

Clinical Competencies for SLP Students to be CF Ready

Items included in the assessment of competencies are based on the Standards for Certification in Speech-Language Pathology by the American Speech-Language-Hearing Association (2016); The CAA Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (2017); the W-PAC (1974); and the input from the SLP clinical faculty at the University of Memphis. Items in italics refer to areas believed to be particularly important. Items that are specifically listed in the ASHA Certification Standards (2016) are referenced.

EVALUATION V-B.1:

The ratings for the screening section will be made according to the semester the student has the experience. The same will apply to the first and second semesters for the remaining sections. Therefore the first description is for both the first and second semesters depending on the semester of the student.

1. Conducts screening (1.a.)

- a. Hearing screenings

Administers hearing screening (including conditioning) independently to individual client. Records responses accurately and demonstrates knowledge of pass/fail criteria.

- b. Speech and language screenings

Administers speech/language screening. Records responses accurately. Demonstrates knowledge of pass/fail criteria and makes appropriate referrals with minimal assistance.

2. Prepares for the diagnostic evaluation or other assessment activity.

- a. Reviews and interprets background information
- b. Selects appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests and instrumental procedures (1.c.) and supports selection with knowledge of evidence-based practice
- c. Can explain the rationale for the selection of the chosen test measures and procedures (e.g. awareness of culture, gender, age, etc.)
- d. Prepares the clinical questions to be answered by the evaluation (e.g. interview questions, areas to assess)

1 st or 2 nd semester depending on assignment	3rd	4th	CF
Reviews background information and asks the supervisor questions regarding unclear areas. Suggests diagnostic tools to assess clients similar to past experience and attempts rationale for selection. Administers tests according to protocol. Prepares case history questions based on available information. Suggests clinical questions to be answered by evaluation.	Suggests clinical questions based on review and interpretation of background information (a & d). Provides a rationale for the selection of diagnostic tools. May need supervisory suggestions for unusual cases or to expand assessment repertoire (b & c).	Prepares for the evaluation /assessment including “a” through “d” with cases similar to past experience and seeks supervisory confirmation.	Prepares for the evaluation /assessment including “a” through “d” with a wide variety of cases and seeks supervisory consultation.

3. Conducts the clinical interview.

- a. Collects case history information and integrates information from individuals served, and other professionals (1.b.)
- b. Organizes and conducts the interview in a sequential manner to insure a natural flow of communication
- c. Demonstrates sensitivity **and skill** in the clinical interview

- d. Identifies the impact of his/her own set of cultural and linguistic variables

1 st or 2 nd semester depending on assignment	3rd	4th	CF
Collects basic case history information and requires assistance in integrating information from individuals served for follow-up questions (a). Plans an organized sequential interview and requires supervisory assistance to maintain a natural flow (b). Demonstrates sensitivity to individuals served (c).	Attempts to integrate information from individuals served and maintain a flow in the interview (a & b). Begins to ask questions as they arise in the interview. Requires assistance in obtaining missing information or to pursue unexpected topics.	Integrates information from individuals served and asks questions based on response of individuals served (a & b). Adjusts line of questioning with minimal supervisory support (b).	Conducts the clinical interview (a, b, & c) with minimal need for additional supervisory questions or comments.

4. Conducts the diagnostic assessment.

- a. Administers appropriate evaluation procedures, such as behavioral observations, nonstandardized assessment and standardized tests and instrumental procedures (1.c.)
- b. *Adapts evaluation procedures to meet the client/parent needs (1.d.) (considers culture, physical limitations and behavior)*
- c. Sequences tests based on background data, behavioral observations and medical information to insure optimal results

1 st or 2 nd semester depending on assignment	3rd	4th	CF
Administers evaluation procedures to include behavioral observations and standardized tests appropriately (a). Implements supervisor's suggested adaptations (b). Proposes sequence of tests based on observations and information available, and may require supervisory adjustment.	Begins to adapt evaluation procedures (to include nonstandardized tests) to meet the needs of individuals served. Uses instrumental procedures as appropriate with maximal assistance. Proposes appropriate sequence of tests based on observations and information available.	Adapts evaluation procedures to meet the needs of individuals served. Uses instrumental procedures as appropriate with minimal assistance. Sequences tests based on observations and information available. Supervisory support intermittently required.	Conducts the diagnostic assessment independently (a, b, & c). Seeks supervisory input in unusual cases or cases that require instrumental procedures.

5. Evaluates the information learned during the assessment session.

- a. *Scores, interprets, integrates, and synthesizes all information to develop diagnoses (with severity rating) and make appropriate recommendations for intervention (considering prognosis and duration) (1.e.) (including cultural diversity/differences)*
- b. Relates results to functional outcomes and theoretical principles
- c. Considers eligibility criteria (e.g. IDEA, TEIS, and Medicare) and refers clients/patients for appropriate services (1.g.)
- d. Uses valid scientific and clinical evidence in decision-making regarding assessment

1 st or 2 nd semester depending on assignment	3 rd	4 th	CF
Scores tests accurately. Begins to formulate a diagnosis, identify prognostic indicators and make recommendations for intervention. Recognizes the need for a referral. Shows awareness that cultural diversity may affect test scores.	Formulates a diagnosis and prognosis and makes recommendations with moderate assistance. Distinguishes between disorder and difference with minimal assistance. Begins to consider eligibility criteria and suggests possible referral sources.	Interprets, integrates, and synthesizes information to develop diagnoses, prognosis and makes appropriate recommendations with minimal assistance. Distinguishes between disorder and difference. Discusses eligibility criteria and suggests referral sources with minimal assistance.	Evaluates the information independently and continues to require supervisory confirmation for diagnosis, prognosis, referrals and recommendations (a, b, & c).

INTERVENTION V-B. 2:

- 1. In collaboration with individuals served, develops appropriate intervention plans with measurable and achievable goals that meet client's/patient's needs (2.a.)**
 - a. Considers diagnostic evaluation and/or previous treatment data and progress
 - b. Considers functional outcomes and discharge criteria/plan
 - c. Creates an appropriate intervention plan including length of session, frequency, duration and type
 - d. Uses valid scientific and clinical evidence in decision-making regarding intervention
 - e. Accesses sources of information to support clinical decisions regarding intervention/management
 - f. Critically evaluates information sources and applies that information to appropriate populations
 - g. Integrates evidence in provision of services
 - h. Supports intervention plan with knowledge, theory, preferred practice patterns, sound professional judgement, and efficacy studies

1 st	2 nd	3 rd	4 th	5 th
Requires supervisory assistance to apply available information, develop functional outcomes, and create a plan (a, b, & c). Reads supporting evidence and relates it to the plan (d).	Independently reviews available information, attempts to interpret, drafts a plan with supporting evidence, and prepares to discuss with supervisor. Determines when to discharge and makes appropriate recommendations for follow-up with moderate input from supervisor.	Accurately interprets available information, creates a plan with supporting evidence, and reviews with supervisor.	Independently interprets available information, finds supporting evidence, creates a plan, and seeks confirmation from supervisor. Determines when to discharge and makes appropriate recommendations for follow-up with minimal input from supervisor.	Consistently interprets and applies available information, develops functional outcomes, and creates a plan and seeks guidance as appropriate. Develops discharge plan, determines when to discharge, and makes appropriate recommendations for follow-up with consultation as needed.

- 2. Selects or develops appropriate activities, materials, and instrumentation for intervention (2.c.)**
 - a. Identifies activities and materials appropriate in helping the client/patient achieve the goals
 - b. Identifies instrumentation appropriate in helping the client/patient achieve the goals

1 st	2 nd	3 rd	4 th	5 th
Selects effective and appropriate activities for basic goals with minimal guidance. Requires moderate guidance to address complex goals and increase variety of activities. Selects effective and appropriate materials to address the goals with supervisory guidance as needed.	Selects effective and appropriate activities for more complex goals and a broader base of cases with minimal guidance. Creates materials with direction. Follows procedures for basic application of instrumentation (if applicable) with maximal supervisory guidance.	Creates effective and appropriate activities/materials to address goals with supervisory consultation. Selects effective and appropriate instrumentation (if applicable) to address the goals with moderate supervisory guidance.	Independently implements appropriate activities to address goals. Seeks consultation as needed. Selects effective and appropriate instrumentation (if applicable) to address the goals with minimal supervisory guidance.	Selects and uses effective and appropriate instrumentation to address the goals with supervisory consultation as needed.

3. Implements intervention plans in cooperation with individuals served (2.b.)

- a. Uses identified procedures, including modeling and cueing, appropriate in helping the client/patient achieve the goals
- b. Uses clinical judgement and self-reflection to enhance clinical reasoning
- c. Collaborates with individuals served to facilitate generalization and maintenance skills

1 st	2 nd	3 rd	4 th	5 th
Effectively executes routine sessions and involves individuals served with moderate supervisory guidance.	Effectively executes the sessions and involves individuals served with minimal to moderate supervisory guidance, depending on the complexity of the case.	Effectively executes the sessions and involves individuals served with minimal supervisory guidance for complex cases.	Effectively executes the sessions and collaborates with individuals served. Seeks supervisory guidance for complex cases.	Independently and effectively executes the sessions and collaborates with individuals served. Seeks supervisory guidance as needed.

4. Provides counseling and educational information regarding communication and swallowing disorders to individuals served

- a. Provides educational information to individuals served about the disorders
- b. Provides counseling to individuals served regarding the adjustment to the communication disorder and its impact on daily living

1 st	2 nd	3 rd	4 th	5 th
Educates individuals served about the disorder with demonstration and direct assistance from the supervisor.	Prepares educational information with supervisory input before or during delivery. Engages in basic counseling with significant input from supervisor.	Prepares educational information independently and seeks supervisory feedback before delivery. Engages in basic counseling seeking supervisory input for issues outside knowledge base and comfort level. Keeps supervisor informed of all counseling issues.	Seeks supervisory confirmation regarding independently prepared educational information. Begins to counsel in more complex situations seeking supervisory input for issues outside knowledge base and comfort level. Keeps supervisor informed of all counseling issues.	Seeks supervisory confirmation regarding independently prepared educational information. Counsels in complex situations seeking supervisory input for issues outside knowledge base and keeps supervisor informed of all counseling issues.

5. Measures and evaluates clients' performance and progress (2.d.)

- a. Develops and uses concise system of data collection
- b. Uses data to determine progression of goals, verify progress, and make appropriate recommendations

1 st	2 nd	3 rd	4 th	5 th
Uses concise system of data collection accurately. Makes initial attempt in progressing goals, verifying progress, and making basic recommendations for the specific case.	Makes initial attempt in progressing goals, verifying progress, and making basic recommendations applying knowledge from coursework and previous cases.	Attempts to develop data collection systems. Proposes new goals and recommendations based on data.	Independently uses data to determine progression of goals, verify progress, and make appropriate recommendations and seeks supervisory guidance when appropriate.	Develops appropriate systems of data collection. Independently uses data to determine progression of goals, verify progress, and make appropriate recommendations with supervisory confirmation.

6. Modifies intervention plans, strategies, materials, or instrumentation as appropriate, to meet the needs of client/patient (2.e.)

- a. Demonstrates understanding of clinical task continua
- b. Makes decisions about the primary intervention plan and the inclusion of agents of intervention (e.g. clinician, family member, teacher, other) and determines modifications
- c. Identifies and refers clients/patients for services as appropriate (e.g. audiology, psychology, other educational staff) (2.g.)

1 st	2 nd	3 rd	4 th	5 th
Implements modifications based on supervisor's suggestions. Obtains information on the clinical task continua from the supervisor. Creates intervention plan after discussion with supervisor.	Discusses clinical task continua, creates an intervention plan, and suggests role of individuals served and possible need for referral. Attempts modification of strategies and materials/ instrumentation during therapy and may require supervisory suggestions.	Proposes a plan that considers the level of the client, progression expected, role of individuals served and possible referrals. Modifies a variety of strategies and materials/ instrumentation to meet the client's needs and seeks supervisory feedback.	Independently modifies all aspects of the intervention plan, demonstrates an understanding of task continua, and makes suggestions for referrals in cases similar to previous experience and seeks supervisory feedback.	Independently modifies intervention plan, demonstrates an understanding of task continua, and makes suggestions for referrals for a broad range of cases and recognizes when to consult supervisor or other professionals.

7. Develops and Conducts Primary Prevention Activities

- a. Conducts prevention procedures including prevention activities (1.a.)
 - b. Selects or develops appropriate materials for prevention activities (2.c.)
- yes no

PROFESSIONAL INTERACTION: B

1. Communicates effectively, recognizes the needs, values, preferred mode of communication, and cultural/linguistic background of individuals served (3.a.).

- a. Employs the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers
- b. Provides counseling regarding communication and swallowing disorders to individuals and families served (3.b.)
- c. Employs effective interpersonal communication skills, to include listening, attention, empathy, compassion, and verbal/nonverbal behavior, during interactions with each individual served
- d. Utilizes appropriate pragmatic skills

- e. Elicits and facilitates active interaction with individuals served and maintains a flow to the interaction. (Assumes responsibility for facilitating effective interaction)
- f. Validates the concerns of individuals served
- g. Encourages active involvement of the individual served in his or her own care
- h. Creates a therapeutic alliance with the individuals served based on honesty and trust
- i. Recognizes the needs and values of the individuals served (3.a.).
- j. Adjusts vocabulary when interacting with individuals served based on their preferred mode of communication, or cultural/linguistic/educational status to ensure the highest quality of care
- k. Understands the impact of his/her own set of cultural and linguistic variables on delivery of effective care. To include, but not limited to, age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation
- l. Can identify and understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.
- m. Understands the impact of the cultural and linguistic variables of the individuals served on delivery of care.

1 st	2 nd	3 rd	4 th	5 th
Utilizes basic pragmatic skills appropriate for professional interactions. Participates with supervisor in creating a therapeutic alliance with individuals served.	Demonstrates an awareness of the impact listening, verbal, and nonverbal behaviors have when communicating. Begins to monitor and modify these behaviors with supervisory feedback/ assistance. Adjusts vocabulary to meet the individual's level. Easily establishes a therapeutic alliance with the individuals served when working with familiar situations.	Recognizes the needs and values of the individuals served and attempts to validate their concerns with supervisory assistance.	Assumes responsibility for facilitating effective interaction. Asks for guidance when needed. Listens to and validates client's concerns with minimal guidance. Explains information using terminology appropriate to the audience.	Employs effective communication skills in emotional situations with minimal supervisory support. Facilitates interaction with relevant others with supervisory support. Engages individuals served in problem-solving activities.

2. Collaborates with colleagues and other professionals in case management (3. b.)

- a. Participates cooperatively and effectively as a team member
- b. Receives and discusses positive and constructive supervisory feedback with professionalism
- c. Demonstrates openness to new avenues of thought and suggestions related to planning and implementing intervention ideas and professional growth
- d. Initiates discussions related to clinical behavior and the potential for changes in clinical procedures and/or activities
- e. Consults and requests information or assistance from professionals when appropriate
- f. Recognizes and respects organizational structure
- g. Maintains a climate of mutual respect and shared values when communicating with clients, families, and interprofessional team colleagues to maximize care outcomes.
- h. Performs effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable
- i. Demonstrates an understanding of the importance of interdisciplinary/interprofessional coordination of services and interacts with providers from other disciplines and community resources to coordinate care effectively

1 st	2 nd	3 rd	4 th	5 th
<p>Interacts collaboratively with team members (a). Attempts to implement supervisory suggestions (b). Demonstrates openness to suggestions related to intervention and professional growth (c). May need to be encouraged to ask for clarification about feedback (d & e). Recognizes and respects the organizational order for suggesting ideas or expressing concerns (f).</p>	<p>Addresses supervisory feedback in a timely manner (b). Requests clarification of feedback with minimal encouragement. Provides feedback about the supervisory process with encouragement from the supervisor. May choose to seek assistance/advice outside of the supervisory relationship and does so in a professional manner.</p>	<p>Initiates discussions related to clinical behavior (d). Participates in the exchange of feedback with the supervisor giving and receiving both positive and constructive information. Seeks guidance when needed.</p>	<p>Addresses issues of concern as they arise with colleagues / supervisors. Seeks guidance when needed.</p>	<p>Collaborates with colleagues and other professionals in case management in a professional manner.</p>

3. Demonstrates knowledge of standards of ethical conduct, and practices in a manner that is consistent with the ASHA Code of Ethics and the scope of practice documents in the profession and behaves professionally (V-B.3.d.)

- a. Adheres to policies, procedures and codes of conduct and dress of the practicum/facility
- b. Respects the rules of confidentiality in accordance with HIPAA and FERPA, and appropriate representation
- c. Engages in self-evaluation to assess his/her clinical efficiency, knowledge, and skills, and identifies areas and strategies for improvement/modification
- d. Self-reflects to understand the effects of his/her actions and makes changes accordingly
- e. Demonstrates motivation, interest, curiosity, willingness to learn, dependability and acceptance of responsibility related to the profession
- j. Encourages individuals served to make use of opportunities of self-advocacy and personally participates in advocacy activities related to contemporary professional issues , and the rights of others to access speech-language pathology services
- k. Demonstrates an understanding of the scope of practice and the roles an SLP and individuals from other professions to appropriately assess and treat the needs of the individuals served.

1 st	2 nd	3 rd	4 th	5 th
<p>Demonstrates familiarity with all information in the student handbook. Dresses appropriately, and acts professionally (a). Adheres to rules of confidentiality. Appropriately represents self to individuals served. Uses and cites references appropriately. Begins to demonstrate an understanding of own preferred learning style and to identify successes in clinic with supervisory assistance. Exhibits interest in expanding knowledge and skills.</p>	<p>Consults handbook before asking for clarification. Self identifies possible changes to enhance clinical outcomes with minimal assistance. Participates in an activity regarding current professional issues and relates how those issues impact clients.</p>	<p>Begins to identify potential areas of ethical dilemma and asks relevant questions regarding ethical issues. Self evaluates clinical changes and effective strategies. Demonstrates a responsibility to the individuals served over the preference of the clinical experience.</p>	<p>Transfers understanding of policies and procedures to other settings. Attempts to answer questions regarding ethical clinical practices. Performs self-critique regularly and independently, seeks feedback for confirmation and additional suggestions. Can relate IDEA laws and issues to clients and, with guidance, begin to advise/assist clients with school policies and the IEP process.</p>	<p>Applies the code of ethics to clinical and research practices. Engages in consultation with colleagues to improve clinical and professional skills. Discusses legislative avenues available regarding professional concerns and client advocacy.</p>

MANAGEMENT OF BEHAVIOR AND CLINICAL ENVIRONMENT:

Creates and maintains a safe and productive learning environment

1. Management of Behavior

- a. Maintains effective pacing during interaction with individuals served
- b. Defines limits and maintains on-task behaviors
- c. Uses consistent, discriminating, and specific feedback
- d. Develops behavior management strategies (including pro-active procedures) in a non-threatening, non-rejecting way
- e. Determines and maintains appropriate and effective reinforcement strategies, including type and schedule of reinforcement, to insure a productive session and that goals are addressed

1 st	2 nd	3 rd	4 th	5 th
Carries out behavior management strategies after supervisory modeling and suggestions.	Identifies typical behaviors and carries out basic strategies. Requires supervisory modeling/ suggestions on pacing, limits, and feedback (a, b & c). Development of new strategies is emerging (d & e).	Identifies atypical behaviors and carries out strategies to manage an increased range of behaviors with supervisory suggestions for pacing, limits and feedback (a, b & c). Requires supervisory guidance to develop strategies (d & e).	Consistently manages behavior for pacing, limits and feedback (a, b, & c). Requires minimal guidance to develop strategies (d & e).	Manages a broad range of behavior independently and seeks supervisory input when needed.

2. Management of Clinical Environment

- a. Maintains a neat and clean clinical environment including materials
- b. Considers environment to include positioning and orientation of the client and materials
- c. *Organizes the environment to insure maximum behavioral outcomes*

1 st	2 nd	3 rd	4 th	5 th
Consistently keeps a neat and clean environment and returns materials. Needs reminders in typical therapy settings for positioning (b) and suggestions for organization (c).	Independent with typical therapy settings and requires guidance with more complex situations regarding positioning and organization of the environment.	Independently manages clinical environment across all settings.	Independently manages clinical environment across all settings	Independently manages clinical environment across all settings

ADMINISTRATIVE ACCOUNTABILITY:

1. Completes administrative and reporting functions necessary to support evaluation (V-B) and intervention (V-B.2.f.)

- a. Is timely with meetings and meets deadlines for paperwork
- b. Follows universal precautions
- c. Adheres to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists. Completes appropriate paperwork according to the requirements of the institution
- d. Demonstrates an understanding of policies and procedures for scheduling, admission, discharge, and file management
- e. Understands the fiduciary responsibility for each individual served.

1 st	2 nd	3 rd	4 th	5 th
Is timely, follows universal precautions and is aware of agency policies and procedures.	Consistently follows agency policies and procedures. Completes all paperwork with	Demonstrates a basic understanding of admission and discharge criteria.	Demonstrates an understanding of the eligibility and discharge criteria in	Understands and applies policies and procedures consistently across all settings

Fills in all sections of appropriate paperwork. Appropriately completes a chart audit.	supervisory guidance (f).	Seeks supervisory guidance (f).	other settings with supervisory guidance.	experienced.
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2. Understands and respects needs of individuals served, models of service delivery, and cultures within organizations.

- a. Demonstrates an understanding various models of delivery of speech-language pathology services (e.g. hospitals, private practice, education, etc.)
- b. Demonstrates an understanding of the health care and education landscape and how to facilitate access to services

ORAL AND WRITTEN REPORTING (V-A):

1. Possesses skill in oral communication sufficient for entry into professional practice (IV-B) by demonstrating the speaking and listening ability necessary for effective clinical and professional interaction with individuals served and professionals

- a. Utilizes clear speech, appropriate rate and volume, accurate grammar, and professional terminology during interactions
- b. Understands directives, concepts, and professional terminology used in professional interactions
- c. Organizes information presented to individuals served to maximize understanding
- d. Manages the reporting time to insure that all pertinent data is presented and the individuals served have adequate time for questions and clarification
- e. Demonstrates the ability to explain the ramifications of the problem, its implications, the level of severity, and recommendations to individuals served and professionals

1 st	2 nd	3 rd	4 th	5 th
Utilizes clear speech, and appropriate rate, volume, and grammar. Uses and understands professional terminology commensurate with academic level (a & b). Organizes conference information with supervisory guidance.	Prepares information concerning client issues in an organized manner and collaborates with supervisor on final plan (c & e). Begins to consider reporting time (d). Conducts the majority of the conference and begins to listen in order to generate questions to gain additional information.	Plans and conducts oral reporting with minimal assistance (c & d). Additional guidance may be required when explaining more complex aspects of the problem (e). Spontaneously generates questions and pursues information pertinent to the case.	Organizes and modifies information within the conference session and adequately manages reporting time (c & d). Demonstrates the ability to explain the ramifications, implications, severity, and recommendations with guidance and additional comments from supervisor (e).	Demonstrates the speaking and listening ability necessary for effective clinical and professional interaction with individuals served and professionals.

2. Possesses skill in written communication sufficient for entry into professional practice V-A by demonstrating the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence

- a. Proofs for accuracy and grammatical correctness
- b. Delineates significant aspects of behavior to record
- c. Accurately reports results, and writes progress/SOAP notes according to the requirements of the practicum/agency
- d. Uses objective wording when describing behavior
- e. Organizes information in a logical manner and includes only relevant information
- f. Writes clear, concise, complete documents with professional wording
- g. Considers the reader of the written document when choosing vocabulary
- h. Uses universal/facility style and abbreviations appropriately

1 st	2 nd	3 rd	4 th	5 th
Proofreads for accuracy and grammatical correctness independently (a). Uses templates appropriately. Requires some assistance with comprehension and interpretation of reports. Significant guidance with professional wording and completeness (d, e, f & g).	Demonstrates comprehension of SLP reports and may require guidance with the interpretation of reports from other disciplines. Requires moderate supervisory input regarding conciseness, completeness and professional wording of written documentation.	Delineates significant and relevant aspects of behavior to record and uses objective wording (b, d, & e).	Requires minimal supervisory input regarding all written documentation (d-h). Follows outside agency's procedures for documentation (c).	Demonstrates the ability to comprehend reports from related disciplines. Writes diagnostic and treatment reports, plans, and professional correspondence with consultation.

Standards for certification in Speech-language pathology by the American Speech-Language-Hearing Association. Retrieved February 25, 2018, from

The Wisconsin Procedure for Appraisal for Clinical Competence W-PACC by Shriberg, L.D., Filley, F.S., Hayes, D.M., Kwiathkowski, J., Schatz, J.A., Simmons, K.M., Smit, M.E., Department of Communicative Disorders, University of Wisconsin-Madison, 1974