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OFFICE OF THE PRESIDENT
COMMISSION ON HIGHER EDUCATION

CHEDMEMORANDUM ORDER

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SUBJECT : POLICIES, STANDARDS AND GUIDELINES FOR SPEECH - LANGUAGE PATHOLOGY EDUCATION

In accordance with pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the “Higher Education Act of 1994,” and in pursuit of enhancing quality assurance in Philippine Higher Education through an Outcomes-Based Education as advocated under CMO 46 s. 2012, the following policies, standards, and guidelines (PSG) for Speech-Language Pathology Education (SLPE) are hereby adopted and promulgated by the Commission.

**Article 1
INTRODUCTION**

Section 1. Rationale

Based on the *Guidelines for the Implementation of CMO 46 s 2012*, this PSG reflects the “shift to outcomes-based education.” It specifies the “core competencies” expected of BS Speech Language Pathology (SLP) graduates “regardless of the type of Higher Education Institutions (HEIs) they graduate from.”

However, in “recognition of the spirit of outcomes-based education” and the variations in the typology of HEIs, this PSG also provides “ample space for HEIs to innovate in the curriculum in line with the assessment of how best to achieve learning outcomes in their particular contexts and their respective missions”. This PSG further allows “curricular freedom” through approaches and methods that are globally entrenched while still being primarily locally responsive to needs of the Philippine health care continuum.

**Article II
AUTHORITY TO OPERATE**

Section 2. Government Recognition

All higher education institutions (HEIs) intending to offer the Bachelor of Science in Speech-Language Pathology program must first secure proper authority from the Commission in accordance with existing rules and regulations. State universities and colleges (SUCs), and local colleges and universities should likewise strictly adhere to the provisions in these policies and standards. All HEIs with existing SLP program are compelled to shift to an outcomes-based system. Autonomous and deregulated HEIs, on the other hand, should comply with CHED minimum requirements based on CMO No. 46 series of 2012 otherwise known as “Policy Standard to Enhance Quality Assurance in Philippine Higher Education through an Outcome-Based and Typology-Based Quality Assurance”.

**ARTICLE III
GENERAL PROVISIONS**

Sec. 3 The Articles that follow provide pertinent information on minimum standards, requirements, and prescriptions. The minimum standards are expressed as a set of desired program outcomes which are shown in Article IV. Article V Section 9, on the other hand, shows a **sample** curriculum specifically designed to concretize such outcomes. It is emphasized that the number of units in the curriculum is prescribed as the “minimum unit requirement” under Section 13 of RA 7722.

To further illustrate the essence of an outcome-based education, a curriculum map is likewise presented in Article V Section 11. This is a **sample** curriculum map which HEIs can use as reference and/or guide.

In Article V Section 12, sample threading of Program Outcomes, Course Outcomes, and Learning (Session) Outcomes are presented using a learner-centered/outcomes-based approach.

Pertinent information regarding physical resource requirements for library, laboratories and other facilities and the human resource requirements in terms of administration and faculty are seen in Article VII. Sample course subjects, on the other hand, including objectives and course contents can be found in the Appendices.

Sec. 4 PSGs are based on the 12-year basic education system that is now being implemented and on the current GE program. They reflect the reforms towards outcomes-based education.

The HEIs are allowed to design curricula suited to their own contexts and missions provided that they can demonstrate that these lead to the attainment of the required minimum set of outcomes, albeit by a different route. In the same vein, they have latitude in terms of curriculum delivery and in terms of specification and deployment of human and physical resources as long as they can show that the attainment of the program outcomes and satisfaction of program educational objectives can be assured by the alternative means they propose.

In addition, the HEIs can use the **CHED Implementation Handbook for Outcomes-Based Education (OBE) and the Institutional Sustainability Assessment (ISA)** as a guide in making their submissions and requirements.

**ARTICLE IV
PROGRAM SPECIFICATIONS**

Sec. 5 **Program Description**

5.1 Degree Name.

Bachelor of Science in Speech-Language Pathology (BSSLP)
Course Code: 500803

5.2 Scope of the Program

The Bachelor of Science in Speech-Language Pathology curriculum is a four-year degree program consisting of general education and professional courses totaling 142 units. This likewise includes at least 30 units of clinical internship.

5.3 Program Objectives

The speech-language pathology undergraduate program aims to produce speech-language pathologists who are competent to fulfill professional responsibilities in the following areas: patient/client care in various settings for different populations, education for patients/clients and speech-language pathology students in professional courses, administration and management of speech-language pathology institutions and facilities, lifelong learning for the development of the professional, health promotion, advocacy for the advancement of the profession, community service and development, and research.

5.4. Career Options

Graduates of BSSLP programs are expected to be able to fulfill any of the following roles:

- i. Clinician
- ii. Educator
- iii. Administrator or Manager
- iv. Researcher
- v. Social Advocate and Mobilizer/Change Agent
- vi. Community Based Therapist

5.5 Allied/Related Fields

Graduates of BSSLP programs are expected to work as professionals in, but not limited to, the following fields:

- 5.5.1 Health Care
- 5.5.2 Rehabilitation Management
- 5.5.3 Public Health
- 5.5.4 Occupational Health
- 5.5.5 Education

Sec. 6

Program Outcomes

The minimum standards for the BSSLP program are translated to the following minimum set of learning outcomes:

6.1 Common to all programs in all types of schools

Graduates of BSSLP programs are expected to be able to show the following:

- a) The ability to engage in lifelong learning and understanding of the need to keep abreast of the developments in the specific field of practice. (PQF level 6 descriptor)
- b) the ability to effectively communicate orally and in writing using both English and Filipino or other dialects the SLP graduate is proficient in
- c) The ability to work effectively and independently in multi-disciplinary and multi-cultural teams. (PQF level 6 descriptor)
- d) A recognition of professional, social, and ethical responsibility
- e) An appreciation of "*Filipino historical and cultural heritage*" (based on RA 7722)

6.2 Common to Health Professions

Graduates of BSSLP programs are expected to be able to fulfill any of the following:

- a) Exercise clinical competence in the specific profession
- b) Recognize health professional and ethical practice
- c) Engage in inter-professional education
- d) Exhibit effective communication skills

Graduates of BSSLP programs are expected to be:

- a. a lifelong learner (personal/continuing professional development)
- b. a leader/manager using a systems approach to health care

- c. a researcher
- d. a social development advocate

6.3 Specific to BSSLP

- a. Demonstrate competence in the assessment of speech/language/communication functions and limitations of clients/patients across a life span
- b. Demonstrate competence in planning and implementing appropriate and comprehensive interventions for clients/patients across a life span
- c. Apply guidelines and principles of evidence-based practice in the delivery of SLP services
- d. Communicate proficiently in verbal and/or written forms using culturally-appropriate language
- e. Practice beginning administrative, management and leadership skills in the delivery of SLP services and within the entire health care continuum
- f. Participate in research process to support the sustainability and advancement of the SLP practice
- g. Collaborate effectively with clients/patients, their families and significant interventionists in various practice settings
- h. Demonstrate social responsibility by creating/conducting/participating in Community Based Habilitation-Rehabilitation (CBHR) approaches and programs
- i. Engage in activities that aim for the advancement and improvement of SLP practice via academic teaching and/or transference of expertise and skills to other SP practitioners and/or other professionals
- j. Maximize the use of innovative technology in the practice of the profession.

6.4 Common to a Horizontal Type (as defined in CMO 46 s. 2012)

For professional institutions: a service orientation in one’s profession

For colleges: an ability to participate in various types of employment, development activities, and public discourses particularly in response to the needs of the communities one serves

For universities: an ability to participate in the generation of new knowledge or in research and development projects

To distinguish among HEIs according to horizontal typology types, HEIs are encouraged to develop BS in Speech Language Pathology curricula that provide enhancements in the following program outcomes:

PROGRAM OUTCOMES	Horizontal Typology Types		
	Professional Institution	College	University
1. Demonstrate competence in the assessment of speech/language/communication functions and limitations of clients/patients across a life span	+++	+++	+++
2. Demonstrate competence in planning and implementing appropriate and comprehensive interventions for clients/patients across a life span	+++	+++	+++
3. Apply guidelines and principles of evidence-based practice in the delivery of SLP services	+++	+++	+++
4. Communicate proficiently in verbal and/or written forms using culturally-appropriate language	+++	+++	+++
5. Practice beginning administrative, management and	+	+	+++

leadership skills in the delivery of SLP services and within the entire health care continuum			
6. Participate in research process to support the sustainability and advancement of the SLP practice	+	+	+++
7. Collaborate effectively with clients/patients, their families and significant interventionists in various practice settings	+++	+++	+++
8. Demonstrate social responsibility by actively participating in Community Based Habilitation-Rehabilitation approaches, programs and other related activities	+	+	+
9. Engage in activities that aim for the advancement and improvement of SLP practice via academic teaching and/or transference of expertise and skills to other SP practitioners and/or other professionals	+	+	+++
10. Maximize the use of innovative technology in the practice of the profession.	+	+	+

- + Minimum Requirement
+++ Enhancements

Graduates of State Universities and Colleges must, in addition, have the competencies to support “national, regional and local development plans.” (RA 7722).

A private HEI, at its option, may adopt mission-related program outcomes that are not included in the minimum set.

Sec. 7 Minimum Performance Indicators

This section contains a list of minimum performance standards by which to measure the degree of attainment of each of the identified program outcomes. These performance indicators are considered to be benchmarks that will be used as basis to evaluate the students in terms of participation, performance, and output. The parameters shown below will be used at different points of the scholastic years and will hopefully be developed via formulation of appropriate course as well as learning outcomes.

A. Demonstrate competence in the assessment of speech/language/communication functions and limitations of clients/patients across a life span

PERFORMANCE INDICATORS:

1. Exercise sound clinical judgment in screening patients/clients eligible for speech and language evaluation
2. Identify and select appropriate, valid and reliable procedures and testing tools to effectively carry-out the evaluation process
3. Administer and conduct the assessment procedures in an accurate, systematic, comprehensive, and sensitive manner
4. Utilize sound clinical reasoning skills in determining the functions and limitations in speech and language and how these variables affect over-all functioning
5. Exercise sound clinical reasoning skills in determining the speech and language diagnosis of the clients/patients
6. Document results of the evaluation based on current acceptable standards of practice

7. Determine relevant, extensive and appropriate recommendations in relation to the needs and problems identified
8. Communicate findings of the assessment to patients/clients and relevant interventionists
9. Identify appropriate and necessary qualified services as well as service providers for management of patients/clients
10. Implement re-evaluation plans as needed based on the patients'/clients' response to intervention

B. Demonstrate competence in planning and implementing appropriate and comprehensive interventions for patients/clients across life span

PERFORMANCE INDICATORS:

1. Prioritize general and specific problems that need to be addressed through speech and language therapy
2. Formulate specific, measurable, attainable, realistic, and time-bound goals for patients/clients
3. Identify appropriate speech and language tools and procedures and proper service delivery models specific to a communication disorder and/or patient/client group
4. Develop a referral system that will address current and future needs of the patient/client specific to language- and other-related problems
5. Utilize an intervention protocol that is current, evidence-based and specific to a communication disorder and/or patient/client population
6. Implement therapy procedures to address client population needs using available resources
7. Re-evaluate outcomes of interventions given to client populations
8. Modify intervention plan based on a sound performance and feedback system
9. Determine need for continuance of treatment, discharge from treatment, and/or referral to appropriate qualified services as well as service providers
10. Communicate treatment plan to patients/clients and other relevant interventionists
11. Document results of and responses to intervention according to current standards of practice in an accurate and comprehensive manner

C. Apply guidelines and principles of evidence-based practice in the delivery of SLP services

PERFORMANCE INDICATORS:

1. Identify key processes in and component of evidence-based practice especially in relation to the practice of the profession
2. Identify clinical practice guidelines related to speech-language pathology which are tied directly to a systematic review of scientific evidence
3. Identify evidence maps which are intended to provide clinicians with tools and guidance to engage in evidence-based decision making
4. Demonstrate the ability to determine fact from opinion and/or speculation, as well as relevant from irrelevant data, as obtained from the evaluation or interviews with patients, clients, and resource persons
5. Apply ethical guidelines and standards in conducting assessment, evaluation and therapy procedures and treatment protocols on patients/clients
6. Select appropriate and result-oriented interventions and approaches for various patient/client populations and practice settings

D. Communicate proficiently in verbal and/or written forms using culturally-appropriate language

PERFORMANCE INDICATORS:

1. Express thoughts and ideas in verbal and/or written forms effectively and proficiently
2. Convey ideas and information that reflect adherence to rules in structure and grammar through verbal and/or written forms
3. Use appropriate word usage and construct specific to the SLP practice in translating results, findings and recommendations in the course of evaluation and intervention
4. Observe prescribed guidelines when writing documents and reports pertaining to the SLP practice
5. Use appropriate non-verbal skills specific to proxemics, register, demeanor consistently and across various communication settings
6. Exercise proper modifications and adjustment in the communication skills relative to settings, culture, socio-economics, communication partners, purpose, and other relevant areas

E. Practice beginning administrative, management, and leadership skills in the delivery of SLP services and within the entire health care continuum

PERFORMANCE INDICATORS:

1. Apply the basic concepts of administration and organization such as planning, directing, budgeting, and controlling
2. Formulate administrative goals applicable to the planned practice setting
3. Organize the basic structure of such practice environment, including the identification of the appropriate qualifications for the professionals /personnel necessary, as well as the appropriate tools and equipment for such practice setting
4. Appreciate the value of effective leadership or managerial skills in the practice setting for the purpose of influencing the whole team to achieve its purpose
5. Appreciate the value of an appropriate employee and/or professional performance assessment tool and rewards program in accordance with the appropriate Philippine laws, including the Labor Code
6. Apply ethical guidelines and principles in performing administrative and managerial functions in a practice setting
7. Demonstrate sensitivity to cultural, religious and language diversity in a specific practice setting
8. Demonstrate awareness of policies, procedures and requirements of the different government agencies, (e.g. BIR, SEC, DTI) as it relates to the practice of the profession

F. Participate in research process to support the sustainability and advancement of the SLP practice

PERFORMANCE INDICATORS:

1. Use current and relevant publications related to the SLP practice as references

- 2 Critically appraise available information / valid research findings as these relate to the SLP practice
- 3 Demonstrate appreciation of standards of good research practice
- 4 Exhibit beginning skills in conducting formal research to include:
 - identifying relevant research problems
 - choosing appropriate research design and methodology
 - conducting an ethics-approved research protocol
 - exercising integrity and thoroughness in the conduct of the research
 - applying appropriate statistical analysis methods/models for data collected
 - documenting results of research diligently according to the prescribed format
 - effectively communicating findings of the research to an audience through oral and poster presentations
5. Recognize the value of research as a tool for the advancement of the SLP profession

G. Collaborate effectively with patients/clients, their families and significant interventionists in various practice settings

PERFORMANCE INDICATORS:

1. Understand the role and scope of practice of speech-language therapy in the healthcare service
2. Recognize the role and scope of practice of other healthcare providers in addressing the needs of the patients/clients
3. Appreciate the roles and participation of the clients, families and other caregivers
4. Demonstrate positive, facilitative attitude towards other team members/interventionists/family members, etc.
5. Follow proper protocol when relating with other team members/interventionists/family members, etc.

H. Demonstrate social responsibility by actively participating in Community Based Habilitation-Rehabilitation (CBHR) approaches, inclusive development programs and other related activities

PERFORMANCE INDICATORS:

1. Recognize basic concepts and principles of CBHR
2. Appreciate the value and significance of the principles of people empowerment
3. Exhibit beginning skills in analyzing the community situation in identifying potential sites for CBHR programmes
4. Appreciate the value of evaluating CBHR outcomes and processes
5. Coordinate with local government and non-government agencies in the implementation of CBHR programs
6. Encourage participation of family of patient/client, local volunteers and constituents in the training, development and implementation of the CBHR program
7. Educate the local community and its constituents on the principles, processes of the CBHR program
8. Utilize a system to monitor patient/client, local volunteers and constituents participation

I. Engage in activities that aim for the advancement and improvement of SLP practice via academic teaching and/or transference of expertise and skills to other SP practitioners and/or other professionals

PERFORMANCE INDICATORS:

1. Recognize the value of teaching-learning principles
2. Appreciate the existence of mentorship program/s in their respective work environment
3. Engage in collegial training activities in their respective work environment
4. Exhibit openness to critiques, evaluation and comments from other individuals (e.g. family, mentors, colleagues, etc.)
5. Participate in various teaching-learning activities across different work settings
6. Participate in training of SP professionals and health-care providers specific to selected approaches in SLP practice following professional and ethical guidelines

J. MAXIMIZE THE USE OF INNOVATIVE TECHNOLOGY IN THE PRACTICE OF THE PROFESSION.

PERFORMANCE INDICATORS:

1. Access relevant existing innovative technology relevant to the SLP practice
2. Adapt existing technology relevant to the needs of the patient/client
3. Develop new technology using locally available resources to advance effective and efficient practice of the profession

**ARTICLE V
CURRICULUM**

Sec. 8 Curriculum Description

Higher education institutions offering Bachelor of Science in Speech – Language Pathology may exercise flexibility in their curricular offering. However, SLP subjects as prescribed in the sample program of study shall be implemented.

Sec. 9 Sample Curriculum

9.1. Components

a) Outline and total units of General Education (GE) courses:

These are courses prescribed by CHED for all health science programs based on the K – 12 program

Philosophy and Logic	3
Organic Chemistry	3
Computer	3
General Sociology/Anthropology	3
Health Economics with Taxation & Land Reform	3
Zoology	5
Health Care	5

Mandated Subjects

- Rizal 3
- Philippine History and Constitution 3

PE

TOTAL GE UNITS

31 Units

b. Outline and total units of Core courses

These are courses which provide basic knowledge, understanding, skills and attitudes for the speech pathologist. Included here are the courses that have a general professional application as they are relevant to the clinical as well as the other roles fulfilled by a speech-language pathologist.

C. Outline and Total Units of Major Courses

These are courses that focus on the program major or area of specialization. There are three (3) subcategories for the major courses:

a. Normal Function and Development

These are courses which ground the student in the normal processes of development and functioning which are the point of comparison used for clinical assessment, a source of the targets/methods used for clinical interventions and the context for clinical interactions.

b. Clinical Conditions

Each of these courses either discuss the medical diseases, developmental disorders and other conditions that are often associated with speech-language and/or hearing problems or cover the nature of specific speech-language or related disorders, their assessment and their intervention.

c. Introduction to Clinics

These courses provide a specific preparation for the reasoning and other processes that belong to all clinical work as a speech-language pathologist, regardless of the specific clinical conditions to be addressed.

d. Practicum Course

The BSSLP program includes a clinical practicum intended to hone clinical skills. Together with the Research courses, this practicum course is designated as *Related Learning Units*, distinct from the lecture and laboratory units common to the other courses in the program.

Research Course Requirements

The Research courses are intended to allow beginning clinicians to appreciate the potential contribution of research to their professional development and introduce them to the basics needed to be intelligent research consumers. This includes the writing of a research treatise.

Sum total of units of the curriculum:

Courses	Number of Course	Equivalent Units per Course	Total Units
General Education (GE) Courses	9	3 to 5	
Core Courses			
Introductory Courses	1	3	

Basic Sciences	2	2 to 3	
General Professional Courses	4	2 to 3	
Research Courses	2	3	
Major Courses			
Normal Function and Development	4	3 to 5	
Clinical Conditions	12	2 to 3	
Introduction to Clinics	3	3 to 4	
Practicum	4	2 to 15	
Physical Education (PE)	4	2	
NSTP	2	3	
SUMMARY OF UNITS			
General Education Courses			31
Core Courses			27
Major Courses			53
Practicum			30
Physical Education			
NSTP			
TOTAL NUMBER OF UNITS			142

Section 10. Sample Program of Study

Year 1:

Semester 1	Units	Semester 2	Units
General Sociology / Anthropology	3	Rizal	3
Organic Chemistry	3	General/Introduction to Anatomy and Physiology	5
Philosophy And Logic	3	Computer	3
Zoology	5	Health Economics with Taxation and Land Reform	3
Introduction to Speech-Language Pathology	3		3
Philippine History	3	Philippine Constitution	3
Physical Education (PE)	2	Physical Education (PE)	2
TOTAL	20	TOTAL	20

Year 2:

Semester 1	Units	Semester 2	Units
Anatomy & Physiology for Speech-Language Pathology	5	Neuroanatomy and Physiology for Speech-Language Pathology	3
Professional Communication and Professional Development	3	Conditions with Associated Speech-Language Disorders in Children (CASLD 1)	3
Speech and Hearing Science	5	Articulation and Phonology	3
Language Development from	4	Language Conditions in	3

Infancy to School Age		Children	
Health Care	5	Acquired Language and Cognitive Conditions	3
Introduction to Audiology	3	Voice Disorders	3
TOTAL	25	TOTAL	18

Year 3:

Semester 1	Units	Semester 2	Units
Organization and Administration for Speech Pathology	3	Ethics in Speech-Language Pathology	2
Counseling in Speech-Language Pathology	2	Research 2: EBP Treatise	3
Research 1: Research Methods in Speech-Language Pathology	3	Motor Speech Conditions	3
Conditions with Associated Speech-Language Disorders in Adults (CASLD 2)	2	Augmentative and Alternative Communication	2
Fluency	2	Introduction to the Speech and Language Intervention Process	3
Aural Habilitation & Rehabilitation	3	Clinical Reasoning Practice	3
Introduction to the Speech and Language Diagnostic Process	4		
TOTAL	19	TOTAL	16

Year 4:

Semester 1	Units	Semester 2	Units
Clinical Practicum 1	15	Clinical Practicum 2	15
TOTAL	15	TOTAL	15

Sec. 11 Sample Curriculum Map

This section provides an example of how to thread the identified program outcomes through the different courses in the curriculum. This should guide the development of the expected outcomes at different points within the program to ensure that the HEI is on-track in achieving the expected program outcomes.

Similarly, the HEI should be able to thread the institutional outcomes across relevant courses in the curriculum. The HEIs should not be limited to the competency levels indicated in this sample curriculum map, but are highly encouraged to determine the competency levels appropriate to their institutional outcomes and capacities.

Key Legends for Competency Levels:

- I – Introduced: Basic concepts are merely introduced; concepts, beginning skills are taught (skills laboratory)
- P – Practiced: The concepts and principles are presented with applications; actual case, skills lab, actual exposure (with supervision)

D – Demonstrated: I + P with skills acquisition; actual patient care including clinical scenarios, with minimal or no supervision

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**SAMPLE MAPPING OF SPEECH LANGUAGE PATHOLOGY PROGRAM OUTCOMES
FIRST YEAR**

	COURSES UNDER THE EXISTING BSSLPE CURRICULUM														GAPS	
	General Sociology and Anthropology	Organic Chemistry	Philosophy and Zoology	Introduction to SLP	Philippine History	Rizal	General Introduction	Computer	Health Economics with TLR)	Human Development for Speech Language	Philippine					
1. Demonstrate competence in the assessment of speech/language/communication functions and limitations of clients/patients across a life span	I	I	I	I	I	-	-	I	-	I	I	I				
2. Demonstrate competence in planning and implementing appropriate and comprehensive interventions for clients/patients across a life span	I	I	I	I	I	-	-	I	-	I	I	I				
3. Apply guidelines and principles of evidence-based practice in the delivery of SLP services	I	I	I	I	I	-	-	I	I	I	I	I				
4. Communicate proficiently in verbal and/or written forms using culturally-appropriate language	I	I	I	I	I	I	I	I	I	I	I	I				
5. Practice beginning administrative, management and leadership skills in the delivery of SLP services and within the entire health care continuum	I	I	I	I	I	-	-	-	-	I	I	-				
6. Participate in research process to support the sustainability and advancement of the SLP practice	I	I	I	I	I	I	-	-	I	I	I	-				

7. Collaborate effectively with clients/patients, their families and significant interventionists in various practice settings	I	I	I	I	P	I	I	I	I	I	I	I					
8. Demonstrate social responsibility by actively participating in Community Based Habilitation-Rehabilitation (CBHR) approaches, programs and other related activities	I	---	I	I	-	I	I	-	-	I	I	I					
9. Engage in activities that aim for the advancement and improvement of SLP practice via academic teaching and/or transference of expertise and skills to other SP practitioners and/or other professionals	I	I	I	I	I	I	-	I	I	I	I	I					
10. Maximize the use of innovative technology in the practice of the profession.	I	I	I	I	I	I	-	I	I	I	I	-					

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**SAMPLE MAPPING OF SPEECH LANGUAGE PATHOLOGY PROGRAM OUTCOMES
THIRD YEAR**

PROGRAM OUTCOMES	Organization and Administration for SP	Counseling in SLP	Research 1	CASLD 2	Fluency	Aural Habilitation and Rehabilitation	Introduction to	Ethics in SLP	Research 2	Motor Speech	AAC	Introduction to SLP	Clinical Reasoning	GAPS
1. Demonstrate competence in the assessment of speech/language/communication functions and limitations of clients/patients across a life span	I	I	I	P	P	P	P	P	P	P	P	P	P	
2. Demonstrate competence in planning and implementing appropriate and comprehensive interventions for clients/patients across a life span	I	I	I	P	P	P	P	P	P	P	P	P	P	
3. Apply guidelines and principles of evidence-based practice in the delivery of SLP services	I	I	I	P	P	P	P	P	P	P	P	P	P	--
4. Communicate proficiently in verbal and/or written forms using culturally-appropriate language	P	P	P	P	P	P	P	P	P	P	P	P	P	--
5. Practice beginning administrative, management and leadership skills in the delivery of SLP services and within the entire health care continuum	I	I	I	I	I	I	I	I	P	P	P	P	I	
6. Participate in research process to support the sustainability and advancement of the SLP practice	I	I	I	I	I	I	I	I	D	I	P	I	I	

7. Collaborate effectively with clients/patients, their families and significant interventionists in various practice settings	I	P	I	P	P	P	I	I	P	P	P	P	P	
8. Demonstrate social responsibility by actively participating in Community Based Habilitation-Rehabilitation (CBHR) approaches, programs and other related activities	I	I	I	I	-	I	-	I	I	I	I	I	I	
9. Engage in activities that aim for the advancement and improvement of SLP practice via academic teaching and/or transference of expertise and skills to other SP practitioners and/or other professionals	I	I	I	I	I	I	I	I	P	I	P	I	I	
10. Maximize the use of innovative technology in the practice of the profession.	I	I	I	I	I	I	I	I	P	I	D	I	I	

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**SAMPLE MAPPING OF SPEECH LANGUAGE PATHOLOGY PROGRAM OUTCOMES
FOURTH YEAR**

	Clinical Practicum 1:	Clinical Practicum 2:	GAPS
1. Demonstrate competence in the assessment of speech/language/communication functions and limitations of clients/patients across a life span	D	D	
2. Demonstrate competence in planning and implementing appropriate and comprehensive interventions for clients/patients across a life span	D	D	
3. Apply guidelines and principles of evidence-based practice in the delivery of SLP services	D	D	
4. Communicate proficiently in verbal and/or written forms using culturally-appropriate language	D	D	
5. Practice beginning administrative, management and leadership skills in the delivery of SLP services and within the entire health care continuum	D	D	
6. Participate in research process to support the sustainability and advancement of the SLP practice	D	D	
7. Collaborate effectively with clients/patients, their families and significant interventionists in various practice settings	D	D	
8. Demonstrate social responsibility by actively participating in Community Based Habilitation-Rehabilitation (CBHR) approaches, programs and other related activities	D	D	
9. Engage in activities that aim for the advancement and improvement of SLP practice via academic teaching and/or transference of expertise and skills to other SP practitioners and/or other professionals	D	D	
10. Maximize the use of innovative technology in the practice of the profession.	D	D	

Leveling of Competencies:

- I- Introduced = Concepts, beginning skills taught (skills laboratory)
- P – Practiced = Actual Case, Skills Lab, actual exposure (with supervision)
- D – Demonstrated – Actual patient care including clinical scenarios, with minima

Sec. 12 Sample Course Outcomes

This section provides examples of course outcomes appropriate to the competency levels required to develop the program outcome in that specific year and semester. The process of developing course outcomes should be iterative to curriculum mapping in order to validate the appropriate competency levels.

Subject	Program Outcome	Competency Level	Indicators	Course Outcomes
AURAL HABILITATION & REHABILITATION	A	P	1,2,3,4,5,6,8	Evaluate the auditory functioning, speech skills and language of individuals with hearing impairment
	B	P	1,2,3,4,5,6,9,10,11	Design a long term program / intervention appropriate to the specific needs of individuals with hearing impairment Analyze behavioral, learning and other problems/additional challenges in individuals with hearing impairment.
	C	P	1,2,3,4	Discuss the different rehabilitation approaches / options for individuals with hearing impairment
	D	D	1,2,3,4,5,6	Document completely and accurately evaluation plan, therapy techniques used and implementation results of individuals with hearing impairment. Communicate in oral and written for using the appropriate professional register and language form for classroom and/or clinical settings.
	E	P	6,7	Examine the intrinsic and extrinsic

Subject	Program Outcome	Competency Level	Indicators	Course Outcomes
				factors affecting the habilitation of individuals with hearing impairment
	F	P	1,2,3,4,5	Discuss the value of evidence-based ethical practice for this population
	G	D	1,2,3,4,5	Determine other professionals/interventionist to whom the individual should also be referred Provide counseling to parents/caregivers and/or individuals with hearing impairment.
	H	P	2,3,	Discuss the social impact of service delivery to this population in the Philippine setting
	I	P	1,2,3,4,5,6	Seek opportunities for self-directed learning
	J	P	1,2,3	Implement appropriate diagnostic therapy / intervention for individuals with hearing impairment with and without amplification devices

Sample Threading of Program Outcomes, Course Outcomes, and Learning (Session) Outcomes

AURAL HABILITATION & REHABILITATION		
Program Outcomes (Competency Level)	Course Outcomes	Learning (Session) Outcomes
<i>At the end of the BSSLP program, the student should be able to:</i>	<i>At the end of the course Aural Habilitation & Rehabilitation, the student should be able to:</i>	<i>At the end of the session:</i>
Demonstrate competence in the assessment of speech/language/communication functions and limitations of clients/patients across a life span	Evaluate the auditory functioning, speech skills and language of individuals with hearing impairment	Given a hypothetical patient referred for assessment Identify and select appropriate, valid and reliable procedures and testing tools to effectively carry-out the evaluation process Administer and conduct the assessment procedures in an

		accurate, systematic, comprehensive, and sensitive manner
Demonstrate competence in planning and implementing appropriate and comprehensive interventions for patients/clients across life span	Design a long term program / intervention appropriate to the specific needs of individuals with hearing impairment Analyze behavioral, learning and other problems/additional challenges in individuals with hearing impairment.	Given a hypothetical patient with a completed assessment plan, Formulate specific, measurable, attainable, realistic, and time-bound goals for patients/clients Prioritize general and specific problems that need to be addressed through speech and language therapy
Communicate proficiently in verbal and/or written forms using culturally-appropriate language	Document completely and accurately evaluation plan, therapy techniques used and implementation results of individuals with hearing impairment. Communicate in oral and written for using the appropriate professional register and language form for classroom and/or clinical settings.	Use appropriate word usage and construct specific to the SLP practice in translating results, findings and recommendations in the course of evaluation and intervention Observe prescribed guidelines when writing documents and reports pertaining to the SLP practice

Section 13 Internship Training

a. Clinical Practicum Requirements

The internship program involves assigning students to different affiliation centers that cater to various client populations for 1200 hours under the guidance of speech-language pathologists licensed by the Philippine Professional Regulation Commission (PRC) and/or accredited by the Philippine Association of Speech Pathologists (PASP) or a national professional organization accredited by PRC.

In the clinical training program, where students develop professional skills by a systematic application of scientific knowledge to actual clinical situations in different practice settings, the following conditions should be observed:

1. Ensure the development of clinical skills and attitudes that reflects the desired program outcomes through the integration and application of theoretical knowledge.
2. The institution must provide the students and affiliation centers with a Manual on Clinical Training, which should include information on minimum training requirements and student evaluation procedures.

3. To guarantee the effectiveness of the clinical training program and the quality of client service, the following standards must be observed:
 - a. The intern-to-patient ratio for individual treatment sessions must be 1:1. Intern-to-patient ratio may reach up to 1:6 for group activities with supervision. The intern should not be expected to complete more than 8 hours of internship per day.
 - b. During the course of their training, the interns must have exposure to a variety of clinical experiences which should include patients/clients from different populations as specified in the course descriptions.
 - c. Interns must have exposure to different clinical affiliation centers including sites for community based rehabilitation services. Minimum period of affiliation per site is four (4) weeks and a maximum duration of eight (8) weeks during the course of their training.

b. Accreditation and Affiliation

An affiliation site is an area/facility that can provide specialized opportunities for clinical exposure/experience. With the purpose of providing as well as maintaining appropriate measures for the accreditation of hospital facilities, clinics, centers and community-based settings chosen by the home institution for the internship training program of speech pathology education, the following guidelines must be followed:

1. General Procedures in the Application for Accreditation

Hospitals, clinics and centers interested in offering an internship training program must:

- i. Secure an application form and checklist of requirements of the specific health profession from the Commission on Higher Education Office of Programs and Standards (CHED-OPS) or from the Commission on Higher Education Regional Offices (CHED-RO). Application forms can likewise be downloaded from the CHED website (www.ched.gov.ph)
- ii. Submit duly accomplished form with complete supporting documents and pay the non-refundable fee prescribed by CHED.
- iii. The CHED-RO shall review the application as well as the supporting documents and determine compliance with the documentary requirements.
- iv. The CHED-RO shall endorse the application to the CHED-OPS within ten (10) working days from receipt thereof.
- v. CHED-OPS will refer the application to the Technical Committee on Speech Pathology Education, which in turn, will act within the specified time upon notification.

vi. Accreditation will have to be renewed every 3 years in accordance with the adopted guidelines and stipulations including certain amendments that may be added later on.

Universities and home institutions that would nonetheless pursue internship training in facilities that are non CHED-accredited will result, regardless of circumstance and reason, to invalidation of the interns' training and clinical practicum in that/those place/s. For more guidance and complete reference, stakeholders should refer to CHED – DOH Joint Administrative Order No. 2013.

2. *Facilities and Training*

Both the concerned university or school and the affiliated center must have a clear understanding of certain aspects considered crucial in the interns' training such as, but not limited to:

- a. nature of training in that particular setting;
- b. population the center serves (e.g. pediatric; geriatric; multi);
- c. specific areas of specialization that the health and educational facility offers (e.g. voice and swallowing center), if applicable;
- d. specific goals and objectives in relation to assessment and management of patients
- e. other relevant matters

Centers purported to be a training ground for specialized speech and language services must have the necessary equipment in order to meet the minimum requirements regarding intern exposure and initial orientation to the specific, sub-specialty areas.

3. *Affiliation Centers and Supervisory Staff*

- i. The maximum ratio of clinical instructor of the affiliation center to interns must be 1:6 at any given time.
- ii. Speech-Language Pathology students must always be supervised by a speech-language pathologist certified by the PASP and or a SLP clinical instructor of the HEI.
- iii. Students' performance must be regularly monitored by a clinical internship coordinator from their home institution.

4. *Fees and Privileges*

The home institution (HEI) and place of training (affiliation site) should have (a) a memorandum of agreement and (b) contact of affiliation duly notarized detailing pertinent information on fees, conditions on clinical affiliation, and other relevant matters.

As stipulated in the CHED – DOH Joint Administrative Order on “Policies and Guidelines of Affiliation of Higher Education Institutions with Hospitals and Health Facilities”, affiliation fees will be coursed through the HEIs. The fees should be reflected in the

Memorandum of Agreement between the HEIs and the clinical affiliation sites. The affiliation fees should not exceed 2500php per intern per month. Transactions between affiliating hospitals and clinical sites and students are no longer allowed.

Recognizing that needs and concerns vary through time, these rules and regulations that will govern this area shall be in accordance with the amendments made by CHED and will be monitored by the Technical Committee on Speech Language Pathology Education.

Article VI
OTHER REQUIREMENTS

Section 14 **Program Administration**

- a. A Speech-Language Pathology program shall be under the direct supervision/administration of a full-time Head with the following qualifications:
 - i. Be of good moral character
 - ii. Be a Speech-Language Pathologist certified by Philippine Association of Speech Language Pathology (PASP), with at least a Master's Degree in Speech-Language Pathology or a closely related course that supports specialization within the areas of practice of speech pathology such as but not limited to Rehabilitation Science, Health Professions Education, Special Education, Psychology, Linguistics, Neuroscience, etc.
 - iii. Have a minimum of seven (7) years experience as a speech pathology practitioner
 - iv. Be a member of good standing with the Philippine Association of Speech Language Pathology (PASP)
- b. The general functions and responsibilities of the Dean/Head of School as stated, in the Manual of Regulations for private schools shall apply.
- c. A transitory period of not more than three (3) years from the effectivity of this "Policies, Standards and Guidelines for Speech-Language Pathology Education" shall apply for the provisions on qualifications of the dean/head of college/department.

Section 15 **Faculty Members**

Each faculty member must possess the academic preparation appropriate to his/her teaching assignments.

a. Qualifications

- i. To teach the general education subjects, one must:
 - 1) Fulfill the provisions of CMO 16 s. 2006 promulgated by the Commission on Higher Education (CHED)
 - 2) Show competence in the field of specialization he/she is teaching
- ii. To teach Speech-Language Pathology professional subjects, one must:
 - 1) Have an entry level degree (bachelor's or master's) in Speech Pathology or Speech-Language Pathology. Those without a master's degree

should earn a master's degree in Speech Pathology or a closely related course that supports specialization within the areas of practice of speech pathology such as but not limited to Rehabilitation Science, Health Professions Education, Special Education, Psychology, Linguistics, Neuroscience, etc. within five (5) years of employment as a regular faculty member.

- 2) Be a speech-language pathologist certified by the Philippine Association of Speech Pathologists (PASP). If licensed abroad, such license should be verified and recognized by the PASP.
 - 3) Have at least one (1) year professional work experience as a speech-language pathologist.
- iii. To teach the Basic Sciences and Medical subjects (Anatomy, Physiology, Neuroanatomy), one must either be:
- 1) Qualified to teach the SLP professional subjects,
 - 2) A holder of master's degree in any health sciences course or
 - 3) A licensed physician

b. Load

Each faculty member shall be given a load according to the policies and standards of the HEI. Faculty load for laboratory units/credits intended to develop the students' skill in carrying out clinical procedures should provide for a maximum of 15 students per laboratory instructor.

c. Employment Status

Institutional policies and procedures on tenure and other provisions on employment status of faculty members stated in CMO No.40 s.2008 otherwise known as the Manual of Regulations for Private Higher Education .

d. Percentage of Full-Time Faculty

In general, to teach the Core and Major subjects there should be a minimum of three (3) full time SLP faculty members or the equivalent of six (6) part time faculty members. Additional faculty will have to be employed for laboratory sessions and for clinical supervision.

e. Faculty Development Program

There should be a faculty development program to allow professional development and for effective operation of the institution. This should be indicated in the institution's faculty development plan. This plan should reflect faculty training activities, timetable and budget and should be regularly updated. The faculty development program should include:

- i. Subsidized attendance in at least one (1) continuing education program, conference and/or professional/scientific meeting per faculty member per year
- ii. Programs/activities that encourage SLP-related research among the faculty members

Additional faculty development activities may be in the form of:

- 1) Scholarship grants to full-time faculty members
- 2) Educational loans or tuition fee discounts to faculty members enrolled in the graduate school

f. Faculty Manual

Each HEI should have a manual containing policies and procedures of all matters pertaining to the faculty accessible to each faculty member.

Section 16 Library

- a. The HEI should employ a licensed librarian
- b. A well-equipped SLP library whether established separately or as a section in a general library shall clearly be defined as an SLP collection and shall be managed by a professional librarian with a library assistant as necessary. In addition, SLP students should have access to the science and education libraries of the university.
- c. The SLP library should have space and resources adequate in quantity and quality including the currency of its collection. This includes basic and reference materials relevant to liberal arts, SLP, medical and other subjects specified by the curriculum. These resources shall serve the needs of the students and should allow for expansion.
- d. The HEI should maintain a basic collection of relevant books and audio-visual reference materials (e.g. CD-ROM, videos, tapes, etc.) Annex 4 contains the list of required and suggested references. There should be at least one (1) copy of each textbook for every twenty (20) students enrolled in the courses for which the book is required. Ideally, there should also be at least one (1) copy of each suggested reference as well. In general, book collection should be current, i.e. should have been published within the last 5 years or should be the latest edition available locally.
- e. The institution offering the SLP course must assure availability of the textbooks used by the students at the library.
- f. The library should subscribe to an adequate number of scientific journals and periodicals in either electronic or hard copy format. It should also assure the subscription to at least two (2) scientific journals of international circulation in SLP, one (1) scientific journal of international circulation in audiology and one (1) scientific journal in a related medical or education discipline (e.g. a general rehabilitation journal, or a developmental pediatrics journal) to update the students and faculty staff on the latest development in the fields. It should also provide students with access to the Internet, including online access to journals if possible.

Section 17 Facilities and Equipment

a. Classroom requirements

- i. The HEI offering an SLP course should provide lecture rooms adequate to accommodate the number of students in the program. These should be equipped with whiteboards, desks and audio-visual equipment for adequate instruction.

- ii. The HEI should have its own fully equipped laboratory, distinct from the clinical facilities of any hospital, clinic or affiliate site, for the purpose of providing instruction and practice to students in the proper use of clinical materials and procedures.

b. Laboratory requirements

- i. For clinical procedures:
 - 1. Each laboratory room must be well-lit and ventilated and shall have an adequate supply of water and electricity
 - 2. Safety devices/first aid facilities shall be readily accessible.
 - 3. Lab space for actual and/or simulated clinical procedures should have provisions for sound insulation and allow for focused interaction among 2-10 persons.
 - 4. Lab facilities should be physically accessible to clients with limited mobility
 - 5. Adequate storage for laboratory materials should be provided. This includes clean and dry shelving for testing and intervention materials as well as cold storage for dysphagia management food items.
- ii. For anatomy and related courses
If cadavers or other preserved specimens are utilized, the laboratory facilities must include hygienically maintained, well lit and well ventilated areas with adequate table space and tools for specimen dissection or handling.

c. Equipment and Resources

Adequate equipment and resources for both classroom and laboratory instruction should be available. The general categories of equipment and resources needed include:

- i. Audiovisual equipment for classroom use and/or preparation of teaching material
 - sound system, LCD projectors, computers, etc
- ii. Clinical materials
 - tests for clinical assessment, workbooks and toys for speech-language intervention, material for oral motor assessment, food related items for swallowing treatment, etc
- iii. Clinical equipment
 - audiometer for hearing testing, PC for computer-based intervention, etc
- iv. Furniture for clinical use
 - mats and children's tables, desks for adults, etc

In addition to having the above materials available for on-campus use, the university should establish linkages with institutions where students can observe clinical work done by professionals, and where they can engage in the developmental and /or clinical practicum.

d. List of Equipment, Resources and Laboratory Facilities: see Annex VI

Section 18 Admission and Retention

The institution shall establish its own admission criteria, made known and accessible to students in the form of a manual.

- a. Basic criteria for admission shall however include the following:
 - i. The applicant must have graduated from a general secondary course recognized by the government. Graduates of foreign schools must comply with the relevant CHED admission requirements.
 - ii. The applicant must be of good moral character;
 - iii. The applicant must have passed all required examinations to determine his/her suitability for the profession.
- b. The requirements for the promotion and retention of students shall be determined according to the criteria established by the HEI. These shall be accessible to the students in the form of a student manual.
- c. In general, however, no student shall be permitted to take a subject until he/she has satisfactorily passed the prerequisite subjects.
- d. Psychological and guidance counseling shall be available to the students of the course.

**ARTICLE VII
COMPLIANCE OF HEIs**

Using the *CHED Implementation Handbook for OBE and ISA* as reference, a HEI shall develop the following items which will be submitted to CHED when they apply for a permit for a new program or the approval of the transformation of existing programs to outcomes-based framework:

A complete set of institutional and program outcomes

Proposed **curriculum**, and its justification, including a curriculum map.

Proposed **performance indicators** for each outcome. Proposed measurement system for the level of attainment of each indicator.

Proposed **outcomes-based syllabus** for each course, arranged in sequence following the curriculum matrix

Administration, faculty, staff profile and student profile with supporting documents

Teaching assignments vis-à-vis faculty qualifications per term

List of library, laboratory, and classroom facilities and equipment, with supporting documents

List of available support services with supporting documents

Proposed system of program assessment and evaluation

Proposed system of program **Continuous Quality Improvement (CQI)**.

Section 19 Sanctions and Non – compliance

a. Permit Status

The grant of authority to operate a degree program begins with the Permit Phase (See Section 56 – Permit Phase of CHED MO No. 40 S. 2008 Manual of Regulations for Private Higher Education)

b. Warning

HEIs with Speech and Language Pathology (SLP) programs given a warning upon monitoring and evaluation will continue to operate all levels of the program and admit freshmen enrollees but will be required to submit:

- A compliance report for the deficiencies found by the monitoring and evaluation team; and
- A progress report on outcomes that need to be improved within the time frame provided by the monitoring and evaluation team.

Failure to heed the warning within 30 days from receipt of notice will merit reversal to permit status.

c. Reversion to permit status

HEIs with SLP programs for reversion to permit status will not be allowed to admit new students to the program until found to be fully compliant with existing policies, standards and guidelines. Third year to fifth year levels of the program will continue until all students have graduated, which should not exceed more than three years of operation from the implementation of notice of reversion to permit status. It is likewise emphasized that the HEI must also apply for government recognition before they can admit new third year students to the program.

d. Gradual Phase-out

HEIs with SLP programs for gradual phase-out will not be allowed to accept new freshmen enrollees for the incoming school year. However, it will continue to operate the program until all students (who have been admitted prior to the notice of phase – out) have graduated or have transferred to another HEI and/or educational program. This gradual phase – out should not exceed more than four years of operation from the implementation of notice of phase-out.

e. Immediate Phase-out

HEIs with SLP programs for immediate phase-out will be required to finish the current academic year, on all year levels, and cease operation of its said program in the succeeding years.

For the following academic year, the HEI:

Cannot accept new freshmen enrollees for their SLP programs.

Should process the transfer of incoming second year to fourth year students to other HEIs, subject to their admission policies, and to be facilitated by the CHED Regional Offices.

Should ensure the completion of the program by SLP interns who are currently enrolled at the time of the immediate phase – out. .

Policies

HEI's intending to open a SLP Undergraduate Program shall refer to the following CHED Memorandum Orders (CMO);

CMO no. 29 s. 2011 Policies, Standards, and Guidelines for Speech – Language Pathology Education

CMO no. 40 s. 2008 Manual of Regulations for Private Higher Education

Vertical Articulation of SLP programs

It is important to note that only HEI's with approved SLP undergraduate programs may apply for a permit to offer a graduate SLP program as per CHED Resolution No. 320-2013.

Criteria

SLP programs may be given a warning, reverted to permit status or phased-out based on one or more of the following criteria:

Absence of enrollees for SLP programs for two consecutive years (4 semesters), on all year levels, as indicated in the Management Information System (MIS) of CHED, and validated by the CHED OPS through the CHED-RO, shall require immediate phase-out of the program/s.

Non-compliance with CMO ____, series of 2016 is considered if the HEI offering SLP program presents with deficiencies in one **or** more of the following provisions:

Institutional, program, and course outcomes

Curriculum map and course plans/syllabi

Program Administration

Faculty

Basic and skills laboratories

Library

Internship Program, including compliance of affiliation centers

Non-compliance will lead to the following sanctions:

Sanction	Criteria
Warning	1 to 2 of the criteria are not met
Reversion to permit status	3-4 of the criteria are not met
Phase – out	5 or more of the criteria are not met

Procedures

The following procedures will be undertaken prior to imposing sanctions to non-compliant programs:

a. Evaluation based on number of enrollees

CHED-OPSD shall provide the TCSLPE with the list of schools without enrolment in SLP programs for the past two years (4 consecutive semesters) on the first meeting of the TCSLPE following official appointment for the calendar year.

CHED-OPSD will communicate the list of identified schools with the CHED-RO in order to validate absence of enrollees. Once confirmed, immediate phase-out of programs will be recommended.

b. Evaluation of HEIs offering SLP program

TCSLPE shall identify schools that need to be subjected to monitoring and evaluation visits. HEIs that need to be reverted to permit status or given a warning will be prioritized for visit.

Notice of monitoring and evaluation visit and a copy of the evaluation tool should be sent by the CHED-OPSD, through the CHED-RO, **not later than 2 months before the scheduled visit.**

The HEI should accomplish a self-assessment of the status of their SLP program using the evaluation tool, and **submit the self-assessment not later than 1 month before the scheduled visit.** Evaluation of supporting documents and verification will be done on the date of the visit. Failure to submit the self-assessment will be construed as non-compliance and shall be issued a warning.

The standard operating procedures (SOP) of the TCSLPE for the conduct of monitoring and evaluation shall be implemented.

The dean and/or program head should be present during the visit to facilitate the smooth undertaking of the monitoring and evaluation. Absence of the above-mentioned officials will be construed as non-compliance. The HEI should issue a certificate of appearance to the members of the monitoring and evaluation team.

Recommendations shall be discussed with the officials of the HEI at the conclusion of the monitoring and evaluation visit. The HEI shall be given 30 days to comply with the said recommendations and submit the compliance report the CHED-RO. Upon receipt the CHED-RO will forward the compliance report to the TCSLPE, through the CHED-OPSD for appropriate evaluation within two weeks. A re-visit to the HEI will be scheduled to validate the compliance report.

The HEI may appeal the recommendations of the TCSLPE, by filing a motion for reconsideration before the Commission *en banc* within 30 days from receipt of final recommendations. If no motion for reconsideration is filed within the said period, the recommendations of the TCSLPE shall be considered final and executory.

**ARTICLE VIII
REPEALING CLAUSE**

All CHED issuances, rules and regulations or parts thereof, which is inconsistent with the provisions of this CMO are hereby repealed.

**ARTICLE IX
EFFECTIVITY CLAUSE**

This CMO shall take effect fifteen (15) days after its publication of the official Gazette, or in two (2) newspaper of national circulation. This CMO shall be implemented beginning Academic Year _____.

**ARTICLE X
EFFECTIVITY CLAUSES**

Section 19 New Program. – These Policies and Standards shall apply immediately to new program necessitating issuance of permits to operate for School Year _____.

Section 20. Existing Programs – Existing programs with “Permit” or “Recognition” status should conform with this CMO effective SY _____.

Quezon City, Philippines, _____.

For the Commission:

PATRICIA B. LICUANAN, Ph.D.
Chairperson

Annex I

TEXTS AND REFERENCES

Required Texts

Book	Subjects for which Book Is Required
Barnes, J.M., Franz, D., & Bruce, W. (1994). Pediatric cochlear implants: An overview of the alternatives in education and rehabilitation. USA: Alexander Graham Bell Association for the Deaf.	Introduction to Audiology
Bassham, G. (2007) Critical Thinking: A student's introduction. The McGraw-Hill Companies. ,	Clinical Reasoning
Berenthal, J.E. & Bankson, N. (2008). Articulation and phonological disorders. (6 th ed.) U.S.A: Allyn & Bacon.	Articulation & Phonology
Beukelman, D. & Mirenda, P. (2005). Augmentative and alternative communication: Management of severe communication disorders in children and adults, (3rd ed). Baltimore: Paul H. Brooks Publishing, Co.	Augmentative & Alternative Communication
Bhatnagar, S.C. (2007) Neuroscience for the study of communicative disorders. (3 rd ed.) Lippincott Williams & Wilkins.	Neuroanatomy & Physiology for the SLP
Bloodstein, O. (1984). Speech Pathology: An Introduction. Boston, MA: Houghton and Mifflin Company	Introduction to SLP
Bloodstein, O. & Ratner, N.B. (2007) A handbook on stuttering. (6 th ed.) Delmar Cengage Learning.	Fluency
Boone, D.R., McFarlane, S.C. & Von Berg, S.L. (2004) Voice and voice therapy (7th Ed.) U.S.A: Allyn & Bacon.	Voice Conditions
Bray, M and Todd, C. (2005) Speech and language: Clinical process and practice. (2 nd ed.) Wiley Blackwell.	Clinical Reasoning
Bunning, K (2004). Speech and language therapy intervention: Frameworks and processes. Wiley Blackwell.	Clinical Reasoning Introduction to the Speech & Language Intervention Process
Burkhart, L. (1993). Total augmentative communication in the early childhood classroom. Solana Beach, CA: Mayer-Johnson Co.	Augmentative & Alternative Communication
Chapey, R. (2008). Language intervention strategies in aphasia and related neurogenic communication disorders (5th ed.) Baltimore: Lippincott Williams & Wilkins.	Acquired Language and Cognitive Conditions Introduction to the Speech and Language Diagnostic Process
Cole. E. (1992). Listening and talking: A guide to promoting spoken language in young hearing impaired children. USA: Alexander Graham Bell Association for the Deaf.	Introduction to Audiology
Colton, R.H., Casper, J.K. & Leonard, R. (2005) Understanding voice problems. A physiological perspective for diagnosis and treatment. (3rd Ed.) Philadelphia: Lippincott Williams & Wilkins.	Voice Conditions

Book	Subjects for which Book Is Required
Curran, D. (1989) Working with parents: Dolores Curran's guide to successful parent groups. U.S.A: American Guidance Service.	Introduction to Counseling
Davis, G.A. (2006) Aphasiology: Disorders and clinical practice (2nd ed.) U.S.A: Allyn & Bacon.	Acquired Language and Cognitive Conditions
Dikeman, K. and Kazandjian, M. (2003). Communication and swallowing management of tracheostomized and ventilator-dependent adults (2nd Edition). Singular Publishing.	CASLD 2
Dodge, E.P. (1999) Survival guide for school-based speech-language pathologists. U.S.A: Singular.	Professional Communication & Professional Development
Dollaghan, CA (2007) Handbook for Evidence-Based Practice in Communication Disorders. Brookes Publishing.	Research 1 Research 2
Estabrooks, W. & Birkenshaw-Fleming, L (1994). Hear and listen! Talk and sing! Toronto: Arisa Publishing.	Introduction to Audiology
Estabrooks, W. (ed.) (1998) Cochlear implants for kids. Washington, DC: A.G.Bell.	Introduction to Audiology
Estabrooks, W. (1994). Auditory-verbal for parents and professionals. Washington, DC: AG Bell.	Aural Habilitation & Rehabilitation
Estabrooks, W. (2000) The listener. Toronto, Ontario: The Learning to Listen Foundation.	Aural Habilitation & Rehabilitation
Estabrooks, W., Schwartz, R. (1995). The ABC's of AVT. Analyzing auditory-verbal therapy. Toronto: Arisa Publishing.	Aural Habilitation & Rehabilitation
Flasher, L.V. & Fogle, P.T. (2003) Counseling skills for speech-language pathologists and audiologists. U.S.A: Singular.	Introduction to Counseling
Freed, D. (2000) Motor speech disorders: Diagnosis and treatment. U.S.A: Singular Publishing Group.	Motor Speech Conditions
Garner, P., Kale, R., Dickson, R., Dans, T., & Salinas, R. (1998). Implementing research findings in developing countries. British Medical Journal, 317, 531 – 535.	Research 1 Research 2
Garrard, Judith (2007). Health Sciences Literature Review Made Easy: The Matrix Method. (2 nd ed.) Jones and Bartlett Publishers, Inc.	Research 1 Research 2
Gillam, R., Marquardt, T. and Martin F. (2000). Communication sciences and disorders: From research to clinical practice, Introduction w/ CD-ROM. Singular Publishing.	CASLD 1 CASLD 2
Glennen, S. & De Coste, D. (1997) Handbook of augmentative and alternative communication. San Diego, CA: Singular Publishing Group, Inc.	Augmentative & Alternative Communication
Goodglass, H., Kaplan, E., Barresi, B., Pence, P., Kamen, G., Northern, J.L. & Veronikis, D. (2001) The assessment of aphasia and related disorders (3rd Ed.) U.S.A: PRO-ED.	Acquired Language and Cognitive Conditions
Gregory, H.H., Campbell, J.H., Gregory, C.B., and Hill, D.G. (2002). Stuttering therapy: Rationale and procedures.	Fluency

Book	Subjects for which Book Is Required
Guyatt, G.H., Sackett, D.L., & Cook, D.J. (1993). Users' guides to the medical literature: How to use an article about therapy or prevention (II-A). <i>Journal of American Medical Association</i> , 270, 2598-2601.	Research 1 Research 2
Ham, R.E. (1999). <i>Clinical management of stuttering in older children and adults</i> .	Fluency
Hammell, K.W. & Carpenter, C. (2004). <i>Qualitative research in evidence-based rehabilitation</i> . Edinburgh: Churchill Livingstone.	Research 1 Research 2
Hegde, M.N. (2003) <i>A coursebook on scientific and professional writing for speech-language pathology</i> . (3 rd ed.) U.S.A: Singular.	Clinical Practicum 1 Clinical Practicum 2 Professional Communication & Professional Development
Hegde, M.N., Maul, Christine (2005). <i>Language disorders in children: An evidence-based approach to assessment and treatment</i> . USA: Allyn & Bacon.	Language Conditions in Children
Higgs, J, and Jones, M. (2008) <i>Clinical reasoning in the health professions</i> . (3 rd ed.) Butterworth-Heinemann.	Clinical Reasoning
Hodson B. and Paden E. (1990). <i>Targeting intelligible speech: A phonological approach to remediation</i> . (2nd edition) Texas USA: Pro-ed Inc.	Articulation & Phonology
Jocano, F.L.(1998). <i>Filipino social organization: Traditional kinship and family organization</i> . Diliman, Quezon City: Punlad Research House.	Human Development for SLP
Kapit, W., Macey, R., Meisami, E. (1999) <i>The physiology coloring book</i> . Harper and Collins, NY, 1987.	Introduction to Audiology
Kaplan, H., Gladstone, V.S. & Lloyd, L.L. (1993) <i>Audiometric interpretation</i> . USA: Allyn & Bacon.	Introduction to Audiology
Kersner, M. (2001) <i>Speech and language therapy: The decision-making process when working with children</i> . David Fulton Publishers Ltd.	Clinical Reasoning
Kamhi, A.G. (1995). <i>Research to practice: defining, developing, and maintaining clinical expertise</i> . <i>Language Speech and Hearing Services in Schools</i> , 26(4), 353-356.	Research 1 Research 2
King, R.R. & Berger, K.W. (1974) <i>Diagnostic assessment and counseling techniques for speech pathologists and audiologists</i> . Pennsylvania: Stanwix House, Inc.	Introduction to Counseling
Kornblau, Barbara L. and Starling, Shirley P. (2000) <i>Ethics in Rehabilitation: A Clinical Perspective</i> . SLACK Incorporated.	Ethics in Speech-Language Pathology
Lahey, M. (1988). <i>Language disorders and language development</i> . MacMillan Publishing Company. New York	Language Conditions in Children Introduction to Audiology
Lankshear, A. (2002). <i>An effective survival strategy for evidence-based practice</i> . <i>British Journal of Therapy and Rehabilitation</i> , 9, 431 – 434.	Research 1 Research 2

Book	Subjects for which Book Is Required
Law, M. & MacDermid, J. (2007). Evidence-based rehabilitation: A guide to practice. (2 nd ed.) Thorofare, NJ: Slack.	Research 1 Research 2
Netsell, R. (1991). A neurobiologic view of speech production and the dysarthrias. (1 st ed.) Singular Publishing Group	Motor Speech Conditions
Ling, D. (1988) Foundations of spoken language. USA: Alexander Graham Bell Association for the Deaf.	Introduction to Audiology
Manning, W.H. (2001). Clinical decision-making in fluency disorders (2 nd ed.) USA: Singular.	Fluency
Marshall, C. & Rossman, G.B. (2006) Designing Qualitative Research, Fourth Edition. Sage Publications, Inc.	Research 1 Research 2
Marshalla, P. (2004) Oral-motor techniques in articulation and phonological therapy. (2 nd ed.) Marshalla Speech and Language.	Motor Speech Conditions
Martin, D.G. (1999) Counseling and therapy skills. (2 nd Ed.) Illinois: Waveland Press.	Introduction to Counseling
Martin, F. (2000) Introduction to audiology: A review manual. (5 th ed.) New Jersey: Prentice Hall, Inc.	Introduction to Audiology
McCauley, R., Fey, Mark, E. (2006). Treatment of language disorders in children: Communication and language intervention series. USA: Brookes Publishing Company.	Language Conditions in Children
Meline, T. (2005) Research in Communication Sciences and Disorders: Methods-Applications-Evaluations. Allyn & Bacon	Research 1 Research 2
Mencher, G.T., Gerber, S.E. & McCombe, A. (1996) Audiology and auditory dysfunction. USA: Allyn & Bacon.	Introduction to Audiology
Myers, P. (1999) Right hemisphere damage: Disorders of communication and cognition. U.S.A: Singular.	Acquired Language and Cognitive Conditions
Nation J.E. & Aram, D.S.M. (1991) Diagnosis of speech and language disorders (2 nd Ed). San Diego, CA, Singular Publishing Group. Inc.	Clinical Reasoning
Newman, P.N., Craghead, N. and Secord, W. (1985) Assessment and remediation of articulatory and phonological disorders. Charles E. Merrill.	Articulation & Phonology
Owens, R. Jr. (2008). Language disorders: A functional approach to assessment and intervention. (5 th ed.) Massachusetts: Allyn & Bacon.	Language Development from Infancy to School Age Language Conditions in Children
Paul, R. (2007). Language disorders from infancy through adolescence (3 rd edition). Edinburgh: Elsevier, Mosby.	Language Development from Infancy to School Age Language Conditions in Children Introduction to the Speech & Language Diagnostic Process
Pollack, D., Goldberg, D., & Caleffe-Schenck, N. (1997). Educational audiology for the limited-hearing infant and preschooler. (3 rd ed.) Charles C. Thomas Publishing Limited.	Aural Habilitation & Rehabilitation

Book	Subjects for which Book Is Required
Raphael, L.J., Borden & G. J., Harris, K. S. & (2007) Speech and science primer: Physiology, acoustics and perception of speech. (5th Ed.). New York. Lippincott	Speech & Hearing Science
Romaine, S. (1995) Bilingualism: Language in society. (2nd ed) Cambridge, MA: Wiley-Blackwell, Inc.	Language Development from Infancy to School Age
Rose, D.J. (2005). A multilevel approach to the study of motor control and learning. (2 nd ed.) USA: Allyn & Bacon.	Motor Speech Conditions
Roth, F.P. & Worthington, C.K. (2005) Treatment resource manual for speech-language pathology (3rd ed). New York: Thomson Delmar Learning.	Introduction to SLP Introduction to Counseling
Ruscello, D.M. (2001) Tests and measurements in speech-language pathology. Butterworth-Heinemann.	Clinical Practicum1 Clinical Practicum 2
Santrock, J.W. (2007) Life-span development (11th ed). Mcgraw-Hill College.	Human Development for SLP
Schiavetti N (2005). Evaluating Research In Communicative Disorders. Addison-Wesley.	Research 1 Research 2
Schmidt, R. & Lee, T.D. (2005). Motor control and learning: a behavioral emphasis. (4 th ed.) USA: Human Kinetics.	Motor Speech Conditions
Schreiber, L.R. & McKinley, N.L. (1995) Daily communication: Strategies for adolescents with language disorders. U.S.A: Thinking Publications.	Introduction to Counseling
Shipley, K.G. (1991) Interviewing and counseling in communicative disorders: Principles and procedures. New York: Macmillan Publishing Co.	Introduction to Counseling
Shipley, K.G. Assessment in speech language pathology: a resource manual. (3 rd ed.) Delmar Cengage Learning.	Introduction to the Speech & Language Diagnostic Process
Silverman FH (1998) Research Design and Evaluation in Speech-Language Pathology and Audiology (4th Edition). Allyn & Bacon.	Research 1 Research 2
Silverman, F.H. (2003). Stuttering and other fluency disorders (3rd edition).	Fluency
Snell, R. (2008) Clinical anatomy: Clinical neuroanatomy for medical students. (7 th ed.) Lippincott, Williams & Wilkins.	Anatomy & Physiology for SLP Neuroanatomy & Physiology for SLP
Stoel-Gammon, C. & Dunn, C. (1985). Normal and disorders phonology in children (Child language acquisition series). USA: Pro-Ed, Inc.	Articulation & Phonology
Strunk, W. Jr. & Devlin, J. (2007) The elements of style by William Strunk Jr. & How to Speak and Write Correctly by Joseph Devlin. Special edition. BN Publishing.	Professional Communication & Professional Development
Yost, W.A. (2006) Fundamentals of hearing: An introduction (5th Ed.). New York. Academic Press	Introduction to Audiology
Zemlin, W.R. (1997) Speech and hearing science: Anatomy and physiology. (4 th ed.) USA: Allyn & Bacon.	Anatomy & Physiology for SLP Neuroanatomy & Physiology for SLP

Suggested Additional Texts and References

(note: Some of these books are listed as required references above)

Book	Subjects for which Book is Recommended
Baken, R.J. & Orlikoff, R.F. (2007) Clinical measurement of speech and voice (Speech science). (2 nd ed.) USA: Singular.	Speech & Hearing Science
Baker, C. (2006) Foundations of bilingual education and bilingualism (4th ed). Buffalo: Multilingual Matters Ltd	Language Development from Infancy to School Age
Benamy, B.C. (1996). Developing clinical reasoning skills: strategies for the occupational therapist. San Antonio, TX: Therapy Skill Builders.	Clinical Reasoning
Bloodstein, O. (1984). Speech pathology: An introduction. Boston, MA: Houghton and Mifflin Company	Aural Habilitation & Rehabilitation
Brookshire, R.H. (2007) Introduction to neurogenic communication disorders (7 th ed.) U.S.A.: Mosby.	Acquired Language and Cognitive Conditions
Bunning, K. (2004). Speech and language therapy intervention: Frameworks and processes. Wiley Blackwell.	Clinical Reasoning
Coulehan, J.L. & Block, M.R. (2005). Medical interview: Mastering skills for clinical practice (5th ed.). Davis FA.	Clinical Reasoning
Creaghead, N.A., Newman, P.W. & Secord, W.A. (1989) Assessment and remediation of articulatory and phonological disorders. (2 nd ed.) Ohio: Merrill Publishing Co.	Articulation & Phonology
Cronin, A. & Mandich, M. (2005). Human development & performance throughout the lifespan. Clifton Park, NY: Delmar Cengage Learning.	Human Development for SLP
Dacey, J., Margolis, D. and Kenny, M. (2006). Adolescent development (3rd ed.) Custom Publishing.	Human Development for SLP
Dale, Paulette and Wolf, James C. (2006). Speech communication made simple. Publisher: Pearson ESL.	Clinical Reasoning
Daniloff, R.G. (1984) articulation assessment & treatment issues. CA: College-Press.	Articulation & Phonology
Erber, N. (1982) Auditory Training. Washington, DC: A.G.Bell.	Aural Habilitation & Rehabilitation
Ferrand, C. T. (2006) Speech science: An integrated approach to theory and clinical practice. (2 nd ed.) Boston: Pearson Education, Inc.	Speech & Hearing Science
Fingerman, K.L. & Lang, F.R. (2004) Growing together: Personal relationships across the life span (Advances in personal relationships). Cambridge University Press.	Human Development for SLP
Fisher, A. (2001). Critical thinking: An introduction. U.K: Cambridge University Press.	Clinical Reasoning
Fontes, L.A. (2008). Interviewing clients across cultures: a practitioner's guide. Guilford Publications, Inc.	Clinical Reasoning
Goodglass, H., Kaplan, E. & Barresi, B. (2001) The assessment of aphasia and related disorders (3 rd Ed.) U.S.A: PRO-ED.	Acquired Language and Cognitive Conditions

Book	Subjects for which Book is Recommended
Grunwell, P. (1987) Clinical phonology. USA: Nelson Thornes Ltd.	Articulation & Phonology
Guilford, A., Graham, S. & Scheuerle, J. (2006) The speech-language pathologist: From novice to expert. Allyn & Bacon.	Clinical Reasoning
Haynes, W. & Pindzola, R. (2007). Diagnosis and evaluation in speech pathology. (7th Ed.) MA: Ally & Bacon	Articulation & Phonology
Haynes, W., Moran, M. & Pindzola, R. (2006) Communication disorders in the classroom: An introduction for professionals in school settings. (4 th ed.) Jones & Bartlett Publishers	Clinical Practicum 1 Clinical Practicum 2
Jocano, F.L.(1997). Filipino value system: a cultural definition. Diliman, Quezon City: Punlad Research House.	Human Development for SLP
Jocano, F.L.(2001). Filipino worldview: Ethnography of local knowledge. Diliman, Quezon City: Punlad Research House	Human Development for SLP
Kamhi, A.G. (1995). Research to practice: defining, developing, and maintaining clinical expertise. Language Speech and Hearing Services in Schools, 26(4), 353-356.	Clinical Reasoning
Kasar, J and Clark, E.N. (2000) Developing Professional Behaviors. (1 st ed.) SLACK Incorporated.	Clinical Reasoning
Louwerse, M & Bernstein, A. Newly Implanted Teens Learn to Listen Again. AVI Conference, July 2005.	Aural Habilitation & Rehabilitation
Lowe, R. (1994). Phonology: assessment and intervention applications in speech pathology. MA: Lippincott Willams & Wilkins	Articulation & Phonology
McAllister,L. , Lincoln, M. , Maloney, D. and McLeod, S. (1997) Facilitating learning in clinical settings. Nelson Thornes.	Clinical Reasoning
McCormick, L, and Schiefelbusch, R. (1990). Early language intervention: An introduction (2nd ed). Merrill Publishing Company. Ohio.	Language Development from Infancy to School Age
Medina, BTG (2005) The Filipino family. (2 nd ed.) Hawaii: University of Hawaii Press.	Human Development for SLP
Moore, B.N. & Parker, R. (2008). Critical thinking. The McGraw-Hill Companies.	Clinical Reasoning
Morrison, James (2008). The first interview. Guilford Publications, Inc.	Clinical Reasoning
Neistadt, M.E. (1996). Teaching strategies for the development of clinical reasoning. The American Journal of Occupational Therapy, 50(8), 676-684	Clinical Reasoning
Nelson, N (2008). Childhood language disorders in context: Infancy through adolescence. Allyn and Bacon. Massachusetts.	Language Development from Infancy to School Age
Netter, F.H. (1991) The CIBA collection of medical illustrations, Volume 1: Nervous System. Part 1, Anatomy and Physiology. Ciba-Geigy Corporation.	Neuroanatomy & Physiology for SLP
Nosich, Gerald M. (2008). Learning to think things through: A guide to critical thinking across the curriculum. Prentice Hall.	Clinical Reasoning

Book	Subjects for which Book is Recommended
Owens, R. Jr. (2007). Language development: An introduction. Allyn&Bacon. Needham Heights, Massachusetts.	Language Development from Infancy to School Age
Palmer, J. & Yantis, P. (1990). Survey of communication disorders. MA: Williams & Wilkins	Articulation & Phonology
Paul, R.W. & Elder, L. (2008) Critical thinking: Tools for taking charge of your professional and personal life. Publisher: FT Press.	Clinical Reasoning
Reed, V. (2005). An introduction to children with language disorders (3rd ed). Pearson Education, Inc. Massachusetts.	Language Development from Infancy to School Age
Sattler, JM (1992). Assessment of children (3 rd ed.) San Diego: Jerome M. Sattler, Publisher, Inc.	Introduction to the Speech and Language Diagnostic Process
Sattler, JM (2002). Assessment of children: Behavioural and clinical applications (4 th edition). San Diego : Jerome M. Sattler, Publisher, Inc.	Introduction to the Speech and Language Diagnostic Process
Schneiderman, C.R. (1991) Basic anatomy and physiology in speech and hearing. Pro-Ed.	Anatomy and Physiology for SLP
Sindrey, D. (2002) Listening games for littles. Wordplay Publications.	Aural Habilitation & Rehabilitation
Sindrey, D.(1997) Cochlear implant: Auditory training guidebook. Wordplay.	Aural Habilitation & Rehabilitation
Snell, R. (2008) Clinical neuroanatomy for medical students (7th ed.) Lippincott Williams & Wilkins.	Anatomy and Physiology for SLP
Sommers, R. (1983). Articulation disorders (remediation of communication disorders). NJ: Prentice-Hall, Inc.	Articulation & Phonology
Spark Notes Editors (2006). How to write a research paper (Spark notes ultimate style). Spark Publishing	Clinical Reasoning
Thomas, R. Murray (2005) Comparing theories of child development. (6 th ed.) Belmont, CA: Thomson Wadsworth.	Human Development for SLP
Tiegerman-Faber, E. & Radziewicz, C. (2007). Language disorders in children: Real families, Real Issues and Real Intervention	Language Conditions in Children
Tye-Murray, N. (1992) Cochlear implants and children: A handbook for parents, teachers and speech and hearing professionals. Washington, DC: AG Bell.	Aural Habilitation & Rehabilitation
Waxman, S.G. (2002) Clinical neuroanatomy. USA: McGraw-Hill Medical	Neuroanatomy & Physiology for SLP
Weston, A. & Leonard, L. (1976) Articulation disorders: Methods of evaluation and therapy. USA: Cliff Notes	Articulation & Phonology
Winitz, H. (1984) Treating articulation disorders: For clinicians by clinicians. MA: University Park Press	Articulation & Phonology
Yoder, D. & Kent, R. (1998) Decision making in speech-language pathology. Mosby.	Clinical Reasoning
Zemlin, W.R. (1997) Speech and hearing science: Anatomy and physiology. (4 th ed.) USA: Allyn & Bacon.	Anatomy and Physiology for SLP

Annex II

LABORATORY EQUIPMENT AND OTHER RESOURCE REQUIREMENTS

1. Equipment

- Audio recording and playback equipment (digital or other format)
- Computer for therapy use (PC or laptop)
- DVD player with DVD burner
- Laptop or desktop computer, with sound and video capabilities, and the following programs installed:
 - LCD, DLP or similar projector
 - Pure tone and speech audiometer
 - Sound system including microphone and speakers
 - Speech biofeedback programs (e.g. Speech Tools, Kay Elemetrics CSL, etc)
 - Television
 - Video camera
 - U-tube manometer

2. Fixtures/Furniture

- Full length mirror mounted horizontally on wall
- Mats (e.g. rubber mats for pediatric evaluation/therapy)
- Tables and chairs for adults
- Tables and chairs for children

3. Anatomical Specimens/Models

- Brain specimens for every group of fifteen (15) students
- Complete disarticulated skeleton for every group of fifteen (15) students
- Human cadaver or computer-based technology specimens and dissection table per class: 1 for every fifteen (15) students if possible (or 1 plastic model for every fifteen (15) students if actual cadaver not available)
- Human skeleton
- Microscopic anatomy samples
- Mounted articulated skeleton for every group of fifteen (15) students
- Charts / atlases / plastic models
- Models of the oral structures for every group fifteen (15) students
- Models of the outer, middle, and inner ear for every group fifteen (15) students
- Models of the pharynx and larynx for every group fifteen (15) students

4. Tests and Therapy Materials

It is recommended that the university, including its clinical/training arm, should have a variety of tests and therapy materials in the evaluation and management of the pediatric and geriatric population. The current needs as well as advancement in technology should likewise be considered in the acquisition and provision of materials. It is then emphasized that the details heretofore are recommended but not limited to these examples only.

Type of test	EXAMPLES
General developmental tests/screening tools	Battelle Developmental Inventory—2nd Edition (BDI-2) ECCD (Philippine Test)
Comprehensive standardized formal language test. for children	Preschool Language Test— 4 Clinical Evaluation of Language Fundamentals—3
Comprehensive standardized formal language tests for adults	Boston Diagnostic Aphasia Examination—Third Edition
Standardized formal test for specific language domains	Boston Naming Test Test of Adolescent / Adult Word Finding Test of Word Finding, 2nd Edition Test of Problem Solving-2 Adolescent
Standardized formal test for specific language domains	Test of Problem Solving Peabody Picture Vocabulary Test, Fourth Edition Test of Auditory Processing Skills-3 Ski-Hi Language Development Scale
Functional language test	Communication Activities of Daily Living—Second Edition
Formal articulation/phonology test	Bernthal and Bankson Test of Phonology Photo Articulation Test—3 (PAT-3) Speech-Phonetic Level Speech Evaluation Fisher-Logemann Sentence Articulation Test
Formal speech-motor praxis test	Apraxia Battery for Adults, 2nd Edit ion The Apraxia Profile
Tests for functional hearing and speech perception	Ling Six Sound Test Glendonald Auditory Screening Procedure
Test protocols for voice and resonance	Hypernasality/Hyponasality Test Protocols

(note: many of these items are developed for English-speaking clients and as such are culture bound; they nonetheless serve to demonstrate the types of materials that need to be developed and provide examples of tests and measurements that are well-developed for their target populations)

5. Therapy Material

- Aphasia and cognitive rehabilitation workbooks
- Auditory skills curriculum outline
- Books appropriate to various developmental stages
- Picture cards relevant to various speech-language targets
- Therapy Index (e.g. Promoting Aphasics' Communicative Effectiveness - PACE)
- Reading materials appropriate to various speech-language targets

6. Software

- Augmentative and Alternative Communication (AAC) software
- Delayed Auditory Feedback / Frequency Altered Feedback (DAF/FAF) software
- Intervention software for cognitive and language problems
- Software for providing biofeedback for voice and articulation

7. Reproducible Material

- Case history forms
- Evaluation forms for each respective assessment tool
- Forms for each respective screening tool
- Running notes forms
- Therapy plan forms

8. Consumables and Semi-consumables

TYPES	EXAMPLES
Materials for oral stimulation or management	Acrylic bite blocks Chilled metal stirrers Penlight Tongue depressors Toothbrushes Toothettes Dental Mirror Laryngeal Mirror (size 00.10mm)
Materials for sensory stimulation	Cloths of different textures Feathers Sandpaper Smelling items (perfume, garlic, vanilla, rubber, cinnamon) Ice cubes
Materials for hands-on/handling of patients	Latex gloves Desktop mirror Glass panes (approx. 2"x3"x3/8") – at least 2 pieces Timers and Tags
Items for hygiene and first aid	Alcohol Facial Tissues Cotton balls/applicators Gauze pads
Feeding Items	Baby food/cream of wheat or similar items Jelly Catsup Gummy bears or similar items Wash Cloths/Face towels cups
Art and Craft materials	Clay Paint, Paintbrushes Crayons
Toys appropriate for various developmental stages	Puzzles Cooking set Board games
Computer, Video Materials	CD-R DVD-R disks