



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

Standards initially adopted in 2019; revised in 20xx; and effective xx/xxxx

**Developed by
Committee on Rehabilitation Accreditation**

**Endorsed by
National Rehabilitation Counseling Association**

and

**Approved by the
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** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the inclusive rehabilitation sciences profession. 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.*

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Committee on Rehabilitation Accreditation, 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 for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

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

Description of the Profession

Rehabilitation and disability practitioners 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 and disability practitioners 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 and disability practitioners 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 and disability practitioners 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, blind rehabilitation, occupational therapy, orthotics and prosthetics, physical therapy, speech therapy, supported employment and other employment support services, mental health counseling, substance use disorders, behavioral addictions, corrections, and behavioral health.

I. Sponsorship

A. Program Sponsor

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 bachelor's degree at the completion of the program.
2. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of a program sponsor set forth in I.A.1.

Consortium does not refer to clinical affiliation agreements with the program sponsor.

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards; and
2. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: “To prepare rehabilitation and disability practitioners who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of a rehabilitation and disability practitioner. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, healthcare providers, individuals with disabilities, and the public.

Examples of healthcare providers may include physicians, nurses, occupational therapists, physical therapists, speech therapists, orthotists, prosthetists, recreational therapists, interpreters and personal care attendants.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on changing needs and expectations of its communities of interest, and an assessment of program effectiveness, including outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

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

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;

9. Internship/practicum sites;
10. Equipment;
11. Supplies;
12. Information technology;
13. instructional materials; and
14. Support for faculty professional development.

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.

At a minimum, the following positions are required.

1. Program Director

a. Responsibilities

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

- 1) Administration, organization, and supervision of the program;
- 2) Continuous quality review and improvement of the program;
- 3) Academic oversight, including curriculum planning and development;
- 4) Achievement of program's goals and outcomes;
- 5) Monitoring qualifications of faculty, including adjuncts, to ensure program needs are being met;
- 6) Monitoring program performance to ensure accreditation standards are being met;
- 7) Establishing criteria for sites that provide field experiences for students; and
- 8) Evaluating field experience sites for appropriateness.

b. Qualifications

The program director must

- 1) Possess a minimum of a doctorate in rehabilitation or other disability-related disciplines or the equivalent;
- 2) Have professional certification or licensure in rehabilitation or other disability-related disciplines; and
- 3) Have documented education or experience in instructional methodology.

2. Faculty / Instructional Staff

a. Responsibilities

For all didactic, laboratory and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to

- 1) Provide instruction;
- 2) Provide supervision;
- 3) Assess students' proficiency in use of attained knowledge and skills;
- 4) Provide timely assessments of the student's progress in meeting program requirements;
- 5) Stay informed about current developments in the field of rehabilitation; and
- 6) 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, and publications, continuing education connected with credentialing.

b. Qualifications

Faculty/instructional staff must

- 1) Be effective in teaching and knowledgeable in subject matter;
- 2) Have experience in the designated content area;
- 3) Possess a minimum of a graduate degree in rehabilitation or a disability-related disciplines; and
- 4) Have professional certification or licensure in rehabilitation or other disability-related disciplines.

3. Coordinator of Internship/Practicum

a. Responsibilities

The coordinator of internship/practicum must

- 1) Coordinate the internship/practicum experience(s) of students at all sites;
- 2) Ensure documentation of the evaluation and progression of internship/practicum;
- 3) Ensure orientation to the program's requirements of the personnel who supervise or instruct students at internship/practicum sites;
- 4) Coordinate the assignment of students to internship/practicum sites;
- 5) Maintain site contracts, and seek opportunities for new sites;
- 6) Conduct site visits;
- 7) Affirm the effectiveness of the experiences at all sites;
- 8) Maintain communication between the program and the on-site field supervisor; and
- 9) Assist students to complete a self-assessment of practice competencies at the completion of internship/practicum.

Site visits may be conducted by electronic means.

b. Qualifications

The coordinator of internship/practicum must

- 1) Have documented experience in a rehabilitation related field;
- 2) Possess knowledge of the curriculum;
- 3) Possess knowledge about the program's evaluation of student learning and performance; and
- 4) Possess a minimum of a master's degree in a rehabilitation related field.

Existing faculty may also serve as the coordinator of internship practicum provided qualifications of both positions are met.

4. On-Site Field Experience Supervisor

a. Responsibilities

In each internship/practicum site where students are assigned, there must be a designated on-site field experience supervisor to

- 1) Provide day to day supervision of students;
- 2) Coordinate instruction and learning experiences provided at the site;
- 3) Provide instruction to students as appropriate;
- 4) Assess and document students' knowledge and clinical proficiencies; and

- 5) Maintain communication with the coordinator of internship/practicum 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 content must ensure that the program goals are achieved. 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. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and internship/practicum activities.

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

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

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 change. An action plan must be developed when needed improvements 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 curriculum competencies in the required learning domains.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving its established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

2. Reporting

At least annually, the program must submit to the Committee on Rehabilitation Accreditation the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the Committee on Rehabilitation Accreditation that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students
 - a. Sponsor's institutional and programmatic accreditation status;
 - b. Name and web site address of CAAHEP;
 - c. Admissions policies and practices;
 - d. Technical standards;
 - e. Occupational risks;
 - f. Policies on advanced placement, transfer of credits, and credits for internship/practicum;
 - g. Number of credits required for completion of the program;
 - h. Availability of articulation agreements for transfer of credits;
 - i. Tuition/fees and other costs required to complete the program;
 - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
 - k. Policies and processes for assignment of internship/practicum experiences.
3. At least the following must be made known to all students
 - a. Academic calendar;
 - b. Student grievance procedure;
 - c. Appeals process;

- d. Criteria for successful completion of each segment of the curriculum and for graduation; and
- e. Policies by which students may perform internship/practicum work while enrolled in the program.

4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s) if available, programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the Committee on Rehabilitation Accreditation.

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. Inclusive rehabilitation sciences students must be readily identifiable as students.

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

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given directions on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to 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 program 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.

Curriculum Competencies for Educational Programs in Inclusive Rehabilitation Sciences

Students will demonstrate achievement of the minimum expectations through the competencies outlined in Appendix B using knowledge, skills and behavior as touchstones.

Consistent with tenets of the rehabilitation field, student knowledge, skills, and behaviors must reflect an ethical, culturally aware, inclusive, strengths-based, and person-centered perspective.

1. Pre-Internship/Practicum 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 from a culturally aware and strength-based, person-centered perspective. Each topic area below represents areas in which students must demonstrate knowledge through activities, including, but not limited to, case studies (real and simulated), reflection papers, exams, panel discussions, internship/practicum, 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/federal social policy and laws (*including federal definition of legal blindness and disability*)

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 & Impairment

Students will demonstrate knowledge of:

a) Disability, impairment, impairment effects, and societal and environmentally imposed barriers - including ableism, implications of labeling, and stereotypes resulting in prejudice and discrimination

b) Definition of disability per the ADA and amendments such as, regarded as, record of, and functionality specifically to include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Also include bodily functions relating to the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproduction

c) Common conditions such as, but not limited to: chronic conditions, cardiovascular disease,

diabetes, cancer, pulmonary disease, blindness, low vision, deafness, hard of hearing, sensory

loss, traumatic brain injury, stroke, neurological disorders, spinal cord injuries, muscular

dystrophy, multiple sclerosis, substance use disorders, learning disabilities, amputation, mental

- illnesses, intellectual disabilities, neurodivergence to include autism spectrum disorders, 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.
- d) International Classification of Functioning, Disability and Health (ICF)
- e) International Classification of Diseases (ICD)
- f) Diagnostic and Statistical Manual (DSM)
- 4) Factors that Impact Daily Life
- Students will demonstrate knowledge of:
- a) How disability may impact psychological and social functioning
 - b) How disability may affect family and significant others
 - c) How cultural relevance impacts the understanding and meaning of disability, treatment, and efficacy/responsiveness of treatment methods
 - d) How disability may impact recreational activities
 - e) How disability may impact sexuality
 - f) Inclusion and the impact it has on an individual's life
 - g) Societal and environmental barriers and how adaptation may mitigate such barriers
 - h) Intersectionality: impact of factors such as gender identity, age, race, sexual orientation, disability, socioeconomic status and culture
 - i) Bio-psychosocial impact of impairment and disability on the person's health status, self-concept, quality of life, wellness, self-care, and functional independence in life activities
- 5) Vocational aspects of disability
- Students will demonstrate knowledge of:
- a) Programs that assist with successful job, vocational training or school placement
 - b) Transition services throughout the lifespan
 - c) Natural and contracted support systems
- 6) Models and Paradigms of Disability Rehabilitation
- Students will demonstrate knowledge of:
- a) Approaches to disability, including historical, contemporary and emerging models. These include, but are not limited to moral model, medical model, economic model, and minority group model.
 - b) Approaches to rehabilitation, including historical, contemporary and emerging models including but not limited to institutionalization, deinstitutionalization, civil rights, supported employment, vocational rehabilitation, supported living, etc.
 - c) 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) Agencies/facilities/organizations utilized in the delivery of IL services
 - d) Eligibility determination procedures
 - e) Future directions of the independent living movement
- 8) Vulnerability, Crisis and Trauma
Students will demonstrate knowledge of:
- a) Vulnerabilities that affect successful functioning during and after crisis and trauma
 - b) Trauma informed care and practitioner self-care
 - c) Trauma and crisis intervention resources
 - d) Resilience strategies
 - e) Mandated reporting
- 9) Financial literacy and management
Students will demonstrate knowledge of:
- a) Financial literacy and management strategies and resources
- 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 the public and private spectrum of rehabilitation and related systems, resources, and professionals in their local, state, regional, national, and international communities. Each topic area below represents areas in which students must perform activities such as case studies (real and simulated), reflection papers, exams, class discussions, etc. from a culturally aware and strengths-based, person-centered perspective.

- 1) Local, State, Regional, National, and International Trends (e.g., legislation, demographics, workforce)
Students will demonstrate knowledge of:
 - a) Local, state, regional, national, 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 Vocational Rehabilitation program
 - b) Community-based rehabilitation facilities and the services they provide
 - c) For-profit rehabilitation services and concepts
 - d) Employer-sponsored insurance programs
- 3. Veterans and Military Vocational and Benefits Programs
Students will demonstrate knowledge of:
 - a) Veteran and military vocational and benefits programs
 - b) How to access veteran and military vocational and benefit programs and services
- 4. Vocational Rehabilitation System/Indigenous Peoples Vocational Rehabilitation Services
Students will demonstrate knowledge of:
 - a) Resources and services available to address vocational rehabilitation programs serving indigenous peoples

- b) How to access vocational rehabilitation programs and services serving indigenous peoples
5. Centers for Independent Living (CIL)
Students will demonstrate knowledge of:
- a) Centers for Independent Living and the services provided
 - b) How to access services provided by Centers for Independent Living
6. 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/systems
7. Addictions and Mental Health Services
Students will demonstrate knowledge of:
- a) Sequelae of addictions and mental health
 - b) Services provided in addictions and mental health
 - c) How to access addictions and mental health services
8. Disability Insurance and Benefits Programs
Students will demonstrate knowledge of:
- a) Government-sponsored and private disability insurance and benefits programs
 - b) Resources for disability benefits counseling
9. Medical and Allied Health Supports
Students will demonstrate knowledge of:
- a) The role of the team and their contributions to the rehabilitation process (i.e. multidisciplinary, interdisciplinary, and transdisciplinary)
 - b) The role of the person with the disability as the director of the team
10. Assistive Technology and Rehabilitation Engineering
Students will demonstrate knowledge of:
- a) AT and RE equipment and services, and access through emerging technologies, such as but not limited to artificial intelligence (AI)
11. Wellness and Health Promotion Programs
Students will demonstrate knowledge of:
- a) Integration of wellness and health promotion programs as part of the rehabilitation process
12. Emergency Preparedness Strategies and Systems
Students will demonstrate knowledge of:
- a) Available services and the gaps in services and systems
- 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 knowledge and skills related to:

- a) Conducting a job analysis
- b) Conducting a labor market analysis
- c) Utilizing results of job and labor market analysis to drive job placement

2) Pre-Employment Services

a) Students will demonstrate knowledge of:

- i. Attributes of cultural relevance and intersecting identities in career development and employment
- ii. Strength based and person centered employment strategies
- iii. Career assessments and methods to determine appropriateness of assessments for consumers/clients
- iv. Job seeking skills
- v. Self-promotion strategies used by clients/consumers in the job-seeking process
- vi. Importance of reliable transportation in the job seeking and maintenance process
- vii. Client/consumer life skills and how they contribute to job seeking and employment maintenance

b) Students will demonstrate skills in:

- i. Resume development for clients/consumers
- ii. Interview strategies for clients/consumers
- iii. Facilitating job seeking skills training
- iv. Disability disclosure

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) Employment incentive
- c) Individual and group job seeking skills training

4) Job Placement

a) Students will demonstrate knowledge of:

- i. Essential functions of a job
- ii. Transferable skills
- iii. Job coaching and natural supports
- iv. Issues connected with workplace and disability, including but not limited to attitudinal and environmental barriers, health concerns, and reasonable accommodations
- v. Job accommodations
- vi. Employer responsibilities for reasonable accommodations

b) Students will demonstrate skills in:

- i. Resume development for clients/consumers

- ii. Interview strategies for clients/consumers
 - iii. Collaboration, education and advocacy to facilitate job development and placement
- 5) Advocacy and negotiation
- Students will demonstrate knowledge of:
- a) The concepts of advocacy and negotiation in the employment process

d. Relational and Professional Communication

Effective rehabilitation includes collaborative relationships and networking with other professionals and support systems throughout the rehabilitation process. The curriculum must provide students the opportunity to learn knowledge, skills, and behavior necessary in developing, maintaining and discontinuing helping relationships. 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, in-class discussions, etc.

1) Practice skills

- a) Students will demonstrate knowledge and skills in:
 - i. Importance of interpersonal skills that may include active listening, flexibility, appropriate use of humor, and patience.
 - ii. Mandatory reporting law, and the mandatory reporting process for vulnerable populations (e.g., children, senior citizens, people with chronic psychiatric illnesses, imminent danger of harm to self or others)
 - iii. Strengths-oriented approaches and positive psychology strategies
- b) Students will demonstrate skills and behavior in:
 - i. Interviewing techniques:
 - i) Unconditional positive regard/empathy
 - ii) Active listening
 - iii) Encouraging body language
 - iv) Use of open and closed ended questions
 - v) Use of paraphrasing and summarizing
 - vi) Use of encouragement
 - c) Professionalism, including but not limited to work ethic, dress, and respect for others
 - d) Verbal and written communication skills through case notes, progress notes, demonstrations of effective case conferences, and effective interviewing techniques

2) Group leadership/helping techniques

- a) Students will demonstrate knowledge in:
 - i. Group processes and dynamics
- b) Students will demonstrate (under supervision and within appropriate professional scope of practice) skills in:
 - i. Facilitating group communication
 - i) Recognize and resolve conflicts in a group
 - ii) Recognize and resolve conflict in a group consensus building

3) Case Management

- a) Students will demonstrate knowledge of:
 - i. Elements and principles of case management.
 - ii. Culturally relevant case management models and advantages and disadvantages of each
 - iii. Ethical issues that may occur in case management settings, including but not limited to:

- i) boundary issues
- ii) confidentiality
- iii) conflict of interest
- iv) privacy (including electronics/digital/social media/AI, etc.)
- v) allocation of resources
- iv. Client/consumer intake
- v. Steps involved in the client/consumer discharge process
- b) Students will demonstrate skills in:
 - i. Critical thinking and problem-solving skills by following a case from intake to discharge
 - ii. Framing referral questions, seeking appropriate referrals, and follow-up with provider and client/consumer
- 4) Service delivery teams and interagency collaboration
 - Students will demonstrate knowledge of:
 - a) The team and their respective roles in the rehabilitation process
 - i. Multidisciplinary
 - ii. Interdisciplinary
 - iii. Transdisciplinary
 - b) The role of the person with the disability as the director of the team
 - c) Potential team members and other participants
- 5) Person-centered planning
 - Students will demonstrate knowledge of:
 - a) Person-centered planning philosophy and strategies
 - b) Potential community resources and supports
- 6) Working Alliance
 - Students will demonstrate knowledge and skills of:
 - a) Philosophy and strategies of establishing a working alliance
 - b) How to develop an alliance
- 7) Technology
 - Students will demonstrate knowledge of:
 - a) Technology used by rehabilitation and disability practitioners
 - b) How technology can be an advantage or disadvantage, including but not limited to, computers, tablet, phones, agency software, and emerging technology
 - c) Assistive and access technology used by consumers/clients
 - d) Access and equity issues associated with technology
- 8) Service-Efficacy, Evidence-based Practices, and Research
 - a) Students will demonstrate knowledge of:
 - i. Evidence-based practices
 - ii. Research resources
 - b) Students will demonstrate skills in:
 - i. Evaluation of services to clients/consumers, case load management, and agency/program evaluation
 - ii. Designing a research study
 - iii. Data interpretation and utilization

e. Advocacy and Informed Choice

The curriculum must provide students with opportunities to gain knowledge regarding oppressive and discriminatory treatment, policies and practices that individuals with disabilities may experience. Students must be exposed to and develop knowledge of historical, current and pending legislation, social constructs and have opportunities 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, but not limited to, case studies (real and simulated), reflection papers, exams, and 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 Act and amendments, 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 advancing civil rights, equity and independence
- b) Legal rights of patients, students and client/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 behaviors needed to uphold the tenets of ethical professional practice. Each topic area below represents areas in which students must demonstrate knowledge through activities, including but not limited to, as case studies (real and simulated), reflection papers, exams, and in class discussions.

1) Ethical principles and concepts

a) Students will demonstrate knowledge of:

- i. Difference between law and ethics and what to do when laws and ethics appear to conflict
- ii. Aspirational and mandatory ethics
- iii. Ethical principles of autonomy, beneficence, non-maleficence, justice, veracity, and fidelity
- iv. Ethical concerns for rehabilitation and disability practitioners including:
 - i) Confidentiality and exceptions to confidentiality
 - ii) Health Insurances Portability and Accountability Act (HIPAA) Regulations and Family Educational Rights and Privacy Act (FERPA)
 - iii) Privacy
 - iv) Duty to warn
 - v) Transference and countertransference
 - vi) Values conflicts
 - vii) Adherence to standards of professional practice
 - viii) Choice of treatment
 - ix) Adequacy of treatment
 - x) Cultural and ethnic factors that influence treatment

- xi) Professional boundaries
 - xii) Mandatory reporting
 - v. Release of Information Process
 - vi. Cultural sensitivity and competency and why it is important in delivery of services
- b) Students will demonstrate skills and behaviors in:
 - i. Solving ethical dilemmas through live or simulated case studies
 - ii. Designing and explaining informed consent
 - iii. Self-evaluation of ethical behaviors
 - iv. Seeking consultation to aid in navigating ethical dilemmas
- 2) Ethical Codes and Decision-Making Models

Students will demonstrate knowledge of:

 - a) Rehabilitation related Codes of Ethics such as the Code of Professional Ethics for Certified and/or applicable codes of ethics
- g. Pre-Internship/Practicum-Student Development**
 - 1) Professional Identity

Students will demonstrate knowledge of:

 - a) Understanding the importance of engagement in professional associations and community-based organizations (conferences, professional development training, networking, advocacy strategies)
 - b) Understanding the scope and practice, roles, and functions that rehabilitation and disability practitioners fulfill commensurate with their education and training.
 - c) Understanding the Importance of self-care, avoidance of burnout, and relationship to effective client/consumer services

Students will demonstrate behavior in:

 - a) Developing a professional identity through membership in professional associations
 - 2) Customer Servicer Communication

Students will demonstrate skills in:

 - a) Effective communication with clients/consumers and significant others/families.
 - b) Effective communication with intra professional communities, including but not limited to: employers, evaluators, community service providers, medical and other health care professionals, educational systems, and co-workers.
 - 3) Quality assurance and follow-up

Students will demonstrate knowledge of:

 - a) Importance of continuous improvement and performance monitoring of self, agency and systems to contribute to maximizing client/consumer outcomes.
 - 4) Budgeting

Student will demonstrate knowledge of:

 - a) Caseload budgeting in order to meet client/consumers' needs
 - 5) Careers and professional credential planning

Students will demonstrate knowledge of:

 - a) Careers in rehabilitation and related fields and credentials connected with each discipline

b) Career exploration

2. Internship/Practicum

Internship/practicum must provide students with opportunities to practice and integrate the knowledge, skills, and behaviors necessary to develop entry-level proficiency and professional behavior as rehabilitation and disability practitioners. Internship/practicum hours are only eligible after the completion of pre-requisite coursework and during the practicum or internship courses while under supervision of a faculty member and approved clinical supervisor at the placement site. The intent of internship/practicum is to confirm the acquisition and application of knowledge, skills, and behaviors acquired throughout the curriculum.

A minimum of 350 clock hours is required. Of the 350 hours, a minimum of 40% (140 hours) of the total time must be direct contact hours. Programs requiring more than 350 hours must still meet the 40% direct contact requirement of the total hours.

The length of internship/practicum experiences should be consistent with the objectives and competency outcomes of the curriculum requirements. Student performance and competency should be assessed at the beginning, mid-term and end of the experience.