The following list includes possible alternatives that have been supported by this data in order to remediate the problem concerning the student's lack of career knowledge in the Speech Pathology and Audiology department at Ball State University.

1) review and assess the advising program in the department
2) make the appropriate modifications to the advising system
3) develop a comprehensive publication such as a pamphlet that will detail critical information for students
4) develop a videotape to present to incoming students
References


*Information about ASHA.*


*ASHA, 25* (6), 19-22.


*ASHA, 31*, 76.


NAHSA. (1985b). *Speech and Language Disorders and the Speech-Language Pathologist*.


Appendix A

American Speech Language and Hearing Association

The American Speech, Language, and Hearing Association (ASHA) is a non-profit organization for speech-language pathologists and audiologists. In essence, ASHA governs the professionals who treat communication and hearing disorders. The Association serves the profession by performing numerous functions. One of the primary functions of ASHA is the certification of speech-language pathologists and audiologists. The organization is also responsible for the evaluation and accreditidation of college programs for Master's degrees and agencies that provide clinical services to the public (ASHA, 1985).

ASHA began in 1925 as the American Academy of Speech Correction with 25 charter members who adopted the original Constitution and set initiation fees. The early concerns of the organization were dedicated to building a solid foundation for the profession (See Table A-1). The name of the group was changed to the American Society for the Study of Disorders of Speech in 1927. By 1930, the "Principles of Ethics" was established and enacted (Perez, 1989) as the first formal set of mandatory guidelines for speech correctionists.
Table A-1 Goals of the American Academy of Speech Correction

- stimulate interest in speech correction
- raise standards of practice
- get recognition as an organized profession
- give leadership
- make the leadership respectable through research and clinical work
- make membership with the organization an incentive for achievement

Note: This information is from Speech Language Pathology and Audiology: Issues and Management by Robert McLauchlin, 1986, Orlando: Grune and Stratton.

An additional function of the organization was advocacy for communication disorders. The organization’s first attempt to influence government legislation through efforts of advocacy was in 1938 regarding a bill that proposed the appropriation and regulation of funds for the education of physically handicapped children. ASHA also assisted the government by making its services available to the War Department of the United States during 1940 (Perez, 1989).

As of 1948, the name was changed to the American Speech and Hearing Association to reflect the acceptance of audiologists and specialists in hearing (McLauchlin, 1986). The organization made other
additions in later years such as the National Student Speech and Hearing Association (NSSLHA) which was created in 1972. This student-governed organization was comprised of graduate and undergraduate students in accredited programs for Speech Pathology or Audiology. In 1981, the consumer affiliate, National Association for Hearing and Speech Action (NAHSA), also joined ASHA in an effort to promote advocacy and education in the area of communication disorders (ASHA, 1985). Another significant change came in 1978 when the name of the organization was amended to be the American Speech, Language, and Hearing Association however the acronym ASHA still applied.

A strong professional organization requires effective leadership. The structure of ASHA's leadership has changed in various ways over the years while maintaining a basic framework. The first evidence of the framework for formal government was in 1948 with the creation of the Committee on Ethical Practices. However, it was not until 1958 when the first national office opened in Washington D.C. Next there was a period of time during the early 1960's in which ASHA concentrated on accreditation and membership by developing guidelines and standards rather than governmental structure. By 1969, a major governmental
of the clients. Currently, the Legislative Council and the Executive Board are elected by the members. Speech-language pathologists and audiologists who serve on the council represent all of the states, the District of Columbia, members outside of the United States, and NSSLHA (ASHA, 1978).

Today, ASHA has grown from 25 charter members to 58,000 members worldwide (See Figure A-1). These professionals function in many diverse settings compared to the work environments of 70 years ago. This diversity is necessary in order to respond to current demographic trends such as day care and elderly facilities (See Figure A-2). As a result of this diversity in work environments, speech-language
pathologists and audiologists are becoming liaisons between numerous areas such as educators, government agencies, insurance companies,

**Figure A-2** Percentage of ASHA members, 1926 and 1989, by Employment Facility

<table>
<thead>
<tr>
<th>Year</th>
<th>Category</th>
<th>1926</th>
<th>1989</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Other Educ. Facilities</td>
<td>48.00%</td>
<td>7.99%</td>
</tr>
<tr>
<td></td>
<td>Colleges/Univ</td>
<td>52.00%</td>
<td>92.01%</td>
</tr>
</tbody>
</table>

**Note:** This information is from "Roots and Wings: ASHA's Membership-1925-1989" by Mary Bender, 1989, ASHA, 31, p.76.
and many other providers in order to better serve their clients (Herer, 1988).

The organization has three goals for the future. First priority is to maintain a profession of high clinical competence. This goal has been concentrated on by the organization since its origination. The promotion of scientific studies focusing on the treatment of various communication disorders is the next goal. Lastly, ASHA is striving to stimulate scientific research about the origins and mannerisms of communication disorders (ASHA, 1978). This thrust for a scientific basis and accountability to the professions will require new techniques such as evoked response audiometry, speech photography, neurological analysis and much more (Herer, 1989).

The composition of ASHA itself is unique. Two professions, Speech-Language Pathology and Audiology, work together in order to effectively serve people because there is an underlying unity between the two professions: both "are concerned with human communication and its disorders and how best to help people with such problems" (Herer, 1989). Overall, ASHA is the umbrella organization that in the future will retain its "uniqueness as an association, which is at once unified and diverse" (Herer, 1988).
LIST OF ASHA'S PUBLICATIONS (ASHA, 1978)

Journal of Speech and Hearing Disorders

Journal of Speech and Hearing Research

Language, Speech and Hearing Services in Schools
dsh Abstracts

ASHA

ASHA Monographs

ASHA Reports

ASHA Directory

Guide to Clinical Services in Speech-Language Pathology and Audiology

Guide to Graduate Education in Speech-Language Pathology and Audiology
Appendix B

Speech-Language Pathology

Speech-language pathologists are "specialists in human communication, its development and its disorders" (NAHSA, 1985b). The persons who practice Speech-Language Pathology are trained to evaluate and treat speech and language disorders by providing various services (See Table B-1).

<table>
<thead>
<tr>
<th>Table 1 Services Provided by Speech-Language Pathologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>- articulation therapy</td>
</tr>
<tr>
<td>- voice therapy</td>
</tr>
<tr>
<td>- stuttering therapy</td>
</tr>
<tr>
<td>- aphasic therapy</td>
</tr>
<tr>
<td>- cleft palate therapy</td>
</tr>
<tr>
<td>- rehabilitation</td>
</tr>
<tr>
<td>- counseling with clients and families</td>
</tr>
<tr>
<td>- advising on prevention</td>
</tr>
<tr>
<td>- promoting the understanding of communication disorders</td>
</tr>
</tbody>
</table>

Note: This information is from "Speech and Language Disorders and the Speech-Language Pathologist" by National Association for Hearing and Speech Action, 1985b.

Speech-Language Pathology began to emerge around the turn of the century. This concern for speech correction began in private schools and private practices. As of 1910, the public schools had organized
similar speech correction programs. At that time, an emphasis was placed on academic programs on the college level in order to train qualified speech teachers. As a result of this educational push, research during the 1920's began to stimulate scientifically based investigations on speech disorders that led to publication (McLauchlin, 1986).

Numerous individuals have played significant roles in the shaping of Speech-Language Pathology as a profession. Three men in specific were involved in this molding around the 1920's. The first man, Samuel Robbins, had an interest in speech disorders because he was a stutterer. Robbins founded the Robbin's School for Stammerers in 1914. He also was responsible for drafting the first set of ethics for speech pathologists. A second person who participated in the evolution of Speech Pathology was Carl E. Seashore. Seashore was responsible for conducting the first weekend conference on speech disorders in 1925. He also developed and implemented a college level training program that was to be directed by Lee Edward Travis. Travis was the third man to have a significant impact on the shaping of Speech Pathology. As a director of a college program, Travis began to implement graduate programs that led to doctoral studies for numerous students such as Wendell Johnson and
Charles VanRiper. Johnson and Riper are still practicing as speech-language pathologists today.

The field of Speech Pathology was becoming more widely accepted and practiced in the late 1920's. By 1925, the first organization for speech correctionists had been established in an effort to unify the profession. This organization began with 25 charter members (McLauchlin, 1986). Today, the organization is called the American Speech Language and Hearing Association (ASHA) with over 58,000 members worldwide (Herer, 1989). Currently, there are 9,351 affiliates of ASHA that are certified to practice Speech-Language Pathology. This number constitutes 85.17% of the total membership (See Figure B-1).

Figure B-1  ASHA's Certification Status

Note: This information is from "Dissecting ASHA's Membership: Current Counts" by Cynthia Shewan, 1989, ASHA, 31, p. 39.
The ability to communicate is a critical function that contributes to a productive lifestyle. In 1980, 34% of the people under the age of 15 had a speech/language impairment. Also, 20% of the people over the age of 65 experienced speech/language impairments. The trend of speech/language impairments is generally increasing. It is estimated that the incidence of speech/language impairments will increase significantly by the year 2050 (See Figure B-2). As a result of these increases, the demand for speech-language pathologists will be greater in the future.

**Figure B-2  Projected Growth of Speech/Language Impairments**

<table>
<thead>
<tr>
<th>Year</th>
<th>Over 65 yrs old</th>
<th>Under 15 yrs old</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>15</td>
<td>44</td>
</tr>
<tr>
<td>1980</td>
<td>20</td>
<td>34</td>
</tr>
<tr>
<td>2000</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>2050</td>
<td>23</td>
<td>39</td>
</tr>
</tbody>
</table>

*(Percentage of population)*

*Note:* This information is from "Projections of Speech and Hearing Impairments to 2050", by David Fein, 1984, *ASHA*, 25, p. 47.
Speech-Language Pathologists are the best qualified professionals to provide diagnostic and rehabilitative services involving speech and language. Services are provided in various professional settings (See Table B-2). Each environment requires different skills and has different responsibilities required for effective treatment of speech and language disorders. For example, the speech-language pathologist who works in the schools will have numerous duties largely because of PL 94-142 (See Table B-3). In the 1988-1989 school year, 52,966 of the 958,716 students

**Table B-2 Settings for Speech-Language Pathologists**

| - hospitals          | - schools                  |
| - private practice   | - colleges and universities|
| - government agencies| - health care facilities   |
| - communication product | - community centers     |
| - companies          | - health departments     |

**Table B-3 the Speech-Language Pathologist in the Schools**

- large caseload responsibility
- supervision and training of aides
- documentation of progress
- consultation with teachers
- curriculum development

**Note:** This information is from "Inventing our Future", by Gilbert Herer, 1988, ASHA, 31. p. 36.
enrolled in the Indiana Public Schools were being treated for communication handicaps (Indiana Department of Education, 1989).

Another work possible work environment is the medical setting. The Speech-Language Pathologist who chooses to work in a hospital setting could be employed by a general, veterans, rehabilitation, psychiatric or university hospital. To work in a medical setting, the speech-language pathologist must have training in various areas such as neuroanatomy, neuropathology, neurological testing, aging, and death (ASHA, 1983).

The speech-language pathologist in a psychiatric hospital needs to perform additional duties in order to fulfill her responsibilities (See Table B-4). Since there is a "60% [probability of a] co-occurrence of

<table>
<thead>
<tr>
<th>Table B-4 The Speech-Language Pathologist in a Psychiatric Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>- inservice for other mental health workers throughout the hospital</td>
</tr>
<tr>
<td>- coordinate outpatient support groups for patients</td>
</tr>
<tr>
<td>- treatment: individual and classroom</td>
</tr>
<tr>
<td>- networking with other mental health professionals</td>
</tr>
</tbody>
</table>

**Note:** This information is from "Speech-Language Pathologists in a Psychiatric Setting", by Marjorie Signer, 1989, ASHA, 31, p. 92.
communication disorder and psychiatric disorder in children and adolescents" (Signer, 1989), the speech-language pathologist is also involved in the diagnosis of the patients in a psychiatric hospital.

Speech-Language Pathology is a field that has developed over the years into an effective and reliable profession. It is a profession that will change and grow with the technological advances of society. Speech-Language Pathology will play a key role in the management of human communication in the future.
Appendix C

Audiology

Audiology as a profession involves the identification, assessment, rehabilitation and prevention of hearing disorders. The certified audiologist has many duties and responsibilities (See Table C-1). Ultimately, audiologists are directed toward the "goal of providing the best hearing wellness care possible for the public" (Herer, 1989).

Table C-1  Duties and Responsibilities of Audiologists

- use equipment to measure hearing ability and severity of the problem
- guidance to clients and families
- fit amplification devices
- explain how to use and care for hearing devices
- speech reading instruction
- counseling on various issues
- advise the public on hearing conservation issues

Note: This information is from "Hearing Impairment and the Audiologist" published by the National Association for Hearing and Speech Action, 1985a.

Audiology began to take root in the 1940's due to noise and trauma induced hearing losses of World War II. The profession emerged with an eclectic development from the fields of speech pathology, psychology, deaf education, medicine, physics, and the hearing aid
industries. The first hearing aid clinic was established in 1941 at the Central Institute for the Deaf and first textbook was published in 1943 by Cordia Bunch titled Clinical Audiometry (McLauchlin, 1986).

Two individuals played significant roles in the evolution of Audiology. The first person, Raymond Carhart, was a great contributor to the field because of his work during the war. Carhart was responsible for the structuring of hearing programs in military rehabilitation centers during World War II. To effectively treat the hearing impaired soldiers, Carhart brought in specialists for hearing aids, lipreading, speech training, counseling and psychological analysis (McLauchlin, 1986). The second man who was involved in the development of Audiology as a profession was Norton Canfield. He considered "the term audiology as a good name for the field of aural rehabilitation that had blossomed during World War II" (McLauchlin, 1986). In 1946, Canfield's term was accepted for official use in identifying the profession.

The field of Audiology was becoming widely accepted and practiced in the late 1940's. By 1948, the American Speech Correction Association accepted audiologists and specialists in hearing. The name was changed to the American Speech and Hearing Association to reflect this addition
(McLauchlin, 1986). Since that time, speech-language pathologists and audiologists have been working together within one umbrella organization called ASHA in order to properly and professionally serve those with communication and/or hearing disorders. There are 9,351 audiology affiliates in ASHA as of April, 1989 making up 17.1% of the total membership (See Figure C-1).

![Figure C-1 ASHA Certification Status]

**Note:** This information is from "Dissecting ASHA's Membership: Current Counts" by Cynthia Shewan, 1989, **ASHA, 31**, p.39.

Although hearing is a critical function that is essential to maintain a balanced and healthy lifestyle, many people experience problems varying degrees of problems with their hearing. There are over 21 million people in the United States today who have some degree of hearing loss (Herer, 1989). The prevalence of hearing loss is affected by different social,
economic and cultural backgrounds. Overall, hearing disorders ranks 5th among chronic health conditions according to the National Health Interview Survey (See Table C-2). The trend of hearing disorders is generally increasing over time. In 1971, it was estimated that 6.9% of the population had some form of hearing loss. Yet by 1988, 9.1% of the population was experiencing some degree of hearing loss (Shewan, 1990). The increasing occurrence of hearing disorders is predictable and justifiable for numerous reasons. First, the rate of hearing loss increases with age due to biological deterioration. Because of the increasing size of the elderly population, the percentage of the elderly affected by hearing problems is growing in number. This will create a greater need for

Table C-2 Prevalence of Hearing Impairment

Prevalence number and rate of hearing impairment per 100 persons in the civilian, non-institutionalized population of the U.S.

<table>
<thead>
<tr>
<th>Age Group in Years</th>
<th>Number in Millions</th>
<th>Prevalence Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>1.1</td>
<td>1.7</td>
</tr>
<tr>
<td>18-44</td>
<td>5.0</td>
<td>4.9</td>
</tr>
<tr>
<td>45-64</td>
<td>6.7</td>
<td>14.8</td>
</tr>
<tr>
<td>65-74</td>
<td>4.8</td>
<td>27.4</td>
</tr>
<tr>
<td>75 and over</td>
<td>4.2</td>
<td>38.1</td>
</tr>
<tr>
<td>All Ages</td>
<td>21.9</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Note: This information is from "The Prevalence of Hearing Impairment" by Cynthia M. Shewan, 1990, ASHA, 32, p.62.
geriatric hearing services. Also, the prevalence is greater in low income families, whites and males.

Audiologists are the best qualified professionals to provide diagnostic and rehabilitative services involving hearing. Services are provided in various professional settings (See Table C-2). Each environment requires different skills and has different responsibilities required for the effective treatment of hearing disorders. For example,

<table>
<thead>
<tr>
<th>Table C-2 Settings for Audiologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>- hospitals</td>
</tr>
<tr>
<td>- private practice</td>
</tr>
<tr>
<td>- government agencies</td>
</tr>
<tr>
<td>- health departments</td>
</tr>
<tr>
<td>- community centers</td>
</tr>
<tr>
<td>- communication product companies</td>
</tr>
</tbody>
</table>

the audiologist who works in the schools will have numerous duties largely because of PL 94-142 (See Table C-3).

The remaining area of Audiology to be explored is research and investigation. The evolution of today's society is focusing on three audiological areas: environmental effects on hearing, new testing strategies, and new devices (ASHA, 1985). Advancements in
technology will permit audiologists in the future to significantly improve assessment and treatment (Herer, 1989) consequently enabling the audiologist to better serve those with hearing problems.

Audiology is a field that has developed over the years into an effective and reliable service profession. It is a relatively young area that will undergo many major changes during the next twenty years. One of these changes is beginning to arise in today's society. The professionals that deal with hearing impairments are beginning to focus more on prevention of hearing losses. There are various ways to implement programs that address prevention. One method that is being initiated is to screen the hearing of high risk infants at birth and periodically during early
infant development. A second preventive measure that will expand in the future is the screening of nursery school and school-age children.

Furthermore, conservation programs for industries and the armed services are being developed to curb the effects of environmental conditions such as noise on hearing ability. Audiologists will play key roles in the care of human health in the future.
Appendix D

Code of Ethics
of the
American Speech-Language-Hearing
Association
(Revised January 1, 1986)

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the successful discharge of the professional responsibilities of all speech-language pathologists and audiologists. This Code of Ethics has been promulgated by the Association in an effort to stress the fundamental rules considered essential to the basic purpose. Any action that is in violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics should not be construed as denial of the existence of other responsibilities or practices. The fundamental rules of ethical conduct are described in three categories: Principles of Ethics, Ethical Proscriptions, Matters of Professional Propriety.

1. *Principles of Ethics.* Six Principles serve as a basis for the ethical evaluation of professional conduct and form the underlying immoral basis for the Code of Ethics. Individuals subscribing to this Code shall observe these principles as affirmative obligations under all conditions of professional activity.

2. *Ethical Proscriptions.* Ethical Proscriptions are formal statements of prohibitions that are derived from the Principles of Ethics.

3. *Matters of Professional Propriety.* Matters of Professional Propriety represent guidelines of conduct designed to promote the public interest and thereby better inform the public and particularly the persons in need of speech-language pathology or audiology services as to the availability and the rules regarding the delivery of those services.
Principle of Ethics

Individuals shall hold paramount the welfare of persons served professionally.

A. Individuals shall use every resource available, including referral to other specialists as needed, to provide the best service possible.

B. Individuals shall fully inform persons served of the nature and possible effects of these services.

C. Individuals shall fully inform subjects participating in research or teaching activities of the nature and possible effects of these activities.

D. Individuals' fees shall be commensurate with services rendered.

E. Individuals shall provide appropriate access to records of persons served professionally.

F. Individuals shall take all reasonable precautions to avoid injuring persons in the delivery of professional services.

G. Individuals shall evaluate services rendered to determine effectiveness.

Ethical Proscriptions

1. Individuals must not exploit persons in the delivery of professional services, including accepting persons for treatment when benefit cannot reasonable be expected or continuing treatment unnecessarily.

2. Individuals must not guarantee the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made, but caution must be exercised not to mislead persons served professionally to expect results that cannot be predicted from sound evidence.

3. Individuals must not use persons for teaching or research in a manner that constitutes invasion of privacy or fails to afford informed free choice to participate.
4. Individuals must not evaluate or treat speech, language, or hearing disorders except in a professional relationship. They must not evaluate or treat solely by correspondence. This does not preclude follow-up correspondence with persons previously seen, nor providing them with general information of an educational nature.

5. Individuals must not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law or unless necessary to protect the welfare of the person or the community.

6. Individuals must not discriminate in the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for and potential benefit from such services, such as race, sex, age, or religion.

7. Individuals must not charge for services not rendered.

**Principle of Ethics II**

Individuals shall maintain high standards of professional competence.

A. Individuals engaging in clinical practice or supervision thereof shall hold the appropriate Certificate(s) of Clinical Competence for the area(s) in which they are providing or supervision professional services.

B. Individuals shall continue their professional development throughout their careers.

C. Individuals shall identify competent, dependable referral sources for persons served professionally.

D. Individuals shall maintain adequate records of professional services rendered.
Ethical Proscriptions

1. Individuals must neither provide services nor supervision of services for which they have not been properly prepared, nor permit services to be provided by any of their staff who are not properly prepared.

2. Individuals must not provide clinical services by prescription of anyone who does not hold the Certificate of Clinical Competence.

3. Individuals must not delegate any service requiring the professional competence of a certified clinician go anyone unqualified.

4. Individuals must not offer clinical services by supportive personnel for whom they do not provide appropriate supervision and assume full responsibility.

5. Individuals must not require anyone under their supervision to engage in any practice that is a violation of the Code of Ethics.

Principle of Ethics III

Individuals' statements to persons served professionally and to the public shall provide accurate information about the nature and management of communicative disorders, and about the profession and services rendered by its practitioners.

Ethical Proscriptions

1. Individuals must not misrepresent their training or competence.

2. Individuals' public statements providing information about professional services and products must not contain representations or claims that are false, deceptive or misleading.

3. Individuals must not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.
Matters of Professional Propriety

1. Individuals should announce services in a manner consonant with highest professional standards in the community.

Principle of Ethics IV

Individuals shall maintain objectivity in all matters concerning the welfare of persons served professionally.

A. Individuals who dispense products to persons served professionally shall observe the following standards:

   (1) Products associated with professional practice must be dispensed to the person served as a part of a program of comprehensive habilitative care.

   (2) Fees established for professional services must be independent of whether a product is dispensed.

   (3) Persons served must be provided freedom of choice for the source of services and products.

   (4) Price information about professional services rendered and products dispensed must be disclosed by providing to or posting for persons served a complete schedule of fees and charges in advance of rendering services, which schedule differentiates between fees for professional services and charges for products dispensed.

   (5) Products dispensed to the person must be evaluated to determine effectiveness.

Matters of Professional Propriety

1. Individuals should not accept compensation for supervision or sponsorship from the clinical fellow being supervised or sponsored beyond reasonable reimbursement for direct expenses.

2. Individuals should present products they have developed to their colleagues in a manner consonant with highest professional standards.
Principle of Ethics V

Individuals shall honor their responsibilities to the public, their profession, and their relationships with colleagues and members of allied professions.

Matters of Professional Propriety
1. Individuals should seek to provide and expand services to persons with speech, language and hearing handicaps as well as to assist in establishing high professional standards for such programs.

2. Individuals should educate the public about speech, language and hearing processes, speech, language and hearing problems, and matter related to professional competence.

3. Individuals should strive to increase knowledge within the profession and share research with colleagues.

4. Individuals should establish harmonious relations with colleagues and members of other professions, and endeavor to inform members of related professions of services provided by speech-language pathologists and audiologists, as well as seek information from them.

5. Individuals should assign credit to those who have contributed to a publication in proportion to their contribution.

Principle of Ethics VI

Individuals shall uphold the dignity of the profession and freely accept the profession's self-imposed standards.

A. Individuals shall inform the Ethical Practice Board when they have reason to believe that a member or certificate holder may have violated the Code of Ethics.

B. Individuals shall cooperate fully with the Ethical Practice Board concerning matters of professional conduct related to this Code of Ethics.
Ethical Proscriptions

1. Individuals shall not engage in violations of the Principles of Ethics or in any attempt to circumvent any of them.

2. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, or other forms of illegal conduct that adversely reflect on the profession or the individuals' fitness for membership in the profession.
Appendix E

Requirements for the Certificate of Clinical Competence

The Certificate Of Clinical Competence (CCC) is the certification that is required to practice speech-language pathology or audiology. ASHA is responsible for creating and amending these requirements. Consequently, ASHA is currently revising the standards for Speech-Language Pathology and Audiology certification. The requirements still include a Master's degree, coursework, practicum hours, a National Examination and a Clinical Fellowship.

The existing requirements to obtain the CCC are listed in Figure 1.

Figure 1 Outline of Existing Requirements for the Certificates of Clinical Competence

I. Degree: Master's degree or equivalent

II. Coursework: Minimum 60 semester credit hours (s.c.h.) total; 30 s.c.h. must be graduate level

A. Basic Communication Processes Coursework:
   (12 s.c.h. minimum required)
   • at least 2 s.c.h. in anatomic and physiological bases for normal development and use of speech, language and hearing
   • at least 2 s.c.h. in physical bases and processes of the production and perception of speech, language and hearing
   • at least 2 s.c.h. in linguistic and psycholinguistic variables related to normal development and use of speech, language and hearing
B. Professional Area Speech-Language Pathology/Audiology Coursework:
(30 s.c.h. minimum required; 21 s.c.h. must be graduate level)

CCC-SLP
- Speech and Language Disorders
  (minimum 24 s.c.h. required)
  - at least 6 s.c.h. in speech disorders
  - at least 6 s.c.h. in language disorders
- Audiology (minimum of 6 s.c.h. required)
  - at least 3 s.c.h. in auditory pathology
  - at least 3 s.c.h. in habilitation/rehabilitation

CCC-A
- Audiology (minimum of 24 s.c.h. required)
  - at least 6 s.c.h. in auditory pathology
  - at least 6 s.c.h. in habilitation/rehabilitation
- Speech-Language Pathology
  (minimum of 6 s.c.h. required)
  - at least 3 s.c.h. in speech disorders
  - at least 3 s.c.h. in language disorders

C. Related Area Coursework: (no minimum hours required)

III. Practicum
- Minimum 300 clock hours with children and adults; 150 hours at graduate level
- Minimum of 50 hours in at least two separate clinical settings
- First 25 hours supervised by program's professional staff
- Supervision of 25% of the treatment sessions
- Supervision of one-half of each evaluation session
- Experience with both children and adults (some with groups)

CCC-SLP
- Speech-Language Pathology (200 clock hours minimum)
  - 50 clock hours Evaluation of Speech and Language Problems
  - 75 clock hours Treatment of Language Disorders
  - 25 clock hours Treatment of Voice Disorders
  - 25 clock hours of Articulation Disorders
- 25 clock hours Treatment of Fluency Disorders

- Audiology (35 clock hours minimum)
- 15 clock hours Evaluation and/or Treatment of speech/language problems associated with hearing impairment (additional clock hours may be counted toward minimum clock hours with language and/or speech disorders
- 15 hours Evaluation of Auditory Disorders

CCC-A
- Audiology (200 clock hours minimum)
- 50 clock hours Identification and Evaluation of Hearing Impairment
- 50 clock hours Habilitation or Rehabilitation of Hearing Impaired

- Speech-Language Pathology (35 clock hours minimum)
- 35 clock hours Evaluation and Treatment of Speech and Language Problems (not related to hearing impairment)

IV. National Examination

V. Clinical Fellowship

The new standards for certification are effective as of 1/1/93. The revised requirements are listed in Figure 2.

Figure 2 Outline of the New Standards for the Certificates of Clinical Competence

I. **Degree**: Applicants for wither certificate must hold a Master's or Doctoral degree. Effective 1/1/94- All graduate coursework and clinical practicum required in the professional area for which the Certificate is sought must have been initiated and completed at an institution whose program was accredited by the ESB in the area for which the Certificate is sought.

II. **Academic Coursework**: 75 semester credit hours (s.c.h.)
   A. Basic Science Coursework (27 s.c.h.):
      • 6 s.c.h. in biological/physical sciences and mathematics
      • 6 s.c.h. in behavioral and/or social sciences
• 15 s.c.h in basic human communication processes to include the anatomic and physiologic bases, the physical and psychophysical bases, and the linguistic and psycholinguistic aspects.

B. Professional Coursework (36 s.c.h.): 30 of the 36 s.c.h. in courses for which graduate credit was received; 21 of the 30 s.c.h. must be in the professional area for which the Certificate is sought.

  **CCC-SLP**
  • 30 s.c.h. in speech-language pathology
    - 6 in speech disorders
    - 6 in language disorders
  • 6 s.c.h. in audiology
    - 3 in hearing disorders and hearing evaluation
    - 3 in habilitative/rehabilitative procedures

  **CCC-A**
  • 30 s.c.h. in audiology
    - 6 in hearing disorders and hearing evaluation
    - 6 in habilitative/rehabilitative procedures
  • 6 s.c.h. in speech-language pathology, not associated with hearing impairment
    - 3 in speech disorders
    - 3 in language disorders

III. **Supervised Clinical Observation and Clinical Practicum:** 375 clock hours (c.h.)

A. Clinical Observation (25 c.h.)
   Prior to beginning initial clinical practicum

B. Clinical Practicum (350 c.h. total)
   • 250 c.h. at the graduate level in the area in which the Certificate is sought
   • 50 c.h. in each of three types of clinical settings
CCC-SLP
• 20 c.h. in each of the following 8 categories
  1. Evaluation: Speech disorders in children
  2. Evaluation: Speech disorders in adults
  3. Evaluation: Language disorders in children
  4. Evaluation: Language disorders in adults
  5. Treatment: Speech disorders in children
  6. Treatment: Speech disorders in adults
  7. Treatment: Language disorders in children
  8. Treatment: Language disorders in adults

• Up to 20 c.h. in the major professional area may be in related disorders
• 35 c.h. in audiology
  - 15 in evaluation/screening
  - 15 in habilitation/rehabilitation

CCC-A
• 40 c.h. in the first 4 categories listed below; 20 c.h. in the fifth category
  1. Evaluation: Hearing in children
  2. Evaluation: Hearing in adults
  3. Selection and Use: Amplification and assistive listening devices for children
  4. Selection and Use: Amplification and assistive listening devices for adults
  5. Treatment: Hearing disorders in children and adults

• Up to 20 c.h. in the major professional area may be in related disorders
• 35 c.h. in speech-language pathology unrelated to hearing impairment
  - 15 in evaluation/screening
  - 15 in treatment

IV. National Examinations in Speech-Language Pathology and Audiology

V. Clinical Fellowship
Appendix F

The Clinical Practicum Experience

Every student who majors in Speech-Language Pathology and Audiology at Ball State University is required to successfully complete four supervised clinical practicums. These practicums expose the student to diagnostic and treatment situations with clients of all ages. The Ball State Course Book states that "the student performs observation and preprofessional participation with clients with various speech, language and hearing disorders."

The first step in the clinical practicum experience involves observation. Twenty-five direct observations are completed and documented during the methods course at Ball State University. The goal of these observations is to foster the development of clinical competency through actual evaluation of various types of therapy sessions.

After the completion of the observations, the student enrolls in Clinic I. The Clinic I experience is often scary to students because of its inherent nature. The student is now required to work one on one with a client in the treatment of a speech and/or language problem. This requires application and combination of coursework to practical situation in
a therapy setting. The clinician is assigned one client for the semester. The clinician works closely with the supervisor to analyse therapy techniques and report writing skills. Each clinician can use this practicum to develop skills to be used in with future clients that will aid in diagnosis and treatment.

The next semester the student enrolls in Clinic II, The clinician is now responsible for the planning and management of two clients. The clients may be more difficult or interesting to work with and manage. Also, similar communication between the clinician and the supervisor is critical during this experience.

Clinic III is a more advanced clinic. The clinician is given two slightly more difficult clients and the freedom to experiment with original and unique therapy techniques. The supervisor serves more of a counseling role during this practicum.

The final clinic, Clinic IV, is the aural rehabilitation practicum. The clinician will be assigned two clients who need some form of aural rehabilitation due to a hearing impairment of some kind. Techniques and strategies for dealing with hearing impairments are established during this experience.
Appendix G

The Educational Rights of Handicapped Children Act: P.L. 94-142

Major Provisions of P.L. 94-142

Free and appropriate public education

All children are entitled to a free and appropriate public education, regardless of the nature of severity of their handicap.

Nondiscriminatory assessment

Requires the establishment of procedures to assure that testing and evaluation materials and procedures utilized for the purposes of evaluation and placement of handicapped children will be selected and administered so as not to be culturally or racially discriminatory.

Development of an Individual Education Plan (IEP)

Requires the development of a written IEP for each handicapped child that will include a statement of current levels of educational achievement, annual and short-term goals, specific educational services to be provided, dates of initiation and duration of services, and criteria for evaluating the degree to which the objectives are achieved.

Due Process

Requires an opportunity to present complaints with respect to any matter relating to the identification, evaluation, or educational placement of a child. Specific due process procedures include: (a) written notification to parents before evaluation, (b) written notification when initiating or refusing to initiate a change in educational placement, (c) opportunity to obtain an independent evaluation of the child, and (d) an opportunity for an impartial due process hearing.
Privacy and Records

Requires that educational and psychological records pertaining to a child remain confidential except to those individuals who are directly involved in a child's education and who have a specific reason for reviewing the records. Further the law provides an opportunity for the parents or guardian of a handicapped child to examine all relevant records with respect to the identification, evaluation, and educational placement of the child.

Least Restrictive Environment

Requires to the maximum extent appropriate that handicapped children be educated with children who are not handicapped in as normal an environment as possible.

Related Services

Required support services (e.g. psychological, audiology, occupational therapy, music therapy) are required to assist the handicapped child to benefit from special education.

Adapted from the Education of all Handicapped Children Act of 1975, P.L. 94-142, Federal Register, pp. 42474-42518.

This information is from Assessment of Special Children, by J. Witt, S. Elliott, F. Gresham, and J. Kramer, 1988, p. 22.
Appendix H

Survey of SPAA Students: Spring Semester 1990

Purpose: The intent of this survey is to collect data on current BSU students majoring in Speech Pathology and Audiology. There are no right or wrong answers to the following questions. Your name is not required and will not be associated with any of your responses. Your cooperation is greatly appreciated. Thank you.

1. My decision to choose Speech Pathology and Audiology as a profession was influenced by my knowledge about the field.
   
<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. Briefly state what information convinced you to enter the field of Speech Pathology and Audiology.

3. I am aware of the ASHA requirements to become a Speech Pathologist or Audiologist.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

4. What are the minimum professional requirements to become a certified speech pathologist or audiologist?

5. I meet with my departmental advisor on a regular basis to plan my academic program.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

6. I meet with my departmental advisor on a regular basis to plan discuss career options.

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<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
7. In my opinion, my most important discussion with my advisor about my career was about the following topic:

8. I am aware of the various work opportunities [job types, environments, positions] for Speech Pathologists and Audiologists.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
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<td>3</td>
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</table>

9. Name the work opportunities you are aware of for a Speech Pathologist or Audiologist.

10. I would recommend a career in Speech Pathology or Audiology to a friend.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

11. What would you tell your friend about the field?

12. I like the SPAA program at Ball State University.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>3</td>
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</table>

13. In my opinion, I have made an appropriate career choice.

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<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
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<td>2</td>
<td>3</td>
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</table>

14. I enjoy working on a one-to-one basis with people who have a mild problem.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
15. I enjoy working on a one-to-one basis with people who have a moderate problem.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

16. I enjoy working on a one-to-one basis with people who have a severe problem.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
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<tbody>
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</table>

17. The coursework is pertinent to my professional training.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
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</table>

18. The instructors are actively helpful and accessible when students have problems or questions.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
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<tbody>
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19. A teacher/student partnership in learning is encouraged.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

20. I feel free to express and explain my own views in SPAA courses.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
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<td>2</td>
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</table>

21. I feel that I receive adequate answers to my questions about the profession.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

22. In what range do you estimate your salary as a Speech Pathologist or Audiologist?

- a. $10,000 to $15,000 per year
- b. $15,000 to $20,000 per year
- c. $20,000 to $25,000 per year
- d. $25,000 to $30,000 per year
- e. $30,000 to $35,000 per year
- f. Over $35,000 per year

23. The national organization for Speech Pathology and Audiology is called ____________________________.
24. The national organization awards documentation that a member has met professional standards which is called ____________________________.

25. Having entered the major, what information would have been helpful to you sooner?

26. What advice would you give to a beginning SPAA major?

27. The majority of the professional information I have obtained has come from... (who/where)

BIOGRAPHICAL INFORMATION:

Year: Freshman Sophomore Junior Senior

Sex: Male Female

Undergraduate Major: SPAA Other

Check One: _____ American Indian or Eskimo Native _____ Black
         _____ Caucasian            _____ Hispanic
         _____ Oriental or Pacific Islander  _____ Other

Have you had a clinical practicum at Ball State? Yes  No

If so, which practicum(s) have you had? ______________________

What is the size of your hometown community?

   a. 0 to 1,000 people
   b. 1,000 to 5,000 people
   c. 5,000 to 10,000 people
   d. 10,000 to 25,000 people
   e. over 25,000 people
What aspect of the profession are you most interested in pursuing?

Speech Pathology  Audiology  Speech Science  Undecided

Are you planning on becoming a certified Speech Pathologist or Audiologist?

Yes  No  Undecided

Who/What influenced your decision to choose Speech Pathology or Audiology as a career?

Friends  High School Counselor  Literature

Relatives  Ball State Program  Experience

Professor  High School Teacher  Other____

Thank you for your cooperation!
Appendix I

Survey of SPAA Students: Spring Semester, 1990

ENTRY LEVEL RESULTS:

1. My decision to choose Speech Pathology and Audiology as a profession was influenced by my knowledge about the field.
   
   \[1=6\quad 2=8\quad 3=3\quad 4=7\quad 5=1\]

2. Briefly state what information convinced you to enter the field of Speech Pathology and Audiology.
   
   \[1=0\quad \text{(SPAA 200)}\quad 7=4\quad \text{(discussion with SLP or A)}\]
   
   \[2=2\quad \text{(relatives)}\quad 8=0\quad \text{(career handbook)}\]
   
   \[3=1\quad \text{(BSU seminar)}\quad 9=5\quad \text{(interest)}\]
   
   \[4=4\quad \text{(demand for SLP and A)}\quad 10=2\quad \text{(workshop elsewhere)}\]
   
   \[5=0\quad \text{(deaf education major first)}\quad 11=3\quad \text{(working with people)}\]
   
   \[6=0\quad \text{(working 1 on 1)}\quad 12=1\quad \text{(SPAA students)}\]
   
   \[7=0\quad \text{(career handbook)}\quad 13=1\quad \text{(for the money)}\]

3. I am aware of the ASHA requirements to become a Speech Pathologist or Audiologist.
   
   \[1=4\quad 2=4\quad 3=6\quad 4=6\quad 5=4\]

4. What are the minimum professional requirements to become a certified speech pathologist or audiologist?

   \[1=3\quad \text{(knows complete requirements)}\quad 4=1\quad \text{(incomplete answer)}\]
   
   \[2=7\quad \text{(schooling req's only)}\quad 5=13\quad \text{(no idea)}\]
   
   \[3=0\quad \text{(professional req's only)}\quad 6=1\quad \text{(Associate's Degree)}\]

5. I meet with my departmental advisor on a regular basis to plan my academic program.

   \[1=5\quad 2=2\quad 3=1\quad 4=8\quad 5=8\]

6. I meet with my departmental advisor on a regular basis to plan discuss career options.

   \[1=2\quad 2=2\quad 3=4\quad 4=8\quad 5=9\]

7. In my opinion, my most important discussion with my advisor about my career was about the topic...

   \[1=5\quad \text{(scheduling classes)}\quad 4=1\quad \text{(job opportunities)}\]
   
   \[2=0\quad \text{(deciding to get Master's)}\quad 5=2\quad \text{(careers)}\]
   
   \[3=0\quad \text{(graduating)}\]

8. I am aware of the various work opportunities [job types, environments, positions] for Speech Pathologists and Audiologists.

   \[1=7\quad 2=11\quad 3=5\quad 4=1\quad 5=1\]

9. Name the work opportunities you are aware of for a Speech Pathologist or Audiologist.

   \[1=11\quad \text{(Hospitals)}\quad 7=1\quad \text{(teaching on college level)}\]
   
   \[2=15\quad \text{(Schools)}\quad 8=2\quad \text{(Corporation or industrial)}\]
   
   \[3=8\quad \text{(Private Practice)}\quad 9=1\quad \text{(research)}\]
   
   \[4=4\quad \text{(Clinics)}\quad 10=0\quad \text{(government)}\]
   
   \[5=3\quad \text{(Hearing aid dealer)}\quad 11=0\quad \text{(community centers)}\]
   
   \[6=3\quad \text{(Health Care Facility: nursing homes, rehab centers)}\]

10. I would recommend a career in Speech Pathology or Audiology to a friend.

    \[1=5\quad 2=13\quad 3=5\quad 4=1\quad 5=0\]
11. What would you tell your friend about the field?
1=2 (length of education) 5=2 (a lot of work requiring devotion)
2=4 (expanding field) 6=0 (many req's that you find out about too late)
3=8 (helping profession and rewarding) 7=1 (chance to use your creativity)
4=1 (work with a variety of people)

12. I like the SPAA program at Ball State University.
1=12 2=8 3=5 4=0 5=0

13. In my opinion, I have made an appropriate career choice.
1=11 2=8 3=5 4=1 5=0

14. I enjoy working on a one-to-one basis with people who have a mild problem.
1=14 2=6 3=4 4=0 5=0

15. I enjoy working on a one-to-one basis with people who have a moderate problem.
1=13 2=7 3=4 4=0 5=0

16. I enjoy working on a one-to-one basis with people who have a severe problem.
1=9 2=5 3=9 4=1 5=0

17. The coursework is pertinent to my professional training.
1=17 2=5 3=4 4=0 5=0

18. The instructors are actively helpful and accessible when students have problems or questions.
1=15 2=6 3=4 4=0 5=0

19. A teacher/student partnership in learning is encouraged.
1=11 2=9 3=4 4=1 5=0

20. I feel free to express and explain my own views in SPAA courses.
1=9 2=11 3=5 4=0 5=0

21. I feel that I receive adequate answers to my questions about the profession.
1=10 2=11 3=3 4=0 5=1

22. In what range do you estimate your salary as a Speech Pathologist or Audiologist?
   a. $10,000 to $15,000 per year (0)  
   d. $25,000 to $30,000 per year (5)
   b. $15,000 to $20,000 per year (2)  
   e. $30,000 to $35,000 per year (2)
   c. $20,000 to $25,000 per year (13)  
   f. Over $35,000 per year (3)

23. The national organization for Speech Pathology and Audiology is called
   1=13 (ASHA) 2=6 (Wrong Answer) 3=6 (No idea)

24. The national organization awards documentation that a member has met professional standards which is called
   1=2 (CCC'S) 2=0 (Wrong Answer) 3=22 (No idea)

25. Having entered the major, what information would have been helpful to you sooner?
   1=6 (requirements) 4=0 (More about clinic)
   2=2 (time involved) 5=0 (demand for SLP's and A's)
   3=1 (what is involved in graduate program)
26. What advice would you give to a beginning SPAA major?
   1=2 (start early)  5=0 (don't rush through the program)
   2=1 (learn from past majors)  6=0 (length of the program-long)
   3=3 (Study and work hard)  7=1 (take SPAA 200 as early as possible)
   4=2 (know requirements)

27. The majority of the professional information I have obtained has come from... (who/where)
   1=1 (Mrs. Heady)  6=5 (Advisor/Supervisor)
   2=3 (Profs)  7=1 (SPAA 200)
   3=0 (SPAA 411)  8=3 (an SLP or A)
   4=2 (students)  9=4 (friends or relatives)
   5=1 (Dr. Hemeyer)

BIOGRAPHICAL INFORMATION:
Year: Freshman (19)  Sophomore (1)  Junior (3)  Senior (1)
Sex: Male (2)  Female (22)
Undergraduate Major: SPAA (24)  Other
Check One:  ____ American Indian or Eskimo Native  ____ (1)  Black
          ____ Caucasian  ____ Hispanic
          ____ Oriental or Pacific Islander  ____ Other
Have you had a clinical practicum at Ball State?  Yes  No (24)

What is the size of your hometown community?
   a. 0 to 1,000 people (4)  c. 5,000 to 10,000 people (3)
   b. 1,000 to 5,000 people (3)  d. 10,000 to 25,000 people (5)
   e. over 25,000 people (9)

What aspect of the profession are you most interested in pursuing?
   Speech Pathology  Audiology  Speech Science  Undecided
   (16)  (3)  (1)  (5)
Are you planning on becoming a certified Speech Pathologist or Audiologist?
   Yes (22)  No (2)  Undecided (5)

Who/What influenced your decision to choose Speech Pathology or Audiology as a career?
   Friends (6)  High School Counselor (2)  Literature (2)
   Relatives (10)  Ball State Program (7)  Experience (5)
   Professor  High School Teacher (2)  Other (5)

Thank you for your cooperation!
ADVANCED LEVEL RESULTS:

1. My decision to choose Speech Pathology and Audiology as a profession was influenced by my knowledge about the field.

   1=1 2=9 3=1 4=5 5=2

2. Briefly state what information convinced you to enter the field of Speech Pathology and Audiology.

   1=1 (SPAA 200) 7=1 (discussion with SLP or A)
   2=3 (relatives) 8=1 (career handbook)
   3=2 (BSU seminar) 9=0 (interest)
   4=1 (demand for SLP and A) 10=0 (workshop elsewhere)
   5=1 (deaf education major first) 11=0 (working with people)
   6=4 (working 1 on 1) 12=0 (SPAA students)
   13=0 (for the money)

3. I am aware of the ASHA requirements to become a Speech Pathologist or Audiologist.

   1=13 2=3 3=1 4=0 5=1

4. What are the minimum professional requirements to become a certified speech pathologist or audiologist?

   1=13 (knows complete requirements) 4=2 (incomplete answer)
   2=1 (schooling req's only) 5=0 (no idea)
   3=2 (professional req's only) 6=0 (Associate's Degree)

5. I meet with my departmental advisor on a regular basis to plan my academic program.

   1=7 2=7 3=0 4=3 5=1

6. I meet with my departmental advisor on a regular basis to plan discuss career options.

   1=1 2=3 3=3 4=4 5=7

7. In my opinion, my most important discussion with my advisor about my career was about the topic...

   1=7 (scheduling classes) 4=1 (job opportunities)
   2=4 (deciding to get Master's) 5=0 (careers)
   3=2 (graduating)

8. I am aware of the various work opportunities [job types, environments, positions] for Speech Pathologists and Audiologists.

   1=8 2=6 3=4 4=0 5=0

9. Name the work opportunities you are aware of for a Speech Pathologist or Audiologist.

   1=16 (Hospitals) 7=4 (teaching on college level)
   2=15 (Schools) 8=2 (Corporation or industrial)
   3=9 (Private Practice) 9=1 (research)
   4=8 (Clinics) 10=1 (government)
   5=3 (Hearing aid dealer) 11=1 (community centers)
   6=9 (Health Care Facility: nursing homes, rehab centers)
   12=0 (no idea)

10. I would recommend a career in Speech Pathology or Audiology to a friend.

    1=5 2=7 3=3 4=3 5=0
11. What would you tell your friend about the field?
   - 1=5 (length of education)
   - 2=1 (expanding field)
   - 3=4 (helping profession and rewarding)
   - 4=1 (work with a variety of people)
   - 5=5 (a lot of work requiring devotion)
   - 6=2 (many req's that you find out about too late)
   - 7=0 (chance to use your creativity)

12. I like the SPAA program at Ball State University.
   - 1=6 2=6 3=5 4=0 5=0

13. In my opinion, I have made an appropriate career choice.
   - 1=9 2=5 3=3 4=0 5=0

14. I enjoy working on a one-to-one basis with people who have a mild problem.
   - 1=17 2=0 3=0 4=0 5=0

15. I enjoy working on a one-to-one basis with people who have a moderate problem.
   - 1=14 2=3 3=0 4=0 5=0

16. I enjoy working on a one-to-one basis with people who have a severe problem.
   - 1=6 2=7 3=4 4=1 5=0

17. The coursework is pertinent to my professional training.
   - 1=12 2=4 3=0 4=1 5=0

18. The instructors are actively helpful and accessible when students have problems or questions.
   - 1=4 2=10 3=2 4=1 5=0

19. A teacher/student partnership in learning is encouraged.
   - 1=5 2=5 3=7 4=1 5=0

20. I feel free to express and explain my own views in SPAA courses.
    - 1=2 2=11 3=2 4=3 5=0

21. I feel that I receive adequate answers to my questions about the profession.
    - 1=3 2=7 3=5 4=1 5=2

22. In what range do you estimate your salary as a Speech Pathologist or Audiologist?
    - a. $10,000 to $15,000 per year (0)
    - b. $15,000 to $20,000 per year (4)
    - c. $20,000 to $25,000 per year (9)
    - d. $25,000 to $30,000 per year (5)
    - e. $30,000 to $35,000 per year (0)
    - f. Over $35,000 per year (0)

23. The national organization for Speech Pathology and Audiology is called ________.
    - 1=15 (ASHA) 2=3 (Wrong Answer) 3=0 (No idea)

24. The national organization awards documentation that a member has met professional standards which is called ________.
    - 1=14 (CCC'S) 2=0 (Wrong Answer) 3=4 (No idea)

25. Having entered the major, what information would have been helpful to you sooner?
    - 1=8 (requirements) 4=1 (More about clinic)
    - 2=6 (time involved) 5=1 (demand for SLP's and A's)
    - 3=1 (what is involved in graduate program)
26. What advice would you give to a beginning SPAA major?
   1=3 (start early)  5=1 (don't rush through the program)
   2=2 (learn from past majors)  6=4 (length of the program-long)
   3=5 (Study and work hard)  7=0 (take SPAA 200 as early as possible)
   4=8 (know requirements)

27. The majority of the professional information I have obtained has come from... (who/where)
   1=8 (Mrs. Heady)  6=4 (Advisor/Supervisor)
   2=4 (Profs)  7=2 (SPAA 200)
   3=2 (SPAA 411)  8=0 (an SLP or A)
   4=3 (students)  9=0 (friends or relatives)
   5=2 (Dr. Hemeyer)

BIографICAL INFORMATION:
Year: Freshman (0) Sophomore (0) Junior (7) Senior (11)
Sex: Male (0) Female (18)
Undergraduate Major: SPAA (18) Other
Check One: ______ American Indian or Eskimo Native ______ Black
            ____ (18) Caucasian  ______ Hispanic
            ______ Oriental or Pacific Islander  ______ Other
Have you had a clinical practicum at Ball State? Yes (18) No
What is the size of your hometown community?
   a. 0 to 1,000 people (3)  c. 5,000 to 10,000 people (3)
   b. 1,000 to 5,000 people (0)  d. 10,000 to 25,000 people (4)
   e. over 25,000 people (8)
What aspect of the profession are you most interested in pursuing?
   Speech Pathology (13)  Audiology (3)  Speech Science (2)  Undecided (2)
Are you planning on becoming a certified Speech Pathologist or Audiologist?
   Yes (14)  No (4)  Undecided (4)
Who/What influenced your decision to choose Speech Pathology or Audiology as a career?
   Friends (3)  High School Counselor (0)  Literature (5)
   Relatives (4)  Ball State Program (6)  Experience (4)
   Professor  High School Teacher(1)  Other ___(1)_______

Thank you for your cooperation!