

# CANVAS eportfolios: A case study of implementation and assessment

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[tinyurl.com/eportfoliocomdis](https://tinyurl.com/eportfoliocomdis)

# Outline

- Define an eportfolio and best practices
- Highlight the purpose/rationale for utilizing an eportfolio
- Summarize the department's eportfolio process
- Present qualitative and quantitative data analyzing eportfolio artifacts for the last two graduate cohorts
- Discuss opportunities and challenges of eportfolio implementation

# ePortfolio Defined

An ePortfolio is a **digitized** collection of **artifacts** that represent an individual's experiences and **learning over time**. This facilitates a holistic **reflection** on experiences

(Lorenzon, 2005)

ePortfolio\_KerrynFoley  
Kerryn Foley

- Welcome
- Approach to Clinical Practice
- ASHA Standards
- WI InTASC Teaching Standards

## Welcome

My name is Kerryn Foley, and I am passionate increasing the quality of life for the clients I serve, by **supporting** individuals holistically, **valuing** diversity in culture, race, ethnicity, thought, and experience, and **empowering** clients to have a voice in every aspect of the therapy process.

I am a graduate of Wheaton College, where I completed a B.A. in Psychology, and Northwestern University, where I completed an M.A. in Mental Health Counseling. I will complete a second master's degree in communication sciences and disorders in August 2021, and I am excited to use this education to better serve the individuals and families I work with as a speech-language pathologist.

Please see the sections below for information regarding my approach to clinical practice, as well as selected experiences from my graduate coursework that satisfy requirements according to the ASHA and InTASC standards.

[Click here to access Kerryn Foley's LinkedIn Profile](#)

**Kerryn Foley**  
*Speech Language Pathology Candidate*

Pages for this section: [Welcome](#)

### 3 Best Practice Elements (Mueller, 2015)

- Compiler (student) chooses what to include.

#### 4. Artifacts

a) You will be provided with a list of examples of coursework and clinical experiences that could serve as evidence for meeting the WI InTASC Standards and the ASHA Standards.

b) In each academic and clinical course you take, you should consider artifacts that could serve as evidence in your e-portfolio. We recommend saving at least 3 artifacts from each course so that you can very intentionally choose which artifacts best represent your learning.

- You must show evidence of meeting all of the InTASC and the ASHA Standards. Some artifacts will meet several standards, while some artifacts might only meet 1-2 standards.
- Standards should be identified within the body of the portfolio by numeral and alpha designation in order to link them to the appropriate standard (e.g., ASHA IV-A).

### 3 Best Practice Elements (Mueller, 2015)

- Reflection is evident.

**5. Reflections:** Each artifact/entry included in your portfolio must be accompanied by a 250-500 word reflection that:

- a) describes the artifact(s) (e.g. how, where, why it was collected)
- b) explicitly identifies the standard/s (by numeral, alpha, and title/category) and describes how the selected artifact serves as evidence for the respective standard(s).
- c) connects the artifact to any of the “Big 9”: artic, fluency, language, cognition, social communication, communication modalities, voice and resonance, swallowing and hearing.
- d) includes a statement of how the artifact(s) helped you grow as a student clinician and/or how the experience could potentially impact your future clinical practice.

# 3 Best Practice Elements (Mueller, 2015)

- It can be adapted, modified, and accessed to suit various audiences.

c) All documents should be included as both pdf downloads and embedded in html text, video, and/or photo in the portfolio. This will ensure that the portfolio artifacts are easier to access for the reviewer.

d) If you use photos of students/clients, you must obtain written permission from the parents, caregivers, or the client.

## Visual Model of Approach to Clinical Practice – Visual

Needs Improvement	Satisfactory	Good	Excellent
Visual model was confusing AND does not support ideas, concepts and experiences	Visual model was included but was confusing OR does not support ideas, concepts and experiences	Visual model was included and was clear BUT does not support ideas, concepts and experiences	- Visual model was clear and comprehensive - Supports ideas, concepts, and experiences - was beneficial for education on SLP role for various professionals

# 3 Best Practices for Implementation (Mueller, 2015)

- Provide students with structural expectations, sequences, guidelines, and assessment rubrics early in the process.

<b>“CHECK-INS”</b>	<b>STUDENT EXPECTATIONS</b>	<b>FACULTY EXPECTATIONS</b>	<b>CHECKLIST</b>
<b>Orientation Week</b>	1. Create a baseline approach to clinical practice paper (around 3 pages) and visual 2. Start thinking about how you want to organize your e-portfolio. Review PowerPoint provided, examples, etc.	During orientation week, faculty will guide a discussion/lecture on child language development theories and adult learning theories. This will serve as the foundation for your baseline approach to clinical practice paper and visual.	<ul style="list-style-type: none"><li>• Did you create your baseline visual model?</li><li>• Did you draft your baseline approach to clinical practice paper?</li><li>• Did you start your Portfolio in CANVAS?</li></ul>

# 3 Best Practices for Implementation (Mueller, 2015)

- Develop a process for identifying acceptable evidence for inclusion in ePortfolios.

Semester 1				Semester 2				Semester 3 (Summer)				Semester 4			
Courses	ASHA	INTASC	Approach to Clinical Practice	Courses	ASHA	INTASC	Approach to Clinical Practice	Courses	ASHA	INTASC	Approach to Clinical Practice	Courses	ASHA	INTASC	Approach to Clinical Practice
<i>Other</i>	Transcript, Calipso report			<i>Other</i>	Calipso Report, Simucase			<i>Other</i>	Calipso report; Simucase			<i>Other</i>	Transcript, Calipso report		
<i>COMDIS 677 Speech</i>	TAP-S scoring activity & reflection, Speech sound error pattern activity, GFTA scoring, interpretation, & reflection, CAPSTONE 3: Speech evaluation report, Mock speech assessment	TAP-S scoring activity & reflection, GFTA scoring, interpretation, & reflection, Mock speech assessment		<i>COMDIS 683 AAC</i>				<i>SPECED 686 Academic Intervention I</i>		?????????		<i>COMDIS 711 Motor Speech</i>	Auditory Perceptual Assessment of Motor Speech Subsystems, Assessment Summaries, Treatment Planning, Treatment Demonstrations, Goal Writing, Self- and Peer Critique.		Reflection on Integration of Motor Speech and Resonance into Approach to Clinical Practice.
<i>COMDIS 722 Lang &amp; Cog</i>	Case study project, Assessment Project, In-Class Assignments	Case Study Project		<i>COMDIS 684 Aural Rehab</i>	Interpretation of Audiogram; Health History & Referral; Language Access; Sound Awareness/Production; Listening Practice; Intervice Training and Assessment	Language Access; Sound Awareness/Production; Intervice Training and Assessment		<i>COMDIS 781 Pediatric Placement</i>	Assessment and Progress Report; Lesson Plan; Progress Summary Chatters Matters Individual Client Goals; Lesson Modifications	Assessment and Progress Report; Lesson Plan; Progress Summary Chatters Matters Individual Client Goals; Lesson Modifications		<i>COMDIS 710 Prof Issues</i>	Assignment re: diversity; Assignment re: advocacy; Assignment re: Ethics	Assignment re: diversity; Assignment re: advocacy; Assignment re: Ethics	



### 3 Best Practices for Implementation (Mueller, 2015)

- Establishing a schedule for follow-up with students about their progress with e-portfolio assignments

UWW MS COMDIS check points in addition to semester advising

- Baseline: Orientation Week
- 1st Semester: COMDIS 661/662
- 2nd Semester: COMDIS 684
- 3rd Semester: COMDIS 711
- 4th Semester: COMDIS 780

# Expectation of Progress/Growth at Checkpoints

	1st Semester	2nd Semester	3rd Semester	
	Needs Improvement	Satisfactory	Good	Excellent
Approach to Clinical Practice Theories and Research	<ul style="list-style-type: none"> <li>- Approach was not grounded in major theories AND did not accurately described specific theories AND/OR</li> <li>- did not explain how each theory informs approach AND/OR</li> <li>- body of research or research finding that most influences thinking and practice was not included AND</li> <li>- Did not acknowledge exponents</li> </ul>	<ul style="list-style-type: none"> <li>Theories could be observed but the student did not mention the theories OR</li> <li>the student did not explain how the theory informs approach AND</li> <li>did not refer to any body of research finding that most influences thinking and practice AND/OR</li> <li>Did not acknowledge exponents</li> </ul>	<ul style="list-style-type: none"> <li>- Grounded in major theories BUT theories were not specific OR</li> <li>did not explain how each theory informs approach OR</li> <li>did not refer to any body of research finding that most influences thinking and practice OR</li> <li>Did not acknowledge exponents</li> </ul>	<ul style="list-style-type: none"> <li>- Grounded in major theories</li> <li>- Accurately described specific theories</li> <li>- Clearly explained how each theory informs approach</li> <li>- Referred to body of research or research finding that most influences thinking and practice</li> <li>- Appropriately cites exponents</li> </ul>
Evolution of Approach to Clinical Practice	how Approach to Clinical Practice has evolved was barely explained AND no examples were provided	how Approach to Clinical Practice has evolved was barely explained but examples were provided	how Approach to Clinical Practice has evolved was vaguely described, examples were included	- how Approach to Clinical Practice has evolved was accurately and thoroughly described, using rich examples as evidence
Examples of Clinical and Academic Experiences	- Just some examples were provided from the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) and were NOT clearly explained	- Just some examples were provided from the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) and were clearly explained	- Examples were provided from each of the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) but not clearly explained	- Examples were provided from each of the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) and clearly explained

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# Purpose

- Program Assessment (formative & summative)
- Accreditation requirements
- Graduate School degree requirement (comprehensive exam, portfolio, thesis)
- Curriculum development
- Career readiness/interview

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# Department Process

Portfolio Requirement Consists of Two Deliverables:

- eportfolio
  - Two Sections:
    - Approach to Clinical Practice (Growth)
    - Artifacts and Reflections as evidence of meeting professional standards
- Final Oral presentation of Approach to Clinical Practice and Visual

# Approach to Clinical Practice

- Paper & visual revised at each checkpoint, use rubric to provide feedback
- Grounded in a major theory or theories
- Explain how your approach has changed or evolved over the two years of your graduate program and share at least one experience/example from each of the components of evidence based practice (clinical expertise, client perspective, and scientific evidence) that prompted that evolution or shift in your approach.
  - Consider quality over quantity; we want to see how you evolved over the course of two years (so naturally, you will have a shorter paper during Orientation Week and a longer paper at the end of the graduate program). Suggested page requirements are outlined on the *Portfolio and Approach to Clinical Practice Flow Chart*.

# Schedule of Follow-Up on Approach Progress

- Baseline: Orientation Week
- 1st Semester: COMDIS 661/662
- 2nd Semester: COMDIS 684
- 3rd Semester: COMDIS 711
- 4th Semester: COMDIS 780



# Ongoing Cohort CANVAS page for Check In Feedback

☰ Com Dis Graduate Program 2023 Cohort > Grades

Gradebook ▾



Student Names

Assignment Names

🔍 Search Students



🔍 Search Assignments

🔼 Applied Filters: None

Student Name	First Year, First Semester (Fall 2021) Out of 0	First Year, Second Semester (Spring 2022) Out of 0	Second Year, Fall Semester (Fall 2022) <b>UNPUBLISHED</b>
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# Ongoing Cohort CANVAS page for Check In Feedback

Page < 1 > of 4

— ZOOM + ↗

Approach to Clinical Practice

An approach to clinical practice can be very different for each person. Throughout the course of this graduate program, I get the opportunity to explore what an approach to clinical practice means to me. I am going to explore the different aspects of my approach to clinical practice.

There is one language theory that stuck out to me at the beginning of the program as being an important part of clinical practice. That theory is the social-interactionist theory, which focuses on the idea that language is a tool for making connections and communicating ideas. This approach says that children learn language because they desire to communicate with the world around them, ("Theories of the early stages," n.d.). I agree with this theory that language is dependent upon social interaction. The environment around a person heavily affects their language repertoire and their ability to communicate. I think this theory is really important in guiding my approach to clinical practice because I have to be aware of the environment that my client was previously exposed to, because that impacted their communication abilities in some way. I also believe that the environment that I provide in intervention can make a difference in a person's communication abilities. Over the past semester, I have been able to see how social interaction plays a role in communication through our group therapy sessions. I worked with a client who was nonverbal, and before coming to group therapy sessions, had minimal access to

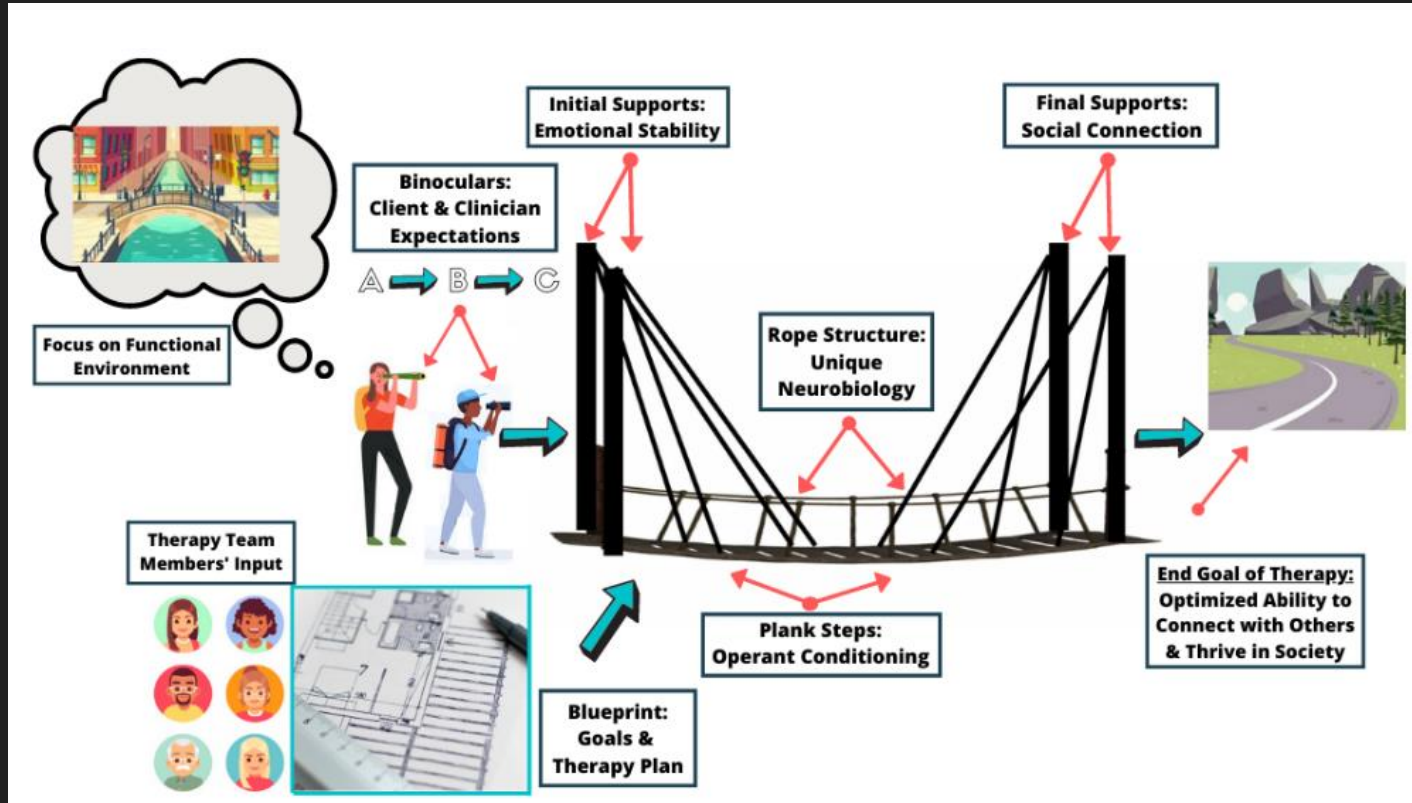
Complete ▾

View Rubric

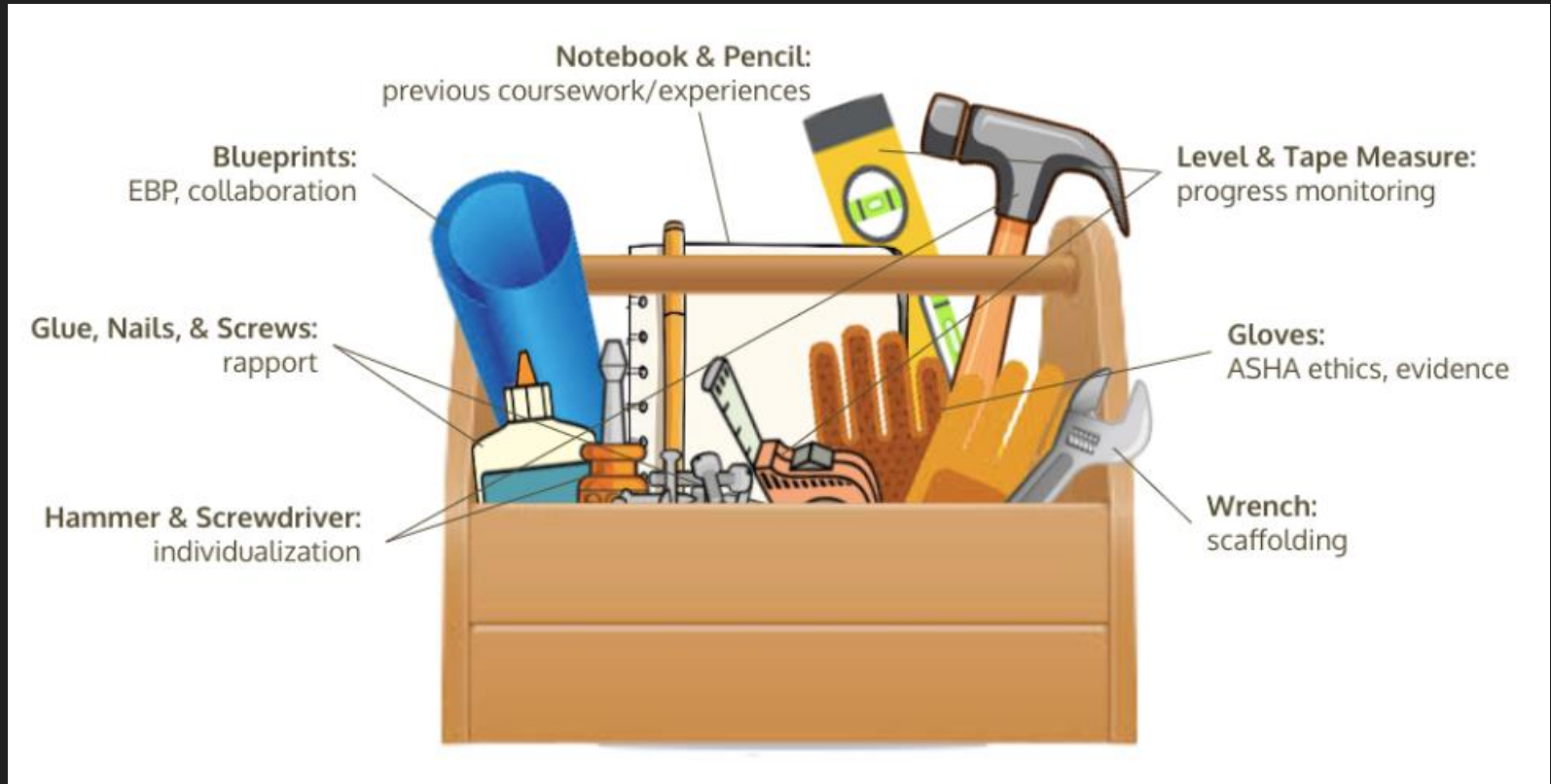
### Approach to Clinical Practice

Criteria	Ratings
Approach to Clinical Practice Theories and Research	<p><b>Satisfactory</b></p> <p>Theories could be observed but the student did not mention the theories OR the student did not explain how the theory informs approach AND did not refer to any body of research finding that most influences thinking and practice AND/OR Did not acknowledge exponents</p> <p><b>Comments</b></p> <p>Your citations were of web pages not of primary sources or theorists. You only mention one theory-social interactionist. Seems like you could integrate Hierarchy of Needs (Maslow, 1943) as a foundational theory to support your "relationship" approach.</p> <p>Have you thought about pulling in work on motivation/compliance to support your rationale for reflective practice, perhaps work similar to Dishman, R. K., &amp; Ickes, W. (1981).</p> <p>0 / 0 pts</p>

# Example of Visual to Support Approach



# Example of Visual to Support Approach



# Portfolio Artifacts

## ASHA and InTASC standards

- Should complete the reflection after completion of the assignment/artifact
- Should add artifacts from course and clinic each semester so by the end have something for all standards
- Artifacts can satisfy more than one standard
- Student selects the artifacts

# Artifact & Reflection

## ASHA and InTASC standards

- Reflections should:
  - describe the artifact(s) (e.g., how, where, why it was collected)
  - explicitly identify the standard(s) and describe how the selected artifact serves as evidence for the respective standard(s).
  - connect the artifact to any of the “Big 9”: artic, fluency, language, cognition, social communication, communication modalities, voice and resonance, swallowing, and hearing.
  - include a statement of how the artifact(s) helped you a grow as a student clinician and/or how the experience could potentially impact your future clinical practice.

# Schedule of Follow-Up on Artifact Progress

- Summer Cohort Advising: Portfolio Introduced
- 1st Semester Advising: review key assignments
- 2nd Semester Advising: update key assignments
- 3rd Semester Advising: update key assignments
- 4th Semester: COMDIS 780 submit eportfolio for review 1 week before presentation

# CANVAS Archive Feature for Artifact Selection

Gilbertson  
Professional Portfolio  
Lynn Gilbertson

[Introduction](#)

[Resume](#)

[Essential Learning  
Outcomes](#)

[COMDIS Student  
Learning Outcomes](#)

[Organize  
Sections](#)

## Inquiry and analysis

Page Name:

### Rich Text Content

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Inquiry is a systematic process of exploring issues, objects or works through the collection and analysis of evidence that results in informed conclusions or judgments.

[? How Do I...?](#)

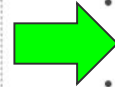
### Add Content

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[LG Portfolio Example](#)



# Artifact Example



# Artifact Reflection Sample

“In training the CNAs and emphasizing the role of regular and thorough oral cares in preventing aspiration pneumonia, I demonstrated Standard V-A in the area of interpersonal qualities—I provided counseling regarding oral cares to caregivers (the CNAs) communicated effectively, and collaborated interprofessionally with the CNAs by listening to their concerns and making recommendations within my scope of practice (ASHA, 2020).”

“Additionally, this artifact demonstrates Standard IV-E, which calls SLPs to demonstrate ‘knowledge of standards of ethical conduct’ (ASHA, 2020). The ethics standard is met because the experience taught me the importance of my advocacy and educational roles, both of which are highlighted in the ASHA Code of Ethics. I also learned the high importance of oral cares and its relevance to my role as a future speech-language pathologist.”

# Other Essential Portfolio Components

- InTASC Disposition Artifact:
  - Use the InTASC Disposition Guiding Document track and reflect on dispositional qualities necessary to be a successful speech-language pathologist
  - Complete a baseline reflection on disposition during the 1<sup>st</sup> semester of the graduate program (in COMDIS 661/662)
  - During the graduate program, you must track specific examples of developing and effective dispositional skills
  - During the final semester portfolio seminar course, you will complete a final reflection summarizing how you have met the dispositional qualities necessary for a speech-language pathologist.
  - See the Disposition Artifact and InTASC Disposition Guiding Document for full descriptions of this artifact.
    - [Disposition Artifact](#)
    - [InTASC Disposition Guiding Document](#)

# Other Essential Portfolio Components

- Diversity, Equity, and Inclusion Artifacts and Reflection:
  - Students must identify at least one academic **AND** one clinical artifact that provides evidence of cultural competence.
  - These artifacts should address:
    - cultural competence in service delivery
    - impact of own set of cultural/linguistic variables on patients/clients/students care
    - impact of cultural/linguistic variables of the individual served, caregivers, etc. on effective care
    - impact of multiple languages.
  - Students must complete a brief (250-500) word reflection for each artifact describing the artifact (e.g., how, where, why it was collected), the importance of cultural competence, and explicitly identifying and acknowledging how the selected artifacts serves as evidence of growth.

# Assessment

Eportfolio review (1 week prior to presentation)

- Two people review each eportfolio, provide an overall score, and determine a summative individualized strength and area for improvement.

## **Eportfolio: good**

Overall Rating of Approach: Needs Improvement; Satisfactory; **Good**; Excellent

Strength (1 per reviewer): You have clearly addressed each of the ASHA and InTASC standards required for graduation.

Area of Improvement (1 per reviewer): Relevant is spelled incorrectly on your resume; Where is the fluency artifact? I just see a picture of test manuals?

R2: Overall Rating of Approach: **Excellent**. Great explanation of your Approach and how it relates to theories and different standards. How your Approach has evolved was clearly stated and organized. No problem with files.

R2: Area of Improvement: the ASHA standards section did not show the artifacts linked to the standards. Instead it has the artifacts for the Big 9.

# Assessment

Eportfolio review (debrief following student presentations)

- Entire group uses rubric and determines overall rating for the approach and visual.

**Oral presentation: good; and visual: satisfactory**

Strength: Applied theories of learning to both clients and self. Strong, confident presence with good ability to communicate effectively on the spot.

Area for Improvement: Oral presentation was necessary to determine understanding of visual and approach. Some theories were introduced but not explained.

# Assessment

## Eportfolio review (debrief following student presentations)

- Discuss eportfolios across entire cohort and come up with observations and ideas for improvement in the process

### **Presentations:**

Observation: Student presentations were redundant in the summary and decontextualization of the same theories. Students applied behaviorist reinforcement to language intervention and confused intrinsic vs extrinsic motivation.

Suggestion: rather than summarizing the theories, explain how the theories apply to their academic and clinical experiences.

### **eportfolio:**

Observation: eportfolios required downloads to access content, which makes review and access cumbersome. Artifacts not always supported by context and the link to the standards is a bit clunky.

Suggested Change: require students to provide information without necessitating download (can include download in addition if want). Highlight where the artifact was collected and description of the experience/assignment.

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# Quantitative Methods

25 UWW COMDIS MS graduate student CANVAS eportfolios

- 13 from the 2020 cohort and 12 from the 2021 cohort

Every portfolio was reviewed. The review included reading all artifacts and associated reflections. The review resulted in a map of the artifact name with the ASHA professional standard(s) met.

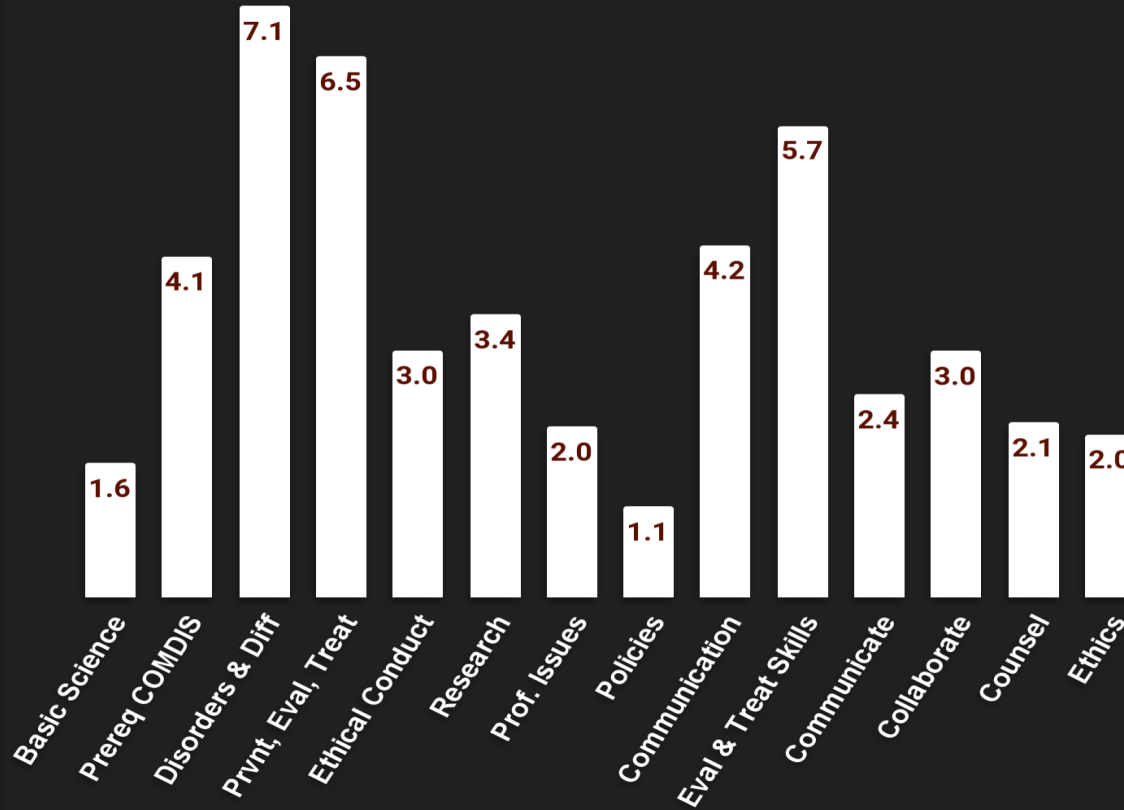
# ASHA Standards

The American Speech Language Hearing Association (ASHA) defines the professional knowledge and skills required for clinical certification to become a speech- language pathologist or audiologist in the United States. (ASHA, 2018)

## Why does the COMDIS program use ASHA Standards?

The UWW COMDIS program requires students to demonstrate that they have met the ASHA standards to ensure that the students graduating from the program have the experiences, knowledge, and skills to practice in the professional workplace and become certified and licensed speech-language pathologists.

## Average Number of Artifacts Used in Student ePortfolios by Standard



- Students included more artifacts for the disorders, evaluation, and treatment standards
- Students included fewer artifacts for the basic science, policies, professional issues, and ethics standards.

## Top 5 Artifacts Covering the Most Standards

<b>Artifact</b>	<b>Mean # Stand Met (Stdev)</b>	<b>Type of Experience</b>
<b>School Placement Case Study</b>	<b>10.1 (4.4)</b>	<b>Clinic/Course</b>
<b>Clinical Competency Evaluation</b>	<b>9.3 (4.5)</b>	<b>Clinic</b>
<b>AAC Summer Camp</b>	<b>8.8 (5.7)</b>	<b>Clinic</b>
<b>Clinical Report for Social Skills</b>	<b>8.1 (3.1)</b>	<b>Clinic</b>
<b>Clinical Report for Aphasia</b>	<b>7.7 (7.2)</b>	<b>Clinic</b>

<b>Top 5 Artifacts Used</b>		
<b>Artifact</b>	<b># of Students</b>	<b>Type of Experience</b>
<b>School Placement Case Study</b>	<b>25</b>	<b>Clinic/Course</b>
<b>Clinical Simulation (Swallow)</b>	<b>19</b>	<b>Clinic</b>
<b>CNA Skills Training</b>	<b>14</b>	<b>Clinic/Course</b>
<b>Clinical Simulation (Transgender Voice)</b>	<b>13</b>	<b>Clinic</b>
<b>Acquired Language Case Study</b>	<b>13</b>	<b>Course</b>

- Students chose more experiential or clinically based artifacts to meet the standards.

# Qualitative Methods

STEP 1. A sample quote was pulled for each artifact (when available) in response to the following two prompts.

- Why they met the standard.
- How the artifact influenced clinical practice.

STEP 2. Numbered each response to determine responses for each prompt.

- 2020 “Why” = 151 complete responses; “How” = 145 complete responses
- 2021 “Why” = 127 complete responses; “How” = 124 complete responses

STEP 3. Read each response. Each response for each cohort was reviewed and coded for themes separately.

STEP 4. Used inductive coding (the data provided the themes, there were no pre-established themes)

STEP 5. Responses were grouped into themes and summarized

## How Artifact Influenced Clinical Practice

Code/Theme	2020 # Student Response	2021 # Student Response	Example Quote
Learned specific skills and knowledge	32	29	“I was also able to grow in my knowledge and ability to differentiate between a difference and a disorder...” (2021)
Confidence with unfamiliar/unknown situations	19	11	“I feel more confident in the case I work with patients with tracheostomies and feel comfortable educating others on the effects...”(2020)
Providing functional, individualized intervention	17	5	“...incorporate interests to make the targeted objectives meaningful and functional to the student’s daily activities and interests.” (2021)
Support, models, cues, intentional language	12	9	“...this project showed me, with data, the importance of using intentional language, supportive language facilitation, and scaffolds to further support our clients. I plan to use intentional language throughout my career.”(2020)
Importance of collaboration	11	12	“In future practice, I will continue to uphold a commitment to collaborating with family members in intervention and impacting the communicative contexts which are most important to the client.”(2020)

## How Artifact Influenced Clinical Practice

Code/Theme	2020 # Student Response	2021 # Student Response	Example Quote
Clinical writing skills	9	0	“Writing detailed severity statements with the inclusion of secondary behaviors is a skill I will continue to use as a speech-language pathologist.” (2020)
Critical thinking skills	9	15	“...it also helped me think critically and develop plans of care and intervention that guided my thinking along the way.” (2021)
Holistic lens	7	0	...”we cannot just treat an individual based on their communication disorder. We must gain a comprehensive picture of who the individual is...” (2020)
Knowledge of licensing and CF	5	0	“...these experiences have grown my knowledge in areas after graduation - how to find a job and a supervisor, what a CF needs to consist of, how to become licensed, additional certifications I could gain...” (2020)
Professional/ Dispositional Skills	0	17	“Flexibility has not been something that has come easy to me as a clinician, and this program allowed me to develop that skill.” (2021)



# Artifact Analysis

- Challenges
  - Assignments, curriculum, and clinics change
  - Not all artifacts are available to all students
  - Bias in identifying standards and themes
- Opportunities
  - facilitate discussion for curricular/course revisions.
    - Is there interest in creating more experiential assignments to connect coursework to clinic more explicitly?
    - Is there a need to create more opportunities to embed knowledge and skills throughout the curriculum vs. in one clinic or course?
    - Are all elements of best practices in ePortfolio being utilized, or are revisions needed?

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# CANVAS eportfolio Implementation

- Opportunities
  - CANVAS eportfolio links well to all CANVAS coursework
  - UWW students are familiar with CANVAS
  - Holistic/Meaningful
  - Congruent with UWW Mission Statement:
    - “... every academic program prepares students to be creative, innovative and adaptable in dynamic and diverse work and life environments.”
- Challenges
  - Not accessible if UWW disables accounts/changes learning management system
  - Student buy-in/ accountability
  - Time providing developmental feedback
  - Under utilized for job interviews

# References

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# Portfolio Guiding Documents

All supporting materials can be found in the Google Drive. Follow links below:

[Portfolio and Approach Flow Chart](#)

[Approach to Clinical Practice Guidelines](#)

[Portfolio Guidelines](#)

[Approach to Clinical Practice Rubric](#)

[InTASC Disposition Guiding Document](#)

[Disposition Artifact](#)



DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

GRADUATE PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS  
**APPROACH TO CLINICAL PRACTICE GRADING RUBRIC – 2023 COHORT**

This rubric provides comprehensive details on the requirements for the Approach to Clinical Practice and Portfolio that is required as part of the UW-Whitewater Communication Sciences and Disorders Graduate Program. It is designed to provide you feedback on areas that you should develop further and for continued growth. This rubric will be used each semester and you will demonstrate development in each of the areas outlined. For example, as a first year/first semester graduate student, you should expect to receive feedback on required growth in several areas. However, as a second year/second semester graduate student, you should have improved upon and developed your Portfolio and Approach to Clinical Process with feedback from the faculty that you demonstrate *excellent* in most/all categories.

<b>1<sup>st</sup> and 2<sup>nd</sup> Year Graduate Students - Content/Organization – Written Approach</b>				
	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
Approach to Clinical Practice Theories and Research	<ul style="list-style-type: none"> <li>- Approach was not grounded in major theories AND</li> <li>- did not accurately described specific theories AND/OR</li> <li>- did not explain how each theory informs approach AND/OR</li> <li>- body of research or research finding that most influences thinking and practice was not included AND</li> <li>- Did not acknowledge exponents</li> </ul>	<ul style="list-style-type: none"> <li>Theories could be observed but the student did not mention the theories OR</li> <li>the student did not explain how the theory informs approach AND</li> <li>did not refer to any body of research finding that most influences thinking and practice AND/OR</li> <li>Did not acknowledge exponents</li> </ul>	<ul style="list-style-type: none"> <li>- Grounded in major theories BUT theories were not specific OR</li> <li>did not explain how each theory informs approach OR</li> <li>did not refer to any body of research finding that most influences thinking and practice OR</li> <li>Did not acknowledge exponents</li> </ul>	<ul style="list-style-type: none"> <li>- Grounded in major theories</li> <li>- Accurately described specific theories</li> <li>- Clearly explained how each theory informs approach</li> <li>- Referred to body of research or research finding that most influences thinking and practice</li> <li>- Appropriately cites exponents</li> </ul>
Evolution of Approach to Clinical Practice	<ul style="list-style-type: none"> <li>-how Approach to Clinical Practice has evolved was barely explained AND no examples were provided</li> </ul>	<ul style="list-style-type: none"> <li>-how Approach to Clinical Practice has evolved was barely explained but examples were provided</li> </ul>	<ul style="list-style-type: none"> <li>-how Approach to Clinical Practice has evolved was vaguely described, examples were included</li> </ul>	<ul style="list-style-type: none"> <li>- how Approach to Clinical Practice has evolved was accurately and thoroughly described, using rich examples as evidence</li> </ul>
Examples of Clinical and Academic Experiences	<ul style="list-style-type: none"> <li>- Just some examples were provided from the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) and were NOT clearly explained</li> </ul>	<ul style="list-style-type: none"> <li>- Just some examples were provided from the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) and were clearly explained</li> </ul>	<ul style="list-style-type: none"> <li>- Examples were provided from each of the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) but not clearly explained</li> </ul>	<ul style="list-style-type: none"> <li>- Examples were provided from each of the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) and clearly explained</li> </ul>



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Organization	<ul style="list-style-type: none"> <li>- Organizational pattern (sequenced material within the body, and transitions) is not observable within the paper.</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>- APA citations were missing most of the time</li> </ul>	<ul style="list-style-type: none"> <li>- Organizational pattern (sequenced material within the body, and transitions) is intermittently observable within the paper.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>- APA citations for sources (in text and full citations) were NOT provided</li> </ul>	<ul style="list-style-type: none"> <li>- Organizational pattern (sequenced material within the body, and transitions) is clearly and consistently observable within the paper.</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>- APA citations for sources (in text and full citations) were provided</li> </ul>	<ul style="list-style-type: none"> <li>- Organizational pattern (sequenced material within the body, and transitions) is clearly and consistently observable and is skillful and makes the content of the paper cohesive.</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>- APA citations for sources (in text and full citations) were provided</li> </ul>
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**Visual Model of Approach to Clinical Practice – Visual**

	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
Visual Model	<ul style="list-style-type: none"> <li>Visual model was confusing</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>does not support ideas, concepts and experiences</li> </ul>	<ul style="list-style-type: none"> <li>Visual model was included but was confusing</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>does not support ideas, concepts and experiences</li> </ul>	<ul style="list-style-type: none"> <li>Visual model was included and was clear</li> </ul> <p style="text-align: center;">BUT</p> <ul style="list-style-type: none"> <li>does not support ideas, concepts and experiences</li> </ul>	<ul style="list-style-type: none"> <li>- Visual model was clear and comprehensive</li> <li>- Supports ideas, concepts, and experiences</li> <li>- was beneficial for education on SLP role for various professionals</li> </ul>

**Oral Presentation –  
 2<sup>nd</sup> Year School Placement Seminar and Portfolio Day**

Approach to Clinical Practice Theories and Research	<ul style="list-style-type: none"> <li>- Approach was not grounded in major theories</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>- did not accurately described specific theories AND/OR</li> <li>- did not explain how each theory informs approach AND/OR</li> <li>- body of research or research finding that most influences thinking and practice was not included</li> </ul>	<ul style="list-style-type: none"> <li>Theories could be observed but the student did not mention the theories</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>the student did not explain how the theory informs approach AND</li> <li>did not refer to any body of research finding that most influences thinking and practice</li> </ul>	<ul style="list-style-type: none"> <li>- Grounded in major theories BUT theories were not specific</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>did not explain how each theory informs approach OR</li> <li>did not refer to any body of research finding that most influences thinking and practice</li> </ul>	<ul style="list-style-type: none"> <li>- Grounded in major theories</li> <li>- Accurately described specific theories</li> <li>- Clearly explained how each theory informs approach</li> <li>- Referred to body of research or research finding that most influences thinking and practice</li> </ul>
Evolution of Approach to Clinical Practice	<ul style="list-style-type: none"> <li>- How Approach to Clinical Practice has evolved was barely explained AND no examples were provided</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>- Dispositional growth was not mentioned</li> </ul>	<ul style="list-style-type: none"> <li>- How Approach to Clinical Practice has evolved was barely explained but examples were provided</li> </ul>	<ul style="list-style-type: none"> <li>- How Approach to Clinical Practice has evolved was vaguely described, examples were included</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>- Vaguely described dispositional examples to highlight growth</li> </ul>	<ul style="list-style-type: none"> <li>- Accurately and thoroughly described how Approach to Clinical Practice has evolved</li> <li>- Integrated salient dispositional examples to highlight growth</li> </ul>



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		- Dispositional growth was mentioned but not developed		
Professional Discourse	- Utilized discourse NOT consistent with disciplinary literacy common to speech-language pathologists AND - NOT dressed OR acted professionally as a presenter and audience member	- Utilized professional discourse consistent with disciplinary literacy common to speech-language pathologists BUT - NOT dressed OR acted professionally as a presenter and audience member	- Utilized professional discourse BUT NOT consistent with disciplinary literacy common to speech-language pathologists - Dressed and acted professionally as a presenter and audience member	- Utilized professional discourse consistent with disciplinary literacy common to speech-language pathologists - Dressed and acted professionally as a presenter and audience member

Checkpoint One: Occurs during 661/662 in the Fall semester of the 1<sup>st</sup> year of the Graduate program. Expectation of Approach to Clinical Practice at the Needs Improvement - Satisfactory level.

Checkpoint Two: Occurs during ComDis 684 in the Spring semester of the 1<sup>st</sup> year of the Graduate program. Expectation of Approach to Clinical Practice at the Satisfactory - Good level.

Checkpoint Three: Occurs during ComDis 711 during the 2<sup>nd</sup> year of the Graduate program. Expectation of Approach to Clinical Practice at the Good - Excellent level.

Checkpoint Four: Occurs during ComDis 780 during the final semester of the Graduate Program. Expectation of Approach to Clinical Practice at the Excellent level.





In order to earn a Master's degree at UW-Whitewater you are required to complete a master's thesis, comprehensive exams, or a portfolio. The portfolio is the culminating project required for the MS in Communication Sciences and Disorders. The approach to clinical practice is one part of the required graduate portfolio.

## PURPOSE

Your approach to clinical practice is a personal statement that describes the core beliefs that guide your practice as an entry-level speech and language pathologist. You will share your approach to clinical practice through writing, visual representation, and professional presentation to demonstrate that you are *developing a sound working knowledge* of relevant theory, key research findings, and effective practices and can explain how you will *apply this knowledge* to guide your decisions as an interventionist.

## GUIDING QUESTIONS

As you formulate and revise your approach, you may find the following questions helpful in organizing your thinking. These questions will help to guide your thinking throughout the entire graduate program. You will find that some questions resonate with you more depending on your own unique learning and experiences. It is not required that you answer all of the questions as they are here to serve as a guide.

- What theories, body of research, or specific research findings have most influenced your professional thinking and practice?
- How have these findings influenced your thinking and/or practice?
- Based on your own experiences, observations, or clinical experiences, which intervention practices seem to maximize clients' progress in therapy? If this is your baseline approach, this question could be: What do you think intervention is? How do you think you will foster success with therapy?
- What is it about these specific practices that make them effective?
- What academic information or event really influenced your perception of intervention?

## FORMAT AND REQUIREMENTS

To help you fully conceptualize your approach to clinical practice, we ask you to present it in three different ways – as a visual image, in written format, and in an oral presentation. You will include your written approach to clinical practice and visual model of your approach in your e-portfolio. This should be submitted to your portfolio each semester during the graduate program. You will have 4 separate entries for your Approach to Clinical Practice by the end of the graduate program. This includes 4 visuals and 4 papers. On Portfolio Day, you will present your visual model and use that as a starting point to explain your approach to clinical practice during a 10-minute oral presentation.

### Visual Presentation Requirements:

- Create a visual model that is clear and comprehensive and explicitly reflects ideas, concepts, and experiences
  - a. Your visual model should evolve; you might start with one piece of paper during Orientation Week; however, with academic and clinical experience, your approach to clinical practice will evolve and so will your visual representation.
- There is no requirement for presentation software you choose to use. You should use the software that best captures your visual representation and will support your oral presentation.



- Think of your visual as a “running document” – this document will evolve over the course of your graduate career and will be revised each semester.

### **Written Approach to Clinical Practice Requirements:**

- Make sure that your approach to clinical practice is grounded in a major theory or theories
- Refer to a body of research, or specific research findings that have most influenced your professional thinking and practice – make sure to cite sources in APA format (in text and full citations)
- Explain how your approach has changed or evolved over the two years of your graduate program and share at least one experience/example from each of the components of evidence based practice (clinical expertise, client perspective, and scientific evidence) that prompted that evolution or shift in your approach.
  - a. Consider quality over quantity; we want to see how you evolved over the course of two years (so naturally, you will have a shorter paper during Orientation Week and a longer paper at the end of the graduate program). Suggested page requirements are outlined on the *Portfolio and Approach to Clinical Practice Flow Chart*.
- Use APA format (in text and full citations)

### **Oral Presentation Requirements:**

- Begin your presentation by describing your visual model of your approach to clinical practice
- Make sure that your approach is grounded in a major theory or theories and that you can accurately identify the associated key theorists and provide the APA citations
- Refer to and cite a body of research, or specific research findings that have most influenced your professional thinking and practice
- Explain how your approach has changed or evolved over the two years of your graduate program and share at least one experience/example from each of the components of evidence-based practice (clinical expertise, client perspective, and scientific evidence) that prompted that evolution or shift in your approach
- Highlight dispositional growth throughout the course of the graduate program
- Present using professional discourse that is consistent with disciplinary literacy common to speech language pathologists. Speech language pathologists are the audience for this presentation.
- Dress and act professionally (as you would at a professional conference) as both a presenter and an audience member

### **PORTFOLIO DAY**

You will present your Approach to Clinical Practice during Portfolio Day. Portfolio day is a serious professional event and we would like you all to dress and act accordingly. Please arrive at the specified time. You may be asked to help set up the room and prepare food. You will need to make sure you have a link to your e-portfolio and visual model set up before the presentations begin. Your written approach to clinical practice, visual representation, oral presentation, and overall portfolio will be evaluated by all department faculty and staff. See rubric for details on grading assessment.



**GRADUATE PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS  
DISPOSITION ARTIFACT – 2023 COHORT**

**Purpose:** Disposition is defined as, “the predominant or prevailing tendency of one's spirits; natural mental and emotional outlook or mood; characteristic attitude.” According to a survey of hiring managers from Indeed.com, the top five most important attributes of top performers are: 1. Problem solving, 2. effective communication skills, 3. self-direction, 4. drive, and 5. adaptability/flexibility. The purpose of this assignment for your Graduate Student Portfolio is to capture the important dispositional attributes that will contribute not only to your growth as a graduate student clinician but also to the potential of job attainment after completion of the graduate program. Potential employers want to hear specific examples of how you exemplified dispositional attributes throughout the graduate program.

**Rationale:** The University of Wisconsin-Whitewater has an accredited graduate program in speech-language pathology. Therefore, we adhere to the standards set by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). The essential functions outlined by the CAA provide guidance on dispositional attributes to be a successful speech-language pathologist. Some of these include:

- Self-evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Perceive and demonstrate appropriate non-verbal communication for culture and context.
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.

Further, the guiding dispositional statements below are adapted from the Wisconsin Interstate New Teachers Assessment and Support Consortium (InTASC) standards. As a graduate student in the UW-Whitewater Communication Sciences and Disorders program, you are required to show evidence of meeting these standards.

**Portfolio Requirement: 500-1,000-Word Reflection**

You will use the InTASC Disposition Guiding Document to draft a baseline reflection on dispositional qualities during a first year, first semester course (661/662). Then, using this same document, graduate students must keep track of dispositional qualities and identify at least one salient experience/example for each objective for both *developing* and *effective*. Finally, during the Portfolio Seminar course, you will write a 500-1,000-word reflection addressing the following questions/statements:

1. Why does disposition matter in consideration of being a highly effective speech-language pathologist?
2. What have you learned about yourself/your disposition by completing this activity?



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DISPOSITION ARTIFACT – 2023 COHORT**

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3. Reflect on the impact your graduate program has had on your dispositions. Provide examples to support your assessment.
4. What steps will you take to ensure your continuing professional growth in the area of dispositions going forward?
5. How has your disposition evolved over the course of two-years? Provide salient examples that really highlight the growth.

<https://www.indeed.com/career-advice/resumes-cover-letters/soft-skills>



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InTASC DISPOSITION GUIDING DOCUMENT – 2023 COHORT

**Overview:** This form utilizes a modified version of the InTASC Wisconsin Teacher Standards. The UW-Whitewater Communication Sciences and Disorders department recognizes the importance of a professional disposition to engage in professional practice. Further, the American Speech-Language-Hearing Association (ASHA) recognizes the significance of self-reflection. The definition of **reflective practice is**, “critical self-analysis, self-evaluation, problem solving, and the ability to modify one's behavior.” Speech-language pathology graduate students in the UW-Whitewater Communication Sciences and Disorders program are tasked with self-reflecting and identifying dispositional qualities to be a successful speech-language pathologist.

**Directions:** There are ten standards listed below (modified from the InTASC Wisconsin Teaching Standards). Within each standard, 1-2 objectives are listed. Skills should be identified within the *developing* and *effective* columns for each objective. *Developing* can be defined as, “Requires regular supervision” or the graduate student is still developing this specific dispositional skill. *Effective* is defined as, “Requires some supervision” or the graduate student exhibits the dispositional skill the majority of the time. Graduate students should identify specific learning opportunities for each objective that was either *developing* or *effective*. When the graduate student identifies a dispositional quality under the *developing* column, they should also make a note on how they will improve that dispositional skill so that it is *effective* in the future (i.e., For #1 – Consults with supervisors and colleagues *Developing* – “Interaction with clinic team. Did not contribute to the discussion because I was nervous. To develop this skill, I will make sure to contribute at least 2 times in every group meeting.”). These learning opportunities can be identified from on- and off-campus clinical placements/opportunities and academic courses. Finally, there is a place for graduate students to make comments about each standard. This space can be used to capture information that will be helpful for completion of the Disposition Artifact in the final semester of the program.

**#1: The SLP Graduate Student understands how individuals across the lifespan learn and designs and implements appropriate but challenging learning experiences.**

	Developing	Effective
Elicits feedback.		
Consults with supervisors and colleagues.		

#1 Comments:



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**# 2: The SLP Graduate Student uses understanding of individual differences and diverse cultures to ensure supportive environments.**

	Developing	Effective
Considers multiple perspectives (e.g., personal, family, community, and cultural experiences).		
Seeks opportunities to deepen understanding of others.		

# 2 Comments:

**# 3: The SLP Graduate Student works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement, and self-motivation.**

	Developing	Effective
Communicates verbally and non-verbally in ways that demonstrate respect.		

# 3 Comments:

**# 4: The SLP Graduate Student understands the concepts and structures of the discipline(s) and creates experiences that are meaningful and assure mastery of content.**

	Developing	Effective
Effectively communicates and uses academic language that is clear, correct, and appropriate.		
Consults with colleagues on how to help clients.		

# 4 Comments:



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**# 5: The SLP Graduate Student understands how to engage learners in critical thinking, creativity, and collaborative problem solving.**

	<b>Developing</b>	<b>Effective</b>
Collaborates with colleague(s) to create experiences that engage learners/clients		

# 5 Comments:

**# 6: The SLP Graduate Student understands/uses multiple methods of assessment to engage clients in their own growth, monitor learner progress, and guide decision making.**

	<b>Developing</b>	<b>Effective</b>
Participates in collegial conversations to improve practice based on data.		

# 6 Comments:

**# 7: The SLP Graduate Student plans instruction that supports meeting rigorous goals by drawing upon knowledge of content areas, curriculum, and cross-disciplinary skills.**

	<b>Developing</b>	<b>Effective</b>
Adjusts planning to meet client needs.		

# 7 Comments:



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**# 8: The SLP Graduate Student understands/uses a variety of instructional strategies to encourage learning and build skills to apply knowledge in meaningful ways.**

	Developing	Effective
Seeks assistance in identifying general patterns of need in order to support clients.		

# 8 Comments:

**# 9: The SLP Graduate Student engages in ongoing professional learning and uses evidence to continually evaluate their practice and adapts to meet the needs of their clients.**

	Developing	Effective
Engages in professional learning opportunities to reflect on, identify, and address improvement needs.		
Works with coach/mentor/instructor to determine needs, set goals, and identify learning experiences to improve practice and client learning.		

# 9 Comments:

**# 10: The SLP Graduate Student seeks appropriate leadership roles and opportunities to take responsibility for client learning, collaborate with clients, families, colleagues, other professionals, and community members to ensure client growth, and to advance the profession.**

	Developing	Effective
Follows advice from the professional team to meet the needs of all clients.		
Contributes to a supportive culture.		

# 10 Comments:





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GRADUATE PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS  
**PORTFOLIO AND APPROACH TO CLINICAL PRACTICE FLOW CHART – 2023 COHORT**

“CHECK-INS”	STUDENT EXPECTATIONS	FACULTY EXPECTATIONS	CHECKLIST
<b>Orientation Week</b>	1. Create a baseline approach to clinical practice paper (around 3 pages) and visual 2. Start thinking about how you want to organize your e-portfolio. Review PowerPoint provided, examples, etc.	During orientation week, faculty will guide a discussion/lecture on child language development theories and adult learning theories. This will serve as the foundation for your baseline approach to clinical practice paper and visual.	<ul style="list-style-type: none"> <li>• Did you create your baseline visual model?</li> <li>• Did you draft your baseline approach to clinical practice paper?</li> <li>• Did you start your Portfolio in CANVAS?</li> </ul>
<b>Fall 01</b>	1. <b>Revise</b> paper (suggested length approximately 3-5 pages) and visual based on evidence-based practice (see Approach to Clinical Practice Guidelines). 2. You should be thinking about how you will continue to develop your visual. By next semester, your visual should be more of a presentation. 3. Submit paper and visual to clinic staff as part of practicum course. 4. Baseline Disposition Reflection – you will reflect using the InTASC Guiding Document.	One practicum day during the fall semester will be devoted to talking about the Approach to Clinical Practice. Faculty will provide discussion questions that you need to consider as you continue on your graduate journey.  *Clinical faculty will give feedback on papers and visuals	<ul style="list-style-type: none"> <li>• Did you <b>revise</b> your paper and visual?</li> <li>• Are your paper and visual representative of your growth?</li> <li>• Did you identify artifacts from each course/clinical opportunity that are representative of ASHA’s “Big 9,” ASHA Standards, and InTASC Standards?</li> <li>• Did you upload artifacts and reflections into your portfolio?</li> <li>• Baseline Disposition Reflection</li> </ul>
<b>Spring 01</b>	1. <b>Revise</b> paper (suggested length of 5+ pages) and visual based on evidence-based practice (see Approach to Clinical Practice Guidelines). 2. At this point, your visual should have evolved into a presentation to support your oral presentation next spring. 3. Submit paper and visual to faculty as part of course.	Faculty will give feedback on papers and visuals	<ul style="list-style-type: none"> <li>• Did you <b>revise</b> your paper and visual?</li> <li>• Are your paper and visual representative of your growth?</li> <li>• Did you identify artifacts from each course/clinical opportunity that are representative of ASHA’s “Big 9,” ASHA Standards, and InTASC Standards?</li> <li>• Did you upload artifacts and reflections into your portfolio?</li> </ul>



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	4. Consider all artifacts (clinical and academic). Any artifacts appropriate for the Diversity, Equity, and Inclusion reflection? If not, you will need to identify these artifacts over the summer or next year.		<ul style="list-style-type: none"> <li>• Did you identify Diversity, Equity, and Inclusion artifacts?</li> <li>• Did you document dispositional qualities (developing &amp; effective) using specific examples on your InTASC Disposition Guiding Document?</li> </ul>
<b>Fall 02</b>	<ol style="list-style-type: none"> <li>1. <b>Revise</b> paper (suggested length of 5+ pages) and visual (should be a presentation – not a single visual) based on experiences in a school setting</li> <li>2. Submit paper and visual to instructor of School Placement Seminar course instructor.</li> </ol>	Instructor will lead a discussion on the Approach to Clinical Practice and Portfolio during one class period. Instructor will provide feedback on the paper and visual. The oral presentation should be completed here as well. This will give students the opportunity to practice before Portfolio day.	<ul style="list-style-type: none"> <li>• Did you <b>revise</b> your paper and visual based on your courses and school placement?</li> <li>• Are your paper and visual representative of your growth?</li> <li>• Did you identify artifacts from each course/clinical opportunity that are representative of ASHA’s “Big 9,” ASHA Standards, and InTASC Standards?</li> <li>• Did you upload artifacts and reflections into your portfolio?</li> <li>• Did you document dispositional qualities (developing &amp; effective) using specific examples on your InTASC Disposition Guiding Document?</li> </ul>
<b>Spring 02</b>	<ol style="list-style-type: none"> <li>1. Students should finalize their portfolio during the Portfolio Seminar course.</li> <li>2. <b>Revise</b> paper (suggested length of 5+ pages) and visual presentation based on newest experiences.</li> <li>3. Submit paper and visual to instructor of Portfolio Seminar course.</li> </ol>	<ul style="list-style-type: none"> <li>- All faculty review on Portfolio Day</li> <li>- Instructor of Portfolio Seminar course grades paper, visual, and presentation as part of the course.</li> </ul>	<ul style="list-style-type: none"> <li>• Is your Portfolio comprehensive? Do you address ASHA’s “Big 9,” ASHA Standards, and InTASC Standards?</li> <li>• Is your Portfolio representative of your growth and learning?</li> <li>• Did you revise your paper and visual based on your growth during your final semester of graduate school?</li> </ul>



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			<ul style="list-style-type: none"><li>• Did you complete your Disposition Reflection?</li><li>• Did you identify appropriate artifacts for the Diversity, Equity, and Inclusion artifact requirement and complete the reflection?</li></ul>
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GRADUATE PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS  
**PORTFOLIO GUIDELINES – 2023 COHORT**

## PORTFOLIO OVERVIEW

In order to earn a master's degree at UW-Whitewater you are required to complete a master's thesis, comprehensive exams, or a portfolio. The portfolio is the culminating project required for the MS in Communication Sciences and Disorders.

As a graduate student in the Communication Sciences and Disorders master's program, you are required to create an electronic portfolio which includes artifacts from your courses and clinical experiences that serve as evidence that you have met both the ASHA Standards and the InTASC Standards. This is a culminating project over the course of the graduate program and must be reviewed and revised each semester. Each artifact can be used to demonstrate that you have met one or more standards, or two artifacts may serve as evidence that you have met one standard. It is likely that the artifacts you include as evidence for the ASHA Standards could also be used as evidence that you've met the InTASC Standards and vice versa.

## RECOMMENDED PLATFORM: Canvas

- Website: <https://www.uww.edu/canvas>

## REQUIRED PORTFOLIO ENTRIES

1. **Approach to Clinical Practice (Visual and Paper):** You must include a description of your approach to clinical practice and reflect on how your approach has evolved or changed as a result of using evidence-based practice (<https://www.asha.org/research/ebp/evidence-based-practice/>) including client/caregiver perspective, external/internal evidence, and clinical expertise/expert opinion. This portion of your portfolio will have four written entries and four visuals/presentations by the end of your graduate career. See Approach to Clinical Practice Guidelines document on CANVAS for details.

2. **InTASC Teaching Standards:** Include a copy of the Wisconsin Teaching Standards.

3. **ASHA Standards:** Include a copy of the ASHA Standards.

### 4. Artifacts

a) You will be provided with a list of examples of coursework and clinical experiences that could serve as evidence for meeting the WI InTASC Standards and the ASHA Standards.

b) In each academic and clinical course you take, you should consider artifacts that could serve as evidence in your e-portfolio. We recommend saving at least 3 artifacts from each course so that you can very intentionally choose which artifacts best represent your learning.

- You must show evidence of meeting all of the InTASC and the ASHA Standards. Some artifacts will meet several standards, while some artifacts might only meet 1-2 standards.
- Standards should be identified within the body of the portfolio by numeral and alpha designation in order to link them to the appropriate standard (e.g., ASHA IV-A).

c) All documents should be included as both pdf downloads and embedded in html text, video, and/or photo in the portfolio. This will ensure that the portfolio artifacts are easier to access for the reviewer.

d) If you use photos of students/clients, you must obtain written permission from the parents, caregivers, or the client.



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**5. Reflections:** Each artifact/entry included in your portfolio must be accompanied by a 250-500 word reflection that:

- a) describes the artifact(s) (e.g. how, where, why it was collected)
- b) explicitly identifies the standard/s (by numeral, alpha, and title/category) and describes how the selected artifact serves as evidence for the respective standard(s).
- c) connects the artifact to any of the “Big 9”: artic, fluency, language, cognition, social communication, communication modalities, voice and resonance, swallowing and hearing.
- d) includes a statement of how the artifact(s) helped you grow as a student clinician and/or how the experience could potentially impact your future clinical practice.

**6. InTASC Disposition Artifact:** You will use the InTASC Disposition Guiding Document track and reflect on dispositional qualities necessary to be a successful speech-language pathologist. You will complete a baseline reflection on disposition during the 1<sup>st</sup> semester of the graduate program (in COMDIS 661/662). During the graduate program, you must track specific examples of developing and effective dispositional skills. Finally, during the final semester portfolio seminar course, you will complete a final reflection summarizing how you have met the dispositional qualities necessary for a speech-language pathologist. See the Disposition Artifact and InTASC Disposition Guiding Document for full descriptions of this artifact.

**7. Diversity, Equity, and Inclusion Artifacts and Reflection:** Students must identify at least one academic and one clinical artifact that provides evidence of cultural competence. These artifacts should address: (1) cultural competence in service delivery, (2) impact of own set of cultural/linguistic variables on patients/clients/students care, (3) impact of cultural/linguistic variables of the individual served, caregivers, etc. on effective care, and (4) impact of multiple languages. Students must complete a brief (250-500) word reflection for each artifact describing the artifact (e.g., how, where, why it was collected), the importance of cultural competence, and explicitly identifying and acknowledging how the selected artifacts serves as evidence of growth.

**8. Link to presentation:** Include a link to your final portfolio day presentation in your portfolio.

**\*\*APA citations** (both in text citations and complete reference list) must be included in artifact examples, reflections, and in your approach to clinical practice paper and visual.