

QUALITATIVE CRITERIA FOR NUMERICAL SCALE PERFORMANCE LEVELS

(INADEQUATE)

Level 1: Not Evident

Competency/skill not evident; inability to perform effectively; supports and/or direction from supervisor not implemented

Level 2: Poor

Competency/skill poor; requires frequent and specific demonstration or extensive instructions to perform effectively; supervisor supports and direction are rarely or poorly implemented and do not alter performance

Level 3: Limited

Competency/skill limited; continues to require frequent or specific demonstration or instruction to perform effectively; supervisor supports and direction may be implemented but not consistently

(ADEQUATE)

Level 4: Emerging

Competency/skill present but needs further development; some specific demonstration or instruction is still needed to perform effectively; supports and direction from supervisor are present/implemented and in the process of generalization

Level 5: Refining

Competency/skill developed but needs refinement; requires general or intermittent demonstration or instruction to perform effectively; supports and direction from supervisor are consistently implemented and appropriate changes are made when necessary

(TARGET)

Level 6: Competent

Competency/skill evident and consistent; recognizes and takes initiative to make necessary changes when appropriate to perform effectively; needed supports and direction from supervisor are minimal

Level 7: Mastery

Competency/skill well developed and performed accurately; independently makes appropriate changes when necessary to perform effectively; requires supervisor monitoring and/or consultation only

Note: Skills are delineated per the ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology (effective September 2014)

The applicant must have acquired the skills applicable across the nine major areas (Standard IV-C) and (Standard V-B) must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skill outcomes:

1. EVALUATION

a. Conducts screening and prevention procedures (including prevention activities)

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

b. Collects case history information and integrates information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

c (1). Selects appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures (and prepares adequately providing a rationale for selection when necessary)

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

c (2). Administers appropriate evaluation procedures, non-standardized and standardized tests and instrumentation procedures (and maintains appropriate documentation of results including scoring)

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

d. Adapts evaluation procedures to meet client/patient needs

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

e (1). Interprets (accurately), integrates, and synthesizes all information to develop diagnoses (including information from family/caregivers and other professionals)

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

e (2). Makes appropriate recommendations for intervention based upon evaluation results

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

f. Completes administrative and reporting functions necessary to support evaluation (includes informing relevant others of results)

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

g. Refers clients/patients for appropriate services

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

1. INTERVENTION

- a (1). Develops setting-appropriate intervention plans with measurable and achievable goals that meet client's/patient's needs (includes methods that are appropriate for clients' age, developmental level and learning style)**

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

- a (2). Collaborates with and involves clients/patients and relevant others in the planning and intervention processes**

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

- b (1). Implements intervention plans (includes use and delivery of appropriate instructions, modeling, cueing, feedback, and reinforcement strategies)**

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

- c. **Selects or develops and uses appropriate materials and instrumentation for prevention and intervention (includes effective use to elicit type and level of response required and maximum number of responses)**

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

- d. **Measures and evaluates clients/patients performance and progress (including maintaining appropriate data)**

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

- e. **Modifies intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients (includes flexibility in management of challenging behaviors)**

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

f. Completes administrative and reporting functions necessary to support intervention (includes informing relevant others of intervention results)

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

g. Refers clients/patients for appropriate services (includes counseling regarding communication and swallowing disorders to clients/patients, caregivers and relevant others)

	1	2	3	4	5	6	7	NA
Articulation								
Fluency								
Voice and resonance								
Receptive and Expressive Language								
Hearing								
Swallowing								
Cognitive Aspects								
Social Aspects								
AAC modalities								

2. Professional Qualities

Skill (please check skill level)	Present	Emerging	Needs Improvement
Demonstrates professional demeanor and presents self appropriately			
Works effectively with supervisor and support staff			
Responds appropriately to constructive criticism and feedback			
Demonstrates effective organization and time management			
Demonstrates regular attendance and is punctual			
Respects and maintains confidentiality of client information			
Respects cultural beliefs and linguistic diversity of clients and caregivers			
Adheres to the ASHA Code of Ethics			

Standard V-A: The applicant must have demonstrated skills in oral and written forms of communication sufficient for entry into professional practice

Oral Skills	Present	Emerging	Needs Improvement
Effectively builds rapport with clients, supervisor and relevant others			
Integrates and presents necessary and relevant information in a clear and concise manner			
Provides appropriate speech/language models for intervention			

Written Skills	Present	Emerging	Needs Improvement
Uses appropriate technical writing skills for reports and plans (spelling, punctuation, grammar, sentence structure, etc.)			
Content of reports and plans is cohesive, accurate, and shows some in-depth interpretation			
Proofreads reports and plans accurately and provides revisions within provided deadlines			

Comments: