

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE SPEECH-LANGUAGE PATHOLOGIST PROFESSION

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OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

EXECUTIVE SUMMARY

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the speech-language pathologist profession in California. The purpose of the OA is to define the profession in terms of critical tasks that speech-language pathologists must be able to perform competently at the time of licensure. The results of this OA provide a description of practice for the speech-language pathologist profession that can be used to review the Praxis Speech-Language Pathology Test.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed speech-language pathologists working throughout California. The purpose of these interviews was to identify the tasks performed by speech-language pathologists and to determine the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by speech-language pathologists in their profession, along with statements representing the knowledge needed to perform those tasks.

In April 2024, OPES test specialists convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing speech-language pathologist practice in California. Speech-language pathologists participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., work setting, geographic location of practice, years licensed). The SMEs identified changes and trends in speech-language pathologist practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the tasks and knowledge statements to ensure that all tasks had a related knowledge statement, and all knowledge statements had a related task. Additional tasks and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

After the workshop, OPES test specialists developed a three-part OA questionnaire to be completed by speech-language pathologists statewide. Development of the OA questionnaire included a pilot study that was conducted with a group of speech-language pathologists who participated in the telephone interviews and the April 2024 workshop. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered August 15, 2024–September 13, 2024.

In the first part of the OA questionnaire, speech-language pathologists were asked to provide demographic information related to their practice and work setting. In the second part, speech-language pathologists were asked to rate how often they perform each task in their current practice (Frequency) and how important the task is to effective performance in their current practice (Importance). In the third part, speech-language pathologists were asked to rate how important each knowledge statement is to effective performance in their current practice (Importance).

In August 2024, OPES sent an online OA questionnaire invitation email to 13,169 licensed speech-language pathologists. The list of licensees was provided by the Board. As of the writing of this report, there are a total of 15,658 licensed speech-language pathologists in California.

A total of 2,520 speech-language pathologists responded to the OA questionnaire email invitation. The final number of respondents included in the data analysis was 916 (19% of those who initially responded). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a speech-language pathologist in California. Second, OPES excluded questionnaires containing responses that were less than 75% complete.

OPES test specialists then performed data analyses on the task and knowledge ratings obtained from the questionnaire respondents. The task importance and frequency ratings were combined to derive an overall criticality index for each task statement. The mean of importance ratings was used as the criticality index for each knowledge statement.

Once the data were analyzed, OPES test specialists conducted an additional workshop with speech-language pathologists in September 2024. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, reviewed the task and knowledge statement content areas, and defined those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the description of practice.

The California Speech-Language Pathology Description of Practice is structured into five content areas that are weighted relative to the other content areas. It identifies the tasks and knowledge critical to competent speech-language pathologist practice in California at the time of licensure.

OVERVIEW OF THE CALIFORNIA SPEECH-LANGUAGE PATHOLOGY DESCRIPTION OF PRACTICE

CONTENT AREAS	CONTENT AREA DESCRIPTIONS	PERCENT WEIGHT
1. General Competencies	This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.	15
2. Assessment	This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.	25
3. Diagnosis, Goal Setting, and Treatment Planning	This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and developing treatment plans and interventions.	25
4. Treatment Intervention and Procedures	This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.	25
5. Treatment Outcomes and Effectiveness	This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.	10
Total		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the speech-language pathologist profession in California. The purpose of the OA is to identify critical activities performed by speech-language pathologists in California. The results of this OA provide a description of practice for the speech-language pathologist profession that can then be used to review the Praxis Speech-Language Pathology Test developed by the Educational Testing Service (ETS).

To become a fully licensed speech-language pathologist in California, a candidate must:

1. Submit to fingerprinting.
2. Hold a Master's degree or equivalent in speech-language pathology from an accredited educational institution.
3. Have completed 300 hours of supervised clinical practicum in three different clinical settings.
4. Have completed 36 weeks of full-time or 72 weeks of part-time supervised Required Professional Experience (RPE) while holding an RPE temporary license. If experience was completed in California, applicants must have held an RPE temporary license during that time.
5. Effective September 1, 2014, pass the Praxis Speech-Language Pathology Test administered by the Educational Testing Service (ETS) Praxis Series with a minimum score of 162. The exam must not be more than five years old. Applicants must authorize ETS to report their test score to the Board using Report Code R8544.

To become a licensed speech-language pathologist in California, applicants must complete one of the following five pathways to licensure:

Option #1

Required Professional Experience (RPE). Upon completion of 36 full-time weeks (or 72 part-time weeks) of required professional experience under an RPE Temporary License, applicants must submit the Permanent License Application, including the RPE Verification Form.

Option #2

Equivalent qualifications. For those with a current Certificate of Competence issued by ASHA.

Option #3

Licensed in another state. Must possess an active and current license from another state. If applicants also hold a current ASHA certification, the applicant must use Option #2.

Option #4

Previously licensed in California. Held a license in California that expired more than 5 years ago.

Option #5

Foreign educated graduates. Completed graduate education outside the United States. Upon completion of all required weeks of required professional experience under an RPE Temporary License, applicants must submit the Permanent License Application, including the RPE Verification Form.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California speech-language pathologists participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current speech-language pathologist practice in California. These SMEs represented the profession in terms of work setting, geographic location of practice, and years licensed. The SMEs provided technical expertise and

information regarding different aspects of practice through workshops. During workshops, the SMEs developed and reviewed the tasks and knowledge statements describing speech-language pathologist practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The speech-language pathologist occupation is described as follows in BPC § 2530.2:

(c) A “speech-language pathologist” is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility's training protocols on suctioning procedures.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop preliminary lists of tasks and knowledge statements, OPES test specialists gathered information from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications, laws and regulations) and conducted telephone interviews with licensed speech-language pathologists working throughout California.

In April 2024, OPES test specialists facilitated a workshop to review and refine the tasks and knowledge statements. Five SMEs from diverse backgrounds (e.g., work setting, geographic location of practice, years licensed) participated in the workshop. During the workshop, the SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness. In addition, the SMEs evaluated the organization of tasks within content areas to ensure that the content areas were independent and non-overlapping.

During this workshop, the SMEs also reviewed proposed demographic questions and evaluated the scales that would be used for rating tasks and knowledge statements in an online OA questionnaire to be sent to speech-language pathologists statewide.

OPES used the final lists of tasks and knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit ratings by speech-language pathologists of the tasks and knowledge statements. Those surveyed were instructed to rate how often they perform each task in their current practice (Frequency) and how important each task is to the effective performance in their current practice (Importance). In addition, they were instructed to rate how important each item of knowledge is to effective performance in their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant

professional background information about responding speech-language pathologists. The OA questionnaire is Appendix A.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to 14 SMEs who had participated in the telephone interviews and the workshop. OPES received feedback on the pilot study from 10 respondents. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected speech-language pathologist practice. The SMEs also provided the estimated time for completion of the questionnaire, as well as information about online navigation and ease of use. OPES test specialists used this feedback to refine the final questionnaire, which was administered August 15, 2024–September 13, 2024.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In August 2024, OPES sent an online OA questionnaire invitation email to 13,169 licensed speech-language pathologists who had an email address on file with the Board. As of the writing of this report, there are a total of 15,658 licensed speech-language pathologists in California. The email invitation is Appendix B.

A total of 2,520 speech-language pathologists responded to the OA questionnaire email invitation. The final number of respondents included in the data analysis was 916 (19% of those who initially responded). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a speech-language pathologist in California. Second, OPES excluded questionnaires containing responses that were less than 75% complete. The final respondent sample appears to represent the California speech-language pathologist profession based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding speech-language pathologists reported a range of years of experience. Of the respondents, 50.7% reported that they had worked as a speech-language pathologist for less than 5 years, 36.2% reported that they had worked as a speech-language pathologist for 6–10 years, 7.8% reported working as a speech-language pathologist for 11–20 years, 2.7% reported working as a speech-language pathologist for 21–29 years, and 2.6% reported having worked as a speech-language pathologist for 30 or more years.

Table 2 and Figure 2 show that 63.0% of respondents reported that they work 31–40 hours per week as a speech-language pathologist, while 20.1% reported that they work 41 or more hours per week, 7.5% reported that they work 21–30 hours per week, 5.7% reported that they work 11–20 hours per week, and 3.7% reported that they work 10 or fewer hours per week.

When asked about their highest level of education, 97.2% of respondents reported a master's degree and 1.9% reported a doctorate degree (Table 3 and Figure 3).

Table 4 and Figure 4 show that 55.2% of the respondents reported that the majority of their responsibilities are as a school-based service provider, while 35.8% are as a clinical services provider, 2.7% as a supervisor of clinicians, 1.2% as a director/supervisor of a clinical program, and 0.8% as a college/university professor/instructor.

Respondents were asked to identify the service that was their primary activity. Table 5 and Figure 5 show that 79.5% reported their primary activity to be direct client care, 4.6% reported treatment planning/preparation, 3.7% reported client IEP, 3.1% reported client documentation/reports, 3.1% reported supervision, 2.6% reported case management, and 1.4% reported teaching/training.

When respondents were asked to identify the service that was their secondary activity, 42.7% reported client documentation/reports, 19.8% reported client IEP, 7.4% reported case management, 6.0% reported direct client care, 5.9% reported treatment planning/preparation, 5.5% reported family and caregiver contact/counseling, 4.4% reported collaboration/consultation, 4.3% reported supervision, 2.1% reported administrative, and 1.3% reported teaching/training (Table 6 and Figure 6).

Respondents were asked to identify their primary work setting. Table 7 and Figure 7 show that the majority of respondents, 61.9%, reported that they work in a public school setting, while 14.4% reported a private practice setting, 12.3% reported a speech and language clinic, 12% reported a hospital setting, 12% reported a web-based treatment/telemedicine setting, 8.5% reported a preschool/day care setting, 7.2% reported a Regional Center setting, 6.6% reported a skilled nursing/acute rehab/long-term care/subacute care setting, 5.3% reported a home health/assisted living setting, 3.4% reported a nonpublic school setting, and 1.9% reported a university/university clinic setting.

Table 8 and Figure 8 show the age groups that speech-language pathologists serve. Respondents reported 66.4% for both children 6–8 years of age and for preschool, 63.8% reported children 9–11 years of age, 44.9% reported young adolescents, 30.1% reported adolescents, 24.3% reported young adults, 23.9%

reported toddlers, 22.8% reported adults, 19.5% reported older adults, and 10% reported infants.

As shown in Table 9 and Figure 9, 66.2% of speech-language pathologists reported speech sound disorders as their area of specialization, 57.8% reported developmental language disorder, 54.6% reported autism and related disorders, 43.9% reported phonological disorders, 36.5% reported early intervention, 34.6% reported augmentative and alternative communication, 33% reported developmental disabilities, 28.9% reported cognitive linguistic disorders, 25.3% reported fluency and fluency disorders, 21% reported feeding and swallowing disorder, 14.1% reported voice and voice disorders, 13% reported neurophysiological/neurogenic disorders, 4.5% reported orofacial disorders, 4.4% reported hearing and hearing disorders, 4.1% reported gerontology, 1.9% reported aural rehabilitation, and 1.5% reported alaryngeal speech.

Table 10 shows that 90.7% of respondents do not hold other state-issued licenses. Table 11 and Figure 10 show that 60.7% do not hold other certificates/credentials, 10.4% reported that they hold a teaching certification, 3.6% reported that they hold a special education certification, 3.5% reported that they have an assistive technology certification, and 2.2% reported that they have a Bilingual, Crosscultural, Language and Academic Development (BCLAD) certification.

Table 12 and Figure 11 show the location of respondents' primary work setting, with 83.1% responding that they work in an urban setting, and 16.0% work in a rural setting.

Table 13 shows the location of respondents' primary practice by geographical region, with the highest percentage (30.0%) of respondents practicing in Los Angeles County and its vicinity, and 17.5% practicing in the San Francisco Bay Area. A breakdown of regional data organized by county is Appendix C.

TABLE 1 – YEARS LICENSED

YEARS	NUMBER (N)	PERCENT
0–5	464	50.7
6–10	332	36.2
11–20	71	7.8
21–29	25	2.7
30 or more	24	2.6
Total	916	100

FIGURE 1 – YEARS LICENSED

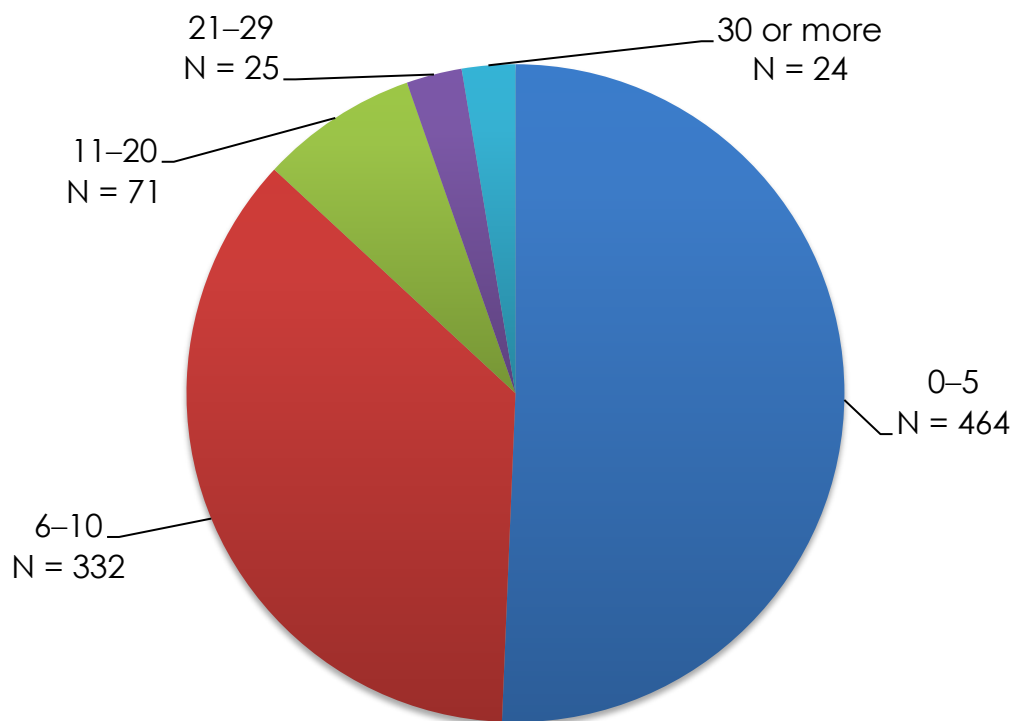


TABLE 2 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
10 or fewer	34	3.7
11–20	52	5.7
21–30	69	7.5
31–40	577	63.0
41 or more	184	20.1
Total	916	100

FIGURE 2 – HOURS WORKED PER WEEK

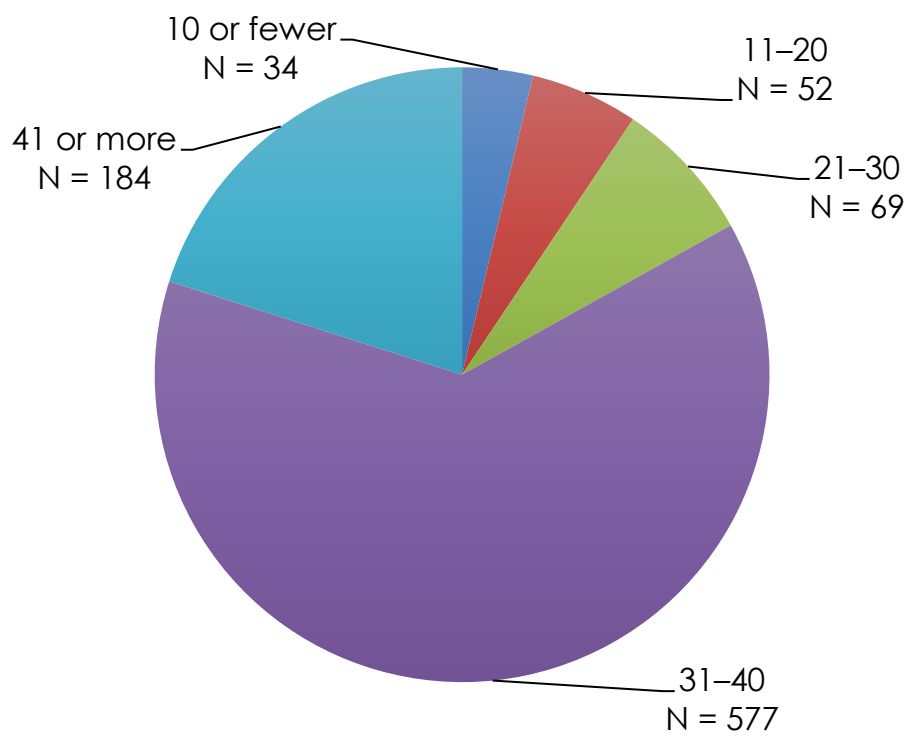


TABLE 3 – HIGHEST LEVEL OF EDUCATION ACHIEVED

TYPE	NUMBER (N)	PERCENT
Master's in speech-language pathology or communications	890	97.2
Doctorate in speech-language pathology or communications	17	1.9
Other	9	1.0
Total	916	*100.1

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 3 – HIGHEST LEVEL OF EDUCATION ACHIEVED

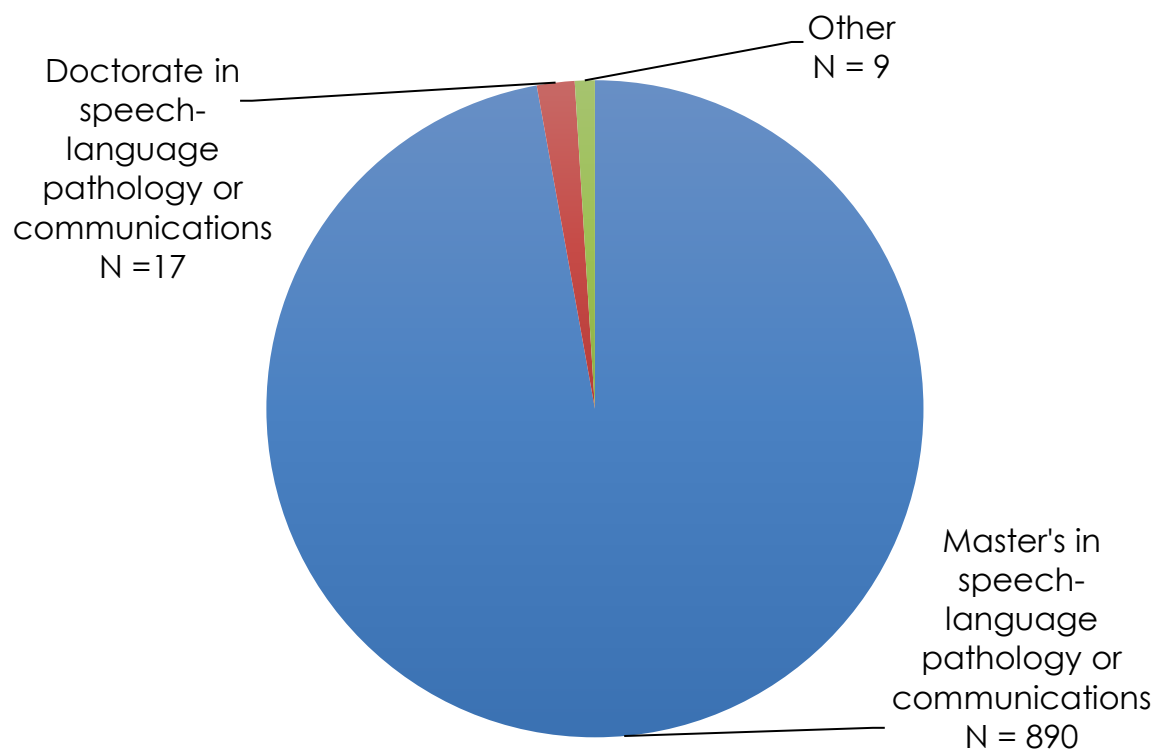


TABLE 4 – MAJORITY OF RESPONSIBILITIES

CLASSIFICATION	NUMBER (N)	PERCENT
Clinical services provider	328	35.8
College / university professor / instructor	7	.8
Consultant	1	.1
Director / Chair of education program	1	.1
Director / Supervisor of a clinical program	11	1.2
School-based service provider	506	55.2
Supervisor of clinicians	25	2.7
CEU provider	1	.1
Other	35	3.8
Missing	1	.1
Total	916	*99.9

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – MAJORITY OF RESPONSIBILITIES

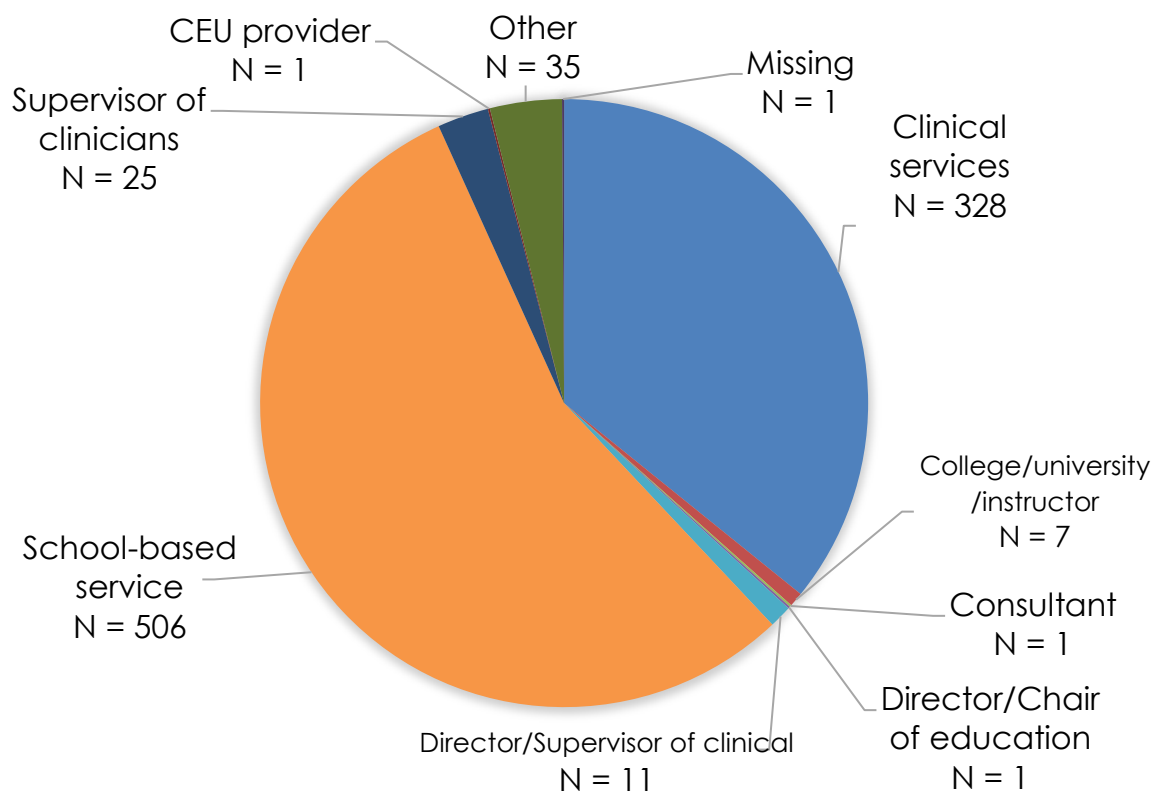


TABLE 5 – PRIMARY SERVICE ACTIVITY PROVIDED

SERVICES	NUMBER (N)	PERCENT
Client IEP (IDT meetings)	34	3.7
Client documentation / reports	28	3.1
Family and caregiver contact / counseling	4	.4
Direct client care (screening, assessment, treatment)	728	79.5
Treatment planning / preparation	42	4.6
Collaboration / consultation (professional staff, teachers)	5	.5
Supervision (SLP-associated medical staff, support staff)	28	3.1
Research / grant writing	2	.2
Teaching / training (staff, students, parents)	13	1.4
Case management (intake, referrals, follow-up)	24	2.6
Administrative (scheduling, staffing, HR, meetings)	8	.9
Professional development	0	0
Total	916	100

FIGURE 5 – PRIMARY SERVICE ACTIVITY PROVIDED

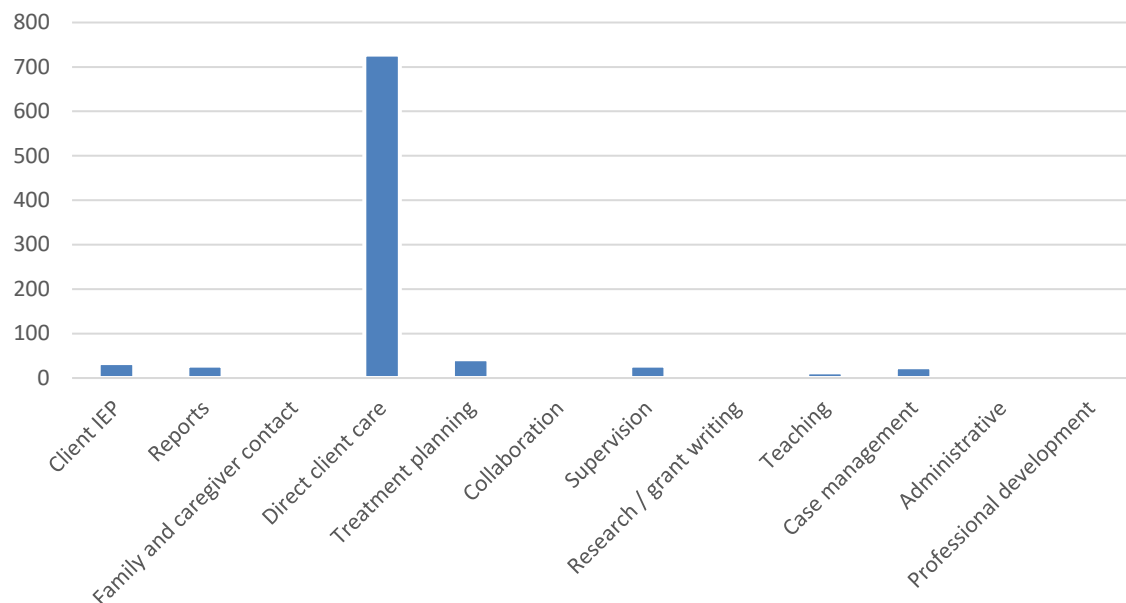


TABLE 6 – SECONDARY SERVICE ACTIVITY PROVIDED

SECONDARY ACTIVITY	NUMBER (N)	PERCENT
Client IEP (IDT meetings)	181	19.8
Client documentation / reports	391	42.7
Family and caregiver contact / counseling	50	5.5
Direct client care (screening, assessment, treatment)	55	6.0
Treatment planning / preparation	54	5.9
Collaboration / consultation (professional staff, teachers)	40	4.4
Supervision (SLP-associated medical staff, support staff)	39	4.3
Research / grant writing	1	.1
Teaching / training (staff, students, parents)	12	1.3
Case management (intake, referrals, follow-up)	68	7.4
Administrative (scheduling, staffing, HR, meetings)	19	2.1
Professional development	3	.3
Missing	3	.3
Total	916	*100.1

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 6 – SECONDARY SERVICE ACTIVITY PROVIDED

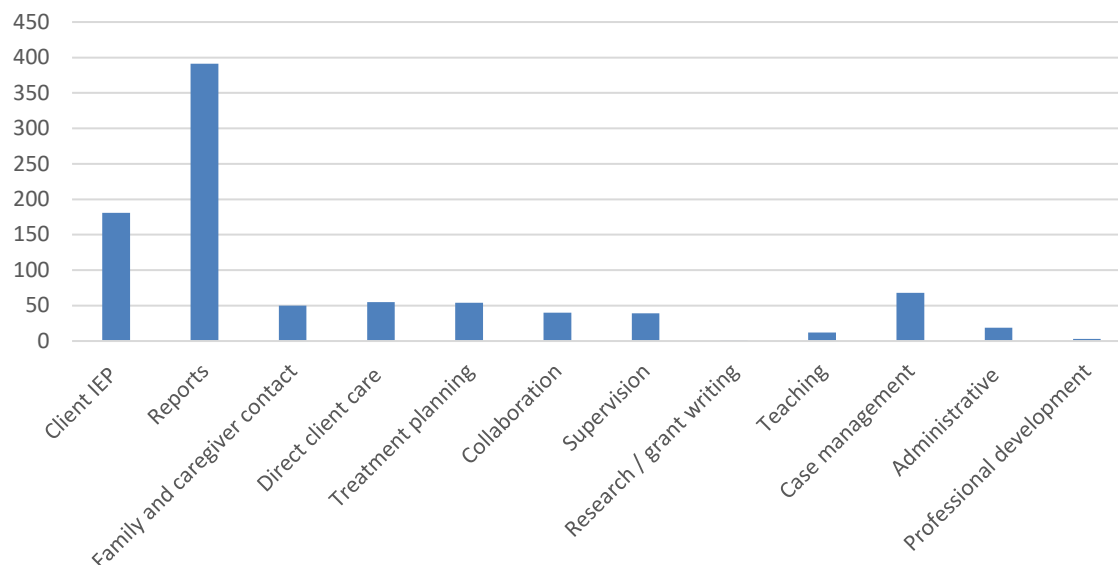


TABLE 7 – PRIMARY WORK SETTING WHERE SERVICES ARE PROVIDED

SETTING	NUMBER (N)	PERCENT
Correctional facility	2	0.2
Public school	566	61.9
Group home / sheltered workshop	2	0.2
Regional Center	66	7.2
Home health / assisted living	49	5.3
Skilled nursing / acute rehab / long-term care / subacute care	60	6.6
Hospital	111	12.0
Speech and language clinic	114	12.3
Nonpublic school (NPS)	31	3.4
University / university clinic	17	1.9
Preschool / day care	78	8.5
Web-based treatment / telemedicine	110	12.0
Private practice	133	14.4
Other (please specify)	35	3.8

Note: Respondents were asked to select all that apply.

FIGURE 7 – PRIMARY WORK SETTING WHERE SERVICES ARE PROVIDED

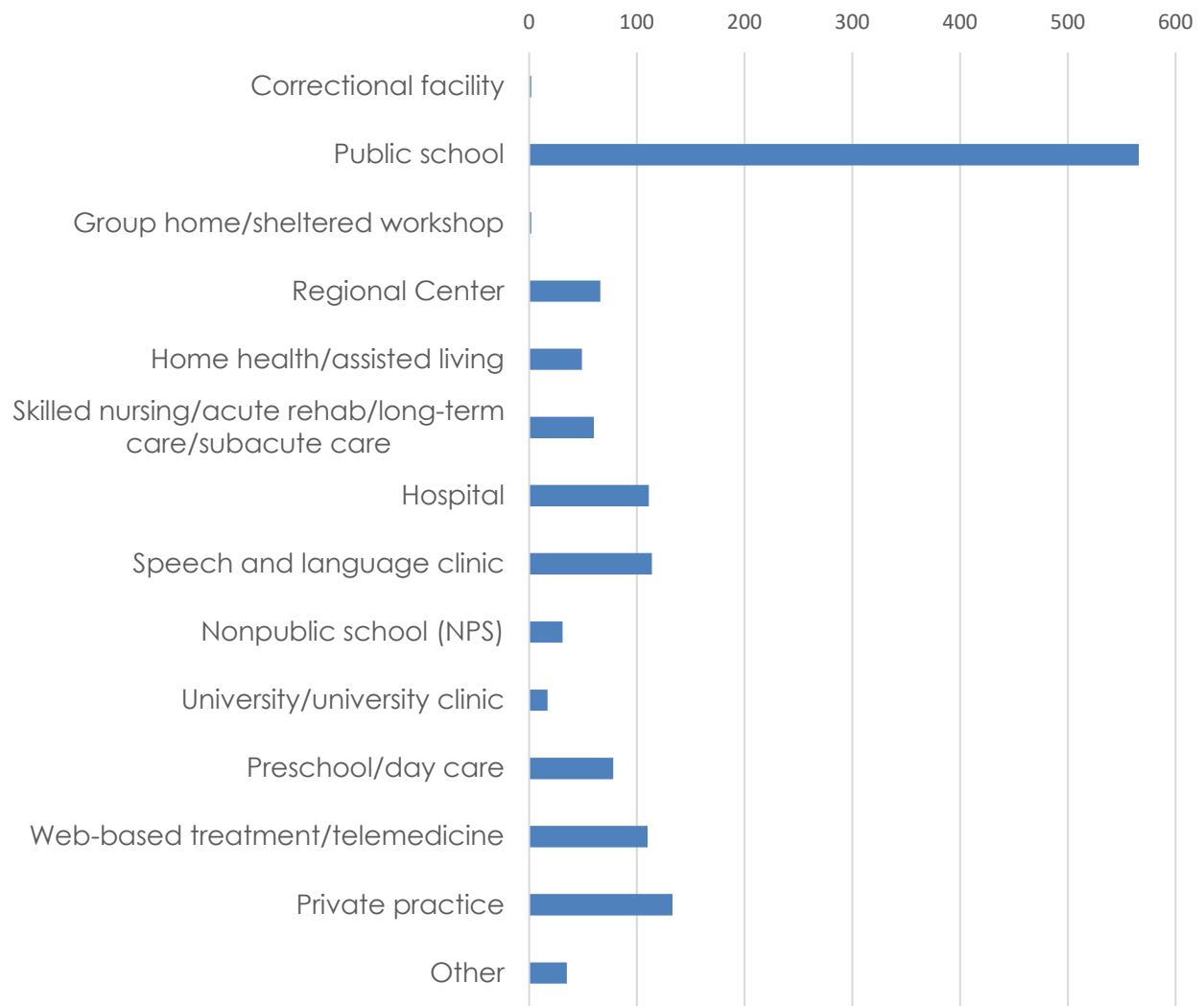


TABLE 8 – AGE GROUPS RECEIVING SERVICES

AGE GROUP	NUMBER (N)	PERCENT
Older adults (71+ years of age)	179	19.5
Adults (23–70 years of age)	209	22.8
Young adults (18–22 years of age)	224	24.3
Adolescents (15–17 years of age)	277	30.1
Young adolescents (12–14 years of age)	411	44.9
Children (9–11 years of age)	584	63.8
Children (6–8 years of age)	608	66.4
Preschool (3–5 years of age)	608	66.4
Toddlers (1–2 years of age)	218	23.9
Infants (0–12 months of age)	92	10.0
Other	7	0.8

Note: Respondents were asked to select all that apply.

FIGURE 8 – AGE GROUPS RECEIVING SERVICES

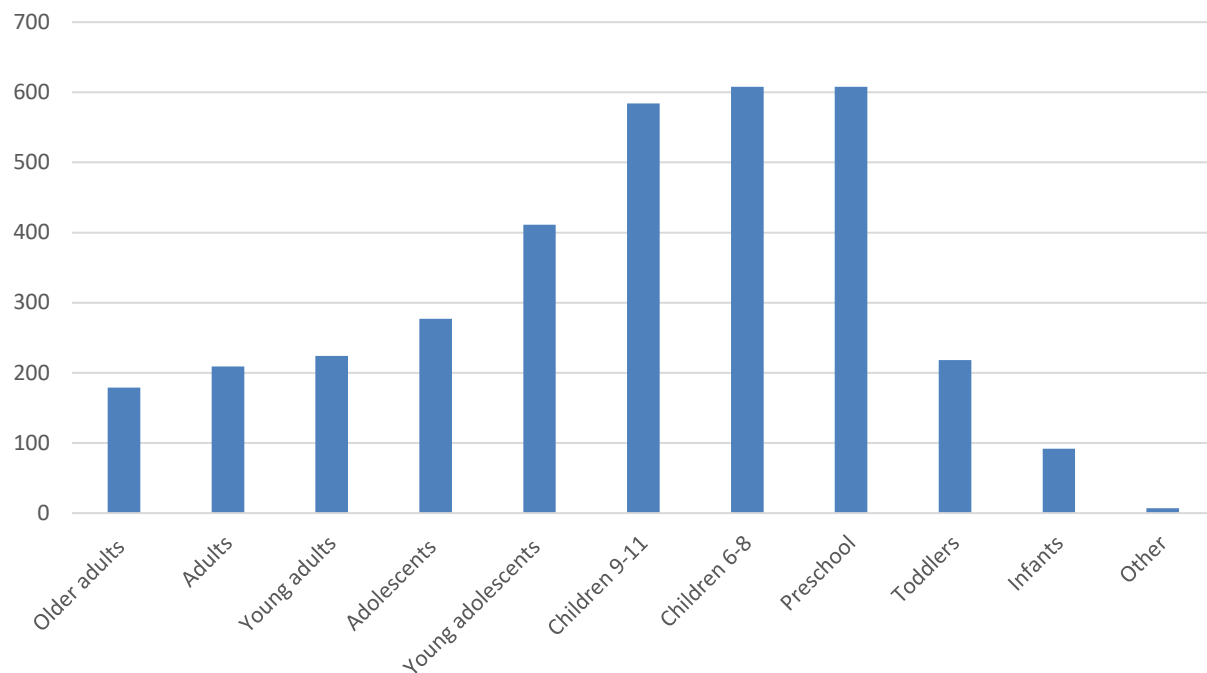


TABLE 9 – AREA OF SPECIALIZATION

AREA OF SPECIALIZATION	NUMBER (N)	PERCENT
Alaryngeal speech	14	1.5
Augmentative and alternative communication	316	34.6
Aural rehabilitation	17	1.9
Autism and related disorders	499	54.6
Cognitive linguistic disorders	264	28.9
Developmental disabilities	302	33.0
Developmental language disorder	529	57.8
Early intervention	334	36.5
Feeding and swallowing disorder	192	21.0
Fluency and fluency disorders	233	25.3
Gerontology	38	4.1
Hearing and hearing disorders	40	4.4
Neurophysiological/neurogenic disorders	119	13.0
Orofacial disorders	41	4.5
Phonological disorders	402	43.9
Speech sound disorders (articulation/phonology)	606	66.2
Voice and voice disorders	129	14.1
Other (Please specify)	52	5.7

Note: Respondents were asked to select all that apply.

FIGURE 9 – AREA OF SPECIALIZATION

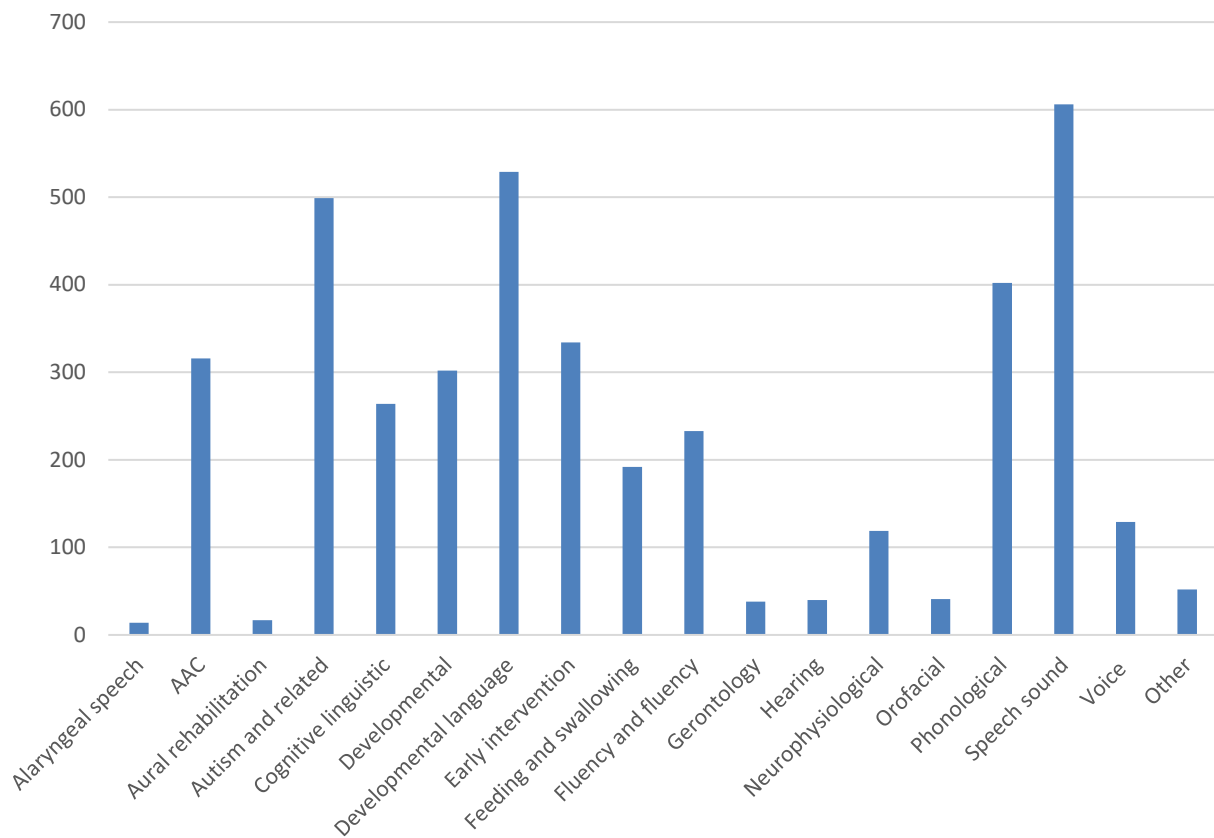


TABLE 10 – OTHER STATE-ISSUED LICENSES

STATE-ISSUED LICENSES	NUMBER (N)	PERCENT
None	831	90.7
Audiologist	1	0.1
Hearing Aid Dispenser	0	0
Occupational Therapist	0	0
Physical Therapist	0	0
Other (please specify)	22	2.4

Note: Respondents were asked to select all that apply.

TABLE 11 – OTHER CERTIFICATES/CREDENTIALS

CERTIFICATES/CREDENTIALS	NUMBER (N)	PERCENT
None	556	60.7
Administrative Services	6	0.7
Applied Behavior Analysis	8	0.9
Assistive Technology	32	3.5
Bilingual, Crosscultural, Language and Academic Development (BCLAD)	20	2.2
Crosscultural, Language and Academic Development (CLAD)	8	0.9
Resource Specialist	5	0.5
Special Education	33	3.6
Teaching	95	10.4
Other (please specify)	86	9.3

Note: Respondents were asked to select all that apply.

FIGURE 10 – OTHER CERTIFICATES/CREDENTIALS

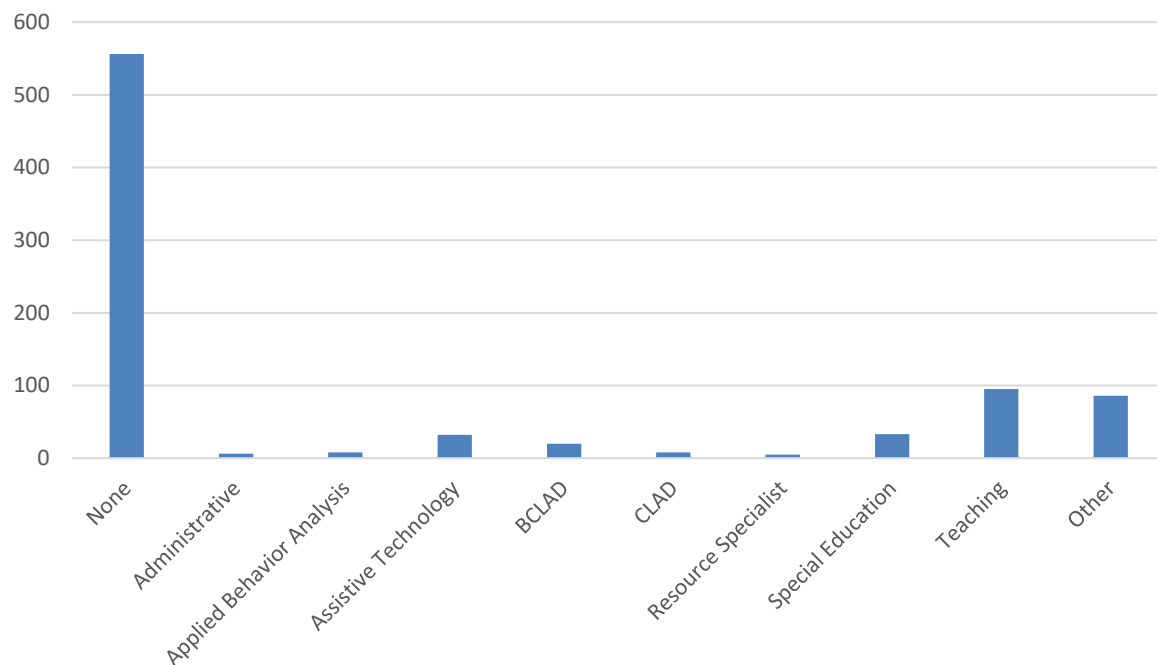


TABLE 12 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	761	83.1
Rural (fewer than 50,000 people)	147	16.0
Missing	8	0.9
Total	916	100.0

FIGURE 11 – LOCATION OF PRIMARY WORK SETTING

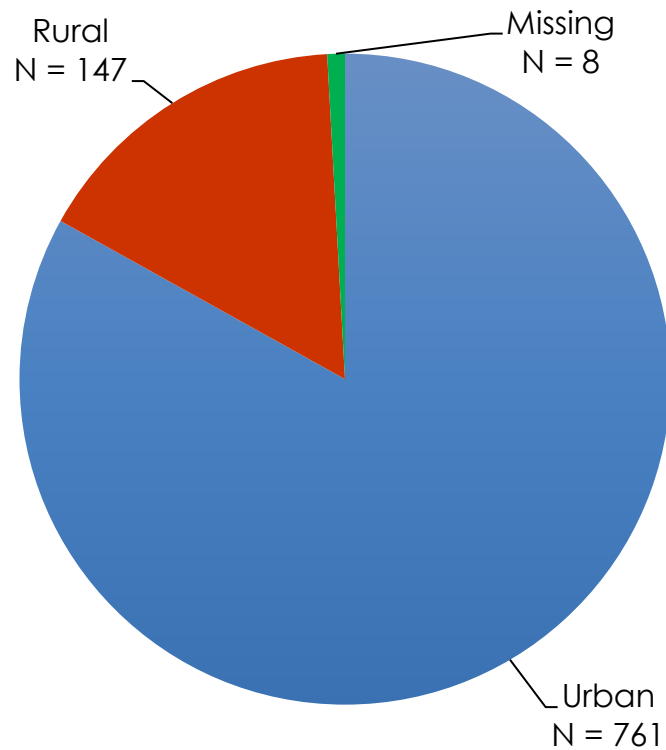


TABLE 13 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	275	30.0
San Francisco Bay Area	160	17.5
San Diego County and Vicinity	97	10.6
San Joaquin Valley	94	10.3
Riverside and Vicinity	92	10.0
South/Central Coast	72	7.9
Sacramento Valley	58	6.3
Sierra Mountain Valley	29	3.2
North Coast	23	2.5
Shasta-Cascade	5	.5
Missing	11	1.2
Total	916	100.0

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 14 displays the reliability coefficients for the task rating scale in each content area. The overall ratings of task frequency and task importance within each content area showed moderate reliability. Table 15 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across each content area were highly reliable. These results indicate that the responding speech-language pathologists rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 14 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. General Competencies	15	.790	.783
2. Assessment	21	.848	.852
3. Diagnosis, Goal Setting, and Treatment Planning	6	.687	.664
4. Treatment Intervention and Procedures	13	.751	.804
5. Treatment Outcomes and Effectiveness	5	.869	.887
Total	60		

TABLE 15 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. General Competencies	15	.908
2. Assessment	41	.935
3. Diagnosis, Goal Setting, and Treatment Planning	20	.919
4. Treatment Intervention and Procedures	23	.906
5. Treatment Outcomes and Effectiveness	5	.911
Total	104	

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below:

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The tasks included in the survey are Appendix D, which includes their mean frequency and importance ratings and their associated criticality indices.

OPES test specialists convened a workshop of eight SMEs in September 2024. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent speech-language pathologist practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to speech-language pathologist practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained except for task 7 from Content Area 1 – General Competencies.

SMEs agreed to eliminate task 7 because ASHA requires 2 years of experience before allowing SLPs to supervise others. The eliminated task is highlighted in Appendix D.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements included in the survey are presented in Appendix E, along with their mean importance ratings, sorted in descending order by content area.

The SMEs participating in the September 2024 workshop also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to speech-language pathologist practice, the SMEs determined that no cutoff value should be set, and all the knowledge statements should be retained except for knowledge statements 10 and 11 from Content Area 1 – General Competencies. Knowledge statements 10 and 11 were eliminated because they were linked to the eliminated Task 7. The eliminated knowledge statements are highlighted in Appendix E.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the September 2024 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the April 2024 workshop. They then confirmed the final linkage between tasks and knowledge statements.

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CHAPTER 5 | DESCRIPTION OF PRACTICE

CONTENT AREAS AND WEIGHTS

The SMEs in the September 2024 workshop were also asked to finalize the weights of the content areas that would form the California Speech-Language Pathologist Description of Practice. OPES test specialists presented the SMEs with preliminary weights of the content areas, which were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry-level speech-language pathologist practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to reflect the relative importance of each area to speech-language pathologist practice more accurately. A summary of the preliminary and final content area weights is presented in Table 16.

TABLE 16 – CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHT	PERCENT FINAL WEIGHT
1. General Competencies	27	15
2. Assessment	32	25
3. Diagnosis, Goal Setting, and Treatment Planning	13	25
4. Treatment Intervention and Procedures	18	25
5. Treatment Outcomes and Effectiveness	10	10
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. The content areas and associated weights were then finalized and provide the basis of the California Speech-Language Pathology Description of Practice. The final description of practice is presented in Table 17.

TABLE 17 – CALIFORNIA SPEECH-LANGUAGE PATHOLOGY DESCRIPTION OF PRACTICE

Content Area 1: General Competencies (15%)

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T1.	Provide treatment plan to client that is consistent with professional and ethical standards.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
T2.	Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	K4.	Knowledge of state and federal laws and regulations related to client rights and legal protections.
T3.	Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	K3.	Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.
T4.	Provide culturally and linguistically relevant services in assessment and treatment decisions.	K7.	Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.
T5.	Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	K6.	Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.
		K7.	Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.

Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T6.	Refer client to other professionals or agencies based on the Speech-Language Pathologist competency level and client needs.	K5.	Knowledge of procedures to use to advocate for specialized programs that support quality client care.
		K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.
		K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.
T8.	Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
		K2.	Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.
		K12.	Knowledge of professional standards of written communication for different clinical and educational purposes.
T9.	Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.	K6.	Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.
		K9.	Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.
		K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.

Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T10.	Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's treatment plan.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
		K14.	Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.
T11.	Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.	K12.	Knowledge of professional standards of written communication for different clinical and educational purposes.
T12.	Implement research and evidence-based practices to provide quality care to clients.	K13.	Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.
		K14.	Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.
T13.	Provide in-service training to increase awareness of communication and swallowing disorders.	K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.

Content Area 1: General Competencies (15%), continued

This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.

Tasks		Associated Knowledge Statements	
T14.	Participate in community education to increase awareness of communication and swallowing disorders.	K4.	Knowledge of state and federal laws and regulations related to client rights and legal protections.
		K5.	Knowledge of procedures to use to advocate for specialized programs that support quality client care.
		K8.	Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.
		K15.	Knowledge of available resources for clients, client families, and caregivers to support quality client care.
T15.	Follow guidelines for use of interpreters and translators for non-English speaking clients.	K1.	Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.
		K7.	Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.

Content Area 2: Assessment (25%)

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T16. Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	K16. Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors. K25. Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development. K26. Knowledge of neurodiversity and its impact on social-pragmatic communication development. K47. Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers. K48. Knowledge of social, familial, cultural, and linguistic influences on communication.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks	Associated Knowledge Statements
T17. Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	K17. Knowledge of screening procedures for social-pragmatic communication disorders.
	K18. Knowledge of screening procedures for feeding and swallowing disorders.
	K19. Knowledge of screening procedures for hearing impairments.
	K20. Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.
	K21. Knowledge of screening procedures for cognitive-linguistic impairments.
	K22. Knowledge of screening procedures for language disorders.
	K23. Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.
	K55. Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T18. Identify indicators that prompt further assessment or referral.	K27. Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.
	K30. Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.
	K31. Knowledge of epidemiology of communication and feeding and swallowing disorders.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T19.	Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	K28.	Knowledge of methods and procedures for obtaining client case history and performing client assessment.
		K32.	Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.
		K49.	Knowledge of procedures for basic interpretation of audiograms.
T20.	Document observed client behaviors and emotions that impact assessment.	K17.	Knowledge of screening procedures for social-pragmatic communication disorders.
		K45.	Knowledge of strategies for managing challenging client behaviors during assessment.
		K46.	Knowledge of strategies for engaging clients and client families in the assessment process.
		K48.	Knowledge of social, familial, cultural, and linguistic influences on communication.
T21.	Select assessment instruments, procedures, settings, and materials based on client needs including cultural and linguistic factors.	K33.	Knowledge of standardized methods and procedures for conducting objective assessments.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T22.	Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.	K33.	Knowledge of standardized methods and procedures for conducting objective assessments.
T23.	Assess client's communication in the area of fluency.	K54.	Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.
T24.	Assess client's communication in the areas of articulation and intelligibility.	K34.	Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.
T25.	Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.	K25.	Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.
		K26.	Knowledge of neurodiversity and its impact on social-pragmatic communication development.
		K38.	Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T26.	Assess client's cognitive-linguistic functioning.	K39.	Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.
T27.	Assess client's feeding and swallowing.	K27.	Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.
		K29.	Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.
		K32.	Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.
		K40.	Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.
		K43.	Knowledge of procedures for assessing orofacial myofunctional disorders.
		K50.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.
		K51.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.
		K52.	Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).
		K53.	Knowledge of principles of calibration and operation of instrumentation.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T28.	Assess client's communication in the areas of motor speech and intelligibility.	K24.	Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.
		K34.	Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.
T29.	Assess client's communication skills as they relate to aural rehabilitation.	K41.	Knowledge of procedures for assessing language processing.
		K49.	Knowledge of procedures for basic interpretation of audiograms.
		K53.	Knowledge of principles of calibration and operation of instrumentation.
T30.	Assess client's options for alaryngeal communication.	K37.	Knowledge of procedures for assessing alaryngeal speech.
T31.	Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.	K27.	Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.
		K44.	Knowledge of procedures for performing school assessments in compliance with California Education Code.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T32.	Assess client readiness for prosthetic management as related to functional communication.	K24.	Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.
		K35.	Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.
		K36.	Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.
		K55.	Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T33.	Assess client readiness for augmentative and alternative communication (AAC) for functional communication.	K42.	Knowledge of procedures for assessing client ability to use and benefit from augmentative and alternative communication (AAC).
		K55.	Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.
T34.	Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.	K36.	Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.
		K40.	Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.
		K50.	Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.

Content Area 2: Assessment (25%), continued

This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.

Tasks		Associated Knowledge Statements	
T35.	Consider client English language proficiency level when determining the need for bilingual assessment of English language learners.	K47.	Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.
T36.	Provide assessment results to the client, the client's family, other professionals, and referral sources to facilitate service transition.	K48.	Knowledge of social, familial, cultural, and linguistic influences on communication.
		K56.	Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%)

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks		Associated Knowledge Statements	
T37.	Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	K64.	Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.
		K66.	Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.
		K71.	Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.
		K72.	Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.
		K74.	Knowledge of procedures for differential diagnosis.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks	Associated Knowledge Statements
T38. Analyze assessment results to identify accommodations or modifications that may be required in client environment.	K57. Knowledge of effects of genetic disorders on communication, feeding, and swallowing.
	K58. Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.
	K61. Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.
	K62. Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.
	K63. Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.
	K64. Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.
	K65. Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.
	K66. Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.
	K67. Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.
	K68. Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.
	K75. Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks		Associated Knowledge Statements	
T39.	Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	K60.	Knowledge of professional standards for documenting assessment results and treatment recommendations.
		K71.	Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.
T40.	Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	K60.	Knowledge of professional standards for documenting assessment results and treatment recommendations.
		K61.	Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.
		K69.	Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.
		K73.	Knowledge of procedures for determining optimal treatment settings based on assessment results.
T41.	Determine specific augmentative and alternative communication systems and treatment plans.	K59.	Knowledge of interventions and procedures for using aided and unaided augmentative and alternative communication (AAC) applications in diagnosis and treatment.
		K72.	Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning (25%), continued

This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and of developing treatment plans and interventions.

Tasks		Associated Knowledge Statements	
T42.	Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.	K70.	Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.
		K76.	Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.

Content Area 4: Treatment Intervention and Procedures (25%)

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements	
T43.	Provide treatment interventions to improve client articulation and phonological skills.	K77.	Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.
		K88.	Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.
T44.	Provide treatment interventions to improve client voice and resonance given medical clearance.	K79.	Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.
		K80.	Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.
T45.	Provide treatment interventions to improve client fluency.	K97.	Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.
T46.	Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	K82.	Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.

Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks	Associated Knowledge Statements
T47. Provide treatment interventions to improve client cognitive-communication skills.	K78. Knowledge of interventions for treating neurogenic speech disorders.
	K83. Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.
T48. Provide treatment interventions to improve client feeding and swallowing.	K84. Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.
	K85. Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.
	K87. Knowledge of interventions for treating orofacial myofunctional disorders.
T49. Provide treatment interventions to improve client communication skills related to aural rehabilitation.	K98. Knowledge of interventions and procedures for treating communication impairments in the area of language processing.
	K99. Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.

Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks	Associated Knowledge Statements
T50. Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.	K92. Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication. K93. Knowledge of instructional accommodations and modifications for improving client learning environment. K94. Knowledge of strategies for maintaining client engagement in treatment programs. K95. Knowledge of strategies for managing challenging client behavior.
T51. Provide treatment interventions and strategies that support communication between clients and communication partners.	K86. Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders. K94. Knowledge of strategies for maintaining client engagement in treatment programs. K95. Knowledge of strategies for managing challenging client behavior. K96. Knowledge of strategies for facilitating and managing group therapy sessions.
T52. Provide training to family and caregivers to support client treatment.	K91. Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device. K94. Knowledge of strategies for maintaining client engagement in treatment programs.

Content Area 4: Treatment Intervention and Procedures (25%), continued

This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment.

Tasks		Associated Knowledge Statements	
T53.	Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.	K77.	Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.
		K88.	Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.
T54.	Provide treatment for alaryngeal speech using instrumental and non-instrumental interventions.	K81.	Knowledge of interventions for treating communication disorders involving alaryngeal speech.
T55.	Implement augmentative and alternative communication (AAC) interventions that meet client immediate and ongoing treatment needs.	K89.	Knowledge of interventions using aided and unaided augmentative and alternative communication (AAC) applications in treatment.
		K90.	Knowledge of procedures for selecting augmentative and alternative communication (AAC) applications that meet client treatment needs.
		K91.	Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device.

Content Area 5: Treatment Outcomes and Effectiveness (10%)

This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.

Tasks	Associated Knowledge Statements
T56. Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans. K102. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.
T57. Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans. K102. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.
T58. Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.
T59. Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans. K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.

Content Area 5: Treatment Outcomes and Effectiveness (10%), continued

This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.

Tasks		Associated Knowledge Statements
T60. Provide recommendations to client at completion of treatment.		K101. Knowledge of the defined guidelines for discharge from treatment.
		K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.
		K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.

CHAPTER 6 | CONCLUSION

The OA of the speech-language pathologist profession described in this report provides a comprehensive description of current speech-language pathologist practice in California. The procedures employed to perform the OA were based on a content validation strategy to ensure that the results accurately represent speech-language pathologist practice. Results of this OA provide information regarding current practice that can be used to review the Praxis Speech-Language Pathology Test developed by ETS.

Use of the California Speech-Language Pathology Description of Practice contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A | QUESTIONNAIRE



Message from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov



06/20/2024

Dear Licensed Speech-Language Pathologist:

Thank you for opening this online survey. You have been selected to participate in an occupational analysis of the speech-language pathologist profession by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers (Board).

The Board is collecting information about the tasks currently performed by speech-language pathologists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the national speech-language pathologist examinations reflect current practice in California. We worked with different groups of speech-language pathologists to develop a survey to capture this information.

The survey should take about one hour to complete. For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other speech-language pathologists, and only group data will be analyzed.

The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by September 13, 2024. If you have questions or need assistance with the survey, please contact Maria Avalos with the Office of Professional Examination Services at Maria.Avalos@dca.ca.gov.

We value your contributions and appreciate your dedication to the speech-language pathologist profession in California. You will be credited two hours of continuing education upon completion of the survey.

Sincerely,

Paul Sanchez
Executive Officer



Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a speech-language pathologist in California within the last 12 months.

The Board recognizes that every licensed speech-language pathologist may not perform all of the tasks or use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

*** 1. Do you currently work as a licensed speech-language pathologist in California?**

- ☐ Yes
☐ No



Part I - Personal Data

2. How many years have you been licensed as a speech-language pathologist in California?

- ☐ 0-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-29
- ☐ 30 or more

3. How many hours a week do you work as a speech-language pathologist?

- ☐ 10 or fewer
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41 or more

4. What is your highest level of education?

- ☐ Master's in speech-language pathology or communication
- ☐ Doctorate in speech-language pathology or communication
- ☐ Other formal education (please specify)

5. How would you classify the majority of your responsibilities as a licensed speech-language pathologist?

- ☐ Clinical services provider
- ☐ College / university professor / instructor
- ☐ Consultant
- ☐ Director / Chair of an education program
- ☐ Director / Supervisor of a clinical program
- ☐ School-based service provider
- ☐ Supervisor of clinicians
- ☐ CEU provider
- ☐ Other (Please specify)

6. Which of the following services is your primary activity?

- ☐ Client IEP (IDT meetings)
- ☐ Client documentation / reports
- ☐ Family and caregiver contact / counseling
- ☐ Direct client care (screening, assessment, treatment)
- ☐ Treatment planning / preparation
- ☐ Collaboration / consultation (professional staff, teachers)
- ☐ Supervision (SLP-associated medical staff, support staff)
- ☐ Research / grant writing
- ☐ Teaching / training (staff, students, parents)
- ☐ Case management (intake, referrals, follow-up)
- ☐ Pre-referral interventions
- ☐ Administrative (scheduling, staffing, HR, meetings)
- ☐ Professional development

7. Which of the following services is your secondary activity?

- ☐ Client IEP (IDT meetings)
- ☐ Client documentation / reports
- ☐ Family and caregiver contact / counseling
- ☐ Direct client care (screening, assessment, treatment)
- ☐ Treatment planning / preparation
- ☐ Collaboration / consultation (professional staff, teachers)
- ☐ Supervision (SLP-associated medical staff, support staff)
- ☐ Research / grant writing
- ☐ Teaching / training (staff, students, parents)
- ☐ Case management (intake, referrals, follow-up)
- ☐ Prereferral interventions
- ☐ Administrative (scheduling, staffing, HR, meetings)
- ☐ Professional development

8. In which of the following settings do you currently provide services? (Check all that apply.)

- ☐ Correctional facility
- ☐ Public school
- ☐ Group home / sheltered workshop
- ☐ Regional Center
- ☐ Home health / assisted living
- ☐ Skilled nursing / acute rehab / long-term care / subacute care
- ☐ Hospital
- ☐ Speech and language clinic
- ☐ Nonpublic school (NPS)
- ☐ University / university clinic
- ☐ Preschool / day care
- ☐ Web-based treatment / telemedicine
- ☐ Private practice
- ☐ Other (please specify)

9. What age groups do you currently serve? (Check all that apply.)

- ☐ Older adults (71+ years of age)
- ☐ Adults (23-70 years of age)
- ☐ Young adults (18-22 years of age)
- ☐ Adolescents (15-17 years of age)
- ☐ Young adolescents (12-14 years of age)
- ☐ Children (9-11 years of age)
- ☐ Children (6-8 years of age)
- ☐ Preschool (3-5 years of age)
- ☐ Toddlers (1-2 years of age)
- ☐ Infants (0-12 months of age)
- ☐ Other (please specify)

10. What are your area(s) of specialization? (Check all that apply.)

- ☐ Alaryngeal speech
- ☐ Alternative and augmentative communication
- ☐ Aural rehabilitation
- ☐ Autism and related disorders
- ☐ Cognitive linguistic disorders
- ☐ Developmental disabilities
- ☐ Developmental language disorder
- ☐ Early intervention
- ☐ Feeding and swallowing disorders
- ☐ Fluency and fluency disorders
- ☐ Gerontology
- ☐ Hearing and hearing disorders
- ☐ Neurophysiological / neurogenic disorders
- ☐ Orofacial disorders
- ☐ Phonological disorders
- ☐ Speech sound disorders (articulation / phonology)
- ☐ Voice and voice disorders
- ☐ Other (please specify)

11. What other state-issued licenses do you hold? (Check all that apply.)

- ☐ None
- ☐ Audiologist
- ☐ Hearing Aid Dispenser
- ☐ Occupational Therapist
- ☐ Physical Therapist
- ☐ Other (please specify)

12. What other certificates / credentials do you hold? (Check all that apply.)

- ☐ None
- ☐ Administrative Services
- ☐ Applied Behavior Analysis
- ☐ Assistive Technology
- ☐ Bilingual, Crosscultural, Language and Academic Development (BCLAD)
- ☐ Crosscultural, Language and Academic Development (CLAD)
- ☐ Resource Specialist
- ☐ Special Education
- ☐ Teaching
- ☐ Other (please specify)

13. What is the location of your primary work setting?

- ☐ Urban (more than 50,000 people)
- ☐ Rural (fewer than 50,000 people)

Part I - Personal Data

14. In what California county do you perform the majority of your work as a speech-language pathologist?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 60 tasks. Please rate each task as it relates to your current job as a speech-language pathologist.

Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance). The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following Frequency and Importance rating scales to rate each task statement.

FREQUENCY SCALE

HOW OFTEN do you perform these tasks in your current job? Make your ratings relative to all other tasks you have performed over the past year.

0 - DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - RARELY. I perform this task least often in my current job relative to other tasks I perform in my current job.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.

5 - VERY OFTEN. I perform this task most often in my current job relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT are these tasks in the effective performance of your current job?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.

3 - MODERATELY IMPORTANT. This task is moderately important for effective

performance in my current job.

4 - VERY IMPORTANT. This task is very important for effective performance in my current job.

5 - CRITICALLY IMPORTANT. This task is extremely

Part II - Task Ratings

Content Area 1: General Competencies

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
1 Provide treatment plan to client that is consistent with professional and ethical standards.	<input type="text"/>	<input type="text"/>
2 Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	<input type="text"/>	<input type="text"/>
3 Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	<input type="text"/>	<input type="text"/>
4 Provide culturally and linguistically relevant services into assessment and treatment decisions.	<input type="text"/>	<input type="text"/>
5 Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	<input type="text"/>	<input type="text"/>
6 Refer client to other		

professionals or agencies based on the Speech-Language Pathologist competency level and client needs.

7 Supervise Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, or interns who are acquiring a speech-language pathology services credentials according to professional and ethical standards.

8 Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.

9 Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.

10 Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's

treatment plan.

11 Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.

12 Implement research and evidence-based practices to provide quality care to clients.

13 Provide in-service training to increase awareness of communication and swallowing disorders.

14 Participate in community education to increase awareness of communication and swallowing disorders.

15 Follow guidelines for use of interpreters and translators for non-English speaking clients.

Part II - Task Ratings

Content Area 2: Assessment

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
16 Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	<input type="text"/>	<input type="text"/>
17 Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	<input type="text"/>	<input type="text"/>
18 Identify indicators that prompt further assessment or referral.	<input type="text"/>	<input type="text"/>
19 Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	<input type="text"/>	<input type="text"/>
20 Document observed client behaviors and emotions that impact assessment.	<input type="text"/>	<input type="text"/>
21 Select assessment instruments, procedures,		

settings, and materials based on client needs including cultural and linguistic factors.

22 Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.

23 Assess client's communication in the area of fluency.

24 Assess client's communication in the areas of articulation and intelligibility.

25 Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.

26 Assess client's cognitive-linguistic functioning.

27 Assess client's feeding and swallowing.

28 Assess client's communication in the areas of

motor speech and intelligibility.	<input type="text"/>	<input type="text"/>
29 Assess client's communication skills as they relate to aural rehabilitation.		
	<input type="text"/>	<input type="text"/>
30 Assess client's options for alaryngeal communication.		
	<input type="text"/>	<input type="text"/>
31 Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.		
	<input type="text"/>	<input type="text"/>
32 Assess client readiness for prosthetic management as related to functional communication.		
	<input type="text"/>	<input type="text"/>
33 Assess client readiness for alternative and augmentative communication (AAC) for functional communication.		
	<input type="text"/>	<input type="text"/>
34 Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.		
	<input type="text"/>	<input type="text"/>
35 Consider client English language proficiency level when determining the need for		
	<input type="text"/>	<input type="text"/>

bilingual
assessment of
English
language
learners.

36 Provide
assessment
results to the
client, the
client's family,
other
professionals,
and referral
sources to
facilitate
service
transition.



Part II - Task Ratings

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
37 Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	<input type="text"/>	<input type="text"/>
38 Analyze assessment results to identify accommodations or modifications that may be required in client environment.	<input type="text"/>	<input type="text"/>
39 Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	<input type="text"/>	<input type="text"/>
40 Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	<input type="text"/>	<input type="text"/>
41 Determine specific alternative and augmentative communication systems and	<input type="text"/>	<input type="text"/>

treatment plans.

42 Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.



Part II - Task Ratings

Content Area 4: Treatment Interventions and Procedures

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
43 Provide treatment interventions to improve client articulation and phonological skills.	<input type="text"/>	<input type="text"/>
44 Provide treatment interventions to improve client voice and resonance given medical clearance.	<input type="text"/>	<input type="text"/>
45 Provide treatment interventions to improve client fluency.	<input type="text"/>	<input type="text"/>
46 Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	<input type="text"/>	<input type="text"/>
47 Provide treatment interventions to improve client cognitive-communication skills.	<input type="text"/>	<input type="text"/>
48 Provide treatment		

interventions to improve client feeding and swallowing.	<input type="text"/>	<input type="text"/>
49 Provide treatment interventions to improve client communication skills related to aural rehabilitation.		
	<input type="text"/>	<input type="text"/>
50 Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.	<input type="text"/>	<input type="text"/>
51 Provide treatment interventions and strategies that support communication between clients and communication partners.		
	<input type="text"/>	<input type="text"/>
52 Provide training to family and caregivers to support client treatment.	<input type="text"/>	<input type="text"/>
53 Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.		
	<input type="text"/>	<input type="text"/>
54 Provide treatment for alaryngeal speech using		

instrumental
and non-
instrumental
interventions.

55 Implement
alternative and
augmentative
communication
(AAC)
interventions
that meet
client
immediate and
ongoing
treatment
needs.

Part II - Task Ratings

Content Area 5: Treatment Outcomes and Effectiveness

19. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
56 Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	<input type="text"/>	<input type="text"/>
57 Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	<input type="text"/>	<input type="text"/>
58 Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	<input type="text"/>	<input type="text"/>
59 Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	<input type="text"/>	<input type="text"/>
60 Provide recommendations to client at completion of treatment.	<input type="text"/>	<input type="text"/>

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 104 knowledge statements. Please rate each knowledge statement based on how important the knowledge is to the effective performance of the tasks in your current job as a speech-language pathologist. If a knowledge statement is NOT part of your current job, rate the statement "Does not apply to my current job; not required" for importance.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge in the effective performance of your current job? Use the following scale to make your ratings.

- 0 - DOES NOT APPLY TO MY CURRENT JOB; NOT REQUIRED. This knowledge is not required to perform my current job.
- 1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance of my current job.
- 2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance of my current job.
- 3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance of my current job.
- 4 - VERY IMPORTANT. This knowledge is very important for effective performance of my current job.
- 5 - CRITICALLY IMPORTANT. This knowledge is essential for effective performance of my current job.



Part III - Knowledge Ratings

Content Area 1: General Competencies

20.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
1 Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Knowledge of state and federal laws and regulations related to client rights and legal protections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Knowledge of procedures to use to advocate for specialized programs that support quality client care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Knowledge of California regulations regarding supervision of Clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

11 Knowledge of procedures for mentoring and training Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12 Knowledge of professional standards of written communication for different clinical and educational purposes.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

13 Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

14 Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

15 Knowledge of available resources for clients, client families, and caregivers to support quality client care.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Part III - Knowledge Ratings

Content Area 2: Assessment

21.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
16 Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Knowledge of screening procedures for social-pragmatic communication disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Knowledge of screening procedures for feeding and swallowing disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Knowledge of screening procedures for hearing impairments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Knowledge of screening procedures for cognitive-linguistic impairments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Knowledge of screening procedures for language disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Knowledge of neurodiversity and its impact on social-pragmatic communication development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27 Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Knowledge of methods and procedures for obtaining client case history and performing client assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 Knowledge of epidemiology of communication and feeding and swallowing disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Knowledge of standardized methods and procedures for conducting objective assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36 Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Knowledge of procedures for assessing alaryngeal speech.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38 Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39 Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40 Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

and their effects on client feeding and swallowing.						
41 Knowledge of procedures for assessing language processing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42 Knowledge of procedures for assessing client ability to use and benefit from alternative and augmentative communication (AAC).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43 Knowledge of procedures for assessing orofacial myofunctional disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44 Knowledge of procedures for performing school assessments in compliance with California Education Code.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 Knowledge of strategies for managing challenging client behaviors during assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46 Knowledge of strategies for engaging clients and client families in the assessment process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47 Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48 Knowledge of social, familial, cultural, and linguistic influences on communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49 Knowledge of procedures for basic interpretation of audiograms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51 Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52 Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53 Knowledge of principles of calibration and operation of instrumentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54 Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55 Knowledge of procedures for performing and interpreting client screenings and assessments using alternative and augmentative communication (AAC) and prosthetic communication devices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56 Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.



Part III - Knowledge Ratings

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

22.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
57 Knowledge of effects of genetic disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 Knowledge of interventions and procedures for using aided and unaided alternative and augmentative communication (AAC) applications in diagnosis and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 Knowledge of professional standards for documenting assessment results and treatment recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62 Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63 Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64 Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65 Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66 Knowledge of effects of neurological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

disorder and dysfunction on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67 Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68 Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69 Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71 Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72 Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73 Knowledge of procedures for determining optimal treatment settings based on assessment results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74 Knowledge of procedures for differential diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76 Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Knowledge Ratings

Content Area 4: Treatment Interventions and Procedures

23.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
77 Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78 Knowledge of interventions for treating neurogenic speech disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79 Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81 Knowledge of interventions for treating communication disorders involving alaryngeal speech.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82 Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83 Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84 Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

85 Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86 Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87 Knowledge of interventions for treating orofacial myofunctional disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88 Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89 Knowledge of interventions using aided and unaided alternative and augmentative communication (AAC) applications in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90 Knowledge of procedures for selecting alternative and augmentative communication (AAC) applications that meet client treatment needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91 Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients alternative and augmentative communication (AAC) device.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92 Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93 Knowledge of instructional accommodations and modifications for improving client learning environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94 Knowledge of strategies for maintaining client engagement in treatment programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95 Knowledge of strategies for managing challenging client behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96 Knowledge of strategies for facilitating and managing group therapy sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97 Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98 Knowledge of interventions and procedures for treating communication impairments in the area of language processing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99 Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.



Part III - Knowledge Ratings

Content Area 5: Treatment Outcomes and Effectiveness

24. How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
100 Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101 Knowledge of the defined guidelines for discharge from treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102 Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103 Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104 Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Thank you!

Thank you for taking the time to complete this survey! The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board values your contribution to this study.

APPENDIX B | QUESTIONNAIRE EMAIL INVITATION



Message from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov



06/20/2024

Dear Licensed Speech-Language Pathologist:

Thank you for opening this online survey. You have been selected to participate in an occupational analysis of the speech-language pathologist profession by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers (Board).

The Board is collecting information about the tasks currently performed by speech-language pathologists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the national speech-language pathologist examinations reflect current practice in California. We worked with different groups of speech-language pathologists to develop a survey to capture this information.

The survey should take about one hour to complete. For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other speech-language pathologists, and only group data will be analyzed.

The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by September 13, 2024. If you have questions or need assistance with the survey, please contact Maria Avalos with the Office of Professional Examination Services at Maria.Avalos@dca.ca.gov.

We value your contributions and appreciate your dedication to the speech-language pathologist profession in California. You will be credited two hours of continuing education upon completion of the survey.

Sincerely,

Paul Sanchez
Executive Officer

APPENDIX C | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	211
Orange	64
Total	275

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	50
San Bernardino	43
Total	93

NORTH COAST

County of Practice	Frequency
Humboldt	5
Mendocino	3
Sonoma	15
Total	23

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	6
Colusa	1
Glenn	1
Lake	1
Sacramento	40
Sutter	5
Yolo	2
Yuba	2
Total	58

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	5
Inyo	1
San Diego	92
Total	98

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	43
Contra Costa	18
Marin	4
Napa	4
San Francisco	19
San Mateo	15
Santa Clara	42
Santa Cruz	3
Solano	11
Total	159

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	32
Kern	17
Kings	3
Mariposa	1
Madera	4
Merced	4
San Joaquin	16
Stanislaus	12
Tulare	6
Total	95

SHASTA-CASCADE

County of Practice	Frequency
Lassen	1
Shasta	3
Tehama	1
Total	5

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	1
Calaveras	2
El Dorado	7
Nevada	3
Placer	13
Tuolumne	1
Total	27

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	17
San Benito	3
San Luis Obispo	10
Santa Barbara	14
Ventura	28
Total	72

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APPENDIX D | CRITICALITY INDICES IN DESCENDING ORDER FOR ALL TASKS BY CONTENT AREA

Content Area 1: General Competencies

Tasks	Frequency	Importance	Criticality
T2. Maintain client confidentiality and security of documentation in compliance with federal and state regulations.	4.78	4.79	22.90
T1. Provide treatment plan to client that is consistent with professional and ethical standards.	4.51	4.58	21.34
T11. Document diagnostic and treatment reports, treatment plans, treatment activities, session logs, and professional correspondence consistent with professional standards.	4.63	4.41	20.71
T4. Provide culturally and linguistically relevant services in assessment and treatment decisions.	4.49	4.56	20.70
T12. Implement research and evidence-based practices to provide quality care to clients.	4.38	4.45	19.80
T10. Review diagnostic and treatment reports, treatment plans, and professional correspondence when developing client's treatment plan.	4.28	4.33	19.05
T8. Communicate clinical information to the client, the client's family, and other professionals in compliance with regulatory guidelines.	4.24	4.36	18.89
T9. Educate and train the client, the client's family, and other care providers in techniques and strategies that will support the client's treatment.	3.92	4.24	17.16
T5. Collaborate with other professionals to provide a treatment plan that is culturally and linguistically relevant.	3.97	4.20	17.09

Tasks	Frequency	Importance	Criticality
T3. Maintain health and safety protocols for preventing disease transmission in compliance with state regulations.	3.63	3.71	15.25
T15. Follow guidelines for use of interpreters and translators for non-English speaking clients.	3.43	4.04	15.18
T6. Refer client to other professionals or agencies based on the Speech-Language Pathologist competency level and client needs.	2.80	3.41	10.83
T7. Supervise Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, or interns who are acquiring a speech-language pathology services credentials according to professional and ethical standards.	1.89	2.45	6.97
T13. Provide in-service training to increase awareness of communication and swallowing disorders.	1.60	2.31	5.19
T14. Participate in community education to increase awareness of communication and swallowing disorders.	1.30	1.99	4.03

Content Area 2: Assessment

Tasks	Frequency	Importance	Criticality
T21. Select assessment instruments, procedures, settings, and materials based on client needs including cultural and linguistic factors.	4.39	4.48	20.14
T22. Assess client in all areas of suspected disorder or impairment including voice, resonance, swallowing, fluency, articulation, phonology, morphology, syntax, semantics, pragmatics, cognitive-communication, and communication modalities.	4.28	4.41	19.74
T36. Provide assessment results to the client, the client's family, other professionals, and referral sources to facilitate service transition.	4.20	4.34	19.15
T25. Assess client's language including phonology, morphology, syntax, semantics, and social-pragmatics.	4.22	4.22	18.70
T24. Assess client's communication in the areas of articulation and intelligibility.	4.18	4.15	18.07
T20. Document observed client behaviors and emotions that impact assessment.	4.15	4.09	17.61
T31. Assess impact of client communication impairment on academic, social, and vocational functioning based on federal and state eligibility criteria.	3.83	3.91	17.00

Tasks	Frequency	Importance	Criticality
T35. Consider client English language proficiency level when determining the need for bilingual assessment of English language learners.	3.71	4.14	16.79
T19. Assess client history to identify potential causal factors and correlates related to client communication and swallowing status.	3.73	3.79	15.57
T28. Assess client's communication in the areas of motor speech and intelligibility.	3.64	3.97	15.44
T18. Identify indicators that prompt further assessment or referral.	3.61	3.86	14.91
T26. Assess client's cognitive-linguistic functioning.	3.10	3.41	12.82
T16. Identify individuals and groups at risk for communication and swallowing disorders based on work setting protocols.	2.96	3.19	11.92
T33. Assess client readiness for augmentative and alternative communication (AAC) for functional communication.	2.73	3.66	11.54
T23. Assess client's communication in the area of fluency.	2.71	3.55	10.60
T17. Screen for presence of communication and swallowing disorders based on federal and state regulations and work setting protocols.	2.59	2.89	10.14
T27. Assess client's feeding and swallowing.	1.40	1.70	5.42
T29. Assess client's communication skills as they relate to aural rehabilitation.	1.14	1.80	3.78
T34. Perform instrumental assessment of supralaryngeal, laryngeal, and pharyngeal subsystems to further assess swallowing function and severity of dysphagia.	0.69	0.96	2.64

Tasks	Frequency	Importance	Criticality
T32. Assess client readiness for prosthetic management as related to functional communication.	0.59	0.91	1.85
T30. Assess client's options for alaryngeal communication.	0.53	0.97	1.63

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

Tasks	Frequency	Importance	Criticality
T40. Develop evidence-based treatment plans that includes goals, objectives, and interventions based on client needs.	4.55	4.56	21.23
T39. Document assessment results to develop comprehensive description of client communication strengths and weaknesses.	4.43	4.42	20.04
T42. Collaborate with clients, client families, caregivers, other professionals, and referral sources to gain consensus on the treatment plan based on assessment results and treatment plan.	4.20	4.37	18.79
T37. Analyze assessment results to identify and prioritize treatment of communication or swallowing disorders.	3.98	4.12	18.25
T38. Analyze assessment results to identify accommodations or modifications that may be required in client environment.	4.09	4.16	17.85
T41. Determine specific augmentative and alternative communication systems and treatment plans.	2.69	3.57	11.17

Content Area 4: Treatment Intervention and Procedures

Tasks	Frequency	Importance	Criticality
T50. Provide treatment interventions that consider client age, primary language background, cognitive and physical abilities, emotional and behavioral status, and culture.	4.35	4.38	19.86
T51. Provide treatment interventions and strategies that support communication between clients and communication partners.	4.13	4.25	18.48
T46. Provide treatment interventions to improve client language morphology, syntax, semantics, pragmatics, and communication modalities.	4.12	4.07	18.19
T43. Provide treatment interventions to improve client articulation and phonological skills.	3.92	3.95	17.18
T53. Produce acoustically correct models for targeted phonemes, grammatical features, and other aspects of speech and language as identified in treatment plans.	3.75	3.72	16.07
T52. Provide training to family and caregivers to support client treatment.	3.50	4.02	15.07
T55. Implement augmentative and alternative communication (AAC) interventions that meet client immediate and ongoing treatment needs.	2.92	3.72	12.54
T47. Provide treatment interventions to improve client cognitive-communication skills.	3.00	3.34	12.42
T45. Provide treatment interventions to improve client fluency.	2.31	3.26	8.88
T48. Provide treatment interventions to improve client feeding and swallowing.	1.21	1.51	4.73

Tasks	Frequency	Importance	Criticality
T44. Provide treatment interventions to improve client voice and resonance given medical clearance.	1.30	2.01	4.24
T49. Provide treatment interventions to improve client communication skills related to aural rehabilitation.	0.85	1.49	2.75
T54. Provide treatment for alaryngeal speech using instrumental and non-instrumental interventions.	0.41	0.67	1.17

Content Area 5: Treatment Outcomes and Effectiveness

Tasks	Frequency	Importance	Criticality
T58. Use data to modify client treatment plans and to determine client readiness for dismissal or discharge from treatment.	4.15	4.22	18.28
T56. Establish methods for monitoring treatment progress and outcomes to evaluate treatment plan efficacy.	4.11	4.15	17.82
T57. Collect treatment outcome data to measure client functional gains and efficacy of targeted environmental modifications.	4.04	4.05	17.24
T59. Write progress reports or discharge summaries to document client progress and level of functioning related to focus of treatment.	3.99	4.01	16.74
T60. Provide recommendations to client at completion of treatment.	3.71	3.75	14.90

APPENDIX E | KNOWLEDGE IMPORTANCE RATINGS IN DESCENDING ORDER BY CONTENT AREA

Content Area 1: General Competencies

Knowledge Statements	Importance
K7. Knowledge of cultural and linguistic differences that affect assessment and treatment of diverse client populations, families, and caregivers.	4.59
K1. Knowledge of professional guidelines, standards, and ethics related to Speech-Language Pathologist practice.	4.54
K2. Knowledge of state and federal regulations that impact Speech-Language Pathologist practice.	4.48
K4. Knowledge of state and federal laws and regulations related to client rights and legal protections.	4.44
K8. Knowledge of different approaches to communicate information about client condition, care, and treatment to clients, the client families, caregivers, and other professionals.	4.23
K9. Knowledge of procedures for counseling and educating the clients, client families, caregivers, and other professionals about client care and treatment.	4.19
K15. Knowledge of available resources for clients, client families, and caregivers to support quality client care.	4.15
K6. Knowledge of collaboration models used to develop relationships with clients, client families, caregivers, and other professionals.	4.11
K3. Knowledge of laws and regulations related to client and worker health and safety, including universal precautions.	4.10
K12. Knowledge of professional standards of written communication for different clinical and educational purposes.	4.02
K5. Knowledge of procedures to use to advocate for specialized programs that support quality client care.	4.00
K14. Knowledge of methods for integrating research outcomes into evidence-based clinical and educational practice.	3.98
K13. Knowledge of procedures for applying research methodology and the scientific method to clinical and educational practice.	3.80

Knowledge Statements	Importance
K10. Knowledge of California regulations regarding supervision of Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	
K11. Knowledge of procedures for mentoring and training Clinical Fellows, Required Professional Experience temporary license holders, Speech-Language Pathology Assistants, and interns acquiring speech-language pathology services credentials.	3.58

Content Area 2: Assessment

Knowledge Statements	Importance
K33. Knowledge of standardized methods and procedures for conducting objective assessments.	4.44
K26. Knowledge of neurodiversity and its impact on social-pragmatic communication development.	4.40
K48. Knowledge of social, familial, cultural, and linguistic influences on communication.	4.38
K38. Knowledge of procedures for assessing language and communication including phonology, morphology, syntax, semantics, social-pragmatics, and oral language aspects of literacy and prelinguistic communication.	4.37
K28. Knowledge of methods and procedures for obtaining client case history and performing client assessment.	4.36
K25. Knowledge of the phonologic, morphologic, syntactic, semantic, and social-pragmatic aspects of typical human communication and their development.	4.33
K45. Knowledge of strategies for managing challenging client behaviors during assessment.	4.31
K22. Knowledge of screening procedures for language disorders.	4.30
K46. Knowledge of strategies for engaging clients and client families in the assessment process.	4.27
K34. Knowledge of procedures for assessing speech sound production including perceptual characteristics, oral and physiological structure, motor planning, and execution.	4.26
K23. Knowledge of screening procedures for articulation, phonology, and motor-speech disorders.	4.25
K56. Knowledge of potential impacts of client communication impairment on client-family or -caregiver relationships.	4.19
K16. Knowledge of effects of cognitive, behavioral, and cultural and linguistic factors on communication, feeding, and swallowing behaviors.	4.18
K41. Knowledge of procedures for assessing language processing.	4.09
K47. Knowledge of typical progression and development in the acquisition of English for learners who are non-native English speakers.	4.08
K42. Knowledge of procedures for assessing client ability to use and benefit from augmentative and alternative communication (AAC).	3.96

Knowledge Statements	Importance
K17. Knowledge of screening procedures for social-pragmatic communication disorders.	3.93
K29. Knowledge of effects of medical conditions, procedures, and treatments on communication, feeding and swallowing.	3.84
K24. Knowledge of the characteristics of speech, including acoustics, aerodynamics, and articulatory movements.	3.84
K44. Knowledge of procedures for performing school assessments in compliance with California Education Code.	3.83
K20. Knowledge of screening procedures for speech and language disorders involving voice, resonance, and fluency.	3.76
K55. Knowledge of procedures for performing and interpreting client screenings and assessments using augmentative and alternative communication (AAC) and prosthetic communication devices.	3.72
K39. Knowledge of procedures for assessing cognition including attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	3.66
K54. Knowledge of procedures for assessing fluency including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	3.65
K27. Knowledge of effects of communication and feeding and swallowing impairments on client behavior, emotional adjustment, health status, and client academic, vocational, and social success.	3.64
K21. Knowledge of screening procedures for cognitive-linguistic impairments.	3.55
K30. Knowledge of psychosocial impact of communication and feeding and swallowing disorders across the lifespan.	3.52
K35. Knowledge of procedures for assessing resonance including oral, nasal, and velopharyngeal structures and functions.	3.40
K31. Knowledge of epidemiology of communication and feeding and swallowing disorders.	3.31
K32. Knowledge of effects of neurotoxins and drugs on communication, feeding, and swallowing.	3.30

Knowledge Statements	Importance
K36. Knowledge of procedures for assessing voice including respiratory, supralaryngeal, laryngeal, and pharyngeal structure and functions.	2.97
K19. Knowledge of screening procedures for hearing impairments.	2.87
K43. Knowledge of procedures for assessing orofacial myofunctional disorders.	2.76
K49. Knowledge of procedures for basic interpretation of audiograms.	2.75
K18. Knowledge of screening procedures for feeding and swallowing disorders.	2.53
K40. Knowledge of procedures for identifying structural, physiological, sensory, or behavior-based oropharyngeal and esophageal deficits and their effects on client feeding and swallowing.	2.52
K50. Knowledge of principles of assessing adequacy of anatomical and physiological structures using imaging.	2.32
K37. Knowledge of procedures for assessing alaryngeal speech.	2.02
K51. Knowledge of principles of assessing adequacy of anatomical and physiological structures using aerodynamic analysis.	1.96
K53. Knowledge of principles of calibration and operation of instrumentation.	1.87
K52. Knowledge of principles of assessing adequacy of anatomical and physiological structures by applying acoustic measures, tactile cues, and electromyography (EMG).	1.78

Content Area 3: Diagnosis, Goal Setting, and Treatment Planning

Knowledge Statements	Importance
K72. Knowledge of procedures for determining eligibility, initiating treatment, and prioritizing treatment targets.	4.51
K60. Knowledge of professional standards for documenting assessment results and treatment recommendations.	4.50
K69. Knowledge of procedures for developing and defining treatment goals, service delivery options, treatment supports, and resources.	4.49
K61. Knowledge of procedures for identifying and adapting to the demands of client linguistic abilities, cognitive abilities, and social environments to improve communication.	4.31
K74. Knowledge of procedures for differential diagnosis.	4.27
K73. Knowledge of procedures for determining optimal treatment settings based on assessment results.	4.26
K70. Knowledge of procedures for gaining consensus and support with clients and client families regarding options for the treatment plans.	4.20
K71. Knowledge of components of diagnostic assessment reports that provide comprehensive description of client communication, feeding, and swallowing.	4.15
K76. Knowledge of procedures for addressing family and caregiver factors that impact client care and treatment.	4.13
K62. Knowledge of effects of developmental disabilities on communication, feeding, and swallowing.	3.91
K59. Knowledge of interventions and procedures for using aided and unaided augmentative and alternative communication (AAC) applications in diagnosis and treatment.	3.86
K75. Knowledge of effects of sensory processing and behavioral disorders on communication, feeding, and swallowing.	3.85
K63. Knowledge of effects of auditory deficits on client communication and on client academic, social, and vocational skills.	3.75
K66. Knowledge of effects of neurological disorder and dysfunction on communication, feeding, and swallowing.	3.57
K57. Knowledge of effects of genetic disorders on communication, feeding, and swallowing.	3.43

Knowledge Statements	Importance
K67. Knowledge of effects of psychiatric disorders on communication, feeding, and swallowing.	3.24
K64. Knowledge of effects of oral, pharyngeal, and laryngeal anomalies on communication, feeding, and swallowing.	3.24
K65. Knowledge of effects of respiratory compromise on communication, feeding, and swallowing.	3.21
K58. Knowledge of effects of neonatal risk factors on communication, feeding, and swallowing.	2.95
K68. Knowledge of effects of gastrointestinal disorders on communication, feeding, and swallowing.	2.76

Content Area 4: Treatment Intervention and Procedures

Knowledge Statements	Importance
K94. Knowledge of strategies for maintaining client engagement in treatment programs.	4.34
K95. Knowledge of strategies for managing challenging client behavior.	4.31
K86. Knowledge of interventions for treating neurodiverse clients diagnosed with communication disorders.	4.29
K82. Knowledge of interventions for treating language and communication disorders in the areas of phonology, morphology, syntax, semantics, social-pragmatics, and oral language as they apply to literacy and prelinguistic communication.	4.23
K92. Knowledge of interventions for adapting to the demands of client linguistic, cognitive, and social environments to improve client communication.	4.16
K88. Knowledge of the phonemic repertoire of the English language and its grammatical structure and other aspects of speech and language sufficient to discriminate and produce acoustically correct models for client.	4.12
K77. Knowledge of interventions for treating speech sound disorders including perceptual characteristics, physiological structure, and function.	4.05
K93. Knowledge of instructional accommodations and modifications for improving client learning environment.	4.04
K98. Knowledge of interventions and procedures for treating communication impairments in the area of language processing.	4.01
K89. Knowledge of interventions using aided and unaided augmentative and alternative communication (AAC) applications in treatment.	3.95
K91. Knowledge of procedures for training family, caregivers, and support personnel in the programming and use of clients augmentative and alternative communication (AAC) device.	3.85
K90. Knowledge of procedures for selecting augmentative and alternative communication (AAC) applications that meet client treatment needs.	3.81

Knowledge Statements	Importance
K96. Knowledge of strategies for facilitating and managing group therapy sessions.	3.74
K83. Knowledge of interventions for treating cognition in the areas of attention, memory retention, memory retrieval, sequencing, problem solving, thought organization, and executive functioning.	3.68
K97. Knowledge of interventions for treating fluency disorders, including types of dysfluency, concomitant behaviors, and cognitive-affective and social-emotional factors.	3.62
K78. Knowledge of interventions for treating neurogenic speech disorders.	3.36
K79. Knowledge of interventions for treating resonance disorders including those related to oral, nasal, and velopharyngeal structures and functions.	2.90
K80. Knowledge of interventions for treating voice disorders including those related to respiratory, supralaryngeal, and laryngeal structures and functions.	2.70
K87. Knowledge of interventions for treating orofacial myofunctional disorders.	2.59
K99. Knowledge of interventions, procedures, and equipment for aural rehabilitation related to hearing loss.	2.52
K84. Knowledge of interventions for treating feeding and swallowing disorders including those related to oral, pharyngeal, laryngeal, and esophageal structures and functions.	2.44
K85. Knowledge of interventions for treating feeding and swallowing disorders including those related to nutritional and hydration status, sensory issues, and behavior.	2.39
K81. Knowledge of interventions for treating communication disorders involving alaryngeal speech.	1.98

Content Area 5: Treatment Outcomes and Effectiveness

Knowledge Statements	Importance
K100. Knowledge of data collection and analysis methodologies for assessing status, evaluating progress, and modifying treatment plans.	4.31
K102. Knowledge of procedures for evaluating the effectiveness of specific treatment strategies.	4.24
K101. Knowledge of the defined guidelines for discharge from treatment.	4.22
K104. Knowledge of professional standards for written communication regarding client progress reports and discharge summaries.	4.20
K103. Knowledge of components of progress reports and discharge summaries to provide post-treatment status and recommendations for follow-up.	4.10

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