

Assessment of Clinical Competence (ACC-SLP)

McMaster Field Trial

Background to McMaster Field Trial

In May 2018, the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR) outlined professional competencies required of each clinician upon entry-to-practice in Canada, with the goal of safe and effective practice ([CAASPR, 2018](#)). Using these competencies as the base starting point, the group of Academic Coordinators of Clinical Education from all twelve audiology and speech-language pathology university programs across Canada has been developing a national tool to evaluate student performance on placement. The ACC-SLP will be formally piloted in 2021, pending translation and creation of additional support materials. Given its conceptual similarity to McMaster SLP's original Evaluation of Clinical Competencies, we switched to using this trial version of the ACC-SLP in September 2019 as it addresses the problematic aspects of the prior tool.

Description of ACC-SLP

Competencies are distributed across seven roles required of a speech-language pathologist or audiologist: Expert (Knowledge, Clinical-Assessment, Clinical-Intervention), Communicator, Collaborator, Advocate, Scholar, Manager, and Professional. Each role contains one or more essential competencies (with most of these further described with several sub-competencies) that the student clinician must demonstrate by the time they complete their studies – see [Appendix 1](#) for the complete list of all competencies. In reviewing the descriptions of the competencies, you will notice that words like “effective”, “accurate”, and “appropriate” have been left out. In order to have a document that is succinct, the assumption is that each competency is being performed effectively, accurately, appropriately, etc. and therefore these descriptive words have typically been omitted.

A rating scale accompanies the tool (see [Appendix 2](#)) and describes the expected performance of a student at seven points along a continuum that ranges from “Early Novice” to “Entry to Practice”, with “Unsatisfactory” as an option to reflect students with significant difficulties. Over the course of a 2-year Master's program, students are expected to progress from Early Novice (early skill development consistent with just starting in an SLP Master's program) to Entry to Practice (skills that are sufficient for them to apply for their first job under College mentorship).



At midterm, CIs should consider the student's performance across the first half of the placement, with particular emphasis on performance in the week before midterm. At final, CIs should consider the student's performance across the placement, with particular emphasis on performance in the final two weeks. If there is insufficient opportunity for the student to demonstrate skills, the competency should be scored as N/A or comments explaining the lack of opportunity should be included.

For the McMaster SLP program, the minimum required achievement levels for each role by the end of each Unit are as follows:

	By the end of UNIT 2:	By the end of UNIT 3:	By the end of UNIT 4:	By the end of UNIT 5:
Knowledge Expert	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Assessment	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Intervention	Novice	Advanced Novice	Intermediate	Entry to Practice
Communicator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Collaborator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Advocate	Novice	Advanced Novice	Intermediate	Entry to Practice
Scholar	Advanced Novice	Advanced Intermediate	Entry to Practice	Entry to Practice
Manager	Novice	Advanced Novice	Intermediate	Entry to Practice
Professional	Advanced Novice	Advanced Intermediate	Entry to Practice	Entry to Practice

Students who do not meet the required level on their final evaluation will be presented to the Program Academic Study Committee (PASC) for review.

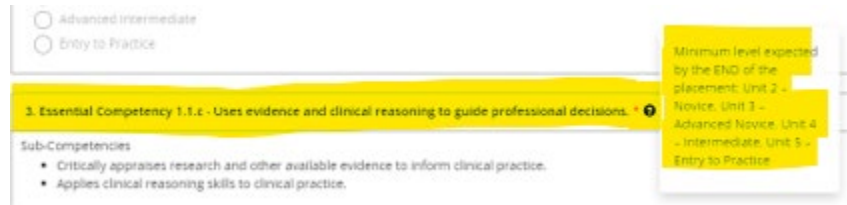
Clinicians often ask what the expected percentage of caseload management should be when meeting these stages of achievement on the rating scale. This is very difficult to estimate given the significant variation in client complexity and variety across settings and even within the same setting over time. If a student is involved with a small variety of clients (e.g., just a few disorder areas) with simpler characteristics, we would expect them to take the lead on a larger caseload than a student who is involved with a large variety of clients with multiple complexities. With that caveat in mind, the following are general guidelines for **percentage of direct client contact students should be able to take the lead on** and still achieve the above levels (noting that students may still work with other clients, but with lower levels of responsibility):

	Higher Variety or Complexity of Student Caseload	Lower Variety or Complexity of Student Caseload
Unit 2	30%	60%
Unit 3	40%	70%
Unit 4	60%	80%
Unit 5	70%	100%

Instructions

A week or so prior to the evaluation date, the Clinical Instructor (CI) will be sent a link in order to complete the evaluation online. If 2 CIs are sharing supervision, only one will receive the link and they can forward to the co-supervisor so they can both work from the same link.

Using the rating scale, the CI must assign the student a rating for each essential competency. There is a “tool tip” after each competency that provides a reminder of the level expected to be achieved by students at each stage in the program – hover over the question mark to see the reminder:



The CI should consider the applicable sub-competencies listed below each essential competency in order to help make an overall determination of the student’s rating on the essential competency. Sometimes a competency will not be applicable for a particular setting or sometimes there may be insufficient opportunity to evaluate a competency. In these circumstances, the CI should select “Not Applicable” (N/A).

The rating scale is designed to be flexible enough to assess performance on all of the essential competencies. Level descriptors vary along 4 parameters:

- Amount of assistance required (e.g., specific direction vs cueing)
- Frequency of requiring assistance (e.g., frequent vs intermittent)
- Amount of time required (e.g., always needs extra time vs sometimes needs extra time)
- Complexity of clients/situations managed

The CI may choose how to weigh the relative importance of these 4 parameters in order to best reflect the combination of their clinical setting and the individual competency. **Please see [Appendix 3](#) for some case examples.** After assigning a rating for each essential competency within a role, the CI will provide comments on the student’s strengths and areas for development within that role. There is also an optional “General Comments” section at the beginning for any feedback that is not specific to a competency.

Once the CI receives the link, the evaluation may be accessed as often as needed to allow it to be gradually completed time – just “Save as Draft” to leave it and come back to it later. **The CI must only click on Submit after the evaluation meeting with the student.** So the steps are:

- Gradually work on completing the evaluation by clicking on the rating level you are assigning for each essential competency and entering Strengths and Areas for Improvement in the comments field at the end of each section. Note that some essential competencies have "N/A" as an option because they are not applicable for all placements). Click on Save as Draft each time you leave the evaluation.

- **If you want to work with a paper copy** when you meet with your student to review, use the Print function in your browser window once you've completed the final draft - just click on the 3 dots at the top right of the window and select Print from there (you can then send to your printer if you want a paper copy or Save as PDF). NOTE: If comments you have entered are not fully visible, before you print you must first expand the size of the comment boxes by putting your cursor over the 2 diagonal lines in the bottom right-hand corner of each box and then dragging the arrow until the box is large enough to show all of the text. Alternatively, if you are both able to see your computer screen during your evaluation meeting, you can just review the evaluation online together and not bother with a printed version.
- When you have completed the evaluation meeting with your student, complete the acknowledgement box at the end of the form and click on Submit. This releases the evaluation to the student and to the Director of Clinical Education. The student will also have to complete an acknowledgement box when it is released to them.

This assessment is to be completed at midterm and again at final. **When completing the evaluation at final, there are 2 ways to see what was entered at midterm:**

- At the top, click on **Show All Answers in Other Stages**. Then for each section, you'll be able to see the midterm comments and midterm rating right below where you will enter the final comments and final rating.
- Scroll all the way to the bottom in the signature section and you will see **Previous Stages PDF**. Click on that and a PDF will open showing what you entered at midterm.

Appendix 1: ACC Competencies

Only the 23 numbered items in bold are rated. If bullet points are included, they serve to provide additional explanation of skills involvement in achieving the competency. Consideration of performance on the bullet points will help in making the overall rating determination.

EXPERT

Knowledge Expert

- 1.1.a Applies profession-specific knowledge to prevent, identify, and manage communication disorders, and feeding and swallowing disorders.**
- 1.1.b Applies basic knowledge from relevant fields (e.g., audiology, physiology, psychology) to guide decisions in regards to communication and feeding and swallowing.**
- 1.1.c Uses evidence and clinical reasoning to guide professional decisions.**
 - Critically appraises research and other available evidence to inform clinical practice.
 - Applies clinical reasoning skills to clinical practice.

Clinical Expert - Assessment

- 1.2.a Identifies individuals requiring speech-language pathology services.**
 - Collects and reviews information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for a speech-language pathology assessment.
 - Engages in screening programs (e.g., infant, school-aged, feeding and swallowing) to identify individuals requiring speech-language pathology services.
- 1.2.b Plans an assessment.**
 - Collects and analyzes pertinent information prior to the assessment, including intake information and previous reports.
 - Formulates hypotheses regarding the nature of the client's communication and/or feeding and swallowing abilities and needs.
 - Selects appropriate tools, strategies, and resources that will address the unique needs of the client (e.g., multilingualism, hearing impairment, attention).
- 1.2.c Conducts an assessment.**
 - Organizes the environment for optimal interaction.
 - Conducts a clinical interview with the client and other relevant individuals.
 - Administers valid, accurate, and reliable assessment measures and/or procedures (quantitative and/or qualitative) as appropriate.
 - Demonstrates flexibility and creativity in adapting to unexpected circumstances.

- Actively listens to, observes, and documents all components of communication and/or feeding and swallowing.
- Manages behaviours within the assessment session.

1.2.d Analyzes and interprets assessment results.

- Scores and interprets standardized tests according to test protocols.
- Analyzes formal, informal, quantitative, and qualitative assessment results.
- Formulates conclusions regarding the client's diagnosis, prognosis, abilities, resources, and needs.

1.2.e Develops and shares recommendations based on assessment results.

- Develops evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings.
- Discusses the assessment results, recommendations, and implications with the client and other relevant individuals.

Clinical Expert - Intervention

1.3.a Develops a realistic, evidence-informed, and measurable intervention plan.

- Establishes and prioritizes long-term intervention goals that reflect the client's strengths, needs, values, expectations, and constraints.
- Develops specific, measurable, realistic, time-limited, short-term goals to reach the functional long-term intervention goals.
- Selects direct and/or indirect service delivery model(s), as appropriate.
- Determines the resources and timelines required for the intervention.
- Develops activities and outcome measures that align with the client's goals.

1.3.b Implements an intervention plan.

- Organizes the environment for optimal interaction.
- Conducts the intervention using the appropriate modalities, procedures, materials, and technologies, modifying as appropriate.
- Demonstrates flexibility and creativity in adapting to unexpected circumstances.
- Measures and records the client's response to intervention.
- Manages behaviours within the intervention session.
- Provides appropriate feedback and modelling to the client.
- Provides the client, family, and/or significant others with education, support, training, and counselling, relating to communication, feeding, and/or swallowing.
- Refers to other healthcare or educational professionals as required.

1.3.c Monitors, adapts, and/or redesigns an intervention plan based on the client's responses and needs.

- Evaluates the outcomes of the intervention on an ongoing basis.
- Modifies the goals and/or intervention approach, as appropriate and in consultation with the client.

- Discontinues the intervention, as appropriate, and plans for transition to other services as needed.

1.3.d Provides training, tasks, and feedback to support personnel to meet the clinical objectives, as appropriate to the jurisdiction, clinical activity, and individual competencies.

COMMUNICATOR

2.a Communicates respectfully and effectively using appropriate modalities.

- Uses language appropriate to the client and context, taking into account all aspects of diversity (e.g., age, culture, gender identification, linguistic abilities, education level, cognitive abilities, emotional state).
- Demonstrates active listening skills.
- Relates comfortably and in a socially appropriate manner with others.
- Adapts communication in response to verbal and nonverbal cues from communication partners.
- Communicates in all professional contexts in a positive, clear, concise, and grammatically acceptable manner.
- Communicates in a respectful manner, demonstrating empathy and openness.
- Employs environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, sign, electronic) and by using translators/interpreters, as required
- Participates respectfully in challenging conversations
- Effectively receives and provides feedback (e.g., clinical educators, peers, team members)

2.b Completes documentation thoroughly and accurately, in a timely manner.

- Accurately documents informed consent, services provided, and outcomes.
- Ensures reports clearly integrate results, client input, analysis, recommendations, goals, and outcomes, in a manner understandable to the target audience(s).
- Documents in all professional contexts in a clear, concise, organized, and grammatically acceptable manner.
- Completes and disseminates documentation in a timely manner.
- Complies with regulatory, legislative, and facility requirements related to documentation.

COLLABORATOR

3.a Establishes and maintains effective team collaborations to optimize client outcomes.

- Interacts effectively and positively with all team members.
- Communicates own professional roles, responsibilities, and scope of practice in collaborative interactions.
- Recognizes and respects the roles and perspectives of other professionals.
- Participates actively and respectfully in shared responsibilities and decision-making.
- Manages misunderstandings, limitations, and conflicts to enhance collaborative practice.
- Facilitates transfer of care within and across professions.

3.b Demonstrates client-centred practice.

- Engages and supports the client in identifying concerns, priorities, values, beliefs, assumptions, expectations, and desires in order to inform assessment and intervention.
- Demonstrates respect for the client's rights, dignity, uniqueness, and equal opportunity.
- Considers the client's personal, social, educational, and vocational contexts.
- Promotes and supports the client's (or substitute decision maker's) participation in decision-making.

ADVOCATE

4.a Enables the client to identify and address the barriers that impede or prevent access to services and resources, according to the client's goals.

4.b Shares professional knowledge with others.

- Promotes the value of the profession.
- Identifies the need for education related to speech-language pathology services.
- Plans and delivers prevention, promotion, and education programs and activities related to communication and/or feeding and swallowing disorders.

SCHOLAR

5.a Maintains currency of professional knowledge and performance in order to provide optimal care.

- Identifies own professional strengths and areas for development.
- Determines own goals for competency development.
- Develops a plan and implements strategies for continued development in all seven competency roles.

MANAGER

6.a Manages the clinical setting.

- Balances competing demands to manage time, caseload, resources, and priorities
- Demonstrates an understanding of the structure, funding, and function of speech-language pathology services within the organization and broader health and education system.
- Applies appropriate precautions, risk management, and infection control measures, as required.
- Ensures equipment, materials, instruments, and devices are regularly calibrated, up to date, and in good working condition, according to the required standards.

PROFESSIONAL

7.a Maintains professional demeanour in all clinical interactions and settings.

- Maintains confidentiality (e.g., follows consent procedures to share information with other parties).
- Demonstrates professionalism in managing conflict.
- Maintains personal and professional boundaries in relationships with clients, colleagues, and other professionals.
- Displays a positive, professional image (e.g., follows dress code).
- Demonstrates professionalism in all communications, including those involving electronic platforms.
- Demonstrates responsible, reliable behaviour, and accountability for actions and decisions.
- Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician.

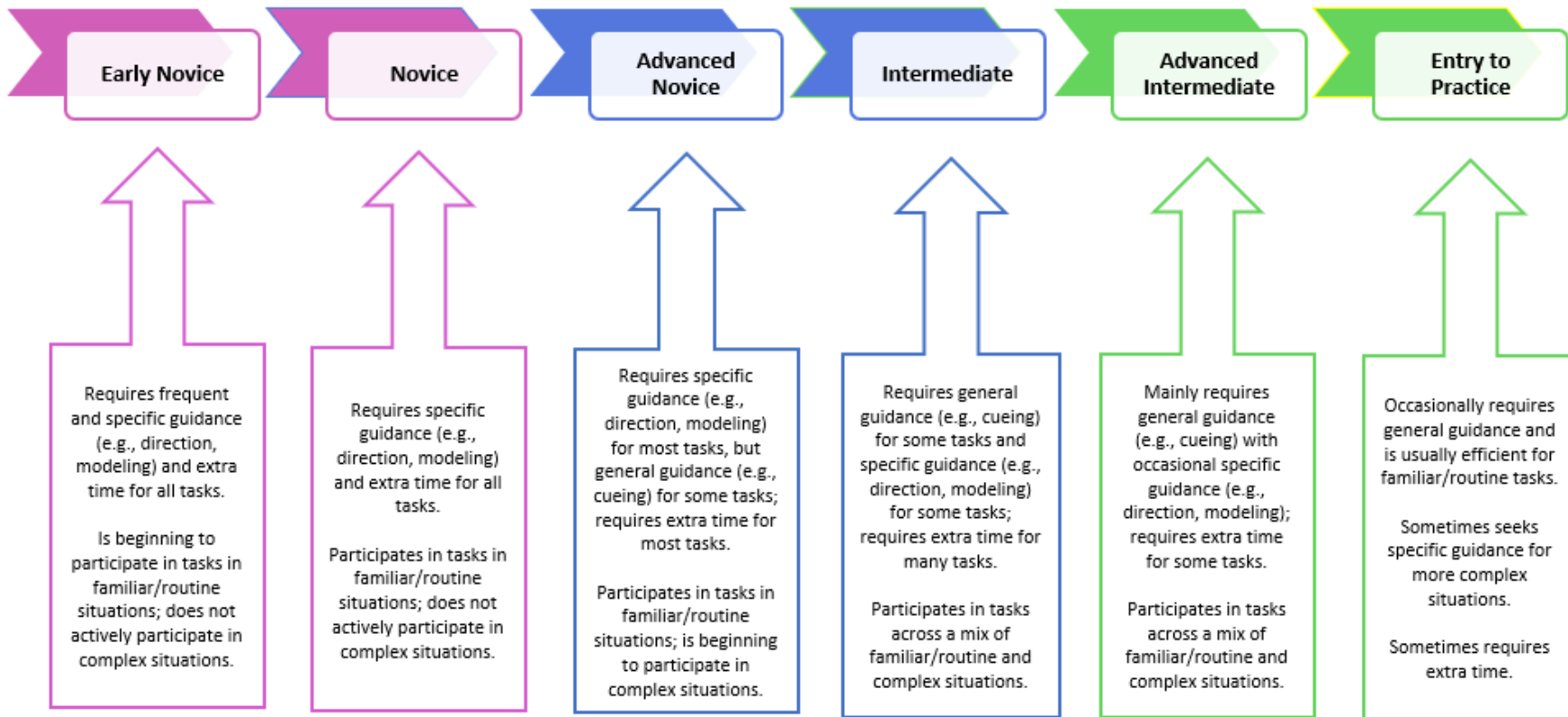
7.b Practices ethically.

- Adheres to professional code of ethics, as defined within the jurisdiction.
- Obtains informed consent.
- Recognizes and uses critical judgment to respond to ethical issues encountered in practice.
- Recognizes and uses critical judgment to respond to actual or perceived conflicts of interest.
- Demonstrates honesty and integrity and acts in the best interests of the client.
- Identifies and mitigates own biases, as they relate to the care of a client.

7.c Adheres to professional standards and regulatory requirements.

- Stays informed of and complies with professional standards and regulatory and legislative requirements within one's jurisdiction.
- Practices within the profession's scope of practice and own personal capabilities.
- Adheres to site and university standards and requirements.

Appendix 2: ACC-SLP Rating Scale



A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning, and/or applying prior learning.

Appendix 3: Case Examples to Illustrate Rating

Case Example A:

Amie is on her third clinical placement; she is over half way through her Master’s program. She has planned and completed several assessments in the first half of her placement with growing independence. She requires specific cueing (i.e. modeling) to complete new and unfamiliar assessments with complex cases or when there are behaviour difficulties, but performs familiar assessments with only general guidance from her Clinical Educator (CE). She struggles with writing accurate assessment reports. She requires structured templates and examples of written reports from her CE, is unable to explain complex assessment results, and takes extra time to write all reports. Reports usually require 3 revisions before they meet requirements to release to the client.

Amie’s CE completed her midterm assessment with the following ratings for essential competencies 1.2.c (Conducts an assessment) and 2.b (Completes documentation thoroughly and accurately, in a timely manner):

1.2.c Conducts an assessment.

- Organizes the environment for optimal interaction
- Conducts a clinical interview with the client and other relevant individuals
- Administers valid, accurate, and reliable assessment measures and/or procedures (quantitative and/or qualitative) as appropriate
- Demonstrates flexibility and creativity in adapting to unexpected circumstances
- Actively listens to, observes, and documents all components of communication and/or feeding and swallowing
- Manages behaviours within the assessment session

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.b Completes documentation thoroughly and accurately, in a timely manner.

- Accurately documents, informed consent, services provided, and outcomes
- Ensures reports clearly integrate results, client input, analysis, recommendations, goals, and outcomes, in a manner understandable to the target audience(s)
- Documents in all professional contexts in a clear, concise, organized, and grammatically acceptable manner
- Completes and disseminates documentation in a timely manner
- Complies with regulatory, legislative, and facility requirements related to documentation

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case Example B:

Stefan is finishing his first placement. He has been a pleasure to have on placement. Stefan has demonstrated an excellent work ethic and professional behaviour at all times. He hasn't had an opportunity to manage conflict, but he did observe a significant difference of opinion between a physician and physiotherapist on the team and demonstrated insight into how this could have been better managed in a later discussion with his CE. Stefan's CE had previously completed a large number of assessments and Stefan has been participating in providing a mix of 1:1 and group intervention for adults with acquired brain injuries. His CE had summarized the patterns of strengths and weaknesses for each client and then they worked together to translate the assessment results into goals, approaches, and likely activities. Stefan needed frequent support to select and word short vs long term goals, but he was then able to identify good ideas for how to target the goals in 1:1 sessions. Stefan required assistance to determine how to approach group intervention. He also was unsure of how outcomes might be measured, but once given 1-2 examples, he was usually able to generate 1-2 additional measures.

Stefan's CE completed her final assessment with the following ratings for essential competencies 7.a (Maintains professional demeanour in all clinical interactions and settings) and 1.3.a (Develops a realistic, evidence-informed, and measurable intervention plan):

7.a Maintains professional demeanour in all clinical interactions and settings.

- Maintains confidentiality (e.g., follows consent procedures to share information with other parties).
- Demonstrates professionalism in managing conflict
- Maintains personal and professional boundaries in relationships with clients, colleagues, and other professionals
- Displays a positive, professional image (e.g., follows dress code)
- Demonstrates professionalism in all communications, including those involving electronic platforms
- Demonstrates responsible, reliable behaviour, and accountability for actions and decisions
- Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1.3.a Develops a realistic, evidence-informed, and measurable intervention plan.

- Establishes and prioritizes long-term intervention goals that reflect the client’s strengths, needs, values, expectations, and constraints
- Develops specific, measurable, realistic, time-limited, short-term goals to reach the functional long-term intervention goals
- Selects direct and/or indirect service delivery model(s), as appropriate
- Determines the resources and timelines required for the intervention
- Develops activities and outcome measures that align with the client’s goals

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case Example C:

Genevieve is at the midterm point of her final placement, providing services to children in a regional children’s treatment centre. While some of the children are straightforward, many have complex physical, cognitive, and emotional needs. Genevieve has been doing well planning the assessment and getting the materials and room ready. She completes clinical interviews with the parents effectively and independently. When assessing the child, she is reasonably comfortable administering and adapting standardized tests, however, she struggles with informal assessment techniques. Although she plans for a range of methods to elicit responses, “in the moment” she needs specific prompts. She has done well managing “regular” behavioural issues in assessment sessions, but she doesn’t implement effective techniques for the more significant behavioural concerns. Except for the informal assessment techniques, she is usually accurate in recording the children’s responses. Genevieve has a strong awareness of her strengths and weaknesses. At the end of each day, she prepares a list of 2-3 skills she wants to focus on improving the next day and her CE has always been in agreement with her choices. Prior to this week’s midterm evaluation, Genevieve independently completed a formal analysis of her difficulties with informal assessment techniques and complex behaviour management along with her plan with next steps to advance her skills in these areas, including a few questions for CE input.

Genevieve’s CE completed her midterm assessment with the following ratings for essential competencies 1.2.c (Conducts an assessment) and 5.a (Maintains currency of professional knowledge and performance in order to provide optimal care):

1.2.c Conducts an assessment.

- Organizes the environment for optimal interaction
- Conducts a clinical interview with the client and other relevant individuals
- Administers valid, accurate, and reliable assessment measures and/or procedures (quantitative and/or qualitative) as appropriate
- Demonstrates flexibility and creativity in adapting to unexpected circumstances
- Actively listens to, observes, and documents all components of communication and/or feeding and swallowing

- Manages behaviours within the assessment session

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.a Maintains currency of professional knowledge and performance in order to provide optimal care.

- Identifies own professional strengths and areas for development
- Determines own goals for competency development
- Develops a plan and implements strategies for continued development in all seven competency roles

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>