



**QUALITATIVE CRITERIA FOR NUMERICAL SCALE PERFORMANCE LEVELS**

**(UNACCEPTABLE)**

**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.**

**(ACCEPTABLE)**

**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.**

**OVERALL MEAN AND GRADING: The overall means should be calculated to one decimal point. Suggested letter grades based upon the overall mean are as follows:**

<b>A</b>	<b>7.0 – 6.5</b>
<b>A-</b>	<b>6.4 – 5.9</b>
<b>B+</b>	<b>5.8 – 5.3</b>
<b>B</b>	<b>5.2 – 4.7</b>
<b>B-</b>	<b>4.6 – 4</b>

**3.9 or lower constitutes a “C” grade and a Grade Review is necessary.**

**Note: Skills are delineated per the ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology (effective January 2020)**

**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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**d. Adapts evaluation procedures to meet client/patient needs**

	1	2	3	4	5	6	7	NA
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

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

	1	2	3	4	5	6	7	NA
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

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

	1	2	3	4	5	6	7	NA
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**2. 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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

**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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

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

	1	2	3	4	5	6	7	NA
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

- 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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

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

	1	2	3	4	5	6	7	NA
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

- 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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

- 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
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

- g. **Identifies and refers clients/patients for appropriate services (includes counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others)**

	1	2	3	4	5	6	7	NA
<b>Speech Sound Production</b>								
<b>Fluency</b>								
<b>Voice and resonance</b>								
<b>Receptive and Expressive Language</b>								
<b>Hearing</b>								
<b>Swallowing</b>								
<b>Cognitive Aspects</b>								
<b>Social Aspects</b>								
<b>AAC modalities</b>								

### 3. INTERACTION AND PERSONAL QUALITIES

Qualities (please check skill level)	Present	Emerging	Needs Improvement
<b>Demonstrates professional demeanor and presents self appropriately</b>			
<b>Demonstrates regular attendance and is punctual</b>			
<b>Demonstrates effective organization and time management</b>			
<b>Effectively builds rapport and works effectively with clients, supervisors and relevant others</b>			
<b>Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice</b>			
<b>Respects and maintains confidentiality of client information</b>			
<b>Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others</b>			
<b>Responds appropriately to constructive criticism and feedback</b>			
<b>Adheres to the ASHA Code of Ethics and behaves professionally</b>			

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

**4. ORAL AND WRITTEN COMMUNICATION**

<b>Oral Skills</b>	<b>Present</b>	<b>Emerging</b>	<b>Needs Improvement</b>
<b>Demonstrates communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others</b>			
<b>Integrates and presents necessary and relevant information in a clear and concise manner</b>			
<b>Demonstrates ability to provide appropriate speech/language models for intervention, and thereby can produce target phonemes, grammatical features, or other aspect of speech and language that characterizes the client's particular problem</b>			

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