? No. It is not likely that student outcomes using the Praxis as a measurement will be influenced or compromised by the rise of AI. The Praxis exam is a secure, proctored, and standardized test administered by ETS, and therefore not likely to be disrupted by student use of AI. The test is timed and proctored in such a way that a facilitator monitoring the student's performance would be able to observe any activity that may be a misrepresentation of the student's work. If there are rubrics, do they need to be altered to better fit the learning outcome? Does the rubric (if using) work or does it need to be adjusted? No. ETS does not use a rubric for the Praxis exam.
Criteria & Targets	Does Criteria for Success (level of performance students will have achieved for your program to have been successful (ex., students will have earned 4/5 for documentation and citation on capstone essays) need to be changed? What about targets? Standards directed by the Council on Academic Accreditation (CAA) require programs to maintain an 80% passing rate on the exam over a 3-year period. Although student pass rates have declined during the evaluation cycle, it remains within the acceptable passing threshold established by the Council on Academic Accreditation. As the average is still at the acceptable

level, we will continue to use the teaching strategies (academic and clinical) that have helped us maintain the targeted level. Faculty in the core academic classes continue to do specific training on the content that may appear on the exam.

Belos is a sample of the most recent three-year pass rate:

Period	Number of Test-takers Taking the Exam	Number of Test-takers Passed	Pass Rate
Recent Year	45	31	68.89%
1 Year Prior	52	45	86.54%
2 Years Prior	54	48	88.89%
3-year average	82.12%		

It should be noted that scores are submitted on a monthly basis, which may make it more difficult to capture passing rates at various moments in time. Additionally, students must self-select to resend scores to the program beyond the first scores sent. For example, if a student does not pass the exam on the initial try, we will receive the scores and record that the passing rate. If the student re-takes the exam after graduating and does not send the updated score, the program may have no record of the passed exam, and thus the program's three year pass rates may appear to be lower than the actual percentage without an accurate account of the updated scores. The sample above shows the most current years. As mentioned, the "recent year" shows a score that is lower than the threshold because scores are received on a rolling basis and will continue to be reported through August for this graduating class.

Results & Conclusion

Results: Are the results what was expected or not? What stood out in the assessment cycle over the past three years? Explain

Although they have remained above the minimal required score of 80%, PRAXIS scores have declined over the comprehensive review cycle. Assessment has been is ongoing since 2021 and remains to be a major focus of the program.The scores have been above the minimum needed for the CAA standards but the program has continued to try to dentify and try to address any reasons for the decline.

Each month, the program receives any new scores from students (or graduates) who have taken the exam. Scores are examined and compared to look for patterns that may be addressed through instruction or strategic approaches to test-taking preparation. It was noted that, among the students in our campus cohort who did not pass the exam, all struggled with the same area (planning and implementation of treatment). In response, the department began developing strategies to support student preparation using resources both in and outside of class. This included working directly with ETS, the testing company which administers the Praxis.

Conclusions:
What worked? Why do you think this?

- **Outcome Monitoring:** The program receives Praxis scores monthly on a rolling basis from Praxis. By tracking student scores, the program has been able to identification of areas of concern and student-specific needs.

	• **ETS Collaboration**: Presentations from ETS professionals during the review cycle provided students with test-taking strategies, insights into exam structure, and tips for managing exam anxiety. • **Performance Trends:** The identification of performance trends by content area allowed the program to target specific knowledge gaps through instructional and curricular adjustments. • **Content Assessment Format:** Faculty in each core course developed more ways to evaluate content areas using a multiple choice format similar to the Praxis exam. Changing the instructional methodology seems to have helped students be better prepared for the Praxis content and exam format. What didn't? Why do you think this? • **Self-guided Study Efforts:** The program noted that students did not perform as well when given less guidance on what to expect on the Praxis exam. They reported that they did not know how to prepare or what exactly to prepare for with the exam. • **Inconsistent Instruction:** In a 3-year period our department lost 4 faculty members, all who provided instruction on core components of the curriculum. While they have been replaced, two of the courses were taught by qualified faculty with limited experience teaching the content. For the AY 2023-24, instructional changes were made with an effort to improve scores and reduce the likelihood of further decline. Allowing students to completely prepare on their own using self-guided study did not seem to work because students were not well versed on the Praxis format. They also tended to put Praxis preparation off until the same semester they took the exam. This often resulted in students rushing to study for the exam while also taking content courses and enrolled in clinical externship. Additionally, courses taught by new and part-time faculty teaching content-specific courses may have contributed to gaps in depth or emphasis on certain core concepts. It should also be noted, that during the reflection cycle, many students (and faculty) were impacted by natural disasters including multiple tornadoes and significant flooding which disrupted their studies and access to resources while in the program. This may also account for some of the lower pass rates on the Praxis across the review period. **Plans for Next Assessment Cycle**: ETS offers training so a consultant who presented to the students in January and this can continue. As described in the conclusions above, the program will provide students with tutoring and will continue to monitor the pass rate. In addition, the academic faculty are trying to become more involved in the internal clinic to help identify any gaps in knowledge. Specifically, the students in our campus cohort who fail seem to struggle with one component (planning and implementation of treatment). The faculty can try to address that in either clinic or classes.
****IMPORTANT - Plans for Next Assessment Cycle**:	As we work hard to improve our assessment practices and make them more meaningful and effective, it's important each program craft a three-year plan for the following assessment cycle (2025-26, 2026-27, 2027-28) – this process assists in "closing the loop." For example, you may decide to:

- collect a more appropriate artifact
- create new program outcomes
- adjust targets because they are consistently exceeded or not met
- need to reconstruct your curriculum map
- sequencing of classes might need to be adjusted, or additional class(es) provided

At present, there is no more appropriate artifact which measures pass rates for the national Praxis examination. The program does not anticipate that it will change this program outcome. Because the program aligns with ASHA and CAA standards, there will be not expected changes to the curriculum map, unless warranted after a thorough program sequence review by the graduate faculty. The program will review the current sequence of courses to ensure they are appropriate for what students need to be most successful and to synthesize connected content across courses. Additionally, as ASHA and CAA standards are revised, courses will be reviewed to ensure they continue to be consistent with standards for graduate student preparation.

Whatever your plan is, provide a narrative, in future tense, that indicates how you will approach future assessments. You will be expected to implement any needed changes before the next assessment cycle.

Over the next three-year assessment cycle, the graduate program will be intentional about implementing strategies designed to improve outcomes on the Praxis exam. The program will develop several touchpoints throughout students' time in the program to support Praxis preparation. These will be done through group advising sessions, course design, and review sessions.

- **Orientation & Advising:** The program will use student orientation and advising to proactively introduce students to Praxis preparation. With incoming cohorts, students will be introduced to the concept of the Praxis exam in August of their first semester. Praxis discussion will be embedded in orientation and will include information on when they will be required to take it, and how they can think ahead about preparation. During advising meetings, Praxis preparation will be reinforced. This will also include guest speakers such as recent graduates who have successfully passed the Praxis.

- **Course Design:** In addition, faculty will discuss ways to be more intentional about developing assessments within classes that evaluate ongoing learning and also mimic aspects of the Praxis exam (such as test format). Part-time faculty will also be informed about the program's efforts to enhance student preparedness. They will be given suggestions on ways to fortify their courses and ways to assess that may compliment the structure of the Praxis exam.

- **Review Sessions:** Praxis sessions will be facilitated by faculty and content experts to help students review material in preparation for the Praxis. Students will be surveyed to identify which areas in which they feel most, moderately, and least prepared. This information will be used to help the program faculty to prioritize and reinforce content. A minimum number of sessions will be required for students to attend.

During their time in the program, students will be required to develop a Praxis action plan. Students must develop a plan for Praxis preparation that is clear, well-organized, and demonstrates logical sequence of actions with thoughtful justifications. Each student's plan will identify a schedule of goals or study milestones. Each plan will be reviewed, and feedback will be provided by either a faculty member or by a graduate advisor. The following are currently planned to be included as requirements for the Praxis Preparation Plan.

- **Study Approach:** Student will identify a study approach that will likely work best for them and provide an explanation

	of the planned preparation style (i.e., individual, small group, or hybrid). • **Barriers & Solutions:** The Praxis Plan Assignment will require students to identify factors that may create potential barriers for following through with their Praxis Plan. For example, limited time, work/personal scheduling conflicts, limited privacy for studying, personal tendencies such as procrastination, etc. Students will also identify ways to control for address these potential barriers. • **Identify Resources:** Each student will develop a list of resources they intend to utilize to prepare for the Praxis. Students will provide a description of each resource, an explanation of why they selected each resource, and how each resource will be used. • **Retake Plan:** Students will include a plan for how to pivot to prepare to retake the exam should they not pass the first time. The retake plan will include a brief reflection on what they feel their areas for improvement were on the exam. They will also provide feedback on what worked well in their previous studying, and what they feel needs to more emphasis in their preparation. • **Praxis Preparation Reflection:** After taking the Praxis and receiving their Praxis scores, students will be asked to submit a reflection on how 1) whether they made modifications to their plan, and if so, what were they and why, 2) how much they feel their plan did or did not support their preparation. These strategies are intended to help the program close the loop and become more intentional about how students are being prepared to demonstrate competence in content areas through the Praxis exam.

To add more outcomes, if needed, select the table above and copy & paste below.