

# **CLASS for ALL**

## **Culturally and Linguistically Appropriate Speech-language Services for All Language Learners**

### **CFDA 84.325K Combined Personnel Preparation: Part C. Related Services**

#### **PART III. PROJECT NARRATIVE**

**The purpose of the project** is to increase the number of highly-qualified bilingual speech language pathologists to deliver quality services to students from culturally and linguistically diverse backgrounds with speech and language impairments. As such, the emphasis of this program will be on developing requisite competencies in the areas of appropriate identification and intervention. It is the goal of the project to recruit, mentor, train and graduate 16 bilingual speech language pathologists who are highly qualified to assess and intervene with children from any linguistic background who exhibit speech and language impairments. These graduates will be eligible to apply for the American Speech Language Hearing Association (ASHA's) Certificate of Clinical Competence (CCC) after graduation, passing of the national PRAXIS examination and completion of the nine-month clinical fellowship year. Thus, graduates of the program will qualify for the certification level recognized nationally and meet the requirements for licensure in the state of New Mexico. Because participants will have a public school service obligation at the end of their training, this will assist in alleviating the severe shortages of bilingual speech-language pathologists in school districts.

#### **A. NEED FOR PROJECT**

**Personnel Needs and Shortages of Speech Language Pathologists.** In most areas of the United States, public schools face a significant shortage of speech language pathologists. In a survey of

school-based speech language pathologists, 62% indicated a shortage of qualified Speech-language pathologists in their schools (American Speech Language Hearing Association, 2006). Nationwide, the U.S. Department of Labor estimates that there will be a need for an 11% increase in the number of qualified speech-language pathologists from 2006-2016 (U.S. Department of Labor, 2008.) From 1993 to 2002, the number of school-age children served for speech and language disorders increased by 11% (U.S. Department of Education, 2006). Not all of the students served with speech-language impairments received services from a “fully certified” practitioner: in fall 2001, 36,584 “fully certified” and 1,456 “not fully certified” personnel provided the services (U.S. Department of Education, 2006). In ASHA’s 2006 School Survey, 62% of respondents indicated there was a shortage in their school district, with the greatest shortages reported in the western U.S.: Pacific (90%) and Mountain (86%). The shortages of speech language pathologists in the schools is complicated by the opportunities that clinicians have to pursue careers in settings outside of the public schools; only 55% of all ASHA certified speech language pathologists work in school-based settings (American Speech Language Hearing Association, 2006).

**State and Local Need for Speech Language Pathologists.** Speech language pathology shortages are critical in New Mexico schools, which present both unique problems and opportunities for preparing pre-service candidates. Estimates of the need for speech-language pathologists in New Mexico are an increase of 15% from 2004-2014 (U.S. Department of Labor, 2006). As the state’s population increases, it is likely that the discrepancy between qualified speech pathologists and positions in the schools will continue to grow. In letters of support for **CLASS for ALL**, representatives from eight school districts around the state indicated 17 vacancies for speech-language pathologists at mid-year during 2007-2008 (Appendix I). Supply

and demand statistics for New Mexico indicate that the State's colleges are graduating significantly fewer speech language pathologists than those needed to meet school district demands, even assuming all of these graduates go to work in public schools, which is not the case.

**Need for bilingual/bicultural practitioners in schools.** Throughout the United States, the population is increasingly diverse, with greater numbers of residents whose first language is not English. In 2005, there was an estimated 22,400,000 Spanish speakers residing in the United States (U.S. Bureau of Census, 2007). New Mexico ranked second among states where more than a quarter of the population spoke a language other than English at home, with 37% of households (U. S. Bureau of Census, 2007). In the 2003-04 school year, English language learner (ELL) services were provided to 3.8 million students (11 percent of all students). Neighboring states of California and Texas had the largest reported number of students receiving ELL services. In California, there were 1.6 million students (26 percent of all students) who received ELL services; and in Texas, there were 0.7 million students (16 percent of all students) who received ELL services. Actual numbers of students are smaller in New Mexico due to the smaller size of the state's population, but the percentage of students who are non-native speakers of English is high: New Mexico has the highest percentage of Hispanics in the U.S. (National Center for Education Statistics, 2006) New Mexico also has a large and increasing number of students who speak a language other than English at home: in 1990, 35.5 % of school children; in 2000, 36.5% of school children (U.S. Bureau of Census, 2007). Thus, in the Southwest, there is an increasing need for all educators to have a solid preparation in the areas of second language/ second dialect acquisition and the relationship of language to school success to meet the needs of these culturally and linguistically diverse students. The need for qualified bilingual

speech-language pathologists in the U.S. is critical and expected to increase along with the increase in the school-age population of children who are non-native speakers of English. Few speech-language pathologists are proficient in more than one language or have specialized training to prepare them to assess children for language difference versus a language learning disorder. In letters of support for **CLASS for ALL**, representatives from eight school districts around the state indicated at least 28 positions, or in some cases, up to 100%, of the positions for speech-language pathologist positions should be filled by practitioners who are bilingual and/or knowledgeable about multilingual assessment (Appendix I). In New Mexico, there are 837,000 people of Hispanic descent (U.S. Bureau of Census, 2007), many of whom are non-native speakers of English. The Hispanic population, which constitutes 45% of the nation's population growth, is also one of the nation's poorest, with 30% at or below the poverty level. The Native American population is also rapidly increasing with a 12% increase from 1990 to 1999, compared to a 3% increase in the nation's Anglo population. It is also not uncommon for English to not be the first language in many Native American families. Native Americans are also among the nations poorest, with 31% at or below the poverty level (National Center for Education Statistics, 2006). In New Mexico, 29.5% of children from families of poverty, compared to the national average of 17.6% (The State Center for Health Statistics, 2006) New Mexico ranks 47<sup>th</sup> among states for children under 18 living in poverty (The State Center for Health Statistics, 2006).

Nation-wide, special needs students have a high probability of living in poverty and as a group are more culturally diverse. Poor children are eight times as likely as their non-poor peers to not complete school; children who are culturally diverse are more likely to be identified as having a disability (National Center for Education Statistics, 2006). Additionally, since proficiency in

English is so closely tied to career success in the United States, children who come from homes where English is not spoken have a greater probability of living in poverty. This is critical because children from poverty are at greater risk for academic failure and the need for subsequent special education services since poverty directly impacts children's development and their educational success. Linguistic development is greatly impacted by factors related to poverty, including as nutrition, as well as parental modeling and interactions. Delays in linguistic development alone have a direct impact on the child's academic success, however, there is also evidence to suggest that students with speech and language disorders often present unique and complex problems due to the co-existence of disabilities such as learning disabilities, emotional disturbances, and Attention-Deficit/Hyperactivity Disorder (ADHD). Qualified practitioners are in short supply to meet the needs of students with speech/language disabilities from all socio-economic and linguistic backgrounds, however, the importance of well-prepared professionals becomes even more crucial when working with children who have multiple risk factors. ASHA specifies specific knowledge and skill competencies for working with children from culturally and linguistically diverse backgrounds (American Speech Language Hearing Association, 2004, see list Appendix XI.)

**CLASS for ALL** addresses these concerns and provides rich opportunities to learn about diversity through special courses for the bilingual cohort and field experiences in culturally and linguistically diverse schools. New Mexico State University is located in Las Cruces, NM, where children of Hispanic origin are the majority in the school population. A significant number of these students are from families where English is not the primary language of the home.

**CLASS for ALL Addresses Specific Gaps and Weaknesses by Preparing Bilingual Speech Language Pathologists with Interdisciplinary Knowledge and Collaboration Skills.**

**CLASS for ALL** addresses the previously discussed needs by preparing 16 speech-language pathologists with expertise in bilingual assessment and intervention over the course of four years. While there is general shortage of speech language pathologists in public schools, the need becomes even more significant and critical for highly-qualified speech language pathologists who are bilingual. While there is not current information about how many speech-language pathologists speak more than one language, it appears to be a limited number. In 1999, Petrosino, Lieberman, McNeil & Shinn reported that it appeared that only 915 out of 10,750 graduate students in communication disorders spoke a language other than English. Although there are no specific data that separates the need for bilingual speech-language pathologists from monolingual speech-language pathologists, logic indicates that the increase in school children who are not native speakers of English would require an increase in speech-language pathologists who could assess and intervene in languages other than English. In the letters of support for **CLASS for ALL**, representatives from eight New Mexico School Districts estimated that between 11% and 100% of positions in their districts needed to be filled by a bilingual speech-language pathologist or one who is able to assess and intervene in languages other than English (Appendix I). **Individuals with Disabilities Education Improvement Act of 2004** (IDEA) and best practices in speech pathology require that children who are referred for special education services, including speech-language services be assessed in their native languages. Furthermore, IDEA prohibits labeling of any child as language disordered if the only reason for such a label is lack of English proficiency (Individual with Disabilities Education Act, 2004). At a minimum, children who are not native speakers of English need to be assessed in their native languages. However, knowledge of the language is a necessary, but not sufficient condition, to guarantee that the speech-language pathologist is qualified to assess a bilingual

child for possible speech/language disorders; it is also necessary that the speech language pathologist has sufficient knowledge of the second language acquisition theory and practice. If the first language is not supported, language loss is likely and is not necessarily indicative of an underlying language disorder, thus low test scores and poor performance in the first language should not always be interpreted to mean the child has a language disorder. **Bilingual speech language pathologists** need to be educated in **collecting and integrating information** from a variety of sources about the child's linguistic and educational experiences into results from test scores and language sample analyses before making a diagnosis (American Speech Language Hearing Association, 2004). In addition, bilingual speech language pathologists need training in **integrating diagnostic intervention** as a component of **Response to Intervention (RTI) plans** as a means of reducing the impact of prior experience on the assessment process. In other words, if there is documented evidence that a child has had the benefit of a well-designed and delivered classroom-based intervention plan, then continued poor classroom performance and poor performance during a speech language assessments could be interpreted differently than if there were no evidence that the child has received adequate exposure to concepts during classroom instruction. A highly qualified speech language pathologists should be able to assist the classroom teacher is **designing and implementing a high-quality RtI plan**. Finally, once the assessment is complete, speech-language pathologists need to be prepared in knowledge, skills and disposition to support continued learning in the first language as the child also acquires skills in English. A highly-qualified bilingual speech language pathologist may provide intervention in two languages and will have the **knowledge, skills and disposition to work with family members and interpreters** if the child speaks a language other than the two spoken by the clinician.

In order to develop the knowledge, skills and disposition necessary to perform in a highly-qualified manner for children from all linguistic backgrounds, special coursework will be required of the **CLASS for ALL** participants. New Mexico State University is one of the few universities that has the capacity to train bilingual speech-language pathologists: 1) there is support in the public schools for bilingual education and many students who attend New Mexico State University are themselves graduates of this bilingual education; 2) there is support in the College of Education for bilingual education and within the department for bilingual special education; 3) there are sufficient clients who are not native speakers of English in the area for students to receive quality supervised practica experiences with non-native speakers of English; and 4) a significant number of students who apply to the communication disorders program at New Mexico State University are bilingual and bicultural. However, developing expertise in this area entails more than simply speaking more than one language: students in the bilingual program will take additional coursework. The additional coursework will ensure that the graduates are not only highly-qualified speech language pathologists who are bilingual, but that they also **posses the knowledge, skills and disposition** to effectively assess and intervene when working with children from culturally and linguistically diverse backgrounds. In order to do this, they must be **familiar with the issues affecting second language acquisition** and to develop the skills to integrate that knowledge in making determinations of eligibility under IDEA for a speech language disorder. All cohort members will be required to take two classes in addition to the regular program for speech-language pathology training. The content of one course (CD 531) will be on **second language acquisition theory with a section on working with interpreters**. The section on interpreters is included for two reasons: 1) Most bilingual clinicians are required to function as interpreters at one time or another, so it is helpful for them to know the parameters

of the roles and, 2) as clinicians knowledgeable about second language acquisition, it is likely they will be asked to assess the language skills of a child whose first language is not one of the clinician's languages and thus will be responsible for training interpreters in order to assess children in other languages. The second class (CD 524) will focus on **assessment and intervention for children who are not native speakers of English** who present with speech/language deficits. It will address how to collect and integrate information from a variety of sources in making an eligibility determination and will address intervention planning for classroom as well as direct service provision. **Collaboration with families, general educators as well as teachers of English as a Second Language and special educators will be addressed in this course.** Fluent speakers of Spanish will be encouraged to take one additional course: a class in Spanish phonology that has a comparative emphasis with English phonology. Speakers of other languages will be encouraged to complete an independent study or research project focusing on increasing their knowledge of the phonology of the non-English language.

**Impact of Project CLASS for ALL on Critical Present and Projected Speech Language Pathologist Shortages.** To address the critical shortages and projected needs of highly qualified speech-language pathologists, 16 graduates will earn an MA in communication disorders as well as meet requirements for American Speech Language Hearing Association (ASHA) certification. These credentials will also qualify them to be licensed speech-language pathologists in the state of New Mexico. Because the standards and competencies set by ASHA are accepted in almost all of the 50 states, **CLASS for ALL** graduates will be qualified to work in public schools in most of the states in the U.S. with no or little additional coursework. In addition, as indicated earlier, each **CLASS for ALL** graduate will have additional knowledge and skills in the area of bilingual assessment and intervention, as indicated by best practices for bilingual service

providers. **CLASS for ALL** graduates will be prepared from a multi-disciplinary perspective and possess advanced skills in assessment, instruction, and collaboration skills to effectively work with parents and general education teachers. Additionally, each student funded under this program will have a service obligation to work in public schools for two years for every one year of funding. Since the Program is two years long, this will result in 16 students who will work in a public school four years.

**Project Goals.** **CLASS for ALL** will achieve the following goals to provide a high quality professional preparation of bilingual speech-language pathologists with a masters' degree, who have met the competencies required by ASHA for the Certificate of Clinical Competence in speech-language pathology and those required by the state of New Mexico for state licensure in speech-language pathology.

**Goal 1.** Prepare bilingual speech-language pathologists with **interdisciplinary and collaborative** knowledge and skills based on research-based practices to effectively assess differentially diagnose speech/language differences versus disorders in children from culturally and linguistically diverse backgrounds.

**Objective 1.1:** To implement a recruitment plan for identifying, selecting, and awarding scholarships to highly- qualified candidates with an emphasis on recruiting, admitting, retaining, and graduating high-quality bilingual candidates. Candidates with strong bilingual skills will be recruited; and while not a direct focus, it is more than likely that many of these candidates will also be persons from underrepresented groups.

**Objective 1.2:** To advise/mentor candidates in developing and completing an M.A. program that includes preparation for meeting the knowledge and skills competencies for ASHA's Certificate of Clinical Competence and New Mexico state licensure in speech-language pathology while

ensuring they are prepared to provide services to children from culturally and linguistically diverse backgrounds.

**Objective 1.3:** To provide course work and **research-based instruction** in the core areas of speech language pathology, second language acquisition, language and literacy, diversity, and interdisciplinary collaboration.

**Objective 1.4:** To provide **high-quality practicum experiences** that integrate coursework with implementation in the onsite university clinic, public school and other settings for students to develop mastery in the **performance-based competencies** in the core areas of study.

**Goal 2** Prepare candidates for ASHA’s Certificate of Clinical Competence and assist graduates in obtaining **employment in New Mexico schools that need practioners to serve culturally and linguistically diverse students with speech-language impairments.**

**Objective 2.1** During advising meetings, provide students with information about taking the Praxis examination, applying to ASHA for the clinical fellowship year, and applying for the Certificate of Clinical Competence

**Objective 2.2** To assist graduates in obtaining speech language pathology positions in **New Mexico schools** where there are a high percentage of students from **culturally and linguistically diverse background.**

**Goal 3. Manage, evaluate, and disseminate** the activities and pre-service model used in **CLASS for ALL**, to identify any problems and solutions and to share the results nationally to assist other programs.

**Objective 3.1** Conduct evaluations by obtaining feedback from students, graduates, employers, faculty and the Advisory Board to plan improvement and **evaluate project impact.**

**Objective 3.2 Manage and administer** the project with cooperating partners, **implement** the

program, **monitor** the budget, **evaluate** project activities, and prepare data and reports **on time and within budget**.

## **B. QUALITY OF PROJECT SERVICES**

**Project Assures Equal Access and Treatment of All Project Participants.** New Mexico State University's policies and procedures for employment adhere to federal policies regarding the recruitment, employment and advancement of qualified individuals with disabilities and those from underrepresented groups. New Mexico State University does not discriminate on the basis of race, color, national origin, sex, age, disability, or sexual orientation in admission, access to, treatment, or employment in its programs and activities. **CLASS for ALL** will actively recruit and provide equal access and treatment to all persons including racial or ethnic minorities, women, persons with disabilities, and the elderly. The project director (Dr. Rhein) is female and the coordinator (Mrs. Trujillo) is a Latino woman; both are bilingual Spanish speakers since childhood. New Mexico State University is the largest Hispanic-Serving Institution in the country and attracts a large number of students who are first-generation college students, many of whom are bilingual. Candidates from diverse backgrounds will be encouraged to apply, however the highest priority will be given to high-quality candidates who are bilingual. Since bilingualism is a skill that is in high demand in speech-language pathology and **since this project targets producing bilingual clinicians**, the highest priority will be given to highly-qualified candidates who are fluent in at least two languages. Given the location of New Mexico State University and its designation as a Hispanic-serving Institution, it is likely that many applicants will be bilingual in English and Spanish. However, applicants who are fluent other languages, especially Native American languages and/or American Sign Language will be actively recruited and encouraged to apply. Many applicants who are bilingual are also members

of groups who have traditionally been under-represented in speech language pathology. Thus, although admission to **CLASS for ALL** will be targeted toward students who are both highly qualified and have special skills (bilingualism) rather than ethnicity, the likelihood is better than average that a significant number of the bilingual individuals accepted into the project will also be members of groups that have traditionally been under-represented.

Students with disabilities will be encouraged to apply and accommodations will be explored to assist them in completing the program. The Communication Disorders program has a **strong history of recognizing individual student needs** and modifying the pace of the program of study to **accommodate student's diverse needs**. For example, one variation of the traditional program of study is allowing part-time study across a three-year time span, another is a leveling program that permits students with bachelor's degrees in other areas to take the pre-requisite undergraduate coursework in a year and then enter the graduate program. Another option has been working with students who are **non-native speakers of English** to increase their English proficiency throughout the course of study. When students with disabilities apply, their needs are evaluated on an individual basis, as are all students, and accommodations are implemented for them that do not decrease the rigor of the program. Since all students in the program receive considerable individual attention and support by faculty members and since there is a history of developing accommodations for student needs of all kinds, accommodating students with disabilities fits within current practices for all students. It is the **philosophy and disposition of the faculty** that students who are willing to work hard to acquire the knowledge and skills necessary to become speech-language pathologists, will **receive the scaffolding and support** necessary to do so. Students are all held to the **same standards for completion**, but accommodations are made to help them achieve these standards. In the last three years,

**successful graduates** of the program have included **two students with significant learning disabilities**, including one with dyslexia. Current students in the graduate program include one with an emotional disability and one with a diagnosis of attention-deficit hyperactivity disorder (ADHD).

**Project Design and Philosophy Reflect State of the Art Knowledge From Research and Effective Practice.** **CLASS for ALL** is based on research-based and effective practices in speech-language pathology. To successfully assess and educate students with speech-language disorders and language learning disabilities, participants must receive instruction integrated with opportunities for practice and feedback. For professionals to successfully educate students with speech-language and other disorders from culturally and linguistically diverse backgrounds, they must participate in university-school partnerships that provide opportunities for them to practice, reflect, and discuss interventions using research-based practices from the various disciplines and practice multi-disciplinary collaboration (Bos & Vaughn, 2002). **CLASS for ALL** meets these criteria with systematic, individualized practica that are aligned with coursework.

For this project, recruitment priorities are: a) highly qualified graduates of undergraduate communication disorder programs who are bilingual and b) highly qualified graduates of undergraduate communication disorders programs who have marginal skills in another language but who express a strong interest in becoming more proficient in a second language (this priority will only be used if it is not possible to obtain eight bilingual participants for each cohort). The preparation program has been uniquely designed to include: a) courses in speech language pathology and second language acquisition, diversity, language and literacy; b) supervised experiences in field-based experiences in New Mexico State University's Speech and Hearing Center, inclusive and resource settings at schools with culturally diverse students, and other

sites, including two early childhood programs c) multi- disciplinary and collaborative experiences with general educators, special educators and related service personnel at the practicum sites. **CLASS for ALL** participants will be evaluated in both coursework and practicum experiences using both formative and summative assessments. Prior to graduation, **CLASS for ALL** participants must **demonstrate competencies in 10 areas** as required by ASHA (Chart 2). Project participants will be expected to acquire and demonstrate the knowledge, beliefs, and skills that support cultural and linguistic diversity and that assure that students' cultural and linguistic background will be addressed when assessing for speech/language disorders and when providing intervention for children who have speech/language disorders.

**CLASS for ALL** is also based on the following best practices in pre-service preparation:

- integration of content courses with direct experiences,
- use of student-directed work based on dilemmas encountered in clinical practice,
- use of teaching and learning strategies that promote communities of learners,
- use of school-based and other field-experience sites,
- use of mentoring and professional development models,
- use of direct observation with feedback as a means of evaluating and teaching, and
- use of reflection and dialogue journals, action and single-subject design research.

**Competencies Obtained by the Graduates and Duration of Programs of Study.** **CLASS for ALL** participants must acquire a number of knowledge and skill based competencies that reflect best educational practices for CLD students with communication disorders. The core competencies for **CLASS for ALL** are based on the requirements established by the American Speech-Language Hearing Association (ASHA standards in Appendix VIII), which is in alignment with the standards for the state Department of Education of New Mexico. These

competencies will be reviewed regularly and additional competencies developed, particularly in the areas of staff development/supervision, multi-disciplinary collaboration, and diversity.

During the project, courses and field experiences will be regularly reviewed to assure that students have the opportunity to meet all competencies. In every course and during the first year of the practica experiences, students receive individualized feedback on the extent to which they have mastered the core knowledge and skills required of that experience. Each professor develops a **Functional Knowledge and Skills Level (FK/SL)** summary sheet known as the **Profile of Learning Outcome (PoLO)** for each student based on the ASHA competencies in that course. (See Appendix II for course syllabi and sample PoLO forms.) To evaluate student attainment of competencies during internal practica, the supervisor and student chart progress on requisite skills. As the student successfully completes his/her courses, advisors monitor and note competencies met. Individual advising, group advising, and mentoring are provided by faculty at least one time each semester and more as needed.

**Program description.** The Communication Disorder program has been a part of New Mexico State University for over 44 years, during which time the **Speech and Hearing Center** has been an integral part of the program. The Master's degree program in Communication Disorders is **accredited by the Council on Academic Accreditation in Audiology & Speech-Language Pathology (CAA)** of the American Speech-Language-Hearing Association (ASHA). The CAA is the only accrediting agency for audiology and speech-language pathology education programs recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. Graduates of the Master's degree program obtain the required knowledge and skills through academic coursework as well as the **400 supervised clinical clock hours** that are necessary for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

In addition, graduates complete requirements that are necessary for professional licensure in the state of New Mexico (as well as other states). Faculty provides mentoring in a wide variety of areas in the discipline and all faculty also serve as clinical supervisors. The **traditional program** consists of **52 credits** and encompasses two years and one summer of full-time study. During the course of the program, students also obtain **400 clock hours** of direct client contact with clients who demonstrate a variety of communication disorders. These clock hours must meet the following ASHA requirements: 1) supervision amount must be differentiated per student level of competence; 2) minimum direct supervision of therapy is 25%, evaluations 50%; 3) supervisors must have held the CCC in good standing for 3 years. Many students do not complete the 400 hours during the traditional program and opt to attend an additional summer to complete the clock hour requirement. The following is the sequence of courses in the traditional program:

<u>FALL</u>		<u>SPRING</u>	
<b>Block 1 (First Year)</b>	<b>Credits</b>	<b>Block 2 (First Year)</b>	<b>Credits</b>
CD 505 Research Methods	3	CD 530 School Age Language & Disorders	3
CD 523 Assessment in CD	3	CD 542 Articulation & Phonological Disorders	3
CD 525 Pediatric Language & Disorders	3	CD 585 Motor Speech Disorders	3
CD 535 Aphasia	3	CD 589 Clinical Practicum	3
CD 589 Clinical Practicum	3		
	<b>15</b>		<b>12</b>

<u>SUMMER</u>			
<b>Block 3</b>			
CD 589 Clinical Practicum Level III/IV			
Level III-NMSU Speech and Hearing Center			
Level IV-Off-Campus			
<b>6 Credits</b>			
<u>FALL</u>		<u>SPRING</u>	
<b>Block 4 (Second Year)</b>	<b>Credits</b>	<b>Block 5 (Second Year)</b>	<b>Credits</b>
CD 521 Professionalism in CD	3	CD 547 Cognitive/Linguistic	
CD 545 DD/AAC Disorders	3	Comm Disorders	3
CD 586 Voice Disorders/H & N		CD 583 Dysphagia	3
Anomalies	3	CD 584 Fluency Disorders	3
CD 589 Clinical Practicum	1	CD 589 Clinical Practicum	1
	<b>10</b>		<b>10</b>

Chart 1. Sequence of courses in the traditional program

**Scope of Practica Experiences.** The field experiences have been designed to be taken concurrently with methods courses, thereby facilitating the application of knowledge and skills to practice. **CLASS for ALL** faculty will provide the supervision and guidance during the first year of practica in the Speech and Hearing Center. During the second year, the students are placed in externships in schools, hospitals and early intervention settings. The majority of supervisors at these externships are former graduates of the program. The clinical coordinator maintains close communication with the supervisors at these externships and monitors student

progress in obtaining requisite competencies. Students demonstrate competencies in the use of therapeutic materials, prescriptive interventions and evaluations during all their practica.

**Communication Disorders Program Competencies** Graduates of the Speech-Language Pathology graduate program develop four areas of scholarship (discovery, teaching-learning, application, and leadership) and demonstrate **10 usable knowledge and skills competencies** related to ASHA Standards through specific CD courses. (Appendix VIII). The following chart (Chart 2) demonstrates the ASHA standards, the requisite competencies and the courses that address them:

STANDARDS	COMPETENCIES	COURSES
III-E IV-G.3d	<b>1. Professional Ethics/Standards</b> – the highest standards of integrity and ethical principles in the responsible discharge of obligations in the profession of Speech-Language Pathology (i.e., ethical behavior as outlined in ASHA’s Code of Ethics and meeting the 2005 Standards for the Certificate of Clinical Competence in Speech-Language Pathology).	All courses Focus: CD 521
IV-B.1, B.2 IV G.3a, 3b, 3c	<b>2. Oral and Written Expression</b> – verbal and nonverbal, oral and literate symbol systems for observing/gesturing, listening/speaking, reading/writing, and thinking constructively, solving problems, and making decisions. Competence involves using the obligatory communication forms in formal and informal, personal and professional contexts.	All courses Focus: CD 589
III-A III-B	<b>3. Typical and Atypical Development</b> – the biological, physiological, psychological, and social aspects of human development and pathology	CD 523, 525, 530,

III-C.1-9	across the age span.	535, 542, 545, 547, 583, 584, 585, 586, 589
IV-F	<p><b>4. Cultural Pluralism</b> – ethnic, age, sex, gender, disability, socioeconomic, and community diversity of ideas, beliefs, behavior, and communication</p>	All
IV-G.3a		courses
III-D	<p><b>5. Service Delivery</b> – reliably and efficiently identifying and managing individuals (and their primary care givers) who have disorders of <i>speech</i></p>	Focus: CD
IV-C		521, 589
IV-D	(articulation/phonology, neuromotor production, voice, resonance,	CD 521,
IV-E	fluency), cognitive [metaskills, executive functions, attention, memory,	523,
IV-F	discrimination, etc.], linguistic [semantics, syntax, morphology], and	525, 540,
IV G.1a-g,	social [pragmatics] dimensions of <i>language</i> (comprehension/production,	535,
2a-g, 3a-d	oral/literate, verbal/nonverbal) single word, sentence, discourse	542, 545,
	[conversation, narration, exposition] levels, <i>hearing</i>	547,
	(sensitivity/perception), and <i>swallowing</i> .	583, 584,
	5.1 Prevention – planning and implementing effective and	585,
	efficient programs aimed at primary, secondary, and tertiary	586, 589
	phases of prevention of disorders of speech, language,	
	hearing, and swallowing.	
	5.2 Evaluation – screening/diagnostic, formal/informal,	
	modular/synergistic, emic/etic paradigms.	

<p>IV-G.1b, 1g IV-G.2a, 2b, 2g IV-G.3a, 3b,3c</p>	<p>5.3 <b>Intervention</b> – habilitation and rehabilitation programs that meet diverse communication needs through changing or augmenting existing patterns, or providing alternative ways to negotiate meaning.</p> <p><b>6. Teamwork</b> – providing professional services collaboratively as a member of a school, clinical, or medical cross-disciplinary team; providing in-service programming for colleagues and other professionals.</p>	<p>All courses</p>
<p>III-F III-G III-G IVG.1c, 2c, 2e</p>	<p><b>7. Technology</b> – evaluating, selecting, and using electronic equipment and peripherals including audio- and video recorders, computers (e.g., software programs, Internet), computer systems (e.g., Computerized Speech Lab, Visi-Pitch, Laryngograph, and Nasometer), AAC systems, audiometric instruments.</p>	<p>All courses</p>
<p>III-F III-G III-H IV-G.3d</p>	<p><b>8. Program Development, Administration, Supervision, Leadership, and Contemporary Issues</b> – systematically and cooperatively organizing, implementing, and evaluating service delivery programs for a variety of worksites in order to meet the needs of individuals of all ages with disorders of speech, language, hearing, and swallowing; differentially observing, critiquing, and evaluating activities of assigned professionals, paraprofessionals, volunteers, and pre-service trainees; being on the forefront of influencing and directing others toward productive management of contemporary issues.</p>	<p>CD 521, 589</p>

III-F	<p><b>9. Research &amp; Evidence Based Practice</b> – understanding, evaluating, conducting, and disseminating research, and applying the results of best practices to academic, clinical, supervisory, administrative, and leadership procedures.</p>	<p>All courses Focus: CD 505, 521</p>
III-G	<p><b>10. Certification, Specialty Recognition, Licensure, and other Credentialing</b> -understanding state, federal, and ASHA regulations and policies related to the practice of speech-language pathology, areas of specialization, and credentials for professional practice.</p>	<p>All courses Focus: CD 521, 589</p>

Chart 2. Knowledge and Skills Competencies in the traditional program

**Use of Methods, Materials, and Technology.** Within the courses and practica, a variety of methods, strategies, technology, and instructional media and materials are presented and modeled. These will be followed by opportunities for students to develop competencies and perfect these skills in their field experiences. Assessment methodologies focus on pre-referral evaluations, informal and formal assessment, diagnostic intervention, and on-going performance assessment. Participants will learn to employ flexible intervention strategies and adapt the techniques to a particular child's learning style and develop reasonable accommodations for general education classrooms. Emphasis will be placed on using research-based practices, adapting practices to the individual clients, and measuring and charting progress.

Practices will reflect the current literature in best practices for interventions for students with communication disorders, collaboration with general educators, and strategies for second language and culturally diverse learners. For example, since language is a critical factor in

developing literacy skills, research in early reading will be integrated into the CD 530 School-age Language Disorders Class so that graduates are prepared to integrate this knowledge into interventions for school-age populations with communication disorders. Throughout the courses and field activities emphasis will be placed on communication and collaboration among professionals and parents (Friend & Cook, 2000).

**CLASS for ALL addresses specific gaps and weaknesses by preparing speech-language pathologists with specialized knowledge for assessment and intervention with children who come from culturally and linguistically-diverse backgrounds.**

While the traditional program course work does provide an introduction to the issues of second language acquisition, this **introduction is insufficient** to prepare students to assess and intervene with children from culturally and linguistically diverse backgrounds. The program, in its traditional form, has too many areas to cover to provide sufficient depth for graduates to be proficient in the assessment and intervention of CLD students unless they specialize in that topic. Under current practice, students are introduced to the topic, and are expected to develop expertise in this area if they go to work in a school setting that requires this skill. However, there are various problems with this approach, the greatest being that the resources to **develop the guided, systematic knowledge base of second language issues** are not as accessible once students leave school and begin working. For too long the approach in the field has been that if clinician is well-trained, and is bilingual, she/he can function as a bilingual speech pathologist. This approach presumes that an ethical clinician will acquire the knowledge and skills necessary to be competent in that role. It is true that there are **workshops and courses that will assist** in developing the requisite knowledge and skills, however these **may be piecemeal** and lacking in an overarching structure. Thus, even a highly-principled clinician will find it challenging to

develop sufficient knowledge and skill base if she/he does not know what questions need to be asked. On the other hand, it is the university professor and experienced practitioner's role to pose the questions that need to be answered in a way that leads to a systematic and coherent knowledge and skill base. That is exactly the purpose of the two additional classes that have been added to the traditional program to create this bilingual specialization. As indicated earlier, the content of one course (**CD 531: Second Language Acquisition theory and practice for speech language pathologists**) will be on second language acquisition theory with a section on working with interpreters. This class will be offered in the summer following the first year of graduate school, while students are also taking six credits of clinical practicum. Because this is a new class, the budget provides for the funding of the teaching of the course so that it can be guaranteed that the course will be offered. The second class (**CD 524: Bilingual assessment and intervention design for English Language Learners**) will focus on assessment and intervention for children who are native speakers of English who also present with speech/language deficits. It will address how to collect and integrate information from a variety of sources in making an eligibility determination and will address intervention planning for classroom as well as direct service provision. It is the capstone course and will be offered during the second summer, following all the other coursework and practica. Thus, students in this program will graduate in August as opposed to May of their second year of graduate school. The following chart (Chart 3) demonstrates the ASHA competencies that will be addressed with greater depth in the additional classes provided:

STANDARDS	COMPETENCIES	COURSES
III-A, III-B, III-C.1-9	<b>3. Typical and Atypical Development</b>	CD 524 CD 531

IV-F, IV-G.3a	<b>4. Cultural Pluralism</b>	CS 524 CD531
III-D, IV-C, IV-D, IV-E, IV-F, IV G.1a-g, 2a-g, 3a-d	<b>5. Service Delivery</b>	CD 524 CD 531
IV-G.2a, 2b, 2g, IV-G.3a, 3b,3c	<b>6. Teamwork</b>	CD 524 CD 531
III-F, III-G, III-H, IV-G.3d	<b>8. Program Development, Administration, Supervision, Leadership, and Contemporary Issues</b>	CD524 CD 531
III-F	<b>9. Research &amp; Evidence Based Practice</b>	CD 524 CD 531

Chart 3. ASHA competencies for the additional courses in the bilingual program

The budget provides for funding for the instructor of the second class for the same reasons as the first summer class: in order to guarantee it will be offered so students can graduate. Some students may be finished after this second class in June of their second year. However, the budget provides for three additional credits during the second summer as well as stipend support as it is anticipated that a significant percentage of both cohorts will need the additional time to complete their clinical clock hours. Even in the traditional program, many students have to attend an additional summer to complete the clock hour requirement. The students in this program have greater demands placed on them during the course of their studies: 1) many will take an additional class in Spanish phonology during their second year of graduate school; 2) they will be taking a class during the first summer when they are also expected to be in clinic full-time; 3) after taking a language proficiency exam, some may be advised to improve their skills in the

non-English language by taking additional coursework. The traditional program is demanding and full-time: during the first year, students are in class all day on two days (T,TH) and in clinic all day on two days (M,W), with some Fridays reserved for evaluations. During the summer, the clinical practicum is full-time, five days a week. During the second year of the traditional program, students are in class all day for two days per week (T,TH) and in their practicum sites for three days per week on a full-time basis(M,W,and F). Most students find the course demands with the pace of clinical demands challenging, and that is without the additional coursework expected of the students in the bilingual program. Thus, student progress in the bilingual program will need to be monitored closely, with the possibility that the clinical load may be temporarily lightened in order to facilitate success in the courses. If that occurs, there is high likelihood that many of these students will need an additional month to complete the required 400 clock hours. For this reason, students have been funded through July of the second year, and tuition has been funded for up to six credits the final year. While the traditional program involved 52 credits, graduates of this program will have between 58 and 64 credits. The amount will depend on the student's ability to manage the coursework with the clinical demands and will **be determined on an individual basis**. The purpose is **to provide the support for the student to succeed**: if that entails having the students acquire the clinical hours more slowly, the program is flexible enough to accommodate that need.

Additionally, students will be required to spend **a portion of their practicum experience working with clients who are non-native speakers of English**. High-quality, experienced supervision will be provided by all the faculty in the program, but initial, internal supervision for the bilingual experiences will be provided by the **grant coordinator**, Ms. Trujillo, or by the **project director**, Dr.Rhein.

Graduates of the bilingual program are expected to **obtain and demonstrate additional competencies related to the specialization** (Appendix XI). The syllabi of these courses, once developed, will include these competencies:

**Competency 1. Students will demonstrate native or near-native proficiency in a language other than English as demonstrated by placement on a proficiency examination or attainment of a grade of “A” on an upper-level language course plus a supporting statement from the instructor of that course.** This competency meets the standard advocated by ASHA for best practices for clinicians who provide bilingual speech-language assessments and interventions.

**Competency 2. Students will demonstrate knowledge of the structures of the language in their other language by attainment of an “A” in an upper-level language course or completion of a developmental acquisition class in that language such as SPAN 340 An Introduction to Spanish linguistics, or completion of an independent study focusing on the structures of the other language.** Speech-language pathologists must evaluate children’s speech and language productions in minute detail and must have intimate knowledge of the language in order to do this. For example, when children who are native speakers of Spanish routinely substitute the phoneme /d/ for the voiced “th” when speaking in English, even some bilingual speech-language pathologists might think this is evidence of an articulation disorder if she /he did not know that the voiced “th” is an allophonic variation of /d/ in most Spanish dialects. Clinicians possessing this knowledge would interpret the child’s production of “den” instead of “then” as Spanish-influenced English, rather than a disorder.

**Competency 3. Students will demonstrate the knowledge of second language acquisition theories including issues of first language loss and how the affective variables affect second**

**language learning.** This core knowledge is essential when considering the language skills of any member of the bilingual population. This competency will be developed in CD 531 and will include ways to support continued development of the first language even if the child is placed in an English-only educational setting.

**Competency 4. Students will be able to articulate the relationship between culture and language, especially how the affective variables of acculturation can affect second language. They will be able to explain these relationships in language appropriate to other professionals, to families and to paraprofessionals.** This competency will be developed in CD 531, CD 524 and during practicum experiences in CD 589.

**Competency 5. Students will develop the knowledge and demonstrate the skills needed to effectively train, utilize and debrief an interpreter.** This competency will be developed in CD 531, 572 and during practicum experiences in CD 589.

**Competency 6. Students will demonstrate the ability to conduct and interpret an evaluation in a language they do not know: 1)they will be required to research relevant language characteristics; 2)devise a culturally appropriate procedures to obtain a representative language sample; 3) work with an interpreter to transcribe and translate the language sample; 4)summarize and interpret the results in light of the language characteristics, using the highest standard of cultural due diligence available at the time.**

This competency will be developed in CD 524, CD 531 and during practicum experiences in CD 589. This competency requires the synergy of all the training and coursework in the program and is the capstone skill. This competency is essential when making a determination of communication disorder versus communication difference and in ruling out the effect of inadequate exposure to English and the effects of language loss in making that determination. it

is also essential for assisting general education teachers in designing strong Tier 2 interventions to help the child succeed in the regular classroom.

**Competency 7. Students will demonstrate the ability to gather information from a variety of sources to ascertain a child's acculturation and amount of exposure to both the first language and English, integrate this information into the results of formal and informal assessments, interpret the results of all the information and make recommendations for placement and service delivery.**

This competency will be developed in CD 524 and during practicum experiences in CD 589. This competency requires the synergy of all the training and coursework in the program and is the capstone skill. This competency is essential when making a determination of communication disorder versus communication difference and in ruling out the effect of inadequate exposure to English and the effects of language loss in making that determination. It is also essential for assisting general education teachers in designing strong Tier 2 interventions to help the child succeed in the regular classroom.

**Successful Graduation and Employment of Previous Students and Plan for Reporting Data on Future Students. Current Graduation and placement rates.** Each year, between 13-16 students are admitted to a new cohort. Of these students, over 90% complete the program. In the last three years, each cohort has had at least one person who has left for financial reasons: the program is too demanding to allow students much opportunity to work and some simply can't continue without working. Of students completing the program and taking the national PRAXIS examination, approximately 95% pass the examination on the first attempt. This is higher than the national average for students in graduating from communication disorder programs, which is approximately 80% (American Speech Language Hearing Association, 2007). Of students who graduate, 100% obtain positions in the field of speech-language pathology. However, a limited

number of these students are bilingual and none have received coursework in the structure of their non-English language, training in working with interpreters, and second language acquisition and theory, including first language loss. Many receive no practica experiences in working with bilingual clients: due to insufficient bilingual supervisory time, this cannot be guaranteed without additional support. This funding would allow the creation of a bilingual training program and would allow the program to increase the number of bilingual speech-pathologists trained and to provide optimal training for the complex role they will occupy. This funding will also allow the program to accept more overall applicants into a cohort.

**Graduates will be asked to evaluate** their degree programs in terms of levels of preparedness and relevancy in the content areas of speech and language development, second language acquisition theory and practice, knowledge of the different communication disorders, school-community-parent relations, diagnostic competencies, and assessment and intervention competencies. (See Appendix VII for alumni evaluation instruments.)

### **Collaboration with Local and State Educational Agencies to Maximize Project**

**Effectiveness.** Faculty in the College of Education at New Mexico State University have a strong record of assistance to local public schools, providing assistance to teachers and developing collaborative relationships. Communication Disorder faculty at new Mexico State University have a strong history of maintaining and fostering ties with graduates of the program, many of whom are now leaders in the state of New Mexico in the area of Communication Disorders. In developing **CLASS for ALL**, the project director has communicated with representatives from schools districts across the state, as can be attested to by the letters of support (Appendix I.) This communication included the State Department of Education, as can be attested by the letter of support from the office of Native American Education from the State

Department of Education. The project director, Dr. Rhein is also a member of the internal advisory board for the NMSU Alliance for the Advancement of Teaching and Learning New Mexico. It was through information obtained from this Alliance that the need for more bilingual speech-pathologists in New Mexico schools came to the attention of the project director. From the beginning, information obtained from these school representatives played a significant role in determining gaps in current training and helped form the basis of the content for the additional courses.

**Collaboration with Parent, Disability Groups, and Advisory Board.** The Communication Disorders program at New Mexico State University has an advisory board to assist in advising, evaluating and reviewing its traditional program. This board will also serve as the advisory board for the bilingual program. Board members include representatives from the local school district, a past school board member, owners of speech-language agencies that provide early intervention services, a parent of a child with a disability, a professional with a disability, and a member of a local service organization that has donated large sums of money to the Center (Appendix IV.)

**Quality, Intensity and Duration of Professional Development Program Alleviates Personnel Shortages.** To address the severe shortage of bilingual speech-language pathologists in the New Mexico, **CLASS for ALL** will complete two phases. First, the grant, if funded, will provide support to develop a **new bilingual speech pathology program** not currently in effect at New Mexico State University. This new program contains **two additional classes**, and involves hiring an experienced bilingual supervisor who will also work as the project coordinator. Secondly, the grant will support efforts to prepare an increased number of bilingual speech-language pathologists with specialized training in assessment and intervention for children from culturally and linguistically diverse backgrounds.

**CLASS for ALL** will prepare **16 bilingual speech-language pathologists** to assume roles as fully certified bilingual practitioners in their school districts and to assume collaborative roles with general and special educators in their schools or districts. Graduates will be prepared for certification by the American Speech-Language Hearing Association as well as have specialized competencies in second language acquisition theory and issues of language loss. These competencies will prepare them to accurately assess and distinguish the cases of language loss from a language learning disability, which should assist in alleviating the disproportionate representation of English language learners in special education programs. It will provide the school districts with personnel who are trained to meet the mandates of IDEA to rule out lack of proficiency in English as a reason for placement in special education.

A cohort model will be utilized; the grant proposed to **fund two cohorts of 8 students** each during the next four years. The program takes a total of two years and two summers to complete. The program is **flexible** in that students with different levels of proficiency in their non-English language will be advised into a course based on the language and the student's ability. The program is also flexible in that students who need to acquire the clinical clock hours in a less intensive pace are afforded the opportunity to complete that requirement in July of their second year: funds have been allocated that would support that possibility. This is an intensive program and it is expected that students will not be able to work during the course of the program; in most cases students in the traditional program only work very limited amounts due to the intensity of this training. The bilingual program is even more demanding and some might question the time and intensity required for a Masters' level degree; this is what is necessary to produce high-quality bilingual speech language pathologists, anything less will result in less than competent bilingual practitioners.

### **C. QUALITY OF PROJECT PERSONNEL**

**Quality of Key Personnel.** The key personnel of **CLASS for ALL** are drawn from the Communication Disorder faculty. The Communication Disorders program at New Mexico State university is unique in that all the faculty have worked as clinicians for at least ten years prior to obtaining their doctorate and all faculty members supervise in the clinic. Because of this shared background and respect for the role of the clinician, the faculty shares a vision of requisite competencies for clinicians. As a result, the program is infused with the scholar-clinician model, that permeates all program components that affects every practicum experience supervised, every course taught and every student advised. The two faculty members who will be most involved in this project, Dr. Rhein and Ms. Trujillo, (director and coordinator) were selected for the project based on the expertise they bring to the project. Abridged vitae for all program faculty are in Appendix V.

**Deborah Rhein, Ph.D. CCC-SLP, Project Director**, will be the project director and will commit .75 FTE during the school year and .79 FTE during the summer. The .75 during the school year will be as part of her NMSU assignment and is in kind: no grant funds will support this contribution. The only grant funds that will support her will be during the summer: .65 to teach one class each summer and .12 for administrative responsibilities. During the summer, she has no other commitments. **Dr Rhein**, who is a bilingual speech-language pathologist, specializes in the areas of the assessment and intervention of language differences and disorders as they relate to literacy development and school success. She obtained her doctorate from the University of Arizona with a focus on bilingual special education and reading disabilities assessment and intervention. Prior to obtaining her doctorate, she operated a private practice for eight years in the Tucson ,AZ area. As part of the private practice, she provided consultative

services to three public school districts in the areas of bilingual language acquisition, language disorders and literacy. **Dr. Rhein** has a secondary interest and expertise in the assessment and intervention of fluency disorders (stuttering, cluttering). As part of her work at New Mexico State University, she teaches undergraduate courses in language acquisition, graduate-level courses in assessment of communication disorders, school-age language disorders and fluency disorders, as well as provides supervision to graduate students in the Speech and Hearing Center. **Dr. Rhein** serves following international/ national boards: ASHA's Division 14, Communication Sciences and Disorders in Culturally and Linguistically Diverse Populations steering committee; the International Cluttering Association research/academic committee. She has served as a paid consultant on the Arizona reading and writing standards for English Language Learners, for the revision of the *Woodcock-Munoz*, and as a reviewer for *Language, Speech and Hearing in the Schools*.

**Mrs. Toni Trujillo, M.A., CCC-SLP**, who will serve as **Project Coordinator**, will be working .6 FTE in a year-round position. Of that time, .4 FTE will be spent supervising the students with bilingual clients and maintaining contact with external supervisors for the students in the cohort. The remainder of the time, .2 FTE, she will serve as project coordinator and will be responsible for all aspects of the day-to-day operations of the grant, as well as writing the projects' reports.

**Mrs. Trujillo**, a Hispanic woman, has 20 years experience in New Mexico schools: first as a bilingual general and special educator and then as a bilingual speech-language pathologist. She has worked on the reservation in northern New Mexico and more recently has been a bilingual speech-language pathologist in Las Cruces. She has in-depth experience with assessing and intervening for children who spoke a language she did not (on the reservation in Northern New Mexico) and as well as working with bilingual children with familiar language backgrounds. She

is currently working on her doctorate in Bilingual Special Education with an Emphasis in Language at New Mexico State University. She has completed all coursework and is ABD (All But Dissertation.) **Mrs. Trujillo** has provided workshops and staff development throughout the southwest and has additional expertise in the areas of the communication needs of the Deaf/Blind. She has always been active in the state organization, the New Mexico Speech-language Hearing Association (NMSHA) and is currently the **president of NMSHA**.

The **work-study student** will provide clerical support to all aspects of the project. The allocation was increased in the fourth year as it is anticipated there will be additional programmatic requirements as the project nears completion. There is a strong history of supporting special needs in the program: within the Communication Disorders faculty, two members have a disability of Other-Health Impaired, and within the department of Special Education/Communication Disorders, in the Special Education program there is another faculty member with a disability. Two of these three faculty members are associate professors, and one is a program director. Thus, this department has a history of hiring and advancing people with disabilities.

#### **D. QUALITY OF THE MANAGEMENT PLAN**

**Adequacy of Management Plan To Achieve Objectives.** The management plan serves as a blueprint for operating the project and allows the project faculty and staff to evaluate the effectiveness of the project and actualize the project goals of preparing highly skilled bilingual speech language pathologists to serve students with communication disorders, particularly those who are culturally and linguistically diverse. The budget plan, timelines and milestones for accomplishing project tasks are adequate to achieve the objectives of **CLASS for ALL**. These resources will afford the students opportunities to develop competencies in current bilingual

assessment and instructional methodologies and technologies. **Space resources** including office space for the faculty, materials library, therapy rooms, laboratory space, student workroom, and classrooms will be contributed by New Mexico State University. **Personnel resources** will be distributed based on the expertise of the various faculty and staff to ensure smooth management of the project. Chart 4 presents a personnel loading chart with the personnel allocation of days for each.

Activity	Project Director	Project Coordinator	External Evaluator	Other Faculty	Work-study
Project Management	2	22	0	0	42
Recruit/interview students	2*	0	0	2*	5
Pract. coordination/supervision	0	84	0	0	5
Evaluation	1	6	5**	0	20
CD 524 & CD 531 Preparation & implementation	15	0	0	0	0
Report preparation	1	4	0	0	10
Advisory board	1	1	0	0	5
Grant advising meetings	1	1	0	0	5
Additional student contact	8*	8	0	4*	0
Total	31 + teaching load (21 days supported	126	5** **first cohort only, pro bono	6* + teaching load	82 Years 1-3 Year 4- Increases to 108

	by project)		after		days
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Chart 4. Personnel time in days.

(\* These activities are performed by all full-time faculty as part of their normal duties. All contributions on \* items will be “in kind” and not supported by project funds.)

**Ensuring Feedback, Continuous Improvement and Project Evaluation.** The **Project Director** and **Project Coordinator** will be responsible for all grant activities including grant management. The **Project Director** will focus her teaching efforts on content and competencies related to teaching CLD students with disabilities and **Project Coordinator** will focus her teaching efforts on content and competencies related to practicum. The **associate faculty** will teach courses, advise and mentor students based on their areas of expertise. The **project director** and **project coordinator** will obtain and ensure continuous feedback to evaluate and improve the project in terms of responsibilities, timelines, milestones, and quality of graduates prepared using the instruments described in the evaluation section and appendices. They will prepare a written report of the evaluation and include these data in the Annual Continuation Reports and Final Report to OSEP. The **project coordinator** will obtain evaluations of practica sites, both internal and external supervisors each semester to ensure high quality program services. Courses will also be evaluated each semester and the program modified as needed to meet project goals. The **work-study student** will provide clerical support to the project.

**Adequacy of Budget and Cost Effectiveness.** The **Budget and Budget Justification** and **Management Plan** demonstrate that the budget is reasonable and cost effective. Institutional support for the **CLASS for ALL** is excellent. A substantial portion of the total budget will be provided by New Mexico State University at no cost to the funding agency. At least 65% of the federal budget is allocated for student financial support/ scholarships.

**Payback or Service Obligation Provision.** IDEA stipulates that students who receive financial support are required to work two years for each year of support received. The Communication disorder program of New Mexico State University is required to track information about employment as part of the continued accreditation from ASHA. Students in this program will be tracked as well. Appendix IX contains sample letters of agreement that students will sign upon entering and exiting the program.

**Institutionalization.** The activities supported by federal funds will be incorporated into the university's basic program operations upon project completion. The majority of the program is institutionalized already, as the traditional program at New Mexico State University. Only the two classes offered in the summer (CD 524, CD 531), are new and will require institutionalization. The courses will be opened up to other students during the funding of the grant and this will assist in making them regular offerings. It is likely that clinicians who have already graduated, as well as specialists in other areas, such as school psychologists and educational diagnosticians, will be interested in this course content. Once these courses can be offered on a regular basis, the institutionalization of the bilingual program should be straightforward, as there had been a bilingual program in the past.

The following chart (Chart 5) demonstrates the objectives and the timelines associated with each benchmark:

<b>Objective 1. Recruit, admit, retain and graduate high-quality bilingual students</b>			
Benchmark	Outcome	Responsible Party	Timeline
1.1 Revise program brochures to include bilingual program	Revised brochure	Project director, in conjunction with program director	As soon as award announcement is made

1.2 Interview and admit students under the bilingual program	Interview and admit 2 cohorts of students	Project director, program faculty,	June 2008, Feb. 2010
1.3 Obtain signed letter of service commitment from each student admitted	Student counseled about service commitment, letter signed, filed and student given a copy	Project director, Program coordinator	June-July 2008 April-May 2010
1.4 Assign advisors, have advisors meet with students	Begin advising tracking form, find and list undergraduate courses required by ASHA on tracking form	Faculty advisor as designated	September 2008 September 2010
1.5 Faculty discuss student progress, identify concerns	Counsel about areas of concern, if any, develop plan for assistance or accommodations	Faculty advisor, project director, program faculty	November 2008. November 2010
1.6 Document progress of knowledge and skill	Counsel about areas of concern, if any, develop plan for	Faculty advisor, project director, program faculty	Feb. 2009, Sept. 2009. Feb. 2010

levels from PoLO onto tracking form	assistance or accommodations		Feb. 2011, Sept. 2011, Feb 2012
1.7 Faculty discuss student progress, identify concerns, also begin discussion about external placements	Counsel about areas of concern, if any, develop plan for assistance or accommodations, help identify sites for external practica (Feb. 2009. Sept. 2009 only)	Faculty advisor, project director, program faculty	April 2009, Sept 2009, Feb. 2010 April 2011, Sept. 2011, Feb. 2012
Obtain signed letter of service commitment from graduating students	Two signed letters on file, one at beginning of project and one at the end	Project Director, Project coordinator	May 2010  May 2012
<b>Objective 2. Provide increased quality preparation in the areas of second language acquisition, theories and practice, working with interpreters, and accurate assessment and remediation of possible speech-language disorders in English Language Learners.</b>			
2.1 Assess incoming student's proficiency in non-English language and provide support for increasing skill if needed	Utilize placement tests in foreign language programs to ascertain proficiency, place student in additional classes if necessary and available	Program director, project coordinator	August 2008, August 2010

2.2 Provide education in the linguistic structure of students' other language if available	Enroll student in SPAN 340, if Spanish speaker, explore opportunities for independent study in this area for other languages	Program director, project coordinator	August 2008, August 2010
2.3 Monitor student progress and development in other language and knowledge of language structure	Grades and feedback of faculty in the studies of the other language	Faculty advisor, Program director, project coordinator	Each semester during advisor/advisee meeting
2.4 Develop course on second language acquisition and working with interpreters: CD 531	Prepare syllabus, readings and projects	Project Director	May 2009
2.5 Provide opportunities for students to work in practica with clients who are bilingual, monitor the quality of these practica assignments	Feedback from bilingual supervisors	Project coordinator	Ongoing each semester
2.6 Ensure all courses in the program address diversity	Discuss at faculty meetings, share syllabi with Advisory Board and external evaluator	Project director, Program	Each semester, review syllabi for inclusion of

	for recommendations	director, CD faculty	multicultural information
2.7 Develop CD 524: Bilingual assessment and intervention planning for English Language Learners	Develop syllabi, collect readings and plan assignments for course	Project Director	May 2010
2.8 ensure all students in the program develop requisite competencies in assessment and intervention for ELL	Scores on class projects, performance in clinic with bilingual clients, performance in clinic n evaluations for bilingual clients	Faculty advisor, Project director and coordinator	Ongoing, progress reviewed each semester
<b>Objective 3. Manage project activities and reports in a timely and efficacious manner.</b>			
3.1 Collect information for annual report from each student each semester	Copies of PoLO's, results of Faculty advisement, copies of grades collected each semester	Project Coordinator	End of each semester
3.2 Write and send the annual report per deadlines specified	Compile information form student, advisory board, students and families of clients served into a report each year of the project	Project coordinator, project director	As indicated by project deadline
<b>Objective 4. Monitor project for effectiveness</b>			
4.1 Collect outcome data each	Make changes as indicated	Project	Evaluate

semester from students, families, employers, advisory board and external evaluator		coordinator, Project director, program director	information each semester
4.2 Meet with Advisory Board and external evaluator	Present information, make changes as indicated	Project coordinator and director	Each semester, fall and spring
4.3 Sign Service agreement	Signed service agreement twice by each member of each cohort	Project director and coordinator	Fall 2008, Spring 2010 Fall 2010, Spring 2012

Chart 5. Management plan and timelines

## E. ADEQUACY OF RESOURCES

**Information on NMSU Resources** New Mexico State University (NSMU) is classified as a Research-Extensive, Hispanic Serving and Minority Institution. It is located in Las Cruces which is 40 miles north of El Paso, Texas and Juarez, Mexico. NMSUs total enrollment is 26, 391. It maintains five branch campuses throughout the state. Minority enrollment at NMSU is more than 48% (41.4% Hispanic, 2.9% American Indian, 2.7% African American and 1/3% Asian American). NMSU offers 77 Bachelor's degree programs, 50 Master's, 2 Education Specialists, and 22 Doctoral programs. **NMSU's College of Education** houses five academic departments. Its Department of Special Education/Communication Disorders offers undergraduate, Masters and Doctoral programs in general special education, multicultural special education, deaf

education, vision impairments, school psychology, and communication disorders. Diversity among students in the Department and College mirror that of NMSU, and minority faculty total 40% of the whole.

**Adequacy of Support Resources.** New Mexico State University is a comprehensive institution dedicated to teaching, research and service at the graduate and undergraduate levels. It is the only land-grant institution that is also classified as Hispanic-serving by the federal government and ranked by the Carnegie Foundation as Doctoral/Research-Extensive. NMSU's enrollment on its main and branch campuses is nearly 26,500. Minority enrollment is more than 48%.

**Technology:** New Mexico State is excellently equipped with state-of-the-art mediated classrooms, and a campus-wide high-speed digital data network available to all computer users on the NMSU campus. **Library:** NMSU maintains two libraries and over 20 research facilities. As a Research – Extensive institution, NMSU is the recipient of substantial internal and external research dollars that are used to support its ability to conduct further investigations. The library system is extensive and contains more than 2 million items as well interlibrary loan services that accesses worldwide collections. The library system has an extensive electronic component including access to abstracts and full-text journals. **Support Services:** There are several offices on campus that may be useful in supporting students needs to include the Office of Services for Students with Disabilities, Chicano Programs, the Black Studies Program, the American Indian Program, the Border Health and Education Research Cluster, the Office of the Vice Provost for International and U.S.-Border Programs, and the Center for Latin American Studies.

**The Department of Special Education/Communication Disorders** has successfully housed a number of funded grants that have supported more than 250 students in the past 15 years. All projects were successful and effective in that over 95% of students completed their degrees

and/or licensure, and critical shortages in special education and communication disorders were addressed thereby improving results for children with disabilities. The Department will provide sufficient supplies, space and access to technology to assist them in the completion of their programs. **The New Mexico State University Speech and Hearing Center** serves as a practicum site for students, and provides much-needed services to persons from throughout the state and region. The Speech and Hearing Center has an extensively-equipped materials library, eight treatment rooms, including one equipped with a Visi-Pitch for voice therapy, and one equipped with comfortable furniture for use with relaxation therapy for both voice and fluency clients. The Benfor laboratory, which has just received approval for \$94,000 in new equipment, is located near the Center. Students have access to lockers and a key-pass workroom equipped with computer for their work during the day. The audiology suite has two sound booths and received \$26,000 worth of updated equipment in 2006.

**Costs are reasonable in relation to objectives, design and potential significance of the proposed project** The student support is the greatest portion of the project at 65%. This level of support is necessary because this program involves two years of full-time study. It is not possible for student to complete this program in a timely manner and maintain outside employment. Thus, the funding will provide for a small stipend as well as cover tuition and books. The only other significant portion of the budget is the project coordinator/bilingual supervisor's salary. A experienced bilingual supervisor is necessary to provide the type of quality guidance for the practica experiences.

**Costs are reasonable in relation to number of persons to be served and the anticipated results and benefits.** This program will prepare 16 high-quality bilingual speech-language pathologists to work with children from culturally and linguistically diverse backgrounds in areas

of high need. The student will each pledge to work in a public school for four years (two years for each year of financial support). If the average caseload for these graduates is 60 students, then they will provide services to **960 children** in the course of one year. Additionally, by appropriately differentiating between children who have a communication disorder and children who have limited exposure to English and display first language loss, they will prevent many children from being placed in special education services inappropriately. Finally, the support they can provide to general education classroom teachers in **implementing high quality RtI plans** that will increase student success cannot be calculated but should not be underestimated.

**Potential for continued support of project after federal funding ends.** The activities supported by federal funds will be incorporated into the university's basic program operations upon project completion. The majority of the program is institutionalized already, as the traditional program at New Mexico State University. Only the two classes offered in the summer (CD 531, CD 524), are new and will require institutionalization. Once these courses can be offered on a regular basis, the institutionalization of the bilingual program should be straightforward, as there had been a bilingual program in the past.

## **F. QUALITY OF PROJECT EVALUATION**

**Evaluation Plan.** The evaluation methodology will provide formative and summative information regarding the outcomes of the project and information on how to modify the project when necessary. **Planning** for the management, program, student recruitment and admission, advising, evaluation of the program and the clinical practica, and project impact will commence the first year. **Input** and **Process** data will be collected throughout the four years on program implementation, student outcomes, and impact thereby providing **Feedback** for modifications of the program or project design. **Products** will include summative follow-up data on graduates'

job roles, competence, students served and project impact on the community, state, and university. The evaluation plan focuses on four major areas: student evaluation, employer evaluation, program evaluation, and project impact.

**Student Evaluation.** Student evaluation will be based on the competencies students are to obtain during their programs of study. Each student will be evaluated several times each year to monitor progress in acquiring the targeted knowledge and skill competencies. The evaluation methods are objective, produce quantifiable data, and are designed to provide ongoing feedback to the student. Acquisition of **knowledge competencies** will be evaluated through course assignments and examinations including a comprehensive examination at the end of the program. Many of these assignments and exams require students to apply their knowledge to solve problems in practical situations (See Appendix II for course syllabi). Acquisition of **functional knowledge and skill level competencies** (FK/SL) will be evaluated during the various practica experiences both in the Speech and Hearing Center and external placements. These practica evaluations will be conducted throughout the semester during weekly meetings by project supervisors. The PoLO forms for each class and internal clinical experience are transferred to a tracking form that is used to verify the knowledge and skills competencies required by ASHA.

**Program Evaluation.** Formal project evaluation will be conducted with input from the Advisory Board and the external evaluator, who will review the project progress and program content. Evaluations will be based on information from several sources: data from peer and student evaluations of courses and practica experiences; data on students' acquisition of knowledge and skill competencies; data from the graduate questionnaire and graduates' employer questionnaire (Appendices VI and VII), management plan and timeline; external advisor and Advisory Board recommendations and focus group interviews with students, graduates and project faculty

including externship site faculty. After the first cohort, annual evaluations will be conducted based on input from all the sources listed above, but with less input from the external evaluator and with greater emphasis on the recommendations of the Advisory Board.

Upon graduation, students will be interviewed in-depth regarding all their experiences during their study. They will also receive a follow-up questionnaire for each year that they under the service obligation (Appendix VII). Information from these reports will be **summarized and used to guide and direct changes**. The employer questionnaires will be collected one and three years after the students complete the program. (Appendix VI). Evaluation measures will be reviewed and revised when the project begins. The **project coordinator** will collect the evaluation information and analyze the responses from the employers and graduates and will also review and synthesize the information obtained from follow-up interviews with graduates and their school administrators and other data sources. Based on this review, changes in specific courses, practica, and the overall project may occur. A **written report will be prepared by the project coordinator** and reviewed by the project director. The results of these evaluations will be communicated to OSEP in Annual Continuation Reports and the Final Project Report. The criteria to be used in determining the measure of success for the entire program will be:

- 1. Within a three-year period, 95% of students admitted will complete their programs of study and will have met at 100% of their competencies. (Related to GRPA 1,2,4,5)**

Milestones: Ongoing data in this area is charted by the advisor of each student after each semester on the advising tracking form (Appendix III), summative data is obtained after each student completes the program, passes the Praxis and obtain the ASHA CCC designation. Data on students completing the Praxis will be compiled as well as records of students attaining the CCC-SLP. Results will be conveyed to OSEP via annual reports and final report.

- 2. At least 85% of the graduates will secure jobs that serve the needs of children and youth with disabilities with the majority taking positions in schools with diverse populations. (Related to GRPA 1, 2, 4)**

Milestones: Data collected from the graduate survey (Appendix VII) during every year they are under service obligation. Results will be conveyed to OSEP via annual reports and final report.

- 3. Employers will rate as above average the competence of at least 90% of the graduates. (Related to GRPA 1, 2, 3,4)**

Milestones: Data collected from the employer survey (Appendix VI) during the first year after graduation and three years after graduation will be compiled. Results will be conveyed to OSEP via annual reports and final report.

- 4. The overall and specific *aspects* of the bilingual preparation will be rated above average by at least 90% of the trainees. (Related to GRPA 1, 2, 3,4,5 )**

Milestones: Data collected from student evaluations of coursework (Appendix XII) will be collected each semester. The results will be conveyed in the annual and final reports to OSEP. Additional, upon graduation, students will complete the graduate survey (Appendix VII) every year they are under service obligation. Results will be conveyed to OSEP via annual reports and final report.

- 5. At the end of each cohort, positive ratings for the program will be given by 90% of students, families served, partnership professionals and university faculty. (Related to GRPA 1, 2, 3,4, 5)**

Milestones: Each semester, on-going data will be collected from external evaluator, advisory board, internal and external faculty and supervisors as well as student evaluations of the all the courses and practica experiences. Additionally, families who receive services in the Speech and

Hearing Center complete a satisfaction questionnaire each semester (Appendix X). Results will be conveyed to OSEP via annual reports and final report.

**Evaluation of Project Impact.** Evaluation of the project impact will be obtained from data on (1) student acquisition of competencies (100%); (2) student certification (100% of graduates); (3) number of graduates (at least 90% of students admitted); (4) employer rating of student competencies (at least 90% rate above average), and (5) impact graduates have on services for students with disabilities (e.g. job role, number of students with communication disorders served, and the number and type of teachers and other school personnel for whom they have provided staff development).

Evaluation instruments for students are **both formative**, as in the feedback obtained in class, the objectives listed on the PoLO for each class and practica assignment, **and summative** as the evaluation for each course and competency obtained. Additionally, data used for the evaluation of the program is both formative, as in the meetings with external evaluator, Advisory Board, external supervisors, internal faculty and supervisors, the semester-end evaluations of courses and practica by students; and summative, as in the results obtained from the student exit interview, the graduate survey and the employer surveys. Additionally, **assessment information is both qualitative**, as in the statements written on all the course and practica evaluations, the advice and recommendations from the external evaluator and the Advisory Board, the comments on the exit interviews; **and quantitative**, as in information from the graduates on population served, from employers on competency of graduates, on data collected on numbers of students who successfully complete the program and numbers of students who obtain certifications and obtain positions in schools. Data will be included in the annual and final reports to OSEP.

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