



Standards and Guidelines for the Accreditation of Educational Programs in Inclusive Rehabilitation Sciences

Standards initially adopted in 2019

**Adopted by the
National Rehabilitation Counseling Association
Committee on Rehabilitation Accreditation
and
Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Rehabilitation Accreditation (CoRA).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter inclusive rehabilitation sciences professions. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Committee on Rehabilitation Accreditation (CoRA), and the National Rehabilitation Counseling Association cooperate to establish, maintain and promote appropriate standards of quality for educational programs in inclusive rehabilitation sciences and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of inclusive rehabilitation sciences programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession

Inclusive rehabilitation sciences educational programs that prepare rehabilitation generalists focus on the nature, meaning, consequences, and impact of impairment and disability, while exploring the environmental, personal, vocational, historical, cultural, economic, physiological, socio-political, and geo-political dynamics that affect individuals. Rehabilitation generalists are informed from multiple perspectives (disability studies, rehabilitation counseling, health sciences, social sciences, psychology, rehabilitation engineering, therapeutic recreation, art therapy, physical therapy, occupational therapy, and other related fields). Utilizing these multiple perspectives, rehabilitation generalists are trained to work as part of a team to assist individuals to attain and maintain desired independence and quality of life in all aspects of life (physical, psychological, social, educational, and vocational). Rehabilitation generalists understand that persons with disabilities not only direct the rehabilitation team, but also determine what desired independence and quality of life means for them. Work settings in which graduates may work include independent living centers, workforce centers, social security providers, case management agencies, and other agencies that work with individuals with disabilities. Some graduates may continue in graduate programs in rehabilitation counseling, occupational therapy, physical therapy, speech therapy, mental health counseling, and other related fields.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a baccalaureate degree at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP, which is authorized under applicable law or other acceptable authority to provide a post-secondary program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of the above **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, health care providers, faculty, sponsor administration, employers, individuals with disabilities, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory committee meetings may include participation by synchronous electronic means.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level rehabilitation generalists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director

a. Responsibilities

The Program Director must be responsible for all aspects of the program, including, but not limited to:

- 1) coordinating the program, including the organization, administration, continuous review, planning, development and achievement of program's goals and outcomes;
- 2) monitoring qualifications of faculty, including adjuncts, to ensure program needs are being met;
- 3) monitoring program performance to ensure accreditation standards are being met;
- 4) establishing criteria for sites that provide field experiences for students; and
- 5) evaluating field experience sites for appropriateness.

b. Qualifications

The Program Director must:

- 1) possess a Doctorate in rehabilitation or other disability-related disciplines; and
- 2) have professional certification or licensure in rehabilitation or other disability-related disciplines.

2. Faculty / Instructional Staff

a. Responsibilities

In each location where students are assigned for didactic or supervised practice, there must be instructional faculty/staff designated to:

- 1) coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements;
- 2) provide instruction;
- 3) assess students' knowledge and clinical proficiencies;
- 4) stay informed about current developments in the field of rehabilitation; and

- 5) mentor students in the development of effective rehabilitation practice competencies.

Evidence of being informed may include one or more of the following as reflected in a resume or vita: membership in professional organizations, attendance at conferences, publications, continuing education connected with credentialing.

b. Qualifications

The faculty/instructional staff must:

- 1) possess a minimum of a graduate degree in rehabilitation or a disability-related disciplines;
- 2) be knowledgeable in course content and effective in teaching their assigned subjects, capable through academic preparation, training and experience to teach the courses or topics to which they are assigned; and
- 3) have professional certification or licensure in rehabilitation or other disability-related disciplines.

3. Coordinator of Experiential Learning

a. Responsibilities

The Coordinator must be responsible for:

- 1) coordinating the experiential learning experience(s) of students at all sites;
- 2) maintaining site contracts, scheduling experiential learning experiences, and seeking opportunities for new sites;
- 3) conducting site visits;
- 4) affirming the effectiveness of the experiences at all sites;
- 5) maintaining communication between the program and the On-Site Field Supervisor; and
- 6) assisting students to complete a self-assessment of practice competencies at the completion of experiential learning.

Site visits may be conducted by electronic means.

b. Qualifications

The Coordinator of Experiential Learning Experiences must possess:

- 1) a minimum of a Master's degree in a rehabilitation related field; and
- 2) certification or licensure in a rehabilitation related field.

Existing faculty may also serve as the Coordinator of Experiential Learning provided qualifications of both positions are met.

4. On-Site Field Experience Supervisor

a. Responsibilities

In each experiential learning site where students are assigned, there must be a designated On-Site Field Experience Supervisor that is responsible for:

- 1) providing day to day supervision of students;
- 2) coordinating instruction and learning experiences provided at the site;
- 3) providing instruction to students as appropriate;
- 4) assessing and documenting students' knowledge and clinical proficiencies; and
- 5) maintaining communication with the Coordinator of Learning Experiences and the program director.

b. Qualifications

The On-Site Field Experience Supervisor must:

- 1) possess a minimum of a Bachelor's degree in a rehabilitation related field; and
- 2) have a minimum of one year of experience in a rehabilitation related field.

C. Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the curriculum specified in Appendix B of these **Standards**.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to: programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

"Positive placement" means that the graduate is employed full- or part-time in the profession or in a related field; continuing their education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

2. Outcomes Reporting

The program must annually submit to the Committee on Rehabilitation Accreditation the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the Committee on Rehabilitation Accreditation to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of clients/consumers, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoRA in a timely manner. Additional substantive changes to be reported to CoRA within the time limits prescribed include:

1. change to different department or college within sponsor;
2. deletion or addition of courses; and
3. increase or decrease in program funding.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

Committee on Rehabilitation Accreditation
CoRA c/o University of Memphis Institute on Disability
100 Ball Hall, Memphis, TN 38152

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <https://www.cognitofrms.com/CAAHEP2/RequestForAccreditationServices>

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the Committee on Rehabilitation Accreditation. The on-site review will be scheduled in cooperation with the program and Committee on Rehabilitation Accreditation once the self-study report has been completed, submitted, and accepted by the Committee on Rehabilitation Accreditation.

2. Applying for Continuing Accreditation

- a. Upon written notice from the Committee on Rehabilitation Accreditation, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

Committee on Rehabilitation Accreditation
CoRA c/o University of Memphis Institute on Disability
100 Ball Hall, Memphis, TN 38152

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <https://www.cognitofrms.com/CAAHEP2/RequestForAccreditationServices>

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the Committee on Rehabilitation Accreditation.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the Committee on Rehabilitation Accreditation forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform CoRA and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean

of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).

- b. The sponsor must inform CAAHEP and CoRA of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and CoRA that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The Committee on Rehabilitation Accreditation has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.
- c. The sponsor must promptly inform CAAHEP and CoRA of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the Committee on Rehabilitation Accreditation in accordance with its policies and procedures. The time between comprehensive reviews is determined by the Committee on Rehabilitation Accreditation and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CoRA and CAAHEP fees within a reasonable period of time, as determined by the Committee on Rehabilitation Accreditation and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with Committee on Rehabilitation Accreditation policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a Committee on Rehabilitation Accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by CoRA.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program other than one holding Initial Accreditation may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to CoRA and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and CoRA. The sponsor will be notified by CoRA of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the Committee on Rehabilitation Accreditation forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the Committee on Rehabilitation Accreditation allows the Initial Accreditation of a program to expire, the sponsor must have the opportunity to request reconsideration of that decision or to request voluntary withdrawal of accreditation. The Committee on Rehabilitation Accreditation's decision is final and CAAHEP will not entertain any appeal on behalf of the program. CAAHEP will notify the sponsor in writing of the CoRA's decision.
3. Before CoRA forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The Committee on Rehabilitation Accreditation's reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

4. Before CoRA forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The Committee on Rehabilitation Accreditation's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when CoRA arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

CURRICULUM REQUIREMENTS FOR EDUCATIONAL PROGRAMS IN INCLUSIVE REHABILITATION SCIENCES

1. Pre-Experiential Learning Requirements

a. Understanding the Lived Experience of Individuals with Disabilities and/or Impairment

The curriculum must provide students with the opportunity to be exposed to a wide-range of lived experiences of disability and impairment. Each topic area below represents areas in which students must demonstrate knowledge through activities such as case studies (real and simulated), reflection papers, exams, panel discussions, experiential learning, and in class discussions.

- 1) Philosophy, social policy and legislation in rehabilitation
Students will demonstrate knowledge of:
 - a) Community social policies and laws
 - b) State social policies and laws
 - c) National social policy and laws
 - d) Global social policy and laws

- 2) Lifespan and human development
Students will demonstrate knowledge of:
 - a) Varying types of disabilities that are likely to occur from birth to age 12
 - b) Varying types of disabilities that are likely to occur from age 13 to age 22
 - c) Varying types of disabilities that may affect individuals age 23 and above
 - d) Effects of chronic or acquired disability for an individual over the course of their lifespan

- 3) Disability
Students will demonstrate knowledge of:
 - a) Disability, Impairment, Impairment Effects, and Societally and Environmentally Imposed Barriers
 - b) International Classification of Functioning, Disability and Health (ICF)
 - c) International Classification of Diseases (ICD)
 - d) Diagnostic and Statistical Manual (DSM)
 - e) Common conditions: cardiovascular disease, diabetes, cancer, pulmonary disease, sensory loss, traumatic brain injury, stroke, neurological disorders, spinal cord injuries, muscular dystrophy, multiple sclerosis, chemical addictions, learning disabilities, amputation, mental illnesses, intellectual disabilities, and autism with an emphasis on the following:
 - i. Prevalence
 - ii. Etiology
 - iii. Diagnostic criteria
 - iv. Pathology and symptomatology
 - v. Recommended treatment strategies
 - vi. Prognosis
 - vii. Word root, prefixes, and suffixes used in medical and psychiatric vocabulary.
 - f) The reasons why items b-e are used in the rehabilitation field as well as the potential use of these to label and contribute to ableism

- 4) Factors that Impact Daily Life
Students will demonstrate knowledge of:
 - a) How disability may impact psychological and social functioning
 - b) How disability affects family and significant others
 - c) How culture impacts the understanding and meaning of disability, treatment, and efficacy of treatment methods
 - d) How disability may impact recreational activities
 - e) Inclusion and the impact it has on an individual's life

- f) Societal and environmental barriers and how adaptation may mitigate such barriers
 - g) Intersectionality: Impact of factors such as gender, race, sexuality, socioeconomic status and culture
 - h) Bio-psychosocial impact of impairment and disability on the person's health status, self-concept, quality of life and functional independence in life activities
- 5) Vocational aspects of disability
Students will demonstrate knowledge of:
 - a) Programs that assist with successful job or school placement
 - b) Transitional services
 - c) Natural and contracted support systems (i.e. job coach)
 - 6) Theoretical models of Rehabilitation
Students will demonstrate knowledge of:
 - a) Holistic approaches to rehabilitation, including the Biopsychosocial Model
 - b) International rehabilitation models, including globalization, and their impact on the rehabilitation process
 - 7) Independent Living (IL)
Students will demonstrate knowledge of:
 - a) History of the IL movement
 - b) Legal mandate(s) of independent living
 - c) Facilities utilized in the delivery of IL services
 - d) Eligibility determination procedures
 - 8) Vulnerability, crisis and trauma
Students will demonstrate knowledge of:
 - a) Vulnerabilities and immunities that affect successful functioning during and after crisis and trauma
 - 9) Financial literacy and management
Students will demonstrate knowledge of:
 - a) Financial literacy and management strategies
 - 10) Resources
Students will demonstrate knowledge of:
 - a) Training, financial, vocational, psychological, recreational, medical, and assistive technology resources that may assist individuals with disabilities

b. Service Delivery Systems and Community Integration

The curriculum must provide students with exposure to rehabilitation and related systems, resources, and professionals in their local communities and internationally. Each topic area below represents areas in which students must demonstrate knowledge through activities such as case studies (real and simulated), reflection papers, exams, and in class discussions.

- 1) Local, National, Regional and International Trends (e.g., legislation, demographics, workforce)
Students will demonstrate knowledge of:
 - a) Local, regional, and international trends affecting rehabilitation service delivery systems and community integration
- 2) Vocational Rehabilitation Systems
Students will demonstrate knowledge of:
 - a) The history and services of the state-public VR program

- b) Community-based rehabilitation facilities and the services they provide
 - c) For-profit rehabilitation services and concepts
 - d) Employer-based insurance programs and their importance for individuals with disabilities
- 3) Centers for Independent Living (CIL)
Students will demonstrate knowledge of:
- a) Centers for Independent Living and the services provided
- 4) Wellness and Illness Prevention Programs
Students will demonstrate knowledge of:
- a) How wellness and illness prevention programs can be utilized as part of the rehabilitation process
- 5) Community-Based Rehabilitation Programs
Students will demonstrate knowledge of:
- a) Supported and transitional employment models and services
 - b) Residential services that range from intense supports to independent living
 - c) Community support programs
 - d) Developmental and intellectual disability support centers
- 6) Government-sponsored Disability Insurance and Benefits Programs
Students will demonstrate knowledge of:
- a) Government-sponsored disability insurance and benefits programs
- 7) Medical and Allied Health Supports
Students will demonstrate knowledge of:
- a) the role of the team of and their contributions to the rehabilitation process
 - b) the role of the person with the disability as the director of the team
- 8) Veterans and Military Vocational and Benefits programs
Students will demonstrate knowledge of:
- a) Veterans and military vocational and benefits programs, and how to access services
- 9) Assistive Technology and Rehabilitation Engineering
Students will demonstrate knowledge of:
- a) AT and RE equipment and services
- 10) Emergency Preparedness Strategies and Systems
Students will demonstrate knowledge of:
- a) Available services and the gaps in services and systems
- 11) Tribal Vocational Rehabilitation System/American Indian Vocational Rehabilitation Services
Students will demonstrate knowledge of:
- a) Services available for these populations

c. Career and Job Development

The curriculum must provide students the opportunity to demonstrate knowledge and skills relevant to meaningful and productive lives of individuals with disabilities and/or rehabilitation needs, and develop skills necessary to provide educational and vocational guidance services. Each topic area below represents areas in which students must demonstrate knowledge and skills through activities such as case studies (real and simulated), reflection papers, exams, and in class discussions.

- 1) Job and Labor Market
Students will demonstrate skills in:
 - a) Conducting a job analysis
 - b) Conducting a labor market analysis

- 2) Job Placement
Students will demonstrate knowledge of:
 - a) Transferable skills
 - b) Issues connected with workplace and disability, including but not be limited to attitudinal and environmental barriers, health concerns, and reasonable accommodation
 - c) Employer responsibilities for reasonable accommodations

- 3) Job Development
Students will demonstrate knowledge of:
 - a) Network development
 - i. how to develop an employer network
 - ii. how to develop a service provider network
 - b) Acquisition of paid and non-paid internships and the advantages and disadvantages of each

- 4) Employment preparedness
Students will demonstrate knowledge of:
 - a) Career assessments and methods to determine appropriateness of assessments for consumers/clients
 - b) Job seeking skills
 - c) Self-promotion strategies in the job-seeking process
 - d) Importance of reliable transportation in the job seeking and maintenance process

Students will demonstrate skills in:

 - e) Resume development
 - f) Interviews

- 5) Professional Etiquettes
Students will demonstrate knowledge of:
 - a) Life skills and how they contribute to job seeking and employment maintenance
 - b) Self-care strategies and avoidance of burnout

- 6) Customer service communication
Students will demonstrate skills in:
 - a) Effective communication with clients/consumers, employers, evaluators, and co-workers

- 7) Quality assurance and follow-up
Students will demonstrate knowledge of:
 - a) The concepts of quality assurance and follow-up, and how they contribute to the rehabilitation process

- 8) Advocacy and negotiation
Students will demonstrate knowledge of:
 - a) The concepts of advocacy and negotiation in the employment process

- 9) Employment incentives
Students will demonstrate knowledge of:
 - a) Employment incentives

- 10) Budgeting
Students will demonstrate knowledge of:
a) Case load budgeting in order to meet client/consumer needs

- 11) Careers and credentials
Students will demonstrate knowledge of:
a) Careers in rehabilitation and related fields and credentials connected with each

d. Relational and Professional Communication

The curriculum must provide students the opportunity to learn skills necessary in developing, maintaining and discontinuing helping relationships in ways that empower people with disabilities. Effective rehabilitation includes collaborative relationships and networking with other professionals and significant others throughout the rehabilitation process. Each topic area below represents areas in which students must demonstrate knowledge and skills through activities such as case studies (real and simulated), reflection papers, exams, and in class discussions.

- 1) Practice skills
Students will demonstrate skills in:
a) Interviewing techniques:
i. active listening
ii. encouraging body language
iii. use of open and closed ended questions
iv. use of paraphrasing
v. use of encouragement
b) Professionalism, including but not limited to work ethic, dress, and respect for others
c) Verbal and written communication skills through case notes, progress notes, demonstrations of effective case conferences, and effective interviewing techniques

Students will demonstrate knowledge of:

- d) Importance of interpersonal skills that may include active listening, flexibility, appropriate use of humor, and patience
e) Vulnerable populations, mandatory reporting law, and the mandatory reporting process
f) Strengths-oriented approaches and positive psychology strategies
g) Self-sufficiency and self-determination
- 2) Individual and group leadership/helping techniques
Students will demonstrate skill in:
a) Applying techniques in these areas

- 3) Case Management
Students will demonstrate knowledge of:
a) Elements and principles of case management.
b) Ethical issues that may occur in case management settings, including but not limited to:
i. boundary issues
ii. confidentiality
iii. privacy
iv. allocation of resources
c) Client/consumer discharge
d) Steps involved in the discharge process
e) Case management models and advantages and disadvantages of each

Students will demonstrate skills in:

- f) Critical thinking and Problem-Solving Skills by following a case from intake to discharge

- g) Seeking appropriate referrals, framing referral questions and follow-up with provider and client/consumer

- 4) Multi-disciplinary teams
Students will demonstrate knowledge of:
 - a) The team in the rehabilitation process

- 5) Person-centered planning
Students will demonstrate knowledge of:
 - a) Person-centered planning

- 6) Working Alliance
Students will demonstrate knowledge of:
 - a) How to develop an alliance and why it is important

- 7) Technology
Students will demonstrate knowledge of:
 - a) Technology used by rehabilitation generalists and how technology can be an advantage or disadvantage, including but not limited to, computers, tablet, phones, and agency software

- 8) Service-Efficacy, Evidence-based Practices, and Research Knowledge
Students will demonstrate knowledge of:
 - a) Evidence-based practices
 - b) Research resources
 Students will demonstrate skills in:
 - c) Evaluation of services to clients/consumers, case load management, and agency/program evaluation
 - d) Designing a research study
 - e) Data interpretation and utilization

e. Advocacy and Informed Choice

The curriculum must provide students with the opportunity to develop knowledge regarding oppressive and discriminatory behaviors that individuals with disabilities may experience. Students must be exposed to and develop knowledge of historical, current and pending legislation, and have the opportunity to develop advocacy skills for systemic change. Each topic area below represents areas in which students must demonstrate knowledge and skills through activities such as case studies (real and simulated), reflection papers, exams, and in class discussions.

- 1) Discrimination against people with disabilities
Students will demonstrate knowledge of:
 - a) History of disability discrimination
 - b) Disability-related Legislation, including, but not limited to The Civil Rights Act, the Americans with Disabilities Act, The Rehabilitation Acts, IDEA and Section 504
 - c) Disability Identity Terminology Preferences: Varied disability identity terminology preferences, and how these are dependent on current events, disability groups, lobbying, and educational systems

- 2) Advocacy and Civil Rights of Persons with Disabilities
Students will demonstrate knowledge of:
 - a) The role of the Independent Living Movement in Civil Rights
 - b) Legal rights of patients, students and consumers
 - c) Advocacy groups and organizations

- d) World Health Organization (WHO), Disability Rights International, the Convention on the Rights of Persons with Disabilities and other international rights platforms

f. Professionalism and Ethical Practices

Students will demonstrate the knowledge and competencies needed to uphold the tenets of ethical professional practice. Each topic area below represents areas in which students must demonstrate knowledge through activities such as case studies (real and simulated), reflection papers, exams, and in class discussions.

1) Ethical principles and concepts

Students will demonstrate knowledge of:

- a) Health Insurance Portability and Accountability Act (HIPAA) Regulations and Family Educational Rights and Privacy Act (FERPA)
- b) Difference between law and ethics and what to do when laws and ethics appear to conflict
- c) Aspirational and Mandatory ethics
- d) Ethical principles of autonomy, beneficence, non-maleficence, justice, veracity, and fidelity
- e) Ethical concerns for rehabilitation generalists including:
 - i. confidentiality and exceptions to confidentiality
 - ii. privacy
 - iii. duty to warn
 - iv. transference and counter-transference
 - v. values conflicts
 - vi. adherence to standards of professional practice
 - vii. choice of treatment
 - viii. adequacy of treatment
 - ix. cultural and ethnic factors that influence treatment
 - x. professional boundaries
 - xi. mandatory reporting
- f) Release of information process
- g) Cultural sensitivity and competency and why it is important in delivery of services

Students will demonstrate skills in:

- h) Solving ethical dilemmas through live or simulated case studies
- i) Designing and explaining informed consent
- j) Self-evaluation of ethical behaviors

2) Ethical Codes and Decision-Making Models

Students will demonstrate knowledge of:

- a) Rehabilitation related Codes of Ethics such as Rehabilitation Practitioner/Generalist Guidelines, Commission on Rehabilitation Counselor Certification and/or applicable codes of ethics

2. Experiential Learning

Experiential Learning must provide students with opportunities to practice and integrate the knowledge and skills necessary to develop entry-level proficiency and professional behavior as a Rehabilitation Generalist. Experiential Learning can be completed through one or more of the following:

- 1) rehabilitation-related employment that must be completed while enrolled in the program
- 2) volunteer hours
- 3) service-learning hours
- 4) practicum or field work hours
- 5) internship

350 hours is a recommended guideline for the minimum number of hours that should be completed.

The length of experiential learning experiences should be consistent with the objectives and competency outcomes of the curriculum requirements. Competency should be assessed at the beginning and end of the experience. Student performance should be assessed at the mid-term and end of the experience.