

## **SU ENGLISH PROCIENCY**

### **Standard V: Skills Outcomes and 4.2 CAA Standard**

**4.2 Standard: The program makes reasonable adaptations to curriculum, policies, and procedures to accommodate differences among individual students.**

**The program must have a policy regarding proficiency in spoken and written English and other languages of instruction and service delivery and all other performed expectations.**

#### **Standard V: Skills Outcomes**

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

Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

*Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations*

*ASHA Joint Subcommittee of the Executive Board on English Language Proficiency*

**ASHA Position Statement**

It is the position of the American Speech-Language-Hearing Association (ASHA) that students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and if modeling is necessary, are able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem. All individuals speak with an accent and/or dialect; thus, the nonacceptance of individuals into higher education programs or into the professions solely on the basis of the presence of an accent or dialect is discriminatory. Members of ASHA must not discriminate against persons who speak with an accent and/or dialect in educational programs, employment, or service delivery, and should encourage an understanding of linguistic differences among consumers and the general population.

*American Speech-Language-Hearing Association. (1998). Students and Professionals Who Speak English With Accents and Nonstandard Dialects: Issues and Recommendations [Position Statement]. Available from [www.asha.org/policy](http://www.asha.org/policy).*

**Department of Speech-Language Pathology English Proficiency Screening Plan:**

Accepted graduate students receive an informational packet which contains information about the English Proficiency Screening prior to entering the graduate program. The first day of classes, the incoming graduate class is once

again informed at their graduate orientation of the policy and procedures that is in the orientation handbook.

Screenings are completed in the fall semester of the first year of the program. The screenings are administered by second-year graduate student clinicians and supervised by clinical supervisors

The screening is composed of tasks targeting both the CAA standard and expanded information:

1. A hearing screening utilizing otoacoustic emissions;
2. Rating of articulation and intelligibility in structured (single word and sentence) and non-structured tasks;
3. Clinical judgment of voice, fluency, expressive and receptive language, and pragmatics in conversation; and
4. A sample of clinical writing requiring the student in response to a case study. Writing is judged on grammar, spelling, punctuation, and overall appropriateness of information.

The screening results are reviewed and evaluated by clinic supervisors and sent to the clinic director.

The Clinical Coordinator notifies each student of the results of the screening by letter and meets with any student who did not meet the standards expected as entry level graduate students. A copy of the notification letter is placed in the student's academic file. Students are given recommendations based on the results.

Recommendations may include:

1. Re-screen of hearing and if warranted, a referral to the clinic audiologist for further evaluation.
2. Monitoring voice, fluency, articulation, language, and/or writing throughout clinical practicum.
3. Referral to an otolaryngologist for voice problems.
4. Evaluation/therapy recommendation for speech, language and/or fluency issues.

5. Recommendation to participate in a guided writing session (which is offered to all first-year graduate students) to complete an evaluation report based on the information from the screening; and
6. Referral to other resources for writing skills for those students who demonstrate difficulty with clinical writing skills based on mid-semester or evaluation grades and supervisor report.