



Speech
Pathology
Australia



Assessment of competency to practise as a speech pathologist in Australia

Overseas qualification
competency assessment
(OSQCA)

Guide for applicants

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*Assessment of competency to practice as a speech pathologist in Australia:
Overseas qualifications competency assessment. Guide for applicants.*

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About this guide

The guide explains:

The role of Speech Pathology Australia in the assessment of your application to practise as a speech pathologist in Australia, and:

- the two types of applications for the overseas trained speech pathologist;
- the importance of a high level of competence in professional use of the English language;
- how your application should be presented and what information it must contain;
- the costs of making an application; and,
- how your application will be assessed.

This Guide is designed to be used with the following documents, which are all available on the Speech Pathology Australia website. They are essential reading for the preparation of your application.

Competency Based Occupational Standards for Speech Pathologists – Entry Level (2011, revised 2017)

The Overseas Qualifications Competency Assessment Application Form

The Speech Pathology Australia Dysphagia Clinical Guidelines

Speech Pathology Code of Ethics

McAllister, S., Lincoln, M., Ferguson, A. & McAllister, L. (2013) (2nd ed)
COMPASS®: Competency assessment in speech pathology assessment resource
manual: excerpt professional competencies. Melbourne: Speech Pathology Australia

1. The role of Speech Pathology Australia

Speech pathologists in Australia are university educated allied health professionals with expertise in the assessment and treatment of communication and swallowing difficulties.

Speech Pathology Australia is the national peak body for the speech pathology profession in Australia. Speech Pathology Australia:

- sets the professional standards for the practice of speech pathology in Australia;
- accredits the university courses which educate speech pathologists in Australia;
- is the assessing authority for speech pathologists applying for skilled migration to Australia;
- assesses applications from any person with an overseas qualification who wishes to practise as a speech pathologist in Australia.

The minimum skills, knowledge and attitudes required for entry-level practice of speech pathology in Australia are set out in the Competency-Based Occupational Standards for Speech Pathologists: Entry-Level (2011, revised 2017). This document is also referred to as the CBOS. These standards are applied against the purposes listed above.

Speech pathologists who are assessed as meeting the professional standards of Speech Pathology Australia will be eligible for Certified Practising Membership of Speech Pathology Australia.

1.1 Certified Practising Membership

Most employers in Australia will require you to be eligible for Certified Practising Membership of Speech Pathology Australia. However, achieving eligibility for Certified Practising membership does not automatically entitle you to employment and is not a job offer.

Eligibility for Certified Practising Membership does not ensure that your application to migrate to Australia will be successful. Approval for migration is the responsibility of the Australian Government Department of Home Affairs.

If your application for Speech Pathology Australia membership is approved, you will remain eligible for certified practising membership for two (2) years from the date of approval. During that time, you can use the assessment for the purposes of migration or to join Speech Pathology Australia. You must also commence practice in Australia as a speech pathologist. Your eligibility for Certified Practising membership will expire at the end of the two-year period unless you are able to provide additional evidence to show that you should remain eligible to practice.

2.Types of application

There are two types of application. Ensure you select the most appropriate option.

1. Application under the Mutual Recognition Agreement (MRA)

Make this application if you are a current member of:

- The American Speech-Language-Hearing Association, (ASHA), USA
- Speech-Language & Audiology Canada, (SAC), Canada
- The Irish Association of Speech and Language Therapists (IASLT), Ireland
- The New Zealand Speech-Language Therapists' Association, (NZSTA), New Zealand
- The Royal College of Speech and Language Therapists, (RCSLT), United Kingdom
- You must be a Full Member of IASLT and NZSTA to apply via the MRA.

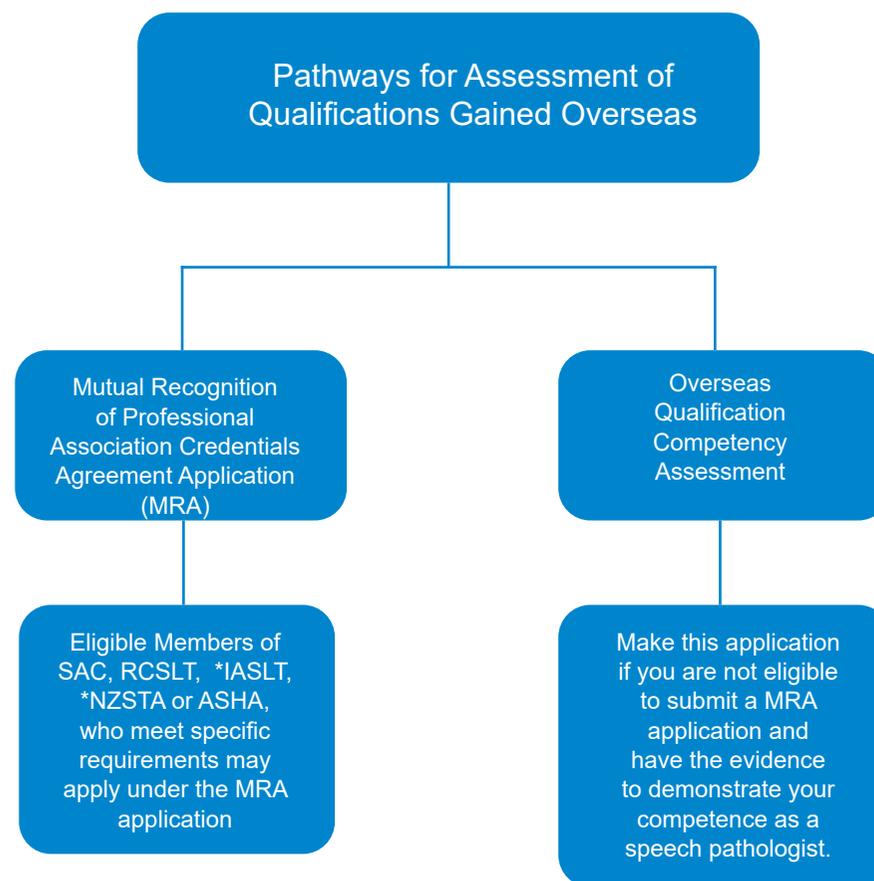
Detailed information is provided in the 'Guide for Applications under the Mutual Recognition Agreement (MRA)'

2. Application for Overseas Qualification Competency Assessment (OSQCA)

Make this application if you are not eligible to apply under the MRA and if you have evidence to demonstrate your competence to practice as a speech pathologist in Australia. You should also be confident that you are applying to the correct profession.

The Overseas Qualification Competency Assessment process assumes you have experience working as a speech pathologist. Individuals must demonstrate that they have worked for a minimum of 1000 hours or approximately 12 months to be eligible to apply. Evidence from student work will not be accepted on its own.

It is strongly recommended that you submit your application from your home country as it is easier to obtain further evidence to support your application if requested.



*You must be a Full Member of your home MRA association to submit an application under the MRA.

3. Overseas Qualification Competency Assessment

You should apply for Overseas Qualification Competency Assessment if:

- your qualifications are comparable to those of speech pathologists trained in Australia;
- you have the ability to use English effectively in the Australian speech pathology context;
- you have practised as a speech pathologist for at least 1000 hours in the last five years, if you graduated more than five years ago; or you have a minimum of 12 months practice experience if you graduated less than five years ago.
- you can provide a portfolio of evidence which demonstrates your skills and knowledge are at least equivalent to the standards described in the CBOS (2011, revised 2017).

All these conditions must be met for you to be assessed for Certified Practising Membership of the Association.

3.1 Your qualifications

Your speech pathology qualifications must be comparable to those of speech pathologists trained in Australia. This comparison is made using the Australian Qualifications Framework (AQF). The minimum qualification accepted in Australia is a Bachelor's degree, which is classified as AQF 7.

Your qualification(s) must;

- be specific to speech pathology practice;
- include components of supervised clinical experiences;
- be comparable with the Australian Qualification Framework definition of AQF 7.

Compare your qualifications with the AQF definitions prior to submitting your application to confirm that they are at least equivalent to the Australian minimum.

3.2 English language competence

Many languages other than English are used in Australia. Speech Pathology Australia is keen to increase the number of languages in which competent clinical practice is available, but this does not replace or remove the requirement for competent professional use of English. Speech pathologists in Australia need to work with English as the vehicle of communication and as the focus of assessment and treatment.

Applicants are exempt from providing evidence of the Occupational English Test (OET) if they hold an entry level speech pathology qualification conducted in English, from a university in the

United Kingdom, Canada, New Zealand, United States of America, or the Republic of Ireland.

If any aspect of your application raises concerns about your English language competence, you will be asked for additional information about your competence in English or directed to complete the OET, even if you indicated that your dominant language is English.

All other applicants will need to provide evidence of successfully completing the OET.

Your English language skills must remain current during the application period (which can take up to two years if your portfolio is not acceptable). You may be asked to provide evidence of the maintenance of your English language competence.

3.2.1 Occupational English test requirements (OET)

The OET provides a global evaluation of the applicant's ability to use English in professionally relevant reading, writing, listening and speaking tasks. It also considers features such as naturalness and general effectiveness.

Speech Pathology Australia requires a "superior" English level, with at least three subtest results in the Band 450 – 500 and 1 subtest result in the Band 350 – 440 (listening or reading sub-tests only) or with OET results achieved prior to September 2018 at least three As and one B (listening or reading sub-tests only).

- You must achieve the OET requirements before submitting your application.
- OET results must be available through the OET website on the date of your application. The results must be no more than 6 months old at the date of submission.
- You may have no more than two attempts at the OET in six months. You must be tested on all four components in each sitting.
- Your application will not be accepted if you have NOT achieved the required OET results.

You will be responsible for meeting the cost of sitting the OET.

Further information regarding the OET: <http://www.occupationalenglishtest.org/>

3.2.2 English language competence for skilled migration

The requirements for Skilled Migration visas are DIFFERENT to the requirements for Certified Practising Membership of Speech Pathology Australia. The Department of Home Affairs requires demonstration of 'competent' English. A higher level of English language competence is required for the practice of speech pathology in Australia.

Applicants who hold a valid passport from, and are citizens of, one of the countries listed below automatically satisfy the English language requirements for skilled migration and will not be required to complete the OET unless there are aspects of your application raising concerns about English language competence.

- United Kingdom (UK)
- Canada
- New Zealand
- United States of America (USA)
- Republic of Ireland.

For further information concerning skilled migration refer to the Department of Home Affairs.

3.3 Definition of speech pathology practice

3.3.1 Minimum levels of practice and recency of practice

The evidence of your competence must be primarily derived from your speech pathology practice. We require all applicants to have worked as a speech pathologist (or equivalent). Applicants with less than 1000 hours or 12 months experience are not eligible to apply. Evidence derived from student work will not be accepted on its own.

If you have worked for more than five years, you must provide evidence that you have practised for at least 1000 hours in the last five years. From the time of submission, applicants are provided with a two year time frame to meet requirements. This is acknowledgment that it may take some time for applicants to undertake the required research to prepare evidence that meets competency standards to practice in the Australian context. You must be able to ensure that you meet recency of practice requirements at the time of submission and at completion of your application. For recency of practice purposes, speech pathology practice is defined as engagement in activities of speech pathology as a practitioner, administrator, manager, educator, researcher or any combination of these. Practising speech pathologists generally receive remuneration. Practice within Australia or overseas in formal volunteer programs may also be recognised. Some examples of speech pathology practice is provided below.

- Direct client related activities including work with the client and/or the client's significant others (e.g., parent, spouse, carer, medical practitioner, teacher).
- Non-direct contact activities which support service to the client, such as report writing and session preparation, and the maintenance of the practice. These should not be in excess of 50% of hours counted. Travel time which is directly related to client contact or practice maintenance (e.g. a home visit or school visit, collection of work material for the client) is countable. Travel to and from your place of work is not countable.
- Attendance at professional development related to speech pathology practice including attendance at workshops or conferences, independent study, mentoring, formal study. Travel for professional development is not countable.
- Administration / Management which involves significant clinical supervision of speech pathologists and the management of speech pathology service delivery, and/or where the position is significantly in and/or related to speech pathology.

- Education and research in discipline-specific or inter-professional teaching and research settings where the position is significantly in and/or related to speech pathology.

3.3.2 Acceptable evidence of hours of speech pathology practice

- If you are an employee, an outline of the 'practising' hours, along with a position description showing hours of employment, letter from employer, statutory declaration or similar documentation;
- If you are not an employee (for example if you work in private practice), a statutory declaration outlining the "practising" hours and attesting to meeting them supported by other documentation i.e. information from an accountant;
- If you are engaged in a recognised voluntary capacity, a statutory declaration outlining the nature of the position, the 'practising' hours and attesting to meeting them.

(A statutory declaration is a written legal statement which you sign and declare to be true before an authorised witness in your country)

3.4 The evidence in your portfolio

Select evidence for your portfolio which will show that the skills and knowledge you have achieved through your professional education, your continuing professional development and your experience are equivalent to the Australian CBOS (2011, revised 2017). A comprehensive understanding of the CBOS document is essential for the preparation of your portfolio.

3.4.1 CBOS overview

SPA prescribes the Competency Based Occupational Standards for Speech Pathologists – Entry level (CBOS 2011, revised 2017) as the minimum standards of competency required for practice of speech pathology in Australia.

CBOS specifies the competencies needed to work in the areas of speech, language, voice, fluency, swallowing and multi modal communication with both adults and children, and with both developmental and acquired disorders. CBOS also specifies the general principles of practice that guide work practices and decision-making by speech pathologists.

In summary, the CBOS has a number of key components, namely:

The professional framework

International Classification of Functioning, Disability and Health (ICF) and Generic Professional Competencies of reasoning, communication, lifelong learning and professionalism.

The range of practice areas

The six (6) core areas of practice:

- language
- speech
- swallowing
- voice
- fluency
- multimodal communication.

The range of practice principles

The five (5) core principles of speech pathology practice of which three are required at entry level

Principle 1: In all work contexts and decision making, the speech pathologist must consider the recommended evidence base for the speech practice.

Principle 2: Speech pathologists at entry level are required to demonstrate developing capabilities in delivering culturally secure and responsive services for Aboriginal and Torres Strait islander individuals, families and communities.

Principle 5: Interprofessional practice is a critical component of competence for an entry level speech pathologist.

Note Principle 2: Aboriginal and Torres Strait Islander capabilities, relate to knowledge, awareness and self-reflection. You may choose to:

- Write a reflection referring to indigenous issues in your country of origin then compare these issues to the Australian context
- Complete online Australian cultural awareness training and reflect on this training

Reflect on written material provided by the Indigenous Allied Health Australia (IAHA) website.

The Competency Based Occupational Standards

Occupational Competencies Units 1-7

3.4.2 Portfolio inclusions

You specifically need to address the following in your portfolio of evidence to demonstrate your competency:

- the Professional Framework: ICF and Generic Professional Competencies;

- the Range of Practice areas;
- the Range of Practice Principles 1, 2, 5;
- CBOS 1-7. CBOS 1-4 for adult and child to be covered for language, speech, swallowing, voice and fluency. CBOS 1-4 for multimodal communication may be for adult OR child practice.
- Rationale for claims of competence - ensure you explain why this item of evidence demonstrates your competence in the areas indicated

For detailed information on the Generic Professional Competencies please refer to:

McAllister, S., Lincoln, M., Ferguson, A. & McAllister, L. (2013) (2nd ed) COMPASS@: Competency assessment in speech pathology assessment resource manual: Excerpt professional competencies. Melbourne: Speech Pathology Australia

Each item of evidence may be cross-referenced and used to document more than one area of the CBOS. For example:

- A session plan could provide evidence for Planning evidence-based intervention (CBOS Unit 3), for the interpretation of the assessment (CBOS Unit 2) and for evidence-based practice (Range of Practice Principle).
- A full case study might provide evidence for CBOS Units 1, 2, 3 and 4 in a specific Range of Practice and for inter-professional practice.
- Applicants are encouraged to consider transferability of skills and knowledge of speech pathology competencies across contexts and populations in the development of evidence. For example, an item of evidence may have a focus on paediatrics in a particular Range of Practice Area. You may wish to discuss how you would transfer this knowledge to working with adults. Discuss your clinical practice with respect to the current evidence-based literature.

3.4.3 Direct and indirect evidence

Your portfolio is likely to include both direct and indirect evidence.

Direct evidence demonstrates your competence in direct interaction with clients. This is the strongest evidence of your competence. Your application will not succeed without direct evidence of your independent practice.

Examples of direct evidence are:

- Video recording of assessment or treatment sessions accompanied by relevant documentation such as assessment results, session plan, outcome measures, discharge summary (see appendices 9.1 Examples of Evidence). Note: at least one video recording MUST be submitted.

- A case study including case history with follow-up assessment results, diagnostic report, treatment plans, and therapy resources, outcome measures.
- Assessment and treatment plans require goals to be explicitly stated. Goals need to be specific, measurable, attainable, relevant and time bound.

Indirect evidence can be used to demonstrate your knowledge and skills in the Range of Practice Areas in which you do not have direct evidence.

Examples of indirect evidence are:

- evidence of learning and consideration of application of new knowledge following participation in formal, accredited courses, reading of recent publications or completion of training programs;
- work with simulated patients;
- a performance review by your current manager; and
- recent publications or conference presentations.

When referring to current evidence-based literature cite references using the APA (American Psychological Association) style guide.

3.4.4 Quality and quantity of evidence

The quality of your evidence is critical. Quality is more important than quantity. Quality evidence demonstrates integration of skills and knowledge rather than discrete skills.

Consider what each item of evidence reveals to the Professional Recognition Panel and what they will conclude about your competence.

You MUST include a rationale for why you have selected the chosen evidence. Evidence items without a rationale will not be assessed.

Examples of acceptable evidence:

- Acceptable evidence for a Range of Practice Area would include a thorough assessment, analysis and interpretation of the data, accompanied by planning and implementation of the intervention for the same client. Evidence such as this, would cover CBOS Units 1 to 4 and would refer to the ICF and Range of Practice Principle 1, Evidenced Based Practice.
- All items of evidence explain how each item demonstrates your competence. It is likely that you will need supplementary information to support your decisions and conclusions, such as a copy of raw assessment scores to confirm your interpretation of assessment results and your diagnosis, your rationale for an assessment or intervention technique based on evidence-based practice, a reflection on your learnings following attendance at a seminar or conference.

- A video recording of some aspect of your assessment or intervention which is accompanied by a referenced report or therapy plan indicating your reasons for choosing the specific assessment battery or intervention technique.
- If you undertake a continuing professional development activity, prepare a reflection indicating what you learned. Certificates of Attendance or notes from a professional development activity alone do NOT demonstrate your competence.

Examples of poor quality evidence:

- A copy of your thesis without explanation as to how it demonstrates your competence in relation to the CBOS.
- Copies of assessment data with no interpretation or conclusions without provision of raw data.
- Notes compiled at a professional development activity without reflection on learning.
- Assessment reports or therapy plans with no justification or rationale for your decision making and without reference to the current literature.

3.4.5 Dysphagia competency

In the Australian context, speech pathologists who have entry level skills and knowledge can work independently with non-complex dysphagia clients of any age. Entry level competence in dysphagia is comprehensively outlined in the current Speech Pathology Australia Dysphagia Clinical Guideline. This guideline is available on the website.

Full competence in areas of complex clinical practice is not expected.

Be aware of requirements in Australia to detail oro-motor assessment, including cranial nerve assessment, intervention, rehabilitation and modified diet terminology.

Evidence that you have entry level skills and knowledge in dysphagia is likely to come from a combination of two or more of the following:

- Details of coursework and clinical experiences during your speech pathology education.
- Details of subsequent professional development in dysphagia which meets entry level requirements.
- Confirmation from a work supervisor that you have demonstrated entry level competencies in the workplace.

Please note professional development certificates must be supported with a reflection on learning and application to clinical practice.

If you do not have such evidence, you will need to undertake additional study in dysphagia. It is recommended that you do this before you arrive in Australia.

If you require comprehensive study in dysphagia, completion of a formal tertiary course is likely

to be necessary.

You may decide to use a course available in your home country. Provide the course details on the application form and you will be advised whether it meets entry level requirements.

If you require some revision and expansion of your current skills and knowledge in dysphagia, it may be possible to meet the requirements through reading of textbooks and journal articles, through professional development activities or through shadowing at a clinic with competent dysphagia practitioners. Provide your Learning Plan/Evidence of Learning with your application and you will be advised whether it meets entry level requirements.

Dysphagia study which satisfies entry level requirements:

- Dysphagia SPCHSCI 701: The University of Auckland offers an e-learning course on dysphagia that meets SPA requirements for entry level practice of dysphagia. This one-semester course is designed as a professional entry-level qualification covering all aspects of swallowing and feeding rather than a professional development course for dysphagia-trained therapists. Successful completion of this resource is sufficient on its own.

3.4.6 Confidentiality

To ensure the quality of your evidence, you should include the client's age and all assessment and diagnostic details. You should remove any details that could identify your client, such as the name, address and phone number. Replace the client's name with initials or a pseudonym.

Any recordings you present will be viewed only by the members of the Professional Recognition Panel. While it is not necessary to use false names during the recorded session, no recorded material should be included which would identify the client.

The client should sign a form consenting to participation in the video/audio recording and the subsequent use of the recording in your application. All breaches of client confidentiality will be treated seriously and may result in the cancellation of your application.

3.4.7 Australian context

Your evidence should demonstrate use of terminology and evidence-based practice. You must provide sufficient reasoning and reference to the literature to demonstrate your decision making. You should utilise or reference resources relevant to the Australian context wherever possible.

3.4.8 Authenticity of your evidence

The evidence of your competence must be the result of your own independent work. You will sign a declaration to this effect on the Application form. All the documentation and evidence that you provide will be checked for fraudulent representation. Any evidence of this will result in refusal to process the documents and your application will not proceed.

4. How to present your portfolio of evidence

You should present your portfolio of evidence in a clear, sequential manner.

Your portfolio will consist of written documents and video and /or audio recordings saved on a USB compatible with Microsoft Office.

You are required to submit:

Application & Certified Documents

- ◇ one hard copy of each document

Portfolio of evidence

- ◇ one electronic copy via USB compatible with Microsoft Office containing written evidence plus video/audio recordings

Ensure each piece of evidence is numbered and the Application Forms in Appendix 9.3 are completed:

- ◇ 9.3.1 List of Evidence Items
- ◇ 9.3.2 Summary Table of all Portfolio Items - This table relates all of your items of evidence to the CBOS 2011, revised 2017. Completing the table enables you to check that you have provided evidence of competence in all CBOS Units and for all Range of Practice Areas.
- ◇ 9.3.3 Cover Sheet for each Item of Evidence

Ensure you include:

- ◇ Rationale for Claims of Competency for each evidence item.
- ◇ provide adult speech & language evidence with an acquired focus rather than a developmental disorder/impairment focus.
- ◇ Provide child speech evidence with a phonological impairment demonstrating understanding of planning assessment, interpretation of findings, and implementation of intervention.
- ◇ Provide goal setting for all assessment and treatment reports.
- ◇ Assessment and treatment decisions demonstrate application of evidence-based principles and clinical reasoning.
- ◇ Utilise the SPA Dysphagia Clinical Guidelines.
- ◇ Cite references using the APA style guide.

5. How your portfolio will be assessed

Your portfolio will be assessed by the Professional Recognition Panel.

Your evidence items in the portfolio will be evaluated based on two dimensions:

- a) Relevance to CBOS and
- b) The accuracy and appropriateness of each rationale.

You must submit a rationale on how each evidence item demonstrates your competence as it is described in the CBOS. This may require additional information to support your decisions and conclusions, such as assessment data to confirm that your analysis and interpretation is appropriate, your rationale for assessment or intervention techniques, or a reflection on your learnings from a professional development activity.

Failure to provide this information will result in rejection of the evidence item.

6. How your application will be processed

We will notify you of receipt of your application at Speech Pathology Australia's National Office within one week of its receipt.

The Professional Recognition Panel will examine your application for evidence of competence in clinical practice and for competence in professional use of English.

The Panel may contact you to clarify specific points or to request supplementary evidence. It is therefore important that you provide current, accurate contact details. An email address which you check regularly will allow us to communicate directly with you.

All the documentation and evidence in your portfolio will be checked for fraudulent representation. Any evidence of this will result in refusal to process the documents and your application will not proceed further.

The Panel will provide written feedback on your first and any subsequent submissions of evidence within 10 weeks of receiving evidence of competency. If your application is not successful, your feedback will list the area(s) that did and did not meet requirements.

You may submit additional evidence on two further occasions following feedback from the Panel.

The time required for assessment of your application depends on the thoroughness of your evidence and how quickly you respond to questions or clarify ambiguities.

The processing of your assessment and submissions of additional evidence must be concluded

within two years of your original application.

We allow this time-frame to enable you to gather additional evidence and/or undertake further training, testing or professional development in order to meet requirements.

7. Appeals process for unsuccessful applications

Speech Pathology Australia will only consider an appeal of the outcome of unsuccessful applications under the following circumstances.

- The assessment procedures and processes as approved by Speech Pathology Australia have not been implemented or adhered to in the established manner or format.
- There is proven prejudice or bias exhibited by the Professional Recognition Panel or an individual Professional Recognition Assessor in the undertaking of the assessment.
- Significant new information or documentation becomes available after the assessment process which would add to or change the applicant's claims and capacities to demonstrate competence in the practice of the profession.

The appeal process is not to be used by applicants as an alternative to the established assessment process. A review cannot reverse or change the decision of the Professional Recognition Panel, nor will it exempt an applicant from any component of the assessment process. The review can only request that the assessment process be repeated or that it does not proceed.

An appeal will NOT be considered on the basis of:

- disputing or questioning the standards set;
- disputing or questioning the assessment process as established by Speech Pathology Australia; and/or
- contesting the nature and extent of the information and advice provided to the applicant.

The three examples provided above for the rejection of an appeal are a non-exhaustive list of circumstances where the threshold requirement for an appeal is not met.

7.1 Timeline and sequence of the appeal process

An appeal against Speech Pathology Australia's decision must be made within 28 days of the date of receiving the letter stating that your assessment was unsuccessful.

You must lodge your appeal in writing and directed to the Chief Executive Officer of Speech Pathology Australia. The reason for the appeal must be clearly stated.

The Appeal Application Fee is 25% of the initial application fee and must be paid at the time of submitting the written appeal. Please contact membership@speechpathologyaustralia.org.au

to arrange payment. The Appeal Application Fee is only refundable if the appeal is upheld.

Speech Pathology Australia will forward confirmation that the appeal has been received within ten days of receipt of the appeal information.

The Appeal Committee may take up to three months to provide a decision.

7.2 The appeal committee

The Appeal Committee consists of three voting members of the Association and will include a Board member and two senior members of the profession.

The Appeal Committee has access to the Manager of Professional Standards and a Professional Recognition Assessor who was not involved in the original assessment for advice on technical process and content issues only.

The Appeal Committee meets in person or by teleconference, as required.

The Appeal Committee may permit you to appear personally to present your case. Any costs incurred will be at your own expense.

No legal representation before the Appeal Committee will be permitted.

If your review is upheld and you are permitted a re-assessment, you must comply with the conditions, directions and time periods imposed by the Appeal Committee.

7.3 The outcome of the appeal

The appeal process has the capacity to review the circumstances of your application. The appeal outcome may:

- set aside the assessment outcome and direct that a new assessment process is undertaken on the disputed aspect of the assessment without any further cost to you; or,
- direct a new Professional Recognition Panel to review the case in light of the information available and confirm the result without any further cost to you; or,
- reject the review on the grounds that the circumstances for the appeal have not been clearly established.

8. References

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9. Appendices

9.1 Examples of evidence for your portfolio

The following table gives examples of possible types of evidence you could use in your portfolio. Your evidence need not be restricted to this list.

You must provide:

- at least one video recording of yourself working as a speech pathologist (for example, with a client, parent, spouse, colleague, or, if necessary, a role play of such a situation); and,
- at least one item of formal professional writing (such as an assessment or treatment report or a referral letter).

UNIT 1

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.
<p>Unit 1</p> <p>Assessment (both adults and children across the range of practice areas: speech, language, swallowing, voice, multi-modal communication and fluency)</p>	<p>Direct evidence</p> <ul style="list-style-type: none"> • A completed assessment report giving your rationale for assessment, describing the materials and methods used, the results, implications and your recommendations. (Note: this piece of evidence may also be used for demonstrating your competence in Unit 2, Unit 3 and some of Unit 4.) • Video recording of an assessment and feedback session with a client and/or significant others. (Note again, depending on the content of the discussion there may be evidence useful for Unit 2 and/or Unit 3.) A reflective self-evaluation of this assessment session would also count as direct evidence of your competence in Unit 1 and Unit 7. • Case specific work materials from your workplace or final year of studies. <p>Indirect evidence</p> <ul style="list-style-type: none"> • A performance review report from a senior or supervising speech pathologist about your competency in assessment in one or more of the Range of Practice Areas, your independence in this area and the complexity of cases managed. • A reflective self-evaluation about your general assessment skills or what you have learned about a specific assessment from a seminar.

For example, your evidence for Unit 1 may include:

Item No.1 An assessment report for an adult with acquired language problems.

Item No.2 A dysphagia assessment report in a longitudinal case study.

Item No.3 A video recording of an assessment session with a teenage child who stutters.

Item No.4 A reflection following a workshop on assessment of paediatric dyspraxia (which you have undertaken because you are aware of your lack of experience and/or opportunity to work with a paediatric caseload).

Item No.5 A clinical assessment report from a supervisor or from your final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.

Item No.6 A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.

Item No.7 A copy of your log of professional development activities including your plan and rationale.

UNIT 2

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.
<p>Unit 2</p> <p>Analysis and Interpretation (both adults and children across the Range of Practice Areas: Speech, Language, Swallowing, Voice, Multi-modal communication and Fluency)</p>	<p>Direct evidence</p> <ul style="list-style-type: none"> Copies of entries in client notes or files showing how you evaluated the information available and arrived at a diagnosis and/or prognosis. This may also be significant for assessment of your competence in Unit 1. Video or audio-recordings discussions with your client and/or the significant other about the diagnosis and/or prognosis. Information on planning that is included in the discussion will also add evidence to your competence in Unit 3. A copy of assessment results accompanied by your analysis and conclusions about possible diagnosis and prognosis. <p>Indirect evidence</p> <p>A reflective self-assessment on your learning from a professional development workshop or seminar on diagnosis and/or prognosis in one or more of the Range of Practice Areas. This may also have value for demonstrating your competence in Unit 1, Unit 3 and Unit 7.</p>

Your evidence for Unit 2 may include, for example:

Item No.1 The analysis and interpretation of the assessment included in your assessment report for an adult with acquired language problems.

Item No.2 The analysis and interpretation included in your dysphagia case study.

Item No.3 The recording of the session with the teenage child who stutters that includes a discussion with the child and parent about your diagnosis and the prognosis.

Item No.4 A copy of your workshop analysis and interpretation of a child speech assessment from the workshop undertaken on paediatric dyspraxia.

Item No.5 A clinical assessment report from a supervisor or from your recent final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.

Item No.6 A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.

Item No.7 A copy of your log of professional development activities including your plans and rationale.

Item No.8 A reflective self-assessment on your competence in analysing and interpreting paediatric developmental language disorders.

Item No.9 A reflective self-assessment on your competence in analysing and interpreting voice disorders which outlines your experience.

UNIT 3

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.
<p>Unit 2</p> <p>Planning evidence-based speech pathology practice (both adults and children across the Range of Practice Areas: speech, language, swallowing, voice, multi-modal communication and fluency)</p>	<p>Direct evidence</p> <ul style="list-style-type: none"> • Video/audio-recordings of discussions with clients and/or significant others about proposed management plans. This may also be used for evidence for Unit 1, 2, 4 and 6. • Copies of management plans, home programs, therapy plans, file notes. Again these may also be valuable evidence for Units 1, 2, 3 and 4. • Examples of referral letters and assessment reports you have written (with copies of test forms, notes etc). Possibly also useful for evidence in Units 1, 2, 4 and 6. <p>Indirect evidence</p> <ul style="list-style-type: none"> • Training, educational or professional development materials that you have produced or contributed to in the area of treatment planning. This would constitute direct evidence for Unit 6 but, depending on the context, indirect evidence for Units 1, 2, 3 or 4.

Your evidence for Unit 3 may include, for example:

Item No.2 A dysphagia assessment report in a longitudinal case study.

Item No.3 Video/audio recording of your discussions with a teenage child who stutters which includes your discussions of the therapy you plan to use and demonstrates your consultation with the client and significant other.

Item No.5 A clinical assessment report from a supervisor or from your (recent) final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.

Item No.6 A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.

Item No.7 A copy of your log of professional development activities including your plan and rationale.

Item No.9 A reflective self-assessment on your competence in analysing and interpreting voice disorders and outlining your experience.

Item No.10 An article co-authored by you on the value of group work in managing a case load within a community health centre including a copy of the therapy plans you have developed for the aphasic group featured in the article.

Item No.11 A copy of your therapy plan for a nine year old child with motor speech, voice and swallowing problems following a head injury.

Item No.12 Being aware that you have a lack of direct evidence on paediatric speech pathology, you submit a reflective self-assessment of your learning from six journal articles you have read on speech pathology therapy programs for children with developmental language disorders and a hypothetical treatment plan that you have developed for one of the children in one of the journal articles.

Item No.13 A copy of your plans for developing an aphasia group therapy program including the rationale and its place in the context of your workplace service delivery model.

UNIT 4

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.
<p>Unit 2</p> <p>Implementation of speech pathology practice (both adults and children across the Range of Practice Areas Speech, Language, Swallowing, Voice, Multi-modal communication and Fluency)</p>	<p>Direct evidence</p> <ul style="list-style-type: none"> • Video/audio-recordings of discussions with clients and/or significant others about proposed management plans. This may also be used for evidence for Unit 1, 2, 4 and 6. • Copies of management plans, home programs, therapy plans, file notes. Again these may also be valuable evidence for Units 1, 2, 3 and 4. • Examples of referral letters and assessment reports you have written (with copies of test forms, notes etc). Possibly also useful for evidence in Units 1, 2, 4 and 6. <p>Indirect evidence</p> <ul style="list-style-type: none"> • Training, educational or professional development materials that you have produced or contributed to in the area of treatment planning. This would constitute direct evidence for Unit 6 but, depending on the context, indirect evidence for Units 1, 2, 3 or 4.

Your evidence for Unit 4 may include, for example:

Item No.2 A copy of the longitudinal dysphagia case study, which includes all therapy activities used, evaluation of the response of the client, the outcome measures used.

Item No.3 Recording of the child who stutters also shows your introduction to therapy including the client's attempts and your feedback.

Item No.5 A clinical assessment report from a supervisor or from your (recent) final year at university, evaluating your clinical competence in assessing and treating clients with voice disorders.

Item No.6 A statement confirming that you passed a paediatric clinic in your final year of university which involved treatment of developmental speech and language and some voice disorders.

Item No.7 A copy of your log of professional development activities including your plan and rationale.

Item No.14 A video recording of a therapy session with a head injured boy (see Item No. 11.) including elements on his speech and voice production and showing your use of outcome measures and discussions of his progress.

Item No.15 A copy of progress notes for an aphasic client.

Item No.22 A reflective review of case and family meeting notes describing the ethical decision-making concerning whether or not to introduce tube feeding for a patient with Motor Neurone Disease. Written reflective review, including ethical decision-making grid.

UNIT 5

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.
Unit 5 Planning, providing and managing speech pathology services	Direct evidence <ul style="list-style-type: none"> • A copy of your workplace caseload statistical entries and your strategies for managing and/or prioritising the case load. • A copy of any documents, reports, plans that you initiated, contributed to and/or managed for the development and delivery of speech pathology services and programs. This may provide indirect evidence for Units 3 and 4. • Examples of resources, services or information packages you have developed, with a critical analysis of the contents and their use. This may also provide evidence for Unit 6. • A copy of any research papers or projects which you have written, developed or participated in with clinical educators, colleagues or staff. This may also provide evidence for Unit 7. Indirect evidence A letter or reference from your employer or supervisor commenting on your participation in a quality management project

Your evidence for Unit 5 may include, for example:

Item No.7 A copy of your log of professional development activities including your plan and rationale.

Item No.10 An article co-authored by you on the value of group work in managing a caseload within a community health centre including a copy of the therapy plans you developed for the aphasic group featured in the article.

Item No.13 A copy of your plans for developing an aphasia group therapy program including the rationale and its place in the context of your workplace service delivery model.

Item No.16 A copy of letters written by you to management about a problem with confidentiality in the transport of client notes between clinics and the result of the discussion you initiated.

Item No.17 A sample of the data entry system for collection of workplace statistics you use at work and an explanation of its uses.

Item No.18 A letter of reference from your employer or clinical supervisor commenting on your participation in a caseload prioritisation study carried out by the department in which you

were working.

Item No.19 A copy of a report and appraisal of your participation in an inter-professional team and your positive response to supervision.

Item No.20 A copy of the community education project you developed in your (recent) final year of university, aimed at educating early-childhood workers on ways to facilitate child language development, including the PowerPoint presentation you gave and the participants' feedback.

UNIT 6

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.
Unit 6 Professional and supervisory practice	<p>Direct evidence</p> <ul style="list-style-type: none"> • A copy of the plans, materials and outcome measures of a community education or health promotion project to which you contributed e.g. school in-service, new mothers' group talk, with a critical evaluation of the project and your role in it. • Video or audio recording of you delivering a talk or giving professional education to colleagues, staff or students. • Copies of papers and or research you have presented at conferences or seminars. <p>Indirect evidence</p> <ul style="list-style-type: none"> • A description of the professional group and community education activities you have undertaken with testimonials from other members of staff. • A letter from senior management or a clinical supervisor outlining your involvement in clinical education of speech pathology students.

Your evidence for Unit 6 may include, for example:

Item No.7 A copy of your log of professional development activities including your plan and rationale.

Item No.20 A copy of the community education project you developed in your (recent) final year of university aimed at educating early-childhood workers on facilitation of child language development including the PowerPoint presentation you gave and the feedback from participants.

Item No.2 An audio recording of an in-service education session you gave to kitchen staff at a nursing home about modification of food textures for management of dysphagia.

UNIT 7

UNIT OF COMPETENCE	FORMS OR TYPES OF EVIDENCE All identifying information regarding the client must be removed from all documents. Consent must be given by the client for any recording and its subsequent use.
Unit 7 Lifelong learning and reflective practice	<ul style="list-style-type: none"> • Copies of papers and research which show critical evaluation of trends in speech pathology, or updating your knowledge and skills. • Your personal and professional development plan over recent years. • Evidence of workshops or conferences you have attended.

Your evidence for Unit 7 may include, for example:

Item No.4 A copy of your workshop analysis and interpretation of a child speech assessment from the workshop undertaken on paediatric dyspraxia.

Item No.7 A copy of your log of professional development activities including your plan and rationale.

Item No. 8 A reflective self-assessment on your competence in analysing and interpreting paediatric developmental language disorders.

Item No.9 A reflective self-assessment on your competence in analysing and interpreting voice disorders and outlining your experience.

Item No.12 Being aware that you lack direct evidence on paediatric speech pathology, you submit a reflective self-assessment of your learning from six journal articles you have read on speech pathology therapy programs for children with developmental language disorders and a hypothetical treatment plan that you have developed for one of the children in one of the journal articles.

Item No.16 A copy of letters written by you to management about a problem with confidentiality in the transport of client notes between clinics and the result of the discussion you initiated.

Item No.18 A letter of reference from your employer or clinical supervisor commenting on your participation in a caseload prioritisation study carried out by the department in which you were working.

Item No.19 A copy of a report and appraisal of your participation in an inter-professional team and your positive response to supervision.

9.2 Examples of completed forms

All evidence items submitted must be collated and recorded on the appropriate forms. The forms are summarised below.

Form	Description
List of Evidence Items	A list of ALL your evidence items indicating the identifying Item Number, Title, Type/Format and location.
Summary Table of Portfolio Items	This will map all evidence Item Numbers to the CBOS 2011, revised 2017 Standards
Cover Sheet for Each Item of Evidence	This is required for EACH piece of evidence. It relates the evidence items to the CBOS 2011, revised 2017 Standards. Rationale for claims of competence - ensure you explain why evidence items demonstrate your competence for each piece of evidence.

Filled examples of these forms are presented in the following section.

9.2.1 EXAMPLE: List of evidence items

Complete and attach list of evidence items

Applicant: Applicant X (name)

Item number (the number you have placed on each item)	Title of item (e.g. Diagnostic report JR)	Type/format (e.g. written document; USB; presentation)	Location (e.g. in blue folder; USB)
1	Assessment. Report, Mrs. B	Written	1st item in Green Folder
2	Case Study, Mr. Q	Written, longitudinal case study	2nd item in Green Folder
3	First session, John H and Mother	Video on USB (2 x copies)	1st item on USB 1 (runs for 20 mins)
4	Reflection – Paediatric dyspraxia	Written reflection on workshop	3rd item in Green Folder
5	Clinical Feedback Form –Voice (Date)	Written evaluation of performance in student placement	4th item in Green Folder
6	Clinical Assessment Form (Date)	Written results of clinical placement	5th item in Green Folder
7	Professional Development	Plan, rationale and evaluation of PD	6th item in Green Folder
8	Reflection – Developmental Language Disorders	Written self evaluation	7th item in Green Folder
9	Reflection – Voice Disorders	Written Self Evaluation	8th item in Green Folder
10	“Language Groups in Community Settings”	Co-authored article with treatment plan	9th item in Green Folder
11	Treatment Plan – Phillip H	Written treatment plan (see also Item 14)	10th item in Green Folder
12	Review and Plan – Developmental Language	Written self-reflection and hypothetical treatment plan	1st item in Blue Folder
13	Language Group, Community Health, Bluetown.	Written plans and rationale for new Language Group	2nd item in Blue Folder
14	Phillip H – Treatment; progress review	Video (2 x copies) of treatment and review session (see also item 11)	2nd item on USB 1 (runs for 35 minutes)
15	Progress notes Mrs. F	Written extract from treatment notes	3rd item in Blue Folder
16	Memo Re: safe transport of patient notes (Date)	Letters to management of CH Centre	4th item in Blue Folder
17	Statistics collection – data entry	Written copies of data entry system and explanation	5th item in Blue Folder
18	Commendation – caseload prioritisation study	Letter from Director of Community Health Centre	6th item in Blue Folder
19	Performance Appraisal (Date)	Copy of written performance appraisal	7th item in Blue Folder
20	“Children’s language – your vital role” (Date)	PowerPoint Slides and Notes; Written summary of participant evaluation	8th item in Blue Folder, plus USB 2
21	“Safe swallowing – your vital role” (Date)	Audio recording of education session	On USB 2
22	Ethical issues: dysphagia in MND	Written reflective review, including ethics decision making grid	9th item in Blue Folder

9.2.2 EXAMPLE: Summary table of all portfolio items

Complete and attach summary table of all portfolio items

- Please list the Item Numbers of each piece of evidence you have supplied in the appropriate cells below.
- All identifying information regarding the client must be removed from documents, and consent given by the client for any recording and its subsequent use.
- It is unlikely that you will have direct evidence in all the cells below. For any major gaps (e.g. a whole Range Indicator, such as adult language) you should provide indirect evidence.

Applicant: Applicant X (name)

		Generic Professional Competencies										
Professional Framework	ICF	Reasoning		Communication		Life-long Learning		Professionalism				
	1,4,6,7,11,	Best evidence: 1,4,6,7,9,3		Best evidence: 1,6,10,13,		Best evidence: 7,19,8,9,12,1,6		Best evidence: 19,7,10,11,13				
Range of Practice Principles		Principle 1: Evidence Based Practice				Principle 2: Aboriginal and Torres Strait Islander				Principle 5: Inter Professional Practice		
		Best evidence: 1,4,6,7,5,9								6, 14, 20, 21,22		
		Speech		Language		Voice		Fluency		Swallowing		Multi-Modal Communication
		Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	
Unit 1: Assessment		4, 6, 7	1, 2	6	1	5,6	5	3?	3?, 7	7	2	4
Unit 2: Analysis and Interpretation		4, 6, 7	1, 2	6, 8	1	5, 6, 9	5, 9	3?	3?	7	2	
Unit 3: Planning evidence-based speech pathology practice		6, 11		6, 12	10, 13	5, 6, 9	5, 9	3?	3?	7, 11	11, 22	
Unit 4: Implementation of speech pathology practice		6	14		15	5, 6	5,14	3?	3?	14	22	20
Unit 5: Planning, providing and managing speech pathology services.		7, 10, 13, 16, 17, 18, 19, 20										
Unit 6: Professional, Group and supervisory practice		7, 20, 21										
Unit 7: Lifelong learning and reflective practice		4, 7, 8, 9, 12, 16, 18, 19										
Effective use of English		Best evidence: 3, 11 & 14, 15, 16, 21										

9.2.3 EXAMPLE: Cover sheet for each item of evidence

Complete and attach cover sheet for each item of evidence in your portfolio

Your name:	Applicant X
Item Number:	2
Title of item(s) of evidence:	Adult with Dysphagia – Longitudinal Case Study
Type or format of evidence:	Written Assessment Report, Treatment Plan and Evaluation
Context of evidence:	I saw this patient in a Rehabilitation Inpatient Unit for 8 weeks
Rationale for evidence	Rationale for claims of competence - ensure you explain why this item of evidence demonstrates your competence in the areas indicated.

Evidence addressed by this item includes (please circle). Justification is provided on the back of this page.

Professional Framework	ICF	Generic Professional Competencies			
		Reasoning	Communication	Life-long Learning	Professionalism
	✓	✓	✓		✓
Range of Practice Principles	Principle 1: Evidence Base			Principle 2: Aboriginal and Torres Strait Islander	
	Principle 5: Interprofessional Practice				

CBOS 2011 Units addressed by this item (please tick):											Multi-Modal
	Speech		Language		Voice		Fluency		Swallowing		
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	
Unit 1: Assessment										✓	
Unit 2: Analysis and Interpretation										✓	
Unit 3: Planning Speech Pathology Intervention										✓	
Unit 4: Speech Pathology Intervention										✓	
Unit 5: Planning, Maintaining and Delivering Speech Pathology Services											
Unit 6: Professional, Group and Community Education											
Unit 7: Professional Development											
ENGLISH COMPETENCE											
Evidence of effective use of English										✓	

9.3.2 Summary table of all portfolio items

- Please list the Item Numbers of each piece of evidence you have supplied in the appropriate cells below.
- All identifying information regarding the client must be removed from documents, and consent given by the client for any recording and its subsequent use.
- It is unlikely that you will have direct evidence in all the cells below. For any major gaps (e.g. a whole Range Indicator, such as adult language) you should provide indirect evidence.

Applicant name: _____

Professional Framework		Generic Professional Competencies										
		ICF		Reasoning		Communication		Life-long Learning		Professionalism		
Range or Practice Principles		Principle 1: Evidence Base				Principle 2: Aboriginal and Torres Strait Islander				Principle 5: Interprofessional Practice		
		Speech		Language		Voice		Fluency		Swallowing		Multi-Modal Communication
		Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	
Unit 1: Assessment												
Unit 2: Analysis and Interpretation												
Unit 3: Planning evidence-based speech pathology practice												
Unit 4: Implementation of speech pathology practice												
Unit 5: Planning, providing and managing speech pathology services.												
Unit 6: Professional, Group and supervisory practice												
Unit 7: Lifelong learning and reflective practice												
Effective use of English												

9.3.3 Cover sheet for each item of evidence

Complete and attach one of these forms to each item of evidence in your portfolio.

Rationale for Claims of Competency:

ensure you explain why this item of evidence demonstrates your competence in the areas indicated.

Your name: _____

Item Number: _____

Title of item(s) of evidence: _____

Type or format of evidence: _____

Context of evidence: _____

Rationale for evidence: ensure you explain why this item of evidence demonstrates your competence in the areas indicated

Evidence addressed by this item includes (please tick)

		Generic Professional Competencies			
Professional Framework	ICF	Reasoning	Communication	Life-long Learning	Professionalism
Range or Practice Principles	Principle 1: Evidence Base			Principle 2: Aboriginal and Torres Strait Islander	
	Principle 5: Interprofessional Practice				

CBOS 2011 Units addressed by this item (please tick):											Multi-Modal
	Speech		Language		Voice		Fluency		Swallowing		
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	
Unit 1: Assessment											
Unit 2: Analysis and Interpretation											
Unit 3: Planning Speech Pathology Intervention											
Unit 4: Speech Pathology Intervention											
Unit 5: Planning, Maintaining and Delivering Speech Pathology Services											
Unit 6: Professional, Group and Community Education											
Unit 7: Professional Development											
ENGLISH COMPETENCE											
Evidence of effective use of English											



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