**CDS 431 Terms and Definitions**

Please write down all terms (in purple on the PowerPoint slides) and their corresponding definitions identified in this course. You must have at least 40 terms/definitions by the end of the course.

| Term # | Term | Definition |
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|  | Referral | The initiation of services. Client can be self-referred or referred by another professional or person for assessment and/or intervention . |
|  | Intake | Gathering information needed to make decisions of if client should be seen and if so what services (assessment/intervention) may be needed. Includes questionnaires, reports from other agencies, phone interviews |
|  | Screening | To determine if in-depth testing is needed. Can a brief screening indicate that further testing is not needed? |
|  | Sensitivity | The ability of the assessment or procedure to correctly identify individuals with a speech or language problem. E.g., a test with 90% sensitivity will identify 90% of individuals who have the problem, but will miss 10% that do have the problem. |
|  | Specificity | The ability to identify individuals without a speech-language problem. False positives are when an individual is identified as having the problem, but actually doesn’t |
|  | IEP | Individual Education Plan for school age students with a disability requiring specially designed instruction. |
|  | IFSP | Individual Family Service Plan – preschool  Oregon: IFSP up to kindergarten  Other states: change to IEP at 3 years of age |
|  | 504 | Accommodations or modifications that are needed by a student with a disability in order to be successful in the regular classroom. No specially designed instruction is needed. |
|  | Differential Diagnosis | the process of differentiating between two or more conditions which share similar signs or symptoms. |
|  | Eligibility | Meets regulations/rules/professional standard for services. In schools, having a speech-language delay or difference doesn’t ensure eligibility. |
|  | Programmatic Assessment | Assessments to design intervention: determine goals, make decisions |
|  | Baseline Performance | How well does client perform on skill prior to treatment |
|  | Informal Measures | Not standardized: samples (speech, language), intelligibility, self-reports for stuttering |
|  | Standardized Measures | Test takers answer the same questions in the same way and are scored in a “standard” or consistent manner |
|  | Criterion-Referenced | Criterion-referenced tests compare a person’s knowledge or skills against a predetermined standard, learning goal, performance level, or other criterion, e.g., rubric |
|  | Norm Referenced | Norm-referenced tests compare individuals’ performance against the performance of their peers. |
|  | Standard Scores | a set of scores that have the same mean and standard deviation so they can be compared. |
|  | Percentile Rank | a score that indicates the rank of the student compared to others (same age or same grade), using a hypothetical group of 100 students. A percentile of 25, for example, indicates that the student's test performance equals or exceeds 25 out of 100 students on the same measure |
|  | Age Equivalency | a comparison of your child's performance compared to age groups whose average scores are in the same range. For example, if your 9-year-old child scores a 42 raw score on a test, and that score is average for 8-year-olds, his age equivalent score would be 8 |
|  | Growth Scale Values | Tracks changes in performance over time. |
|  | Primary | Communication is the only disability or if there are other delays/disorders those are related to the communication disorder (e.g., social development) |
|  | Secondary | Any additional conditions as a result of a primary disabling condition |
|  | Evidence-Based Practices  EPB | EBP is a process for clinical decision-making concerning assessment or treatment of a given condition/client. 3 components: external evidence (systematic review of research), patient and contextual factors, clinician’s knowledge and experience |
|  | PICO Question | A clinical question including: Population/Patient/Problem, Intervention/Indicator, Comparison, Outcome |
|  | Policy | a consistent guide to be followed under a given set of circumstances |
|  | Theory | A theory is based on a hypothesis that is backed by evidence. A group of linked ideas intended to explain something. A theory can be tested or challenged. It is not a guess, but a concept or idea that is testable. |
|  | Peer Review | subjecting the author’s scholarly work and research to the scrutiny of other experts in the same field to check its validity and evaluate its suitability for publication. |
|  | Position Statement | a statement that expresses the organization’s stance on an issue. |
|  | Evidence Maps | An Evidence Map is a searchable online tool designed to assist clinicians with making evidence-based decisions. Each Evidence Map highlights the importance of the three components of evidence-based practice—*external scientific evidence, clinical expertise*, and *client perspectives*—and provides the latest information related to the assessment, treatment, and service delivery for various communication disorders. |
|  | Systematic Review | *Systematic reviews* are documents that provide a comprehensive, unbiased synthesis of the scientific literature on a given topic. Identify trends. |
|  | Treatment Approach | A method for treatment that includes who it is for, why it should be used, how to do it, and when it should be used. |
|  | Hybrid Treatment Approach | The term “**Hybrid**” is defined as something created by combining two different elements. Combining treatment approaches to best meet client’s needs. |
|  | Efficacy | The performance under ideal and controlled conditions |
|  | Effectiveness | Performance under real world conditions |
|  | Long-Term Goal | What you want the client to achieve over a longer duration of time. Year for IEP, funding cycle for insurance. |
|  | Short-Term Objective | The steps that are needed to reach the LTG. |
|  | SMART goals | Specific, Measurable, Attainable, Relevant, Time |
|  | Treatment Plan | Outlines the course of treatment over a period of time  Defines the targets for each week |
|  | Protocols | Set of rules  The scoring booklet/form for a test  A form for recording responses |
|  | Stepping Up/Down | Modifying treatment in response to client performance. Stepping up to increase complexity/demands. Stepping down to provide more assistance, reduce complexity/demands in order for client to be successful. |
|  | Corrective Feedback | Clinician’s response to the client’s productions. |
|  | Modeling | Direct: client is expected to imitate after clinician models  Indirect: clinician demonstrates expected behavior with increased frequency without expectation for client to respond. |
|  | Cues | A hint that naturally remind the client about the target skill |
|  | Prompts | Extra support that is provided to help client achieve skill. A prompt doesn’t look like the actual skill |
|  | Fading | Gradually removing clinician’s support to increase client’s independence |
|  | Shaping by successive approximation | A target behavior is broken down into small components and taught in an ascending order of difficult. |
|  | Expansion | clinician expands the client’s utterance into a more mature or complete version. |
|  | Quantitative Data | Numbers (statistics) describe behavior, goals, progress. |
|  | Event/Frequency Recording | How often the behavior occurred. How often correct. |
|  | Duration Recording | How long did the behavior last, e.g., a stuttering block |
|  | Interval Recording | How often the behavior occurs over a period of time, e.g., dysfluencies in a 3-minute conversational sample; # of times teacher reminds student to get back to the task |
|  | Qualitative Data | Non-statistical, descriptive |
|  | SOAP Notes | Documentation of session: Subjective, Objective, Analysis, Plan |
|  | Consultation/Coaching | Indirect service provision: SLP trains another individual to work with child |
|  | Collaboration | Two or more service providers work collaboratively to plan services for a client. Each continues to provide services. |
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