The University of Toledo * Speech-Language Pathology Program					
PRIORITY STUDENT LEARNING OUTCOMES (SLOs)					
*See also the corresponding Student Learning Outcomes Form and Priority Outcomes Check-off Form. These priority outcomes link course knowledge and clinical skills.					
Priority SLOs and Indicators (Must be performed at a level of 83% or better.)	2020 Std.	Supervisor Signature & Date			
SLP 6100 – Diagnosis of Communication Disorders					
Demonstrate competency in educating, counseling, advocating, making referrals for individuals, their significant others, and other persons in the community regarding acceptance, adaptation, and decision making about communication and related concerns specifically including (but not limited to) socio-cultural concerns, emotional, educational, and other	IV-D, E,				
factors interfering with quality of life issues for individuals with communication disorders.					
SLP 6210 – Language Development and Disorders: Early Childhood through Ad-	olescence				
Advocate for prevention of language disorders and early intervention for young children that emphasizes prevention of language disorders, including early intervention and the importance of early literacy experiences for young children with suspected language disorders or delays.	IV-D				
Incorporate high-quality evidence from scholarly sources into decision-making about treatment for language disorders.	IV-F				
Conduct a thorough and accurate assessment of a child with a language disorder.	IV-D; V-A, B				
SLP 6300 – Articulation and Phonology					
Make a differential diagnosis for articulatory and phonological disorders taking into account the following: Collecting accurate case history information taking into account client needs including cultural and linguistic variations etc.; explaining theories of remediation (motor theories, linguistic theories and cognitive theories), and demonstrating varied approaches to explaining findings and intervention approaches based upon intended audience (e.g., family, physician, SLP)	IV-D; V-A				
Educate and counsel and make referrals for individuals, their significant others, and other persons in the community regarding acceptance, adaptation, and decision making about communication and related concerns specifically including (but not limited to) socio-cultural concerns, emotional, educational, and other factors interfering with quality of life issues for children with articulatory/phonological disorders.	IV-A, E				
Discuss and operationalize standards of ethical conduct, advocacy, ASHA guidelines for practice, integration of principles in the therapeutic process, and contemporary professional issues related to assessment and remediation of individuals with articulatory/phonological disorders.	IV-E, G				
SLP 6400 – Adult Language and Cognitive Communication Disorders					

Identify relevant case history information, score and interpret evaluative data, and complete an assessment report for an	IV-D, G;	
adult with an acquired language and/or cognitive communicative disorder	V-A, B	
Develop and implement a treatment plan for an adult with an acquired language and/or cognitive communicative	IV-D, F,	
disorder.	G; V-A, B	
SLP 6500 – Motor Disorders		
Conduct an oral-motor examination and accurately assess the following:		
 Respiratory system including, but not limited to, respiratory volumes, respiratory pattern, and respiratory control related to specific motor speech disorders; 		
b. Phonatory system including, but not limited to, pitch, loudness, and quality characteristics related to specific motor speech disorders;		
 c. Resonatory system including, but not limited to, hypernasality and hyponasality characteristics; d. Articulatory system including, but not limited to artculatory/coarticlatory and phonological process performance related to specific motor speech disorders. 		
Demonstrate strategies and techniques for improving respiratory support, phonatory function, resonatory characteristics, and articulatory performance.		
Develop a written intervention plan including specific strategies and programmatic model to increase intelligibility and/or comprehensibility of a person with a specific type of motor speech disorder.		
SLP 6550 – Trends in Technology for Communication Disorders		
Demonstrate knowledge of the principles and methods of AAC assessment for persons with severe/profound communication disorders.	IV-D; V-B	
Develop an AAC intervention plan based upon the results of an AAC assessment	IV-D; V-B	
SLP 6600 – Voice and Resonance Disorders		
Administer, score, interpret results of a voice diagnostic protocol and write a complete report of the assessment using an acceptable format.	IV-D;	
Develop and implement a treatment plan for a child or adult with a voice and/or resonance problem.	V-A, V-B	
SLP 6650 – Feeding and Swallowing Disorders		
Conduct an evaluation of an individual with a swallowing and/or feeding disorder utilizing bedside/clinical examination,	IV-D; V-	
videofluoroscopy, and other instrumental procedures as needed.	В	
Develop and implement a treatment plan for an individual with a swallowing and/or feeding disorder.	IV-D; V- B	
SLP 6700 – Assessment and Remediation of Fluency Disorders		
Demonstrate detailed knowledge of the following: a. Major standard and nonstandard assessment procedures for screening and diagnostic purposes, including their advantages and disadvantages,	IV-B, D, G	
b. Associated signs and symptoms that contribute to differential diagnosis,c. Prognostic factors and implications related to specific diagnostic categories,		

d. Indications and procedures for referral to other professionals, e. Accepted formats for documenting and reporting assessment results	
e Accepted formats for documenting and reporting assessment results	
Score and interpret results of assessment measures for a client who stutters; procedures will include but not be limited to:	
 a. Calculating the frequency of disfluency, duration of disfluency, and speaking rate and assessing interjudge and intrajudge reliability of these measures b. Identifying secondary features, avoidance patterns, attitudes that cannot be readily observed c. Identifying and measuring, where feasible, environmental variables (i.e. aspects such as time pressure, emotional reactions, interruptions, nonverbal behavior, demand speech or speech of significant others) d. Identifying disfluencies by type and describing qualitatively the fluency of a person's speech 	
Demonstrate detailed knowledge of principles and methods of evidence based intervention for people with fluency	
disorders (with an emphasis on developmental stuttering), and ways to adapt procedures to meet individual needs (including considerations of anatomical/physiological, psychological, developmental, linguistic and cultural correlates of the disorder that may include but not be limited to: a. Current models of intervention for children, adolescents, and adults; b. Specific individual and group treatment approaches and special treatment procedures (e.g., procedures for addressing behaviors and environments that affect communication); c. Approaches to prevention for individuals at risk for developing stuttering; d. Counseling persons who stutter and their significant others, and facilitating generalization and maintenance; e. Current efficacy/effectiveness research findings related to the treatment of stuttering, and accepted methods for documenting treatment results.	
SLP 6800 – Aural (Re) Habilitation	
Demonstrate an appreciation of appropriate collaboration, referral, documentation, and other administrative duties necessary to successfully provide appropriate aural (re)habilitation as part of an interdisciplinary team.	
Exhibit skill in hearing screening and aural (re)habilitation screening and evaluation procedures (including behavioral IV-B-H;	
observation, non-standardized and standardized tests, and instrumental procedures) and ways to adapt procedures to V-A-B	
meet individual needs.	
Exhibit skill in selecting or developing and using appropriate materials for prevention, intervention, and ongoing IV-B-H;	
assessment of aural (re)habilitation specific to each patient with measurable and achievable goals that are reflective of V-A-B	
cultural influences on communication choice, assessment, and intervention.	