

INSPECTION PROFORMA FOR AFFILIATION OF SPEECH AND HEARING COLLEGES-MASLP

PART A (GENERAL INFORMATION)

Application for the academic year :
Name of College :
Name of Principal :
Phone No :
E-mail ID :
Name of the proposed course :
Type of Application : Continuation of affiliation/ New course
No. of Seats applied for :
No of Existing seats :
(In case of Continuation of affiliation)
Date of Inspection :
University order No & Date :

Date of Last KUHS Affiliation Inspection
(if any) :

Name and Address of Inspectors
1.

DETAILS OF THE COLLEGE:

1. Name of the college with full postal address:

(With telephone no, Email &Fax)

2. Administrative status of the institution:

(Society, trust, institution or any other)

3. Name of the principal :

Address :

Phone No :

Email ID :

4. Web site address of the college :

5. Year of Establishment :

6. Location of the college

Road distance from railway station:

Road distance from bus station:

7. Name of the authority or public body that

a. Finance to the institute :

b. Manages the funds for the course:

8. RCI Recognition letter No. & Date :

9. State Government NOC No & date :

10. Details of the course conducted in the college:

| SNo | Name of the course | Duration of the course | No of seats sanctioned/applied for | Year of starting the course | University order No with date |
|-----|--------------------|------------------------|------------------------------------|-----------------------------|-------------------------------|
| | | | | | |
| | | | | | |

* The institute will be eligible to apply for starting MASLP Course after the first batch of BASLP Passes out, i.e., after 4 years of starting BASLP course subject to recommendation of Inspection Team/Visiting Expert.

Part B (SPECIFIC INFORMATION)

1. Infrastructure

| SI No | Facility | Available |
|-------|--|-----------|
| a) | Class rooms | |
| b) | Room for reception where patients are registered | |
| c) | Room for case history, Speech Diagnostic Room and Interviews | |
| d) | Speech Lab (Quiet Room) for diagnostic purposes | |
| e) | Recording room (Sound proof) | |
| f) | Speech Therapy Rooms/Cabins | |
| g) | Single sound treated room - Two Room Audiometric suite with control and test room situation (Sound Proof, ANSI 1977) | |
| h) | Room for hearing aid trial combination purpose | |
| i) | Ear mould Lab | |
| j) | Staff Room | |
| k) | Individual work space (with provision for storage facilities) | |
| l) | Hearing aid repair lab | |
| m) | Principal's Office room | |
| n) | Sanitary facilities | |
| o) | Hostels for Men and Women to accommodate at least 50% of the student population | |
| p) | Administrative staff room | |

2. Faculty

| SI No | Faculty | Available |
|-------|--|-----------|
| 1. | Faculty/Personnel | |
| 2. | Principal (Full time) | |
| 3. | Head Of The Department | |
| 4. | Professor | |
| 5. | Associate Professor | |
| 6. | Assistant Professor | |
| 7. | Speech Pathologist/Audiologist (Clinical Supervisor- GradeI) | |
| 8. | Speech Pathologist/Audiologist (Clinical Supervisor -Grade II) | |
| 9. | Lecturer in Linguistics - part time | |
| 10. | Lecturer in Statistics - part time | |
| 11. | Ear mould Technician | |
| 12. | Librarian/Staff | |

Details of teaching staff should be attached in the format given

3. Instruments

3.1 Audiology

| SI No | Instruments | Available |
|-------|--|-----------|
| a) | 2 channel Diagnostic Audiometer with Accessories such as earphone, ear cushion combination with adjustable headband, BC vibrator, transducers like microphone and matching loud speakers | |
| b) | Portable Audiometer with provision of A.C. and B.C. testing ; desirable screening audiometer | |
| c) | Clinical Immittance Audiometer (Desk model) with accessories | |
| d) | Portable/Screening immittance | |
| e) | Clinical BSERA | |
| f) | Otoacoustic emission | |
| g) | Calibration equipment for AC, BC and free field (by possession or access) | |
| h) | Different types of Hearing Aids of mild moderate and strong categories body level and ear level, canal and spectacle hearing aid (1 each), FM, Digital, Programmable aids, Assistive listening devices | |
| i) | IGOHAT for hearing aid trial and making electro acoustic measurements | |
| j) | Oto scope | |
| k) | Proformae | |
| l) | Auditory training and screening material | |
| m) | Ear mould Lab-fully equipped (UV Lab) | |

3.2 *Speech Language Pathology*

| S.I No | Instruments | Available |
|--------|---|-----------|
| a) | Speech and Language Tests (Tests for differential diagnosis) (English and local language) | |
| b) | Proformae | |
| c) | Speech Therapy material (Indian, Language and English) | |
| d) | Toys and Books | |
| e) | Mirrors - size 2'x3' | |
| f) | Portable and Digital tape recorders | |
| g) | Software for diagnostic/therapeutic use | |
| h) | EKG | |
| i) | Audio Visual materials for training | |
| j) | Tongue depressors | |

4. Library Facility

| SI. No | | | Available |
|--------|---|---|-----------|
| 1 | Reading room | | |
| 2 | Internet facility | | |
| 3. | Books Audiology Speech Language Pathology Allied subjects | Essential books in each paper should be available | |
| 4 | Journals | | |
| | Audiology | 4 | |
| | Speech Language Pathology | 4 | |
| | General | | |

Details of the books and journals should be attached.

5. CURRICULUM TRANSACTION

| Curriculum Transaction | | |
|--|----------------|---------------|
| Programme | Present | Absent |
| Seminar | | |
| Student guidance programme | | |
| Feed Back Form | | |
| Periodic Assessment Records of Students | | |
| Records of Clinical Training | | |
| Shifting of faculty before completion of academic year | | |

6. RESEARCH AND DEVELOPMENT

(Documents should be verified by the inspectors)

| Sl. No | Domain | Yes/No | Remark |
|--------|--|--------|--------|
| 1. | Scientific presentations/lectures | | |
| 2. | Participation in seminars/ workshops/ conferences | | |
| 3. | Seminars/ workshops/ conferences conducted | | |
| 4. | Publications(National & International) | | |
| 5. | Projects undertaken(funded/not funded) | | |

