

**LSU Health Sciences Center – New Orleans**  
**Department of Clinical Rehabilitation and Counseling**  
**2014-2015 Annual Report**

**Program Outcomes**

The Department of Clinical Rehabilitation and Counseling in the School of Allied Health Professions at Louisiana State University Health Sciences Center in New Orleans is fully accredited by the Council on Rehabilitation Education (CORE) and the Council for Accreditation of Counseling & Related Educational Programs (CACREP) through 2017. The Department awards the Master of Health Sciences degree in Clinical Rehabilitation and Counseling (MHS-CRC) upon successful completion of 60 credit hours of required coursework and fieldwork. All academic courses are classroom-based, and the fieldwork courses (Practicum and Internship) include a weekly supervision seminar facilitated by 1-2 faculty members in the Department. Students in the Practicum and Internship courses are supervised and formally evaluated by both a staff member (Licensed supervisor) on site at the assigned agency and by 1-2 member(s) of the Department faculty. There are five full-time faculty in the Department. All full-time faculty members hold the doctoral degree and three of the faculty hold the CRC credential at a minimum. The cost of the Clinical Rehabilitation and Counseling program is \$5946.22 (plus books and health insurance) per semester. The Department was awarded a long-term training grant funded by the Rehabilitation Services Administration (RSA) which pays tuition and a stipend for students who apply and accept the employment-payback provisions of accepting the scholarship award.

Approximately 15 applicants are accepted annually. The program currently has 11 first-year students and 14 second-year students, totaling 25 students. For the following recent years, the Department of Clinical Rehabilitation and Counseling accepted: 15 students (2014), 8 students (2013) and 14 students (2012). The numbers of 2nd year students who graduated in those years were: 7 in 2015; 12 in 2014; and 18 in 2013. Most students complete the program by going full-time for 5 semesters, including one summer semester. Students are expected to participate in and reflect upon extra-curricular, professional-development activities each year. These include association conferences, topical seminars, advocacy and support group meetings, informational site visits, community service work, and interdisciplinary workshops. Students can choose to do a Research Practicum or Supervised Independent Project as one of their two elective courses. This involves working with a faculty member in designing, conducting, evaluating, and disseminating the results of a research or resource-development project. Upon completion, most students who choose this elective collaboratively create and participate with the faculty member in a platform or poster presentation of the project at a regional, state, or national professional conference. All second-year students are required to pass a written comprehensive examination, which assesses student learning across all knowledge domains covered in the CORE and CACREP standards prior to being accepted into Internship.

Our graduates obtain employment in various settings. These include: federal and state health and rehabilitation agencies, supported employment programs, hospital-based rehabilitation units, psychiatric treatment centers, substance abuse treatment facilities, private rehabilitation agencies, community mental health centers, and university and school settings. Students are eligible to sit for the Certified Rehabilitation Counselor (CRC) and National Certified Counselor (NCC) examinations as early as their final semester in the program.

They are also eligible, with additional post-graduate supervision, to apply to become a Licensed Professional Counselor (LPC) and also a Licensed Rehabilitation Counselor (LRC) in Louisiana. For the past three (3) graduating classes, 73% of the graduates have passed the Certified Rehabilitation Counselor (CRC) examination, and 89% of graduates are employed in a rehabilitation setting.

### **Systematic Program Evaluation**

In accordance with the CORE-CACREP standards, the Louisiana State University Health Sciences Center - New Orleans, Department of Clinical Rehabilitation and Counseling program is dedicated to the process of continuous and systematic program evaluation. The program is evaluated annually through a combination of internal and external reviews, as noted below:

1. Review by program faculty of program, curricular offerings, and characteristics of program applicants.
2. Formal follow-up studies of program alumni to assess the graduate perceptions and evaluations of major aspects of the program.
3. Formal studies of site supervisors and employers of program graduates that assess their perceptions and evaluations of major aspects of the program.
4. Assessment of student learning and performance on professional identity, professional practice, and program area standards.

### **Summary of Surveys**

Surveys were obtained from five groups of stakeholders: students at the completion of the program, advisory board members, alumni, practicum/internship site supervisors, and employers. Respondents were asked to complete a short survey about their levels of satisfaction with the program areas being evaluated. The surveys also included a section to provide free-response comments about aspects of the program not assessed in the main structure of the survey.

### ***Exit Survey of Graduating Students***

Each year right before graduation, students who are completing their Master's degree that semester complete a 70-item program-evaluation questionnaire. It is designed to capture their evaluation of how well their education and experience in the program prepared them on a comprehensive list of knowledge items and skills in clinical rehabilitation and counseling. The Likert scale of response options ranges from 1 (Not at all prepared) to 9 (Very highly prepared).

In May of 2015, six (out of seven) students completed the survey. Overall, the results indicated that the students felt well prepared by the program. At the top end of the evaluations, there were 17 survey items that had an average rating of 8 or better on the 9-point scale. These items assessed knowledge and skills in: Societal issues, trends, and developments as they relate to rehabilitation; Group counseling theories; Individual counseling theories; Individual counseling practices and interventions; Environmental barriers faced by individuals with disabilities; Attitudinal barriers faced by individuals with disabilities; Planning for vocational rehabilitation services with clients;

Tests and evaluation techniques available for assessing clients' needs; Job-placement strategies; Supported employment strategies and services; Follow-up and post-employment services. Another 15 items had an average rating of 7 to 7.9 on the scale where 9.0 represented "Very highly prepared." Thus, 46% of the 70 items in the questionnaire received an average rating in the top three scale points. The next cluster of evaluations were for 21 items that had an average rating that ranged from 5.9 to 6.9, still above the mid-point of the scale (5.0). These items included: Organizational structure of private, for-profit vocational systems; Family counseling theories; Planning for the provision of independent living services with clients; Computer applications and technology in rehabilitation counseling; Expert testimony; Workers' compensation laws and practices; and Marketing techniques for rehabilitation services. Seventeen (17) items received average scores below the mid-point of the scale. These items warranted our attention to address the following topics more effectively: Techniques for working with individuals with limited English proficiency; life-care planning; and techniques for evaluating earnings capacity and loss of earnings.

### ***Feedback from Advisory Board Members***

Last year (2013-2014), we administered an open-ended questionnaire to our Advisory Board, asking for the members' advice or assistance regarding the following **7 goals** we identified. The goals are in **bold** type; the suggestions offered by the Board members are in plain text; the activities and changes the Department made in response to the Board's suggestions are given in *italics*.

#### **(1) Increase student recruitment:**

--- PSAs about the program so they can be broadcast on TV and social media

--- More needs to be done to emphasize the unique quality of the education and training available through the clinical rehabilitation counseling program, with support of vocational rehabilitation counseling. Outreach to LARP, provide practitioners, and users of these services would be helpful, and we intend to help with this.

*We have sent mailings about our Department's CEU seminars and partner appreciation activities to LARP membership, as well as invited several LARP leaders to guest lecture to our classes.*

--- Outreach to undergraduate programs, college recruiters, advertisements. Dual accreditation should also attract candidates.

*We have attended several graduate school fairs during 2015-16. We have started a new marketing strategy by printing colorful, full-size posters for posting on college bulletin boards in the most appropriate target Departments (e.g., psychology, sociology, education).*

--- Recruitment in specific target groups such as Native American and Hispanic communities.

*Our attendance at several graduate school fairs during 2015-16 has included an historically Black college.*

--- Highlight the many aspects of RC and careers - students want to know what kind of living they can expect from this challenging curriculum.

--- Having a booth at fundraising events (e.g., the MS walk, the Color Run), led by current students to boost interaction in the community. Interested students can have "real interactions" with currently enrolled students.

*We have attended several community service fairs sponsored at walks or public relations events of disability organizations during 2015-16. These included events by organizations for persons with AIDS, autism, mental illness, and other conditions.*

## **(2) Increase Practicum and Internship opportunities for students:**

--- Have 2 twenty-hour Practicums

*This alternative is available as an option for students who for financial, work-related, or other justifications do not want to take on the standard, full-time internship.*

--- Continue to be flexible with agencies that offer excellent opportunities but who don't "fit" all the criteria of in-person contact.

--- Invitation to informational sessions

*These sessions are announced on our Department's website (where there is a direct sign-up option) and also distributed in hard copy at all our outreach events.*

--- I spent time at the N.O. Mission- I doubt if there would be an institutional problem with recording, and I think that some of the men who are in the in-house rehab program would be open to the counseling and recording.

*There has been an increase this year in the permission by fieldwork agencies to videotape counseling sessions for feedback in clinical supervision.*

--- Work with High School Transition students?

--- LRS works with a good number of students, so I guess this would depend on where the interest of the student lies. There's an upcoming vendor that seems to do well with training LRS consumers. Maybe that would be a good start.

## **(3) Enhance our curriculum:**

--- Include a portion (if not already included) on the Client Assistance Program and additionally on basic knowledge of SSA's Work Incentives program.

*Basic information on these two programs and related services is provided in the Foundations course. In addition, we have offered an elective by Dr. Case in Benefits Planning Assistance.*

--- Another 20 hour practicum

--- Emphasis on vocational rehabilitation counseling services reversed. We think LSU should be a leader in offering community services and building the curriculum around a practical base of services.

--- Continue to offer variety of mental health/vocational/counseling classes

--- Pharmacological seminar

--- Crisis intervention/Suicide certification training

*As a start, we offered a continuing education seminar on this topic this year for our students and for the practitioner community, with pre-approved CEUs provided.*

--- Having the clinic portion would help the students with counseling and case management skills.

## **(4) Expand partnerships with fieldwork affiliates, program graduates, service providers, etc.**

*About two years ago, we started having an annual Partner Appreciation Night. This year we extended it to twice a year. All of the above partners and stakeholders are invited.*

--- "Networking"- suggest that students attempt to foster at least 1 partnership/networking contact each semester. By the time they graduate, they will have several contacts that they can use in everyday work. Students can share their contacts with the program and get the word out about your program.

*Courses currently taken during the first 3 semesters require students to document that they have identified and reached out to practitioners to secure information, recommendations, and guidance on various academic and experiential assignments.*

--- Continue stakeholders' opportunities to comment on the program and possibly a satisfaction type survey that includes questions concerning employment after graduation for your program graduates.

*This is conducted twice per semester during Practicum and Internship and on a scheduled basis as part of our accreditation self-study documentation.*

--- A monthly newsletter via e-mail

*This is being initiated as of February, 2016 but will perhaps be a quarterly publication.*

--- With creativity, the ALS Foundation raised about \$100 million dollars through its ice bucket challenge. Why not look at raising money through social media and internet funding programs to enhance services, for example, look at KIVA. If the clinical rehabilitation counseling program offers services to consumers in need, I would anticipate that the public would respond positively.

--- Additional program graduates networking opportunities.

--- Stay in contact with past students. Ask supporters to help spread the word about the program and if they are willing to have an intern.

*All alumni are invited to our CEU seminars and to Partner Appreciation Nights. Alumni who chose to accept our traineeships funded by the Rehabilitation Services Administration are also surveyed once a year about their employment. Alumni are surveyed about their employment, professional credentials, and evaluation of the program on a scheduled basis as part of our accreditation self-study documentation.*

**(5) Expand income generation by the Department's providing continuing education seminars:**

--- Develop or expand webinar trainings that allow for a fee for service and include "testing" if necessary to be able to offer CEU's.

--- Try Breakfast CEU seminars and video tape them for on line. Get the Seminars pre-approved for the appropriate certification

--- There is a common need for vocational rehabilitation counselors to maintain CEU's.

--- Opportunities to earn Ethics credits

*Each of the seminar series we offered this year gave the opportunity to obtain one or more CEUs in the Ethics category.*

--- Definitely address needs/requirements for CRC, LPC, LRC, SW.

*All our seminar series offer pre-approved CEUs for CRCs, LPCs, LRCs. The evaluation form for each seminar requests suggested topics for future seminars.*

--- A lot of organizations are competing for seminar dollars and time. For rehabilitation counselors, one draw for seminars is having the medical aspects of the disability presented. LSU and Children's Hospital offer care to those with acute injuries, and should be knowledgeable of future care needs. Particularly with the emphasis on life care planning in the private rehabilitation field, there may be an opportunity to tap into that interest to gain more exposure for the clinical rehabilitation counseling program. Look at some of the programs offered by the International Association of Rehabilitation Professionals, particularly the life care planning symposium in Minneapolis this month. Projected attendance is good. With LSU being in New Orleans, why couldn't you have the potential for a national or at least a statewide audience?

--- Industrial-safety –benefits of rehabilitation and ergonomic job reviews... (Sue Drecktrah, PT, MBA, CIE –(504) 957-6456 would be a good contact on this.)

**(6) Expand income generation by the Department's providing technical assistance:**

*No specific accomplishments in this area as of yet.*

- Develop an MOU or contract with LRS and other rehabilitation agencies such that technical assistance can be provided to staff and in which you can bill for the service.
- Possibly a good area to explore, as the TACE centers will no longer be funded to provide TA to state agencies.
- Technical assistance and counseling/vocational services could be combined into an advanced course. Develop a relationship with a Workers Compensation carrier (preferably a local self-insured) and provide these services using staff and students.
- It may be possible to partner with other universities in order to offer enhanced services to consumers. For example, perhaps LSU could offer counseling in conjunction with the TRAC program at UNO or Tulane's engineering program where students partner with an individual who has a disability to actually build adaptive equipment for a semester-long contest. Expansion of these services and publicity would build brand recognition for LSU. This would likely take fund raising through grants and public relations.
- Can be used with the seminars to generate funds for those who cannot physically be in the seminar.

**(7) Expand income generation by the Department's providing counseling/vocational services:**

*The Department's Child and Family Counseling Clinic has definitely expanded its variety and volume of services. To date, there have been no specific accomplishments in adding the type of adult vocational services suggested below.*

- If possible, develop a counseling clinic in which you can offer practicum opportunities to students. Develop a pilot program in which you can collaborate with LRS to share opportunities in VR counseling. Currently, LRS does not have an office in New Orleans. Perhaps sharing a space in lieu of rent would allow students to get real life experience by working on VR cases.
- Could LSU offer basic, limited career counseling to high school students? This would be a way for the students to gain some experience and potentially make some connections with parents who may want to pay for more in-depth services.
- Reopen clinic [referring to a part-time operation served by students under supervision, as part of their fieldwork experience] – outreach to homeless, low-income persons.
- If the clinic were to return, it would be a great place for LRS to refer consumers.

**(8) Please identify other concerns, opportunities, suggestions**

--- Develop a Legislative Committee with affiliates, program graduates, consumers, and providers to use their legislative power to secure additional funding.

--- In general, we think LSU needs to do more community outreach to inform, broaden, enhance and publicize the program.

*The involvement of the faculty as members of professional advisory boards (at the local, Louisiana, and national level), guest speakers to community organizations, and contributors to the professional literature is very strong, comparable to or better than any Department in the School of Allied Health. We recognize the need to sustain and expand the visibility and diversity of our public relations activities and contributions.*

--- Need to raise the recognition of RCs by state healthcare agencies. RC positions are still being filled by MSWs.

### ***Survey of Program Alumni***

An electronic survey was designed and e-mailed to 108 alumni from the years 2006 through 2015. Responses were received from 27 alumni. Every cohort class was represented among the respondents, except those who graduated in 2007. A third of the respondents (33.3%) were from the immediate past two years, and the remainder (66.6%) were from the years 2006-2013. The findings revealed clear satisfaction with the components of the Master's degree program and how it prepared the graduates for their current jobs as a rehabilitation counselor, mental health counselor, or substance abuse counselor. In response to the question, "What is your level of overall satisfaction related to the coursework in the program?", only one respondent was "Dissatisfied" and another chose the neutral choice ("Neither Satisfied nor Dissatisfied"). All others reported "Satisfied" or "Completely Satisfied" (48.15% each). Of 10 aspects of the curriculum they were asked to rank order, the five most valued were: Overall satisfaction with courses; Scope and content of the courses; Teaching methods used by the instructors; Clarity of course expectations and assignments; and Quality of feedback on performance. Ratings for satisfaction with the clinical experiences during the Practicum and Internship were even higher. The percentage of alumni giving the maximum satisfaction score of 5 ("Completely Satisfied") were: 61% for Quality of faculty supervision; 75% for Quality of site supervision; and 82% for Satisfaction with site placement. No respondents expressed dissatisfaction with their fieldwork experiences, as assessed by these measures. Using the same satisfaction scale, the alumni reported comparatively less satisfaction with advising and student support services, although the results from a significant majority of the respondents demonstrated satisfaction. Specifically, the combined percentages for "Satisfied" and "Completely Satisfied" on the seven sub-questions under this umbrella topic ranged from an outlier of 65% (for Career guidance provided by the faculty) to 88% for three of the dimensions (Faculty availability for advising; Clarity of requirements for completing the program; and Accessibility of information on practicum/internship requirements and application process). The average of the combined satisfaction scores across all seven dimensions was 82%. The alumni were asked to rate their professional preparation by the program on five-point response scales (1 indicated "Poorly" and 5 indicated "Very Well"). All nine dimensions of professional preparation that were assessed received positive average ratings, between a low of 4.07 (preparation to "Maintain practice-related records") and a high of 4.64 (preparation to "Demonstrate ethical behavior."). The next two highest ratings were for preparation to: "Exhibit professional work behaviors (e.g., punctuality, time management, respectful treatment of others)" (4.48); and "Appropriately use professional literature to make practice decisions" (4.59). Another evaluation of their perceived preparation used the same five-point response scale (1 = "Poorly" to 5 = "Very Well"), but its sub-questions focused on 14 domains of knowledge and skills that encompass clinical rehabilitation and counseling. Again, all ratings for these separate dimensions of the curriculum received very positive ratings, with averages ranging from 4.25 to 4.71—near the maximum score of 5 indicating very well prepared. Alumni indicated highest preparation in these learning domains: Professional Identity and Ethical Behavior (4.65); Diversity, Advocacy, and Accommodation (4.71); Counseling, Prevention, and Intervention (4.82). Three more learning domains followed closely with the same average rating (4.58): Human Growth and Development; Counseling Approaches and Principles; Group Work and Family Dynamics.

### ***Feedback from Site Supervisors***

Site supervisors' global ratings of students' overall performance and potential as a rehabilitation counselor reflect a very high level of satisfaction (4.9) during the student's practicum experience. Site supervisor satisfaction ratings, during student's practicum experiences, of students' clinical skills and professional attributes were most favorable (above average –excellent scores) for the following areas: demonstration of appropriate interest in clients (4.6), genuine respect for clients (5.0), works

well with other professional personnel (4.3), respects and follows agency procedures (5.0), has capability of accommodating counseling for each client (4.3), prepares written products/reports well (4.8), and presents well in staffing/team meetings (4.5). Slightly lower scores indicated average – above average scores in all other areas in the domain. Site supervisors’ satisfaction ratings indicated above average –excellent scores (4.6) based on student knowledge of: fundamental counseling principles and skills, the rehabilitation process and system, medical aspects of rehabilitation, psychosocial aspects of rehabilitation, community resources, strategies for independent living, accepted standards of ethical conduct, and federal, state, and local rehabilitation laws. Site supervisors indicated above average –excellent ratings (4.8) on students’ personal qualities including: emotional stability, acts in a mature manner, learns quickly, demonstrates flexibility, imagination, resourcefulness, problem-solving ability, reliable and dependable, qualities of leadership, enthusiasm in work, appropriate personal appearance, recognizes own strengths and weakness. Site supervisors’ global satisfaction with students’ overall performance and potential as a rehabilitation counselor, and readiness for employment reflect a high level of satisfaction (4.8) during the students’ internship experience. Site supervisor satisfaction ratings of students’ clinical skills and professional attributes were most favorable (above average, 4.6) for the following areas: demonstration of appropriate interest in clients, warmth during client contacts, genuine respect for clients, conveys self-confidence in establishing relationships, relates to human diversity, works well with other professional personnel, makes appropriate use of agency and/or school resources, capable of developing counseling, prepares written products/reports well, presents well in staffing/team meetings, presents well in intakes, is sensitive to impact of self in counseling relationships, is relaxed in counseling sessions, is aware of both content and feeling in counseling sessions, does not lecture, moralize, or give advice in sessions, can express thoughts and feelings clearly in sessions, is able to use and interpret client background data, and evaluates and conceptualizes client’s problem(s) well. Site supervisors’ satisfaction ratings were above average (4.4) for the following areas of student knowledge: fundamental counseling principles and skills, the rehabilitation process and system, funding of programs and systems, medical aspects of rehabilitation, psychosocial aspects of rehabilitation, community resources, strategies for independent living, accepted standards of ethical conduct, and federal, state, and local rehabilitation laws. Site supervisors indicated excellent ratings (4.7) on students’ personal qualities, including: emotional stability, acts in a mature manner, learns quickly, demonstrates flexibility, imagination, resourcefulness, problem-solving ability, reliable and dependable, qualities of leadership, enthusiasm in work, appropriate personal appearance, recognizes own strengths and weakness.

### ***Employer Surveys***

An electronic survey was designed and e-mailed to the known employers of our alumni from the years 2011 through 2015. Responses were received from five agency administrators who currently supervise one or more of our alumni. The small sample size is regrettable but also comparable to the low response rates from employers in most social science surveys and from any target group that does not have a personal connection with the organization or individual requesting the time and effort required to provide the data.

Despite this, the employers of program graduates who did complete the survey were most positive in their evaluations.

All five respondents reported on average that the graduates were either highly to very highly prepared on these items: The history and philosophy of rehabilitation; The legislation affecting individuals with disabilities; Terminology and concepts of medical and vocational rehabilitation; The organizational structure and services of the public vocational rehabilitation; The organizational structure and services for not-for-profit service delivery system; The ethical standards and decision making for rehabilitation counselors; Society issues, trends, and developments as they related to



rehabilitation; Group counseling theories and practices; Family counseling theories and practices; Individual counseling theories and practices; Behavior and personality theory; Human growth and development; Gender and multicultural counseling issues; Attitudinal and environmental barriers for individuals with disabilities; The case management process, including case finding, service coordination, referral and utilization of other disciplines, and client advocacy; Planning for vocational rehabilitation services with clients; Financial resources and community services for rehabilitation planning; Computer applications and technology in rehabilitation counseling; Theories of career development and work adjustment; Vocational implications of various disabling conditions; The psycho-social and cultural impact of disabilities on the individual and family; Administration and interpretation techniques for assessing clients' needs and resources; Client job seeking and job retention skills development; The workplace culture and environment; Techniques for working effectively across disciplines.

Additionally, average ratings from the five respondents rated the graduates of our program as moderately prepared on the following items: The organizational structure and services of private for-profit rehabilitation; Planning for the provisions of independent living services with clients; Occupational and labor market information; Medical implications and resources for various disabling conditions; Procedures for assessing the effectiveness of rehabilitation services and outcomes; Job analysis, modification, and accommodation techniques; Strategies for job placement, supported employment and employer development; Employer practices and services for hiring and retention of individuals with disabilities; Workers' compensation practices, expert testimony, and life care planning; Employer-based disability prevention and management strategies; Substance abuse and treatment; Social security benefits and techniques for evaluating earnings capacity and loss; Rehabilitation techniques for individuals with psychological disabilities; School to work transition for students with disabilities; Transferable skills analysis; Marketing techniques for rehabilitation services.

Finally, no items on the survey had average ratings suggesting none or minimal preparation. It should be noted that despite these positive ratings, we are still exploring additional mechanisms and modalities for obtaining useful feedback from employers of our graduates that we can consider and incorporate for program validation and enhancement.

### **Student Course Evaluations**

In accordance with the policy of the Louisiana State University Health Sciences Center (LSUHSC), students are asked to complete course evaluation forms at the end of each semester, rating the quality of the course and the instructor on a 4-point rating scale. Student course evaluations (n=128) for AY 2014-2015 were reported on two separated measures: courses and evaluated faculty. Course ratings indicated assignments added to student's mastery of the course content (3.50), course materials were well prepared and clear (3.55), evaluation methods were fair/appropriate (3.52), and the workload of the course was appropriate to the number of credit hours (3.58). Faculty rating indicated the instructor communicated effectively and presented materials in class (3.75), the instructor encouraged or was receptive to student participation (3.63), the instructor was available to individual students during stated office hours and/or by e-mail (3.76), the instructor was enthusiastic about teaching (3.70), and the instructor was well-prepared for class (3.58).

### **Recommendations for Program Improvement 2013-2014 Academic Year**

For purpose of continuous improvement and program development, the following areas have been identified as needing faculty attention:

-Recommendation #1: Revise tools and procedures for assessment of student learning and performance outcomes for core curriculum and program area standards.

Recommendation #2: Develop useful questions for program applicants to respond to in their personal statement.

Recommendation #3: Develop identified meaningful questions for program applicants to respond to in their personal interviews.

Recommendation #4: Develop an on-line module for each site supervisor's training and ability to review and take a follow up post-test.

Recommendation #5: Develop survey for site supervisors online that will enable them to enter evaluative feedback.

### **Follow-up from 2013-2014 Program Improvements**

Recommendation #1: The Department created a document for students to plan and track their progress through the program. Students are required to progressively complete and possibly revise this document, their Individualized Curriculum Plan (ICP) of study. Each semester, students make additions to their ICP and meet with their faculty advisor to review their performance in courses and the program including success and satisfaction.

Recommendation #2: Questions were developed to guide applicants' creation of their personal statement as part of the admissions process. These include:

- (a) Explain how you came to know about—and then choose to pursue—the profession of counseling and its specializations of clinical rehabilitation counseling and clinical mental health counseling;
- (b) your choice of our Department, its resources, and its expectations as a good fit for you for a professional graduate degree program;
- and (c) how you believe your personal qualities and experiences will enable you to succeed in and contribute to the dynamic learning community of our Department as a student and to our profession after your graduation.

Recommendation #3: Questions were developed.

Recommendation #4: The site supervisor on-line module was created. Supervisors completed the modules and submitted their completion documentation.

Recommendation #5: A survey was created on-line in spring 2016 that site supervisors will begin completing in the fall 2016 semester for Practicum and Internship Students.

### **Recommendations for Program Improvement for 2014-2015 Academic Year:**

Recommendation #1: An outcome matrix needs to be created for students to complete each semester at their advising sessions.

Recommendation #2: A database housing alumni update forms needs to be created to follow students post-graduation.

Recommendation #3: Courses need to be reviewed and revised as necessary to promote better student learning in the areas assessed on the Exit Survey that fell below the mid-point range.

Recommendation #4: The exit survey needs to be developed on-line as an assessment tool to manage data in a better manner to assess benchmarks and outcomes.