

Program Evaluation by Program Graduates
 Department of Communicative Disorders and Deaf Studies
 California State University, Fresno

Dear Graduate:

Now that it is a year since you completed your degree or credential, we would like you to look back and evaluate the preparation you received while a student in the department. Please evaluate the education you received in the Dept. of Communicative Disorders and Deaf Studies by checking either "excellent," "good," "fair," "poor," or "N/A." You may return this form in the enclosed envelope.

Check all that you have completed: B.A. M.A. Credential
 Your option area was: Deaf Studies/Deaf Education Speech-Language Pathology

	Excellent	Good	Fair	Poor	N/A
Professional/Technical:					
• Skill in Treatment / Teaching Ability to develop a treatment or educational program appropriate to client's or student's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Skill in Management of Behavior (maintain on-task behavior.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Skill in Assessment (assessment is ongoing in nature, using observational, recorded, standardized and non-standardized measurement procedures and techniques.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Knowledge and implementation of diagnostic tools available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Adequate knowledge of specific characteristics of type of population served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Skill in Reporting (written reports pertinent and accurate.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Organizational Skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Communication:					
1. Ability to communicate with families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to communicate with colleagues and other disciplines on a professional level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to communicate with clients or students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, How would you rate the quality of your education in the Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Check (✓) if you currently have completed or have been granted any of the following:

_____ Certificate of Clinical Competence in Speech-Language Pathology

_____ California License in Speech-Language Pathology

_____ Certification by Council on Education of the Deaf

_____ California Teaching/Clinical Credentials for the practice of Speech-Language Pathology

_____ California Teaching/Clinical Credentials for Education of the Deaf

_____ Other California Teaching/Clinical Credentials (Specify _____)

_____ Other professional authorizations (Specify _____)

- How many times you have attended or completed activities for continuing education (e.g., conferences, workshops, seminars, courses, etc.) In the past year? _____

Of these activities, for how many were you granted continuing education units, units to advance on you salary schedule, or both? _____