Clinic Practicum Handbook for SPEECH-LANGUAGE PATHOLOGY

DEPARTMENT OF COMMUNICATION AND LEARNING DISORDERS PROGRAM (CDIS)

2013-2014

Our Lady of the Lake University
HARRY JERSIG SPEECH-LANGUAGE-HEARING CENTER (HJC)
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Master's Program in Speech-Language Pathology accredited by
Council on Academic Accreditation in Audiology and Speech-Language Pathology of American Speech-Language-Hearing Association
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RECEIPT OF STUDENT FLASH DRIVE WITH STUDENT CLINICIAN HANDBOOK e-file

I, ________________________________, will read and reference the Student Clinician (please print name)
Handbook to access and understand information contained in it such as, Clinical Rules and Regulations, Role as a Professional, Clinical Paperwork, Grading Policy, etc.

_________________________________________  __________________________________________
Student Signature  Date
Mission of the OLLU Harry Jersig Speech-Language and Hearing Clinic/CDIS Program

- to prepare students for successful careers in speech-language pathology
- to provide evidence based services to individuals with communication and swallowing disorders
- to engage in scholarly activity in the field of communication sciences and disorders.

OUR LADY OF THE LAKE UNIVERSITY (OLLU) IS AN EQUAL ACCESS, EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER AND EDUCATOR

OLLU has declared a policy of providing equal opportunity in all policies and procedures affecting employment and education. In conjunction with the objectives of the policy and in accordance with the various local, state, and Federal laws, rules and regulations, the University is committed to providing employment and educational opportunities without regard to race, color, religion, sex, age, national origin, sexual orientation, veteran status and/or the presence of a disability.
How to Use This Handbook

CLINICAL PRACTICUM HANDBOOK

Read this handbook and use it in conjunction with your communication disorders program degree plan, course outlines and the university bulletin. This handbook may be used as a resource for the CDIS 6365, 6366, and 6167 Clinical Methods Classes. It will be used throughout your practicum at the Harry Jersig Center to guide you in following policies, procedures, and forms used in the clinical process. It will be used to guide you through field placements, preparation for graduation and transition from graduate student to clinical fellow.

Revisions related to legal matters, maintaining program accreditation or compliance for graduate study requirements will be implemented as necessary. Should any change or update in this handbook be required, the Clinic Director will provide it as an addendum. Students will be notified of such changes. It is your responsibility to meet the expectations stated in these documents.

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<thead>
<tr>
<th>CLINIC DIRECTOR:</th>
<th>DEPARTMENT CHAIR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosa Lydia Martinez, M.S., CCC-SLP</td>
<td>Eva Nwokah, Ph.D., CCC-SLP</td>
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<td>Clinic Director</td>
<td>Chair, Communication and Learning Disorders Department</td>
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2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology Effective Date: September 1, 2014

Downloadable items at the asha.org website:
2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Source: http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/ also can be found in Appendix A

Other downloadable documents of importance in PDF format at asha.org website:
Homepage for asha.org
http://www.asha.org/

Code of Ethics (not accessible)
http://www.asha.org/docs/html/ET2010-00309.html

Confidentiality
http://www.asha.org/policy/ET2013-00332/

HIPAA
http://www.asha.org/practice/reimbursement/hipaa/

Complaint Procedures
http://www.asha.org/academic/accreditation/accredmanual/section8.htm

Scope of Practice in Speech-Language Pathology

Scope of Practice in Audiology

ICD-10 Preparation Checklist
http://www.asha.org/practice/reimbursement/coding/ICD10-checklist/

ICD-10 Diagnosis Codes for Audiology and Speech Language Pathology
http://www.asha.org/practice/reimbursement/coding/icd-10/

ICD-9 Codes for Speech-Language Pathology
http://www.asha.org/practice/reimbursement/coding/icd9SLP.htm

ICD-9 Codes for Speech-Language Pathology – revisions from 2011
http://www.asha.org/Practice/reimbursement/coding/newICD9SLP/

ICD-9 Codes for Audiology
http://www.asha.org/Practice/reimbursement/coding/icd9Audiology/

Clinical Fellowship Year
http://www.asha.org/certification/Clinical-Fellowship.htm

Praxis Exam
http://www.asha.org/certification/praxis/overview/
Communication Skills Policy
All CDIS graduate students at OLLU must demonstrate communication competence consistent with ASHA’s Standard V – A for Certification in Speech-Language Pathology. The CDIS graduate students must demonstrate skills in oral and written or other forms of communication sufficient for entry into professional practice. Students must “demonstrate speech and language skills in English, which, at minimum, are consistent with ASHA’s current position statement on “students and professionals who speak English with accents and nonstandard dialects.” In addition to issues with spoken English proficiency, this policy applies to all types of communication differences and disorders that may affect clinical competence. For written documentation, students must “be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans and professional correspondence.”(ASHA 2005) Information must be communicated in a clear and understandable manner, in both written and oral contexts, including settings with limited time options.

Students must possess the skills to:

- assess and effectively communicate relevant information
- assess incoming information and adjust as needed
- modify communication style to accommodate the needs of clients and caretakers
- display responsive and empathetic listening skills to facilitate effective interaction with clients
- demonstrate sensitivity to cultural differences
- express ideas clearly and demonstrate willingness to accept constructive feedback

The CDIS program will provide the opportunities to all students to develop the needed range of communication skills to prepare them to practice clinically at an entry level of proficiency, across the scope of practice.

Non-Standard Dialect
For students who are English Language Learners (ELL-Primary language other than English), the department adheres to ASHA’s position statement, “Students and Professionals Who Speak with Accents and Nonstandard Dialects.” ASHA’s position statement indicates, “students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of treatment and diagnostic competencies to model target phonemes, grammatical features, or other aspects of speech and language that characterizes the client’s particular problem.”

ASHA Joint Subcommittee of the Executive Board on English Language Proficiency (1998). Students and professionals who speak English with accents and nonstandard dialects; Issues and recommendations. ASHA, 40 (Suppl. 18), 28-31.

http://www.asha.org/practice/multicultural/issues/pp.htm
Non-native English speakers
Graduate students who are non-native speakers of English are informally assessed during their interview for admission and the whole incoming class may be further assessed following admission. The clinical faculty conducts informal screening of the intelligibility and oral communication, in English, of all graduate students. Any student, whatever his or her native language, who is identified by an instructor, whether academic or clinical, as having spoken or written language proficiency that does not meet the above standard will be offered the opportunity to receive assessment and intervention through appropriate venues, to include the program’s Speech-Language-Hearing Center. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. Efforts will be made to assist students in locating appropriate services/resources. Appropriateness of continuation as a student clinician in clinic will be made on a case-by-case basis if a student has been identified as presenting a deficiency in spoken and/or written English. Students who have been identified as needing services to improve their English must be approved by the Clinic Director for admission into, or continuation of, the clinical practicum experience.

Non-standard English speakers
CDIS graduate students identified as presenting with language differences that may interfere with successful completion of clinical training will be counseled by their Academic Advisor and the Clinic Director. Strategies to improve their oral and/or written proficiency in Standard English as well as resources to support improvement in oral and/or written proficiency will be provided to the student via documented consultation with the Academic Advisor and the Clinic Director, and via feedback received from clinical faculty/instructors. Documented consultation may be drafted as a clinical remediation plan. If documented consultation does not meet the student’s needs, attempts will be made to provide resources for individualized intervention, including, at the student’s request, the program’s Speech-Language-Hearing Center. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

Students with communication disorders
CDIS graduate students with communication disorders that may interfere with successful completion of clinical training will be counseled by their Academic Advisor and the Clinic Director. Students will be provided with information on assessment and intervention services available in the community, including the program’s Speech and Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

Disability Statement
Department policy is aligned with university policy which states that if a student has a documented disability and requires accommodations to obtain equal access in clinical practicum, the student should contact the Clinic Director at the beginning of his/her graduate program and the instructor of his/her practicum class each semester with needed accommodations. Students with disabilities must verify their eligibility through the University’s Office of Disability Services for Students/Student Success Center.
Social Media Policy

Background
Through internet and mobile technologies, social media has become a timely and widespread form of communication. Social media sites are less passive and more interactive, user generated sites (Zur, 2011). Social Media includes all but not limited to Twitter, Facebook, LinkedIn, MySpace and blogs. The purpose of this policy is to outline professional behavior expected from OLLU graduate clinicians when using social media.

Rationale for the Policy
Graduate students must realize that their personal lives could affect their professional reputation and credibility. Students must uphold the same code of ethics as outlined by ASHA in their personal lives. This policy also helps students to protect themselves from invasions of privacy.

Behavior Expected from Students
1. Be aware of what is available to the public. Examine the privacy settings available in each site and ensure that only the information you want available will be visible to the public.
2. Exercise good judgement when posting to social media sites. Although you may not be “friends” with clients, the information available on your profiles are still out there. “These active, interactive forums require much more care and attention regarding the confidentiality and privacy of the therapist-client communication” (Zur, 2011).
3. Interaction with clients via social media is explicitly prohibited. All interactions with clients should occur via school e-mail accounts. Notify a supervisor immediately if a client attempts to continue communication via social media.

Best Practices that SLP Students are Expected to Follow
1. Take responsibility and use good judgment. You are responsible for the material you share through social media. Be courteous, respectful, and thoughtful about how others may perceive or be affected by what you share. False and unsubstantiated claims and inaccurate or inflammatory communications may create liability for you.
2. Think before you post. Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Current instructors/supervisors, future employers, and clients often have access to this information and may use it to evaluate your personal and professional judgment and suitability for employment. Take great care and be thoughtful before placing your identifiable comments in the public domain.
3. Protect your own privacy. Make sure you understand how the privacy policies and security features work on the sites where you are sharing material. Use privacy settings to safeguard personal information and content to the extent possible, but realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently.
4. When interacting with other students, faculty or clinical instructors, or patients on the internet, maintain appropriate boundaries in accordance with professional and ethical guidelines just as you would in any other context.
5. When students see unprofessional content posted by colleagues, they have a responsibility to bring the appropriateness of that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior violates professional norms and the individual does not take appropriate action to resolve the situation, the student should report the matter to a SLP faculty member.

Activities That May be Grounds for Dismissal from the SLP Program
Publishing, discussing, or sharing in any way the health information of other individuals. Be aware that removal of an individual’s name or use of a pseudonym does not constitute proper de-identification of protected health
1. Information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or posting of patient stories and/or pictures (such as a before/after photograph of a patient having surgery, or a photograph of a patient participating in therapy or even social activities may still allow the reader to recognize the identity of a specific individual.

2. Claiming to be an official representative or spokesperson for OLLU or its entities, including the SLP program.

3. Assuming the identity of another person or otherwise attempting to obscure one’s own identity as a means to circumvent the prohibited activities outlined in this policy.

Unprofessional Behavior that may be the Basis for Disciplinary Action

1. Using vulgar language.
2. Using language or photographs that imply disrespect for any individual or group, including but not limited to age, race, gender, ethnicity or sexual orientation.
3. Publishing or sharing in any way, personal photographs or photographs of oneself or others that may reasonably be interpreted as condoning irresponsible use of alcohol, the use of recreational drugs, illegal activities, or sexual promiscuity.
4. Publishing, discussing, or sharing in any way, potentially inflammatory or unflattering material on another individual’s website (e.g. on the “wall” of that individual’s Facebook site).
5. Publishing or sharing in any way, personal photographs or photographs of clients in clinic or social situations. Keep in mind, permission forms signed for use of photographs, etc. in the program/clinic, are NOT intended for student permission/use.

Student Organization Use of Social Networking Sites

Registered student organizations that use social networking sites are required to seek permission of the advisor prior to posting material. Student organizations are not to represent themselves as official representatives or spokespersons for OLLU, its entities or any other organization, affiliated or unaffiliated.

Zur, O. (2011). To Accept or Not to Accept? How to respond when clients send “Friend Request” to their psychotherapists or counselors on social networking sites.

Professional Behavior Guidelines for Participation in SLP Clinical Training

Over the course of the next two years, you will transition from a student to a professional. The CDIS graduate program at OLLU requires the highest standards of its students. The following guidelines are expectations from your graduate clinical program and for your future career in the field of speech-language pathology. It is expected that all students will follow the appropriate professional and interpersonal skills with clients, their families, clinical instructors, peers and support staff.

### Professional Behavior

- Conduct all clinical work in accordance with HJC Professional Protocol and the Code of Ethics and Scope of Practice in Speech-Language Pathology set forth by the American Speech-Language Hearing Association.
- Consistently prepare for and complete clinical services, conferences, and other practicum activities.
  - Arrive ahead at least 15 minutes of the appointment time to prepare for your session or meeting.
  - Contact supervisor in a timely manner if an extenuating circumstance causes lateness/cancellation (see HJC clinic attendance policy).
  - Take seriously the responsibilities of fulfilling clinical obligations by avoiding long weekends, absences due to personal reasons (e.g., vacations, weddings).
  - Take initiative by reading client’s file, being prepared to ask questions, knowing what you want to learn during a clinical experience and using references to learn necessary information.
- Use universal safety precautions whenever necessary.
- Protect and maintain confidentiality of clinical information as prescribed by HIPAA guidelines and clinic protocols.
- Present professional image through appropriate personal appearance and dress, identification with professional name badge, and professional demeanor (see HJC clinic dress code).
- Respect clinic property including resource therapy materials. Check out according to protocol and re-shelve in a timely manner.

### Written Communication Skills

- Consistently and accurately convey professional information from coursework, supervisory input, clinical activities and other resources.
- Consistently write information in a clear and organized manner using accurate spelling and grammar.
- Consistently and accurately use professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting.

### Oral /Nonverbal Communication

- Consistently and accurately use oral communication that demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA’s most current position statement on students and professionals who speak English with accents and nonstandard dialects.
- Consistently and accurately convey correct information from course work, supervisory input, clinical activities and other resources.
- Consistently and accurately describe behaviors of client and patient.
- Consistently and accurately use nonverbal language, including but not limited to affect, eye contact, tone, or body language, which is consistently appropriate for clinical interactions.
- Consistently model appropriate communication in all clinical settings and provide appropriate clarification to clients, family members, or other professionals when needed.
- Consistently and accurately use oral and nonverbal communications which are appropriate for the cultural, socioeconomic, and semantic needs of the audience.
- Check emails and mailbox at least daily. Notify clinic directors of change to address/numbers.
- Avoid use of electronic devices including pagers, PDAs, and cell phones for personal use in clinic.

I have read and understand the guidelines regarding professionalism that were discussed in CDIS 6265.

Student Signature: _____________________________ Date: _________________

CDIS Clinic Practicum Handbook-Revised: 2.7.14-rlm
Section I

General Information and In-House Clinic Policies
Responsibilities of the Student Clinician

The following is a guide for the student regarding responsibilities in clinical practicum, however. This list is not meant to be exhaustive but is meant to serve as a starting point in the development of professional clinic development.

Comply with ASHA Code of Ethics
The student clinician is expected to follow ASHA’s Code of Ethics in all clinical practicum settings. The student clinician is also expected to be aware of its intent and principles.

Use the Clinic Calendars
Both yearly and monthly calendars are posted in Jersig’s main office and on the practicum bulletin boards at the Harry Jersig Center. This information is posted to assist students in planning for each semester and the year. The student clinician is expected to take time to look at the information posted and plan to allow themselves time to meet educational requirements.

Act Professionally
Although you are a student, you are also a professional. You are beginning your professional career. It is important that you maintain a professional attitude when dealing with teaching faculty, peers, clinical instructors, clients and their families. Look at professional behavior competencies and the subsequent discussion and access other professional resources.

Dress Professionally
Dress code requires casual professional attire. Understand that during practicum you may be on the floor, outside of the building or using messy materials, therefore, wear clothes that are sturdy and can be easily cleaned. Cover your body torso and legs, i.e., do not show your chest, stomach or the small of your back or upper thighs. Lab jackets can be worn. Avoid being a distraction to others. Denim pants (i.e., jeans) cannot be worn during practicum experiences. Do not wear flip-flops, show jeweled piercings of the mouth or nose and cover body art.

Credentials Required to Participate in Clinical Practicum
Credentials must be earned and maintained per requirements within expected timelines and processes. Delays in earning or maintaining credentials may affect a student’s participation in practicum assignments which could affect graduation dates due to delays in meeting required competencies and hours required by ASHA.

To begin practicum students are to submit
- an Application for Practicum Assignment,
- proof of professional liability insurance,
- a copy of a negative T-B screening and
- proof of 25 hours of clinical observation
- complete CPR training
- criminal background check

To continue practicum students are to submit
- an application for clinical assignment
- updated proof of a negative T-B exam
- a renewed professional liability insurance policy
Distribution Process for Credentials
Initiation of this process of collecting and providing information regarding credentials will occur at the clinical practicum orientation. Instructions for follow up will be provided at this time. Addendums to this distribution process may be included at a later date. Students will be notified to include any addendum in their handbook (e-file and hardcopy).

* Note: The TB screen and liability must be submitted every twelve months. Documentation of a clear X-ray is valid for two years in addition to departmental instructions which will be determined on a case by case basis depending on the specifics of each case.

To participate in off campus field placement practicum students are required to
- submit an application for field placement
- renew CPR training course as needed
- pass a criminal background check
- provide proof immunization for Hepatitis B and other immunizations as indicated by field placement requirements

Notes:
- The CPR class is scheduled for each admitting class in the fall at no cost to the student. If the student does not make that class, the student will have to arrange and pay for the training.
- A criminal background check form is provided by the field placement facility to each student. The student completes the form and turns it back to the field placement facility. That facility will complete the check and report the results to the student prior to the beginning of practicum. Students will complete one criminal background check for each year they complete practicum to meet the requirements of CDIS 6265.
- Hep. B series require a three month period to complete, therefore, if you are interested in being available to all field placement sites you are advised to complete the series of immunizations during the first year of practicum. This will mean that the series would be complete before you apply for field placement.

*Please note that a delay in meeting the criminal background check and/or immunization records requirements may cause a delay in clinical placement and therefore impact the student's actual graduation date.

Apply Information Learned in Academic Courses to Practicum Assignments
Because your academic background is the foundation for your clinical experience, it is important to draw from your knowledge when planning evaluations and treatment sessions. The student clinician is expected to have at their disposal textbooks, journals and notes from classes to use in preparation for clinic. In addition, the student is expected to create a bibliography for each progress report and diagnostic report listing the sources used to complete the assignment including evidence-based information.
Prepare for Each Clinic Session

To effectively prepare for each session it is recommended that the student clinician do the following:

1. For diagnostic assignments, practice the assessment procedures, make sure the tests and the required materials are complete and check all the needed equipment ahead of time to ensure proper functioning.
2. For treatment, review the data from previous sessions and make sure the materials you plan to use are appropriate for the target responses you plan to elicit.
3. Survey the area in which you will be doing your session to ensure the room is set up in conducive to the goals to the goals of your intervention.

Use of Appropriate Evaluation Instruments

Evaluation procedures selected should be reliable, valid, non-biased and comprehensive. These procedures should also sample behaviors adequately in both clinical and naturalistic settings.

Self Evaluate Each Clinical Session

Because your clinical instructor may not evaluate all of each of your sessions, it is important as a student clinician to evaluate yourself, the session and the client’s progress. Use the guides provided in this handbook, as well as any provided by your clinical supervisor, to accomplish this self-evaluation.

Maintain Accurate Clinical Records

Clinical students are expected to maintain accurate clinical histories, comprehensive records and charted progress throughout the semester. When writing your documentation, paraphrase the information taken from reports written by others as needed. Formats for report writing can be obtained from this book or your clinical supervisor.

Ensure Client Confidentiality

To ensure the client’s confidentiality the student clinician must avoid discussing the client or the client’s family name in public places, never leave client records unattended, and never remove permanent records from the clinic setting, i.e., documents may not be copied and testing protocols are to be placed in the client file or given to the clinical supervisor, along with any other documentation provided including handouts or conference sheets. Keep all documentation secure. Identifying information must not be included with any draft reports or e-mail documents.

Research Information

All treatment and assessment procedures should be evidence based as indicated by ASHA best practices and professional judgment. In addition to class texts books and notes from class take the initiative to look up information related to your client’s specific communication problem and the treatment models that may be applicable. Students are provided with additional resources in academic and practicum courses.

Ask Questions

Do not expect the clinical supervisor to know when you need help. Ask questions any time you are unsure about diagnostic procedures or treatment plans. These questions can be discussed during practicum class meetings and clinical instruction conferences, which are scheduled weekly. The clinical supervisor is available to answer any questions regarding the many aspects of your practicum. Ask your clinical supervisor when your specific questions can be discussed.

Keep in Touch With Your Clinical Supervisor

To help the learning process the student clinician and the clinical supervisor should keep in contact with each other regularly throughout the semester. Both negative and positive experiences should be shared to ensure
effective communication. In addition to the weekly clinical instruction meetings you can check the clinical supervisor’s posted office hours and ask for additional meeting time. Use for practicum class meetings, clinical instruction conference times and other contact times to discuss any aspects of your practicum. E-mail and voice mail are also available.

Maintain Regular Attendance
As a professional service provider it is important to maintain regular attendance. If you are unable to attend a client session or a clinical instruction conference, notify the clinical supervisor and the client in ample time. If you are unable to keep an appointment call the Harry Jersig Center to notify the office staff. You are expected to notify your and clinical supervisor of the cancellation. If you cannot contact your client or clinical supervisor ask the secretary at the HJC to do so. Understood that lack of preparation for session or the need to study for exams is not an acceptable reason for canceling a session. Canceled sessions should be made up at alternate times whenever possible.

Follow Clinic Policies and Procedures
Each facility in which you do a practicum experience will have its own policies and procedures. Clinical Practicum, CDIS 6365, 6366, 6167 and CDIS 7377, 7379 and other classes and orientation meetings will assist you in complying with these policies. Report formats and schedules will vary from one clinical experience to another but the basic procedures listed in this student practicum handbook will help you comply in all practicum settings.

Develop Measurable Treatment Goals
Measurable goals, based on the client’s diagnostic and assessment results, are to be set prior to the beginning of therapy each semester. For clients previously treated, the targets and treatment recommendations from the previous semester can be used for the new semester’s plan if still applicable. Changes are expected to be made as needed. For new clients, new goals are to be developed.

Develop an Appropriately Sequenced Treatment Plan
The treatment plan should be realistic for the time allowed for each session and the current level of the client. Developing generalization procedures, including the family in the development of a plan, and allowing the client to be an active participant in the intervention early in therapy, are some ways to ensure an effective treatment plan.

Submit Written Assignments Promptly
Documentation is required by public law, professional ethics, and by the policy for this academic program. Any written assignments should be turned into the clinical supervisor on or before the specified due date. Turning in assignments on time suggests that you are dependable and have ample knowledge of the client. This gives the clinical supervisor an idea of the level of supervision you require to work effectively. Students should not avoid talking to clinical supervisors about delays in submitting paperwork.

Maintain a Log of Clinical Clock Hours
You are expected to
1. Maintain a daily attendance sheets for your client(s) and a semester hour form of your practicum clock hours.
2. Keep the client(s) attendance sheets up to date each week and keep the client attendance sheets in the client’s folder. These sheets are needed for billing or other legal purposes and should be available to the client or representative at any time. It is recommended that the log show real time in minutes.
3. On the form called Practicum Hours Accumulated you are expected to indicate your name, the location hours were earned, the clinical instructor’s name, beginning and ending dates for hours earned, the ASHA and TX license numbers for the practicum clinical supervisor. You should indicate whether the hours are assessment or treatment, the disorder category, the age category for the client and whether it was an experience with an individual from a culturally and linguistically diverse population.

4. Students are required to maintain log of Practicum Hours.

**Advancement to Field Placement**

The student is expected to submit an application for field placement. This application is presented to the faculty for approval. The student is expected to have successfully completed at least four semesters of practicum and pre-requisite coursework for the placements, with a minimum of 80 hours of practicum under the supervision of HJC faculty. Faculty members will base their decision on a review of the student clinical competency packet and a review of academic performance.

Continuation of field placement is based on recommendations from both the field placement clinical supervisor and CDIS faculty. Students are expected to attend field placement assignments during the semesters planned at admission into the program. Any exception to that plan must be requested in writing and approved by the CDIS faculty.

Date: 8.21.1

(Adapted from Hedge & Davis, 2005)
Clinic Responsibility Policy: Practicum Student Agreement

Purpose: In order to have student practicum run currently with the provision of professional services it is necessary that legal and ethical practices be maintained. For this reason graduate students are to review and initial next to the following policies. By doing so each student is indicating that they have understood and agree to follow these policies. Students are responsible for following through with each policy. Noncompliance with these policies will put a student’s practicum hours and grades at risk. A copy of this agreement will be placed in each student’s practicum file.

A copy of this document was issued to me.

Student Initials

I agree to do the following:

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1.</td>
<td>Maintain a copy of current professional liability insurance each year I participate in practicum experiences.</td>
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<tr>
<td>2.</td>
<td>Maintain a copy of current Cardiopulmonary Resuscitation (CPR) Certification for each year I participate in practicum experiences.</td>
</tr>
<tr>
<td>3.</td>
<td>Submit proof of a current negative TB screen 1-2 years depending on whether the results are from a skin test or chest x-ray respectively.</td>
</tr>
<tr>
<td>4.</td>
<td>Report to therapy sessions and supervisory appointments unless I have an excused absence: secondary to illness (a doctor’s note may be required) and death/illness in the family. All other absences are considered unexcused and will result in loss of practicum hours, assignment and practicum grade.</td>
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<tr>
<td>5.</td>
<td>Treat or evaluate clients that have been assigned. Refusal of assignments may result in a delay of anticipated graduation date. Any refusal must be submitted in writing and will be filed in the student practicum folder.</td>
</tr>
<tr>
<td>6.</td>
<td>Use the OLLU calendar, clinic practicum calendar and clinical instructor’s directives to meet due dates for applications, paperwork, and assignments. I understand the failure to do so will adversely affect my practicum grade and recommendations for continued practicum at HJC or at field placement.</td>
</tr>
<tr>
<td>7.</td>
<td>Submit an application for practicum assignment each semester of enrollment in this graduate program. I understand that failure to do at the designated time will result in delays or denial of practicum assignments.</td>
</tr>
<tr>
<td>8.</td>
<td>Make myself available for clinical assignments during the operating hours of the clinic and in the interim for special assignments. Failure to be available may result in the loss of clinical hours and/or failure to obtain a clinical assignment and possibly delays in graduation from the program.</td>
</tr>
<tr>
<td>9.</td>
<td>Abide by the HIPAA regulations and Infection Control Policies as prescribed by the service agencies in which I complete my practicum.</td>
</tr>
<tr>
<td>10.</td>
<td>Read and adhere to the policies and procedures included in the CDIS Clinic Practicum Handbook, Our Lady of the Lake University Student Handbook and other public policies related to my education and the completion of services provided through practicum.</td>
</tr>
</tbody>
</table>

Student Signature ______________________ Date ____________________
General Clinic Responsibilities and Policies

IMPORTANT NOTE: The expectation is that all students will demonstrate appropriate professional skills from the beginning of their practicum experience. If a student demonstrates below expected level on any of the professional competencies/skills, it may result in any of the following:

- LOWERING OF PRACTICUM GRADE
- DISMISSAL FROM CDIS PROGRAM
- ANY VIOLATION OF THE ASHA CODE OF ETHICS MAY RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM

Timeliness
1. Students will be prompt for meetings with patients seen for an evaluation and/or treatment sessions, staffing, supervisory meetings and special conferences.

2. Students will be careful to end therapy sessions in a timely manner to allow for back to back scheduling.

3. If a client is late, students will wait up to half the treatment time and check with his/her clinical supervisor before leaving. Arrangements for providing the full therapy time will be dependent on availability of all parties and therapy room.

4. If a client misses 3 consecutive appointments without notification, or if attendance is poor/inconsistent, decisions about the continuation of therapy will be made by the assigned clinical supervisor.

Cancellation (Treatment)
*In case of illness/emergency the student will:*

1. Notify his/her clinical supervisor (if the clinical supervisor is not available check with clinic director or another clinical supervisor) as early as possible.

2. Make arrangements with a pre-designated substitute clinician.

3. Contact the client/caretaker/family member to cancel the session if substitute is not available. **Client cancellation must be made at least three hours prior to scheduled therapy time.** It is important for student clinicians to have access to their client’s phone numbers.

4. Reschedule canceled therapy due to student clinician’s absence.

Cancellation (Diagnostic)
*In case of illness/emergency the student will:*

1. Contact HJC front office at 210-431-3938. **Client cancellation must be made at least three hours prior to scheduled appointment.** Leave a voice mail message and/or speak directly to office staff.

2. Notify the clinical supervisor via voice mail and/or e-mail
ATTENDANCE

All students are required to participate in the following:

- **Speech-Language and Hearing Screenings**: This is part of your professional training which provides valuable experiences and offers opportunities to demonstrate clinical competencies.

- **Treatment and Diagnostic Assignments**: Notification of assignments may range from 1 day to 2 weeks prior to initial session/appointment. Additional information is provided in the treatment and diagnostic section of this handbook.

- **Supervisory Meetings**: Attend treatment and diagnostic conferences with the clinical supervisor as deemed necessary to ensure satisfactory performance. Frequency and duration of conferences may vary.

- **Clinic Materials Organization**: Activities will be scheduled periodically.

All students are encouraged to participate in the following:

- **Special events**
- **Professional conferences**

The balance between clinic and academics is critical and students are expected to attend all scheduled appointments regardless of whether it is academic (i.e., class) or clinical assignment (i.e., treatment or diagnostic). Excessive absences may put the student “at risk” either academically or clinically. The specific number of absences should not exceed the number stipulated on courses outlines for academic and practicum courses.

**CELL PHONES, PAGERS, ETC.**
All cell phones, pagers, watch alarms, PDA alarms, etc. must be turned off while conducting clinical services with your clients and in class.

**FOOD AND BEVERAGES**
Gum is not allowed by clinician or client. Food and beverage are allowed only in the context of a therapeutic activity.
DRESS CODE

Business casual is the dress code expected in the CDIS clinical settings. Business casual wear focuses on a basic standard look that is classic rather than trendy. It is important that students present themselves in a professional manner at all times whether they are attending classes or participating in the clinical setting. The CDIS program strives for the highest standards in professionalism out of respect for our clients and their families so it is critical to dress in a manner judged as professional and appropriate for the clinic setting.

Clinical Nametags:
Student clinicians must wear his/her nametags during clinical therapy, conferences with clients/family members, and during clinic-related functions.

Appropriate clinical dress may include:
1. Neatly pressed polo shirts with khaki pants or slacks.
2. Shoes can include loafers, lace-ups, clean walking/running shoes, dress sandals, flats or pumps.
3. Well-fitting suits, skirts, dresses and blouses with pumps (1 or 2 inch pumps) or flats; Dresses need to be knee length.

Appropriate clinical dress does not include:
1. Scrubs.
2. Blue jeans, tank tops, halters, spaghetti straps, bare mid-rif, exposure of cleavage and lower back
3. Undergarments should not be visible.
4. Flip-flops, platform type heels, or heels higher than 2”.
5. Tight fitting clothing of any kind.
6. Visible body piercing and body art.
7. Large earrings (simple post earrings are acceptable).

Additional Dress Code Tips:

❖ Leave a cardigan, jacket……at the clinic in case you need to cover-up.

❖ There may be instances where clinical faculty will allow provisional dress code options such as clean, well colored and maintained blue jeans, and clean tennis shoes if you are conducting Floor Time activities with young children or highly active children.

❖ Leggings and capris are not acceptable.

It may be necessary to conduct some dress tests such as raising your arms to make sure everything is still covered. If you are unsure about what you are wearing, please check with your clinical supervisor during orientation or other weekly meetings to make sure that what you plan to wear will meet the criteria of business casual. The clinical supervisor responsible for the caseload reserves the right to make the final decision concerning appropriate dress.

The consequences for not coming into clinical areas in the appropriate attire can be any or all of those listed below:
1. You may have to wear “the clinic jacket” provided by your clinical instructor
2. Depending on the nature and frequency of occurrence of a dress code violation, other clinic remediation options may be necessary.
Clinical Procedures and Professional Resources

The Harry Jersig Speech-Language-Hearing Center (HJC) is the primary training facility for the Communication and Learning Disorders (CDIS) Program at Our Lady of the Lake University. The CDIS faculty provides quality service programs and protects the rights of clients at the HJC and at contract agencies. The following items are clinical procedures are to be carried out by students enrolled in this CDIS program.

1. **Client Folders**
   Students and faculty may check out folders from the office between the hours of 8:00 a.m. and 4:45 p.m. Students will fill out an orange divider with their initials, the client’s first initial last name and the date the folder is requested. After filling out the orange divider the student will take it to the front office (via the side door not the front window) and one of the front office staff will take the orange divider and give the student the client’s folder. The client folder must be returned by 4:30 p.m. the same day.

   *Do not* remove files from the Harry Jersig Center, *do not* place them in your locker and *do not* leave files unattended. Make notes to obtain the background information needed to prepare treatment and diagnostic sessions. Students are responsible for maintaining the confidentiality of client records.

2. **Department telephones and telephone messages/E-mail**
   a. The Department has several lines for outside calls and local lines for interdepartmental calls. A phone is available in the graduate student room. Phone conversations should be kept to a minimum so incoming call may be transferred. The phones are for professional use. When a personal call is necessary, the length of the call should be kept to a minimum.
   b. If a long distance call is necessary for client contact, the office staff will place the call.
   c. Messages taken by the office staff will be placed in the faculty mailbox or e-mailed to the faculty member or student.
   d. Students are responsible for checking their mailboxes and e-mail daily for messages.

3. **Photocopying**
   a. Students are not required to pay for copies made relative to clients (i.e., client homework, carry-over sheets, materials for therapy…).
   b. Students are required to pay .10 cents for copies made for classes and/or personal convenience (i.e., client reports, articles supplied by clinic supervisors…)
   c. The log above the copier is to be used only by graduate assistants and work study staff. All graduate students are asked NOT to write the supervisors name on the log.
d. Students (including GA’s and Work Study staff) should not make more than 20 duplicated copies on the copier. Copy jobs (duplication copies) of 20 or more should be completed at the Print Shop. Please check with front office staff for clarification on the appropriate process.

4. **Materials and Forms**
   a. Clinic forms are provided for students on a clinic flash drive given to the CDIS graduate students at their clinic orientation. Other forms are provided via e-mail throughout the semester. Students may be provided with alternative options for accessing current clinic forms to use in therapy.
   b. Checkout Procedures for Speech-Language Materials. Always be sure to sign out therapy materials and put back the same day to make sure that others have access to the materials for clinic.
   c. There is a separate system for check out of diagnostic materials that will be addressed within the Diagnostic Practicum section of this CDIS Clinic Handbook.
   d. Additional details regarding check out of therapy materials will be distributed in clinic courses and/or via e-mail.
CONFIDENTIALITY
The Department abides by the Code of Ethics of the American Speech/Language/Hearing Association; the Health Information Portability Privacy Act (HIPAA) and the Texas Board of Examiners for Speech-Language Pathologists and Audiologists (TBESPA). All patient information is considered confidential.

1. All information concerning clients is confidential. Instruction in specific guidelines regarding Protected Health Information (PHI) as it relates to HIPAA (Health Insurance Portability and Accountability Act) will be provided during orientation.
2. Clients may be discussed with clinical supervisors, CDIS faulty members, and CDIS students only when such discussions serve a clinical or educational purpose.
3. Clients are not to be identified or discussed with friends, roommates, or any other person outside the Harry Jersig Center (HJC) and all other practicum settings.
4. Extreme care should be taken when having conversations in the HJC facility as clients and families are likely to be within hearing distance. Please follow confidentiality guidelines.
5. Information in the client chart(s)/file(s) may **never** be taken from the designated/appropriate areas or left unattended.
6. Materials from a client’s folder **MAY NOT BE PHOTOCOPIED**.
7. Written drafts of reports and other client information must be destroyed. Take these items to the main office to shred, place in one of the CDIS secure shredding bins or give to an office staff for proper disposal.
8. Student clinicians are not to exchange information regarding clients with other agencies without permission from the clinical supervisor and a signed release from the client/guardian.
9. **At no time** should student clinicians be engaging in speech/language-related discussion about and/or regarding clients outside of the HJC facility. Nor should suggestions/materials be provided to the client or family unless done so under the direction of the clinical supervisor during the time therapy services are being provided at HJC.

L. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE TIPS

**Abbreviations:**
HIPAA Health Insurance Portability and Accountability Act
PHI Protected Health Information
TPO Treatment, Payment, and Operation

- Be certain that the client (or his/her representative) has signed all needed consent forms before using and disclosing PHI
- Make every attempt to keep oral communication with or about a client private, as circumstances allow (e.g., move to a private room, do not do consultations in the waiting area).
- Do not discuss clients in hallways, elevators, classrooms, or other public spaces.
- Turn computer screens inward or provide protective screens so that the passerby cannot read client information.
- Keep paper medical records in locked rooms and/or locked cabinets. Limit access to authorized staff members.
- Be aware of posting client information (e.g., treatment schedules or charts showing results of activities) on walls.
- Dispose of unneeded client information in confidential shredding containers, never place in unsecured waste bins.
- Account for all client lists, reports, lesson plans, and other loose records in conference/staffing rooms, work rooms, etc…
- Account for all recordings of clients (i.e., videotapes and audiotapes). Never leave unattended in an unsecured area.
Never remove client records from the clinic or any practicum facility.
Do not leave client records in computer printers.

Student feedback forms turned into the HJC main office with the hours accumulated form will be held in the strictest confidence by the office staff. No supervisory feedback forms can be traced back to students. They are turned in at the same time but separated by the office staff immediately. These forms are turned in at the same time to insure student input into the supervisory process.

(Adapted from: Bowling Green State University (BGSU), August 2010)
CAA CONTACT
Concerns and questions relative to the academic and clinical training issues of the Department’s accredited program should be directed to the Department Chair. Students may also contact the American Speech-Language-Hearing Association, Council on Academic Accreditation (CAA) at 2200 Research Boulevard, Rockville, MD 20850-3289, telephone 301.296.5700.

Procedures for Complaints to the CAA Against Graduate Education Programs:
A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints
Complaints about programs must:
   a. be against an accredited educational program or program in candidacy status in audiology or speech-language pathology and/or audiology,
   b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology (http://www.asha.org/Academic/accreditation/accredmanual/section3.htm), and
   c. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850. The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. Complaints will not be accepted by email or facsimile.

Additional information can be located on the ASHA web site, specifically at:

http://www.asha.org/academic/accreditation/
CDIS policies for dealing with student complaints, concerns, and grievances

In some cases a student may disagree with a faculty member or clinical educator to the extent that the situation warrants communication and action to reach optimal resolution. The following policies and procedures have been established to guide students and CSD Department members in such situations:

- Depending on the nature of the complaint, the student is encouraged to meet with the faculty member/clinical educator who is directly involved in the situation. Both parties will discuss the complaint and attempt appropriate way(s) of managing the identified concern(s).

- If the issues cannot be addressed at that level, the student should meet with the department chair to discuss concerns related to the academic program. For concerns related to the clinic program, the student should consult with the clinic director whenever possible. If the student has complaints or concerns regarding the internship, the student should consult with the internship liaisons. In any clinic program cases, the student may consult with the department chair as well.

- In all cases, the student may seek the advice of their assigned academic advisor.

- The academic advisor is to be informed of major student complaints. The academic advisor will keep a written record of major complaints and how they were addressed.

- The clinic director and field placement liaison will keep a record of complaints and how they were addressed at their levels (development of documentation in process).

- The program chair will keep a record of major complaints that are addressed at the chair level.

- University policy is followed in cases regarding equal opportunity, sexual harassment, and reasonable accommodation. We also follow the University Academic Grievance and Appeal Policy and Procedures. This information is posted in the online and print copies of the College Catalog.
Billing
The student will note the time spent with client on the SOAP note documentation and clinical instructors enter client information into billing software in order to manage attendance for billing purposes. The HJC bookkeeper is directly responsible for managing billing issues with all clients seen at HJC. Monthly bills are based on the scheduling plans given to the bookkeeper, via Add-Slips, at the beginning of each semester. Students are required to enter direct clinic time for each therapy session into CALIPSO which also tracks client attendance.

- Students are asked to see that client/family members sign in at the front office (First Name only) before going to treatment or to an evaluation session. These client sign-in sheets are also used for verifying billing and creating other summary reports.

- Clients are mailed out a packet of release forms and a Client Contract for Services form at the beginning of each academic year for updating and renewal. Clients are asked to complete the documents and return them to the HJC prior to beginning therapy. The Client Contract for Service form was designed to encourage clients to attend sessions regularly and arrive in a timely manner.
STUDENT WORKROOM

All first year graduate students have been issued keys to the student workroom located at the St. Martin Hall Annex room J. Keys have been distributed and will be collected at the end of the students’ on campus practicum and returned to the HJC Administrative Secretary. Failure to return this key will delay the receipt of your diploma. Second year graduate students conducting their field placement will have access to master keys held at the front office in order to accommodate their use of the student workroom.

The following rules go along with the privilege of having access to the student workroom:

1. Make sure the door remains locked.
2. Never prop open the door with a chair, door wedge.
3. Guests are not allowed into this room with you…no friends, family, significant others, etc.
4. Confidential information is to remain in this room; the same HIPAA rules apply at ALL times.
5. Files must remain in the HJC building and always returned to the front office after review/use.
6. University classroom policy applies (i.e., no alcoholic beverages or smoking are allowed in the room).
7. This room is intended for the sole purpose of working on academic or clinic assignments/projects.
8. Be respectful of your classmates. Keep music, cell phones and other noise at a low level.
9. The computers are NOT to be used for web surfing, playing games, and/or personal e-mail.

Report any infractions of these rules to the Department Chair or Clinic Director. Failure to heed these rules may cause loss of privileges for everyone.

In the case of an emergency, only one door will serve as the fire exit: the door closest to the Sultenfuss Library.
CDIS 6366

Acknowledgement Sheet Regarding
Management of Keys and General Policy for Graduate Student Room
at St. Martin Hall Annex-Room J

Date: ______________________

I ______________________________ acknowledge that I received a key to the graduate student room at the St. Martin Hall Annex-Room J.

I understand that I am responsible for this key for the spring 2014 and summer 2014 semesters. At the end of the summer 2014 practicum, I will return this key back to HJC. If this key is lost, stolen or misplaced, I understand that I will need to contact the front office to make arrangements to replace the key.

I understand that the student room needs to be locked at all times for security purposes. I also understand that client folders and client videos must remain at the HJC at all times. Reviewing client folders and client videos must occur at HJC.

____________________________________
Graduate Student Signature
Clinic Clean-up (Set up schedule of clinic clean-up – initial clean-up includes ALL students)

1. It is the responsibility of each individual using the clinic facilities to do the following:
   a. Check out and return materials/equipment to the appropriate locations.
   b. Leave the clinic rooms in order. Return all tables and chairs to original room immediately following session. Request vacuuming if needed.
   c. Inform the staff or designated faculty of missing items or, items that need to be reordered.
   d. Clinic clean-up schedule will be disseminated each semester. Students are to report to Materials Room on Fridays, as scheduled, and follow written instructions.
   e. Report any equipment malfunction to your clinic supervisor.

2. A student worker will assist in monitoring the materials/equipment, file drawers, and cabinets.

3. Failure to fulfill clinic clean-up responsibilities will be reflected in the student ratings on professionalism on their clinical evaluations.

Infection Control Procedures

1. Objectives
   a. To identify and incorporate use of universal precautions for controlling infectious diseases in routine patient care.
   b. To increase awareness of type of disease and the means of transmission.

2. Routine Procedures and Steps
   a. Annually
      • Physical examination for clearance of communicable diseases.
      • Consultation with personal physician regarding required vaccines and immunizations.
   b. Weekly
      • Clinicians will disinfect toys in reception area per instructions.
   c. Daily
      • Student clinicians must disinfect the tables in the speech therapy treatment rooms with germicidal wipes after each treatment or diagnostic session.
      • If a patient mouths, drools or coughs on toys or test materials, student clinicians must clean immediately following the Tx or Dx session per instructions. Student clinicians must return the Dx test kit immediately.
      • When using equipment with microphones, such as the Speech Viewer, Visi-pitch etc., student clinicians must disinfect microphone, table and equipment surfaces.
      • Custodial staff removes garbage in all treatment rooms.
   d. As Needed
      • Hand Washing
         Student clinicians must
         1. Wash hands before and after every patient contact.
         2. Wash hands immediately within the session if you have contacted any of your own or the patient's bodily fluids.
         3. Refer to the posted instructions for specific procedures
         Student clinicians must
      • Wear Gloves on Both Hands for........
         1. Performing Oral Mechanism examination
2. Oral Motor Therapy
3. Feeding Therapy
4. TEP (Tracheoesophageal Puncture) Procedures
5. Laryngectomy Therapy

3. Diaper Changing should be performed by the family.

Infection Control Policy

PURPOSE

The purpose of the infection control policy is twofold. The first purpose it to ensure an environment, which is safe for patients or clients, students, faculty and staff and does not promote the transmission of communicable infections. The second purpose it to familiarize students with the concepts, principles and terminology of safety, infection control and standard precautions that may be encountered at the Harry Jersig Center (HJC) and in field placement sites and during employment as a Speech-Language Pathologist. The student is responsible for becoming familiar with policies as prescribed at the HJC and at any affiliated sites where practicum hours are accrued.

This program requires the active participation and cooperation of every individual involved in patient/client care whether the care is provided directly or indirectly. A satisfactory program requires that all clinic personnel and students be kept up to date and informed of current concepts of isolation, sterile or aseptic techniques, and general knowledge of disease and infection control.

INFECTIOUS DISEASES

Both bacterial and viral infections can be transmitted from person to person within the clinical environment. Of particular concern is the virus which causes hepatitis B. There are other viral, bacterial and fungal infections, which can be transmitted; however, the virus, which causes hepatitis B, is more frequently encountered in the clinical environment. If standard precautions are followed, the chance of hepatitis B infection, as well as infection of other infectious diseases, is drastically reduced. Further information about the hepatitis B virus and the hepatitis B vaccination(s) is available from your physician. It is recommended that anyone at risk consult with a physician and receive a vaccination.

METHODS OF COMPLIANCE

1. The Standard Precautions training will consist of the following: a videotape presentation, opportunity for questions and answers and a true and false test.

2. Standard precautions will be observed to prevent injuries and infections through airborne, droplet or contact contaminations.

3. All incidents or exposures are to be reported to the main office, i.e. the HJC office staff, and to be documented in the daily progress note for any client involved in the incident. Client and families will be informed of incidents or exposures in writing.

4. Safety Report:
• For emergencies call 911 and then contact the HJC office staff. The HJC office staff will contact Campus Police.
• For non-emergency incidents, the faculty or student is to contact the HJC office staff who will call campus police.

INFORMATION AND TRAINING

1. The Harry Jersig Center (HJC) will ensure that all employees and students with occupational exposure participate in a Standard Precautions Training Program.

2. Training will be provided during the first semester of enrollment in the graduate program. Faculty and staff will be included in this activity.

3. The Clinic Director and the Program Director will be notified of any new exposure created and modification of tasks or procedures, or institution of new tasks or procedures that may affect the employee or student’s occupational exposure.

4. The training program will contain the following elements:
   • Epidemiology and symptoms of blood borne disease;
   • Explanation of the modes of transmission of airborne, droplet and contact pathogens;
   • Explanations of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
   • Explanation of methods that will prevent or reduce exposure including appropriate work practices and personal protective equipment;
   • Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
   • An explanation of the basis for selection of personal protective equipment;
   • Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated;
   • Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
   • An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
   • Explanation of the policy that tables and toys used in treatment and assessment are to be wiped down with disinfectants after each session.

GUIDELINES FOR PREVENTION OF INFECTION

The following guidelines are for prevention of infection from diseases transmitted from blood, body fluids, tissues, excretions and secretions during patient care:

1. Every patient’s blood, body fluids, excretions, secretions and tissue must be treated as potential infections.

2. Contact of blood/body fluids with mucous membranes and breaks in the skin create a potential for exposure and should be avoided.
3. Students and employees are expected to wear GLOVES when caring for the patient to avoid contact with blood, specimens containing blood, body fluids including saliva, excretion of secretions, blood soiled items, and the surfaces or objects exposed to these substances.

4. Students and employees are expected to wear GOWNS or plastic aprons if they are likely to have direct contact with blood, body fluids, excretions and/or secretions. This is seen most often in hospital settings but may be seen in this other freestanding clinics.

5. GOGGLES AND MASKS will be worn when there is potential for splatter of blood, body fluids, excretions and/or secretions. This is seen most often in hospital settings but may be seen in this other freestanding clinics.

6. Students and faculty are expected to use good hand washing techniques before and after patient working with each client and after using gloves.

7. Students and faculty are expected to seek treatment from the Nurse Practitioner employed by Our Lady of the Lake University if a precutaneous wound occurs (i.e. puncture wound cut with a sharp object), if mucous membrane is splashed in the eye or mouth, or if a non-intact skin contact occurs. The Nurse Practitioner should be contacted within 24 hours after the exposure.

8. Students and faculty are expected to clean up minor bloody/body fluid spills immediately with an antibacterial, disinfectant solution. Cleaning solutions are available in each treatment room. Students and faculty are expected to contact the front office staff for assistance for housekeeping as necessary for larger jobs.

9. PREGNANT, IMMUNOSUPPRESSED and individuals communicable diseases must take special precautions when caring for all patients.

10. The Harry Jersig Center will provide latex gloves that are stored in diagnostic room J102. Each clinic room will be equipped with disinfecting solution or wipes and paper towels. Non-allergenic gloves are available on request from the front office staff.

11. Clients who arrive for evaluation or treatment sessions with a fever or other signs of infection (e.g., chicken pox or influenza) are to be directed to return home. Clients may return to the clinic after being free from fever for 24 hours.

12. Student and faculty are expected to disinfect tabletops and materials after each session.
GUIDELINES FOR DISINFECTION OF CONTAMINATED ARTICLES
The following guidelines are provided for disinfection or elimination of contaminated articles and equipment within the clinic. All contaminated articles or equipment is to be processed in the following manner:

1. **Trash**
   Disposable items such as latex gloves and tongue depressors will be placed in the lined trashcan located in each treatment room. Clean up items or other body fluids will be disposed of immediately into the trashcan found in the treatment room and removed to the larger trash barrel located in the housekeeping storage area.

2. **Reusable equipment**
   Those items that are reusable (e.g., audiological equipment, nasometer tubes and earphones) will be stored in a disposable plastic bag following each use. Students and faculty handling the equipment will use disinfectant wipes or solution found in the treatment areas to clean the equipment. Following the disinfection procedure the equipment is to be returned to their storage container.

3. **Cleaning of Materials and Work Surfaces**
   Students and faculty are expected to clean all treatment room tables, counter tops, work surfaces, materials and toys with a disinfectant solution after each treatment or assessment session. Rubber cleaning gloves, paper towels, and the disinfectant solution will be located in the closet or cabinets in each treatment room. In addition, each student using a room at the HJC will conduct a thorough cleaning of all equipment, materials, and toys at the end of each semester.

GUIDELINES FOR USE OF GLOVES
The following are guidelines for the use of latex gloves during patient contact. Gloves are used to protect the students, faculty and clients or patients. Faculty and students are expected to use gloves to protect themselves from contamination when a patient is in isolation (seen in medical facilities), when there is a possibility of exposure to blood and/or body fluids during care of that patient, and during oral mechanism examinations.

Hands should be washed before and after use of the gloves. When using gloves, touching outside of the gloves with the bare skin should be avoided. Used gloves should be placed in a disposable plastic bag in trashcans located in all treatment rooms. The plastic bag should then be disposed of into the trash receptacle in the housekeeping storage room.
UNIVERSAL PRECAUTIONS/INFECTION CONTROL QUIZ

FALL 2011

Name: ____________________________ Date: ________ Score: ________

Read the questions and put an X in either the True or False box.

<table>
<thead>
<tr>
<th>Questions</th>
<th>True</th>
<th>False</th>
</tr>
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<tbody>
<tr>
<td>1. If you wear gloves when performing your job duties, you do not need to follow handwashing precautions.</td>
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<tr>
<td>2. Standard Precautions means treating the blood and body fluids of all patients as if they are infectious with HIV or Hepatitis.</td>
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<td>3. If a piece of personal protective equipment is annoying or uncomfortable, you do not need to wear it.</td>
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<td>4. Alcohol is an acceptable disinfectant for any surface.</td>
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<td>5. Wash your hands with an antiseptic for 2 seconds after removing your gloves.</td>
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<tr>
<td>6. Clients who arrive for evaluation or treatment with a fever may proceed with the appointment if they say that they are feeling well enough to go through with the appointment.</td>
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<td>7. All incidents are reported to the main office at the Harry Jersig Center.</td>
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<tr>
<td>8. Gloves, gowns, masks, goggles, and aprons are all forms of personal protective equipment.</td>
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<tr>
<td>9. Hepatitis B is a bloodborne virus with an unpredictable course of illness/symptoms.</td>
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<tr>
<td>10. If you do not have a tissue, cough or sneeze into your hand.</td>
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Signature: ___________________________________________________
American Speech and Hearing Association
Requirements for Clinical Certification


Standards effective January 1, 2014
I. Completion of a degree in the field of speech-language pathology.

II. Granted by a regionally accredited institution of higher education.

III. Completion of an approved program of study.

IV. Knowledge of the principles of biological sciences, physical sciences, mathematics, social and behavioral sciences.
   A. Knowledge of biological sciences, physical sciences, statistics, and the social/behavioral sciences.
   B. Knowledge of basic human communication and swallowing processes.
   C. Knowledge of the nature of disorders and differences.
   D. Knowledge of principles and methods of prevention, assessment and intervention.
   E. Knowledge of standards of ethical conduct.
   F. Knowledge of evidence based clinical practice.
   G. Knowledge of contemporary professional issues.
   H. Knowledge of professional credentials.

V. Student will achieve the following skills outcomes
   A. Demonstrate skills in oral and written or other forms of communication sufficient for entry into professional practice.
   B. Complete of a sequence of academic and clinical experiences that promotes the skills outcomes listed in IV.G.
      a. Evaluation
         a. Conduct screening and prevention procedures (including prevention activities.
         b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
         c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
         d. Adapt evaluation procedures to meet client/patient needs.
         e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
         f. Complete administrative and reporting functions necessary to support evaluation.
         g. Refer clients/patients for appropriate services.
      b. Intervention
         a. Set goals that are measurable and achievable in collaboration with the patient/client and relevant others.
         b. Implement plans involving client/patient and relevant others.
         c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
         d. Measure and evaluate performance and progress.
e. Make modifications to plans, strategies, materials, or instrumentation as needed.
f. Complete administrative and reporting functions to support the intervention.
g. Identify and refer clients for services as appropriate.

c. Interaction and personal qualities
   a. Communicate effectively.
   b. Collaborate with others.
   c. Provide counseling.
   d. Adhere to the ASHA Professional Code of Ethics.

C. Possess skills in communication sufficient for entry into professional practice.
D. At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the council on Academic Accreditation in Audiology and Speech-Language Pathology.
E. Supervision by an ASHA certified Speech-Language Pathologist for the time required to maintain the well-being of the client, not to be less than 25% of the time.
F. Complete a clinical experience with patient/client contact across the life span and from culturally, and linguistically diverse populations with disorders of various types and severity.

VI. Assessment of student outcomes
   A. Participate in ongoing formative assessment of knowledge and skills.
   B. Pass the national examination adopted by ASHA for the purpose of certification as a form of summative assessment.

VII. Successful completion of a Speech-Language Pathology Clinical Fellowship.
   A. Clinical Fellowship Experience must consist of:
      o Activities that foster continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current Scope of Practice in Speech-Language Pathology.
      o Clinical Fellowship Experience must consist of no less than 36 weeks of full-time professional experience of its part-time equivalent.

   B. Clinical Fellowship Mentorship
      o Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

   C. Clinical Fellowship Outcomes
      o CF must demonstrate knowledge and skills consistent with the ability to practice independently.

VIII. Maintain Certification
SECTION II
CDIS Practicum Requirements
Clinic Observations
OLLU CDIS Practicum Requirements
I. Observation

Policy: Twenty five hours of practicum observation are due prior to the first day of practicum. A student who has not completed the full 25 hours can begin clinical practicum if the observation hours completed include hours related to the type of communication disorder presented by the client assigned. The remaining hours must be completed by the end of the first semester. Hours accepted are those supervised by ASHA certified, state licensed, Speech-Language Pathologists and Audiologists and completed within the scope of practice. Hours accepted include live observations and observations of DVD or video-taped sessions.

Procedure:
- Documentation of observation hours is turned in to the HJC Office Manager prior to starting the first semester’s clinical practicum.
- These hours will be entered into CALIPSO software system for tracking student practicum observations and hours. Additional observation hours are submitted to the HJC Office Manager as they are accumulated during the semester.
- Although twenty five hours is the minimum amount required, the accumulation of additional observation hours is recommended. The first 25 hours are counted toward the 400 required by ASHA.
- Clinic observation time will not be counted without the initialed Observation Report document.
- The student must maintain a record of all observations completed. This record must include the supervisor’s name, the client’s initials, the client’s file number, the date of the observation, the length of the observation, and the type of clinic activity observed (e.g., child language treatment, audiological evaluation).
- The clinic instructor will initial the observation report and return it immediately to the student.
- It is the student’s responsibility to keep all completed observation reports and maintain an accurate record of them on the Observation Tracking Sheet.
- The student must turn in all observation reports attached to the Tracking Sheet to the Administrative Assistant at the front office when the minimum 25 hours have been completed. This is the only documentation of compliance with ASHA’s observation requirements. The student will be required to do additional observations for any reports which are lost or misplaced.
- No reports will be accepted without clinical supervisor initials.
Digital Observation Experiences (DOE)

I. Purpose of DOE is to provide the initial practicum experience of observing evaluation or treatment sessions.

II. The DOE consists of the following:

- Digital observation sessions are set-up at the beginning of Fall and Spring semesters with a calendar of days/times as well as start and end dates for the DOE.

- Format of DOE is created, coordinated, and maintained by an assigned Graduate Assistant then transitioned for completion documentation to the CDIS Administrative Assistant.

- A binder is kept with critical tracking documentation including a calendar of scheduled DOE and correspondence related to the DOE.

III. Final processing of clinical observation hours is completed by the HJC Administrative Secretary and signed by the Department Chair.
Digital Observation Protocol

This sheet is just to outline some protocol to keep in mind for the digital observations that will be taking place Spring 2014.

- **Documents for conducting the clinical observation are noted below:**
  - Clinic Observation Report
  - Digital Observation Tracking Sheet

- **Please note that:**
  - All observation experiences will be via digital video presentations. Digital observations do provide the following:
    - Guided input regarding observations being conducted
  - Designated digital observation classes
  - Only observations conducted in the Harry Jersig Center will count towards ASHA required 25 hours.

- **Continuum of time for completing undergraduate and leveling clinical observations:**
  - ALL 25 hours of ASHA required observations must be completed within the first year of beginning CDIS coursework (one academic year=fall and spring semesters)
  - **Leveling students and 1st year Undergraduate students (full or part-time status)** have their first year of the CDIS program to complete the ASHA required 25 hours of observation. There are no additional opportunities after the first fall and spring semester to obtain observation hours.

  - **Fall semester:** Students have two opportunities to acquire observation hours. The two opportunities are noted below:

    - **CDIS 2411 Intro. To Communication Disorders** class includes labs during the fall semester where students acquire at least 45-50 minutes of observation time. Total for the fall semester is generally between 9-12 hours of observation time.

    - In addition to the CDIS 2411 observations, there are scheduled times for students to accrue observation hours in addition to those obtained in the CDIS 2411 lab. Clinic Director and Graduate Assistants set up a series of digital observations throughout the fall semester. These observation times are scheduled at designated times.

    By the end of the fall semesters, 1st year Undergraduate students and Leveling students should have earned at least 15 hours of observation between the CDIS 2411 lab and the additional HJC digital observation.

    All 1st year undergraduate students and Leveling students are encouraged to take advantage of the observation opportunities made available to them.
- **Spring semester**: No more CDIS 2411 labs, only another series of digital observations coordinated by CDIS Clinic Director and Graduate Assistant.

I. Clinical Observation Formats:

- Students need to be available for the clinical observation formats offered during the semester. Flexibility by students is required in order to complete their ASHA required 25 clinical observation hours.

- Each undergraduate and leveling student should obtain a minimum of ASHA required 25 hours of clinical observation before completing the first year of undergraduate or leveling CDIS coursework. Note, the accumulation of more than 25 hours is possible and recommended, however only the first 25 hour of observation are counted toward the 400 practicum hours required by ASHA. 
  

- The student must maintain a record of all observations completed and keep an accurate record of them on the *Observation Tracking Sheet*. This record must include the supervisor’s name, the client’s initials, the date of the observation, the length of the observation, and the type of clinic activity observed (e.g., child language treatment, audiological evaluation)

- Review the information contained in the lesson plan prior to the scheduled observation if applicable.

- Be sure to get the initials of clinic instructors at the time of therapy session. Clinic instructors will only initial the observation report if:
  - Students sign in at the beginning of the session.
  - Students obtain the initials at the end of the session the day of the session.

  Note: Clinic observation time will not be counted without the initialed Clinical Observation Tracking Sheet. Students are responsible for maintaining all records of clinical observation until they are submitted at the end of spring semester to the administrative assistant at the front office.

II. Professional Behavior Expected During Clinical Observations

- Demonstrate ethical and responsible behavior. Do not talk, make comments, laugh or express judgments, whether positive or negative, through verbal or nonverbal behaviors.

- Observe the entire clinical session.

- **Remember that all patient information is confidential.** Do not discuss client with individuals other than the clinician or supervisor. Do not answer questions from or give advice to family members or clients. Relay that you are only observing. Refer to the individual by their initials in your report.

- **Be discrete**, comments should not be made during clinical observations to preserve client confidentiality. Family members may be present and/or the client may hear comments made in the observation rooms.

- **Stay organized!!** Keep a clinic observation binder, which has your *Observation Tracking Sheet* and all of your *Clinical Observation Reports*. Also, keep a blank copy of both your Observation Tracking Sheet and the Clinical Observation Report, so that if you ever forget to bring it one day, you can use your spare copy, and still get credit for observing that day.
### OBSERVATION TRACKING SHEET

<table>
<thead>
<tr>
<th>Client-Clinician Initials</th>
<th>Type of Disorder</th>
<th>Skill(s) Targeted</th>
<th>Date of Observation</th>
<th>Start Time of Observation</th>
<th>End Time of Observation</th>
<th>Total time of Observation</th>
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Name: _______________________________ Date: ____________________________
# Notification of Clinical Observation

Complete and submit this form to the Supervisor/Clinical instructor a minimum of 48 hours prior to the observation.

<table>
<thead>
<tr>
<th>Observation Information</th>
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<tbody>
<tr>
<td><strong>Type of Observation:</strong></td>
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<td>circle one</td>
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<tr>
<td><strong>Supervisor:</strong></td>
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<td>circle one</td>
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<tr>
<td><strong>Client Initials:</strong></td>
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<tr>
<td><strong>Day of Observation:</strong></td>
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<tr>
<td><strong>Date Of Observation:</strong></td>
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<tr>
<td><strong>Time of Observation:</strong></td>
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<td><strong>Room #:</strong></td>
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<td><strong>Other:</strong></td>
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</table>

**Student Observer:** ___________________________  **Date:** ___________________________

**Contact information:**  university e-mail;  phone: ___________________________
1. What type of Communication Deficits did the client exhibit?

2. What were the Objectives of the session?

3. What were the Target Behaviors?

4. Describe the Activities, Materials and Reinforcement that were used.

5. Describe how the clinician Elicited or Shaped Responses.

6. Describe any Undesirable Behaviors that adversely affected treatment objectives. How did the clinician managed these behaviors?

7. How were Responses Charted or Recorded?

8. Include a Summary Statement regarding the session.
SECTION III

CDIS Practicum Requirements
CDIS Practicum Requirements
Clinic Treatment

III. Practicum Experience: Hours and Competency Sets

**Policy:**
Twenty five hours of observation in addition to three hundred and seventy five hours of practicum hours are completed during the graduate program. The first 70 – 100 hours are earned under the supervision of the CDIS program at OLLU. Students are expected to complete practicum with clients represented in three or more ages in pre-school to geriatric, across five or more of the disorder types and with individuals from a variety of culturally and linguistically diverse populations. These are tracked on the practicum logs print outs and credential print outs posted in the student room. A minimum of 400 practicum hours is required.

Only hours spent in the scope of practice and directly with the client are counted toward the 400 hours required for practicum. All other activities in which the client is not present, including meetings, the scoring of protocols, and report writing, do not count toward the practicum requirement.

**Procedure:**
Practicum hours are earned under the supervision of either CDIS faculty or faculty approved off campus supervisors.

IV. Practicum (Treatment) Assignments

**Policy:**
Assignments continue throughout the graduate practicum continuum and do not end until the student acquires the minimum number of hours recommended. The goal of all assignments is to serve the client and to provide students with the opportunity to attain an entry level of professional competence.

**Procedure:**
Competency is evaluated using the clinical practicum competency sets on CALIPSO tracking software. Students will complete each assignment to serve the client and meet the expected rating levels of competency across each semester.

V. Practicum (Diagnostic) Assignments

**Policy:**
Diagnostic assignments are coordinated and implemented in class and within the clinical practicum. Students are expected to complete the designated learning and practicum assignments across their practicum continuum.

**Procedure:**
Aspects of the diagnostic practicum include:
1. Satisfactory completion of the diagnostic practicum assignments.

VI. Audiology and Aural Rehabilitation

**Policy:**
Audiology testing, aural rehabilitation hours and their Knowledge Based Competency sets are integral parts of the program requirements. These practica are completed at the HJC and at a variety of field placement sites. A minimum of twenty hours is required unless the practica is not available, in which case written projects are completed.
**Procedure:**
Students will be offered practicum as it becomes available and as schedules permit. Students are expected to leave fall and spring placement to complete these practicum as needed. Students are not approved to leave summer placement for this purpose. Students who are not provided with an opportunity to complete this assignment, because of the limited number of placements, are required to meet the competency set in alternate ways e.g. written assignments, projects and presentations. The practicum hours and competency sets are applied to grades assigned for the CDIS 6365 practicum course.

**VII. Practicum Setting and Supervision**

**A. At the Harry Jersig Center (HJC) and Affiliated Sites:**

**Policy:**
Supervised by CDIS clinical and teaching faculty. The first 75-100 hours of the practicum are earned while enrolled in these courses over a period of four semesters for full time students. Part-time students will naturally extend the number of semesters necessary to complete these practica. Faculty recommendation and approval is required for students to continue practicum each semester.

*Both full-time and part-time students are expected to demonstrate competency with 2+ clients per semester. Caseload may vary across sites and treatment formats.*

**Procedure:**
Supervised by HJC/CDIS Faculty: students enrolled in CDIS 6365, 6366, and 6367 are assigned to practice at a variety of practicum sites including the Harry Jersig Center. The clinical practicum continuum consists of:

- All practicum processes are coordinated by clinical faculty in order to provide cohesive and integrated sets of instruction for the flow of the clinic continuum.
- Students attend 6365, 6366, and 6367 practicum includes instructional classes across the fall, spring and summer semesters two times a week for 50 minutes, and/or individual and/or group meetings with students regarding practicum.
- General Orientation to the graduate clinical practicum
- Students are provided with a start-up treatment bag provided by the CDIS department
- Students are provided with a flash drive with the Clinic Handbook and clinical documentation (i.e., templates for clinic).
- All communication is coordinated then distributed via e-mail (distribution list) and posted on the Blackboard server specific to practicum class.

**B. Field Placement Practica**

**Policy:**
Supervised by off campus Speech-Language Pathologists. The last portion of practicum hours required are earned enrolled in CDIS 7377 and 7379. These courses are completed over a period of two semesters for full time students. Part-time students will extend the number of time necessary to complete these practica. Faculty and field supervisor recommendation is required for students to continue practicum each semester.

**Procedure:**
Students eligible for field placement and enrolled in CDIS 7377 and 7379. Based on successful performance in practicum and with course work the student will be placed in a minimum of two off campus placements in San
Antonio or the surrounding areas. One placement will be for experience with school aged clients in educational settings and a second with adult patients in medical settings.

Students attend child placements (typically school settings) three-four days per week. Educational placements are offered in the fall and spring. Students attend adult (typically medical settings) placements 4 days per week in the fall and spring and 5 days per week during the summer session. The fourth or fifth days that student do not attend their child placement are reserved for other less frequently obtained assignments e.g. stuttering, aural rehabilitation, or audiological testing. Fall and spring sessions run for 14 weeks. The summer session runs for 10 weeks.

Students attend a one hour class meeting on campus with field placement coordinators once a month during Fall and Spring semesters. One meeting is held in the summer as needed. All students complete requirements and meet with the field placement advisors to monitor progress meeting clinical competencies and practicum hours each semester. Students schedule this meeting after the second week of practicum. At this meeting adjustments to practicum assignments are made as needed to meet the ASHA and OLLU requirements for graduation.

C. Delaying, Deferring or Replacing a Field Placement

**Policy:**
Requests to delay, defer, or replace a field placement are not recommended but if needed should be submitted in writing to the Clinic Director and the CDIS faculty and is subject to their approval.

**Procedure:**
Student will write a letter to a field placement coordinator explaining their particular circumstance and specific request. The field placement liaison will request additional information as needed and present the request to the full CDIS faculty who will make a decision regarding the request.

D. New Field Supervisors

**Policy:**
The selection of a field practicum supervisor is done by faculty review and approval.

**Procedure:**
Field supervisors’ names and contact information are given to the field placement coordinators who contact the potential supervisors to obtain credentials, caseload descriptions, and lists of materials and techniques used in their setting. Based on the willingness of the supervisor and approval of the CDIS faculty additions to the field placement supervisors list is made. CDIS field placement coordinators contact potential supervisors regarding the faculty decisions.

VIII. Bilingual and Cultural-Linguistic-Diversity (CLD) Certification

**Policy:**
All students who graduate from this program achieve competence in working with culturally and linguistically diverse populations. Students who pursue the bilingual/CLD certificate will have demonstrated that they have at least entry level professional competence in using Spanish for core clinical functions. Students interested in obtaining this certification who speak English only can do so by completing the requirements listed below taking the Interpreter course in place of the Spanish course.
**Procedure:**
Complete a minimum of 50 hours of Spanish or bilingual English/Spanish prevention, evaluation and treatment or counseling hours (CDIS 6365, 6366, 6167, 7377 and 7379). Complete the Cross Cultural Competency Set of courses as follows: Complete CDIS 6151 Special Topics: Spanish in CDIS; CDIS 6351 BL-CLD in Educational Contexts; CDIS 5151 Special Topics- Bilingual Language Development and CDIS 8202 – CDIS in Different Cultures. Monolingual English speaking clinician seeking certification will take CDIS 6151 Special Topics: Use of Interpreters in CDIS
Application for Practicum (Treatment and Diagnostic)

Policy:
Students enrolled in CDIS courses will be enrolled and participating in practica in CDIS 6365, 6366, and 6167 then field placement courses which include 7377 and 7379. The applications are kept in on central e-file of documents as well as a hard copy Practicum Book in the main office of the Harry Jersig Center (HJC).

Procedure:
Each graduate student is expected to submit an application for practicum assignment. The application for assignment form is distributed at the following time intervals:

a. Initial fall semester (entry into CDIS graduate program) at the Clinic Orientation meeting
b. Designated CDIS 6365, 6366, and 6167 classes (noted on course outline) toward the end of the fall semester
c. Designated CDIS 6365, 6366, and 6167 classes (noted on course outline) toward the end of the spring semester

The clinical faculty will use the application to assign clients/patients to practicum students. Students are expected to keep the schedule information, call numbers and e-mail current on the application throughout the semester. Application forms are stored in the small gray drawers outside the HJC classroom and students can update their applications at the main office of HJC. Request your application from the front office staff during the semester to update the information.

Instruction for completing the front page of the application:

1. Write in your name, working telephone numbers and e-mail addresses. Indicate the practicum course number for the semester and the year.
2. Indicate whether you are a Full Time, Part Time student and whether you are applying for the Bilingual certificate and related clinical training.
3. Estimate the number of assessment and treatment hours you have earned to date with the CDIS/HJC faculty, in a) audiological testing and b) aural habilitation or rehabilitation.
4. Shade in hours that you are unavailable to see clients secondary to classes.
5. Leave open the times that you are available for client assignments. The clinical instructors will fill in client assignments at the scheduling meeting.

Note: It is understood that each student has a different set of time constraints secondary to family and work responsibilities. The clinic operates to serve two functions:

1. Student Application training and,
2. Serving the client with communication disorders and their families

Clinical instructors attempt to meet the needs of students and clients, however the expectation is that students make an effort to remain as flexible as possible during their time
in the program in order to efficiently manage their clinic practicum across semesters in order to meet the needs of the clients seen for assessment and treatment.

**Flexibility of availability is critical for moving in a forward direction through the clinical practica. The department expectation is that full-time students make themselves available to fulfill their clinic requirements:**
- Consistent attendance in CDIS 6365, 6366, and 6167 classes
- Consistent attendance for assigned therapy and diagnostic sessions
- Consistent attendance at group and/or individual meetings with clinic instructors

**Part-time students are also expected to fulfill the following clinic requirements:**
- Consistent attendance in CDIS 6365, 6366, and 6167 classes
- Consistent attendance for assigned therapy and diagnostic sessions
- Demonstrating therapy competencies with more than one client per semester
- Consistent attendance at group and/or individual meetings with clinic instructors

6. In the section for **Additional Information** list any special request, e.g., a need for hours in the area of fluency, voice, or child language.

7. In the section for **Bilingual Skills** indicate languages that you speak, including Spanish or sign language.

**Instruction for completing the back side of the application:**
1. Read and indicate by circling *yes* or *no* and/or filling in the blanks on the right portion of the back of the application. Where you indicate a *no*, turn in the application for assignment and take the appropriate actions to reconcile the *no* response.

2. Update credentials as indicated throughout the semester.

3. In the area of course preparation check courses you have completed and mark an X by courses you are enrolled in for the semester of application.

4. Write in the date you expect to graduate.

5. Read the paragraph that discusses the time required to complete the program.

6. Fill in the projected date of graduation; date and sign the back of the form and turn the form into the main office of HJC for the clinical instructors and participating faculty to make practicum assignments.

**Note:** This program **does not** provide undergraduate students with practicum hours.
APPLICATION FOR PRACTICUM ASSIGNMENT

Student Name: ___________________________ E-mail address: ___________________________

Phone number(s) Home: ___________________________ Cell: ___________________________

Name and number of practicum course:
CDIS 6365/Fall ____ CDIS 6366/Spring ____ CDIS 6167/Summer ____ CDIS 7377 ____ CDIS 7379 ____ 20 ____

Full Time _____ Part Time _____ Seeking Bilingual Certification: Yes: _____ No: _____

Number of estimated hours of practicum completed with OLLU CDIS faculty at graduate level in:
Total Tx and Dx Hours: ________ Audiological Testing: ________ Aural habilitation-rehabilitation: ________

LEAVE OPEN THE SPACES FOR TIME WHEN YOU ARE AVAILABLE FOR CLINICAL ASSIGNMENTS. WRITE IN COURSE NUMBERS AND NAME THE ACTIVITY.

E.G. WORK OR TRAVEL TIME.

<table>
<thead>
<tr>
<th>TIME</th>
<th>MON</th>
<th>TUES</th>
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</table>

USE THIS SPACE FOR ADDITIONAL INFORMATION (i.e., requests for specific types of clinic experiences needed – adult clients fluency-child artic etc...)

1. List needs for required hours or specific competencies being requested.

2. Bilingual skills – Mark with an X

   English

   Spanish

   Sign

   Other (list language):

3. List special interest(s)
READ AND ANSWER THE QUESTIONS BELOW. FILL-IN THE BLANKS

1. YES  NO  I have turned in 25 hours of observation to the CDIS secretary.
2. YES  NO  I have turned in a copy of a current TB screening to the CDIS secretary. Date of Screen: ___________
3. YES  NO  I have turned in proof of current professional insurance to the CDIS secretary. Date coverage begins ___________ ends ___________
4. YES  NO  I am aware that the Clinic Calendar is posted at the clinic and on Blackboard for my use.
5. YES  NO  I have received and reviewed the current clinic handbook. The date on my Handbook is ___________
6. YES  NO  I understand I need functional computer skills to complete my practicum assignments.
7. YES  NO  I am eligible for assignment because I have a GPA of 3.0 or better and I am not on scholastic probation.
8. YES  NO  I have current CPR certification and a criminal background check as needed.

This information is accurate and I will update the information as it throughout the semester.  Student Initials ___

INSTRUCTIONS:

√ Courses Completed  X Courses Enrolled

MAJOR COURSES: Course Preparation

<table>
<thead>
<tr>
<th>√ or X</th>
<th>Course Number</th>
<th>Course Title</th>
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<tr>
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<td>CDIS 7171</td>
<td>Advanced Assessment Procedures in C.D. - I</td>
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<tr>
<td></td>
<td>CDIS 7172</td>
<td>Advanced Assessment Procedures in C.D. - II</td>
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<td></td>
<td>CDIS 3443</td>
<td>Articulation and Phonological Disorders</td>
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<td></td>
<td>CDIS 7213</td>
<td>Augmentative Communication</td>
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<td></td>
<td>CDIS 4340</td>
<td>Aural Rehabilitation</td>
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<td>CDIS 8202</td>
<td>Communication Disorders in Different Cultures</td>
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<td>CDIS 6354</td>
<td>Dysphagia</td>
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<td>CDIS 6242</td>
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<td>CDIS 4351</td>
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<td>CDIS 6258</td>
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<td></td>
<td>CDIS 7335</td>
<td>Motor Speech Disorders</td>
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<td>CDIS 6353</td>
<td>Neurogenic Language Disorders</td>
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<td></td>
<td>CDIS 3311</td>
<td>Normal Language Development</td>
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<tr>
<td></td>
<td>CDIS 7312</td>
<td>Voice/Speech Disorders</td>
</tr>
</tbody>
</table>

Write in other courses you have completed that are not on the list. *Required courses for field placements.

Projected Graduation Date: ____________________________

I understand that

1. Completion of a master’s degree in this CDIS program is a minimum of five to six semester program for full time students, i.e., those enrolled in 9 or more course hours per semester and who are available for therapy, evaluations and supervisor meetings during times not attending class.
2. Part time students will take a longer period of time to graduate.
3. All students enrolled in CDIS classes are to participate in clinical practicum. All students assigned clients must be enrolled in classes.
4. All students are required to participate in clinical practicums throughout long (fall and spring) and short (summer) semesters.

Signature: ____________________________ Date __________________
Faculty Method of Assigning Clients for HJC Therapy and Field Placements

Policy:
Each student that has submitted current credentials and application for assignment and met the requirements to begin or continue clinical practicum will be considered for an assignment (e.g., immunization requirements, liability insurance, CPR training).

Procedure:
Students complete and submit their applications at designated times noted on the CDIS 6365, 6366 and 6167 course outlines. Faculty will meet before each semester and review the clinical competencies, grade point average and hours earned by each student. Applications for students who meet criteria to participate are reviewed and matched with clients or practicum sites for the subsequent semester.

Treatment Practicum CDIS 6365, 6366, and 6367 classes:
Clinic assignments are made by the clinical instructors through consideration of the following criteria:
Each student is matched to clients and clinical instructors according to the following:
1) Open schedule during the client’s treatment time.
2) Enrolled in or completed the pre-requisite class for client assignment.
3) Need to complete specific hours, General Clinical or Knowledge Based Competencies items to meet the requirements for field practicum or graduation.
4) Have fewer practicum assignments or fewer practicum hours than students who are available at same time that the client is scheduled.
5) Client’s requests and requirements.
6) Placement site requirements.
7) Available supervision.
8) Client, clinician and supervisor schedules.
9) Client availability.

Important Definitions
1. A full-time practicum student is one who is enrolled in 9 hours or more of CDIS course work and who is available to provide treatments, assessments and to meet with supervisor during the school day except for times when OLLU classes are in session.

2. A part-time practicum student is one who is enrolled in 9 hours or less of CDIS course work or who has a job or other responsibilities sometime during the 8 am and 5 pm work week. This is true even if work hours are scheduled after the initial round of assignments.

3. These definitions are important because students are expected to schedule weekly meetings with supervisors, reschedule clients for make-up sessions as needed, and be available for additional clients throughout the semester.

4. Students who cannot meet the criteria as full-time students must meet with their academic advisors and formally change their status to part-time. If students have not changed from full-time to part-time via their academic advisor, the students will be expected to follow schedules assigned to them by clinic instructors. Part-time students can expect that completing the program may take more than six semesters.
**Special Practicum Assignments**
Instructors may recommend that a specific student be assigned to a certain client based any of the following reasons:

1. To match the student who has had particular experience(s) to a certain type of client.
2. To fulfill student competencies, hours or certification requirements.
3. To assist in fulfilling a class assignment or research project.

**Keeping the Same Client**

**Policy:**
Students do not keep the same clients from one semester to another except in situations when the well being of the client is at stake (per discretion of clinical instructors). This is done so that the student has ample opportunity to learn the clinical procedures related to the case and to provide the client with consistent care.

**Procedure:**
During the scheduled meetings near the end of each semester each student’s practicum experiences, and progress in the general clinical competencies, is reviewed and new assignments are made to complement the experience to date.

Students may keep clients from one semester to another only for the following reasons:

1. The student has worked with a particular client for less than six hours in one semester.
2. The client cannot make an easy transition to a new student because of cognitive or emotional challenges.

**Additional Client assignments**
Students are expected to gradually increase their client caseloads throughout the clinical experience. For this reason, clients are added to student schedules throughout the semester. Students are asked to check their student and e-mail boxes regularly to determine whether they have been assigned an additional client. Students are expected to respond immediately and in writing. The Practicum Assignment Notice can be found in this Clinic Handbook (p. 65). There is no penalty if a student does not accept a client, if there is a valid reason. This decision may delay the completion of this graduate program.

**Diagnostic Practicum**
Each student is matched with a client and supervisor according to the following:

1. Whether or not the student has had the courses required to complete the assignment.
2. Whether the student has had this type of experience, grades earned to date and whether an assignment is needed to advance to field placement.
3. The client’s need to be evaluated by their current clinician.
4. Whether students have completed their previously assigned diagnostic.
5. The student’s turn on the diagnostic rotation.

**Practicum 7377 and 7379**
Each student is selected for field placement according to the following:

1. The site must have negotiated a contract with the CDIS Program to be registered as an approved field practicum placement.
2. The supervisor must have the appropriate credentials to serve as a supervisor and be approved by the faculty.
3. The recommendation of the faculty based on the review of the students’ performance, the number of hours accrued and satisfactory progress toward independent functioning.
4. The recommendation of the faculty based on the specific needs of the site and the supervisor.
5. The availability of field placement offered by school districts and medical sites that semester.
6. The student’s credentials and promptness in submitting application.

Requirements for Entry and Continuation in Practicum
Before a student can begin practicum, the student must attain the pre-requisites and submit their credentials. Failure to keep documentation complete will result in delay in beginning the practicum and put the department’s professional accreditation standing at risk.

I. Present and maintain updated credentials related to the following

A. Academic and Practicum Achievement
   1. Proof of a minimum of 25 hours of clinical observation.
   2. Proof of number of practicum hours earned to date.
   3. A grade point average of at least a 3.0 or go into scholastic probation.
   4. Students on academic probation are expected to continue practicum with 1 client. It is important to note that students are expected to complete their HJC practicum demonstrating competency with 2 clients throughout at least 1 full semester prior to consideration for field placement.
   5. Students must maintain acceptable performance ratings (4.0 to 3.0) across clinical competencies.
   6. Students who come into the program on conditional admission will follow the conditions of their admission.
   7. Discuss these criteria with your advisor.
   8. Completion of the requirements for CDIS 6365, 6366, and 6167 classes, 7377 and 7379 as specified in the course outlines

B. Identification as a CDIS Practicum Student
   1. A Jersig Center student name tag.
   2. A Lake e-mail account for correspondence and access the university library resources from off campus.
   3. Yearly proof of new or renewed professional liability insurance.
   4. A criminal background check.

C. Health and Safety
   1. A passing grade on the Universal Precautions Test.
   2. Yearly proof of a negative T-B screen, chest x-rays are good for two years (Verify Medical Clearance).
   3.

<table>
<thead>
<tr>
<th>Negative Screen</th>
<th>Positive Dormant Screen</th>
<th>Positive Active Screen</th>
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</thead>
<tbody>
<tr>
<td>• Go To Field Placement</td>
<td>• Refer to OLLU nurse</td>
<td>• Refer to OLLU nurse</td>
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<tr>
<td></td>
<td>• Medical Clearance</td>
<td>• Medications per physicians recommendations</td>
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<tr>
<td></td>
<td>• Chest X-Rays</td>
<td>• Medical Clearance and Okay to go to field placement</td>
</tr>
</tbody>
</table>

4. Proof of CPR training and criminal background check
II. Complete the following graduate courses

1. CDIS 6365, 6366, and 6167 classes – Clinic (Assessment and Treatment) Practicum
   A. Students register for these courses each semester (start of their graduate CDIS program) one time.
   B. Students are required to attend this class for 3 full semesters (fall and spring, summer and then fall and spring) as needed.
   C. A grade of “pass” or “fail” is earned each semester of clinical practicum courses and submitted to the registrar’s office.
   D. Assessment and Treatment Practicum Grading Criteria.
   E. Students are required to apply for practicum assignments each semester.

2. CDIS 7377 and 7379 – Field Placement Practicum
   A. Students register one time for these courses.
   B. Students attend class meetings once a month for two long semesters and once in the summer semester.
   C. A grade of “pass” or “fail” is earned each semester of clinical practicum courses and submitted to the registrar’s office.

III. Completion of clinic practicum is based on the following:

1. Rating of 3 or 4 (at expected level) on core areas of assessment and treatment competencies.
2. Rating of 3 or 4 across 70-100 hours of clinic practicum (assessment and treatment).
3. Full faculty (clinic and academic) approval and recommendation to be assigned to field placement.
4. Successful management of academic and clinic training.

IV. Undergraduate student participation

1. Undergraduate clinical practicum is not available to undergraduate students at the present time.
2. Service learning experiences that involve volunteering with children with communicative delay and disorders are provided in some of the undergraduate CDIS classes. Undergraduate students are encouraged to ask their instructors about these opportunities.
SECTION IV

CLINIC: TREATMENT
Distribute original triplicate form copies to Office Manager who will distribute the copies to the Bookkeeper and Administrative Assistant.

HARRY JERSIG CENTER ADD SLIP

Folder Number: ___________________________ Semester: ___________________________
Client’s Name: ___________________________ DOB: __________ AGE: _______________
Parent’s Name: ___________________________ Home Phone: ________________________
Address: ________________________________ Cell Phone: ________________________
E-mail address: ___________________________ ICD-9 Code: ________________________
Description of Disorder: ______________________
Client’s preferred time(s)/day(s): _______________ CPT Code: IND. ________ GRP. ______
Location ____HJC____ Other Funding: __________________________

________________________________________

Clinician/Instructor Days Time Projected Start Date

________________________________________

Clinician Tel# Expected # Earned Hrs Actual Start Date

HARRY JERSIG CENTER ADD SLIP

Folder Number: ___________________________ Semester: ___________________________
Client’s Name: ___________________________ DOB: __________ AGE: _______________
Parent’s Name: ___________________________ Home Phone: ________________________
Address: ________________________________ Cell Phone: ________________________
E-mail address: ___________________________ ICD-9 Code: ________________________
Description of Disorder: ______________________
Client’s preferred time(s)/day(s): _______________ CPT Code: IND. ________ GRP. ______
Location ____HJC____ Other Funding: __________________________

Clinician/Instructor Days Time Projected Start Date

Clinician Tel# Expected # Earned Hrs Actual Start Date
Practicum Assignment Form

Clinician’s Name: __________________________________________________________

Clinic Instructor’s Name: ____________________________________________________

Date Issued: ________________________________________________________________

You have been assigned the following client:

Name: ____________________________________________________________________

Date of Birth: ______________________________________________________________

Clinical Setting: Jersig/______________________________________________________

The client is scheduled to be seen: ____________________________________________

Date and time of the initial supervisory meeting is: ______________________________

Instructions:

__________________________________________________________________________

Complete and Return This Form to Supervisor (Clinic Instructor)

I accept this client and will meet with this supervisor/clinic instructor this date and time: __________

I am declining this clinic assignment because _________________________________________

__________________________________________________________________________

I understand that rejecting an assignment may result in a delay in my graduation as assignments are made only as they become available. Note and initial __________

__________________________________________________________________________

Practicum Student Signature ____________________________ Clinical Instructor’s Signature ____________________________

Date ____________ Date ____________
Students are required to attend the following clinic meetings:

- CDIS 6365, 6366, and 6167 classes – Practicum conference course which meets twice a week for 50 minutes each class.
  - Topics listed on course outlines will be covered in class.
- One weekly supervisor’s conference which runs between 30 minutes to 1 hour.
  - Bring in client folders.
  - Bring in clinic binder.
  - Review of verbal or written clinic observation feedback.
  - General clinic or knowledge based competencies.
  - Review of written clinic documentation.
  - Manage and process SOAP notes, lesson plans and semester treatment plans derived from progress summary recommendations or evaluation summary recommendations.
  - Bring in questions or discussion points.
- Team meetings may be held as needed.
- Friday time blocks for diagnostics or diagnostic lab assignments.

During these conferences the following will be reviewed, discussed and demonstrated:

- Professional skills related to student responsibilities, credentials, general clinical grades and knowledge based competencies.
- Client care, service delivery models, evidence based practices, funding and legal issues and paperwork.
- Treatment, evaluation procedures and materials.
- Students are expected to actively participate in all activities, complete assignments and share ideas related to self supervision.
- Classes, conferences and other team meetings called by different supervisors are designed to complement one another and cover the broad scope of clinical skills and responsibilities that students are expected to develop.
- These clinical activities focus on student progress toward professional development, and requirements for program completion.

Format for Naming E-mail Documents:
1. Please use the following format to name the following documentation:
   - \text{RM=Client initials Lesson Plan (LP)=type of documentation 8 22 11=date of therapy}
   - Lesson plans (LP) (RM LP 8 22)
   - SOAP notes (SN) (RM SN 8 22)
   - Revision: RM SN 8 22-8 24 rev
   - New Soap Date: RM SN 8 22-8 31
   - Progress Summary (PS)
2. Corrections on documentation may take different forms. rev and date - **RM SN 8 22-8 24 rev 8 26**

**Client Preparation**

1. Read the client's permanent folder, making particular note of the information needed to initiate treatment, including recent evaluation, progress summaries, SOAP notes, goals, objectives and recommendations.

2. Staffing with client’s previous clinician. Clinical supervisors will have a method for initiating this process.

3. Practicum Assignment document will note the date of your first meeting with your clinical supervisor for the semester.

**Telephone Contact**

1. Initial phone contact, during which the student introduces him/herself to the patient or parent and confirms day and time for therapy. The start date for the initial therapy session should also be stated. Confirm this process with each clinical instructor to make sure this is the appropriate process for the client. Clinical supervisors reserve the right to make the initial contact with the clients.

2. Telephone contact with clients should be made for the following reasons, unless otherwise designated by the clinical supervisor:
   a. To alert the client about approved schedule changes (illness, emergencies, holidays, professional meetings).
   b. To return client's call if requested.
   c. If a client No Shows, discuss with your clinical supervisor if calling your client is advised.

**Treatment Room Sign-Up**

1. Clinical supervisors set up the room assignments during the scheduling process. There are room schedules posted on each door. Clinical supervisors make revisions throughout the semester as needed.

**First Week of Treatment Sessions**

1. Submit a lesson plan for initial session at least two days prior to the first session.
2. Clients “sign in” as they arrive prior to beginning their therapy sessions. This is critical for **Billing** purposes.
3. Implement tasks noted on the lesson plan.
4. Collect baseline data on a data sheet during the treatment session. Online data collection is a critical skill so online practice is essential.
5. Complete the SOAP note within 24 hours of that initial session and submit via e-mail (be sure to use the correct format for naming the e-file).
Program Planning

Initial clinical treatment programs begin with a diagnostic evaluation. At the end of the evaluation, recommendations are made to address the deficits in communication and swallowing disorders. Treatment plans are based on the recommendations made on the evaluations. A comprehensive treatment program includes:

- Background history and information regarding the incoming status.
- Client goals and objectives.
- Probe criteria:
  - Pre-baselines are obtained during the initial treatment session(s).
  - Post-baselines are obtained the final two weeks before the last session of the semester (more specifics will be outlined by clinic instructors).
- Reinforcements.
- Dismissal criteria.
- Follow-up criteria for carry-over and maintenance.

The program plan changes as the client proceeds through treatment. The supervising faculty will advise the student through the case management process. Part of this process is the development of semester goals and objectives, broken down into a hierarchy of tasks, which then are incorporated into weekly lesson plans. The Treatment Plan may occur as a stand-alone document or a SOAP note context and SOAP notes provide initial status information and state the goals and objectives for the client. Lesson plans, SOAP notes, data and probes will be ongoing. Progress will be noted in SOAP notes, progress summaries and/or discharge summaries.

Types of clinic documentation: Standard formats

- Treatment Hierarchy/Lesson Plans (LP).
- SOAP notes (SN).
- Progress Summary.
Template for Chart Review

This can later be cut & pasted into a Treatment Plan/Progress Report.

Client’s Name
Address
Telephone
Date of Birth
Chronological Age
School
District
Parents’ Name
Referral Source
Attending Physician
Date of Last Speech-Language Evaluation
Previous Therapy Dates

Diagnosis
Diagnostic Category: (See codes in ClinicHandbook)
ICD-9 Code:

PERTINENT BACKGROUND INFORMATION:
Include significant Developmental, Medical, Family and Educational history. You may wish to include results of the most recent Speech-Language Evaluation. This section should be written in past tense. May Include:

1. Family history (e.g., similar problems, genetic risks) and living circumstances.
2. Client's birth and development.
3. The languages used by the client. The age that languages were introduced and by whom. The language used socially. The language used academically. The number of years in the language group.
4. Medical hx and tx.
5. Educational/cognitive level - include dx, current grade, type of placement, current program or classroom modifications.
6. Work or professional hx - of adult client, modifications, treatment history

SUMMARY OF PREVIOUS THERAPY:
This should be a summary of information available from the client’s folder. This should be written in past tense. Should include:

1. Previous speech, language and hearing testing (dates, results), dx, level of function, etiology.
2. Previous speech, language and hearing treatment (dates, targets and progress).
3. Other referrals or team members on the client's case.

QUESTIONS:
List questions you have for clinical supervisor, parent, teachers, or physicians, etc. These will be generated by the content of the chart and by using your previous knowledge of normal communication processes and the diagnosis presented.

PROPOSED INTERVENTION PLAN:
What do you propose to do at this point in the client’s course of treatment? Suggest ideas for goals, objectives, methods and techniques.
Treatment Hierarchy / Lesson Plan

<table>
<thead>
<tr>
<th>Client:</th>
<th>Center No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td>Age:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9 Code:</td>
<td>CPT Code:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE(s):** 6/11/12
6/13/12

Lesson Plan: note date to the left; daily or weekly, check w/supervisor
Highlight the step of the hierarchy below that will be targeted on the specified date of therapy
Change the Method & Activities columns as needed for each session

<table>
<thead>
<tr>
<th>This column is your Treatment Hierarchy</th>
<th>Method / Cues &amp; Prompts complete for LP</th>
<th>Activities / Reinforcement complete for LP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective / Criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>LTG:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 1:</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

_________ XXXXXX, BA., BS
Graduate Clinician

______________ XXXXXX, M.S., M.A., CCC-SLP
Clinical Instructor
## SOAP Note/Treatment Log

<table>
<thead>
<tr>
<th>Client:</th>
<th>Center No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Age:</td>
</tr>
<tr>
<td>Diagnosis / ICD-9:</td>
<td>CPT Code: Individual Therapy 92507 60 minutes; 2x/week</td>
</tr>
</tbody>
</table>

### S:

<table>
<thead>
<tr>
<th>S:</th>
<th>9.7.16</th>
<th>9.8.16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy Provided:</td>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td></td>
</tr>
<tr>
<td>Attentive / Cooperative:</td>
<td>modify as needed</td>
<td></td>
</tr>
</tbody>
</table>

### O:

**#1**
- 

**#2**
- 

**#3**
- 

### A:

Overall performance this date reflects progress as anticipated: (complete daily)

<table>
<thead>
<tr>
<th>N/A Baseline</th>
<th>No Therapy</th>
<th>Yes / No</th>
</tr>
</thead>
</table>

*Narrative summary end of each month;*

### P:

Continue therapy in accordance with Treatment Plan OR Modify Treatment Plan as follows:

- **X** Continue therapy in accordance with Treatment Plan
- _____ Modify Treatment Plan as follows:

---

**Signature:**

XXXXXXX, BA
Graduate Clinician

XXXXXX, M.A., CCC-SLP
Clinical Instructor
Progress Summary  
Summer 2012 
6/4/12 - 6/27/12

Client: XX  
DOB:  
Center No:  
Age:  

<table>
<thead>
<tr>
<th>Dev. Language</th>
<th>Dev. Articulation</th>
<th>Individual Therapy</th>
<th>Time/Frequency</th>
<th>Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>315.31</td>
<td>315.39</td>
<td>92507</td>
<td>60 minutes; 2x/week</td>
<td>8/8 sessions</td>
</tr>
</tbody>
</table>

S:

XX was alert and responsive to intervention. Redirection to task was frequently required and the use of tangible reinforcers provided incentive for optimal performance.

O:

<table>
<thead>
<tr>
<th>Initial Status</th>
<th>Final Status</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>modeled words</td>
<td>Spont. sentences</td>
<td>Improved</td>
</tr>
<tr>
<td>62% accurate</td>
<td>78% accurate</td>
<td>Continue</td>
</tr>
</tbody>
</table>

1. Produce IMF /s/ in Conversation with 80% accuracy

2.

3.

A:

Progress was demonstrated on all objectives. XX exhibits a mild-moderate delay in articulation skills and pragmatic functions, which warrant further intervention. Prognosis for improvement with continued treatment is good in view of client’s age, progress demonstrated to date, consistent attendance, and parental support.

P:

It is recommended that XX continue to receive individual speech therapy 45-60 minutes, twice weekly to facilitate improved articulation skills and pragmatic functions. Objectives may include the following:

- Increase Speech Intelligibility through Improved Articulation
  - Targets may include: /s/-blends, (ch), /l/-blends

- Demonstrate Age-Appropriate Pragmatic Functions/Social Skills
  - Targets may include: turn-taking;

XXXXXXXX  
Graduate Clinician

XXXXXXXX  
Clinical Instructor
Client ATTENDANCE / BILLING SHEET (As Needed)

CLIENT: 

DIAGNOSIS / ICD-9 CODE: 

INSURANCE / #: 

AUTHORIZATION #: 

SERVICE DATES: 

FREQUENCY: 

PROCEDURE CODE: Individual / 92507 

Group / 92508 

CLINICIAN: 

SUPERVISOR: 

C=Clinician Absent, A=Client Absent, H=Holiday – Mark time by quarter increments (e.g., .25, .50, .75, 1.0)

| August 2011 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

| Sept. 2011  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

| Oct. 2011   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

| Nov. 2011   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

| Dec. 2011   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
Treatment Documentation: Routing, Distribution, and Processing

Documentation is reviewed and revised by clinical supervisors on a weekly basis (Monday thru Friday). Meeting documentation timelines is a critical clinical skill area that is tracked by clinical supervisors. Clinic supervisors may use different methods for revising. One method is via “Track Changes” which is a function in MS Word.

Students are expected to use initials rather than client names when drafting reports and documentations. These initials do not change until the reviewing and revision process is complete. Part of the final draft process is to change the initials to the name. There is a function on the MS Word toolbar titled “Replace.” There is a drop down menu titled “more” which needs to be clicked. Once the menu drops, selected “Match case” and “Find whole words only.” This will help you to replace the initials to the name with more efficiency.

Lesson Plans (LP):
LP for each client must be submitted by 12:00 (noon) the day after the last therapy session for that week. **Please code properly per “E-mail format” section of this Handbook.**

A lesson plan is the clinician’s plan for what specific client behaviors are being targeted for the week and what procedures and activities are planned to accomplish this. It also serves as a written communication between the student clinician and his/her supervisor about the planned session. The lesson plan should/may contain the following:

a) Identifying information.
b) Specific objectives for the session. Short term objectives are included.
c) Activities and Reinforcement schedule with Antecedents and materials.
e) Consequences, cueing or correction procedures.

Timeliness of submitting the LPs is critical for two reasons:
1. Clinic supervisors needs enough time to review and revise as needed.
2. LPs need to be provided to family members and undergraduate/leveling students conducting clinic observations. As part of the clinic observation process the student observers need to have the information from the LPs in order to complete their assigned documentation.

SOAP Notes (SN):
SN for each client must be submitted by 12:00 (noon) the day after the last therapy session, for that week. Please note that in the “O” section posting is daily, however the “A” section is a cumulative statement of the monthly sessions.

**IMPORTANT: Final SN (i.e., signed etc…) filed following the last tx date for the month. Please code properly per “E-mail format” section of this Handbook.**

The SOAP note typically serves the purpose of both a treatment plan and a progress note in a hospital, rehabilitation center and nursing home setting. The SOAP format, which represents "Subjective-Objective-Assessment-Plan" is commonly used in hospital based speech-language pathology programs and is used for most of the adult clinic. Include information in each area as follows:

a. Subjective: Provide background information, medical information, initial diagnosis.
b. Objective: State objectives of treatment sessions.
c. Assessment: Note progress toward objectives, update status and current diagnosis, impressions.
d. Plan: Recommendations for continued treatment, change in objectives, education. *Treatment Hierarchy/Lesson Plan (Tx H/LP)*

**Hierarchy of Goals and Objectives**
This is a breakdown of semester goals and objectives into small steps, starting with the current level of the client and advancing to your final goal. Clinical Probes may also be noted as part of your hierarchy. The hierarchy will help you set reasonable semester goals and keep therapy moving toward your final goal. This will assist clinicians in writing their weekly lesson plans and should be discussed with their clinical supervisor.

It is important to note that there are variations for breaking down and formatting TxH/LP hierarchies of goals and objectives. There are, however, two aspects that are always included no matter what format is used. The two aspects are noted below:

1. Breaking down the hierarchy by client skills (simple to complex skill levels/concrete to abstract)
2. Breaking down the hierarchy by levels of support (most to least support)

*Note: At times, clinicians may chose to combine these two aspects of stating objectives by skill and levels of support.*

**Data & Clinical Probes**
All students will be required to develop their own data taking or recording procedures, upon which to base their program decisions. Clinical probes are conducted to determine if the target response has generalized.

**Progress Summary/Discharge Summary (PS/DS)**
The Progress Summary provides a statement regarding client progress toward their target goals and objectives, procedures used in the treatment process and recommendations for the next semester. Reports should be written in terms that the client or family can understand. The PS will summarize progress for the semester and makes recommendations for the following semester of treatment. The PS is completed and printed in final draft at the time of student clinician’s end of semester close-out with the clinical supervisor then mailed to the client/families.

**Final Draft of Documentation**
Students are to finalize all paperwork for the file by completing it on a word processor, unless the supervisor indicates hand writing is acceptable. This paperwork includes third party reimbursement forms, and treatment SOAP notes and consent forms for observation, video-taping of the session, class presentation, photographing for media and for research.

- Letterhead that can be obtained from the staff at the HJC front office.
- Reports are to be completed using the e-file format provided on CDIS graduate flash drive given to students at the clinic orientation.
- Headers and footers are to be placed on each document.
- Signature lines cannot stand alone on a page.
- Parent and client initials are to be replaced with full names for all prints of final reports.

Chart reviews, lesson plans, data collection sheets, and semester treatment plans are typically not included in the clients’ folders.

*Note: Data collection log template is in the Clinic Handbook appendices.*
**Treatment: Client/Parent Conferences**

Treatment conferences are conducted to go over initially established treatment plans and/or to share progress after the treatment period. Generally, conferences are conducted during the fall and spring semester while summer semester is maintenance of goals/objectives worked on during the fall and spring semesters. Clinical instructors may vary the options for conferences based on the client's needs.

1. **Initial Conference**: Once a treatment plan is established, the clinician will conduct a conference with the client/family to review the proposed plan of care for the semester.

2. **Final Conference**: Upon completion of the Final (Progress/Discharge) Summary, the clinician will conduct a conference with the client/family to share progress and recommendations.

**Treatment: End of the Semester Duties**

1. All clinic responsibilities must be completed before the end of the semester. These responsibilities include returning all borrowed clinic materials, completing log notations, signing all reports, and turning in supervisor evaluations. It may include additional responsibilities as outlined by the supervisor, including an exit conference.

2. All clinic reports must be in final form and approved by the clinic supervisor by the last day of exam week. *Each day a report is late, the clinic practicum grade will be reduced by a letter grade.* Any exception to this must be approved by the clinic supervisor in advance.

3. A grade of I (Incomplete) indicates that the student has not completed academic/clinic responsibilities for an unavoidable reason that is acceptable to the instructor. A student may not “choose” a grade of I.
Parent/Client Conference

I. Introduction

- Begin with positive statement of client’s motivation, general progress or good attempts at participating during treatment sessions – thanking them for taking the time to attend, for support and motivation regarding the therapy process,
- State the purpose of the meeting
- Ask parents/client(if an adult) how they feel about the communication status of the client or themselves in outside contexts away from the therapy setting

II. Update of information

- Identifying info
- Medications
- School program current – upcoming for fall
- Any other therapies
- Any reports and progress summaries from school or other therapies/evaluations

III. Review of goals and progress toward goals then describe the implications across contexts

- List of objectives (note goals met, progress made, goals not met, discontinued etc...):

IV. Modification of goals and objectives

- What changes were made
- Why the changes were made

V. Provide them with input about things that worked (i.e., strategies etc...) and present them with a small packet of things to work on during the interim period until treatment sessions begin again in January 2010.

VI. Confirm status for Spring semester

- Will they be continuing treatment
- Time options for therapy (preferred days/times)

VII. Provide parent/client with a customer satisfaction form that you can get from Cynthia (Admin Asst.) or Theresa (Office Manager).

VIII. Ask if they have any questions

______________________________  ______________________________
Parent/Client                               Graduate Student Clinician

______________________________  ______________________________
Clinical Instructor                               Date
End of Semester Close-Out

- Bring client folder(s) to meeting

- SOAP Notes
  - all must be completed
  - signed
  - filed in chronological order in chart

- Parent Conference
  - signed
  - filed in chronological order if applicable
  - make a copy to mail if contact by phone

- Progress Report
  - final draft printed on clinic letterhead
  - client initials changed to full name
  - signatures
  - make a copy; original to client file, copy to parent
  - attach original & copy to client file; Theresa’s box

- Ensure clock hours entered into CALIPSO software for tracking

- Pink Summary Form
  - front of client file
  - snapshot of client treatment across time
  - completed & signed

- Review of Competencies and Grade
  - Entered and completed on CALIPSO

- Practicum Hours
  - Enter and follow-up via CALIPSO

- Supervisor Evaluation Form
  - complete & turn in to main office

- Return all therapy materials, books, video tapes, etc.
SECTION V
PRACTICUM GRADING CRITERIA
Practicum Rating / Grade

Rating / Grading of competencies is based on the Student’s Performance Level and the Level of Supervision required to achieve a satisfactory performance.

<table>
<thead>
<tr>
<th>Rating*</th>
<th>Skill Performance: Student</th>
<th>Level of Support: Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Developed / Consistent</td>
<td>Minimum: student performs tasks independently a majority of the time; initiates and leads discussion regarding clinical issues.</td>
</tr>
<tr>
<td>3</td>
<td>Present / Consistent</td>
<td>Moderate: direction and/or practice in conference leads to satisfactory performance.</td>
</tr>
<tr>
<td>2</td>
<td>Emerging</td>
<td>Maximum: student instruction and/or demonstration with the client leads to satisfactory performance.</td>
</tr>
<tr>
<td>1</td>
<td>Absent</td>
<td>Maximum: ongoing student instruction and/or demonstration with the client required for satisfactory performance.</td>
</tr>
</tbody>
</table>

*Ratings are earned on each competency with each client (tx or dx) and averaged across experiences each semester.*
Note: Semester performance averages from 4.0 to 3.0 are considered passing. Semester performance averages below 3.0 are considered failing. A “Fail” for the semester results in a Clinic Remediation Plan or Removal from Program.

Practicum hours are earned with successful completion of each semester's practicum experience.

Clinic Points are earned each semester resulting in a rating of “Pass” or “Fail.”
Clinic Remediation Plan (CRP)

CRPs are designed to improve the students’ knowledge and application of specific core clinical skill areas that are at an absent or emerging level. Please note the flow of the clinical practicum continuum which includes the Clinic Remediation Plans (CRP)

Conversion of Ratings to Clinic Points
average across semester tx/dx experiences

- >/= 40 pts
  - Pass
    - continue with practicum
  - CRP Met
    - continue with practicum

- < 40 pts
  - Fail
    - CRP developed
  - CRP Not Met
    - removal from program
### Treatment Skills

| 1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a) | Articulation | Fluency | Voice | Language | Hearing | Swallowing | Cognition | Social | Motorics | Communication | Motoricity |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | 3.00 | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2. Implements treatment plans—develops hierarchy, follows plan, and modifies. (std IV-G, 2b) | 0.00 | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Organizes and sequences task to meet objectives. | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Provides appropriate introduction/explanation of tasks. | 0.00 | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Measures and evaluates patients’ performance and progress with consistent and appropriate data collection (std IV-G, 2d) | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7. Uses appropriate models, prompts or cues to elicit and shape client responses. Allows time for patient response. | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8. Applies appropriate reinforcement methods to meet the needs of clients. | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Implements generalization and carry-over activities for clients. | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. Manages client behavior appropriately. | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Adapts treatment session to meet individual patient needs (std IV-G, 2e) | 3.00 | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Completes administrative functions and documentation necessary to support treatment (std IV-G, 2f) | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13. Identifies and refers patients for services as appropriate (std IV-G, 2g) | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Number of Items scored: 23  Number of Items remaining: 94  Section Average: 3.35

### Preparedness, Interaction, and Personal Qualities

<table>
<thead>
<tr>
<th>1. Possesses foundation for basic human communication and swallowing processes (std III-E)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std III-F).</td>
<td>4.00</td>
</tr>
<tr>
<td>3. Possesses knowledge of contemporary professional issues and advocacy (std III-G).</td>
<td>4.00</td>
</tr>
<tr>
<td>4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).</td>
<td>3.87</td>
</tr>
<tr>
<td>5. Establishes rapport and shows sensitivity to the needs of the patient.</td>
<td>3.87</td>
</tr>
<tr>
<td>6. Uses appropriate rate, pitch, and volume when interacting with patients or others.</td>
<td>3.33</td>
</tr>
<tr>
<td>7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).</td>
<td>3.87</td>
</tr>
<tr>
<td>8. Collaborates with other professionals in case management (std IV-G, 3d).</td>
<td>3.87</td>
</tr>
<tr>
<td>9. Displays effective oral communication with patient, family, or other professionals (std IV-E).</td>
<td>3.87</td>
</tr>
<tr>
<td>10. Displays effective written communication for all professional correspondence (std IV-E).</td>
<td>3.87</td>
</tr>
<tr>
<td>11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).</td>
<td>3.50</td>
</tr>
<tr>
<td>12. Assumes a professional level of responsibility and initiative in completing all requirements.</td>
<td>3.00</td>
</tr>
<tr>
<td>13. Demonstrates openness and responsiveness to clinical supervision and suggestions.</td>
<td>3.00</td>
</tr>
<tr>
<td>14. Personal appearance is professional and appropriate for the clinical setting.</td>
<td>3.25</td>
</tr>
<tr>
<td>15. Demonstrates cooperation and responsiveness for all clinical services.</td>
<td>3.00</td>
</tr>
<tr>
<td>TREATMENT COMPETENCIES: DETAILED</td>
<td></td>
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<td>----------------------------------</td>
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</tr>
</tbody>
</table>

### Documentation
- Lesson Plan: timeliness; content; form
- SOAP Note: timeliness; content; form
- Progress Summary: timeliness; content; form
- Conference form: timeliness; content; form

### Reinforcement
- age appropriate
- variety in type and schedule
- effective delivery

### Baseline
- select targets to baseline
- utilize appropriate baseline sequence
- obtain data to support level of intervention; discontinue
- efficient manner

### Generalization & Carryover
- plan & implement within therapy setting
- plan & implement home management

### Treatment Hierarchy
- develop: sequence, criteria, cues & prompts
- follow
- modify as needed

### Data Collection
- system to note range of responses & cues
- recorded responses accurately & efficiently
- online collection
- judge accuracy of responses
- interpretation of data
- use data to guide clinical decisions

### Session Organization
- introduction, body, closing
- sequence of goals, activities, materials
- follow lesson plan efficiently; max time on task
- integration of targets within an activity
- altered planned procedures as needed
- standard precautions

### Interaction Style: Client & Family
- engage client: enthusiastic; animated; volume adjustment
- seating arrangement; proximity, touch
- terminology

### Materials & Activities
- appropriate, effective to elicit target(s)
- varied: within session/tx- tx
- age & gender appropriate
- maintain client interest level

### Behavior Management
- maintain compliant behavior
- shape compliance
- variety of methods and techniques
- effective

### Elicitation & Shaping
- introduce, teach, practice, review
- demonstrate variety of techniques & strategies
- provide effective corrective feedback
- ensure adequate response opportunities

### Professional
- respected confidentiality for all professional activities
- punctual for all client & supervisor appointments
- notified supervisor/client of necessary schedule changes
- constructive participation in discussions regarding tx
- demonstrated change & requested assistance as approp
- recognized professional limitations, boundaries
- met timelines for documentation
- exhibited genuine concern for client & family
- effective communication: client values, bkgrnd, culture, etc
- appropriate interpersonal skills: client, parent, supv, profnls
- collaboration with other professionals in case management
- professional attire, appropriate to site
- Adhered to ASHA Code of Ethics & other legal, regulatory reimbursement aspects of professional practice
<table>
<thead>
<tr>
<th>Competencies</th>
<th>Level</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td><strong>Other:</strong></td>
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Clinical Instructor:
Performance Summary

Mid-Term Spring Semester

Student Name: ___________________________ Date Discussed: ___________________________

Notice:

The clinical instructors review student performance on a regular basis throughout each semester.

Reviews occur at mid-term and at the end of semester clinical assignments. Based on a review of your performance to date, the clinical faculty reports the following:

Currently student is:

_____1. making acceptable progress toward “Present” or “Developed” levels across all clinical competencies

_____2. “at risk” for not making acceptable progress toward “present” level across all clinical competencies

_____3. not making acceptable progress toward “present” level across all clinical competencies

Note: If acceptable progress is not being made toward “present” or “developed” levels across all clinical competencies a clinic remediation plan (CRP) will be drafted and implemented.

Note areas of concern or need for improvement or refinement of clinical skills:

<table>
<thead>
<tr>
<th>Clinical Competencies</th>
<th>Absent</th>
<th>Emerging</th>
<th>Present</th>
<th>Developed</th>
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</thead>
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<tr>
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</table>

Comments:

Both academic and clinical competencies (assessment and treatment) must be at acceptable levels for field placement approval. Overall selection and candidacy for field placement will be determined by entire faculty at the end of the year faculty meeting for Fall 2011.

_____Denise Carnes, M.A., CCC-SLP  _____Patricia Kimes, M.Ed., CCC-SLP  _____Yvette Lozano, M.A., CCC-SLP
Clinical Instructor  Clinical Instructor  Clinical Instructor

_____Claudia Loya-Ward, M.A., CCC-SLP  _____Rosa Lydia Martinez, M.S., CCC-SLP
Clinical Instructor  Clinical Instructor
CDIS Clinic Remediation Plan  
Fall 2014

Student Name: ____________________ Date Discussed: ____________________

Notice:  
The clinical instructors review student performance on a regular basis throughout each semester.

Reviews occur at midterm and at the end of semester clinical assignments. Based on a review of your performance to date, the clinical faculty reports the following:

- Making acceptable progress toward present and/or developed levels across all clinical competencies
- Not making acceptable progress toward present and/or developed levels across all clinical competencies

Clinical Skill Areas Needing Improvement:

<table>
<thead>
<tr>
<th>Clinical Competency</th>
<th>Absent</th>
<th>Emerging</th>
<th>Present</th>
<th>Developed</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Behavior Management</td>
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</tr>
<tr>
<td>Professional</td>
<td></td>
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</tbody>
</table>

Additional specifics of remediation plan:

- Student met the expected levels noted on the plan. Candidacy for field placement will be reviewed at the end of XX XX semester.
- Student did not meet the expected levels noted on the plan. Removal from CDIS program or other recommendations to be decided by full faculty at the end of XX XX semester.

Both academic and clinical competencies (assessment and treatment) must be at acceptable levels for field placement approval. Overall selection and candidacy for field placement will be determined by entire faculty at the end of the semester faculty meeting XXXX semester.

XXXXXXXXXX, B.A/B.S.? XXXXXXXXXX M.S., M.A., CCC-SLP  
Graduate Student Clinician Clinical Instructor

Date XXXXXXXXXXXX M.A., M.S., CCC-SLP  
Clinic Director
SPEECH-LANGUAGE PATHOLOGY PRACTICUM SUPERVISION EVALUATION
Our Lady of the Lake University
Department of Communication and Learning Disorders

<table>
<thead>
<tr>
<th>Supervisor’s Name</th>
<th>Semester / Year</th>
<th># Clients / Hours per week</th>
</tr>
</thead>
</table>

**Directions:** Please read each statement carefully and use the following rating scale to rate your supervisor’s performance. Write your rating in the blank after each statement.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My supervisor established and maintained an effective working relationship with me during this clinical experience.</td>
<td></td>
</tr>
<tr>
<td>2. My supervisor was available to answer questions.</td>
<td></td>
</tr>
<tr>
<td>3. My supervisor assisted me in developing clinical goals and objectives.</td>
<td></td>
</tr>
<tr>
<td>4. My supervisor assisted me in developing and refining my therapy management skills.</td>
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</tr>
<tr>
<td>5. My supervisor explained, demonstrated for me, and/or participated with me, in the therapeutic process when appropriate.</td>
<td></td>
</tr>
<tr>
<td>6. My supervisor was helpful in assisting me to collect, record, analyze, and interpret baseline and therapy data appropriately.</td>
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<tr>
<td>7. Conferences with my supervisor were beneficial.</td>
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<tr>
<td>8. My supervisor interacted with me in a manner which supported the development of critical thinking skills and encouraged independent performance.</td>
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</tr>
<tr>
<td>9. My supervisor kept me informed about my progress during the semester through positive feedback and constructive criticism. Alternative: verbal and/or written feedback</td>
<td></td>
</tr>
<tr>
<td>10. My supervisor helped me develop my skills in verbal reporting, report writing, and editing.</td>
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</tr>
<tr>
<td>11. My supervisor shared information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice when appropriate.</td>
<td></td>
</tr>
<tr>
<td>12. My supervisor served as a model of professional conduct and helped me grow professionally.</td>
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<tr>
<td>13. My supervisor helped me to increase my knowledge of particular communication disorders and supported/encouraged the use of Evidence Based Practice.</td>
<td></td>
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</tbody>
</table>

**Constructive Feedback:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
SECTION VI

CLINIC: EVALUATION

DIAGNOSTIC PRACTICUM
General Overview of Diagnostic Assignments

NOTE: (Each diagnostic assignment will have designated timelines, sequence of actions and processes of distribution, stipulated by the coordinators of each diagnostic assignment). More information will be provided.

Diagnostic Assignments:

Highlights of diagnostic practicum:

- Dx experiences that count for competencies-rated/based and earning dx hours.
  - Actual Evaluation of referred client.

Other learning formats that will not count for earned hours, but will count toward competencies includes:

- Dx labs (i.e., learning modules, case studies – simu-cases).
- Dx experiences for practice (i.e., screening of other students, mock client – practice on somebody/someone).

Diagnostic assignments may include

- Actual evaluation of referred client.
- Multiple screening of children and adults as designated facilities. Students need to complete a minimum of 2-3 screenings to count as a full diagnostic assignment counted for diagnostic competencies. Screening assignments may include the following (variations designated by coordinators of diagnostic assignment):
  - Hearing screening
  - Oral mechanism examination
  - Speech screening
  - Language screening
  - One page report of screening findings

- Case study applied to different standardized assessment measures.
- Case study applied to different non-standardized assessment measures.
- Practice administration of different standardized assessment measures with fellow students or other selected individuals.

*Competencies are completed by clinic instructors on CALIPSO and forwarded to students via CALIPSO process.*
## Diagnostic Competencies: Detailed

<table>
<thead>
<tr>
<th>Planning</th>
<th>Differential Diagnosis</th>
</tr>
</thead>
</table>
| • familiar w/available background information; client & disorder  
• selects appropriate assessment tools (standard & non-standard)  
• develops techniques if needed; includes stimulability  
• confirms test procedures & materials w/supervisor  
• considers alternatives to planned procedures  
• explains rationale for selected tests & procedures | • state disorder  
• assign 2011 ICD 9-CM code  
• utilize appropriate CPT code(s) |

<table>
<thead>
<tr>
<th>Administration</th>
<th>Recommendations / Referrals</th>
</tr>
</thead>
</table>
| • prepares environment to meet client/clinician needs  
• assures that all equipment is in working order prior to testing  
• materials are complete, organized and accessible  
• uses appropriate interview techniques to obtain pertinent info  
• administers test/subtest according to standardized procedures  
• obtains ceiling & basal  
• records responses accurately & discretely  
• notes diagnostically significant behaviors  
• uses appropriate rate/pace of presentation  
• handles/manipulates tests & materials efficiently  
• modifies procedures to accommodate special needs | • develops goals when appropriate  
• specifies type, frequency, duration of treatment  
• considers possible referrals for comprehensive case management |

<table>
<thead>
<tr>
<th>Behavior Management</th>
<th>Reporting: Oral</th>
</tr>
</thead>
</table>
| • appropriately engages client  
• manages client behaviors; verbal & nonverbal cues  
• provides appropriate client encouragement/reinforcement verbal & nonverbal | • explains impressions/findings/recomm. accurately & fully  
• uses appropriate terminology  
• provides examples when needed/to illustrate points  
• answers ?s, listens, supports & addresses family concerns |

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Reporting: Written</th>
</tr>
</thead>
</table>
| • identify comprehensive framework  
• organize information within framework  
• examine information | • identifying information accurate & complete; all protocols  
• accurately determines chronological age  
• includes pertinent history; reason for referral  
• content complete, organized and presented in logical manner  
• contains correct grammar, spelling, punctuation; tense  
• uses appropriate terminology  
• includes client strengths and weaknesses |

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<thead>
<tr>
<th>Interpretation</th>
<th>Professional</th>
</tr>
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</table>
| • draw conclusions based on findings (standard & non-standard)  
• explain/summarize conclusions  
• considers possible impact of cultural/linguistic differences  
• determine need for intervention | • punctual with adequate time to set-up, prepare  
• attire appropriate to setting & client  
• appropriate interaction w/client, parent, supervisor, others  
• utilizes standard precautions  
• timelines: planning, scoring, report (draft and final) |
**DIAGNOSTIC OBSERVATION**

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<tr>
<td><strong>Behavior Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• appropriately engages client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• manages client behaviors; verbal &amp; nonverbal cues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• provides appropriate client encouragement/reinforcement; verbal/nonverbal</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reporting: Oral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• explains impressions/findings/recommendations accurately &amp; fully</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• uses appropriate terminology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• provides examples when needed to illustrate points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• answers questions, listens, supports &amp; addresses family concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• punctual with adequate time to set-up, prepare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• attire appropriate to setting &amp; client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• appropriate interaction w/client, parent, supervisor, others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• utilizes standard precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
<td>Clinical Instructor:</td>
</tr>
</tbody>
</table>
Speech-Language Evaluation (SOAP Note format)

Date of Evaluation: __________________________

<table>
<thead>
<tr>
<th>Client:</th>
<th>Center No:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DOB:</th>
<th>Age:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parents:</th>
<th>Physician:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ICD-9 code:</th>
<th>CPT code:</th>
</tr>
</thead>
</table>

S: Background History

O: Standard and Non-Standard Assessments

<table>
<thead>
<tr>
<th>Tests Administered</th>
<th>Results/Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A: Summary of Diagnostic Impressions (Interpretation)

P: Recommendations

SPEECH-LANGUAGE DIAGNOSIS:
Diagnostic Category:

ICD-9 Code:

RECOMMENDATIONS/TREATMENT PLAN:
Type of Treatment
CPT Code:
Time/Frequency:
Goals for Treatment:

PROGNOSIS:

______________________________

XXXXXXX B.A./B.S.,
Graduate Clinician

______________________________

XXXXXXX M.A./M.S.,
Clinical Instructor

______________________________

Date of Report
Faculty Method of Scheduling Diagnostic Assignments

Diagnostic Practicum:

A student log contains the names of all students enrolled in the advanced assessment class is generated for tracking purposes. Tracking purposes include:

- Using the dx log as a systematic way to sequence diagnostic assignments.
- Track the types of dx assignments the student has experienced across the diagnostic assignments.
- Track the grades across diagnostic assignments.
- Track the students’ progress in obtaining the necessary diagnostic skills before going into field placement.

Factors that may influence the sequence of scheduling the diagnostic assignments:

- Students may be assigned to evaluate clients that they have been assigned to for treatment.
- Students may need to be assigned to a different clinical instructor or assigned to a different type of evaluations/assignments.
- Students may need to complete two of the same type of evaluations/assignments to demonstrate competency in certain areas of assessment.
- A subsequent diagnostic assignment may not be assigned until students have completed a previous diagnostic assignment.
- Students may not have taken the course related to the disorder or type of client scheduled for the evaluation.

Other information regarding the process of scheduling diagnostic assignments:

The students’ progress is consistently tracked throughout the diagnostic rotation. Faculty and clinical instructors are presented with the status of the diagnostic rotation. They are provided with the status and the following information is shared:

- Notice as to how many students are completing the required diagnostic criteria.
- Notice as to how many students are still lacking diagnostic assignments.
- Notice as to which students are needing more diagnostic experiences or different diagnostic experiences.
- Notice as to what factors have affected students’ schedule sequence through the diagnostic rotation.

Earnest attempts are made to make the diagnostic scheduling process as objective as possible in order to move the students through the diagnostic rotation successfully and efficiently.

Students are encouraged and welcome to follow up at any time on their diagnostic tracking
Initial Diagnostic Scheduling Process

- Clients submit intake forms
- Office manager creates a client folder
- Bookkeeper follows up on billing options for client
- Clinical instructors notify office manager of availability times
- Office manager schedules diagnostic appointments
- Office manager inputs schedule of diagnostic on to scheduler (i.e., MOMs)
- Office manager e-mails coordinator of diagnostic practicum and cc’s supervising clinical instructor

- Coordinator of diagnostic practicum then;
  - Notifies student assigned via email with attached Notification of Diagnostic Assignment and cc’s assigned clinical instructor and office manager.
- Assigned clinical instructor and/or assigned graduate student clinician reserve a room for the evaluation
- Transition to Process for Referred Evaluations
Process For Referred Evaluations

1. Student and clinical instructor receive a notification of diagnostic assignment (this notification slip has instructions that the students must follow to set up and prepare for initial meeting with clinical supervisor).

2. Student and clinical instructor meet to discuss and outline specific plan for the evaluation.

3. Student conducts the evaluation.

4. General Evaluation Protocol (protocol and sequence of the Dx protocol may vary per clinical instructor):
   - Parent interview
   - Hearing screening
   - Standardized assessment measures
   - Non-standardized assessment measures
   - Oral mech. Examination
   - Testing ends – student clinician and supervisor discuss results and formulate their impressions then post the information onto a parent conference form.
   - Oral and Written Diagnostic impressions are shared with family members/client
   - After the evaluation, it is up to the clinical supervisor as to the content and format of feedback they will share with the student at that time.

Documentation Timeline after an Evaluation

First draft of the report is due 3 working days after the evaluation (e.g., eval. conducted on a Friday then the first draft is due on the following Wednesday).

1. Total timeline for diagnostic reports is 10 working days from the date of the evaluation.

2. Student follow-up is at the clinical instructor's discretion (i.e., setting up meetings, communication, revisions etc…).

3. Once the student has completed the final draft of the evaluation report, the supervisor will complete the clinical competency evaluation on CALIPSO.

4. Clinical supervisor will set up a meeting to discuss the ratings and grade with the student.

5. Evaluation of students' performance will be entered onto CALIPSO for tracking.
NOTIFICATION OF DIAGNOSTIC ASSIGNMENT

NOTE TO CLINICAL INSTRUCTOR: If you do not hear from student within two working days please contact me to verify that I’ve sent notification to student and/or to follow up on student.

<table>
<thead>
<tr>
<th>Diagnostic #</th>
<th>Notification of Diagnostic Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student:</td>
<td>Date:</td>
</tr>
<tr>
<td>Supervisor:</td>
<td>Location of Evaluation:</td>
</tr>
<tr>
<td></td>
<td>Initials of Client:</td>
</tr>
</tbody>
</table>

Note: For confidentiality purposes this notification slip only provides the client initials.

Once you have received this notification, you are responsible for the following:

- Contact clinical instructor for this dx assignment within two working days to confirm receipt and acceptance of this assignment and to arrange a conference time to discuss the assignment. If contact is not made within two working days then the diagnostic assignment will be reassigned and another dx assignment will not be made until your name cycles through the rotation.
- Go to the diagnostic assignment book at the front office to obtain client’s full name.

Prior to meeting with your supervisor, you must review the client’s folder and come to your initial conference with a good frame of reference to discuss the client with your supervisor. It is important to come to the conference knowing the reason for referral, client’s presenting communicative profile according to the intake form.

IMPORTANT regarding the report writing process: 10 working days is the standard time that it should take to complete the report writing process including revision time. Timeline should not exceed three weeks for the client’s benefit and for the student who will need the grade processed and in their file.

Date of Notification:

Complete and Return This Form to Assigned Clinical Instructor

I accept this client and will meet with this supervisor this date and time: ________________________________________________

I am not able to accept this assignment because ______________________________________________________________

I understand that rejecting this assignment will result in my name moving to the bottom of the diagnostic rotation list and may delay field placement.

Note and initial______

Practicum Student Signature

Clinical Instructor’s Signature

Date

Date
**General Information Regarding Diagnostic Assignments and Evaluations**

**Assignment of Diagnostic Evaluations**
- Student clinician will receive a notification slip with information stating the name of the clinical supervisor, and the date, time and location of the evaluation.
- Student clinician will contact clinical supervisor immediately after receiving notification in order to schedule a conference time to discuss plans for evaluation. Usually, conferences may occur a week before the evaluation (specific scheduling for the conference is up to the clinical supervisor).

**Preparing for initial meeting with clinical supervisor**
- When you contact your supervisor, you will be provided with the name of the client so that you can conduct a chart review. Please confer with your supervisor about accessing the clients chart so that you can conduct a chart review. Once the client’s history, referral concerns, and any other presenting concerns have been reviewed then it is important to research the given information and set up a possible assessment plan relative client’s presenting concerns.
- Besides using the Shipley & McAfee textbook, also spend some designated amount of time researching other sources and information from the library, notes from previous or current classes, and texts related to the client’s concerns to find out which standardized or non-standardized procedures would provide the best clinical assessment of the client’s presenting concerns.
- Outline any questions you have for your supervisor and/or parents then discuss those questions with your supervisor to determine the best avenue to address those questions. Please confer with your supervisor about parent interviews that you may want to conduct prior to the evaluative session.

**Preparing for evaluative session (after initial meeting with supervisor)**
- Check out the standardized tests that you will be using (follow the protocol listed in the diagnostics room) and review the manual thoroughly (i.e., information on scoring, administration, reading the directions to client, recording responses, and following the administration guidelines outlined in the manual in order to use the norms listed in the manual).
- Practice administering the standardized tests, several times, to make sure that your presentation will be accurate and fluent during the actual evaluation. Your presentation of instructions must follow the guidelines outline in the testing manual in order to be able to obtain a valid score. If you do not practice giving the test then it will affect your presentation of the test items, which may also affect the client’s responses and decrease the accuracy of the results obtained during the assessment. One of the starred (*) items on the competency packet is “administration of standardized and non-standardized assessment instruments”.
- Practice recording your responses on a blank sheet of paper that simulates the real response form. The actual test (response) form for the tests should only be used during the actual evaluative session. Test forms/protocols are expensive so it is important only to use them when conducting the evaluations. Please do not copy them – they have a copyright protection.
- Practice presenting non-standardized assessment protocol and interview prior to evaluation, and conference after the evaluation.
- Organize a timeline and sequence for your assessment protocol. It is important to go into the evaluation with a written plan/schedule so that you can give the client/family, and/or just for yourself, a tentative overview of the evaluative session. The schedule will also help guide you smoothly through the evaluation and make transitions easier for everyone involved.
- Make a list of all the materials needed and add to it as you plan your evaluation. The list will be a helpful reminder. Standard materials you will need include: test booklets, manuals, protocols, tape recorder, batteries, tapes, pencils, stop watch, tongue depressors, gloves, clipboard, list of interview questions. Other items will vary per type of evaluation being conducted.
Procedure for Checking Out Assessment Protocols

I. Designated times for checking out assessment instruments will be posted on the diagnostic room door.

II. Students need to know which assessment instruments are going to be checked out in order to expedite the check-out process.

III. Students must go to the main HJC office and ask to check out an assessment instrument.

IV. Someone from the main HJC office will unlock the diagnostic room for student to check our assessment instrument.

V. File cabinet with the scoring protocols is located at the main HJC office

VI. Diagnostic room:
   a. Container with assessment measures: Each of these assessment containers is placed in alphabetical order on the shelves. Each container should have the assessment manual, stimulus books, possibly score forms (otherwise the score forms are in the file cabinet in the dx room), and for some assessments the manipulatives may also be included. There is a section of assessment instruments for Spanish speakers.

   b. Check out: There is a binder with a listing of each assessment measure and sign-out sheets to document items checked in and out. There is a check-out process. Please be mindful of other students who may need assessment protocols. During the week the assessment protocols may be checked out for one day (24 hours). On Friday, the assessment protocol may be kept until the following Monday morning. Students must go to the front office to check out dx material.

   c. Portable audiometer.

   d. Oral motor forms, gloves, tongue depressors, alcohol swabs etc…

   e. Easy listener.

II. Diagnostic Appointment book (Diagnostics are scheduled by the Office Manager):
   a. located up at the HJC Main Office – contains a log of assigned diagnostic appointments.
CALIPSO:
Student Instructions
CALIPSO INSTRUCTIONS
FOR STUDENTS
https://www.calipsoclient.com/ollusa

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to https://www.calipsoclient.com/ollusa
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: PIN numbers are valid for 45 days. Contact your Clinical Coordinator for a new PIN if 45 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to https://www.calipsoclient.com/ollusa and login to CALIPSO using your school e-mail and password that you created for yourself during the registration process (step one.)
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
To create a document to save and/or print, click “PDF” located within the blue stripe.
An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
Click “Home” located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
Click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
First, select a folder by clicking on the folder name or create a new folder or subfolder. To create a new folder or subfolder, type in desired folder name in the “Add folder” field and press "create."
Upload a file by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. Set the file permission by choosing “public” for supervisor and clinical administrator access or “private” for clinical administrator access only.
Move files by dragging and dropping from one folder to another.
Rename folders by clicking the "rename" link to the right of the folder name.
Delete files by clicking the “delete” button next to the file name. Delete folders by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Step 6a: Enter Daily Clock Hours

Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
Click on the “Daily clockhours” link located within the blue stripe.
Click on the “Add new daily clockhour” link.
Complete the requested information and click “save.”
Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
Repeat above steps to enter additional clock hours gained under a different supervisor or in a different clinical setting.
To view/edit daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 6b: Submit Clock Hours for Supervisor Approval
• Click on the “Daily clockhours” link located within the blue stripe.
• Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
• Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Save selected clockhours to semester clockhour form.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
• Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
• View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Step 7: View Clinical Performance Evaluations

• Click on “Student Information” and then “Evaluations.”
• As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
• View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 8: View Cumulative Evaluation

• Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
• Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
• Please make note of any areas of deficiency which are highlighted in orange.

Step 9: View Performance Summary

• Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 10: View My Checklist

• Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
• Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: Complete Self-Evaluation

• At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
• From the lobby page, click on the “Self-evaluations” link.
• Click on “New self-evaluation.”
• Complete required fields designated with an asterisk and press “save.”
• Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
• Once the evaluation is complete, check the “final submission” box and click “save.”
• Receive message stating “evaluation recorded.”
• Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final.”
• To view the evaluation, click “Evaluations list” located within the blue stripe.

**Step 12: Complete Supervisor Feedback Form**

• At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
• From the lobby page, click “Supervisor feedback forms.”
• Click “New supervisor feedback.”
• Complete form and click “Submit feedback.”
• Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

**Step 13: View Site Information Forms**

• The “Site Information Forms” link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
• To view available information, identify the desired site and click “View” located in the fifth column under submitted.
• Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.
SECTION VII
Clinic Practicum: Field Placement
FIELD PLACEMENT

Field Placement Practica

Policy:
Supervised by off-campus Speech-Language Pathologists. The last 100-375 hours of practicum are earned enrolled in clinical courses CDIS 7377 and CDIS 7379 over a period of two semesters for full-time students. Part-time students will extend the number of time necessary to complete these practica. Faculty and field supervisor recommendation is required for students to continue practicum each semester.

Procedure:
Students eligible for field placement and enrolled in CDIS 7377 and 7379 will be placed in a minimum of two off-campus placements in San Antonio or the surrounding areas. One placement will be for experience with school-aged clients in educational settings and a second with adult patients in medical settings.

Students attend school placements three-four days per week. The fourth or fifth days that student do not attend their school placement are reserved for other difficult to obtain assignments e.g. stuttering, aural rehabilitation, or audiological testing. Educational placements are offered in the fall and spring. Students attend medical placements 4 days per week in the fall and spring and 5 days per week during the summer session. Fall and spring sessions run for 14 weeks. The summer session runs for 10 weeks.

Students attend a one hour class meeting on campus with field placement coordinators once a month during long semesters. One meeting is held in the summer. All students complete requirements meeting with the practicum coordinator to monitor progress toward graduation each semester. Students schedule this meeting after the second week of practicum. At this meeting adjustments to practicum assignments are made as needed to meet the ASHA and OLLU requirements for graduation.

Delaying, Deferring or Replacing a Field Placement

Policy:
Requests to delay, defer or replace a field placement are not recommended but if needed should be submitted in writing to the faculty and is subject to their approval.

Procedure:
Student will write a letter to a field placement coordinator explaining their particular circumstance and specific request. Field placement supervisor will request additional information as needed and present the request to the full faculty who will make a decision regarding the request.

New Field Supervisors

Policy:
The selection a field practicum supervisor is done by faculty review and approval.

Procedure:
Field supervisor’s names and contact information are given to the field placement coordinators who contact potential supervisors to obtain credentials, caseload descriptions and lists of materials and techniques used in their setting. Based on the willingness of the supervisor and approval of the faculty additions to the field
placement supervisors list is made. CDIS field placement coordinators contact potential supervisor’s regarding the faculty decisions.

Field Placement Observation, Feedback, Midterm and Final Grades

Policy:
Clinical observations, feedback on student performance are received and considered prior to midterm and final grades.

Procedures:
Supervision at external field placement sites varies per facility and staff. Students are expected to be at a professional entry level of independence across core clinical areas. Frequency of supervision and feedback will vary per site as well as the amount of input provided to students prior to midterm and final grades.

If students’ are failing at midterm with any of core clinical areas falling below expected levels, including professionalism, students may be removed from field placement sites. Supervisors at the field placement facilities will provide the Child Liaison (either Ms. Kimes or Ms. Lozano) and the Adult Liaison (Dr. Blaesing) with the grading documentation. The child and adult externship liaisons will apply a rating of “Pass” or “Fail.” A rating of “Fail” at midterm may result in removal from the site and withdrawal from the CDIS program at Our Lady of the Lake University. Faculty will review the information and make a final determination as to the status of the student within the CDIS program.
### Credentials and Immunization Requirements for Medical Field Practicum:

Transitioned to CALIPSO student tracking system 2014

**Student Name:**

<table>
<thead>
<tr>
<th>Student Has:</th>
<th>Verified by CDIS Personnel: Initial and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Liability Insurance</td>
<td></td>
</tr>
<tr>
<td>2. Criminal Background Check</td>
<td></td>
</tr>
<tr>
<td>3. Personal Health Insurance</td>
<td></td>
</tr>
<tr>
<td>4. CPR</td>
<td></td>
</tr>
<tr>
<td>5. Required Immunization:</td>
<td></td>
</tr>
<tr>
<td>Diphtheria-Tetanus – within last ten years</td>
<td></td>
</tr>
<tr>
<td>Measles vaccinations – two vaccinations if born after 1957</td>
<td></td>
</tr>
<tr>
<td>Rubella – immunization given after first birthday, or serologic confirmation of immunity.</td>
<td></td>
</tr>
<tr>
<td>Mumps – immunization given after first birthday, or serologic confirmation of immunity.</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis – negative skin test within last 12 months.</td>
<td></td>
</tr>
</tbody>
</table>

**Positive Skin tests require:**

- Medical Clearance along with physician recommended procedures such as:
  - Clear chest x-ray
  - Medication protocol and clear chest x-ray

<table>
<thead>
<tr>
<th>Student Has:</th>
<th>Verified by Student (Initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>been made aware of risk – no medical or workman’s comp applied</td>
<td></td>
</tr>
</tbody>
</table>

**HIPAA Regulations**

---

**Student is responsible for completion and submission of this document within specified timelines described during the initial practicum orientation. During the clinic orientation students will be instructed on the timelines and distribution process.**

**All Requirements verified on**

---

**Date**
REQUEST FOR STUDENT CREDENTIAL/IMMUNIZATION DOCUMENTATION

(Transitioning to process set-up via CALIPSO)

Student Name: _____________________________             Date:______________________

A review of your clinic records indicates that the following documentation has not been submitted, is not current, or will expire soon.

_______   proof of liability insurance
_______   results of TB test
_______   verification of CPR certification
_______   (additional document)

Please submit the requested information to ________________________ within 72 hours on or preferably before expiration date. A delay in the receipt of this information may result in revocation of practicum privileges.

Thank you for your prompt response.

______________________________
Name
CRIMINAL BACKGROUND CHECK CONSENT FORM

In order to participate in the practicum for this program, I_____________________________________, hereby authorize Our Lady of the Lake University’s Communication Disorders Program to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, country, state or federal laws. This information will include, but is not limited to, allegations regarding and convictions for crimes committed upon minors or the elderly and may be gathered from any law enforcement agency of this or other states or the federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency.

I hereby attest to the truthfulness of the representations I have made. I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense similar to those listed on the application. Further, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or of any other state for any acts similar in nature to those listed on the application.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child or the elderly; nor do I have a confirmed report of elder or child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

The criminal history will be performed by the Program Chair or Clinical Director of the Communication Disorders Program or a designee. I understand that specific practicum facilities will require separate background checks. Information regarding inability to successfully pass a criminal background check will be secured by the Communication Disorders Program. The Program Chair or Clinic Director or designee will contact me directly in the case that I do not pass the criminal background check and will not share that information with others without prior written consent.

__________________________________________
Student Signature                                                                   Today’s Date

__________________________________________
Full Name of Student (Print LEGIBLY)                                                Date of Birth

Sex: M_______  F________  Race:________  SSN:______________________________

Driver’s License/State ID Number:______________________________________________

U.S. State that License was Issued In:_____________________ Date of Expiration: ________________

Have you resided outside the State of Texas during the last five years? _____yes; _____no
If yes, specify name used at that time and state(s):_____________________________________

Practicum Course #: 6265, 7171, 7172, 7173, 7174 |

(Please initial) Results of my criminal background check may be communicated:
   _____ by email; print neatly or results cannot be sent
   _____ via my instructor (result will be emailed to faculty member)  

CDIS 10.09
<table>
<thead>
<tr>
<th>Areas of Evaluation</th>
<th>Above Expectations</th>
<th>Average Performance</th>
<th>Below Expectations</th>
<th>COMMENTS</th>
</tr>
</thead>
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**This site is willing to take ______ students next semester.**
SUPERVISOR FEEDBACK FORM
(Transitioning to CALIPSO Version by Summer 2014)

Please return to Theresa

Supervisor’s Name: _____________________________  Semester: _____

# of Hours supervised per week: ________________

DIRECTIONS: Please read each statement carefully and use the following rating scale to rate your supervisor’s performance. Write your rating in the blank before each statement.

<table>
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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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_____ 1. Established and maintained an effective working relationship with the supervisee.

_____ 2. Assisted the supervisee in developing goals and objectives.

_____ 3. Assisted the supervisee in developing and refining assessment skills.

_____ 4. Assisted the supervisee in developing and refining critical management skills (e.g. data collection, report writing, ARD’s, medical staffing, chart maintenance).

_____ 5. Demonstrated or participated with the supervisee in the clinical process (being in there with them to provided cues and demonstrate treatment techniques/procedures).

_____ 6. Assisted the supervisee in observing and analyzing assessment and treatment sessions.

_____ 7. Assisted the supervisee in the development and maintenance of clinical and supervisory records (Practicum Documentation).

_____ 8. Interacted with the supervisee in planning, executing, and analyzing supervisory conference.


_____ 10. Assisted the supervisee in developing skills of verbal reporting, writing, and editing.

_____ 11. Shared information regarding ethical, legal, regulatory and reimbursement aspects of professional practice.

_____ 12. Modeled professional conduct.

_____ 13. Demonstrated research skills in the clinical or supervisory process.

Comments:
# VITA OUTLINE FOR FIELD SUPERVISORS

<table>
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<th>Name:</th>
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<tr>
<td>ASHA Membership Number:</td>
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<td>Texas License Number:</td>
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## EDUCATION:

**Degree/Institution/Year/Major:**

- ________________________________
- ________________________________
- ________________________________

## WORK EXPERIENCE (past 5 years):

**Year(s)/Place of Employment/Description of Major Responsibilities:**

- ________________________________
- ________________________________
- ________________________________

## OPTIONAL INFORMATION:

- Supervisory Experiences/Continuing Education Experiences/Membership in Professional Organizations/Membership in Community Organizations/Research Projects/Professional Presentations/Courses Taught:
FIELD PRACTICUM SUPERVISOR QUESTIONNAIRE

For the following questions, please circle the best answer. In the following questions, “students” refer to OLLU students only! All questions must be answered or will not be able to use your questionnaire! Thank you for your time.

SA=Strongly Agree  N=Neutral  SD=Strongly Disagree
A=Agree  D=Disagree  NA=Not Applicable

*If D or SD, please comment on the final page

Please indicate place of employment by circling one of the following:
Medical  Education

FACULTY:
1. I am a valuable member in the education of the students who come to me from the Jersig program.
   SA  A  N  D  SD  NA

2. The faculty at the Jersig program is easily accessible.
   SA  A  N  D  SD  NA

3. I feel that communication (written and/or verbal) between myself and the practicum coordinator is sufficient.
   SA  A  N  D  SD  NA

STUDENTS:
4. I am treated with respect by the students.
   SA  A  N  D  SD  NA

5. The students are academically prepared to deal with the types of clientele we have at our place of employment.
   SA  A  N  D  SD  NA

6. The students conduct themselves in a professional manner.
   SA  A  N  D  SD  NA

7. The students are valued by my place of employment.
   SA  A  N  D  SD  NA

8. The students bring new ideas to therapy.
   SA  A  N  D  SD  NA

9. The students demonstrate initiative and independence given proper direction.
   SA  A  N  D  SD  NA

10. The students conduct research for better understanding of the disorders.
    SA  A  N  D  SD  NA

11. Students are punctual and turn in paperwork on time.
    SA  A  N  D  SD  NA
**POLICIES AND PROCEDURES:**

12. I receive paperwork from the Jersig program in a timely manner.
   SA   A   N   D   SD   NA

13. I understand how and when to fill out the Jersig paperwork.
   SA   A   N   D   SD   NA

14. I understand the competency rating system and corresponding feedback form.
   SA   A   N   D   SD   NA

15. I feel that the feedback form is an adequate tool in assessment of the students.
   SA   A   N   D   SD   NA

16. I am objective when signing the competencies.
   SA   A   N   D   SD   NA

17. The process of student assignment to field practicum site is appropriate.
   SA   A   N   D   SD   NA

18. I am made aware of my student assignment in a timely manner.
   SA   A   N   D   SD   NA

**OVERALL:**

19. I am satisfied with the Jersig Communication Disorders Program.
   SA   A   N   D   SD   NA

Please use the space below to make any additional comments about the preceding questions, or any comments in general. We value your narrative responses.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
OLLU Medical/ Educational Placement Survey

Supervisor: ______________________     Name of Facility ____________________

Date: __________________     Best E-mail address: __________________________

Work Phone: __________________     FAX: ________________________________

Please complete this survey so that we can better match students to your setting.

1. Use the back of this form to describe your typical caseload.

2. What professional experiences will the student participate in, other than direct client services?

3. What tests do you want the student to be familiar with?

4. Are there any materials or programs you want the student to be familiar with?

5. Are there any specific readings (articles or books) you want the student to read before coming to this placement? Or, are there any specific topics you want them to research before coming to this placement?

6. What characteristics do you value in the student with whom you work?

7. What do you anticipate will be the toughest challenge for the student who is assigned this placement?

8. List any information you think will be important for a student to know about your placement?

9. Indicate preferred placement arrangements:
   Fall only ____  Spring only _____  Summer only _____  Throughout the year _____

10. Please indicate if you can attend a Supervisor’s Working meeting at 5:30 in the fall:
    Yes __  No __
    Social in the spring: Yes __  No __

    If yes, what weekday is best for you? ____________________________
# Appendices

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APPENDIX A

Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology


2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: September 1, 2014

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology will go into effect for all applications for certification received on or after September 1, 2014. View the SLP Standards Crosswalk [PDF] for more specific information on how the standards will change from the current SLP standards to the 2014 SLP standards.


The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The Council for Clinical Certification implementation procedures follow each standard.

Standard I—Degree
Standard II—Education Program
Standard III—Program of Study
Standard IV—Knowledge Outcomes
Standard V—Skills Outcomes
Standard VI—Assessment
Standard VII—Speech-Language Pathology Clinical Fellowship
Standard VIII—Maintenance of Certification
Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing.
processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

A. articulation
B. fluency
C. voice and resonance, including respiration and phonation
   receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing hearing, including the impact on speech and language swallowing
   (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial ycology) cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
D. social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
E. augmentative and alternative communication modalities

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.
Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

A. Evaluation
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

B. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients’/patients’ performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the
needs of clients/patients.
f. Complete administrative and reporting functions necessary to support intervention.
g. Identify and refer clients/patients for services as appropriate.

Interaction and Personal Qualities
a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
b. Collaborate with other professionals in case management.
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student’s observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client’s family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students...
may receive credit for the time each spent in providing the service. However, if student A works with the client
for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only
the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The
applicant must maintain documentation of time spent in supervised practicum, verified by the program in
accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate
study in a program accredited in speech-language pathology by the Council on Academic
Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level.
At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy
the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the
appropriate profession. The amount of direct supervision must be commensurate with the student’s
knowledge, skills, and experience, must not be less than 25% of the student’s total contact with each
client/patient, and must take place periodically throughout the practicum. Supervision must be
sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a
student providing clinical services to the supervisor’s client. Supervision of clinical practicum is intended to
provide guidance and feedback and to facilitate the student’s acquisition of essential clinical skills. The 25%
supervision standard is a minimum requirement and should be adjusted upward whenever the student’s level
of knowledge, skills, and experience warrants.

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and
from culturally/linguistically diverse backgrounds. Practicum must include experience with
client/patient populations with various types and severities of communication and/or related disorders,
differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment
and intervention with both children and adults from the range of disorders and differences named in Standard
IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of
certification in speech-language pathology.

Standard VII: Speech-Language Pathology Clinical Fellowship
The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.

Standard VII-A: Clinical Fellowship Experience

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow’s major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow’s progress during the CF experience.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to

- integrate and apply theoretical knowledge,
- evaluate his or her strengths and identify his or her limitations,
- refine clinical skills within the Scope of Practice in Speech-Language Pathology,
- apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.
Standard VIII: Maintenance of Certification

**Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).**

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.
Appendix B
A Glossary of Terms for Infection Control

1. **Asepsis** – lack of infection.

2. **Barriers** – technique, instrument, or garment used to block the transfer of pathogens.

3. **Blood borne Pathogens** – pathogenic microorganism that are present in human blood and can cause disease in humans, including but not limited to, hepatitis B Virus (B.V.) and human immunodeficiency virus (HIV).

4. **Contact Route** – Contact with an infection can come directly through touching an infected person, indirectly through contaminated surfaces or objects, and by droplets when in close proximity to the patient’s breath or expectorate.

5. **Contaminated** – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item of a surface.

6. **Contaminated Laundry** – laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

7. **Contaminated Sharps** – any contaminated object that penetrates the skin including, but not limited to needles scalps, broken glass, and exposed ends of dental wires.

8. **Decontamination** – the use of a physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where the pathogens are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, general use or complete disposal.

9. **Engineering Controls** – controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogen hazards from the work place.

10. **Exposure Incident** – a specific mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

11. **HBV** – hepatitis B Virus.

12. **HIV** – human immunodeficiency virus.

13. **Occupational Exposure** – reasonably anticipated skin, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

14. **Other Potentially Infectious Materials:**

   A. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

   B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
C. HIV Specimen – any item containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions.

D. Parenteral – piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

15. **Parenteral** – piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

16. **Personal Protective Equipment (PPE)** – any specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

17. **Regulated Waste** – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

18. **Reverse Isolation** – Procedure applied to prevent the spread of infection to a non-contagious but highly susceptible patient.

19. **Secondary Infection** – Infection resulting from another condition.

20. **Source Individual** – any individuals living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

21. **Sterilization** – the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

22. **Universal Precautions** - an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

23. **Work Practice Controls** – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., use of latex gloves during an oral-speech mechanism exam).
Appendix C

GUIDELINES FOR HAND WASHING

Hand washing is the most effective means of reducing transmission of infection. Frequent hand washing is encouraged for the following reasons:

1. To provide a defense against the direct or indirect spread of infection from one person to another.
2. To decontaminate or prevent contamination of the hands.
3. To minimize skin infections of the hands.
4. To provide an aseptic clinical environment.

The following is a suggested hand washing technique:

1. Turn water to a comfortable temperature.
2. Moisten the Hands.
3. Apply soap in an ample amount to produce good suds.
4. Using a rotation friction motion thoroughly wash the hands.
5. Give special attention to areas around and under the nails and between the fingers.
6. Wash from fingertips to 2-3 inches above the wrists.
7. Rinse hands thoroughly under running water.
8. Dry hands and arms with paper towels.
9. Turn off the faucets with a clean paper towel. All faucet handles are considered contaminated.

And still more information on the importance of hand washing…

1. Through hand washing is the most important single factor in the prevention of the spread of infection.
2. Not only should your hands be washed before eating or preparing food, and after going to the toilet, but before and after any treatment session.
3. Soap, water and friction are deadly to germs. But washing your hands must not be a hasty process. It must be thorough, deliberate, and painstaking process.
4. Avoid splashing by running the water at a slow rate. Stand well away from the sink so your clothing does not touch it. Also, avoid touching the inside of the sink.
Appendix D
Client Contract for Services at 
The Harry Jersig Center

I ______________________________, have been accepted to participate in a diagnostic evaluation and/or therapy sessions at the Harry Jersig Center clinic. I understand that if I do not comply with the following requirements listed there is a possibility that my sessions at the Harry Jersig Center may be re-scheduled or terminated for this semester.

As a condition of my participation in the sessions at the Harry Jersig Center clinic, I agree to accept the following:

**Session Requirements:**
1. To give advanced notice, as early as possible, if I must cancel an appointment.
2. To arrive on time for all appointments.
3. To sign in at the reception window before each visit.
4. If I am tardy to a session I understand that no extension will be given and my session will end at the regularly scheduled time.
5. If I am tardy for more than three sessions, my enrollment will be reevaluated and I may loose my appointment time and be re-assigned to another semester.
6. If at the end of the semester I have been present for less than 75% of the sessions, my treatment will be suspended for the following semester. After that semester I can re-apply for admission.

**Financial Responsibility:**
1. If my insurance does not cover the charges I will pay at the time of the visit unless arrangements have been made and approved.
2. Any payment arrangements that are delinquent will prevent me from having therapy or evaluations for the following semester until my account is current.
3. If my account is not current, reports will not be released and enrollment will be re-evaluated and my therapy may be discontinued.
4. Accounts more than 120 days delinquent will be turned over to a collection agency. I will be responsible for all collection costs and/or attorney fees.

**Parental/ Guardian Responsibility:**
1. I will remain at the clinic while the child or adult I brought to the clinic is participating in an evaluation or therapy session.
2. I will supervise any additional children that I bring to the clinic.
3. I will understand that clinic is a part of a training program and that should a student not be available to provide the clinical services that the sessions may be reassigned to a different day or semester or referred out to speech-language pathologists in the community.

By signing and dating this agreement in the spaces provided below, I certify that I have read and understand the requirements to which I am subject during my participation as a client at the Harry Jersig Center.

Date:________________ Client or Guardian signature:________________________________________
Client's name:___________________________________________________________
Mailing address:______________________________________________________________

Appointment Dates and Time:______________ Client's Phone #:________________________
Main Office Ext. 2413
Apéndice E
Contracto de Servicios
El Centro del Harry Jersig

Yo, _______________________, entiendo que __________________ a sido aceptado para recibir evaluación diagnostica o sesiones de terapia en el centro Harry Jersig. Yo entiendo que si yo no cumplo con los siguientes requisitos es posible que mis sesiones en este centro sean fijadas a otro tiempo o pueden ser terminados.

Yo estoy de acuerdo con lo siguiente como parte de las condiciones de mi participación.

Requisitos para cada cita:
1. Avisar si no puedo venir, lo más pronto posible.
2. Llegar a tiempo.
3. Firmar indicando que estoy presente.
4. Si vengo tarde, entiendo que la sita se va acabar a tiempo.
5. Si llego tarde mas de tres veces es posible que le den la sita a otro cliente y me pongan la sita mía en el semestre que sigue.
6. Si al fin de semestre e faltado más de 75% de las sitas no me van a registrar para sitas el siguiente semestre. Después de un semestre puedo aplicar de nuevo.

Responsabilidades Financieras:
1. Si mi seguranza no cubre el diagnostico o la terapia yo pagare, solo que allegamos hecho un arregló.
2. Cualquier pago que no se ha hecho va resultar en la cancelación de los tratamientos del siguiente semestre.
3. Se no están pagados los tratamientos de un semestre, los reportes no se van a mandar y la terapia se va cancelar.
4. Cuentas que están vencidas mas de 120 días van a ser reportadas a una agencia de colección. Yo voy a ser responsable por lo que cobra la agencia y lo que cobrara un abogado se es necesario tener uno.

Responsabilidad de padres/guardias:
1. Yo me voy a quedar en la clínica mientras mi niño(a) o adulto tome su terapia.
2. Yo voy a supervisar los niño(a) que traiga a la clínica.
3. Yo entiendo que la clínica es parte de un programa de entrenamiento y que si un estudiante no esta libra para asistirnos durante del tiempo que nosotros pidamos, vamos ha aceptamos otra hora, otro día u otro semestre para venir.

En este día indico con mi firma que e leedo este documento y entiendo los requisitos para participar en las intervenciones del centro Harry Jersig.

Fecha: ______________  Firma de cliente o padre/guardia: ________________________
Nombre del Cliente: _______________________________________________________
Dirección del Cliente: _____________________________________________________

Días y tiempos de sita(s): ___________ Numero de teléfono del cliente: ____________
Teléfono de la clínica: 210-343-6711 ext. 2413
## Appendix F
### CDIS Program Documentation

<table>
<thead>
<tr>
<th>Professional Development</th>
<th>Client Care: Evidence Based</th>
<th>Tx/Dx Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration for class, validation (done each semester)</td>
<td>Client Contract, Consent form</td>
<td>cabinet with client charts</td>
</tr>
<tr>
<td>Proof of 25 hours of observation (completed before beginning practicum)</td>
<td>Chart review</td>
<td>Dx Materials Room</td>
</tr>
<tr>
<td>Negative TB test (skin test turned in yearly, X-ray turned in every 2 years)</td>
<td>Verification of referral, schedule and funding</td>
<td>Tx Rooms</td>
</tr>
<tr>
<td>Proof of professional liability (renewed yearly, show check and application, then policy</td>
<td>Start and end dates, room assignment</td>
<td>Computer Lab</td>
</tr>
<tr>
<td>Student Handbook Appendix O; Credentials and Immunizations.</td>
<td>Medicaid: TP-1, TP-2*</td>
<td>Room 109</td>
</tr>
<tr>
<td>Registration into professional organization NSSHLA</td>
<td>Evaluation Reports*</td>
<td>Hall way materials</td>
</tr>
<tr>
<td>Application for clinical assignment (turned in each semester)</td>
<td>Treatment Plan/with references**</td>
<td>Locked</td>
</tr>
<tr>
<td>Log of clinical hours earned (made up on your own)</td>
<td>Daily Plans</td>
<td>Unlocked</td>
</tr>
<tr>
<td>Hours Accumulated in Practicum (turned in to Theresa)</td>
<td>Parent Conference Sheet*</td>
<td>Jane’s ante-room</td>
</tr>
<tr>
<td>General Clinical Competency Grade Forms (Semester Grades, turned in to Ruth)</td>
<td>Data sheets</td>
<td>Closet of ante-room</td>
</tr>
<tr>
<td>Practicum Observation Feedback forms (periodic written feedback)</td>
<td>Daily notes/ Incidence Report*</td>
<td>Instructor’s materials</td>
</tr>
<tr>
<td>Evidences of self evaluation</td>
<td>Progress Report* with references**</td>
<td></td>
</tr>
<tr>
<td>Knowledge Based Competency Grades (Final Exam)</td>
<td>Pink Sheet*</td>
<td></td>
</tr>
<tr>
<td>Supervisor Feedback forms Tx/Dx</td>
<td>* go into the client chart</td>
<td></td>
</tr>
<tr>
<td>** data and references signal evidence based practice</td>
<td>Customer Satisfaction forms Tx/Dx</td>
<td></td>
</tr>
</tbody>
</table>

### Supervisory Documentation
- Observation forms
- Semester Grades for General Clinical Competencies
- Ratings Knowledge Based Competency sets
- Diagnostic Grades forms
- Hour forms: 6265, 7171, 7172, 7173, 7174
Appendix I
Guidelines for Self-Evaluation of Therapy
(Adapted from BGSU-2010)

After each session it is important to reflect and consider your performance during the treatment session. Students receive input from clinical instructors, however, it is equally as important to conduct a self-evaluation to assess each session and session over time. Comparing performance over time is critical in order to identify clinical growth across core clinical areas and for the benefit of clients that students have served.

1. What activities and materials did you consider successful and why?
2. What parts of your session did not go as well as planned and why?
3. Was your reinforcement effective? (type and schedule) Why?
4. Were your demonstrations, instructions, explanations, cueing and transitions between activities effective? Why?
5. Was your data keeping consistent, organized, smoothly kept and informative?
6. Were you able to follow and modify your lessons appropriately based on your client’s behavior? e.g., Did the client relate appropriate information and how did you respond?
7. Did you ask relevant questions and relate appropriate information?
8. What methods did you use to control the client’s behavior effectively?
9. Based on your performance, were the client’s responses appropriate? (correct, incorrect, self-corrections, additional cueing)
10. What is your perception of the client’s attitudes toward therapy and you?
11. If homework was given, was it appropriate for carry-over?
12. What is your perception of your interpersonal relationship with your client? (empathy, sincerity, respect)

***Consider adjustments that will be made for the next treatment session.*** (consider all aspects above and also refer to next page for Analyzing and Improving Therapy)
Appendix J
Reflection / Self-Evaluation of Clinical Practicum

Please use the legend below to rate/evaluate your current skill level for each of the Clinical Competencies

Continuum of Skill/Competency Development

DEVELOPED (DEV) = skill/competency is well-developed and consistent

PRESENT (PRES) = skill/competency is present, but needs refinement

EMERGING (EMR) = skill/competency is beginning to develop

<p>| Graduate Clinician: |
| Date: |
| Clinical Competencies | V | X |
| Comment |
| --- | --- | --- | --- |
| Documentation: | DEV | PRES | EMR |
| • Lesson Plan: timeliness; content; form | | | |
| • SOAP Note: timeliness; content; form | | | |
| Baseline: | | | |
| • select targets to baseline | | | |
| • utilize appropriate baseline sequence | | | |
| • obtain data to support level of intervention | | | |
| • efficient manner | | | |
| Session Organization: | | | |
| • introduction, body, closing | | | |
| • sequence of goals, activities, materials | | | |
| • follow lesson plan efficiently; max time on task | | | |
| • integration of targets within an activity | | | |
| • altered planned procedures as needed | | | |
| • standard precautions | | | |
| Materials and Activities: | | | |
| • appropriate, effective to elicit target(s) | | | |
| • varied; within session/tx-tx | | | |
| • age &amp; gender appropriate | | | |
| • maintain client interest level | | | |
| Elicitation &amp; Shaping: | | | |
| • introduce, teach, practice, review | | | |
| • demonstrate variety of techniques &amp; strategies | | | |
| • provide effective corrective feedback | | | |
| • ensure adequate response opportunities | | | |
| • demo knowledge of hierarchy/skill progression | | | |
| Reinforcement: | | | |
| • variety in type and schedule | | | |
| • effective delivery | | | |</p>
<table>
<thead>
<tr>
<th>Competencies</th>
<th>V or X current skill level</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generalization and Carryover:</strong></td>
<td>CON  PRES  EMR</td>
<td></td>
</tr>
<tr>
<td>• plan &amp; implement within therapy setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• plan &amp; implement home management</td>
<td></td>
<td></td>
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<tr>
<td><strong>Data Collection:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• system to note range of responses &amp; cues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• recorded responses accurately &amp; efficiently</td>
<td></td>
<td></td>
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<tr>
<td>• online collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• judge accuracy of responses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• interpretation of data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• use data to guide clinical decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interaction: Client and Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• engage client: enthusiastic; animated; volume adj</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• seating arrangement; proximity, touch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• behavior management</td>
<td></td>
<td></td>
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<tr>
<td><strong>Professional:</strong></td>
<td></td>
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<tr>
<td>• punctual for appointments</td>
<td></td>
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<tr>
<td>• attire</td>
<td></td>
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</tr>
<tr>
<td>• made adjustments based on feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• participate in discussion w/supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Signature:**
Appendix K
Analyzing and Improving Therapy

***To be used for self-evaluation guide as an aid in analyzing and improving therapy.
(Adapted from BGSU 2010)

1. YOUR GOAL:
   A. Is it developmentally appropriate?
   B. Did you begin program with emerging behaviors? (strengthen these first?)
   C. Does the client have the prerequisite behaviors to accomplish the task?
   D. Did you consider environmental needs when selecting your goal -- what is important for the client to know outside the clinic?
   E. Are the steps to reach the objective small and sequential?
   F. Is the client aware of the behavior he is supposed to produce?

2. YOUR CUING:
   A. Are your cues developmentally appropriate? (length, complexity, grammatical structure)
   B. Are you consistent with your cuing?
   C. Are materials interesting and appropriate to the goal?
   D. Is there competing stimuli? (i.e., sounds, materials, additional nonverbal cues, biological needs of client, etc.)
   E. Is pacing of the activities appropriate?
   F. Are transitions between activities smooth?
   G. Are incorrect responses given additional cuing appropriately?

3. YOUR REINFORCEMENT:
   A. Is it meaningful to the client? Does he know what he is being reinforced for?
   B. Is reinforcement presented on the correct schedule?
   C. Are you consistent in reinforcement?
   D. If you are using an activity reinforcer -- can he perform the task or is it frustrating?
   E. If your reinforcement too time-consuming? (Does it reduce client’s response rate?)
   F. Are you reinforcing at the appropriate level? (i.e., primary, secondary)
   G. Do you stay at a particular reinforcement level too long -- has the client saturated on that form?
   H. Is the reinforcement distracting? (Client sits and plays with it)
   I. Is client involved somehow in the reinforcing process?

4. GENERALIZATION:
   A. Are your keeping regular contact with the parents/family -- are they aware of what you are trying to accomplish, and do they understand the importance?
   B. Are your home assignments appropriate, clearly explained, and accountable? (How do you know if it has been done?)
   C. Are you using an increasing variety of activities and materials to “de-structure” the behavior so that it will approximate the natural environment