



Listening and Spoken Language Specialist Certified Auditory-Verbal Therapist (LSLS Cert. AVT®) **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 a Certified Auditory-Verbal Therapist (LSLS Cert. AVT™), professionals seeking certification must demonstrate their eligibility and then pass a competency examination. To be eligible to take the test for LSLS Cert. AVT, professionals seeking certification must demonstrate satisfactory completion of the application requirements. Completion of requirements and documentation of qualifications in the following areas are required for eligibility to take the examination:

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 Therapy	

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. Professionals seeking certification must meet the set of requirements in its entirety.

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 AN LSLS MENTOR

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

When a LSLS AVEEd professional is acting as a mentor for a mentee seeking the LSLS Cert AVT 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 the scope of practice of a LSLS Cert AVT. In this instance, the mentor shall collaborate with a LSLS Cert AVT in order to provide an appropriate mentorship. (See the AG Bell Academy Principles of Professional Behavior 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 this or other special circumstances should be addressed to Academy staff at 202-204-4700 or academy@agbell.org.

LSLS Cert. AVT Eligibility Requirements

CERTIFICATION REQUIREMENTS	DESCRIPTION	DOCUMENTATION
Academic Requirements	<p>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.</p>	<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.
Credential Requirements	<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> <p>A current license, certificate or required credential to independently practice audiology, speech-language pathology or education of children who are deaf or hard of hearing in the professional seeking certification's geographic locale (e.g., state, province or country).</p>	<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	<p>A one-page written description of your professional experience in auditory-verbal practice within the past three to five years. This description must contain your inclusive dates of employment.</p>	<ul style="list-style-type: none"> • A one-page written summary signed by the professional seeking certification.
Commitment to the Principles of AVT	<p>A signed commitment to the Principles of Auditory-Verbal Therapy and AG Bell Academy Principles of Professional Behavior and Rules of Conduct</p>	<ul style="list-style-type: none"> • Attachment B: Professional Seeking Certification Commitment to the Principles of Auditory-Verbal Therapy and AG Bell Academy Principles of Professional Behavior and Professional Code of Conduct

LSSL Cert. AVT Eligibility Requirements (continued)

CERTIFICATION REQUIREMENTS	DESCRIPTION	DOCUMENTATION																
Continuing Education Requirement	<p>At least 80 hours of continuing education(or CEUs) in Listening and Spoken Language Development (see Academy website for further information) to be completed after receiving professional degree. At least 50% (40 hours) of the 80 hours of continuing education must be completed within the 3 to 5 year application period. Hours 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 CEUs) • Supporting documentation for verification of attendance for all hours/credits submitted. Supporting documentation 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 Academy-approved educational program/event. 																
	<table border="1"> <thead> <tr> <th data-bbox="448 663 737 751">Continuing Education Field Option</th> <th data-bbox="743 663 899 751">Minimum Hours Required</th> <th data-bbox="906 663 1045 751">Maximum Hours Allowed</th> </tr> </thead> <tbody> <tr> <td data-bbox="448 768 737 865">Attending Academy-approved Educational Programs</td> <td data-bbox="743 768 899 865">50 CEUs</td> <td data-bbox="906 768 1045 865">70 CEUs</td> </tr> <tr> <td data-bbox="448 873 737 999">Development and/or presentation of an Academy-approved program</td> <td data-bbox="743 873 899 999"></td> <td data-bbox="906 873 1045 999">10 CEUs</td> </tr> <tr> <td data-bbox="448 1008 737 1075">Publishing a peer-reviewed article</td> <td data-bbox="743 1008 899 1075"></td> <td data-bbox="906 1008 1045 1075">10 CEUs</td> </tr> <tr> <td data-bbox="448 1083 737 1264">Observation of LSSL certified professionals- must be accompanied by a copy of Attachment C-2 for each of the 10 hours of observation</td> <td data-bbox="743 1083 899 1264">10 CEUs</td> <td data-bbox="906 1083 1045 1264"></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	Observation of LSSL certified professionals- must be accompanied by a copy of Attachment C-2 for each of the 10 hours of observation	10 CEUs		
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Publishing a peer-reviewed article		10 CEUs																
Observation of LSSL certified professionals- must be accompanied by a copy of Attachment C-2 for each of the 10 hours of observation	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 from the application deadline and have been approved by the Academy.</p>																		

LSSL Cert. AVT Eligibility Requirements (continued)

CERTIFICATION REQUIREMENTS	DESCRIPTION	DOCUMENTATION
Professional Experience Requirements	<p>Professionals seeking certification must have 900 clock hours of professional experience in the provision of auditory-verbal therapy within the past three to five years. This 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 therapy. 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 audiologic evaluations. Professionals seeking certification who were taught/supervised by a certified LSSL professional as part of their degree program may apply up to 75 hours from their supervised auditory-verbal practicum if it was within the past five years from the applicant's application deadline.</p>	<ul style="list-style-type: none"> • Attachments D: 900 Hours of Professional Experience verified by a supervisor or Human Resources representative at the applicant's place of employment. • Professionals seeking certification must submit course outline along with the transcript and a letter from his/her supervisor to verify hours applied from a supervised auditory-verbal practicum completed as part of their degree.

LSLS Cert. AVT Eligibility Requirements (continued)

CERTIFICATION REQUIREMENTS	DESCRIPTION	DOCUMENTATION
LSLS Mentoring Requirements	<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 LSLS 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> <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 LSLS Mentor with the following documentation in preparation for the supervisory observation:</p> <ul style="list-style-type: none"> Case history Audiologic information including speech perception scores Lesson plan Diagnostic evaluations of spoken language skills 	
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 three to five years. Letters should describe a typical auditory-verbal therapy session 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. Letters from professionals should describe the candidate's competency in the development of listening and spoken language skills and effectiveness at working with children and/or families. One of these letters must be from a supervisor/professional colleague describing the professional's experience with auditory-verbal practice 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 upcoming test quarter.

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 can use 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 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 Therapy and AG Bell Academy Principles of Professional Behavior and Rules of Conduct

- Tab 3
 - ▶ Attachment C-1: 70 Hours of Continuing Education Units in LSLS Topics with supporting documentation
 - ▶ Attachment C-2: 10 Hours of Structured Observation of a Certified LSLS Professional Log
 - ▶ Attachment C-3: 10 Hours of Structured Observation of a Certified LSLS Professional Verification Forms

- Tab 4
 - ▶ Attachment D: 900 Hours of Professional Experience
 - ▶ Attachment E: Checklist of Supervised Teaching verifying 20 hours of supervised sessions
 - ▶ Attachment F-1: Mentor's Observation and Evaluation (20)
 - ▶ Attachment F-2: Mentee's Self-Evaluation (20)

- Tab 5
 - ▶ Two Parent Letters of Recommendation
 - ▶ Two Professional 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. AVT 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 with Hearing Loss 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:

Commitment to the Principles of Auditory-Verbal Therapy

Commitment to the Principles of Professional Behavior

Commitment to the Rules of Conduct

The following are the Principles of Auditory-Verbal Therapy. Please read through these principles and be sure you are committed to all of them. Commitment to these principles is required for certification as a LSLS Certified Auditory-Verbal Therapist. If you agree with the principles, please sign indicating your commitment. If you have questions, please contact the Academy's Certification Committee.

1. Promote early diagnosis of hearing loss in newborns, infants, toddlers and young children, followed by immediate audiologic management and auditory-verbal therapy.
2. Recommend immediate assessment and use of appropriate, state-of-the-art hearing technology to obtain maximum benefits of auditory stimulation.
3. Guide and coach parents¹ to help their child use hearing as the primary sensory modality in developing listening and spoken language.
4. Guide and coach parents to become the primary facilitators of their child's listening and spoken language development through active consistent participation in individualized auditory-verbal therapy.
5. Guide and coach parents to create environments that support listening for the acquisition of spoken language throughout the child's daily activities.
6. Guide and coach parents to help their child integrate listening and spoken language into all aspects of the child's life.
7. Guide and coach parents to use natural developmental patterns of audition, speech, language, cognition and communication.
8. Guide and coach parents to help their child self-monitor spoken language through listening.
9. Administer ongoing formal and informal diagnostic assessments to develop individualized auditory-verbal treatment plans, to monitor progress and to evaluate the effectiveness of the plans for the child and family.
10. Promote education in regular schools with peers who have typical hearing and with appropriate services from early childhood onwards.

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 the AG Bell 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 Certification Handbook.

I have read the AG Bell Academy Principles of Professional Behavior and the AG Bell Academy 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)=	
--	--

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

If observations occur via video technology, please see page 36 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 E: Checklist of Mentored Sessions

20 sessions required. 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 LSLS professional for a total of at least 20 sessions. The mentored sessions must be evenly spaced out over a period of 3-5 years, with a minimum of 3 sessions in each of the qualifying three to five years being mandatory.

Name of professional seeking certification: _____

Name, Designation, and LSLS ID# of LSLS 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

Written Documents Checklist

(To be submitted 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 professional 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 Therapy and AG Bell Academy Principles of Professional Behavior and Professional Code of Conduct
	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 E: Checklist of Mentored Sessions (20sessions required)r
	Attachment F-1: Mentor's Observation & Evaluation Form (20) Attachment F-2: Mentee's Self-Evaluation (20)
	Two letters from parents describing professional seeking certification's work with their child/children within the past three to five years
	Two letters from professionals describing the candidate's competency in the development of listening and spoken language skills and effectiveness at working with children and their families

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.

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