



Listening and Spoken Language Specialist Certified Auditory-Verbal Educator (LSLS Cert. AVEd®) **APPLICATION PACKET**

Updated July 2017

Includes

Eligibility Requirements
Instructions for Completing the Application Form
Application Submission Format Application
Forms & Attachments

AG BELL ACADEMY FOR LISTENING AND SPOKEN LANGUAGE

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Eligibility Requirements for Certification

In order to become a certified Listening and Spoken Language Specialist (LSLS®) with a designation as an Auditory-Verbal Educator (LSLS Cert. AVEd™), professionals seeking certification must demonstrate their eligibility and then pass a competency examination. To be eligible to take the test for LSLS Cert. AVEd, professionals seeking certification must demonstrate satisfactory completion of requirements and documentation of qualifications in the following areas:

Academic	Mentor Evaluations (20)
Credential/Licensure	Parent Letters of Recommendation (2)
Continuing Education	Professional Recommendations (2)
Professional Experience	
Commitment to the Principles of Auditory- Verbal Education	

All materials and documentation must be submitted in English

Eligibility to sit for the LSLS examination is contingent upon the professional seeking certification fulfilling all of the eligibility requirements of the chosen certification route.

Determination of eligibility to take the LSLS Certification Examination is made by the AG Bell Academy for Listening and Spoken Language Certification Committee. To be considered, professionals seeking certification must submit a complete and properly organized application no later than 5:00 PM EST on the published application deadline date for a scheduled exam administration.

WORKING WITH A LSLS MENTOR:

Professionals seeking certification must have been mentored by a LSLS certified professional for at least three (3) years. "Year" is defined as 12 consecutive months. Three years is defined as 36 consecutive months. Ideally, each professional seeking certification as a LSLS Cert. AVEd will be mentored by another LSLS Cert. AVEd. If a professional seeking certification does not have access to a LSLS Cert. AVEd, he or she may be mentored by a LSLS Cert. AVT.

When a LSLS Cert AVT professional is acting as a mentor for a mentee seeking LSLS Cert AVEd designation, the mentor may need to seek the input of another certified professional. This may occur when the professional experience of the mentor is outside of the scope of practice of a LSLS Cert AVEd. In this instance, the mentor shall collaborate with a Cert AVEd in order to provide an appropriate mentorship (See the AG Bell Academy Principles of Professional Behavior [Principle III]).

The mentored sessions must be evenly spaced out over a period of three to five (3 to 5) years with a minimum of three (3) sessions in each of the qualifying three to five (3 to 5) years being mandatory.

Questions regarding certification not covered in this application should be addressed to the staff at the AG Bell Academy: 202-204-4700 or academy@agbell.org.

LSLS Cert. AVEd Eligibility Requirements

REQUIREMENTS	DESCRIPTION	DOCUMENTATION
Academic Requirements	A bachelor's or master's degree (or international equivalent) in audiology, speech-language pathology or education of children who are deaf or hard of hearing.	<ul style="list-style-type: none"> • Official transcripts from the institution that awarded the degree. • Internationally educated applicants must provide a degree equivalency report from an accredited evaluation agency. Please see below for information.
	<p>Official transcripts from the institution that awarded the degree are required, and must be submitted in English. Only official translations will be accepted.</p> <p>Internationally educated applicants (those educated outside of the United States) must provide a degree equivalency report from an accredited evaluation agency with their application materials. Go to http://www.naces.org/members/htm to find a list of acceptable agencies.</p>	
Credential Requirements	A current license, certificate or required credential to independently practice education of children with hearing loss or speech-language pathology, or audiology, or a teaching certificate in the professional seeking certification's state, province or country.	<ul style="list-style-type: none"> • One copy of any of the following certificates, licenses or credentials: <ol style="list-style-type: none"> a) Certificate of Clinical Competence in Audiology or Speech-Language Pathology from the American Speech-Language-Hearing Association (ASHA) or equivalent. b) State/Provincial license in Audiology or Speech-Language Pathology or the equivalent. c) State/Provincial credential in Education of Children who are Deaf or Hard of Hearing or equivalent. <p><i>*All documentation must include expiration dates</i></p>
Self-Written Description of Professional Seeking Certification's Professional Experience	Professionals seeking certification must provide a one-page written description of their professional experience over the past three to five years in a program which utilizes listening and spoken language. Include a summary of the ages of children taught each year and principal activities over the qualifying years. This description must contain your inclusive dates of employment.	<ul style="list-style-type: none"> • A one-page written summary signed by the professional seeking certification.
Commitment to the Principles of AVEd	A signed commitment to the Principles of Auditory-Verbal Education and AG Bell Academy Principles of Professional Practice and Rules of Conduct.	<ul style="list-style-type: none"> • Attachment B: Commitment to the Principles of Auditory-Verbal Education.

LSSL Cert. AVEd Eligibility Requirements (continued)

REQUIREMENTS	DESCRIPTION	DOCUMENTATION													
Continuing Education Requirement	<p>At least 80 hours of continuing education (or CEU's) in Listening and Spoken Language Development (see AG Bell Academy website for further information) to be completed after receiving professional degree. At least 50% of the 80 hours (40 hours) of professional continuing education must be completed within the 3 to 5 year application period, and must be approved by the Academy. Instruction may include the following: university courses, conferences, workshops, seminars and individualized instruction or training. Hours adhere to the following categories:</p>	<ul style="list-style-type: none"> • Attachment C-1: 70 Hours of approved continuing education (or 70 CEUs) • Attachment C-2: 10 Hours of Structured Observation of LSSL Professionals • Attachment C-3: 10 Hours of Structured Observation of LSSL Professionals Verification Forms (10). At least 3 of the observed sessions must be of a LSSL certified professional utilizing parent coaching strategies while working with an individual child and the child's parent(s) or caregiver(s). • Supporting documentation for verification of all hours/credits submitted. This should only include Academy-issued CEU request forms from attendance of a pre-approved program, or letter of confirmation from the Academy for participation in an approved educational program/ event. 													
	<table border="1"> <thead> <tr> <th data-bbox="448 684 740 779">Continuing Education Field Option</th> <th data-bbox="745 684 902 779">Minimum Hours Required</th> <th data-bbox="907 684 1049 779">Maximum Hours Allowed</th> </tr> </thead> <tbody> <tr> <td data-bbox="448 785 740 890">Attending Academy-approved Educational Programs</td> <td data-bbox="745 785 902 890">50 CEUs</td> <td data-bbox="907 785 1049 890">70 CEUs</td> </tr> <tr> <td data-bbox="448 896 740 1022">Development and/or presentation of an Academy-approved program</td> <td data-bbox="745 896 902 1022"></td> <td data-bbox="907 896 1049 1022">10 CEUs</td> </tr> <tr> <td data-bbox="448 1029 740 1100">Publishing a peer-reviewed article</td> <td data-bbox="745 1029 902 1100"></td> <td data-bbox="907 1029 1049 1100">10 CEUs</td> </tr> </tbody> </table>		Continuing Education Field Option	Minimum Hours Required	Maximum Hours Allowed	Attending Academy-approved Educational Programs	50 CEUs	70 CEUs	Development and/or presentation of an Academy-approved program		10 CEUs	Publishing a peer-reviewed article		10 CEUs	
	Continuing Education Field Option		Minimum Hours Required	Maximum Hours Allowed											
	Attending Academy-approved Educational Programs		50 CEUs	70 CEUs											
	Development and/or presentation of an Academy-approved program			10 CEUs											
Publishing a peer-reviewed article		10 CEUs													
<p>Observation of Certified LSSL Professionals – must be accompanied by Attachment C-3 for each of the 10 hours of observation. AVEd applicant must observe at least 3 sessions (of the 10 observations required) that have the parent present and demonstrate the utilization of parent/ caregiver coaching strategies.</p>	10 CEUs														
<p>Up to 20 hours may be applied from the professional seeking certification's qualifying degree program so long as those hours were acquired within five years of the application deadline and have been approved by the Academy.</p>															

LSSL Cert. AVEd Eligibility Requirements (continued)

REQUIREMENTS	DESCRIPTION	DOCUMENTATION
Professional Experience Requirements	<p>AVEd applicants may choose to pursue professional experience one of two ways:</p> <ol style="list-style-type: none"> 1. A minimum of employment of 36 months of the past 60 months in a program where listening and spoken language is utilized, with at least 15 contact hours per week during each academic year (at least 9 months of a 12 month period). 2. A minimum of employment of 36 months of the past 60 months, which includes a minimum of 900 clock hours of professional experience in a program where listening and spoken language is utilized. A maximum of 400 clock hours can be obtained each 12 months. <p>Your documented professional experience cannot include time spent using formal visual communication systems such as Cued Speech, sign language, sign systems or formal instruction in speech reading. At least 750 of these hours must be in direct auditory-verbal education with children. A maximum of 150 of these hours may be in related activities such as communication assessments, parent conferences, in-service of and consultations with school personnel, school visits, and assistance with audiological evaluations. At least, 25% of direct service hours must be with children who have a documented bilateral sensorineural hearing loss in the severe-to-profound range Professionals seeking certification who were taught/supervised by a LSSL certified professional as part of their degree may apply up to 75 hours from their supervised auditory-verbal education practicum, if it was within the past five years from the application deadline. Professionals seeking LSSL Cert AVEd certification must have been employed for at least three school years out of the last five.</p>	<ol style="list-style-type: none"> 1) A letter from a direct supervisor or an HR administrator that lists: the applicant's employment status and date range, indicates that the applicant is currently employed by the school or organization, and provides a brief description of the applicant's workload and classes being taught. The letter must indicate at least three years of full-time employment as a teacher in a program where listening and spoken language is utilized for at least three school years out of the last five years. Include Attachment H Class Roster with letter. <p>OR</p> <ol style="list-style-type: none"> 2) Complete Attachment D to verify 900 Hours of Professional Experience

LSSL Cert. AVEd Eligibility Requirements (continued)

REQUIREMENTS	DESCRIPTION	DOCUMENTATION
Mentoring Requirement	<p>Over a three to five year period* of professional experience after receiving their academic degree, the professional seeking certification must be mentored by a certified LSSL professional for a total of at least 20 sessions. The mentored sessions must be evenly spaced out over a period of 3 to 5 years, with a minimum requirement of 3 sessions in each of the qualifying three to five years being mandatory.</p> <p>The AVEd applicant must include parent participation in at least 5 of the 20 mentored sessions. The balance of the mentored sessions for AVEd applicants are required to contain documentation of communicating with parent/ caregivers on the carryover of goals and strategies into the home.</p> <ul style="list-style-type: none"> Supervision may be conducted live or by using video technology. 	<ul style="list-style-type: none"> Attachment E: Checklist of Mentored Sessions verifying 20 mentored sessions Attachments F-1 & F-2: Mentor's Observation and Evaluation and Applicant's Self- Evaluation for each of the 20 required sessions
	<p>Sessions should be approximately an hour in length, and the professional seeking certification should provide the LSSL Mentor the following documentation about the child or children being taught. This documentation does not need to be submitted to the Academy.</p> <ul style="list-style-type: none"> Present level of skills for lesson being observed Audiologic evaluations or speech perception scores Diagnostic evaluations of spoken language skills Lesson plan including listening and spoken language targets and activities If a child's parent or caregiver is not present and participating in the lesson, a written plan of how the goals, techniques, and strategies have been/will be shared with the child's family. 	
Parent Letters of Recommendation	<p>The professional seeking certification must submit signed letters of recommendation from two different families describing his/her work with their child/children within the past five years. Letters should describe the experience of the family and their child with the professional seeking certification and must be in the parent's own words.</p>	<ul style="list-style-type: none"> Two original signed letters of recommendation
	<p>If the parents do not speak English, the original letter must be sent with an English translation.</p>	
Professional Letters of Recommendation	<p>Professionals seeking certification must submit signed letters of recommendation from two professionals. One of these must be from a supervisor describing the professional seeking certification's experience with auditory-verbal education over the three to five qualifying years.</p>	<ul style="list-style-type: none"> Two original signed letters of recommendation

*A "year" is defined as a 12-month period of time. Three (3) "years" is similarly defined as 36 months. An applicant's first "year" of mentoring begins on the date that they document their first mentored session.

Instructions for Completing the Application Form

Professionals seeking certification must complete all required documentation and sign their application where indicated. Inaccurate or incomplete applications will NOT be considered.

APPLICATION DEADLINE

Quarterly deadlines exist for each examination period. Applications must be received by the Academy by the deadline posted on the Academy website. Applications received after this date will NOT be considered, without exception, for the test quarter designated on the application.

The information provided on the application form and accompanying documents will be used by the Academy's Certification Committee to determine the applicant's eligibility to take the certification exam.

1. Please type or clearly print the information on your application.
2. Enclose all supporting written documentation/attachments (see Written Documents Checklist).
3. Enclose the appropriate application fee.
4. Upload (or mail) one complete application, along with payment information.

Applications may be submitted online or by mail.

ONLINE APPLICATION SUBMISSION (preferred):

To access the FTP server to upload the LSLS application packet (as a single PDF/.zip file), applicants may use a web-based JAVA FTP Client from any Windows computer:

<http://Files8.cyberlynk.net/client>

Username: Acad_Apply

Password: Acad_Apply

All electronic submissions must be named after the applicant (last name, first name). Applicants will not be able to see that their file has been uploaded due to security measures in place to protect the privacy of all applicants; however, they will receive a confirmation email from Academy staff to verify receipt of the submission. Files must be uploaded by the published application deadline. Incomplete applications will not be reviewed until the next application review deadline, and when a completed application is submitted.

Please see the [Instructions for Uploading Applications](#) on the Academy website for more information.

HARD COPY APPLICATION SUBMISSION:

Mail an application notebook/binder to:

AG Bell Academy for Listening and Spoken Language
3417 Volta Pl, NW Washington, DC 20007

Professionals seeking certification should keep a complete copy of the application for their own records as application materials will not be returned to them. Completed applications must be **received** by the published deadline for the preferred test quarter. Any applications submitted with missing components will not be reviewed until the next application review deadline, and when a completed application is submitted.

Application Submission Format Guidelines

Professionals seeking certification must submit their application either online via the [directions on the Academy website](#) or in a single three-ring binder with tabbed section dividers on single-sided, three-hole punched paper with no staples. Please do not submit documentation in sheet protectors.

A complete application binder must be arranged as follows:

- Tab 1
 - ▶ Completed Document Checklist
 - ▶ Two Passport-Size Photographs
 - ▶ Attachment A: Completed and Signed Application Form

- Tab 2
 - ▶ Official transcript of professional degree (either undergraduate or graduate level degree in audiology, speech-language pathology or education of children who are deaf or hard of hearing)
 - ▶ Copy of Credential/License
 - ▶ Self-Written Description of Professional Experience
 - ▶ Attachment B: Commitment to the Principles of Auditory-Verbal Education and AG Bell Academy Principles of Professional Behavior and Rules of Conduct

- Tab 3
 - ▶ Verification of Employment and Experience Letter
 - ▶ Attachment C-1: 70 Hours of Continuing Education Units in LSL Topics with supporting documentation
 - ▶ Attachment C-2: 10 Hours of Structured Observation of a LSL Certified Professional Log
 - ▶ Attachment C-3: 10 Hours of Structured Observation of a LSL Certified Professional Verification Forms
 - ▶ Attachment D: 900 Hours of Professional Experience
 - ▶ Attachment H: Class Rosters

- Tab 4
 - ▶ Attachment E: Checklist of Mentored Sessions verifying 20 hours of supervised sessions
 - ▶ Attachment F-1: Mentor's Observation and Evaluation (20)
 - ▶ Attachment F-2: Mentee's Self-Evaluation (20)
 - ▶ Attachment I-1: Supervisor/Applicant's Observation and Evaluation (9)
 - ▶ Attachment I-2: Mentor's Summary Report (9)

- Tab 5
 - ▶ Two Professional Letters and Two Parent Letters of Recommendation

The AG Bell Academy's Certification Committee will review all applications and will notify professionals seeking certification of their eligibility no later than 30 days prior to the requested examination quarter.

Please do not contact Academy staff before this time to inquire about eligibility or the status of your application. Any questions concerning the application procedures should be directed to:

AG Bell Academy for Listening and Spoken Language

Phone: 202-204-4700

Email: academy@agbell.org

Attachment A:

AG Bell Academy for Listening and Spoken Language Examination for Listening and Spoken Language Specialists (LSLS)

LSLS Cert. AVEd Application Form

Please read the sections entitled "Eligibility Requirements for Certification" and "Instructions for Completing Application Form" before completing your application. All required information and payment must be submitted together in order for your application to be considered.

Please print or type all information

Name: _____ SSN/SIN: _____

Address (Number and Street): _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Telephone: (H) _____ (W) _____

Mobile: _____ Fax: _____

Date of Birth: _____ Email: _____

What is your current level of academic education?

Bachelor's Degree _____ Year: _____
(Please specify college/university and major)

Master's Degree _____ Year: _____
(Please specify college/university and major)

More than one Master's _____ Year: _____
(Please specify college/university and major)

Doctoral Degree _____ Year: _____
(Please specify college/university and major)

Post-graduate Diploma _____ Year: _____
(Please specify college/university and major)

International Degree (official academic
equivalency review included) _____ Year: _____
(Please specify college/university and major)

Are you currently a member of AG Bell? Yes No

AG Bell Membership # (if applicable): _____

Type of current credential/licensure provided:

Certificate of Clinical Competence in Audiology or Speech-Language Pathology (from ASHA or equivalent).

State/Provincial License in Audiology or Speech-Language Pathology or equivalent.

State/Provincial diploma/credential in Education of Children who are Deaf or Hard of Hearing or equivalent.

Attachment A (page 3)

PAYMENT INFORMATION

Payment is accepted in US\$ only

AG Bell members: \$395.00

Nonmembers: \$495.00

Enclosed is my check/money order in the amount of \$_____ (US\$ only)

Please bill my Visa/MasterCard/American Express (circle one) for \$

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name as it appears on card: _____

Billing address for the Card: _____

Attachment B: Attestations

Following are the Principles of Auditory-Verbal Education. Commitment to these principles is required for certification as a LSLS Certified Auditory-Verbal Educator. If you agree with the principles, please sign indicating your commitment. If you have questions, please contact the Academy.

1. Promote early diagnosis of hearing loss in infants, toddlers and young children, followed by immediate audiologic assessment and use of appropriate state of the art hearing technology to ensure maximum benefits of auditory stimulation.
2. Promote immediate audiologic management and development of listening and spoken language for children as their primary mode of communication.
3. Create and maintain acoustically controlled environments that support listening and talking for the acquisition of spoken language throughout the child's daily activities.
4. Guide and coach parents¹ to become effective facilitators of their child's listening and spoken language development in all aspects of the child's life.
5. Provide effective teaching with families and children in settings such as homes, classrooms, therapy rooms, hospitals or clinics.
6. Provide focused and individualized instruction to the child through lesson plans and classroom activities while maximizing listening and spoken language.
7. Collaborate with parents and professionals to develop goals, objectives and strategies for achieving the natural developmental patterns of audition, speech, language, cognition and communication.
8. Promote each child's ability to self-monitor spoken language through listening.
9. Use diagnostic assessments to develop individualized objectives, to monitor progress and to evaluate the effectiveness of the teaching activities.
10. Promote education in regular classrooms with peers who have typical hearing, as early as possible, when the child has the skills to do so successfully.

¹The term "parents" also includes grandparents, relatives, guardians and any caregivers who interact with the child.

I am committed to and practice according to the above principles.

Signature of Professional

Seeking Certification: _____ Date: _____

Please read the AG Bell Academy Principles of Professional Behavior and Academy Rules of Conduct in its entirety prior to providing your signature to the below attestation. Each of these documents can be found in the AG Bell Academy Certification Handbook.

I have read the AG Bell Academy Principles of Professional Behavior and Rules of Conduct in its entirety and am committed to practice according to these principles as indicated.

Signature of Professional
Seeking Certification: _____ Date: _____

Attachment C-1 (page 3)

Development/presentation of an Academy-approved program (maximum of 10 CEUs)			
Academy Program Code	Program Title or Activity Description	Activity Date	# of CEUs
LSLS CEUs listed above (maximum of 10 CEUs) =			

Publication of a peer-reviewed article (maximum of 10 CEUs)			
Academy Program Code	Program Title or Activity Description	Activity Date	# of CEUs
LSLS CEUs listed above (maximum of 10 CEUs) =			

Total LSLS CEUs From All Categories Listed Above (must equal at least 70 CEUs) =	
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Attach supporting documentation for each activity. Documentation may be either an Academy CE request form or Academy confirmation letter of CE approval. You MUST total your hours. Duplicate these forms as necessary to account for all 70 required CEUs.

Attachment C-2:

10 Hours of Structured Observation of LSLS Certified Professionals* Log

Professionals seeking certification should have at least 3 of the observed sessions must be of a LSL certified professional using parent coaching strategies while working with an individual child and the child’s parent or caregiver.

Observation of LSLS Certified Professionals* (minimum of 10 CEUs) Must be accompanied by a form C-3 for each of the 10 hours of observation			
Copy of Form C-3 attached?	LSLS Professional Observed	Activity Date	# of CEUs
LSLS CEUs Listed Above (minimum of 10 CEUs) =			

**At least two different LSLS professionals must be observed by the applicant during the three to five qualifying years.
If any of the above sessions were conducted via video technology (and not in person or “live”) please refer to the guidelines on page 37 of this application.*

Attachment C-3: 10 Hours of Live or Recorded Structured Observation of LSLS Certified Professionals Verification Form

If observations occur via video technology, please see page 37 for guidelines and requirements to document these sessions.

Name of professional seeking certification: _____ Date: _____

Name and designation of LSLS observed: _____

Child's initials: _____ Age: _____ Age at amplification: _____ Age at CI: _____

CI/Hearing aid information: _____

Other relevant information: _____

Participants in this session: _____

Goals/Objectives of the Session:

Implementation/Activities Observed:

AV Techniques Observed:

Parent Guidance/Participation:

Attachment C-3 (page 2)

Child's Performance – Listening and Auditory Comprehension:

Child's Performance – Speech and Spoken Language:

How would you follow-up with the parent(s)?

What would you plan for the next session?

Other Comments:

Signature of LSLS Observed
(or LSLS Mentor verifying the observation if done via video technology)

Date

Attach additional sheets if needed. Duplicate this form as necessary.

Attachment D:

900 Hours of Professional Experience

(750 Hours of Direct Parent/Child Auditory-Verbal Education/Intervention & 150 Hours of Related Activities)

Hours of Direct Parent/Child Auditory-Verbal Therapy (750 Hours)						
Child's Initials (1 child per line)	Description of Child's Hearing Status (unilateral vs. bilateral, type, degree) (only need to list once per child)	Inclusive Dates	A Session Length (Hours)	B # of Sessions	A x B Total Hours	Supervisor's Signature of Verification
Total Hours Must Be A Minimum of 750						

Up to 75 of the required hours may be counted from your graduate practicum if supervised by a certified LSLS professional and within the past five years from your application date.

Duplicate this form as necessary. You MUST total your hours.

Attachment D (page 2)

Hours of Related Activities (150 Hours)						
Child's Initials (1 child per line)	Description of Child's Hearing Status (unilateral vs. bilateral, type, degree) (only need to list once per child)	Inclusive Dates	A Session Length (Hours)	B # of Sessions	A x B Total Hours	Supervisor's Signature of Verification
Total Hours Must Be No More Than 150						

Related activities include communication assessments, parent conferences, in-services of related professional, home and school visits, and assistance with audiologic assessments. No more than 150 of the required hours can be included in this area.

Duplicate this form as necessary. You MUST total your hours.

Attachment E: Checklist of Mentored Sessions

20 sessions are required. The mentored sessions must be evenly spaced out over a period of three to five years with a minimum of 3 sessions in each of the qualifying years being mandatory.

Name of professional seeking certification: _____

Name, Designation, and LSL ID# of LSL Mentor: _____

First Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the first year must total at least 3 sessions =			

Second Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the second year must total at least 3 sessions =			

Third Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the third year must total at least 3 sessions =			

Fourth Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the fourth year must total at least 3 sessions =			

Attachment E (page 2)

Fifth Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the fifth year must total at least 3 sessions =			

Total number of sessions for all qualifying years: _____ (Total sessions must be at least 20)

First date of mentorship (first mentored session documented on this form): _____

Last date of mentorship (last mentored session documented on this form): _____

The span of time between the two dates above must be at least 36 months (3 years)

I attest that the information disclosed on this form is correct, accurate, and complete and made in good faith. I understand that the Academy reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of the professional seeking certification's application or revocation of my certification.

REQUIRED SIGNATURES:

Professional seeking certification: _____ Date: _____

LSLS Mentor: _____ Date: _____

Attachment F-1: Mentor's Observation and Evaluation Form

(Direct Observation by a certified LSLS professional: 20 Sessions).

Date Mentoring Began: _____

Name of Applicant: _____

Name & Designation of LSLS Mentor: _____

Date of Observation: _____ Length of observed session: _____

Session Number: _____ Type of Session: _____

Child/Client's Initials: _____ Age: _____ Device: _____

Parent/Caregiver Present: _____ Yes _____ No (communication documentation must be received by mentor)

Other Relevant Information: _____

KEY

N/A	Not Applicable during this particular session
N/O	This skill was not observed in the session although opportunity was present
E	This skill is emerging and was observed at least once during this session
M	This skill has been observed multiple times in multiple situations without prompting (mastered)

Attachment F-1 (page 2)

PLANNING:

1. _____ Develops long-term instructional goals
2. _____ Writes short term goals that are specific and measurable
3. _____ Develops a lesson plan that is individualized for child/client goals
4. _____ Plans lessons with appropriate activities
5. _____ Chooses appropriate strategies to use during the lesson
6. _____ Plans for parent guidance/engagement
7. _____ Plans ideas for carryover of goals into daily experience

Comments:

SETTING:

1. _____ Chooses and organizes materials/activities appropriately
2. _____ Positions self and others to maximize auditory input
3. _____ Creates a favorable acoustic environment
4. _____ Creates a favorable learning environment that is conducive to learning
5. _____ Completes a listening check to assure the proper function and use of hearing technology

Comments:

Attachment F-1 (page 3)

AUDITION:

1. Maximizes auditory learning:
 - a. _____ Provides input primarily through audition
 - b. _____ Uses auditory strategies where appropriate
 - c. _____ Looks for child/client's auditory attention
 - d. _____ Moves in closer to microphone of child/client's equipment
2. _____ Uses appropriate acoustic highlighting
3. _____ Applies knowledge of speech acoustics:
 - a. Considers the child's/client's audiological and speech perception information
 - b. Collaborates with the child/client's audiologist to maximize access to the entire speech spectrum
4. _____ Demonstrates thorough knowledge of auditory hierarchies both in planning and implementation
5. _____ Promotes integration of listening and spoken language into activities
6. _____ Develops auditory feedback loop
7. _____ Uses Wait Time for the child/client's processing of input

Comments:

Attachment F-1 (page 4)

LANGUAGE:

1. Uses appropriate strategies and techniques to model language:
 - a. _____ Provides abundant meaningful input (bathing the child/client in language)
 - b. _____ Provides input in complete, correctly structured phrases
 - c. _____ Models language slightly above child/client's level of use
 - d. _____ Uses indirect language stimulation techniques
 - i. _____ Expansion
 - ii. _____ Self-Talk
 - iii. _____ Parallel Talk
 - iv. _____ Follows child/client's lead
2. Uses the appropriate strategies and techniques to elicit and prompt for language:
 - a. _____ Uses wait time to encourage the child/client to talk (and process)
 - b. _____ Provides choices and asks open ended questions rather than yes/no questions
 - c. _____ Responds to what the child/client says rather than what he/she meant
 - d. _____ Uses an expectant look to encourage the child/client to respond
 - e. _____ Uses sabotage techniques
3. _____ Demonstrates knowledge of language hierarchies of development both in planning and implementation
4. _____ Provides multiple opportunities for language learning/ use in conversational situations
5. _____ Encourages conversation slightly above the child/client's level

Comments:

Attachment F-1 (page 5)

SPEECH:

1. _____ Accepts/corrects child/client's production appropriately in spontaneous conversation for verbal children and in vocalizations for pre-verbal children
2. _____ Demonstrates thorough knowledge of speech development both in planning and implementation
3. _____ Maximizes speech production in appropriate daily practice (phonetic, phonologic)
4. Uses audition to elicit speech sounds:
 - a. _____ Highlights phonemes as necessary and appropriate
 - b. _____ Models normal patterns of articulation
 - c. _____ Provides abundant auditory input for developmentally appropriate phonemes
 - d. _____ Provides opportunities to practice articulation targets many times
 - e. _____ Develops the child's auditory feedback loop

Comments:

LITERACY:

1. _____ Promotes early literacy by incorporating literacy materials on a regular basis
2. _____ Chooses appropriate books for the child's age and state of development
3. _____ Develops a child's phonemic awareness by including word play and sound play in lessons
4. _____ Utilizes a variety of read aloud strategies
5. _____ Demonstrates knowledge of typical development of letter awareness in young children
6. _____ Develops child's curiosity in print forms and writing.
7. _____ Promotes modeling reading for enjoyment in the home on a daily basis

Comments:

Attachment F-1 (page 6)

GENERAL:

1. _____ Uses appropriate voice and speech patterns (volume, pitch, rate)
2. _____ Maintains appropriate pacing
3. _____ Manages behavior effectively and transfers behavior management skills to the parents
4. _____ Adjusts teaching activities/ strategies in accordance with child/client's responses (Diagnostic Teaching)
5. _____ Uses a variety of LSL Strategies throughout session

Comments:

PARENT GUIDANCE/COACHING AND PARTICIPATION:

1. _____ Engages parent(s) according to the parent's learning style
2. _____ Uses a respectful and encouraging manner
3. Plans, provides time and is responsive to parent(s)
 - a. _____ Listens to parents' input/concerns and answers their questions
 - b. _____ Partners with parents to set goals and develop lessons
4. _____ Accommodates for different family structures and diversities
5. _____ Provides parents with information and coaches parents using specific/strategies techniques
6. _____ Provides timely, authentic feedback
7. _____ Demonstrates use of open-ended questions and empathy
8. Organizes session to support participation and engagement:
 - a. _____ States goal clearly to parent before activity begins
 - b. _____ Names and models strategies clearly
 - c. _____ Models activity and then turns it over to parent
 - d. _____ Provides specific feedback to encourage parents
 - e. _____ Guides/communicates ideas for home carry-over of goals with parents

Attachment F-1 (page 7)

PARENT GUIDANCE/COACHING AND PARTICIPATION: (continued):

9. If parent/caregiver is not present in the session:

- _____ Provides documentation of communication to parents
- _____ Develops method for relaying short term learning objectives to parents
- _____ Provides parents with a method for communicating their questions
- _____ Provides carry-over ideas for the home environment
- _____ Provides strategies for developing listening and spoken language in the home
- _____ Offers hands on parent training/coaching related to the session

PROFESSIONAL QUALITIES & LONG TERM GOALS (As needed/ not required every session to document):

1. _____ Maintains accurate progress notes by collecting individual data on progress in all learning domains
2. _____ Prepares quality progress reports based on standardized assessments, appropriate checklists, personal and parent observations across all core skill areas
3. _____ Provides parents and professionals with clear, comprehensible information regarding assessments and interpretations of informal and standardized evaluations
4. _____ Self-evaluates and adapts as required
5. _____ Responds appropriately to observation and feedback
6. _____ Coordinates and collaborates with colleagues, parents and other professionals
7. _____ Promotes practice of appropriate audiological management following AG Bell's Recommended Protocol for Audiological Assessment, Hearing Aid, Cochlear Implant Evaluation, and Follow-Up
8. _____ Provides Intervention Consistent with the Principles of Listening and Spoken Language Specialists

Comments:

Attachment F-1 (page 8)

Overall Strengths for this session:

Goals/Recommendations for next session:

Attachment F-1 (page 9)

Signature of Applicant

Date

Signature of LSLS mentor completing this form

Date

I have reviewed the Principles of AVT and AVEd practice with this mentee

LSLS Mentor Initials

Duplicate this form as necessary (see Appendix 9). A total of 20 evaluation forms are mandatory (one for each mentored session).

I attest that the information disclosed on this form is correct, accurate and complete, and made in good faith. I understand that the Academy reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of the professional seeking certification's application, revocation of my certification or other disciplinary action.

Signature of LSLS mentor completing this form

Date

Attachment F-2: Applicant's Self-Evaluation

The session evaluated on this page should be the same session reviewed by a LSLS as documented on Attachment F-1.

Session Number: _____

Name of professional seeking certification: _____

Comments:

Goals:

Signature of professional seeking certification

Date

Attachment H: Class Roster

Use this form to list the students in a class or group session. Assign the class a unique identification number and then use that number on Attachment D for each line/hour of instruction with this group. Complete one Class Roster for each group that will be listed on Attachment D.

Name of professional seeking certification: _____

School Name: _____

Class/Group ID Number: _____ # of Students in the Class/Group: _____

Child's Initials (1 child per line)	Description of Child's Hearing Status (unilateral vs. bilateral, type, degree)	Start Date / Date Joining Class	End Date / Date Leaving Class

Duplicate this form as necessary.

Written Documents Checklist

(Submit this with your completed application.)

Name: _____ Date: _____

Check (✓)

	This completed Written Documents Checklist
	Attachment A: Completed and signed Certification Examination Application Form
	Application Fee: \$395 for members of AG Bell; \$495 for nonmembers
	Two recent, passport-size photographs with your name printed legibly in ink on the back and your signature on the bottom front of each photograph
	Official Transcript (in English) of bachelor's or master's degree in audiology, speech-language pathology or education of children who are deaf or hard of hearing. International applicants must include an official academic evaluation with their application materials from an accredited agency listed here: http://www.naces.org/members.htm .
	Copy of one of the following: <ul style="list-style-type: none"> • Certificate of Clinical Competence in Audiology or Speech-Language Pathology from ASHA or equivalent • State/Provincial license in Audiology or Speech-Language Pathology or equivalent • State/Provincial diploma/credential in Education of Children who are Deaf or Hard of Hearing or equivalent
	Signed, self-written description of professional experience
	Attachment B: Commitment to the Principles of Auditory-Verbal Education and AG Bell Academy Principles of Professional Behavior and Professional Code of Conduct
	Verification of Employment & Experience letter
	Attachment C-1: 70 Hours of Continuing Education (CEUs) Attachment C-2: 10 Hours of Structured Observation of Certified LSLs Professionals Log Attachment C-3: 10 Hours of Structured Observation of Certified LSLs Professionals Verification Form (10)
	Attachment D: 900 Hours of Professional Experience Attachment H: Class Roster
	Attachment E: Checklist of Mentored Sessions (20 sessions required)
	Attachment F-1: Mentor's Observation & Evaluation Form (20) Attachment F-2: Mentee's Self-Evaluation (20)
	Two letters from parents describing the work of the professional who is seeking certification with their child/children within the past three years
	Two letters of professional recommendation

Guidelines for Conducting and Documenting Structured Observations of a LSLS if Using Video Technology

LSLS – 10 Hours Structured Observation (Attachment C-3)

Ten Hours Minimum – Structured Observation of a certified LSLS. Applicants must observe at least two different LSLSs providing direct auditory-verbal services. These observations may be either live or through the use of video.

At least 3 sessions (of the 10 observations required) must have the parent present and demonstrate the utilization of parent/caregiver coaching strategies.

GUIDELINES FOR STRUCTURED OBSERVATION OF LSLS PROFESSIONALS USING RECORDED SESSION MATERIALS

For observations made via recorded sessions, completion of the Structured Observation of LSLS Professionals Verification form can be signed by either the LSLS observed or by the applicant's LSLS Mentor (who is not the LSLS in the observed session).

If the Mentor is not the LSLS in the recorded session, then the guidelines below for the Mentor must be followed.

It is understood that the LSLS in the recorded sessions must give approval for the use of these videos for structured observation in a situation where they are not the applicant's Mentor.

GUIDELINES FOR APPLICANTS

1. Before you view the video familiarize yourself with the following information for the child you are going to observe:
 - child details
 - most recent unaided audiogram
 - most recent aided audiogram
 - lesson plan
 - IEP
 - any additional information relevant to the session
2. While watching the video session complete Attachment C-3
3. Review your comments of the session with your LSLS Mentor
4. Have your Mentor sign your Attachment C-3 form

GUIDELINES FOR LSLS MENTORS

1. Familiarize yourself with the following information for the child your Mentee is going to observe:
 - child details
 - most recent unaided audiogram
 - most recent aided audiogram
 - lesson plan
 - IEP
 - any additional information relevant to the session
2. Review the session with the applicant either face-to-face or via video/Skype or other technologies. It is understood that the LSLS Mentor will have reviewed the recorded session in full in advance of meeting with the Mentee.
3. Sign Attachment C-3 form