Table 2
Quality indications survey.

Example	Opinion	Practice
In my clinical practice I see clients every day.	1 2 3 4	1 2 3 4

Scale: OPINION 1—not important; 2—somewhat important; 3—important; 4—very important; PRACTICE: 1—never; 2—sometimes; 3—most of the time; 4—always

A. Assessment Practices

In my clinical practice:	Opinion	Practice
1. I describe the individual's current communication forms and modes.	1 2 3 4	1 2 3 4
2. Measures of sensory sensitivity are evaluated by appropriate professionals.	1 2 3 4	1 2 3 4
3. Measures of physical status (e.g., positioning, sensory motor) are evaluated by appropriate professionals.	1 2 3 4	1 2 3 4
4. Social functions (e.g., comment, protest, request, etc.) of communication behavior are identified across natural environments.	1 2 3 4	1 2 3 4
5. The primary communication partners are identified.	1 2 3 4	1 2 3 4
6. Assessment is based on multiple observations over time.	1 2 3 4	1 2 3 4
7. Assessment measures the responsiveness of partners to communicate acts.	1 2 3 4	1 2 3 4
8. Assessment measures the opportunities for communication across environments.	1 2 3 4	1 2 3 4
9. Assessment identifies the specific communicative forms and functions in various modes that are useful in current and future environments (e.g., oral, written, augmental).	1 2 3 4	1 2 3 4
10. I measure the spontaneity of communication.	1 2 3 4	1 2 3 4
11. I use a team model that includes the person with communication disability, family, professionals, and support personnel.	1 2 3 4	1 2 3 4
12. Families are specifically asked to provide information about communication needs perceived by the family.	1 2 3 4	1 2 3 4
13. Family members receive explanations of assessment procedures and results in a way that is meaningful to them.	1 2 3 4	1 2 3 4
14. All other team members are asked to provide information about communication needs perceived in their activities/settings/interactions with individuals.	1 2 3 4	1 2 3 4

B. Goal Setting Practices

My clinical goal setting practices:	Opinion	Practice
15. Result in selection and prioritization of goals based on their importance and potential impact on the individual's quality of life.	1 2 3 4	1 2 3 4
16. Involve the individual, as well as family and other significant communication partners, including peers/friends, in planning and implementing communication intervention.	1 2 3 4	1 2 3 4
17. Include consideration of environmental, as well as individual goals.	1 2 3 4	1 2 3 4
18. Take into account an individual's existing intentional and non-intentional communication.	1 2 3 4	1 2 3 4
19. Reflect a logical hierarchy of skills and identify goals that seem realistically attainable.	1 2 3 4	1 2 3 4
20. Promote steady and meaningful progress toward long-range plans	1 2 3 4	1 2 3 4
21. Include plans for transition to the next environment.	1 2 3 4	1 2 3 4
22. Involve procedures to ensure continuity of individual's goals from the previous program/settings.	1 2 3 4	1 2 3 4

C. Program Implementation

My clinical practice program implementation:	Opinion	Practice
23. Takes place primarily in the individual's natural environments in typical interaction contexts, not isolated environments.	1 2 3 4	1 2 3 4
24. Uses “pull-out” therapy when specifically justified to supplement contextual intervention (e.g., to provide additional practice on a particular oral-motor response or visual pointing).	1 2 3 4	1 2 3 4
25. Provides opportunities for initiation, maintenance and termination of communicative/social interaction.	1 2 3 4	1 2 3 4
26. Provides opportunities to communicate across all life domains related to the individual's life experiences (including intentional, non-intentional, symbolic, non-symbolic, spoken, written, augmented techniques) as needed for the individual.	1 2 3 4	1 2 3 4
27. Accommodates the current communication system while promoting new skill acquisition.	1 2 3 4	1 2 3 4
28. Uses communication supports and systems for instructing individuals across all program areas that are deemed appropriate to the learners.	1 2 3 4	1 2 3 4
29. Uses communication supports and systems that are appropriate to physical abilities.	1 2 3 4	1 2 3 4
30. Uses communication supports and systems that are appropriate to sensory abilities.	1 2 3 4	1 2 3 4
31. Uses communication supports and systems that are appropriate to an individual's cognitive abilities.	1 2 3 4	1 2 3 4
32. Uses communication supports and systems that are appropriate to an individual's communication needs and environments.	1 2 3 4	1 2 3 4
33. Uses elements of individual instructional programs that are integrated by all involved team members.	1 2 3 4	1 2 3 4
34. Uses communication supports and services that build upon goals and strategies developed in the previous placement.	1 2 3 4	1 2 3 4
35. Uses plans that are implemented to ensure continuity and transfer of information regarding communication supports and services prior to any placement change.	1 2 3 4	1 2 3 4
36. Uses systematic measurement in monitoring of individual's progress towards intervention goals.	1 2 3 4	1 2 3 4
37. Uses progress evaluation data to make decisions regarding modifications of intervention plans.	1 2 3 4	1 2 3 4

Table from: Siegel, E. B., Maddox, L. L., Ogletree, B. T., & Westling, D. L. (2010). Communication-based services for persons with severe disabilities in schools: A survey of speech-language pathologists. Journal of Communication Disorders, 43, 148–159.