

# **COMMUNICATION SCIENCES & DISORDERS DEPARTMENT**

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## **CLINIC MANUAL**

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**Augustana College**  
Rock Island, IL

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**PART ONE:**  
**OVERVIEW OF ASHA & AUGUSTANA COLLEGE**  
**INFORMATION RELATED TO THE CLINICAL ASPECT OF**  
**CSD UNDERGRADUATE & SLP GRADUATE PROGRAMS**

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# 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: January 1, 2020

## 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 (ASHA). 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 2017 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 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) go into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] and consult Changes to Speech-Language Pathology Standards for more specific information on how the standards will change.

## Terminology

*Clinical educator*: Refers to and may be used interchangeably with supervisor, clinical instructor, and preceptor

*Individual*: Denotes clients, patients, students, and other recipients of services provided by the speech-language pathologist.

## Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved from <https://www.asha.org/certification/2020-SLP-Certification-Standards>.

The Standards for the CCC-SLP are shown in bold. The CFCC 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 (hereafter, “applicant”) must have a master's, doctoral, or other recognized post-baccalaureate degree.

### Standard II: Education Program

All graduate coursework 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: The graduate program of study must be initiated and completed in a CAA-accredited program or a program with candidacy status for CAA accreditation. The applicant's program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant's graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework 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 must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards 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 statistics as well as the biological, physical, and social/behavioral sciences.

Implementation: Coursework in statistics as well as in biological, physical, and social/behavioral sciences that is specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a general the university requirement in the statistics, biology, physical science, or chemistry areas.

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). Chemistry and physics are important for the foundational understanding of the profession of speech-language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in 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. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

#### 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, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:



- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
- Hearing, including the impact on speech and language
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard 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 persons 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 must 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 include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, educational legal requirements or policies, 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: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

### Standard V-B

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

#### 1. 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 the needs of individuals receiving services.
- 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.

#### 2. 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 that 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.

#### 3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- 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 listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and

demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the 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 the applicant 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.

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification 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 in order to count toward the student's ASHA certification requirements.

#### Standard V-C

The applicant 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 guided clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above.

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 a current ASHA certification in the appropriate practice area. Guided clinical supervision may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired a base of knowledge sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the

actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

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 individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

#### Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. 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 of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

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 individual receiving services.

Implementation: Effective January 1, 2020, supervisors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

#### Standard V-F

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

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan 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.

Implementation: Results of the Praxis® Examination in Speech-Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

#### Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The CF experience may be initiated only after completion of all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF has been initiated, it must be completed within 48 months of the initiation date. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date on which the first CF was initiated. Applications will be closed for CFs that are not completed within the 48-month timeframe or that are not submitted to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.

The CF must be completed under the mentorship of a clinician who held the CCC-SLP throughout the duration of the fellowship and must meet the qualifications described in Standard VII-B. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is incumbent upon the Clinical Fellow to verify the mentoring SLP's status periodically throughout the CF experience. Family members or individuals related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

#### Standard VII-A: Clinical Fellowship Experience

The CF must consist 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 CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct, in-person 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 should be at least 5 hours per week; anything less than that will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of 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 receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP.

Implementation: Effective January 1, 2020, CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to mentoring the Clinical Fellow.

Direct observation must be in real time. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is intended to provide guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills

Mentoring must include on-site, in-person observations and other monitoring activities, which may be executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or evaluations by professional colleagues with whom the Clinical Fellow works. The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.

The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow's knowledge, skills, and experience, and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving services.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site, in-person observations; however, the use of real-time, interactive video and audio conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes. At least six other monitoring activities must be conducted during each third of the CF experience.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF. Written requests may be emailed to [cfcc@asha.org](mailto:cfcc@asha.org) or mailed to: CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative supervision and a detailed description of the supervision that would be provided (i.e., type, length, frequency, etc.), and the request must be co-signed by both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and may or may not approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

## Standard VII-C: Clinical Fellowship Outcomes

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

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

- integrate and apply theoretical knowledge;

- evaluate their strengths and identify their limitations;
- refine clinical skills within the *Scope of Practice in Speech-Language Pathology*; and
- apply the ASHA *Code of Ethics* to independent professional practice.

In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

The CF mentor must document and verify a Clinical Fellow's clinical skills using the *Clinical Fellowship Report and Rating Form*, which includes the *Clinical Fellowship Skills Inventory* (CFSI), as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

#### Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the CCC-SLP.

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. Random audits of compliance are conducted.

Accrual of professional development hours, adherence to the ASHA *Code of Ethics*, submission of certification maintenance compliance documentation, and payment of annual membership dues and/or certification fees are required for maintenance of certification.

If maintenance of certification is not accomplished within the 3-year interval, then certification will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

## **2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology**

Effective Date: January 1, 2020

### **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 Audiology was conducted in 2016 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 2020 standards and implementation procedures for the Certificate of Clinical Competence in Audiology (CCC-A) go into effect on January 1, 2020. View the Audiology Standards Crosswalk [PDF] and consult Changes to Audiology Standards for more specific information on how the standards will change.

### **Citation**

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). 2020 Standards for the Certificate of Clinical Competence in Audiology. Retrieved from [www.asha.org/certification/2020-Audiology-Certification-Standards/](http://www.asha.org/certification/2020-Audiology-Certification-Standards/)

The Standards for the CCC-A are shown in bold. The CFCC implementation procedures follow each standard.

- Standard I—Academic Qualifications
- Standard II—Knowledge and Skills Outcomes
- Standard III—Verification of Knowledge and Skills
- Standard IV—Examination
- Standard V—Maintenance of Certification

#### **Standard I: Academic Qualifications**

Applicants for certification must hold a doctoral degree in audiology from a program accredited by the CAA, a program in CAA candidacy status, or equivalent.

Implementation: Verification of the graduate degree is accomplished by submitting (a) an official transcript showing that the degree has been awarded or (b) a letter from the university registrar verifying completion of requirements for the degree. Applicants must have graduated from a program holding CAA accreditation or candidacy status in audiology throughout the period of enrollment.

Applicants from non–CAA-accredited programs (e.g., PhD programs, internationally educated, etc.) with a doctoral degree and audiology coursework will have their application evaluated by the CFCC to determine substantial equivalence to a clinical doctoral degree program accredited by the CAA. Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations must be conducted by credential evaluation



services agencies recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

#### Standard II: Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in the professional areas of practice as identified in Standards II A–F, as verified in accordance with Standard III.

Implementation: The knowledge and skills identified in this standard, although separated into areas of practice, are not independent of each other. The competent practice of audiology requires that an audiologist be able to integrate across all areas of practice. Therefore, assessments used to verify knowledge and skills acquisition must require that the candidate for certification demonstrate integration of the knowledge and skills found in Standards II A – F below.

#### Standard II-A: Foundations of Practice

Applicant has demonstrated knowledge of:

- A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span
- A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems
- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span
- A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span
- A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards
- A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases
- A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management
- A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties
- A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions
- A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span
- A11. Manual and visual communication systems and the use of interpreters/transliterators/translators
- A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication
- A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making
- A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)
- A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation
- A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals
- A17. Importance, value, and role of interprofessional communication and practice in patient care
- A18. The role, scope of practice, and responsibilities of audiologists and other related professionals
- A19. Health care, private practice, and educational service delivery systems

- A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management
- A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served
- A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates
- A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

#### Standard II-B: Prevention and Screening

Applicant has demonstrated knowledge of and skills in:

- B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders
- B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span
- B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems
- B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings
- B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening
- B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements
- B7. Participating in occupational hearing conservation programs
- B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
- B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation
- B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
- B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication
- B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)
- B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate
- B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

#### Standard II-C: Audiologic Evaluation

Applicant has demonstrated knowledge of and skills in:

- C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
- C2. Obtaining a case history and client/patient narrative
- C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
- C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system
- C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life
- C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
- C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and

multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function

C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated

C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated

C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used

C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes

C12. Selecting, performing, and interpreting otoacoustic emissions testing

C13. Selecting, performing, and interpreting tests for nonorganic hearing loss

C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)

C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

Applicant has demonstrated knowledge of:

C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)

C17. Posturography

C18. Rotary chair tests

C19. Video head impulse testing (vHIT)

#### Standard II-D: Counseling

Applicant has demonstrated knowledge of and skills in:

D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures

D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs

D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders

D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices

D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life

D6. Facilitating patients' acquisition of effective communication and coping skills

D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems

D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

#### Standard II-E: Audiologic Rehabilitation Across the Life Span

Applicant has demonstrated knowledge of and skills in:

- E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
- E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
- E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship
- E4. Providing assessments of family members' perception of and reactions to communication difficulties
- E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
- E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options
- E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
- E8. Selecting and fitting appropriate amplification devices and assistive technologies
- E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics
- E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards
- E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance
- E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
- E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
- E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients
- E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
- E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
- E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
- E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
- E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
- E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
- E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
- E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
- E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
- E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)
- E27. Providing intervention for central and peripheral vestibular deficits

E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

#### Standard II-F: Pediatric Audiologic (Re)habilitation

Applicant has demonstrated knowledge of and skills in:

- F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
- F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
- F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning
- F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth
- F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation
- F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS
- F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties
- F8. Providing for intervention to ensure age/developmentally appropriate speech and language development
- F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome
- F10. Providing ongoing support for children by participating in IEP or IFSP processes
- F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills
- F12. Evaluating acoustics of classroom settings and providing recommendations for modifications
- F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

#### Standard III: Verification of Knowledge and Skills

Applicants for certification must have completed supervised clinical experiences under an ASHA-certified audiologist who has completed at least 2 hours of professional development in the area of clinical instruction/supervision. The experiences must meet CAA standards for duration and be sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II.

Implementation: The applicant's doctoral program director or designated signatory must verify that the applicant has acquired and demonstrated all of the knowledge and skills identified in Standard II.

Clinical instructors and supervisors must have:

- current CCC-A certification,
- a minimum of 9 full-time months of clinical experience after earning the CCC-A, and completed at least 2 hours of professional development (2 certification maintenance hours [CMHs], or 0.2 ASHA continuing education units [ASHA CEUs]) in the area of clinical instruction/supervision.

Clinical instruction and supervision within a doctoral program must:

- be conducted for a variety of clinical training experiences (i.e., different work settings and with different populations) to validate knowledge and skills across the scope of practice in audiology;
- include oversight of clinical and administrative activities directly related to client/patient care, including direct client/patient contact, consultation, recordkeeping, and administrative duties relevant to audiology service delivery;
- be appropriate to the student's level of training, education, experience, and competence;
- include direct observation, guidance, and feedback to permit the student to (a) monitor, evaluate, and improve performance and (b) develop clinical competence; and be provided on site.

Any portion of the applicant's supervised clinical experience that was not completed under an audiologist meeting the requirements above can be completed post-graduation. The applicant's post-graduation clinical instructor/ supervisor must also meet the above requirements will also verify that the applicant has demonstrated and acquired the knowledge and skills for ASHA certification following completion of the required supervised clinical experience.

Applicants who apply for certification without completing a full, supervised clinical experience under a clinical instructor/supervisor who meets the requirement above within their degree program will have 24 months from their application-received date to initiate the remainder of their experience and will have 48 months from the initiation date of their post-graduation supervised clinical experience to complete the experience.

If clinical instruction and supervision are completed post-graduation, they must comply with the requirements above with the exception of on-site clinical instruction and supervision. Remote supervision or telesupervision methods may be used, provided they are permitted by the employer(s) and by local, state, and federal regulations.

The supervised clinical experience should include interprofessional education and interprofessional collaborative practice (IPE/IPP). Under the supervision of their audiologist supervisor, students'/applicants' experience should include experiences with allied health professionals who are appropriately credentialed in their area of practice to enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive health care delivery setting.

#### Standard IV: Examination

The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.

Implementation: Results of the Praxis Examination in Audiology must be submitted directly to ASHA from ETS. A passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the applicant does not successfully pass the exam and does not report the results of the exam to ASHA within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes or reports the results of the exam at a later date, then the individual will be required to reapply for certification under the standards that are in effect at that time.

#### Standard V: Maintenance of Certification

Individuals holding certification must demonstrate (1) continuing professional development, including 1 hour of continuing education in ethics; (2) adherence to the ASHA Code of Ethics; and (3) payment of annual dues and fees.

Implementation: Individuals who hold the CCC in Audiology (CCC-A) must accumulate and report 30 CMHs (or 3.0 ASHA CEUs) of professional development, which must include 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval. Individuals will be subject to random audits of their professional development activities.

Individuals who hold the CCC-A must adhere to the ASHA Code of Ethics ("Code"). Any violation of the Code may result in professional discipline by the ASHA Board of Ethics and/or the CFCC.

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If certification maintenance requirements are not met, certification status will become Not Current, and then certification will expire. In order to regain certification, individuals must meet the reinstatement requirement that is in effect at the time they submit their reinstatement application.

## Speech-Language Pathology Pathway to Certification

From: <https://www.asha.org/uploadedFiles/Speech-Language-Pathology-Pathway-to-Certification.pdf>

**Step 1: Graduate.** Earn your Master's degree from a CAA-accredited program.

**Step 2: Praxis.** Take and pass the Praxis Examination in Speech-Language Pathology at any time before, during, or after applying.

**Step 3: Apply.** Submit your application for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) to ASHA. Please read the current speech-language pathology standards to be aware of any changes.

**Step 4: Join.** Choosing ASHA membership with your certification allows you to enjoy member benefits that support knowledge, learning, advocacy, and community.

**Step 5: Clinical Fellowship.** Select your mentor(s) and verify that they hold current ASHA certification. Successfully complete your Clinical Fellowship (CF) experience of at least 36 weeks and 1,260 hours.

**Step 6: Submit Forms.** Complete your Clinical Fellowship Report and Ratings Form (SLPCF) with your mentor(s). Make sure they sign all required areas. Submit your SLPCF to ASHA.

**Step 7: Review Period.** The application review process can take up to 6 weeks from the date your last document is received. Certification is granted when all of your documents have been received and reviewed.

**Step 8: Certified.** Congratulations! You have been awarded the CCC-SLP and your new ASHA card will be arriving soon. You may now use "CCC-SLP" after your signature.

### Pro Tips:

- Save \$225 on your first year of ASHA Membership and Certification by maintaining NSSLHA membership for 2 consecutive years. Find out how by visiting [www.asha.org/Members/NSSLHA](http://www.asha.org/Members/NSSLHA).
- Apply for ASHA certification with membership between May 1-August 31 to receive ASHA's Gift to the Grad offer and receive up to 20 months of membership for the price of 12 months.
- Verify that your Mentor is current by visiting [www.asha.org/certification](http://www.asha.org/certification). Click on the Verify ASHA Certification button at the top of the page.

For more information about certification, visit [www.asha.org/certification](http://www.asha.org/certification)

Email: [certification@asha.org](mailto:certification@asha.org)



## **ASHA's Council on Academic Accreditation Speech-Language Pathology Knowledge and Skills within the Curriculum**

The graduate curriculum in Speech-Language Pathology provides students the opportunity to acquire knowledge and skills across the speech-language pathology curriculum, as required by the ASHA Council on Academic Accreditation. The knowledge and skills specified by CAA are categorized into six broad areas, including Professional Practice; Foundations of SLP Practice; Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences; Evaluation of Speech, Language, and Swallowing Disorders and Differences; Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms; and General Knowledge and Skills Applicable to Professional Practice. The specific knowledge and skills for each area follow.

1. Professional Practice Competencies
  - a. Accountability
  - b. Integrity
  - c. Effective communication skills
  - d. Clinical reasoning
  - e. Evidence-based practice
  - f. Concern for individual served
  - g. Cultural competence
  - h. Professional duty
  - i. Collaborative practice
2. Foundations of Speech-Language Pathology Practice
  - a. Discipline of human communication sciences and disorders
  - b. Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases
  - c. Ability to integrate information pertaining to normal and abnormal human development across the life span
  - d. Nature of communications and swallowing processes to include knowledge of:
    - Etiology of the disorders or differences
    - Characteristics of the disorders or differences
    - Underlying anatomical and physiological characteristics of the disorders or differences
    - Acoustic characteristics of the disorders or differences (where applicable)
    - Psychological characteristics associated with the disorders or differences
    - Development nature of the disorders or differences
    - Linguistic characteristics of the disorders or differences (where applicable)
    - Cultural characteristics of the disorders or differences
  - e. For the following elements:
    - Articulation
    - Fluency
    - 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, and manual modalities
    - Hearing, including the impact on speech and language
    - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)

- Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
  - Social aspects of communication (e.g., behavioral and social skills affecting communication)
  - Augmentative and alternative communication
3. Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences
    - a. Principles and methods of identification of communication and swallowing disorders and differences
    - b. Principles and methods of prevention of communication and swallowing disorders
  4. Evaluation of Speech, Language, and Swallowing Disorders and Differences
    - a. Articulation
    - b. Fluency
    - c. Voice and resonance, including respiration and phonation
    - d. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
    - e. Hearing, including the impact on speech and language
    - f. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
    - g. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
    - h. Social aspects of communication (e.g., behavioral and social skills affecting communication)
    - i. Augmentative and alternative communication needs
  5. Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms
    - a. Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment
    - b. Intervention for disorders and differences of the following:
    - c. Articulation
    - d. Fluency
    - e. Voice and resonance, including respiration and phonation
    - f. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
    - g. Hearing, including the impact on speech and language
    - h. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
    - i. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
    - j. Social aspects of communication (e.g., behavioral and social skills affecting communication)
    - k. Augmentative and alternative communication needs
  6. General Knowledge and Skills Applicable to Professional Practice
    - a. Ethical conduct
    - b. Integration and application of knowledge of the interdependence of speech, language, and hearing
    - c. Engagement in contemporary professional issues and advocacy

- d. Processes of clinical education and supervision
- e. Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist
- f. Interaction skills and personal qualities, including counseling and collaboration
- g. Self-evaluation of effectiveness of practice

## **Augustana College Mission and Goals**

Augustana College, rooted in the liberal arts and sciences and a Lutheran expression of the Christian faith, is committed to offering a challenging education that develops qualities of mind, spirit, and body necessary for a rewarding life of leadership and service in a diverse and changing world.

To accomplish this mission, Augustana sets as its goals:

1. To develop in each qualified student the characteristics of liberally educated people through a program of general studies.
2. To develop in each student expertise in a major field of study.
3. To encourage each student to confront the fundamental religious issues of human life through the academic study of religion and the campus ministry program.
4. To supplement students' formal curricular programs with a full range of opportunities for personal growth through participation in co-curricular activities.
5. To encourage the personal and social growth of students through residential life programs and extra-curricular activities.
6. To offer its church and community the benefit of its programs and staff within the context of its basic mission as an undergraduate liberal arts college.

Find this information online at <https://www.augustana.edu/academics/catalog/overview>.

## **Your Right to Education Free from Discrimination and Harassment**

Augustana College is committed to fostering a safe, inclusive environment free from all forms of discrimination and harassment. Our Policy Against Discrimination and Harassment describes your right to freedom from discrimination and harassment on the basis of race, color, religion, national origin, service in uniformed service, veteran status, sex, age, political ideas, marital or family status, pregnancy, disability, genetic information, gender identity, gender expression, sexual orientation, or any other classification protected by law. Consistent with state and federal requirements, our Policy against Sex Discrimination specifically prohibits discrimination on the basis of sex and gender, including sexual assault, sexual exploitation, sexual harassment, stalking, and relationship violence. To find resources available to you or anyone on campus who has experienced discrimination or harassment, please visit <https://www.augustana.edu/student-life/TitleIX/discrimination-policy>.

## **Augustana College Undergraduate Major in Communication Sciences and Disorders Mission and Goals**

The Department of Communication Sciences and Disorders undergraduate degree program seeks to develop in every student an appreciation of the importance of communication in a person's sense of being and self-worth, and of the need to treat all individuals with dignity and respect. CSD majors complete a rigorous program of study that includes coursework, clinical experiences, service learning, and research in preparation for graduate study and positions of ethical leadership and service in the community. CSD majors participate in departmental experiences that draw upon and further develop the habits of open mindedness, reflective inquiry, critical thinking, and independence that are central to the liberal arts. Academic and clinical faculty provide intentional and individualized teaching, mentoring, and advising that fosters a firm knowledge base, an emerging clinical competence, strong written and oral communication skills, and respectful interactions. Through study in CSD, students improve the quality of life for others and through this service lead committed lives.

To accomplish this mission, CSD sets as its goals that:

1. Students will demonstrate an appreciation for the importance of communication to a person's quality of life.
2. Students will engage in ethical behavior by conducting themselves with academic and professional integrity.
3. Students will have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.
4. Students will express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
5. Students will acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, develop independence, and embrace life-long learning.

## **Augustana College Graduate Program in Speech-Language Pathology Mission and Goals**

The graduate program in Speech-Language Pathology Program seeks to develop in every student an appreciation of the importance of communication in a person's sense of being and self-worth, and of the need to treat all individuals with dignity and respect. Students complete a rigorous program of study that includes coursework, clinical experiences, service learning, and research, and opportunities for positions of ethical leadership and service in the community. Students participate in departmental experiences that draw upon and further develop the habits of open mindedness, reflective inquiry, critical thinking, and independence that are central to the liberal arts. To prepare students who are eligible for certification by the American Speech-Language-Hearing Association, academic and clinical faculty provide intentional and individualized teaching, mentoring, and advising that foster a firm knowledge base, an emerging clinical competence, strong written and oral communication skills, and respectful interactions. Through study in the Master of Science in Speech-Language Pathology Program, students improve the quality of life for others and through this service lead committed lives.

To accomplish this mission, the Graduate SLP Program sets as its goals that:

1. Students will have a firm foundation in anatomical/physiological, physical/psychophysical, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, swallowing, and hearing disorders in individuals across the lifespan.
2. Students will acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.
3. Students will express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
4. Students will engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

## Augustana College Student Learning Outcomes

In November 2012, the faculty approved a list of college-wide learning outcomes as detailed below. Augustana graduates possess a sense of personal direction and the knowledge and abilities to work effectively with others in understanding and resolving complex issues and problems.

### **Intellectual Sophistication**

#### ***Disciplinary Knowledge: Understand***

Demonstrate an extended knowledge of at least one specific discipline and its interdisciplinary connections to the liberal arts, reflected in the ability to address issues or challenges and contribute to the field.

#### ***Critical Thinking & Information Literacy: Analyze***

Critique and construct arguments. This requires the ability to raise vital questions, formulate well-defined problems, recognize underlying assumptions, gather evidence in an efficient, ethical and legal manner, suspend judgment while gathering evidence, evaluate the integrity and utility of potential evidence, critique and incorporate other plausible perspectives, and determine a reasonable conclusion based upon the available evidence.

#### ***Quantitative Literacy: Interpret***

Interpret, represent and summarize information in a variety of modes (symbolic, graphical, numerical and verbal) presented in mathematical and statistical models; use mathematical and statistical methods to solve problems, and recognize the limitations of these methods.

### **Interpersonal Maturity**

#### ***Collaborative Leadership: Lead***

Collaborate and innovate, build and sustain productive relationships, exercise good judgment based on the information at hand when making decisions, and act for the good of the community.

#### ***Intercultural Competency: Relate***

Demonstrate an awareness of similarity and difference across cultural groups, exhibit sensitivity to the implications of real and imaginary similarities and differences, employ diverse perspectives in understanding issues and interacting with others, and appreciate diverse cultural values.

#### ***Communication Competency: Communicate***

Read and listen carefully, and express ideas through written or spoken means in a manner most appropriate and effective to the audience and context.

### **Intrapersonal Conviction**

#### ***Creative Thinking: Create***

Synthesize existing ideas, images or expertise so they are expressed in original, imaginative ways in order to solve problems and reconcile disparate ideas, and to challenge and extend current understanding.

#### ***Ethical Citizenship: Respond***

Examine and embrace strengths, gifts, passions and values. Behave responsibly toward self, others and our world; develop ethical convictions and act upon them; show concern for issues that transcend one's own interests, and participate effectively in civic life.

#### ***Intellectual Curiosity: Wonder***

Cultivate a life-long engagement in intellectual growth, take responsibility for learning, and exhibit intellectual honesty.

Find online at [https://www.augustana.edu/files/2017-01/student\\_learning\\_outcomes.pdf](https://www.augustana.edu/files/2017-01/student_learning_outcomes.pdf).

**SLP Graduate Program Courses  
CAA Knowledge and Skills within the Curriculum  
Clinical Coursework and Experiences**

**SLP-500: Clinical Seminar 1**

- Professional Practice Competencies: Effective communication skills; Clinical reasoning; Evidence-based practice
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism

**SLP-501: Clinical Practicum 1**

- Professional Practice Competencies: Accountability; Integrity; Effective communication skills; Clinical reasoning; Evidence-based practice; Concern for individual served; Collaborative practice
- Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms: Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

**SLP-502: Clinical Seminar 2**

- Professional Practice Competencies: Effective communication skills; Clinical reasoning; Evidence-based practice
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism

**SLP-503: Clinical Practicum 2**

- Professional Practice Competencies: Accountability; Integrity; Effective communication skills; Clinical reasoning; Evidence-based practice; Concern for individual served; Collaborative practice
- Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms: Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

**SLP-504: Clinical Seminar 3**

- Professional Practice Competencies: Effective communication skills; Clinical reasoning; Evidence-based practice
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism

**SLP-505: Clinical Practicum 3**

- Professional Practice Competencies: Accountability; Integrity; Effective communication skills; Clinical reasoning; Evidence-based practice; Concern for individual served; Collaborative practice
- Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms: Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)



- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

#### **SLP-506: Clinical Seminar 4**

- Professional Practice Competencies: Effective communication skills; Clinical reasoning; Evidence-based practice
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism

#### **SLP-507: Clinical Practicum 4**

- Professional Practice Competencies: Accountability; Integrity; Effective communication skills; Clinical reasoning; Evidence-based practice; Concern for individual served; Collaborative practice
- Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms: Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

#### **SLP-508: Externship—Pediatrics**

- Professional Practice Competencies: Accountability; Integrity; Effective communication skills; Clinical reasoning; Evidence-based practice; Concern for individual served; Collaborative practice
- Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms: Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

#### **SLP-509: Externship—Adult**

- Professional Practice Competencies: Accountability; Integrity; Effective communication skills; Clinical reasoning; Evidence-based practice; Concern for individual served; Collaborative practice
- Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms: Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)
- General Knowledge and Skills Applicable to Professional Practice: Ethical conduct; Integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

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**PART TWO:**  
**POLICIES & PROCEDURES FOR CLINICAL PRACTICUM IN**  
**THE CENTER FOR SPEECH, LANGUAGE, AND HEARING**

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## Undergraduate Internships in the CSD Major

In addition to completing coursework in the major, each student becomes an active participant in the clinical program for the first three years in the major.

### First and Sophomore Years

Students observe diagnostic and intervention sessions at the Roseman Center for Speech, Language, and Hearing. Students also are encouraged to observe speech-language pathologists and audiologists in their home and QCA communities and complete observations using Master Clinician Network.

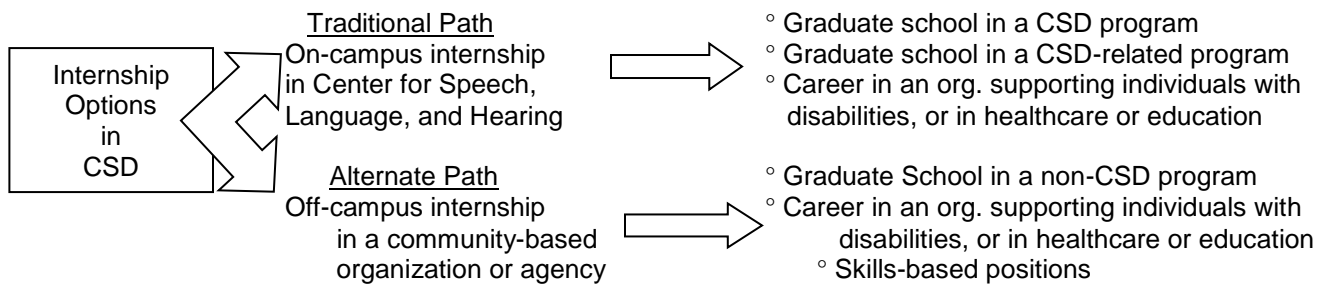
### Junior Year

Students continue to observe diagnostic and intervention sessions at our on-campus center. In Spring Semester, students work as clinical mentees for one client, assisting a senior or graduate student clinician under the supervision of a certified and licensed CSD faculty member.

In the senior year, CSD majors have a choice of internship possibilities.

### Senior Year

Students decide to take a traditional path or an alternate path, as explained below.



Traditional Path senior CSD majors desiring to enter vocations in speech-language pathology or audiology complete fall and spring semester clinical internships in our on-campus Center for Speech, Language, and Hearing, working with clients who present with a variety of communication disorders. While students address the numerous challenges facing their clients in intervention, they are supervised closely by certified and licensed clinical CSD faculty. Please note that admission to Clinical Practicum is granted only if a student has a minimum overall GPA of 3.0 at the time each experience begins. Admission to the clinical internship is by written application submitted to the Center Director in the preceding term. More detailed information regarding these requirements can be found on the following page.

Alternate Path senior CSD majors desiring to explore vocations in another discipline typically complete a community internship in a local agency. Students work with their advisor and CORE staff to identify an internship placement that will help them explore vocations of interest. A member in CORE supervises students throughout their community-based internships.

## **Roseman Center for Speech, Language, and Hearing Policies and Prerequisites for Clinical Practicum**

Prior to enrolling in clinic coursework (undergraduate courses CSD-425 and CSD-430, or graduate courses SLP-501; SLP-503; SLP-505; or SLP-507), students must complete or satisfy the following:

- 3.0 Cumulative Grade Point Average: Students must achieve a 3.0 cumulative GPA to enroll in clinical internship courses or graduate clinical seminars.
- Observation Hours: student clinicians must complete *25 observation hours beyond hours that are accrued as part of their Augustana CSD coursework*. Prospective student clinicians must turn in to the Center Director fully completed *RECORD OF UNDERGRADUATE SUPERVISED OBSERVATION HOURS* and *DIRECT OBSERVATION* forms by the Tuesday of week 2 of the term in which the student is enrolled in CSD-INTR. Speech-language pathologists and audiologists whom are observed must hold the ASHA Certificate of Clinical Competence (CCC). Students are responsible for securing their own observation sites and also are responsible for meeting all related requirements that individual sites have (e.g., fingerprinting, reading about site-specific regulations, etc.). Student observers should dress and behave professionally at all observation sites. They should also be punctual and engaging and demonstrate strong communication skills.  
Note that students will receive credit for additional hours for observations completed as part of coursework.
- Blood Borne Pathogens Training: Prospective student clinicians must complete online blood borne pathogens training and pass a related quiz. The Clinic Coordinator will email each student a link to follow to complete this requirement.
- Background Check: Prior to week 1 of their first semester of clinical practicum, students must complete a background check by submitting payment and completing documents related to this requirement. The Clinic Coordinator will email each student a link to follow to complete this requirement. Students who have been convicted of felonies, who have violations that relate to children, or who have a record that would prevent them from securing professional licensure for speech-language pathology or audiology practice in the State of Illinois will not be allowed to complete a clinical internship.
- Safe Interactions with Children: Prospective clinicians must annually complete online Everfi safe interactions with children training and pass a related quiz. The Clinic Coordinator will email each student a link to follow to complete this requirement.
- HIPAA: Prospective clinicians must annually complete online HIPAA training and pass a related Everfi quiz. The Clinic Coordinator will email each student a link to follow to complete this requirement.
- Clinical Mentoring Experience: One semester prior to enrolling in the first clinic internship course, students must serve for at least one semester as a mentee to a senior clinician for one client. Mentees are expected to increase their involvement in the clients' sessions from the beginning to the end of the term and to follow all Center policies. Mentees who demonstrate unprofessional behavior or who fail to demonstrate competency consistent with their level of experience may not be allowed to enroll in clinic internship.

## **Clinical Experience Timeline, Policies, and Procedures**

Both semesters of undergraduate practicum and graduate students' first four semesters of clinical experience will take place on campus at the Roseman Center for Speech, Language, and Hearing and will be followed by one semester of Pediatric Externship and one semester of Adult Externship in the Quad Cities community. Clinical Supervisors will provide extensive support for the first two semesters (summer and fall) and gradually will decrease support, if appropriate, as students function increasingly independently and gain competence and confidence in working with their clients. Each term, an experience tracking record will be consulted for each clinician to ensure that students are receiving a sufficiently diverse clinical experience.

### **Ethical and Professional Bases for Clinical Work**

Student clinicians are expected at all phases of their clinical training to perform at the highest ethical and professional levels. The ASHA Code of Ethics will be a centerpiece of clinical education on-campus and in externship settings. The Essential Functions document that students sign each year lists several ways in which ethical conduct is expected. The grading rubric that will be used for Practicum and Externship experiences includes standards for professionalism and integrity. Augustana College students sign and uphold an honor code that includes a sequence of steps in addressing violations that include, among other offenses, plagiarism, cheating, and reusing assignments (i.e., self-plagiarism). For clinically based offenses, the intervention plan may be initiated.

### **Planning and Preparing for Clinic Assignments**

Prior to interacting with clients, several trainings will be completed by student clinicians. Web-based, interactive HIPAA and Safety Training (for adults who work with children) through Everfi will be completed at the beginning of each academic year by both graduate students and clinical faculty members. Additionally, Clinical Seminars 1-4 and contents of the Clinic Handbook will include information to instruct students about prioritizing client welfare. In particular, the ASHA Code of Ethics will be covered in and assessed in all four Clinical Seminars and will be reinforced in other coursework (e.g., in SLP-522: Advanced Language and Literacy Disorders, SLP-524: Multicultural Perspectives & Clinical Practice in CSD, and SLP-530: Diagnostics) and by Clinical Supervisors and Externship Supervisors throughout the Practicum and Externship sequences.

There will be one week designated for clinic planning each term before clinic begins in the Center for Speech, Language, and Hearing. During this week, students will read their clients' charts in Point and Click and will meet individually with their clinical supervisor to establish a master plan for the semester, such as the one at the end of this section. It is expected that individual meetings and electronic communication between the supervisor and student will occur more frequently at the beginning of each semester so that students can prepare for their caseload. In some cases, videos of clients may be viewed before students begin intervention. The following information will be entered in the "Master Plan" document in PNC. Students should have submitted their Master Plans through PNC prior to their first meeting with the clinical supervisor.

## Semester Master Plan

**Client:**

**Clinician:**

**Supervisor:**

**Semester/Year:**

Long- and Short-Term Goals/Objectives

1. LIST GOAL AND RATIONALE
  - A. Quantitative Data Collection Plan
  - B. Activity Ideas
  - C. Facilitating Strategies/Prompts
2. LIST GOAL AND RATIONALE
  - A. Quantitative Data Collection Plan
  - B. Activity Ideas
  - C. Facilitating Strategies/Prompts
3. LIST GOAL AND RATIONALE
  - A. Quantitative Data Collection Plan
  - B. Activity Ideas

Facilitating Strategies/Prompts

### **Assignment of Clients in the Center for Speech, Language, and Hearing**

The Center Director and Clinical Supervisors will prepare the clinic schedule each semester. Student clinicians will be responsible for serving at least three clients per term. Over the four semesters of clinical practicum, care will be taken to provide students with as diverse a clinical experience as possible. The goal is for students to accrue at least 150 hours by fall semester of their second year in the graduate program. Students also will be assigned to diagnostic teams and will complete at least two diagnostics per semester during their clinical practicum experiences. Students also will complete at least four audiology clinical appointments per semester during their first year in the graduate program.

### **Tracking and Documenting Clinical Experience**

CALIPSO will be used to track students' clinical experiences to ensure that students have the opportunity to work with different supervisors, clients across the age span, and clients with a variety of disorders. Efforts also will be made to ensure that students will have the opportunity to work with clients with socioeconomic challenges and clients from culturally and linguistically diverse backgrounds; these factors will be tracked as well. CALIPSO will reflect categories presented in a clinical experience tracking record. The Center Director will review students' practicum and externship experiences and plan accordingly for future semesters to ensure that each student receives as diverse a clinical experience as possible. If students are lacking experience in a category, they may complete work with simulated clients in areas in which they have not accrued contact hours.

### **Working With Clients With Diagnoses For Which Student Clinicians Have Not Yet Completed Related Coursework**

Typically, students will be assigned to work with clients with diagnoses covered in coursework that the students have previously taken or are taking concurrently. If students are assigned a client concurrent with taking the course or in the rare instance when a student is assigned to work with a client with a disorder for which coursework has not yet been taken, the supervisor will provide additional readings or resources (e.g., webinars) and will work with the student clinician to demonstrate techniques, explain intervention approaches, and role-play interactions that may be used with the client. In some instances, a student may be assigned to work as a co-clinician with a student who has previously completed coursework relevant to a client's needs. Each year, the Clinical Supervisors and Center Director will meet to evaluate how individual students are performing and to determine if this approach is effective and will make adjustments as needed.

### **Supervision Guidelines**

Clinical Supervisors will be required to observe directly at least 25% of each session for student clinicians on their caseload. Supervisors will be expected to provide written and verbal feedback after each session. In addition to offering individual meetings when needed during office hours, each supervisor will host a clinical staffing once every two weeks for groups of 4-6 clinicians who have clients with similar goals and

needs. Clinical Supervisors will use a clinic grading rubric found for both mid-semester and end of semester grading. To ensure readiness for future independent clinical practice, supervisors will adjust expectations for students based on their level of training in the Practicum sequence and the student clinician intervention plan will be applied, when needed. The Externship Coordinator and Center Director will work together to respond to concerns about students' clinical progress raised by Externship Supervisors and an intervention plan will be applied if warranted.

### **Inadequate Student Clinical Performance**

If a student clinician is struggling to provide adequate service to a client and/or the client is not making acceptable gains or the client's caregivers express concerns with progress, the Clinical Supervisor will increase the amount of direct supervision. If a schedule conflict exists that prevents the supervisor from spending more than the 25% minimum direct supervision requirement, the Clinical Supervisor will work with the Center Director to adapt the schedule. The supervisor may set up individual meetings to work with the student using procedures outlined in the intervention plan (e.g., assigning additional readings, observations, or webinars; demonstrating specific techniques in the session or during office hours, etc.). As student clinicians increase independence and consistent clinical performance, the amount of direct supervision may be reduced accordingly.

### **Externship Information**

The Externship Coordinator will be responsible for assigning students to externship sites and he or she also will be responsible for completing site visits and maintaining documentation in CALIPSO and in SLP Department files. The Externship Coordinator, assisted by the Clinic Coordinator, will be responsible for ensuring that prior to beginning an externship, cooperative agreements are up-to-date and that students have completed all requirements (i.e., immunizations, HIPAA training, CPR, etc.) and have sufficient prerequisite experience necessary for their site.

The Externship Coordinator will discuss externship site options with students during their second Clinical Seminar class in Fall semester of their first year in the program. Though it will be explained to students that they may not get their top choice(s), students will be asked to rank in order their externship site preferences for adult and pediatric externship placements and this ranking, as well as feedback from Clinical Supervisors and the Center Director and preferences expressed by Externship Supervisors (i.e., desired qualities of prospective externs), will be considered when placement decisions are made.

The Externship Coordinator will meet individually with each student to discuss his or her priorities for pediatric and adult externship sites. The Externship Coordinator also will confer with the Center Director and Clinical Supervisors and will sit in on internship grading conferences for on-campus clinical practicum experiences for two semesters and two summer sessions to gather information to facilitate the matching process. Students will be asked to rank their top five Externship choices sites for both adult and pediatric placements. Students' preferences and feedback from Clinical Supervisors and preferences of Externship Supervisors will be considered in placement decisions. Students and Externship Supervisors will be notified about placement decisions approximately one semester before the externship begins. Each semester, student externs will evaluate, at mid-semester and end of semester, their Externship Supervisors and sites using forms with customized questions on CALIPSO. Objective data such as number of direct contact hours, and ages and types of disorders of clients served, will be recorded and feedback about the quality of the amount and type of supervision also will be collected and reviewed by the Externship Supervisor and Center Director.

The Externship Coordinator will visit each site a minimum of two times each semester for each student extern. At each visit, the Externship Coordinator will observe the student extern with a client and will meet with the student and the Externship Supervisor to discuss the experience and offer assistance.

Additionally, externs and Externship Supervisors will be encouraged to reach out to the Externship Coordinator or Center Director via telephone or email whenever any concerns arise.

In the middle and at the end of each semester, the Externship Coordinator will review notes from externship site visits and objective data (e.g., number of hours accrued, percentage of direct supervision, caseload characteristics) and Externship Supervisors' and student externs' feedback submitted through CALIPSO to determine if educational objectives are being met.

## **Roseman Center for Speech, Language, and Hearing**

### **Essential Functions for Student Speech-Language Pathologists and Audiologists**

The two semester undergraduate Augustana College clinical practicum and four semester graduate practicum experiences are an integral part of the Speech-Language Pathology Graduate Program. The program has procedures that reflect the standards of the American Speech-Language Hearing Association and the Illinois Department of Financial and Professional Regulation. The Department's clinical and academic faculty oversee and are responsible for students in the practicum program. It therefore is imperative for prospective student clinicians to demonstrate competency in academic performance. Clinical practicums also require specific inter- and intra-personal, emotional, physical, moral and ethical, and compassion qualities. Faculty may disallow a prospective student from beginning or continuing in the internship program if he or she is not able to satisfy any of the functions described in this document.

SLP faculty and staff members are committed to adhering to the Americans with Disabilities Act and are eager to provide necessary accommodations to create an optimal clinical experience. Students with documented disabilities are encouraged to contact the Student Accommodations Committee to facilitate the accommodations process.

Prospective graduate and undergraduate clinicians must possess the following skills and meet the following requirements.

#### **Cognitive and Academic Skills and Requirements**

- To enroll in subsequent graduate Practicum courses, students must receive a practicum grade of B- or higher.
- Demonstrate the potential to learn and assimilate theoretical and clinical information; be able to make connections between coursework and engage in evidence based clinical practice.
- Synthesize, analyze, and apply concepts from coursework in CSD and other disciplines.
- Write in English professional clinical reports that integrate suggestions from supervisors.
- Collect, analyze, and respond to data from intervention sessions; write SOAP notes.

#### **Physical Skills and Requirements**

- Actively participate in class, clinical, or related activities for up to three-hour blocks of time with minimal breaks.
- Move independently to, from, and within the clinic setting.
- Maintain hygiene appropriate for a professional clinic setting.
- Independently, or through augmented means, manage standard use of clinical equipment and materials including test easels, clipboards, recording equipment, computer applications, and audiologic instrumentation.
- Use developmentally appropriate, evidence-based procedures to carry out a client's individual or group intervention plan; this may involve working on the floor or in other natural environments for pediatric clients or sitting at a table for school-age and adult clients.
- Use appropriate paper and pencil or computer-based data collection methods.
- Be able to uphold universal precautions and respond, as trained, to limiting exposure to bloodborne pathogens.
- Visually monitor and respond appropriately to the clinical environment.
- Create a safe clinical environment for oneself and one's client(s) by using appropriate functional behavior plans and responding to clients who may be physically aggressive or self-injurious.
- Provide specific, accurate feedback to clients about speech sound and linguistic productions; consistent use of assistive listening devices, FM systems, or hearing aids may be requested for clinicians who are unable to pass a 20 dB hearing screening at for 250-8000 Hz.



## **Behavioral, Professional, Ethical, and Interpersonal Skills and Requirements**

- Pass a background check. Students who have a history of crimes committed against children will not be allowed to complete the clinical internship sequence. Students with non-child related felony convictions will be counseled individually about their ability to complete the clinical sequence. Students with convictions or charges that would prevent state licensure will be counseled (e.g., child support violations).
- Maintain appropriate emotional and physical health to be able to complete clinical and professional responsibilities.
- Maintain appropriate and professional relationships with clients, classmates, supervisors, and Center staff. This involves showing discretion in communicating via social networking websites with clients and maintaining professional interactions with clients in and outside the Center.
- Maintain composure and professional interactions in stressful and sometimes emotionally charged situations.
- Comply with ASHA's Code of Ethics.
- Communicate effectively in writing, on the telephone, and in person with a variety of communication partners.
- Demonstrate emerging professional qualities commensurate with one's level of training and adhere to legal, administrative and regulatory policies (e.g., follow the Center's dress code, complete paperwork, maintain HIPAA, comply with bloodborne pathogens training, etc.).
- Speak English intelligibly and have the ability to model production of all English phonemes, voice and language structures.
- Be an active team member with one's supervisor and fellow clinicians.
- Regularly attend clinic class and meet internship deadlines in a timely manner.
- Understand and respect authority.
- Interpret supervisors', clients' and clients' families' linguistic and nonlinguistic communications.
- Be prepared for clinical sessions by meeting regularly with your supervisor, completing related reading, reviewing case files, responding to supervisory feedback, and communicating with your clients and Center staff.
- Be respectful of the Center's facilities by allowing sufficient time to set up and clean up your sessions. Use check-out procedures to reserve intervention or testing materials owned by the Center or Clinical Supervisors. Participate in weekly Center cleaning activities and notify the Clinic Coordinator or Center Director if materials are in need of repair or replacing.
- Be able to complete multiple tasks simultaneously and manage time effectively.
- Consistently build skills throughout the internship program, moving toward independent performance.

I \_\_\_\_\_ have read this document and understand that my grades for CSD-425; CSD-430; SLP-501; SLP-503; SLP-505; SLP-507 will, in large part, be based on these skills. I also understand that my failure to demonstrate competency in essential skills/functions may result in me not being able to complete a clinical internship, a requirement for the SLP graduate program. I will notify faculty of any changes in my ability to meet these functions/skills.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Roseman Center for Speech, Language, and Hearing Center Policies and Procedures**

Augustana College is pleased to offer two semesters of internship for undergraduate CSD majors in our Center for Speech, Language, and Hearing for students who complete the appropriate prerequisites. Student clinicians will be assigned one to four clients. Graduate students will complete two summer, one fall, and one spring semester of practicum in which they will serve at least three clients per semester.

### **CSD Academic Program Notice of Nondiscrimination**

Augustana College does not discriminate on the basis of race, color, national origin, sex, gender identity, gender expression, disability, or age in its educational programs and work environment.

Complaints of discrimination in the Communication Sciences and Disorders Department can be made to Allison Haskill, Chair of CSD, who can be reached at (309) 794-7488 or via email at [allisonhaskill@augustana.edu](mailto:allisonhaskill@augustana.edu). Complaints also can be forwarded to the college's Title IX Chief Officer and Director of Human Resources, Ms. Laura Ford, who has been designated to handle inquiries regarding the nondiscrimination policies and can be reached at (309) 794-7452 or via email at [lauraford@augustana.edu](mailto:lauraford@augustana.edu).

Find this policy online at <https://www.augustana.edu/academics/areas-of-study/communication-sciences-and-disorders/advising>.

### **Communication**

- Student clinicians should report any changes in name, address, or phone to the clinic Coordinator.
- Campus and departmental communication is completed primarily through email. Students are encouraged to check email multiple times per day. Communication about clients between supervisors and clinicians is completed through Point and Click (PNC).
- If the Clinic Coordinator needs to contact student clinicians or supervisors about matters related to clinic, communication will occur through email. Client names or other identifying information should never be shared in email communication.

### **Screening of Student Clinicians**

- Prior to menteeing in clinic, students must complete a screening completed by another student. Screenings will involve a cursory examination of hearing, oral structures, voice quality, speech sound production, and written and spoken language. Students who do not receive a passing score will be referred for a more thorough examination completed by a clinical supervisor. If a student is not able to communicate in ways described in the Essential Functions document, he or she may be asked to complete communication intervention prior to or during clinical practicum semesters.

### **Clock Hours**

- Students receive clock hours for direct services only, rounded to the nearest 5 minute mark (e.g., 33 minutes= 35 minutes recorded on hours record log).
- Students who are concerned that they may not be receiving enough clinical experience should speak to the Center Director.
- Students are responsible for maintaining accurate hours records, recorded in CALIPSO, that will be monitored and verified by clinical supervisors and/or externship supervisors, and/or the Center Director. Students are encouraged each term to make a copy for their own records.

### **Observations**

Prior to completing a menteeing experience, students must complete 25 hours of observation on their own using Master Clinician Network or live observations arranged by the student, in addition to a minimum of 7 additional hours of observing using videos in CSD courses. Observation records must be signed, filled out completely in ink, and saved in the student's file in the CSD office. Students must uphold client privacy in live observations.

## **Titles/Credentials**

Students should refer to themselves as student clinicians and should never misrepresent their level of training or experience.

## **Schedule**

- The Clinic Coordinator, in collaboration with the Center Director, maintain the client list and clinic schedule. Please notify the Center Director if changes in PNC need to be made. Student clinicians are responsible for checking in their clients on the PNC schedule.

## **Clinic Rooms**

- Please disinfect all toys and intervention materials after each session. Smaller soiled items should be placed in the appropriate bin near the clinic office. For larger items such as kitchen sets, please wipe down the surfaces with disinfectant wipes found outside your clinic room. Also remember to disinfect tables, door knobs, and light switches after each session.
- Intervention rooms will be assigned. Clinicians should be in their room at scheduled times unless other arrangements have been made with the Clinic Coordinator and supervisor. Student clinicians should finish cleaning and documentation in time for the next session to begin.

## **Materials and Equipment**

- Check out and return materials to the Resource Room. Special permission must be provided for students to check out materials owned by clinical supervisors.
- Students are asked to report to the Clinic Coordinator when materials or equipment needs to be repaired or replaced.
- An ID must be left for checking out iPads and other electronic equipment.

## **Dress Code**

- Our clinic dress code for undergraduate student clinicians includes dress pants or a skirt, a navy blue polo, and a clinic name badge issued by the Clinic Coordinator.
- Graduate student clinicians' dress code is business casual: dress pants, skirts, dresses, long or short sleeve tops appropriate for a professional environment. Dresses and skirts should come to the knee when standing. Appropriate footwear includes flats, dress sandals, dress shoes, dress boots. Flip flops, sneakers, and high heels should be avoided. Graduate student clinicians should also wear a clinic name badge issued by the Clinic Coordinator.
- Student clinicians should have hygiene appropriate for a clinic environment and should avoid strong fragrances.
- Tattoos must be covered. Earrings, necklaces, and bracelets are permitted, but other body jewelry (tongue, eyebrow, etc.) should be removed.

## **Student Work Spaces**

- Students are trusted to work together to keep their spaces generally tidy. A team of clinicians will be assigned for weekly deep cleaning responsibilities.

## **Documentation & Privacy Practices**

Point and Click (PNC) is the secure, web-based clinical management system we use in our Center.

Students will be shown how to log in, access their clients' charts securely and how to communicate with their clinical supervisors through instant messaging on PNC. To be HIPAA compliant, students are asked to complete clinic documentation in the Center. Clinical documentation may include the following for each client, each semester:

- SLP semester report
- SOAP note
- Intervention plans
- Speech-language evaluation
- Master plan for the semester

Student clinicians should not speak about their clients or otherwise make reference to their clients' goals, diagnoses, or other protected information. Students should not acknowledge providing care in any way for a client- this would be considered sharing protected health information.

When communicating about clients' progress or services to a client's family, conferences should take place in non-public areas (e.g., in a clinic room with a closed door).

Under no circumstances should images of clients or clients' identifying information ever be shared on any form of social or electronic media.

### **Clinical Internship Prerequisites**

- We use the term Clinical Internship to refer to supervised clinical work completed in the Roseman Center for Speech, Language, and Hearing
- Undergraduate and graduate student clinicians must become NSSLHA members
- Undergraduate and graduate student clinicians must pass a background check prior to beginning clinical internship. Students with child-related or child support related violations will not be allowed to complete the clinical internship. Students with felony convictions or other potentially pertinent violations will be counseled individually.
- Student clinicians each year must complete online trainings and pass a test for HIPAA, interacting safely with children, and blood borne pathogens.
- Undergraduate students must have a 3.0 cumulative GPA and must complete one term of menteeing prior to beginning a clinical internship.
- Graduate student clinicians must have a current TB skin test and flu shot, in addition to immunizations required by Augustana College.

### **Clinical Externship Prerequisites**

- Note that some externship sites may have prerequisites beyond what is required for on-campus clinical practicum.

### **Information Sharing**

- Clients are provided with a HIPAA privacy notice. A release of information must be secured before files can be shared between professionals. Reports will be placed in the client's chart.

### **Conferences**

- Conferences with clients' families are held at the beginning and end of the term. Clients are provided with semester reports at the final conference. Student clinicians are encouraged to focus conferences on communicative behaviors. Recommendations should be approved by clinical supervisors and again, should focus on communication. Student clinicians should be mindful of professionalism and nonverbal communication behaviors during conferences and should have a supervisor present in the room.
- Final conference content:
  - Review goals and objectives, and provide examples of procedures
  - Describe areas of improvement
  - Describe areas of communication in need of additional work
  - Answer communication related questions and/or refer to the supervisor

### **Restroom Breaks**

- If a pediatric client needs assistance to use the bathroom, a parent should take them. If a parent is not present, a clinician should wear gloves when cleaning up a child.
- If a pediatric client is old enough and developmentally able to use the restroom by him or herself, the clinician should wait for the client in the hallway.

### **Clinic Sessions**

- Punctuality is key! Student clinicians must start and end sessions according to the schedule. Students should submit clinic plans to supervisors on time, which is typically by 5:00 pm Fridays.
- The Center Director will submit, through Moodle, clinic announcements each week. Please read these!
- The Clinic Coordinator is a valuable resource. Please use her assistance when you need it, but do not loiter around the office area. When you need her help or her office workers' help, please be sure to allow sufficient time. Be sure also to let the Clinic Coordinator know when we are in need of replacement consumables (e.g., paper plates, baking soda, etc.)

### **Interacting With Clinical Supervisors and Clinic Director**

- Sign up sheets will be on your supervisors' doors for meeting times week 1 of class. Prior to this meeting, be sure to fill out the master plan sheet for each client on PNC.
- When in doubt, ask a supervisor or the Center Director!!!

### **Interacting With Clients and Their Families**

- Above all, student clinicians and clinical supervisors are expected to uphold the ASHA Code of Ethics in all interactions. Failure to do so may result in clinic grade deductions or expulsion from the program.
- Families recognize student clinicians as professionals in training. Students must not misrepresent or over-represent qualifications. Students who engage in unsupervised or otherwise unauthorized practice unrelated to their clinical practicum or clinical coursework may be referred to the Illinois Department of Professional Regulation for possible disciplinary action.
- Students must not accept gifts with significant monetary value from clients; anything over a token of gratitude (approximate value under \$20) cannot be accepted.
- Student clinicians may provide paid childcare services for clients, but you may not provide intervention, even informally, because direct supervision is not possible.
- We recommend that you not communicate via social networking sites with clients or clients' families.

### **Absences/Session Make Up Policy**

- If a student clinician cancels a clinic session, he or she must make arrangements to make up the session. If a client cancels, student clinicians should contact the clinical supervisor to find out if the session should be made up.

### **Contaminated Objects/Preventing Infection**

- Students who are ill should stay home.
- Students and clinical faculty must complete blood borne pathogens training annually.
- Preventative measures:
  - Handwashing
    - Wash hands before and after seeing a client
    - After removing gloves
    - Wash with soap and water for 30 seconds or 60 seconds if contamination may have occurred
- Gloves should be worn when:
  - performing an oral mechanism evaluation
  - stimulating sounds in the oral mechanism
  - cleaning up blood, saliva, vomit, feces, or urine
  - working with a client with saliva management challenges
  - working with a client with nonintact skin, open cuts, or sores
  - the clinician has nonintact skin, open cuts, or sores
- Change gloves:
  - after every use
  - when torn
- Discard gloves:
  - in a wastebasket before exiting the room under normal circumstances
  - in a red bag if contaminated with bodily fluids
- If objects are potentially contaminated:
  - Contact immediately Facilities Services for assistance (extension 7278)
- In the event of potential person-to-person contamination:
  - Notify the Clinic Coordinator
  - Contact facilities (x7278) to report potential exposure; after hours, call Security (extension 7711)
  - Wash the affected area immediately
  - Remove stained clothing and shower immediately; place soiled items in blue bag provided by Facilities Services

- Go immediately to the emergency room for evaluation; notify supervisor of the exposure before going to the ER or immediately upon return; the clinical supervisor can provide the physician with a copy of Augustana's BBP regulations and occupational exposure
  - Supervisor completes an incident report for Augustana College
- In the event of a blood spill from person to furnishings or the floor:
  - Notify the Clinic Coordinator or supervisor who can contact Facilities Services (extension 7278) between 8 am-4 pm or Security after 4 pm (extension 7711)
  - Do not clean spills on the floor or furniture, get help from facilities

### **Immunizations**

- Undergraduate students, unless appropriate exemption paperwork is provided, are required to have immunizations required by Augustana College and the State of Illinois (Tdap, measles, mumps, rubella, MMR, meningitis, and tuberculosis; note that tuberculosis is required for non-US residents only). Graduate SLP students are required to have a flu shot and a current TB skin test prior to beginning their first clinical practicum.

### **Parking**

- The Clinic Coordinator issues yellow parking permits for limited parking spaces near Brodahl Hall. Students are not permitted to park in either of the lots that are adjacent to Brodahl Hall.

### **Field Trips**

- It is possible to take clients on field trips, but written permission must be obtained from caregivers and scanned into the client's chart in PNC.

### **Recording and Viewing Clinic Sessions**

- Sessions may be recorded through our interactive viewing system.
- Caregivers may view the applicable session only using the observation room.
- Students should not view sessions unless they have permission from the Clinic Coordinator and are completing observations for a course- or major-related purpose.

### **Expressing Concerns About Clinical Matters**

- Student clinicians are requested to bring matters of clinical concern that relate to clients first to their clinical supervisor and then, if necessary, to the Center Director or Department Chair, depending on the specific nature of the concern. If concerns continue, students may contact the Provost of the College. If there are concerns about the program that may relate to accreditation or that are not able to be resolved at the college level, the Council of Academic Accreditation of the American Speech-Language-Hearing Association may be contacted.

### **Evaluation of Student Clinicians**

- Student clinicians will receive written and verbal feedback on a regular basis from each supervisor and will receive formal feedback using the clinic grading rubric mid-semester and at the end of the semester. If there are serious concerns and students do not meet minimum criteria listed on the rubric, intervention plans may be initiated. CALIPSO will be used to manage the evaluation process.

### **Evaluation of Clinical Supervisors**

- Student clinicians will be asked to provide written feedback mid-semester and at the end of the semester for each clinical supervisor. Supervisors will not receive end of semester feedback until after final grades have been submitted.

### **Courteous Communication**

- As future speech-language pathologists and audiologists, it is imperative for student clinicians to display exemplary pragmatics skills. This includes attentive listening and contingent responding. Therefore, cell phone use during class time is strictly prohibited unless the phone is being used for a class-related purpose. Even "quiet" texting is not allowed. Students will be asked to leave if they are observed texting in clinic class and should never be on phones during clinic sessions unless phones are being used as a stopwatch, etc.

## CSD Junior Mentee Information

Please circle which option applies to you. I plan to complete a/an:

\_\_\_clinical internship in the RCSLH  
\_\_\_alternate path externship in the community

### For alternate path/community externship students:

Who is your CSD adviser? \_\_\_\_\_

Where will you be completing your 3 credits of externship? \_\_\_\_\_

When will you be completing your externship(s)? \_\_\_\_\_

### RCSLH clinical internship students:

Below is a place for you to write information about your mentee assignment. If you need to make a change, please email the Center Director immediately. Note that we will guarantee that we will work around your CLASS schedule, but we cannot promise that we will be able to accommodate your work or activity schedules.

**MENTEE (your name):** \_\_\_\_\_

Mentor clinician: \_\_\_\_\_  
Client's initials: \_\_\_\_\_  
Group name (if applicable): \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates/time of sessions: \_\_\_\_\_  
Room: \_\_\_\_\_

The mentoring clinician program at Augie is, in our opinion, one of our most valuable learning experiences. It, along with having a 3.0 GPA and your observation hour requirement, is a prerequisite to having your own caseload beginning next semester. You cannot complete the CSD major without completing 3 semesters of credit bearing supervised practicum. If your GPA will not be at or above 3.0 by the beginning of the semester when you take CSD-425, you will need to see your adviser and the Center Director and arrange to do an alternate internship placement.

To make the most of your experience, here are some suggestions for you. Note that your senior clinicians' supervisors may have different expectations depending on the needs of the client.

- Week 1 of the semester, before you begin to interact directly with the client (week 3 of class, week 2 of clinic), touch base with your clinician mentor in person or via email- introduce yourself, ask about any preparation you should do before the first session. Make an appointment to meet with your mentor clinician to review the client's chart in Point and Click, our Center's operating system. We want you to know what to expect when you walk in the door that first day! Also make a point to stop by the supervisor's office and introduce yourself! Note that some of our supervisors are on campus only part-time. Let the supervisor know with whom you will be working and ask if they have any special requests for your role in this process with your particular client.
- Week 4 of clinic: observe your client's session from a faculty member's office or through an observation window.
- Week 5 of clinic): start to interact with your client.
- By week 9 of clinic, you should work on one activity & corresponding teaching strategies.
- By week 10 of clinic, you should be working on two activities.

- By the final week of intervention, you should generate the entire intervention plan and implement at least 50% of the activities.
- You should plan to attend the final conference with the family and supervisor and be prepared to present progress for one goal. Please practice ahead of time with your clinician mentor

### **General Considerations:**

- You must be HIPAA compliant in all interactions this semester. You will not be a registered user in PNC until you enroll in CSD-425.
- You must be an ACTIVE participant in the session. We don't want clients to treat you like an "employee" or to ignore you. Do not be a "fly on the wall."
- You should be on the same physical level when working with child clients. If the activity is taking place on the floor, be sure that you are on the floor as well.
- If you do anything counterproductive to the intervention process (rolling eyes, appearing to be bored or annoyed, looking at a handheld device, not participating, using language that is too colloquial, asking too many yes/no questions, interrupting the child, not taking effective data, anticipating needs, etc.), you will be asked not to participate in this experience.
- If you do not satisfactorily complete your mentee semester, we reserve the right to delay your clinic sequence. If we have serious concerns, you may be asked to complete an internship in an alternate placement.
- One of your primary roles will be to be a strong communication model! You as the mentee are in an excellent position to answer questions, take turns, and be an authentic conversational partner. Your presence for the client encourages their ACTIVE participation in the session.
- You can and should collect data.
- You need to gain experience in INTERPRETING data. As such, you should practice writing a SOAP note for one activity per session for which data were obtained. You will need to email your contributions to your mentor for him or her to include in Point and Click.
- Dress code: Dress professionally! Think business casual. Shorts and skirts must be longer than your fingertips when standing up; no sweatshirts; no denim; no low-cut shirts; no facial piercings other than ears. Visible tattoos must be covered with a bandage, bracelet, collar, etc.

### **Center Attendance Policy:**

- If the client cancels a session, we may offer them a make up session (week 13 of clinic, week 14 of class).
- If the clinician or a supervisor cancels one or more sessions, we must make them up.
- If you will be ill and need to miss a session, please send a group email with an explanation to the Clinic Coordinator, the Center Director, the clinical supervisor, and your mentor.



**SAMPLE SYLLABI for Clinical Courses**  
**Students should refer to syllabi posted to Moodle for specifics**

**Summer 2020 Semester**  
**SLP-501: Clinical Seminar 1 (1 credit)**  
**SLP-501: Graduate Practicum 1 (3 credits)**

**Professor:**  
**Office:** Brodahl Hall 2##  
**Office Phone:**  
**Cell Phone:**  
**Class Meeting Time:**

**Course Descriptions**

**SLP-500:** Procedures related to federal regulations (e.g., HIPAA, FERPA, Hi-Tech Act) will be discussed. Students will learn about the supervision and certification processes and speech-language pathologists' Scope of Practice as determined by the American Speech-Language-Hearing Association (ASHA). They will learn to follow and interpret the ASHA Code of Ethics. Students will complete evidence-based practice assignments that will apply to their clinical practicum caseload. The intervention process from intake and interview through dismissal will be explored.

**SLP-501:** The primary objective for this internship course is for students to provide supervised intervention for up to four clients in individual and/or group weekly sessions at the Center for Speech, Language, and Hearing. Student clinicians will complete documentation for each session for each client, write semester summary clinical reports, participate in weekly staffing sessions with their supervisors and fellow clinicians, and provide the highest level of individualized, evidence-based intervention for their clients. Student clinicians will have the opportunity to share information with and counsel clients' caregivers. Students will review with a clinical supervisor or the Center Director one videotaped intervention session and will set personal goals for future semesters of intervention based on an exit interview session. This recording again will be reviewed along with an updated recording at the end of Clinical Practicum 4 so student clinicians can reflect on areas of clinical growth.

**Speech-Language Pathology Master's Program**

**Goals**

SLP graduate students will:

1	Have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.
2	Acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.
3	Express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
4	Engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

**Student Learning Outcomes**

Student learning outcomes for courses in the speech-language pathology master's program are based on nine professional competencies and specific knowledge and skills required for ASHA certification. The table below indicates which outcomes will be introduced, reinforced, or assessed for competence, and how those outcomes will be addressed in this course.

Professional Competency	Level of Focus			How the Outcome will be Addressed in these Courses
	Introduced	Reinforced	Competence	
Accountability		x (SLP-500 & 501)		SLP-500: clinic video review assignment and case presentation SLP 501: justifying goals, maintaining records for each client; communicating frequently with Clinical Supervisors
Integrity		x (SLP-500 & 501)		SLP-501: interacting professionally and upholding ASHA Code of Ethics; accurate data reporting
Effective Communication Skills			x (SLP-500 & 501)	SLP-500: written assignments; presentations SLP-501: communicating with other clinicians, Clinical Supervisors, clients, and clients; families
Clinical Reasoning			x (SLP-500 & 501)	SLP-500: assignments, quizzes, final examination SLP-501: interactions with clients assessed with Clinic Grading Rubric
Evidence-Based Practice		x (SLP-500 & 501)		SLP-500: EBP assignments
Concern for Individuals Served			x (SLP-501)	SLP-501: interactions with clients assessed with Clinic Grading Rubric
Professional duty	x (SLP-500 & 501)			SLP- 500: written assignments SLP-501: interactions with clients assessed with Clinic Grading Rubric
Collaborative Practice		x (SLP-501)		SLP-500: group work SLP-501: interactions with other student clinicians, Clinical Supervisors, and other professionals who serve clients on students' caseload

Knowledge and skills related learning outcomes for this course include the following.

Knowledge and Skills	Level of Focus			How the Outcome will be Addressed in this Course
	Introduced	Reinforced	Competence	
Ethical conduct			x (SLP-500 & 501)	SLP-500: ethics assignment SLP-501: clinical interactions
Integration and application of knowledge of the interdependence of speech, language, and hearing			x (SLP-500 & 501)	SLP-500: goal assignment; case presentation SLP-501: interactions with clients
Engagement in contemporary professional issues and advocacy			x (SLP-500)	SLP-500: quizzes and final examination
Processes of clinical education and supervision			x (SLP-500 & 501)	SLP-500: class discussions and quizzes SLP-501: interactions with Clinical Supervisors

Professionalism		x (SLP-500 & 501)		SLP-500: interactions in class (reflected in participation portion of course grade) SLP-501: interaction with Clinical Supervisors, clients and their families, and peers
Intervention to minimize the effects of changes in the speech, language, and swallowing mechanisms		x (SLP-501)		SLP-501: interactions with clients as assessed on the Clinic Grading Rubric
Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload)		x (SLP-501)		SLP-501: interactions with clients as assessed on the Clinic Grading Rubric
Interaction skills and personal qualities, including counseling and collaboration		x (SLP-501)		SLP-501: interactions with clients as assessed on the Clinic Grading Rubric
Self-evaluation of effectiveness of practice			x (SLP-501)	SLP-500: video self assessment assignment SLP-501: end-of-semester self assessment, video self assessment
Develop appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs	x (SLP-501)			SLP-501: work with clients
Collaborate with clients/patients and relevant others in the planning process	x (SLP-501)			SLP-501: work with clients
Implement intervention plans (involve clients/patients and relevant others in the intervention process)		x (SLP-501)		SLP-501: work with clients
Select or develop and use	x (SLP-501)			SLP-501: work with clients

appropriate materials and instrumentation for prevention and intervention				
Measure and evaluate clients'/patients' performance and progress	x (SLP-501)			SLP-501: work with clients
Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	x (SLP-501)			SLP-501: work with clients
Complete administrative and reporting functions necessary to support intervention	x (SLP-501)			SLP-501: work with clients
Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others		x (SLP-501)		SLP-501: work with clients
Collaborate with other professionals in case management	x (SLP-501)			SLP-501: work with clients
Adhere to the ASHA Code of Ethics and behave professionally		x (SLP-501)		SLP-501: work with clients

### Required Texts

The following texts, the Clinic Manual, and supplementary readings on Moodle will be used in the four on-campus Clinical Practicums and Seminars

Augustana College Roseman Center Clinic Manual (posted on Moodle)

Lof, G. L., & Johnson, A. F. (2015). *National Speech-Language Pathology Examination review and study guide*. Evanston, IL: Therapy Ed.

Paul, R. (2014). *Introduction to clinical methods in communication disorders*, 3<sup>rd</sup> ed. Baltimore: Brookes.

Roth, F. P., & Worthington, C.K. (2018). *Treatment resource manual for speech-language pathology*, 5<sup>th</sup> ed. San Diego: Plural.

## **Course Requirements & Evaluation**

### **SLP-500**

Evidence-based practice assignment (15% of final grade). Students will complete EBP worksheets to research a clinical question for two current clients. Clinical questions must be approved by Clinical Supervisors before the questions are researched.

Assignments (10% of final grade). There will be five assignments that will relate to course topics including session planning, ethics, goal writing, session management, and data collection.

Audiology hours. (5% of final grade). Each term, students must complete a minimum of two audiology hours and submit copies of clinic notes/audiograms to the seminar instructor. The Roseman Center Audiologist will provide details about how to schedule audiology sessions.

Test critique and demonstration (15% of final grade). Students in groups of two will critique a commercially available communication test and will present to the class a short demonstration and overview.

Reading quizzes (15% of final grade). There will be 3 quizzes related to course readings.

Case presentation (5% of final grade). Each term, students will complete a two-minute case overview for one client on his or her caseload. Assignment details are posted on Moodle.

Video review and goal setting assignment (15% of final grade). Before the end of the term, each student will record a session with a client and complete a self-assessment worksheet. The session will be reviewed with a Clinical Supervisor or the Clinic Director with whom the student will generate specific clinical goals to target in future semesters.

Participation (10% of final grade). Students are expected to engage thoughtfully in class discussions and participate actively in class activities.

Final examination (10% of final grade). To prepare students for the clinical practice portions of the Praxis exam, the final examination will cover content from Chapter 5 in Lof and Johnson (2015).

### **SLP-501**

Students, with the support of clinical supervisors, will:

- Participate actively in goal selection, baseline assessment, and treatment planning
- Adapt techniques, approaches, and clients' goals as appropriate
- Interact in a professional manner with clients, clients' family members, supervisors, and fellow student clinicians
- Accurately, completely, and in a timely manner complete all clinic documents (a Master Plan at the beginning of the semester, SOAP notes for each session, intervention plans for each week, and semester reports)
- Participate actively in individual and group meetings and staffings with clinical supervisors
- Use evidence-based approaches
- Uphold the ASHA Code of Ethics at all times and use procedures that are compliant with HIPAA, the Hi-Tech Act, and FERPA

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-501.

### **Formative Assessments**

Each student's professional competencies, knowledge, and skills on the student learning outcomes for this course will be assessed throughout the semester. Students whose progress does not indicate a satisfactory performance on the learning outcomes will complete an intervention plan before advancing to future coursework.

### **Grading Scale to Determine Final Grades for SLP-500**

90% & above — A

80 to 89.9%	— B
70 to 79.9%	— C
60 to 69.9%	— D
below 60	— F

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-501.

## Course Policies

**Academic Honesty and Integrity:** All students are required to abide by the principles of academic integrity that are articulated in the Honor Code of Augustana College. Every member of the Augustana community has the obligation to report violations of the Honor Code to the Honor Council. To view the Honor Code - including links to definitions of and statements on infractions, the Honor Pledge and composition of the Honor Council, and reporting forms - visit <https://www.augustana.edu/academics/honor-code>. The faculty has agreed that the penalty for plagiarism may be, at the discretion of the faculty member, an "F" in the course, but must be an "F" on that piece of work." Students are responsible for their own conduct. Students also are expected to conduct themselves in a manner consistent with the ASHA Code of Ethics.

**Academic Accommodations from Office of Disability Services:** If you are a student, who has a documented disability, or had academic accommodations in high school, or at another institution of higher learning you may be eligible for services. Services are coordinated through the ODS (office of disability services). Augustana College in compliance with the Americans with Disabilities Act (ADA) is committed to equity, access, and inclusion for all students. Students can meet with Kam Williams, Director of ODS located on the third floor of the Tredway Library in office 314 Monday-Friday 8:30a.m-4:30p.m. The office phone number is 309-794-7145 to schedule an appointment. Please visit the ODS website <https://www.augustana.edu/student-life/residential-life/disability-services> for more information.

**Your Right to Education Free from Discrimination & Harassment:** Augustana College is committed to fostering a safe, inclusive environment free from all forms of discrimination and harassment. Our Policy Against Discrimination and Harassment describes students' right to freedom from discrimination and harassment on the basis of race, color, religion, national origin, service in uniformed service, veteran status, sex, age, political ideas, marital or family status, pregnancy, disability, genetic information, gender identity, gender expression, sexual orientation, or any other classification protected by law. Consistent with state and federal requirements, our Policy against Sex Discrimination specifically prohibits discrimination on the basis of sex and gender, including sexual assault, sexual exploitation, sexual harassment, stalking, and relationship violence. To find resources available to anyone on campus who has experienced discrimination or harassment, please visit [www.augustana.edu/titleix](http://www.augustana.edu/titleix).

Faculty members are required to report any information about potential violations of these policies to help foster a safer campus for all. If a student would like to speak with someone confidentially about these issues, he or she may visit Counseling Services (309-794-7357), Campus Clergy (309-794-7213), or the Campus Confidential Advisor, Emilee Goad (563-468-2324). All college employees are mandated reporters of suspected cases of child abuse and neglect.

**Basic Needs:** Any student who has difficulty affording groceries or accessing sufficient food to eat every day, or who lacks a safe and stable place to live, and believes this may affect their performance in the course, is urged to contact the Dean of Students for support.

**Religious Holiday Policy:** Augustana College celebrates the importance of religious expression in the lives of our students and "offers every student the opportunity to develop a life-shaping spirituality." (See also The Five Faith Commitments of Augustana College). Consistent with our commitment to creating an academic community that welcomes and respects religious diversity, we commit ourselves to making every reasonable effort to support students in observing major religious holidays without academic or co-curricular penalty.

Students are required to notify their instructor in advance that they must miss class in order to observe a religious holiday and must make prior arrangements with the instructor to complete work missed during their absence. Final exams or other exam week requirements that may overlap with a religious holiday must be petitioned using the Exam Week Policies standards adopted by the faculty.

The Office of Campus Ministries will maintain on its website a calendar of the most important holidays in major religious traditions. While the college encourages students to celebrate any cultural customs and traditions that hold personal significance, we are not able to excuse students from class attendance or participation in course requirements for cultural observations.

Questions that arise in carrying out this policy should be addressed to the College Registrar or the Office of Academic Affairs.

***Sensitive & Professional Language:*** Future speech-language pathologists must make every effort to acknowledge individuals who happen to have communication challenges. As such, it is required that in writing and in verbal exchanges that person first language be used (e.g., *a child with autism; a man with Aphasia; an individual with a swallowing disorder*).

***Readings:*** Readings should be completed prior to the date they will be discussed in class.

***Attendance:*** It is strongly recommended that students make every effort to attend all scheduled seminar class meetings and credit is given for participation. Class time will be devoted to lectures, discussions, and hands-on activities derived from information from multiple sources. Students with more than two non-prearranged or excused absences in a term will be called in for a conference with the instructor. Punctuality and regular attendance are expected for clinical practicum work. If a student clinician is ill and needs to cancel a clinic appointment, he or she should follow the procedures explained in the Clinic Manual.

***Courteous Communication:*** It is imperative for future speech-language pathologists to use exemplary pragmatics skills, including attentive listening and contingent responding. Therefore, cell phone use during class time is prohibited unless phones are being used for a class-related purpose. Even "quiet" texting is not allowed. Students will be asked to leave if they are observed texting in class at a time when the group is not using phones for class related purposes.

## **Schedule for SLP 500**

### ***Week One: NOTE THAT FOR THIS WEEK ONLY, OUR SEMINAR WILL MEET FOR THREE HOURS TO PREPARE STUDENTS FOR CLINIC***

Topics:

- welcome to graduate clinic!
- review Clinic Manual and Roseman Center policies and procedures
- supervisors' and supervisees' roles and responsibilities
- overview of SOAP notes, Master Plans, Intervention Plans
- Point and Click and CALIPSO overview and training
- ASHA Code of Ethics; class discussion; ethical conundrum assignment handed out
- sign up for clinical staffings and clinic clean up

Readings:

- Clinic Manual
- Paul Chs. 1 & 2

Assignments:

- complete online HIPAA, Safe Interactions, and Bloodborne Pathogens trainings- these must be completed annually as prerequisites to completing clinical practicum
- sign and return Essential Functions document

### ***Week Two***

Topics:

- HIPAA, Hi-Tech, and FERPA
- explanation of case presentation assignment that will begin Week Five

Readings: FERPA information on Moodle; Roth & Worthington, pp. 81-90

Assignments:

- session planning assignment due
- ethics assignment due

### **Week Three**

Topics:

- evidence-based practice overview and practice
- students select a client for whom their video self-evaluation assignment will be completed this semester (students should record their session before Week Eleven and review their sessions with supervisors Weeks Six or Seven)

Quiz 1 that covers ASHA Code of Ethics, HIPAA, Hi-Tech Act & FERPA

Reading: Paul, Chapter 3

Assignment:

- data collection assignment due
- four students give case presentations

### **Week Four**

Topics:

- basics of intervention: principles of intervention; from theory to practice; motivation and responses to challenging behavior
- basics of intervention, continued: types of intervention formats; service delivery models

Readings: Roth & Worthington, pp. 3-16; 17-29 & 31-64

Assignments:

- eight students give case presentations
- session management assignment due
- EBP worksheets due - results should be discussed with Clinical Supervisors
- Friendly reminder: audiology hours must be completed by Week 7!
- mid-semester self-feedback and Clinical Supervisor feedback due
- students receive mid-semester feedback about clinical performance; follow up with Clinical Supervisors or Clinic Director, as applicable

### **Week Five**

Topics:

- clinical documentation, part 1: SOAP notes, data collection
- clinic documentation, part 2: reports

Readings: Roth & Worthington, pp. 30-31 & 67-80

Assignments:

- eight students give case presentations
- goal writing assignment due

### **Week Six**

Quiz 2 that covers EBP, intervention, documentation

Topics:

- how to wrap up the semester: Baselineing, adapting goals, writing a semester report; leading conferences with clients and their families
- principles of assessment
- select partners for assessment assignment
- assessment assignment handed out

Reading: Paul, Ch. 4

Assignments:

- video and self-reflection document completed
- make plans to review them with the appropriate clinical supervisor between now and Week Thirteen

### **Week Seven**

Quiz 3 that covers assessment



Assignments:

- Assessment presentations
- assessment assignment due
- audiology documentation turned in
- this semester's hours, clients served, etc. updated in CALIPSO

***Finals Week***

Final Examination according to official college final exam schedule

The final examination will cover content in Chapter 5 of Lof and Johnson (2015)

**Schedule for SLP-501**

***Week One***

- Read clients' charts
- Develop an initial draft of the Master Plan for the semester, then meet with clinical supervisors to discuss and revise Master Plan
- Submit intervention plans through Point and Click (PNC) by due date and time for next week and for all subsequent weeks

***Week Two***

- Provide intervention, check in your client through Point and Click, complete SOAP note for each session, submit intervention plans for the upcoming week (this is the procedure clinicians will use each week.)

***Week Four***

- Consult Clinical Supervisors to develop a plan for baselining and drafting Semester Reports

***Week Five***

- First draft of Semester Reports due
- Meet with Clinical Supervisor to prepare for the end of semester conference that will be held with caregivers. Note that once the Clinical Supervisor determines that no additional revisions are needed for the report, she will print out a final copy for clinicians to present to clients or clients' families

***Week Seven***

- Final conferences held with client or clients' families

***Finals Week***

- Make up any sessions that need to be rescheduled
- Attend final grading conference with assigned Clinical Supervisor and set personal goals for next semester

**Fall 2020 Semester**  
**SLP-502: Clinical Seminar 2 (1 credit)**  
**SLP-503: Graduate Practicum 2 (3 credits)**

**Professor:**  
**Office:** Brodahl Hall 2##  
**Office Phone:**  
**Cell Phone:**  
**Class Meeting Time:**

**Course Descriptions**

**SLP-502:** The primary objective of this course is to build upon principles introduced in Clinical Seminar 1. Student clinicians will complete evidence-based practice assignments for each client seen in their Clinical Practicum internship. Interprofessional practice for different work settings will be discussed and practiced in case study and role play assignments. Intervention approaches for clients with specific types of disorders will be explored. Strategies for adapting intervention plans, deciding when to dismiss clients, and using principles of learning to guide the intervention process all will be emphasized in this seminar.

**SLP-503:** The primary objective of this internship course is to build upon content covered in Clinical Seminar 1 and clinical experiences developed in Graduate Practicum 1 to continue to provide supervised intervention for up to four clients in individual and/or group weekly sessions at the Center for Speech, Language, and Hearing. Student clinicians will work with increasing independence to complete documentation for each session for each client, write semester summary clinical reports, participate in weekly staffing sessions with their supervisors and fellow clinicians, and provide the highest level of individualized, evidence-based intervention for their clients. Student clinicians will have the opportunity to share information with and counsel clients' caregivers.

**Speech-Language Pathology Master's Program**

**Goals**

SLP graduate students will:

1	Have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.
2	Acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.
3	Express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
4	Engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

**Student Learning Outcomes**

Student learning outcomes for courses in the speech-language pathology master's program are based on nine professional competencies and specific knowledge and skills required for ASHA certification. The table below indicates which outcomes will be introduced, reinforced, or assessed for competence, and how those outcomes will be addressed in this course.

Professional Competency	Level of Focus			How the Outcome will be Addressed in these Courses
	Introduced	Reinforced	Competence	
Accountability		x (SLP-502 & 503)		SLP-502: case presentation SLP 503: justifying goals, maintaining records for each client; communicating frequently with Clinical Supervisors

Integrity		x (SLP-502 & 503)		SLP-503: interacting professionally and upholding ASHA Code of Ethics; accurate data reporting
Effective Communication Skills			x (SLP-502 & 503)	SLP-502: written assignments; presentations SLP-503: communicating with other clinicians, Clinical Supervisors, clients, and clients; families
Clinical Reasoning			x (SLP-502 & 503)	SLP-502: assignments, quizzes, final examination SLP-503: interactions with clients assessed with Clinic Grading Rubric
Evidence-Based Practice		x (SLP-502 & 503)		SLP-502: EBP assignments
Concern for Individuals Served			x (SLP-503)	SLP-503: interactions with clients assessed with Clinic Grading Rubric
Professional duty	x (SLP-503)			SLP-502: written assignments SLP-503: interactions with clients assessed with Clinic Grading Rubric
Collaborative Practice		x (SLP-503)		SLP-502: group work SLP-503: interactions with other student clinicians, Clinical Supervisors, and other professionals who serve clients on students' caseload

Knowledge and skills related learning outcomes for this course include the following.

Knowledge and Skills	Level of Focus			How the Outcome will be Addressed in this Course
	Introduced	Reinforced	Competence	
Ethical conduct	x (SLP-502 & 503)			SLP-503: clinical interactions
Integration and application of knowledge of the interdependence of speech, language, and hearing	x (SLP-502 & 503)			SLP-502: principles of learning assignment SLP-503: interactions with clients
Engagement in contemporary professional issues and advocacy		x (SLP-502)		SLP-502: work setting assignments, quizzes, and final examination
Processes of clinical education and supervision		x (SLP-502 & 503)		SLP-502: class discussions and quizzes SLP-503: interactions with Clinical Supervisors
Professionalism		x (SLP-502 & 503)		SLP-502: interactions in class (reflected in participation portion of course grade) SLP-503: interaction with Clinical Supervisors, clients and their families, and peers

Intervention to minimize the effects of changes in the speech, language, and swallowing mechanisms		x (SLP-503)		SLP-503: interactions with clients as assessed on the Clinic Grading Rubric
Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload)		x (SLP-503)		SLP-503: interactions with clients as assessed on the Clinic Grading Rubric
Interaction skills and personal qualities, including counseling and collaboration		x (SLP-503)		SLP-503: interactions with clients as assessed on the Clinic Grading Rubric
Self-evaluation of effectiveness of practice	x (SLP-503)			SLP-503: mid-semester and end-of-semester self assessments
Develop appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs	x (SLP-503)			SLP-502: dismissal assignment SLP-503: work with clients
Collaborate with clients/patients and relevant others in the planning process	x (SLP-503)			SLP-503: work with clients
Implement intervention plans (involve clients/patients and relevant others in the intervention process)		x (SLP-503)		SLP-503: work with clients
Select or develop and use appropriate materials and instrumentation for prevention and intervention	x (SLP-503)			SLP-503: work with clients
Measure and evaluate	x (SLP-503)			SLP-503: work with clients

clients'/patients' performance and progress				
Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	x (SLP-503)			SLP-503: work with clients
Complete administrative and reporting functions necessary to support intervention	x (SLP-503)			SLP-503: work with clients
Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others		x (SLP-503)		SLP-503: work with clients
Collaborate with other professionals in case management	x (SLP-503)			SLP-503: work with clients
Adhere to the ASHA Code of Ethics and behave professionally		x (SLP-503)		SLP-503: work with clients

### Required Texts

The following texts, the Clinic Manual, and supplementary readings on Moodle will be used in the four on-campus Clinical Practicums and Seminars

Clinic Manual (posted on Moodle)

Lof, G. L., & Johnson, A. F. (2015). *National Speech-Language Pathology Examination review and study guide*. Evanston, IL: Therapy Ed.

Paul, R. (2014). *Introduction to clinical methods in communication disorders*, 3<sup>rd</sup> ed. Baltimore: Brookes.

Roth, F. P., & Worthington, C.K. (2018). *Treatment resource manual for speech-language pathology*, 5<sup>th</sup> ed. San Diego: Plural.

### Course Requirements & Evaluation

#### SLP-502

Evidence-based practice assignment (20% of final grade). Students will complete EBP worksheets to research a clinical question for this semester's clients. Clinical questions must be approved by Clinical Supervisors before the questions are researched.

Assignments (20% of final grade). There will be five assignments related to course topics including interprofessional practice; pediatric workplace considerations and current clinical issues; adult workplace considerations and current clinical issues; dismissal; and principles of learning.

Audiology hours. (5% of final grade). Each term, students must complete a minimum of two audiology hours and submit copies of clinic notes/audiograms to the seminar instructor. The Roseman Center Audiologist will provide details about how to schedule audiology sessions.

Test critique and demonstration (15% of final grade). Students in groups of two will critique a commercially available communication test and will present to the class a short demonstration and overview.

Reading quizzes (15% of final grade). There will be 3 quizzes related to course readings.

Case presentation (5% of final grade). Each term, students will complete a two-minute case overview for one client on his or her caseload. Assignment details are posted on Moodle.

Participation (10% of final grade). Students are expected to engage thoughtfully in class discussions and participate actively in class activities.

Final examination (10% of final grade). To prepare students for the clinical practice portions of the Praxis exam, the final examination will cover content from Chapter 4 in Lof and Johnson (2015).

### **SLP-503**

Students, with the support of clinical supervisors, will:

- Participate actively in goal selection, baseline assessment, and treatment planning
- Adapt techniques, approaches, and clients' goals as appropriate
- Interact in a professional manner with clients, clients' family members, supervisors, and fellow student clinicians
- Accurately, completely, and in a timely manner complete all clinic documents (a Master Plan at the beginning of the semester, SOAP notes for each session, intervention plans for each week, and semester reports)
- Participate actively in individual and group meetings and staffings with clinical supervisors
- Use evidence-based approaches
- Uphold the ASHA Code of Ethics at all times and use procedures that are compliant with HIPAA, the Hi-Tech Act, and FERPA

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-503.

### **Formative Assessments**

Each student's professional competencies, knowledge, and skills on the student learning outcomes for this course will be assessed throughout the semester. Students whose progress does not indicate a satisfactory performance on the learning outcomes will complete an intervention plan before advancing to future coursework.

### **Grading Scale to Determine Final Grades for SLP-502**

90% & above	— A
80 to 89.9%	— B
70 to 79.9%	— C
60 to 69.9%	— D
below 60	— F

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-503.

### **Course Policies**

**Academic Honesty and Integrity:** All students are required to abide by the principles of academic integrity that are articulated in the Honor Code of Augustana College. Every member of the Augustana

community has the obligation to report violations of the Honor Code to the Honor Council. To view the Honor Code - including links to definitions of and statements on infractions, the Honor Pledge and composition of the Honor Council, and reporting forms - visit <https://www.augustana.edu/academics/honor-code>. The faculty has agreed that the penalty for plagiarism may be, at the discretion of the faculty member, an "F" in the course, but must be an "F" on that piece of work." Students are responsible for their own conduct. Students also are expected to conduct themselves in a manner consistent with the ASHA Code of Ethics.

**Academic Accommodations from Office of Disability Services:** If you are a student, who has a documented disability, or had academic accommodations in high school, or at another institution of higher learning you may be eligible for services. Services are coordinated through the ODS (office of disability services). Augustana College in compliance with the Americans with Disabilities Act (ADA) is committed to equity, access, and inclusion for all students. Students can meet with Kam Williams, Director of ODS located on the third floor of the Tredway Library in office 314 Monday-Friday 8:30a.m-4:30p.m. The office phone number is 309-794-7145 to schedule an appointment. Please visit the ODS website <https://www.augustana.edu/student-life/residential-life/disability-services> for more information.

**Your Right to Education Free from Discrimination & Harassment:** Augustana College is committed to fostering a safe, inclusive environment free from all forms of discrimination and harassment. Our Policy Against Discrimination and Harassment describes students' right to freedom from discrimination and harassment on the basis of race, color, religion, national origin, service in uniformed service, veteran status, sex, age, political ideas, marital or family status, pregnancy, disability, genetic information, gender identity, gender expression, sexual orientation, or any other classification protected by law. Consistent with state and federal requirements, our Policy against Sex Discrimination specifically prohibits discrimination on the basis of sex and gender, including sexual assault, sexual exploitation, sexual harassment, stalking, and relationship violence. To find resources available to anyone on campus who has experienced discrimination or harassment, please visit [www.augustana.edu/titleix](http://www.augustana.edu/titleix).

Faculty members are required to report any information about potential violations of these policies to help foster a safer campus for all. If a student would like to speak with someone confidentially about these issues, he or she may visit Counseling Services (309-794-7357), Campus Clergy (309-794-7213), or the Campus Confidential Advisor, Emilee Goad (563-468-2324). All college employees are mandated reporters of suspected cases of child abuse and neglect.

**Basic Needs:** Any student who has difficulty affording groceries or accessing sufficient food to eat every day, or who lacks a safe and stable place to live, and believes this may affect their performance in the course, is urged to contact the Dean of Students for support.

**Religious Holiday Policy:** Augustana College celebrates the importance of religious expression in the lives of our students and "offers every student the opportunity to develop a life-shaping spirituality." (See also The Five Faith Commitments of Augustana College). Consistent with our commitment to creating an academic community that welcomes and respects religious diversity, we commit ourselves to making every reasonable effort to support students in observing major religious holidays without academic or co-curricular penalty.

Students are required to notify their instructor in advance that they must miss class in order to observe a religious holiday and must make prior arrangements with the instructor to complete work missed during their absence. Final exams or other exam week requirements that may overlap with a religious holiday must be petitioned using the Exam Week Policies standards adopted by the faculty.

The Office of Campus Ministries will maintain on its website a calendar of the most important holidays in major religious traditions. While the college encourages students to celebrate any cultural customs and traditions that hold personal significance, we are not able to excuse students from class attendance or participation in course requirements for cultural observations.

Questions that arise in carrying out this policy should be addressed to the College Registrar or the Office of Academic Affairs.

**Sensitive & Professional Language:** Future speech-language pathologists must make every effort to acknowledge individuals who happen to have communication challenges. As such, it is required that in

writing and in verbal exchanges that person first language be used (e.g., *a child with autism*; *a man with Aphasia*; *an individual with a swallowing disorder*).

**Readings:** Readings should be completed prior to the date they will be discussed in class.

**Attendance:** It is strongly recommended that students make every effort to attend all scheduled seminar class meetings and credit is given for participation. Class time will be devoted to lectures, discussions, and hands-on activities derived from information from multiple sources. Students with more than two non-prearranged or excused absences in a term will be called in for a conference with the instructor. Punctuality and regular attendance are expected for clinical practicum work. If a student clinician is ill and needs to cancel a clinic appointment, he or she should follow the procedures explained in the Clinic Manual.

**Courteous Communication:** It is imperative for future speech-language pathologists to use exemplary pragmatics skills, including attentive listening and contingent responding. Therefore, cell phone use during class time is prohibited unless phones are being used for a class-related purpose. Even “quiet” texting is not allowed. Students will be asked to leave if they are observed texting in class at a time when the group is not using phones for class related purposes.

## **Schedule for SLP-502**

### **Week One**

Topics:

- welcome back!
- discuss summer semester in clinic: what went well? what areas need improvement? what questions remain?
- review Clinic Manual and Roseman Center policies and procedures

Reading: Clinic Manual

### **Week Two**

Topic: professional behavior in the workplace (guest speaker from CORE)

### **Week Three**

Topic: interprofessional practice- what is it and why should we do it?

Readings: ASHA IPP and IPE readings on Moodle

Assignment: four students give case presentations

### **Week Four**

Topic: IPP, continued (guest speaker IPP panel with guests including an audiologist OT, PT, and a special educator)

Reading: Paul, Ch. 8

Assignments:

- IPP assignment due
- four students give case presentations

### **Week Five**

Quiz over Ch. 8

### **Week Six**

Topics:

- workplace considerations
- policies and regulations related to SLP practice

Reading: Paul, Ch. 9

### **Week Seven**

Quiz over Ch. 9

### **Week Eight**



Topic: workplace and contemporary issues, continued (guest speaker panel including SLPs who work in EI, preschool, elementary school, and junior high/high school)

- mid-semester self feedback and Clinical Supervisor feedback due
- students receive mid-semester feedback about clinical performance; follow up with Clinical Supervisors or Clinic Director, as applicable

### ***Week Nine***

Topic: work place issues, continued (guest speaker panel including SLPs who work in rehab, acute care, skilled nursing, and allied health clinic settings)

Reading: Paul, Ch. 12

Assignment:

- four students give case presentations
- pediatric workplace assignment due

### ***Week Ten***

Quiz 3 that covers Ch. 12

Assignment: adult workplace setting assignment due

### ***Week Eleven***

Assignment: eight students give case presentations

### ***Week Twelve***

Topic: principles of learning, as applied to the clinic process

Reading: Roth & Worthington, pp. 4-5

### ***Week Thirteen***

Topic: how do we decide when to dismiss a client or encourage a break, watch and see, or wait and see approach?

Assignment: principles of learning assignment due

### ***Week Fourteen***

Assignments:

- assessment presentations, groups 6-10
- assessment assignment due
- dismissal assignment due
- audiology documentation turned in
- this semester's hours, clients served, etc. updated in CALIPSO

### ***Finals Week***

Final Examination according to official college final exam schedule

The final examination will cover content in Chapter 4 of Lof and Johnson

## **Schedule for SLP-503**

### ***Week One***

- Read clients' charts
- Develop an initial draft of the Master Plan for the semester, then meet with clinical supervisors to discuss and revise Master Plan
- Submit intervention plans through Point and Click (PNC) by due date and time for next week and for all subsequent weeks

### ***Week Two***

- Provide intervention, check in your client through Point and Click, complete SOAP note for each session, submit intervention plans for the upcoming week (this is the procedure clinicians will use each week.)

### ***Week Ten***

- Consult Clinical Supervisors to develop a plan for baselining and drafting Semester Reports

***Week Twelve***

- First draft of Semester Reports due
- Meet with Clinical Supervisor to prepare for the end of semester conference that will be held with caregivers. Note that once the Clinical Supervisor determines that no additional revisions are needed for the report, she will print out a final copy for clinicians to present to clients or clients' families

***Week Thirteen***

- Final conferences held with clients or clients' families

***Week Fourteen***

- Make up any sessions that need to be rescheduled
- Attend final grading conference with assigned Clinical Supervisor and set personal goals for next semester

**Spring 2021 Semester**  
**SLP-504: Clinical Seminar 3 (1 credit)**  
**SLP-505: Clinical Practicum 3 (3 credits)**

**Professor:**  
**Office:** Brodahl Hall 2##  
**Office Phone:**  
**Cell Phone:**  
**Class Meeting Time:**

**Course Descriptions**

**SLP-504:** The primary objective of this course is to build upon content introduced in Clinical Seminars 1 and 2 and clinical experience developed in Graduate Practicums 1 and 2. Conflict resolution, workload concerns, self-advocacy in the workplace, and use of technology in the diagnostic, assessment, and intervention processes will be topics that will be explored in this course. Intervention approaches for clients with specific types of disorders will be explored. There also will be a specific focus on serving individuals from culturally and linguistically diverse backgrounds.

**SLP-505:** The primary objective of this internship course is to build upon clinical experience developed in Clinical Practicums 1 and 2 to continue to provide supervised intervention for up to four clients in individual and/or group weekly sessions at the Center for Speech, Language, and Hearing. Student clinicians will work with increasing independence to complete documentation for each session for each client, write semester summary clinical reports, participate in weekly staffing sessions with their supervisors and fellow clinicians, and provide the highest level of individualized, evidence-based intervention for their clients. Student clinicians will have the opportunity to share information with and counsel clients' caregivers.

**Speech-Language Pathology Master's Program**

**Goals**

SLP graduate students will:

1	Have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.
2	Acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.
3	Express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
4	Engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

**Student Learning Outcomes**

Student learning outcomes for courses in the speech-language pathology master's program are based on nine professional competencies and specific knowledge and skills required for ASHA certification. The table below indicates which outcomes will be introduced, reinforced, or assessed for competence, and how those outcomes will be addressed in this course.

Professional Competency	Level of Focus			How the Outcome will be Addressed in these Courses
	Introduced	Reinforced	Competence	
Accountability		x (SLP-504 & 505)		SLP-504: case presentation SLP 505: justifying goals, maintaining records for each client; communicating frequently with Clinical Supervisors

Integrity		x (SLP-504 & 505)		SLP-504 & 505: interacting professionally and upholding ASHA Code of Ethics; accurate data reporting
Effective Communication Skills			x (SLP-504 & 505)	SLP-504: written assignments; presentations SLP-505: communicating with other clinicians, Clinical Supervisors, clients, and clients; families
Clinical Reasoning			x (SLP-504 & 505)	SLP-504: assignments, quizzes, final examination SLP-505: interactions with clients assessed with Clinic Grading Rubric
Evidence-Based Practice		x (SLP-504 & 505)		SLP-504: EBP assignments
Concern for Individuals Served	x (SLP-505)			SLP-505: interactions with clients assessed with Clinic Grading Rubric
Professional duty		x (SLP-505)		SLP-505: interactions with clients assessed with Clinic Grading Rubric

Knowledge and skills related learning outcomes for this course include the following.

Knowledge and Skills	Level of Focus			How the Outcome will be Addressed in this Course
	Introduced	Reinforced	Competence	
Ethical conduct		x (SLP-504 & 505)		SLP-505: clinical interactions
Integration and application of knowledge of the interdependence of speech, language, and hearing			x (SLP-504 & 505)	SLP-504: intervention assignments SLP-505: interactions with clients
Engagement in contemporary professional issues and advocacy		x (SLP-504)		SLP-504: class discussions/participation, quizzes, and final examination
Processes of clinical education and supervision		x (SLP-504 & 505)		SLP-504: class discussions and quizzes SLP-505: interactions with Clinical Supervisors
Professionalism		x (SLP-504 & 505)		SLP-504: interactions in class (reflected in participation portion of course grade) SLP-505: interaction with Clinical Supervisors, clients and their families, and peers
Intervention to minimize the effects of changes in the speech, language, and swallowing mechanisms		x (SLP-505)		SLP-505: interactions with clients as assessed on the Clinic Grading Rubric

Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload)		x (SLP-505)		SLP-505: interactions with clients as assessed on the Clinic Grading Rubric
Interaction skills and personal qualities, including counseling and collaboration		x (SLP-505)		SLP-505: interactions with clients as assessed on the Clinic Grading Rubric
Self-evaluation of effectiveness of practice		x (SLP-505)		SLP-505: mid-semester and end-of-semester self-assessments
Develop appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs		x (SLP-505)		SLP-504: intervention assignments SLP-505: work with clients
Collaborate with clients/patients and relevant others in the planning process		x (SLP-505)		SLP-505: work with clients
Implement intervention plans (involve clients/patients and relevant others in the intervention process)		x (SLP-505)		SLP-505: work with clients
Select or develop and use appropriate materials and instrumentation for prevention and intervention		x (SLP-505)		SLP-505: work with clients
Measure and evaluate clients'/patients' performance and progress		x (SLP-505)		SLP-505: work with clients
Modify intervention plans, strategies, materials, or		x (SLP-505)		SLP-505: work with clients

instrumentation as appropriate to meet the needs of clients/patients				
Complete administrative and reporting functions necessary to support intervention		x (SLP-505)		SLP-505: work with clients
Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others		x (SLP-505)		SLP-505: work with clients
Collaborate with other professionals in case management		x (SLP-505)		SLP-505: work with clients
Adhere to the ASHA Code of Ethics and behave professionally		x (SLP-505)		SLP-505: work with clients

### Required Texts

The following texts, the Clinic Manual, and supplementary readings on Moodle will be used in the four on-campus Clinical Practicums and Seminars

Clinic Manual (posted on Moodle)

Lof, G. L., & Johnson, A. F. (2015). *National Speech-Language Pathology Examination review and study guide*. Evanston, IL: Therapy Ed.

Paul, R. (2014). *Introduction to clinical methods in communication disorders*, 3<sup>rd</sup> ed. Baltimore: Brookes.

Roth, F. P., & Worthington, C.K. (2018). *Treatment resource manual for speech-language pathology*, 5<sup>th</sup> ed. San Diego: Plural.

### Course Requirements & Evaluation

#### SLP-504

Evidence-based practice assignment (20% of final grade). Students will complete EBP worksheets to research a clinical question for this semester's clients. Clinical questions must be approved by Clinical Supervisors before the questions are researched.

Assignments (20% of final grade). There will be five assignments related to course topics including multicultural issues; intervention approaches specific to disorder types (child language/ASD; Aphasia and TBI; motor speech and alaryngeal speech; child speech and fluency; and use of technology in assessment and intervention.

Audiology hours. (5% of final grade). Each term, students must complete a minimum of two audiology hours and submit copies of clinic notes/audiograms to the seminar instructor. The Roseman Center Audiologist will provide details about how to schedule audiology sessions.

Test critique and demonstration (15% of final grade). Students in groups of two will critique a commercially available communication test and will present to the class a short demonstration and overview.

Reading quizzes (15% of final grade). There will be 3 quizzes related to course readings.

Case presentation (5% of final grade). Each term, students will complete a two-minute case overview for one client on his or her caseload. Assignment details are posted on Moodle.

Participation (10% of final grade). Students are expected to engage thoughtfully in class discussions and participate actively in class activities.

Final examination (10% of final grade). To prepare students for the clinical practice portions of the Praxis exam, the final examination will cover content from Chapter 19 in Lof and Johnson (2015).

### **SLP-505**

Students, with the support of clinical supervisors, will:

- Participate actively in goal selection, baseline assessment, and treatment planning
- Adapt techniques, approaches, and clients' goals as appropriate
- Interact in a professional manner with clients, clients' family members, supervisors, and fellow student clinicians
- Accurately, completely, and in a timely manner complete all clinic documents (a Master Plan at the beginning of the semester, SOAP notes for each session, intervention plans for each week, and semester reports)
- Participate actively in individual and group meetings and staffings with clinical supervisors
- Use evidence-based approaches
- Uphold the ASHA Code of Ethics at all times and use procedures that are compliant with HIPAA, the Hi-Tech Act, and FERPA

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-505.

### **Formative Assessments**

Each student's professional competencies, knowledge, and skills on the student learning outcomes for this course will be assessed throughout the semester. Students whose progress does not indicate a satisfactory performance on the learning outcomes will complete an intervention plan before advancing to future coursework.

### **Grading Scale to Determine Final Grades for SLP-504**

90% & above	— A
80 to 89.9%	— B
70 to 79.9%	— C
60 to 69.9%	— D
below 60	— F

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-505.

### **Course Policies**

**Academic Honesty and Integrity:** Any form of plagiarism or cheating can result in expulsion from the College. According to *Inside Augustana* and the Augustana Honor Code, "Plagiarism is the misrepresentation of someone else's research, thought, or writing as one's own. Plagiarism is dishonest. It is, in the realm of words and thought, the equivalent of theft in the realm of things." Furthermore, "Plagiarism means submitting work not one's own as one's own, or an abuse of standard procedures for

acknowledging debts to others serious enough to provide persuasive evidence of intent to deceive. The faculty has agreed that the penalty for plagiarism may be, at the discretion of the faculty member, an "F" in the course, but must be an "F" on that piece of work." Students are responsible for their own conduct. Students also are expected to conduct themselves in a manner consistent with the ASHA Code of Ethics.

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**Your Right to Education Free from Discrimination & Harassment:** Augustana College is committed to fostering a safe, inclusive environment free from all forms of discrimination and harassment. Our Policy Against Discrimination and Harassment describes students' right to freedom from discrimination and harassment on the basis of race, color, religion, national origin, service in uniformed service, veteran status, sex, age, political ideas, marital or family status, pregnancy, disability, genetic information, gender identity, gender expression, sexual orientation, or any other classification protected by law. Consistent with state and federal requirements, our Policy against Sex Discrimination specifically prohibits discrimination on the basis of sex and gender, including sexual assault, sexual exploitation, sexual harassment, stalking, and relationship violence. To find resources available to students or anyone on campus who has experienced discrimination or harassment, please visit [www.augustana.edu/titleix](http://www.augustana.edu/titleix).

Faculty members are required to report any information about potential violations of these policies to help foster a safer campus for all. If students would like to speak with someone confidentially about these issues, they can visit Counseling Services (309-794-7357), Campus Clergy (309-794-7213), or the Campus Confidential Advisor, Emilee Goad (563-468-2324). All college employees are mandated reporters of suspected cases of child abuse and neglect.

**Sensitive & Professional Language:** Future speech-language pathologists must make every effort to acknowledge individuals who happen to have communication challenges. As such, it is required that in writing and in verbal exchanges that person first language be used (e.g., *a child with autism*; *a man with Aphasia*; *an individual with a swallowing disorder*).

**Readings:** Readings should be completed prior to the date they will be discussed in class.

**Attendance:** It is strongly recommended that students make every effort to attend all scheduled seminar class meetings and credit is given for participation. Class time will be devoted to lectures, discussions, and hands-on activities derived from information from multiple sources. Students with more than two non-prearranged or excused absences in a term will be called in for a conference with the instructor. Punctuality and regular attendance are expected for clinical practicum work. If a student is ill and needs to cancel and reschedule a clinic appointment, he or she should follow the procedures explained in the Clinic Manual.

**Courteous Communication:** It is imperative for future speech-language pathologists to use exemplary pragmatics skills, including attentive listening and contingent responding. Therefore, cell phone use during class time is prohibited unless phones are being used for a class-related purpose. Even "quiet" texting is not allowed. Students will be asked to leave if they are observed texting in class at a time when the group is not using phones for class related purposes.

## **Schedule for SLP-504**

### **Week One**

Topics:

- welcome back!
- review Clinic Manual and Roseman Center policies and procedures
- introduction to serving individuals from cultural and linguistic backgrounds



Reading: Paul, Ch. 10

### ***Week Two***

Topic: multicultural issues, continued

### ***Week Three***

Topic: use of technology in assessment and intervention

Reading: Paul, Ch. 11

Assignments:

- four students give case presentation
- multicultural assignment due

### ***Week Four***

Topic: technology, continued; guest speaker(s)

Assignments:

### ***Week Five***

Quiz over Chs. 10 & 11

Assignments:

- technology assignment due
- four students give case presentation

### ***Week Six***

Topic: intervention strategies for children with speech sound disorders and individuals with fluency disorders

Readings: Roth & Worthington, Chs. 3 & 9

### ***Week Seven***

Topic: intervention strategies for children with language impairments

Readings: Roth & Worthington, Chs. 4, 5, 6

Assignment: intervention assignment A due (covers child speech and fluency)

### ***Week Eight***

Quiz 2 over Roth & Worthington, Chs. 3-6, & 9

Assignments:

- mid-semester self-feedback and Clinical Supervisor feedback due
- students receive mid-semester feedback about clinical performance; follow up with Clinical Supervisors or Clinic Director, as applicable

### ***Week Nine***

Topic: intervention strategies for individuals with aphasia, TBI, motor speech disorders, and alaryngeal speech

Readings: Roth & Worthington, Chs. 7, 8, & 10

Assignment: intervention assignment B due (covers child language and ASD)

### ***Week Ten***

Quiz 3 that covers Chs. 7, 8, & 10

### ***Week Eleven***

Assignment: intervention assignment C due (covers aphasia, TBI, motor speech, and alaryngeal)

### ***Week Twelve***

Assignment: 8 students give case presentations

### ***Week Thirteen***

Topic: advocacy and conflict resolution

Readings: advocacy and conflict resolution articles on Moodle

Assignment:

- 4 students give case presentation
- Assessment presentations, groups 5-10

#### ***Week Fourteen***

Assignments:

- audiology documentation turned in
- assessment assignment due
- assessment presentations, groups 6-10
- this semester's hours, clients served, etc. updated in CALIPSO

#### ***Finals Week***

Final Examination according to official college final exam schedule

The final examination will cover content in Chapter 19 of Lof and Johnson (2015)

### **Schedule for SLP-505**

#### ***Week One***

- Read clients' charts
- Develop an initial draft of the Master Plan for the semester, then meet with clinical supervisors to discuss and revise Master Plan
- Submit intervention plans through Point and Click (PNC) by due date and time for next week and for all subsequent weeks

#### ***Week Two***

- Provide intervention, check in your client through Point and Click, complete SOAP note for each session, submit intervention plans for the upcoming week (this is the procedure clinicians will use each week.)

#### ***Week Ten***

- Consult Clinical Supervisors to develop a plan for baselining and drafting Semester Reports

#### ***Week Twelve***

- First draft of Semester Reports due
- Meet with Supervisor to prepare for the end of semester conference that will be held with caregivers. Note that once the Clinical Supervisor determines that no additional revisions are needed for the report, she will print out a final copy for clinicians to present to clients or clients' caregivers

#### ***Week Thirteen***

- Final conferences held with clients or clients' families

#### ***Week Fourteen***

- Make up any sessions that need to be rescheduled
- Attend final grading conference with assigned Clinical Supervisor and set personal goals for next semester

**Summer 2021 Semester**  
**SLP-506: Clinical Seminar 4 (1 credit)**  
**SLP-507: Graduate Practicum 4 (3 credits)**

**Professor:**  
**Office:** Brodahl Hall 2##  
**Office Phone:**  
**Cell Phone:**  
**Class Meeting Time:**

**Course Descriptions**

**SLP-506:** The primary objective of this course is to build upon content introduced in Clinical Seminars 1, 2, and 3 and clinical experience developed in Graduate Practicums 1, 2, and 3. Specific areas of focus for this course include job requirements of different work settings, billing and reimbursement, the role of professional organizations and continuing education. Professional expectations, workplace etiquette and accountability will be presented to prepare students for their future off-site adult and pediatric externship experiences.

**SLP-507:** The primary objective of this internship course is to build upon clinical experience developed in Graduate Practicums 1, 2, and 3 to continue to provide supervised intervention for up to four clients in individual and/or group weekly sessions at the Center for Speech, Language, and Hearing. Student clinicians will work with increasing independence to complete documentation for each session for each client, write semester summary clinical reports, participate in weekly staffing sessions with their supervisors and fellow clinicians, and provide the highest level of individualized, evidence-based intervention for their clients. Student clinicians will have the opportunity to share information with and counsel clients' caregivers. Students will self-reflect on their clinical performance by reviewing recordings of their first term clinical work and set personal goals for their clinical externships during an exit interview with a clinical supervisor or the Center Director.

**Speech-Language Pathology Master's Program**

**Goals**

SLP graduate students will:

1	Have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.
2	Acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.
3	Express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
4	Engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

**Student Learning Outcomes**

Student learning outcomes for courses in the speech-language pathology master's program are based on nine professional competencies and specific knowledge and skills required for ASHA certification. The table below indicates which outcomes will be introduced, reinforced, or assessed for competence, and how those outcomes will be addressed in this course.

Professional Competency	Level of Focus			How the Outcome will be Addressed in these Courses
	Introduced	Reinforced	Competence	
Accountability			x (SLP-506 & 507)	SLP-506: case presentation SLP 507: justifying goals, maintaining records for each client;

				communicating frequently with Clinical Supervisors
Integrity			x (SLP-506 & 507)	SLP-506 & 507: interacting professionally and upholding ASHA Code of Ethics; accurate data reporting
Effective Communication Skills			x (SLP-506 & 507)	SLP-506: written assignments; presentations SLP-507: communicating with other clinicians, Clinical Supervisors, clients, and clients; families
Clinical Reasoning			x (SLP-506 & 507)	SLP-506: assignments, quizzes SLP-507: interactions with clients assessed with Clinic Grading Rubric
Evidence-Based Practice			x (SLP-506 & 507)	SLP-506: EBP assignments
Concern for Individuals Served		x (SLP-507)		SLP-507: interactions with clients assessed with Clinic Grading Rubric
Professional duty		x (SLP-507)		SLP-507: interactions with clients assessed with Clinic Grading Rubric
Collaborative Practice		x (SLP-507)		SLP-506: group work SLP-507: interactions with other student clinicians, Clinical Supervisors, and other professionals who serve clients on students' caseload

Knowledge and skills related learning outcomes for this course include the following.

Knowledge and Skills	Level of Focus			How the Outcome will be Addressed in this Course
	Introduced	Reinforced	Competence	
Ethical conduct		x (SLP-506 & 507)		SLP-507: clinical interactions
Integration and application of knowledge of the interdependence of speech, language, and hearing			x (SLP-507)	SLP-507: interactions with clients
Engagement in contemporary professional issues and advocacy			x (SLP-506)	SLP-506: class discussions/participation and quizzes
Processes of clinical education and supervision			x (SLP-506 & 507)	SLP-506: class discussions and quizzes SLP-507: interactions with Clinical Supervisors
Professionalism			x (SLP-506 & 507)	SLP-506: interactions in class (reflected in participation portion of course grade) SLP-507: interaction with Clinical Supervisors, clients and their families, and peers
Intervention to minimize the		x (SLP-507)		SLP-507: interactions with clients as assessed on the Clinic Grading Rubric

effects of changes in the speech, language, and swallowing mechanisms				
Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload)		x (SLP-507)		SLP-507: interactions with clients as assessed on the Clinic Grading Rubric
Interaction skills and personal qualities, including counseling and collaboration		x (SLP-507)		SLP-507: interactions with clients as assessed on the Clinic Grading Rubric
Self-evaluation of effectiveness of practice		x (SLP-507)		SLP-507: mid-semester and end-of-semester self-assessments
Develop appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs		x (SLP-507)		SLP-506: intervention assignments SLP-507: work with clients
Collaborate with clients/patients and relevant others in the planning process		x (SLP-507)		SLP-507: work with clients
Implement intervention plans (involve clients/patients and relevant others in the intervention process)		x (SLP-507)		SLP-507: work with clients
Select or develop and use appropriate materials and instrumentation for prevention and intervention		x (SLP-507)		SLP-507: work with clients
Measure and evaluate clients'/patients'		x (SLP-507)		SLP-507: work with clients

performance and progress				
Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients		x (SLP-507)		SLP-507: work with clients
Complete administrative and reporting functions necessary to support intervention		x (SLP-507)		SLP-507: work with clients
Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others		x (SLP-507)		SLP-507: work with clients
Collaborate with other professionals in case management		x (SLP-507)		SLP-507: work with clients
Adhere to the ASHA Code of Ethics and behave professionally		x (SLP-507)		SLP-507: work with clients

### Required Texts

The following texts, the Clinic Manual, and supplementary readings on Moodle will be used in the four on-campus Clinical Practicums and Seminars

Clinic Manual (posted on Moodle)

Lof, G. L., & Johnson, A. F. (2015). *National Speech-Language Pathology Examination review and study guide*. Evanston, IL: Therapy Ed.

Paul, R. (2014). *Introduction to clinical methods in communication disorders*, 3<sup>rd</sup> ed. Baltimore: Brookes.

Roth, F. P., & Worthington, C.K. (2018). *Treatment resource manual for speech-language pathology*, 5<sup>th</sup> ed. San Diego: Plural.

### Course Requirements & Evaluation

#### SLP-506

Evidence-based practice assignment (20% of final grade). Students will complete EBP worksheets to research a clinical question for this semester's clients. Clinical questions must be approved by Clinical Supervisors before the questions are researched.

Assignments (15% of final grade). There will be five assignments related to course topics including clinical research, counseling, billing and reimbursement, accountability, and workplace etiquette/soft skills.

Audiology hours. (5% of final grade). Each term, students must complete a minimum of two audiology hours and submit copies of clinic notes/audiograms to the seminar instructor. The Roseman Center Audiologist will provide details about how to schedule audiology sessions.

Test critique and demonstration (15% of final grade). Students in groups of two will critique a commercially available communication test and will present to the class a short demonstration and overview.

Reading quizzes (15% of final grade). There will be 3 quizzes related to course readings.

Case presentation (5% of final grade). Each term, students will complete a two-minute case overview for one client on his or her caseload. Assignment details are posted on Moodle.

Participation (10% of final grade). Students are expected to engage thoughtfully in class discussions and participate actively in class activities.

Pre- and post-video review and self-assessment. (15% of final grade). Students will review their first video recording and goal sheet completed in SLP-500 and compare it to an updated recording from the current semester and will complete a reflection about progress and areas in need of further improvement. Students will consult with a Clinical Supervisor or the Clinic Director.

### **SLP-507**

Students, with the support of clinical supervisors, will:

- Participate actively in goal selection, baseline assessment, and treatment planning
- Adapt techniques, approaches, and clients' goals as appropriate
- Interact in a professional manner with clients, clients' family members, supervisors, and fellow student clinicians
- Accurately, completely, and in a timely manner complete all clinic documents (a Master Plan at the beginning of the semester, SOAP notes for each session, intervention plans for each week, and semester reports)
- Participate actively in individual and group meetings and staffings with clinical supervisors
- Use evidence-based approaches
- Uphold the ASHA Code of Ethics at all times and use procedures that are compliant with HIPAA, the Hi-Tech Act, and FERPA

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-507.

### **Formative Assessments**

Each student's professional competencies, knowledge, and skills on the student learning outcomes for this course will be assessed throughout the semester. Students whose progress does not indicate a satisfactory performance on the learning outcomes will complete an intervention plan before advancing to future coursework.

### **Grading Scale to Determine Final Grades for SLP-506**

90% & above	— A
80 to 89.9%	— B
70 to 79.9%	— C
60 to 69.9%	— D
below 60	— F

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**Academic Honesty and Integrity:** All students are required to abide by the principles of academic integrity that are articulated in the Honor Code of Augustana College. Every member of the Augustana community has the obligation to report violations of the Honor Code to the Honor Council. To view the Honor Code - including links to definitions of and statements on infractions, the Honor Pledge and composition of the Honor Council, and reporting forms - visit <https://www.augustana.edu/academics/honor-code>. The faculty has agreed that the penalty for plagiarism may be, at the discretion of the faculty member, an "F" in the course, but must be an "F" on that piece of work." Students are responsible for their own conduct. Students also are expected to conduct themselves in a manner consistent with the ASHA Code of Ethics.

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Faculty members are required to report any information about potential violations of these policies to help foster a safer campus for all. If a student would like to speak with someone confidentially about these issues, he or she may visit Counseling Services (309-794-7357), Campus Clergy (309-794-7213), or the Campus Confidential Advisor, Emilee Goad (563-468-2324). All college employees are mandated reporters of suspected cases of child abuse and neglect.

**Basic Needs:** Any student who has difficulty affording groceries or accessing sufficient food to eat every day, or who lacks a safe and stable place to live, and believes this may affect their performance in the course, is urged to contact the Dean of Students for support.

**Sensitive & Professional Language:** As a future speech-language-hearing professionals, students must make every effort to acknowledge individuals who happen to have communication challenges. As such, it is required that in writing and in verbal exchanges, person first language be used (e.g., a child with autism; a man with Aphasia; an individual with a swallowing disorder).

**Readings:** Students should complete required readings prior to the date they will be discussed in class.

**Attendance:** It is recommended that students make every effort to attend all scheduled class meetings. The texts and supplemental readings will provide an overview of class topics; however, class time will be



devoted to lectures, discussions, and activities derived from information from multiple sources. Students with more than two non-prearranged or excused absences in a term will be called in for a conference with the instructor.

**Religious Holiday Policy:** Augustana College celebrates the importance of religious expression in the lives of our students and “offers every student the opportunity to develop a life-shaping spirituality.” (See also The Five Faith Commitments of Augustana College). Consistent with our commitment to creating an academic community that welcomes and respects religious diversity, we commit ourselves to making every reasonable effort to support students in observing major religious holidays without academic or co-curricular penalty.

Students are required to notify their instructor in advance that they must miss class in order to observe a religious holiday and must make prior arrangements with the instructor to complete work missed during their absence. Final exams or other exam week requirements that may overlap with a religious holiday must be petitioned using the Exam Week Policies standards adopted by the faculty.

The Office of Campus Ministries will maintain on its website a calendar of the most important holidays in major religious traditions. While the college encourages students to celebrate any cultural customs and traditions that hold personal significance, we are not able to excuse students from class attendance or participation in course requirements for cultural observations.

Questions that arise in carrying out this policy should be addressed to the College Registrar or the Office of Academic Affairs.

**Courteous Communication:** It is imperative for future speech-language pathologists to use exemplary pragmatics skills, including attentive listening and contingent responding. Therefore, cell phone use during class time is prohibited unless phones are being used for a class-related purpose. Even “quiet” texting is not allowed. Students will be asked to leave if they are observed texting in class at a time when the group is not using phones for class related purposes.

## **Schedule for SLP-506**

### **Week One**

Topics:

- welcome back!
- counseling, interviewing, conferring with clients and their caregivers

Reading: Paul, Ch. 7

Assignment:

- four students give case presentations
- counseling assignment

### **Week Two**

Topic: billing and reimbursement procedures

Quiz over Ch. 7 and supplemental readings on reimbursement and billing

Reading: reimbursement and billing readings on Moodle

Assignment: four students give case presentations

### **Week Four**

Topic: accountability

Assignments:

- four students give case presentations
- reimbursement assignment due
- accountability assignment due
- mid-semester self-feedback and Clinical Supervisor feedback due
- students receive mid-semester feedback about clinical performance; follow up with Clinical Supervisors or Clinic Director, as applicable

### **Week Five**

Topics:

- clinical research how and why
- the pathway to ASHA certification

Readings: Paul, Ch. 13; ASHA documents on Moodle

Assignments:

- four students give case presentations
- clinical research assignment due

### ***Week Six***

Topics:

- looking ahead to externships; strategies for success
- professional interactions and communication strategies; guest speaker from CORE

Quiz 3 that covers soft skills, workplace etiquette, and guest speaker's content

Readings: soft skills and workplace etiquette readings

Assignment: workplace etiquette assignment due

### ***Week Seven***

Topics:

- externship guest speakers on the topic of how to get the most out of your externship experience
- professional issues- continuing education, the purpose and value of professional organization

Readings; ASHA sources on Moodle

Assignment:

- assessment presentations
- assessment assignment due
- this semester's hours, clients served, etc. updated in CALIPSO
- audiology documentation due

### ***Finals Week***

Final Examination according to official college final exam schedule

Our Externship Coordinator will be meeting with the class during the final exam period to discuss next steps for Fall and Spring semester externship placements

### **Schedule for SLP-507**

#### ***Week One***

- Read clients' charts
- Develop an initial draft of the Master Plan for the semester, then meet with clinical supervisors to discuss and revise Master Plan
- Submit intervention plans through Point and Click (PNC) by due date and time for next week and for all subsequent weeks

#### ***Week Two***

- Provide intervention, check in your client through Point and Click, complete SOAP note for each session, submit intervention plans for the upcoming week (this is the procedure clinicians will use each week.)

#### ***Week Four***

- Consult Clinical Supervisors to develop a plan for baselining and drafting Semester Reports

#### ***Week Five***

- First draft of Semester Reports due
- Meet with Clinical Supervisors to prepare for the end of semester conference that will be held with caregivers. Note that once the Clinical Supervisor determines that no additional revisions are needed for the report, she will print out a final copy for clinicians to present to clients or clients' families

#### ***Week Seven***

- Final conferences held with clients or clients' families

***Finals Week***

- Make up any sessions that need to be rescheduled
- Attend final grading conference with assigned Clinical Supervisor and set personal goals for next semester

**Fall 2021 or Spring 2022 Semester**  
**SLP-508: Externship- Pediatrics (8 credits)**

**Externship Coordinator:** Karen Aumuller  
**Externship Supervisor:** TBD, individually determined  
**Office Phone:**  
**Cell Phone:**  
**Class Meeting Time:**

**Course Description**

Student clinicians will engage in advanced clinical practice under supervision of an externship supervisor in a pediatric setting such as a school, preschool, or outpatient clinic. Students will participate actively in all aspects of service delivery and will accrue at least 100 direct clinical contact hours. They will actively engage with their site mentors to learn about documentation, intervention, diagnostics, referrals, collaboration, and other setting-specific aspects of the practice of speech-language pathology. Students will reflect on their clinical performance and set personal future vocational goals.

**Speech-Language Pathology Master's Program**

**Goals**

SLP graduate students will:

1	Have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.
2	Acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.
3	Express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
4	Engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

**Student Learning Outcomes**

Student learning outcomes for courses in the speech-language pathology master's program are based on nine professional competencies and specific knowledge and skills required for ASHA certification. The table below indicates which outcomes will be introduced, reinforced, or assessed for competence, and how those outcomes will be addressed in this course.

Professional Competency	Level of Focus			How the Outcome will be Addressed in these Courses
	Introduced	Reinforced	Competence	
Accountability		x		Clinical interactions assessed with the Clinic Grading Rubric
Integrity		x		Clinical interactions assessed with the Clinic Grading Rubric
Effective Communication Skills			x	Clinical interactions assessed with the Clinic Grading Rubric
Clinical Reasoning			x	Clinical interactions assessed with the Clinic Grading Rubric
Evidence-Based Practice		x		Clinical interactions assessed with the Clinic Grading Rubric
Concern for Individuals Served			x	Clinical interactions assessed with the Clinic Grading Rubric
Professional duty	x			Clinical interactions assessed with the Clinic Grading Rubric

Collaborative Practice			x	Clinical interactions assessed with the Clinic Grading Rubric
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Knowledge and skills related learning outcomes for this course include the following.

Knowledge and Skills	Level of Focus			How the Outcome will be Addressed in this Course
	Introduced	Reinforced	Competence	
Ethical conduct			x	Clinical interactions assessed with the Clinic Grading Rubric
Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)			x	Clinical interactions assessed with the Clinic Grading Rubric
Integration and application of knowledge of the interdependence of speech, language, and hearing			x	Clinical interactions assessed with the Clinic Grading Rubric
Engagement in contemporary professional issues and advocacy			x	Clinical interactions assessed with the Clinic Grading Rubric
Processes of clinical education and supervision			x	Clinical interactions assessed with the Clinic Grading Rubric
Professionalism			x	Clinical interactions assessed with the Clinic Grading Rubric
Interaction skills and personal qualities, including counseling and collaboration			x	Clinical interactions assessed with the Clinic Grading Rubric
Self-evaluation of effectiveness of practice			x	Clinical interactions assessed with the Clinic Grading Rubric
Application of knowledge of biological, neurological, acoustic, psychological, developmental, linguistic, and cultural bases of communication in			x	Clinical interactions assessed with the Clinic Grading Rubric

the diagnostic process				
Conduct screening and prevention procedures (including prevention activities)			x	Clinical interactions assessed with the Clinic Grading Rubric
Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals			x	Clinical interactions assessed with the Clinic Grading Rubric
Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures			x	Clinical interactions assessed with the Clinic Grading Rubric
Adapt evaluation procedures to meet client/patient needs Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention			x	Clinical interactions assessed with the Clinic Grading Rubric

### Required Texts

Externship supervisors may assign readings, as needed.

### Course Requirements & Evaluation

Students are required to work under the direction of their externship supervisors with a clinical caseload four days per week for a semester.

The Clinic Grading Rubric in the Clinic Manual provides details about how final grades will be determined for SLP-508.

### Formative Assessments

Each student's professional competencies, knowledge, and skills on the student learning outcomes for this course will be assessed throughout the semester. Students whose progress does not indicate a satisfactory performance on the learning outcomes will complete an intervention plan before advancing to future coursework.

#### **Grading Scale to Determine Final Grades for SLP-500**

90% & above	— A
80 to 89.9%	— B
70 to 79.9%	— C
60 to 69.9%	— D
below 60	— F

See the Clinic Grading Rubric in the Clinic Manual for details about how final grades will be determined for SLP-508.

#### **Course Policies**

**Academic Honesty and Integrity:** All students are required to abide by the principles of academic integrity that are articulated in the Honor Code of Augustana College. Every member of the Augustana community has the obligation to report violations of the Honor Code to the Honor Council. To view the Honor Code - including links to definitions of and statements on infractions, the Honor Pledge and composition of the Honor Council, and reporting forms - visit <https://www.augustana.edu/academics/honor-code>. The faculty has agreed that the penalty for plagiarism may be, at the discretion of the faculty member, an "F" in the course, but must be an "F" on that piece of work." Students are responsible for their own conduct. Students also are expected to conduct themselves in a manner consistent with the ASHA Code of Ethics.

**Academic Accommodations from Office of Disability Services:** If you are a student, who has a documented disability, or had academic accommodations in high school, or at another institution of higher learning you may be eligible for services. Services are coordinated through the ODS (office of disability services). Augustana College in compliance with the Americans with Disabilities Act (ADA) is committed to equity, access, and inclusion for all students. Students can meet with Kam Williams, Director of ODS located on the third floor of the Tredway Library in office 314 Monday-Friday 8:30a.m-4:30p.m. The office phone number is 309-794-7145 to schedule an appointment. Please visit the ODS website <https://www.augustana.edu/student-life/residential-life/disability-services> for more information.

**Your Right to Education Free from Discrimination & Harassment:** Augustana College is committed to fostering a safe, inclusive environment free from all forms of discrimination and harassment. Our Policy Against Discrimination and Harassment describes students' right to freedom from discrimination and harassment on the basis of race, color, religion, national origin, service in uniformed service, veteran status, sex, age, political ideas, marital or family status, pregnancy, disability, genetic information, gender identity, gender expression, sexual orientation, or any other classification protected by law. Consistent with state and federal requirements, our Policy against Sex Discrimination specifically prohibits discrimination on the basis of sex and gender, including sexual assault, sexual exploitation, sexual harassment, stalking, and relationship violence. To find resources available to anyone on campus who has experienced discrimination or harassment, please visit [www.augustana.edu/titleix](http://www.augustana.edu/titleix).

Faculty members are required to report any information about potential violations of these policies to help foster a safer campus for all. If a student would like to speak with someone confidentially about these issues, he or she may visit Counseling Services (309-794-7357), Campus Clergy (309-794-7213), or the Campus Confidential Advisor, Emilee Goad (563-468-2324). All college employees are mandated reporters of suspected cases of child abuse and neglect.

**Basic Needs:** Any student who has difficulty affording groceries or accessing sufficient food to eat every day, or who lacks a safe and stable place to live, and believes this may affect their performance in the course, is urged to contact the Dean of Students for support.

**Sensitive & Professional Language:** As a future speech-language-hearing professionals, students must make every effort to acknowledge individuals who happen to have communication challenges. As such, it is required that in writing and in verbal exchanges, person first language be used (e.g., a child with autism; a man with Aphasia; an individual with a swallowing disorder).

**Readings:** Students should complete required readings prior to the date they will be discussed in class.

**Attendance:** It is recommended that students make every effort to attend all scheduled class meetings. The texts and supplemental readings will provide an overview of class topics; however, class time will be devoted to lectures, discussions, and activities derived from information from multiple sources. Students with more than two non-prearranged or excused absences in a term will be called in for a conference with the instructor.

**Religious Holiday Policy:** Augustana College celebrates the importance of religious expression in the lives of our students and “offers every student the opportunity to develop a life-shaping spirituality.” (See also The Five Faith Commitments of Augustana College). Consistent with our commitment to creating an academic community that welcomes and respects religious diversity, we commit ourselves to making every reasonable effort to support students in observing major religious holidays without academic or co-curricular penalty.

Students are required to notify their instructor in advance that they must miss class in order to observe a religious holiday and must make prior arrangements with the instructor to complete work missed during their absence. Final exams or other exam week requirements that may overlap with a religious holiday must be petitioned using the Exam Week Policies standards adopted by the faculty.

The Office of Campus Ministries will maintain on its website a calendar of the most important holidays in major religious traditions. While the college encourages students to celebrate any cultural customs and traditions that hold personal significance, we are not able to excuse students from class attendance or participation in course requirements for cultural observations.

Questions that arise in carrying out this policy should be addressed to the College Registrar or the Office of Academic Affairs.

**Courteous Communication:** It is imperative for future speech-language pathologists to use exemplary pragmatics skills, including attentive listening and contingent responding. Therefore, cell phone use during class time is prohibited unless phones are being used for a class-related purpose. Even “quiet” texting is not allowed. Students will be asked to leave if they are observed texting in class at a time when the group is not using phones for class related purposes.

**Students should consult the Clinic Manual for a complete list of policies related to their Externship experiences.**

## **Schedule**

### **Week One**

- Meet with Externship Supervisor, review policies and procedures for externship
- Students and Externship Supervisors familiarize themselves with CALPISO documentation for the externship experience
- Begin seeing clients under supervision, as determined by Externship Supervisor

### **Weeks Two-Fourteen**

- Provide intervention and complete assessments under the supervision of your Externship Supervisor
- Note that the Externship Coordinator will visit your site two or more times to determine students' progress, to answer the Supervisor's questions, and to assist with troubleshooting, if needed

### **Week Seven**

- Complete mid-semester self and Supervisor feedback in CALIPSO

### **Finals Week**

- Make up hours missed throughout the term because of illness or other excused absences
- Complete all final documentation for clinical hours recording purposes, as well as Supervisor and self-assessments



**Fall 2021 or Spring 2022 Semester**  
**SLP-509: Externship- Adults (8 credits)**

**Externship Coordinator:** Karen Aumuller  
**Externship Supervisor:** TBD, individually determined  
**Office Phone:**  
**Cell Phone:**  
**Class Meeting Time:**

**Course Description**

Student clinicians will engage in advanced clinical practice under supervision of an externship supervisor in a pediatric setting such as a school, preschool, or outpatient clinic. Students will participate actively in all aspects of service delivery and will accrue at least 100 direct clinical contact hours. They will actively engage with their site mentors to learn about documentation, intervention, diagnostics, referrals, collaboration, and other setting-specific aspects of the practice of speech-language pathology. Students will reflect on their clinical performance and set personal future vocational goals.

**Speech-Language Pathology Master's Program**

**Goals**

SLP graduate students will:

1	Have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.
2	Acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.
3	Express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.
4	Engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

**Student Learning Outcomes**

Student learning outcomes for courses in the speech-language pathology master's program are based on nine professional competencies and specific knowledge and skills required for ASHA certification. The table below indicates which outcomes will be introduced, reinforced, or assessed for competence, and how those outcomes will be addressed in this course.

Professional Competency	Level of Focus			How the Outcome will be Addressed in these Courses
	Introduced	Reinforced	Competence	
Accountability		x		Clinical interactions assessed with the Clinic Grading Rubric
Integrity		x		Clinical interactions assessed with the Clinic Grading Rubric
Effective Communication Skills			x	Clinical interactions assessed with the Clinic Grading Rubric
Clinical Reasoning			x	Clinical interactions assessed with the Clinic Grading Rubric

Evidence-Based Practice		x		Clinical interactions assessed with the Clinic Grading Rubric
Concern for Individuals Served			x	Clinical interactions assessed with the Clinic Grading Rubric
Professional duty	x			Clinical interactions assessed with the Clinic Grading Rubric
Collaborative Practice			x	Clinical interactions assessed with the Clinic Grading Rubric

Knowledge and skills related learning outcomes for this course include the following.

Knowledge and Skills	Level of Focus			How the Outcome will be Addressed in this Course
	Introduced	Reinforced	Competence	
Ethical conduct			x	Clinical interactions assessed with the Clinic Grading Rubric
Intervention for communication and swallowing differences; Intervention for disorders and differences in one or more of the nine subcategories (will vary depending on caseload needs)			x	Clinical interactions assessed with the Clinic Grading Rubric
Integration and application of knowledge of the interdependence of speech, language, and hearing			x	Clinical interactions assessed with the Clinic Grading Rubric
Engagement in contemporary professional issues and advocacy			x	Clinical interactions assessed with the Clinic Grading Rubric
Processes of clinical education and supervision			x	Clinical interactions assessed with the Clinic Grading Rubric
Professionalism			x	Clinical interactions assessed with the Clinic Grading Rubric
Interaction skills and personal qualities, including counseling and collaboration			x	Clinical interactions assessed with the Clinic Grading Rubric
Self-evaluation of effectiveness of practice			x	Clinical interactions assessed with the Clinic Grading Rubric
Application of knowledge of biological, neurological, acoustic,			x	Clinical interactions assessed with the Clinic Grading Rubric

psychological, developmental, linguistic, and cultural bases of communication in the diagnostic process				
Conduct screening and prevention procedures (including prevention activities)			x	Clinical interactions assessed with the Clinic Grading Rubric
Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals			x	Clinical interactions assessed with the Clinic Grading Rubric
Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures			x	Clinical interactions assessed with the Clinic Grading Rubric
Adapt evaluation procedures to meet client/patient needs Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention			x	Clinical interactions assessed with the Clinic Grading Rubric

### Required Texts

Externship supervisors may assign readings, as needed.

### Course Requirements & Evaluation

Students are required to work under the direction of their externship supervisors with a clinical caseload four days per week for a semester.

The Clinic Grading Rubric in the Clinic Manual provides details about how final grades will be determined for SLP-509.

### **Formative Assessments**

Each student's professional competencies, knowledge, and skills on the student learning outcomes for this course will be assessed throughout the semester. Students whose progress does not indicate a satisfactory performance on the learning outcomes will complete an intervention plan before advancing to future coursework.

### **Grading Scale to Determine Final Grades for SLP-500**

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60 to 69.9%	— D
below 60	— F

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### **Course Policies**

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**Readings:** Readings should be completed prior to the date they will be discussed in class.

**Attendance:** It is strongly recommended that students make every effort to attend all scheduled seminar class meetings and credit is given for participation. Class time will be devoted to lectures, discussions, and hands-on activities derived from information from multiple sources. Students with more than two non-prearranged or excused absences in a term will be called in for a conference with the instructor. Punctuality and regular attendance are expected for clinical practicum work. If a student clinician is ill and needs to cancel a clinic appointment, he or she should follow the procedures explained in the Clinic Manual.

**Courteous Communication:** It is imperative for future speech-language pathologists to use exemplary pragmatics skills, including attentive listening and contingent responding. Therefore, cell phone use during class time is prohibited unless phones are being used for a class-related purpose. Even “quiet” texting is not allowed. Students will be asked to leave if they are observed texting in class at a time when the group is not using phones for class related purposes.

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## Schedule

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#### ***Weeks Two-Fourteen***

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#### ***Week Seven***

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#### ***Finals Week***

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## **PART THREE:**

## **CLINIC PERSONNEL**

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## **Clinic Personnel at Augustana College**

### **Center Director**

Stacie M. Greene, Ed.D., CCC-SLP  
Assistant Professor &

### **Clinic and Program Coordinator**

Karen Sheraden

### **Clinical Supervisors**

Laurel Williams, M.A., CCC-SLP  
Clinical Faculty

Kristin DeBlieck, M.S., CCC-SLP  
Clinical Faculty

Karen L. Aumuller, M.A., CCC-SLP  
Professional & Clinical Faculty

Fiona Briggs, M.S., CCC-SLP  
Clinical Faculty

Lynn Drazinski, M.A., CCC-SLP  
Professional & Clinical Faculty

Terrina Gosa, M.S., CCC-SLP  
Clinical Faculty

Madison Logan, M.S., CCC-SLP  
Clinical Faculty

Bri Lueders, M.A., CCC-SLP  
Clinical Faculty

Ann Perreau, Ph.D., CCC-A  
Associate Professor & Audiologist

### **Externship Coordinator**

Karen L. Aumuller, M.A., CCC-SLP  
Professional & Clinical Faculty

### **Audiology Billing Specialist**

Dori Garro



## **Clinic Personnel Roles and Responsibilities**

### **Student Clinicians**

- Undergraduate students must complete two semesters of supervised clinical practicum during which time they will work with at least one client who has a communication impairment. Undergraduate students are expected to complete all requirements for their clinic class and complete SOAP notes for each intervention session, a master plan at the beginning of the semester, and a semester report at the end of the semester. Baselineing, formal, and informal assessment procedures will be closely planned and monitored by the clinical supervisor. Undergraduate student clinicians are expected to meet regularly with their supervisors.
- Graduate students must complete two summer terms, one fall and one spring semester of supervised graduate practicum during which time they will be assigned to at least three clients with communication impairments for whom they will plan and implement intervention. They will consult regularly with supervisors to adapt treatment plans, plan for baselineing, formal, and informal assessment, complete SOAP notes for each session, a master plan at the beginning of the semester, and a semester report at the end of the semester.
- Prior to completing undergraduate clinical practicum, CSD majors in their junior year will complete one semester as a mentee for which they will be assigned to working with a senior undergraduate or a graduate clinician mentor who will assist them in learning clinical procedures and techniques. By the end of the mentee experience, mentees will complete, with assistance from their mentor and clinical supervisor, a complete intervention session.

### **Clinic Coordinator**

- The Clinic Coordinator is responsible for communicating billing information and Center policy information to clients. The Clinic Coordinator works with students, the Center Director, Externship Coordinator, and clinical supervisors to ensure that day to day clinical operations run smoothly. The Clinic Coordinator maintains student clinicians' clinical files and manages clinical prerequisites such as HIPAA, working safely with children, and bloodborne pathogens trainings and quizzes, background checks, immunization records, etc. The Clinic Coordinator is the Center's HIPAA enforcement coordinator. The Clinic Coordinator is responsible for financial matters related to the Center and maintains the PNC database by registering students and Clinical Supervisors, work stations, and patients in the PNC system.

### **Clinical Supervisors**

- Clinical supervisors are responsible for mentoring student clinicians in individual meetings and through group staffings. Clinical supervisors work with student clinicians in all aspects of intervention and assessment planning, implementation of facilitating strategies, documentation, and professional and ethical interactions with clients and clients' families. Clinical supervisors are responsible for determining grades for clinical practicum and internship experiences for their supervisees and they assist in creating the master clinic schedule and participate in other day to day operations of the clinic. They interact regularly with clients and clients' families and enforce and communicate Center policies.

### **Externship Coordinator**

- The Externship Coordinator maintains relationships with externship sites, externship personnel, and makes externship placements. The Externship Coordinator also is responsible for ensuring that students' progress is sufficient for accruing clinical hours serving diverse clientele. The externship coordinator also visits each externship site at least two times per semester and is available to troubleshoot when concerns arise during an externship placement. The Externship Coordinator maintains and monitors CALIPSO data.

### **Center Director**

- The Center Director oversees all clinical operations and provides support for Clinical Supervisors, the Externship Coordinator, Clinical Coordinator, and student clinicians. The Director sets,

implements, and revises clinic policies and procedures, and works with the Clinic Coordinator for HIPPA enforcement. The Center Director works with the Department Chair and Graduate Program Director to complete and maintain student clinical records necessary for ASHA certification. The Center Director also promotes the Center to the public, writes grants for the Center, and manages the PNC master clinic schedule. The Center Director also leads clinical practicum grading sessions and is responsible for managing students' clinical intervention plans when students are not making adequate progress in the graduate or undergraduate clinical practicum sequence.

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## **PART FOUR:**

### **RULES & REGULATIONS FOR CLINICAL PRACTICUM**

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## Code of Ethics

American Speech-Language-Hearing Association. (2016). Code of ethics [Ethics]. Available from [www.asha.org/policy/](http://www.asha.org/policy/).

Effective March 1, 2016

### Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

### Terminology

#### ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

Advertising: Any form of communication with the public about services, therapies, products, or publications.

**Conflict of interest:** An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

**Crime:** Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on [www.asha.org/certification/AudCertification/](http://www.asha.org/certification/AudCertification/) and [www.asha.org/certification/SLPCertification/](http://www.asha.org/certification/SLPCertification/).

**Diminished decision-making ability:** Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

**Fraud:** Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

**Impaired practitioner:** An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

**Individuals:** Members and/or certificate holders, including applicants for certification.

**Informed consent:** May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

**Jurisdiction:** The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

**Know, known, or knowingly:** Having or reflecting knowledge.

**May vs. shall:** May denotes an allowance for discretion; shall denotes no discretion.

**Misrepresentation:** Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

**Negligence:** Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

**Nolo contendere:** No contest.

**Plagiarism:** False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

**Publicly sanctioned:** A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

**Reasonable or reasonably:** Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

**Self-report:** A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

**Shall vs. may:** Shall denotes no discretion; may denotes an allowance for discretion.

Support personnel: Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

Telepractice, teletherapy: Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

Written: Encompasses both electronic and hard-copy writings or communications.

**Principle of Ethics I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.**

#### *Rules of Ethics*

Individuals shall provide all clinical services and scientific activities competently.

Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

**Principle of Ethics II: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.**

*Rules of Ethics*

Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

**Principle of Ethics III: Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.**

*Rules of Ethics*

Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

**Principle of Ethics IV: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.**

*Rules of Ethics*

Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.



Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

## **RCSLH Client Confidentiality Procedures**

- HIPAA/FERPA:
  - Student clinicians may use or make reference to clients' names and other protected health information using Point and Click (PNC) only.
  - Student clinicians must not engage in conversations about clients or the program outside of clinic class or supervisory meeting contexts.
  - Student clinicians should enter client data only in his or her PNC chart and be sure not to expose a screen with protected health information to anyone besides the client's supervisor or co-clinician.
  - HIPAA or FERPA violations will result in, at minimum, an automatic grade reduction.
  - Student clinicians are required to report any violations of HIPAA or FERPA about which they have direct knowledge to the Center Director.

## **Roseman Center for Speech, Language, and Hearing (RCSLH) Health Information Privacy Practices**

This Notice describes how medical information may be used and disclosed and how the information is accessed. Please review it carefully. Please note that the term client is defined as the recipient of services. The recipient of services may be a child (minor under 18 years of age).

### **Understanding Clinic Record/Information**

At the RCSLH, a record of each visit is made. Typically, this record contains presenting concerns, evaluation results, diagnoses, treatment information, and a plan for future care or treatment. This information, often referred to as a health or medical record, serves as:

- A basis for planning care and treatment;
- A means of communication among the many health professionals who contribute to the client's care;
- A legal document describing the care received;
- A means to verify that services billed were actually provided;
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

This Notice helps the client to have an understanding of what is in the record and how health information is used, which helps the client to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access the client's health information; and
- Make decisions that are more informed when authorizing disclosure to others.

### **Health Information Right**

Although the health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to the client. Federal Law provides the client the right to:

- Request a restriction on certain uses and disclosures of information. The RCSLH is not required to agree to a restriction, except in limited circumstances, such as for information gathered for judicial proceedings;
- Receive a paper copy of this notice, upon request and at any time, even if the client earlier agreed to receive this notice electronically;
- Inspect and obtain a copy of the health records;
- Amend the health record if the client believes it is incorrect or incomplete. However, The RCSLH is not required to amend the health information, and if a request is denied, the client will be provided with information about our denial and how the client can disagree with our denial;
- Obtain an accounting of disclosures of the health information;
- Receive communications of protected health information from the RCSLH by alternative means or at alternative locations. The Center must accommodate reasonable requests;
- Authorize use or disclosure of any protected health information by using the Authorization To Use Or Disclosure Health Information form; and
- Revoke authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

The RCSLH staff agrees to:

- Maintain the privacy of health information as required by law;
- Provide a Notice of our legal duties and privacy practice with respect to information we collect and maintain;
- Abide by the terms of this Notice;
- Provide notification if we are unable to agree to a requested restriction;
- Accommodate reasonable requests the client may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a new revision on

the CSD Department's website. We will not use or disclose health information without written authorization, except as described in this notice.

### **Interactions of RCSLH Clients and Clients' Caregivers**

Clients are asked to treat interactions with other clients and caregivers of other clients as confidential. Clients and their caregivers should not request protected health information from other Center clients. Clients or their caregivers are not permitted to observe sessions of other individuals without express consent from authorized agents. Clients' caregivers are permitted to observe their family member using observation spaces authorized by Center staff.

### **Uses and/or Disclosures for Treatment, Payment, and Health Care Operations without Written Authorization**

The following areas describe the ways the RCSLH may use or disclose health information. For each area, an example will be given. Not every use or disclosure in the respective areas will be listed; however, all the ways the RCSLH is permitted to use and disclose information will fall within one of these areas. *We will use health information for treatment.*

For example: Information obtained by the audiologist, speech-language pathologist, and student clinician will be recorded in the client's file and used to determine the course of treatment that should work best. The clinician will document in the record the treatment recommendations of the client's professional staff team. Members of the professional staff team (e.g., clinicians providing evaluations, treatment, hearing aid fittings, counseling, education) will then record their procedures and observations. The clinicians will then know how the client is responding to treatment plans.

We will also provide the client's physician or subsequent healthcare provider with copies of various reports that should be of assistance in treatment once services are no longer being provided at the RCSLH.

*We will use health information for payment.*

For example: A bill may be sent to the client or a third-party payer. The information on or accompanying the bill may include information that identifies the recipient of services, as well as the diagnosis and procedures.

*We will use health information for regular healthcare operations.*

We may use and disclose medical information about the client for Center operations. These uses and disclosures are necessary to operate the Center and to make sure that all of our clients receive quality care. For example, we may use clinical information to review our treatment and services and to evaluate the performance of our staff in caring for the client. We also may combine information about many clients to decide what additional clinical services should be offered, what services are not needed, and whether new treatments are effective. We may disclose information to the professionals, staff, and students for review and learning purposes. We may combine the information with information from other clinical programs to compare how we are doing and to see where we can make improvements in the care and services we offer. We will remove information that identifies the client from this set of clinical information so others may use it to study healthcare and healthcare delivery without learning the name of the specific client.

### **Other Uses and Disclosures of Health Information Made without Authorization**

*Workers' Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

*Observation:* Because the Center is a training site for undergraduate students majoring in Communication Sciences and Disorders and graduate students majoring in Speech-Language Pathology, we may allow students to observe services provided to our clients.

*Classroom Disclosures:* As a teaching facility, we may disclose healthcare information in college classes. We will remove information that identifies the client from this set of information so students may use it to study healthcare delivery without knowing the specific client.

*Public Health Risks:* We may disclose clinical information about the client for public health activities. These activities generally include the following:

- To report child abuse or neglect; and
- To disclose health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

*Required by Law:* We may disclose health information for law enforcement purposes, as required by law, or in response to a valid subpoena. Federal law makes provision for health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more client, workers or the public.

### **For More Information or to Report a Problem**

If a client or legal representative believes her or his privacy rights have been violated, a complaint may be filed in writing with the RCSLH Privacy Officer. There will be no retaliation for filing a complaint.

If a client or legal representative would like to act upon any of the health information rights, as provided herein, has any questions, or would like additional information, please contact the Privacy Officer at 309-794-7350.

## **Roseman Center for Speech, Language, and Hearing (RCSLH)**

Notice of Receipt of Privacy Practices, Pursuant to The Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191, 110 Stat)

\_\_\_\_\_ I received a printed copy of the RCSLH's Notice of Privacy Practices document.

\_\_\_\_\_ I have declined a printed copy of the RCSLH's Notice of Privacy Practices document. A copy of this document is available for my review in the RCSLH waiting room.

Client's/patient's name (please print): \_\_\_\_\_

Signature of client/patient (if over age 18) or legally responsible person (if client is under age 18): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of witness:

\_\_\_\_\_

## **Roseman Center for Speech, Language, and Hearing Emergency Procedures**

- Evacuation maps are listed on each floor of Brodahl Hall
- Tornado alarm: Clients, clients' family members, and students should be directed to the basement
- Fire alarm: If a fire alarm is sounded, all individuals should exit the building
  - Through the main entrance
  - Through the side entrance
  - Out of the first floor windows
  - Move to the lawn west of Parking Lot J, south of Brodahl Hall, or to the Gerber Center
- Lockdown: Clients, clients' family members, and students should move to a classroom

**Roseman Center for Speech, Language, and Hearing  
Evacuation Diagram**

**[will be updated when Brodahl Hall's new building diagrams are provided].**



## **Mandatory Reporting of Suspected Abuse or Neglect**

Student clinicians and supervisors are required to report suspected child abuse or neglect by calling 1-800-252-2873 or completing an online reporting form found at [www.2illinois.gov](http://www.2illinois.gov).

Specific details are found here: <https://www.childwelfare.gov/pubPDFs/manda.pdf>

Student clinicians should contact a clinical supervisor immediately if there are signs of suspected abuse or neglect in a child with whom the student works. Signs may include the following:

### **PHYSICAL ABUSE**

Physical characteristics:

- Unusual bruises or welts
- Injuries in the shape of objects (cords, belts)
- Injuries in various stages of healing or color patterns
- Unexplained burns on palms, soles, back, or buttocks
- Fractures that do not fit explanation of injury
- Unexplained delay from when injury occurred and medical help sought

Behavioral characteristics:

- Extremes in behavior, aggressiveness or very withdrawn or shy
- Afraid to go home
- Frightened of parents or other adults
- Reports injury
- Poor self-image
- Destructive or delinquent behavior
- Drug or alcohol usage

### **NEGLECT**

- Poor hygiene, odor, dirty clothing
- Inappropriately dressed for weather conditions
- Needs but is not provided medical or dental care or glasses
- Left unsupervised or alone for long periods
- States that parents are rarely around
- Constant hunger, begs for or steals food
- Extreme willingness to please
- Frequently absent from school
- Arrives early and stays late at school, play areas, or other people's homes
- Failure to thrive

### **SEXUAL ABUSE**

- Venereal disease
- Complains of pain or swelling in genital areas
- Poor peer relationships
- Bruises, bleeding, or discharge in vaginal or penile area
- Pregnancy
- Stained or bloody underclothes
- Refuses to partake in gym or other physical exercise
- Acts seductively around others
- Runs away or is delinquent in behavior
- Regressive or childlike behavior
- Drastic change in school achievement

### **EMOTIONAL ABUSE**

- Behind in normal growth or developmental stages
- Neglect
- Excessive anxiety
- Belittled or treated unfairly in the family
- Extremes in behavior from overly aggressive to passive, shy, or withdrawn
- Delinquent or destructive behavior

- Regressive behavior (e.g., sucking or rocking)
- Low self-esteem
- Child readily sets self up for failure
- Difficulty in verbalizing feelings
- Speaks about self negatively
- Tries to assume many adult roles

**PART FIVE:**  
**CLINICAL HOURS & CERTIFICATION DOCUMENTS**

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**Augustana College  
Clinic Grading Rubric**

**On-Campus Practicum and Externship Midterm and Final Grading Assessment (Rev. 9/1/19)**

Clinician: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Clients' initials: \_\_\_\_\_

**Rating Scale:**

1. Minimally skilled; does not meet expectations and is completely dependent on supervisor for support
2. Meets expectations 0-25% of the time; requires significant supervisor support
3. Meets expectations 25-50% of the time; some supervisor support necessary
4. Meets expectations 50-75% of the time; intermittent supervisor support necessary
5. Meets expectations 75-100% of the time; emerging independence
6. Exceeds expectations up to 75% of the time; modified independence
7. Consistently exceeds expectations and functions independently

Criteria for end of semester grades varies by level of experience.

**Undergraduate:**

	First Semester Undergraduate	Second Semester Undergraduate
A	5.5-7.0	5.7-7.0
A-	5.3-5.49	5.4-5.69
B+	5.0-5.29	5.10-5.39
B	4.45-4.99	4.55-5.09
B-	4.15-4.44	4.25-4.54
C+	3.85-4.14	3.95-4.24
C	3.0-3.84	3.0-3.94

**Graduate:**

	First Semester Graduate	Second Semester Graduate	Third Semester Graduate	Fourth Semester Graduate
A	5.6-7.0	5.6-7.0	5.75-7.0	5.75-7.0
B	4.35-5.59	4.35-5.59	4.5-5.74	4.5-5.74
C	3.1-4.34	3.1-4.34	3.25-4.49	3.25-4.49

Undergraduate students must have an overall average score of 3.0 across supervisors to pass.

Graduate students must have an overall average score of 4.0 across supervisors to pass. For graduate students, ratings of <5 on 2 items or <4 on 1 item in a single section result in a 1 letter grade deduction on the midterm or final grade.

PROFESSIONAL & INTERPERSONAL SKILLS			
		Midterm	Final
1	Actively participates in individual and group supervisory meetings [Professional Duty]		
2	Receptive and responsive to supervisory feedback [Communication; Professional Duty]		
3	Establishes appropriate professional and respectful relationship with clients and their caregivers [Concern for Individual; Professional Duty]		
4	Demonstrates enthusiasm and interest for clients and the clinical experience [Professional Duty]		
5	Demonstrates initiative and works independently		
6	Displays appropriate professional demeanor and confidence [Professional Duty]		
7	Uses professionally appropriate verbal and nonverbal communication skills with clients, classmates and supervisors [Communication; Professional Duty]		
8	Displays a professionally appropriate appearance [Professional Duty]		
9	Meets deadlines and is punctual for meetings and clinic sessions [Professional Duty]		
10	Understands and adheres to the ASHA Code of Ethics [Accountability; Integrity]		
11	Maintains confidentiality [Professional Duty; Integrity]		
12	Collaborates effectively with classmates and professionals [Communication]		
13	Observes policies of the Center and Externship sites [Integrity, Accountability]		
AVERAGE FOR THIS SECTION			
PREPARATION AND ENGAGEMENT			
		Midterm	Final
1	Prepares ahead of time for meetings with supervisor [Professional Duty]		
2	Familiarizes self with assessment and intervention materials [Clinical Reasoning]		
3	Plans logical sequence of activities within intervention sessions [Clinical Reasoning]		
4	Develops with supervisor's support appropriate long-term goals for the client [Clinical Reasoning, Concern for Individual]		
5	Develops with supervisor's support appropriate short-term goals for the client [Clinical Reasoning]		
6	Seeks and adapts relevant materials to support methods [Clinical Reasoning]		
7	Offers alternative ideas [Clinical Reasoning]		
8	Considers cultural diversity in assessment and intervention procedures [Cultural Competence; Concern for Individual]		
9	Measures client progress appropriately and makes adjustments accordingly [Clinical Reasoning]		
10	Self-evaluates clinical performance [Accountability]		
11	Collects and interprets case history information [Communication]		
AVERAGE FOR THIS SECTION			
WRITING SKILLS			
		Midterm	Final
1	Writes functional long-term goals [Communication]		
2	Writes specific, measurable, short-term objectives [Communication]		

3	Writes descriptive methods related to specific objectives [Communication]		
4	Documents relevant subjective observations [Accountability]		
5	Documents measurable objectives [Accountability]		
6	Documents trends in performance [Clinical Reasoning; Accountability]		
7	Documents specific plans based on client performance [Clinical Reasoning; Communication]		
8	Presents content in a logically sequenced and organized manner [Clinical Reasoning]		
9	Reflects supervisory feedback in reports and intervention plans [Professional Duty]		
10	Includes supporting details in reports, SOAPs, and intervention plans [Communication; Clinical Reasoning]		
11	Documents activities related to client care consistently and accurately (e.g., contacts with the family, school, etc.) [Communication; Concern for Individual]		
12	Uses professional terminology appropriately [Communication; Professional Duty]		
13	Uses appropriate grammar, syntax, formatting, and spelling [Communication]		
<b>AVERAGE FOR THIS SECTION</b>			
<b>INTERVENTION</b>			
		<b>Midterm</b>	<b>Final</b>
1	Develops a master plan for each semester that is rooted in relevant theory [Evidence-Based Practice; Clinical Reasoning]		
2	Uses materials that are functional and appropriate for client's age and skill level [Concern for Individual; Professional Duty]		
3	Provides clear and concise instructions when presenting techniques or materials [Communication]		
4	Modifies own behavior according to the needs of the client [Concern for Individual; Professional Duty; Clinical Reasoning]		
5	Collects reliable data and elicits baseline data appropriately [Accountability; Professional Duty]		
6	Uses reinforcement and motivational techniques effectively [Clinical Reasoning; Concern for Individual]		
7	Provides appropriate, useful, and timely feedback to clients on a reasonable schedule [Clinical Reasoning; Communication]		
8	Abandons agenda when appropriate to meet the needs of the client in a session [Clinical Reasoning]		
9	Uses facilitating techniques effectively (cueing, prompting, teaching strategies) [Clinical Reasoning; Professional Duty]		
10	Facilitates client self-evaluation [Clinical Reasoning; Concern for Individual]		
11	Maintains appropriate clinician and client speaking/response time [Clinical Reasoning]		
12	Manages challenging behavior effectively [Concern for Individual; Clinical Reasoning]		
13	Uses time efficiently in the session to meet objectives [Professional Duty]		
14	Perceives verbal and nonverbal cues from the client [Communication]		
15	Reviews goals and progress with client and/or caregivers [Communication; Accountability; Professional Duty]		
16	Measures clients' progress [Professional Duty; Concern for Individual]		
17	Meets individual needs of each client in a group [Concern for Individual]		
<b>AVERAGE FOR THIS SECTION</b>			
<b>DISORDER-SPECIFIC SKILLS</b>			
<i>Rate for end of semester <u>final grade only</u> using the 1-7 scale; if an area was not relevant to clinician's assignment, leave blank</i>			<b>Final</b>
1	The student demonstrates knowledge and skills necessary for assessment of speech sound disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]		

2	The student demonstrates knowledge and skills related to the prevention and intervention of speech sound disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
3	The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
4	The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
5	The student demonstrates knowledge and skills necessary for assessment of fluency disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
6	The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
7	The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
8	The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
9	The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
10	The student demonstrates knowledge and skills related to the prevention and intervention of oral and written acquired language disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
11	The student demonstrates knowledge and skills necessary for assessment of swallowing disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
12	The student demonstrates knowledge and skills related to the prevention and intervention of swallowing disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
13	The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
14	The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
15	The student demonstrates knowledge and skills necessary for assessment of social aspects of communication [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
16	The student demonstrates knowledge and skills related to the prevention and intervention of social aspects of communication [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
17	The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
18	The student demonstrates knowledge and skills related to intervention involving alternative and augmentative communication [Evidence-Based Practice; Clinical Competence; Concern for Individual]	
<b>AVERAGE FOR THIS SECTION</b>		
		<b>Midterm</b>
		<b>Final</b>
<b>OVERALL AVERAGE</b>		
<b>MIDTERM &amp; FINAL LETTER GRADE</b>		
<b>Supervisor's Midterm Comments:</b>		<b>Supervisor's Final Comments:</b>

**Completing the Official Undergraduate Supervised Observation Hours Form  
CSD-110: Observation Lab**

**By Friday of week 14**

- Complete 1 hour of observation at the Roseman Center for Speech, Language, and Hearing (RCSLH) and respond to questions listed on page 3 of the “Record of Undergraduate Supervised Observation Hours” form
- Be sure all 9 of your Master Clinician Network (MCN) observations have been approved. Respond to any “resubmit” requests.
- Hand in your observation hours form with all cells completed except the signature column. Attach documentation for the MCN observations (summary sheet OR individual rating sheet for each video.) In most cases, the Center Director has done the printing for you, but check to be sure; these printouts are your verification that the observation happened.

**Completing your Observation Record form**

- Complete all columns except for the signature column
- Round to the nearest quarter hour (e.g., if you observed 1:05, round to 1 hour; if you observed for 1:10, round to 1.25; use decimals, not colons as is done in the MCN)
- For the MCN observations, in the Clinician’s/Supervisor’s... column, list both the name of the clinician whose session you observed and the Center Director’s name; the Director will be the supervisor who will approve MCN observations.
- For the video we watched in the CSD 110-lab course during the first 3 weeks of the semester, see the example on the reverse side of this page for details.
- For your RCSLH observation:
  - list the student clinician’s initials followed by the name of the supervisor and the supervisor’s credentials

<u>Supervisor's Name</u>	<u>Credentials</u>	<u>ASHA Number</u>
Karen Aumuller	MA, CCC-SLP	01100959
Fiona Briggs	MA, CCC-SLP	12095811
Lynn Drazinski	MA, CCC-SLP	01064887
Terrina Gosa	MS, CCC-SLP	01005952
Allison Haskill	PhD, CCC-SLP	09149306
Madison Logan	MS, CCC-SLP	14065701
Ann Perreau	PhD, CCC-A	12074276
Bri Lueders	MA, CCC-SLP	14080635
Stacie M. Greene	EdD, CCC-SLP	12048889
Laurel Williams	MA, CCC-SLP	14045807
Kristin DeBlieck	MS- CCC-SLP	12137767

**Additional notes**

- Before week 1 of the semester in which you begin clinic by taking CSD 304, you must have completed 30 total observation hours verified with corresponding signatures.
- Always keep a copy for yourself!



**Augustana College**  
**Department of Communication Sciences and Disorders**  
**Record of Undergraduate Observation Hours**

**Name:** \_\_\_\_\_ **Semester & Year:** \_\_\_\_\_

**Instructions**

1. Complete the form in ink. Turn the original into the Clinic Coordinator and make a copy for your records.
2. Fill in the date and location of observation in the Setting column; include address, city, and state if other than the Roseman Center for Speech, Language, and Hearing (RCSLH).
2. List the total number of direct observation hours in full and quarter hour increments. You may not document hours for conference time, etc. (e.g., if you were at the facility from 8:00-10:00 AM, but the SLP worked with a client for 45 minutes, discussed the case with you for 15 minutes and held a conference with the client's parent for 15 minutes, you document only .75 observation hour).  
 List the total number of contact hours in full and quarter hour increments (e.g., 15 minutes = .25; 30 minutes = .50; 45 minutes = .75; use whole numbers for hours = 1, 2, etc.).
4. Include day, month, and year of your observation (mm/dd/yy).
5. The ASHA-certified clinician or supervisor should print his or her name, provide a signature, and list credentials and ASHA number.
6. Staple a brief clinical summary for each date of observation using the questions listed on page 3.

<b>Date</b>	<b>Name of Facility City, State</b>	<b>Hours</b>	<b>Clinician's/Supervisor's Printed Name &amp; Credentials</b>	<b>Clinician's/ Supervisor's Signature</b>	<b>Clinician's or Supervisor's ASHA Number</b>

*Continues on reverse*



### Observation Summary

Student observer's name: \_\_\_\_\_

Date: \_\_\_\_\_

Total Number of Minutes Observed: \_\_\_\_\_

Type of session (check one):    ☐ Evaluation                      ☐ Intervention

**INSTRUCTIONS:** Write a 1 paragraph summary for each day of observation that addresses the following:

- How many clients were observed and what were their diagnoses? Be sure not to include clients' identifying information such as name or age.
- Describe the setting. What was the duration of sessions? Did you observe individual or group sessions?
- Other questions to address:
  - Were the goals and objectives clearly identifiable?
  - Were the activities or assessment tools appropriate for the client's age/level of development?
  - How did the clinician respond when things did not go as planned?
  - How was the pace and productivity of the session?
  - Was the clinician empathetic and did he or she have a professional demeanor/attitude?

## Record of Undergraduate Supervised Hours in CSD

Name: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

INSTRUCTIONS: Complete this form in ink.

1. Fill in date & location (include address if other than Augustana\*). \*RCSLH= Roseman Center for Speech, Language, and Hearing
2. Document only total number of direct contact hours and minutes\*\*
3. Ask supervisor to sign in ink and list his or her credentials after the name

### ASSESSMENT

Dates	Setting*	Client's Initials or Code	Age (yr;mo)	Hours	Supervisor's Signature & Credentials
<b>Speech</b>					
Articulation					
Fluency					
Voice					
<b>Language</b>					
<b>Hearing</b>					
<b>Feeding/Swallowing</b>					

## Record of Undergraduate Supervised Hours in CSD

Name: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

INSTRUCTIONS: Complete this form in ink.

1. Fill in date & location (include address if other than Augustana\*). \*RCSLH= Roseman Center for Speech, Language, and Hearing
2. Document only total number of direct contact hours and minutes)\*\*
3. Ask supervisor to sign in ink and list his or her credentials after the name

<b>INTERVENTION</b>
---------------------

Dates	Setting*	Client's Initials or Code	Age (yr;mo)	Hours	Supervisor's Signature & Credentials
<b>Speech</b>					
<b>Articulation</b>					
<b>Fluency</b>					
<b>Voice</b>					
<b>Language</b>					
<b>Hearing</b>					
<b>Feeding/Swallowing</b>					

## Record of Graduate Supervised Hours in Speech-Language Pathology

Name: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

INSTRUCTIONS. Complete this form in ink. Turn in the original and make a copy for yourself.

1. Fill in date & location (include address if other than Augustana\*). \*RCSLH= Roseman Center for Speech, Language, and Hearing
2. Document only total number of direct contact hours and minutes\*\*
3. Ask your supervisors to sign in ink and list his or her credentials after his or her name

### ASSESSMENT

Dates	Setting*	Client's Initials or Code	Age (yr;mo)	Hours	Supervisor's Signature & Credentials
<b>Speech</b>					
Articulation					
Fluency					
Voice					
<b>Language</b>					
<b>Hearing</b>					
<b>Feeding/Swallowing</b>					

## Record of Graduate Supervised Hours in Speech-Language Pathology

Name: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

INSTRUCTIONS: Complete this form in ink.

1. Fill in date & location (include address if other than Augustana\*). \*RCSLH= Roseman Center for Speech, Language, and Hearing
2. Document only total number of direct contact hours and minutes\*\*
3. Ask your supervisor to sign in ink and list his or her credentials after the name

### INTERVENTION

Dates	Setting*	Client's Initials or Code	Age (yr;mo)	Hours	Supervisor's Signature & Credentials
<b>Speech</b>					
<b>Articulation</b>					
<b>Fluency</b>					
<b>Voice</b>					
<b>Language</b>					
<b>Hearing</b>					
<b>Feeding/Swallowing</b>					

**Augustana College**  
**Speech-Language Pathology Clinical Experiences Tracking**

Student's Name: \_\_\_\_\_

	# hours (int.)	# hours (assmt)	Super- visor's initials	Disorder Type*	Age (P = pediatric; A=adult)	Severity Level (Mild, Mod., Severe)	Low SES ? (Y/N)	Multi- Cultural/ ELL? (Y/N)	Disorder Type*
<i>Undergraduate Clinical Practicum</i>									
Client 1									
Client 2									
Client 3									
Client 4									
<i>Graduate Clinical Practicum</i>									
Practicum 1									
Client 1									
Client 2									
Client 3									
Client 4									
Client 5									
Practicum 2									
Client 1									
Client 2									
Client 3									
Client 4									
Client 5									
Practicum 3									
Client 1									
Client 2									
Client 3									
Client 4									
Client 5									
Practicum 4									
Client 1									
Client 2									
Client 3									
Client 4									
Client 5									

Disorder Types: AAC/AAC User; F/Fluency; H/Hearing Impairment; L/ Language; Sp/Speech; Sw/  
 Swallowing; V/Voice



**Augustana College Speech-Language Pathology Graduate Program  
Externship Checklist**

Student's Name: \_\_\_\_\_

	Fall Semester: Adult or Pediatric (circle one)		Spring Semester: Adult or Pediatric (circle one)	
Activity (person/s responsible)	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed
Student meets with Externship Coordinator to discuss externship site options (EC, S)				
Student submits top 5 preference list (S, EC)				
Externship assignment made (EC)				
Verify that Affiliation Agreement is up-do-date and that Externship Supervisors have been trained (EC, CC, EC)				
Verify that student has completed all necessary background checks, training, immunizations, etc. for the site (S, EC, CC)				
Pre-placement visit or phone conversation (S, ES)				
Site visit #1 made by Externship Coordinator prior to week 5 of the semester (EC, S, ES)				
Student and Externship Supervisor enter mid-semester feedback into Calipso (S, ES)				
Externship Coordinator reviews mid-semester feedback and caseload data and follows up, if necessary; remediation plan initiated if applicable (EC)				
Site visit #2 made by Externship Supervisor made between weeks 6-12 (EC, S, ES)				
Student and Externship Supervisor enter end of semester feedback into Calipso; Externship Supervisor enters final grade (S, ES)				
Final grades and feedback reviewed by Externship Coordinator; concerns communicated to Center Director, remediation plan initiated for students who do not demonstrate adequate progress (CD, EC)				

S: Student Extern      EC: Externship Coordinator      ES: Externship Supervisor  
CC: Clinic Coordinator      CD: Center Director

## **Augustana College Speech-Language Pathology Graduate Program Intervention Plan for Student Clinicians That Do Not Make Adequate Progress**

The Speech-Language Pathology program's four-term on-campus Clinical Practicum and two-term Clinical Externship experiences are designed to provide broad based clinical learning opportunities for graduate clinicians. Our goal is to provide short-term interventions when minor concerns arise with student clinicians' progress toward becoming competent speech-language pathologists. In most cases, it is anticipated that student clinicians will respond positively when interventions are provided to address minor concerns, and no further intervention will be needed. In more serious cases, however, additional supports may be provided to ensure that student clinicians are well prepared to provide the highest quality of service to their future clients with communication impairments.

### **Clinical Practicums I, 2, 3, & 4 in the Center for Speech, Language, and Hearing**

For students enrolled in Clinical Practicum Courses 1-4 (SLP-501, SLP-503, SLP-505, SLP-507) who fail to make satisfactory progress, the following interventions will be applied:

- Minor concerns. Examples of minor concerns may include but not be limited to the following:
  - being late or noticeably unprepared for a session
  - delayed or no response to supervisor's communications or requests to meet
  - incomplete data collection
  - missed meetings with a supervisor or missed clinical staffing
  - dress code violations
  - failure to keep clinical spaces neat and organized
  - not responding to clinical supervisors' feedback about low-stakes concerns
  - communication quality (vocal fry, minor articulation errors, etc.)
- *Intervention for a student clinician's first minor concern:*
  - The student clinician will meet with his or her clinical supervisor or Center Director to discuss the infraction. A follow-up meeting will be held one week after the first meeting to determine if the concern has been addressed sufficiently or if additional monitoring and support are needed. If the concern relates to documentation or lack of understanding of a clinical process or procedure, the supervisor who raised the concern will work individually with the student clinician to practice the skill in need of attention. In the case of communication quality concerns, students may be asked to enroll in services through the Center for Speech, Language, and Hearing until satisfactory progress has been noted.
  - The concern and action plan will be documented by the clinical supervisor or Center Director in Starfish and CALIPSO. The Starfish flag will be cleared when the clinical supervisor or Center Director are satisfied with the student clinician's progress in addressing the concern.
- *Intervention for multiple minor concerns:*
  - The student clinician will meet with his or her clinical supervisor or Center Director and goals specific to the areas of concerns will be set in an action plan. If a student does not follow through with the action plan within one week of meeting initially with his or her supervisor or the Center

Director, the student's final grade for practicum will be reduced by one-half a grade.

- The concerns and related action plans will be documented by the clinical supervisor or Center Director in Starfish and CALIPSO. The Starfish flag will be cleared when the clinical supervisor or Center Director are satisfied with the student clinician's progress in addressing the concern.
- Major concerns. Examples of major concerns may include but not be limited to the following:
  - Incompetent service delivery relative to stage of training (e.g., knowingly fabricating session data; inability to perform clinical tasks after being taught or demonstrated how to do them in clinically focused coursework, clinical staffings, or individual meetings with clinical supervisors or peers).
  - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients.
  - Violating HIPAA. Annual HIPAA training will be completed, and related policies will be reviewed throughout Practicum coursework and this approach is meant to proactively limit HIPAA violations.
  - Missed session without advanced notice (i.e., no call/no show).
  - *Interventions for major concerns:*
    - Incompetent service delivery. If a student clinician does not respond sufficiently to short-term interventions administered by their clinical supervisors or the Center Director, he or she may be asked to complete additional training (e.g., taking a course in a related field, completing an additional evidence-based practice assignment related to a client, viewing an ASHA webinar in a topic area related to the student's area of concern). If such interventions are not sufficient and at the student earns a grade lower than a B for any Practicum course, the student will retake the course and he or she will not accrue clinical hours for the semester in which the non-passing grade was assigned. Note that all four Practicum courses need to be taken before a student is permitted to complete his or her two Externships.
    - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients. If evidence exists to indicate that a student clinician has behaved disrespectfully or inappropriately aggressively, he or she will meet with the Center Director to discuss the concerns and he or she will be required to complete readings about professional interactions and then will practice appropriate communication strategies to use in the workplace with the Center Director until the Center Director is satisfied that the concern has been resolved. Additionally, the student's semester clinical practicum grade will be reduced by one full letter grade; student clinicians who fall below the B level as a result of the grade reduction may have to retake the Clinical Practicum course and will not be able to enroll in Externships until all Clinical Practicum experiences have been passed. Questions of

harassment will be directed to the College's attorney and, in very serious cases, could be grounds for dismissal from the program and the College.

- The concern and related action plan will be documented by the clinical supervisor or Center Director in Starfish and CALIPSO.
- Students who engage in major HIPAA or FERPA violations (e.g., knowingly sharing protected health information, accessing charts of clients who are not on their caseload without following proper reporting procedures, etc.) will receive a one-half grade reduction for their final semester Practicum grade. If this reduction results in a Practicum grade lower than a B, the student will retake the course prior to completing his or her Externship experiences.

### **Pediatric and Adult Externships**

Students who have satisfactorily completed Clinical Practicums I-4, as demonstrated by receiving a semester grade of B or higher, will be permitted to complete Pediatric and Adult Externships.

Once enrolled in Pediatric or Adult Externships, students will be expected continually to improve their clinical competence, behave professionally and ethically, and follow federal laws and uphold policies and procedures specific to their Externship site.

The Augustana College Speech-Language Pathology Graduate Program's intervention plan for student clinicians will be shared with Externship Supervisors who may append, within reason, additional interventions specific to the externship site. Such additions will be noted in the site's cooperative agreement that will be signed by the student clinician, the Center Director, and the Externship Supervisor prior to the student clinician beginning his or her Externship.

For students enrolled in Pediatric and Adult Externships (SLP-508 and SLP-509) who fail to make satisfactory progress, the following interventions will be applied:

- Minor concerns. Examples of minor concerns may include but not be limited to the following:
  - being late or noticeably unprepared for a session
  - delayed or no response to externship supervisor's communications or requests to meet
  - incomplete data collection
  - missed meeting with a supervisor or missed clinical staffing
  - dress code violations
  - failure to keep clinical spaces neat and organized
  - not responding to clinical supervisors' feedback about low-stakes concerns
  - communication quality (e.g., vocal fry, minor articulation errors, etc.)
  - *Intervention for a student clinician's first minor concern:*
    - The student clinician will meet with his or her externship supervisor to discuss the infraction with a follow up meeting to be held one week after the first meeting to determine if the concern has been addressed or if additional monitoring is needed. The Externship Supervisor will document the concern and action plan in CALIPSO and if requested by the externship supervisor, the Augustana College Externship Coordinator will follow up with the student clinician.

- *Intervention for multiple minor concerns:*
  - The student clinician meeting with his or her Externship Supervisor and goals specific to the areas of concerns will be set in an action plan. If a student does not follow through with the action plan within one week of meeting initially with his or her Externship Supervisor, the student's final grade for his or her Externship will be reduced by one-half grade. The concerns and related action plans will be documented by the Externship Supervisor in CALIPSO and, if requested by the externship supervisor, the Augustana College Externship Coordinator will follow up with the student clinician.
- Major concerns. Examples of major concerns may include but not be limited to the following:
  - Incompetent service delivery relative to stage of training (e.g., knowingly fabricating session data; inability to perform clinical tasks after being taught or demonstrated how to do them in clinically focused coursework, clinical staffings, or individual meetings with clinical supervisors or peers)
  - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients
  - Violating HIPAA. Annual HIPAA training will be completed, and related policies will be reviewed throughout speech-language pathology graduate coursework and this approach is meant to proactively limit HIPAA violations.
  - *Interventions for major concerns:*
    - Incompetent service delivery. If students do not respond to short-term interventions administered by their Externship Supervisors, they may be asked to complete additional training (e.g., taking an Education or Psychology course; completing an additional evidence-based practice assignment related to a client, viewing an ASHA webinar in a topic area related to the student's area of concern). Additional training options may be organized by the Center Director or Externship Coordinator, at the request of the externship supervisor. If such interventions are not sufficient and if the student earns a grade lower than a B for their Pediatric or Adult Externship, the student will need to retake the course at a different site and he or she will not accrue clinical hours for the course in which the non-passing grade was assigned.
    - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients. If evidence exists to indicate that a student clinician has behaved disrespectfully or inappropriately aggressively, he or she will meet with the Externship Supervisor, Externship Coordinator, and Center Director to discuss the concerns and the student clinician will be required to complete readings about professional interactions and will practice appropriate communication strategies to use in the workplace with the Externship Supervisor, Externship Coordinator, and Center Director until they are satisfied that the concern has been resolved.

Additionally, the student's semester Externship grade will be reduced by one full letter grade; students who fall below the B level as a result of the grade reduction may have to retake the Externship course. Questions of harassment will be directed to the College's attorney and, in very serious cases, could be grounds for dismissal from the program and the College.

- The concern and related action plan will be documented in CALIPSO by the Externship Supervisor and will be followed up by the Externship Coordinator.

Students who engage in major HIPAA violations (e.g., knowingly sharing protected health information, accessing charts of clients who are not on their caseload without following proper reporting procedures, etc.) will receive a one-half grade reduction for their final semester Externship grade in addition to other sanctions specified by the Externship site's policies. If this reduction results in an Externship grade lower than a B, the student will have to retake the course before graduating from the program. Students will not receive clinical hours for Externship work for which a non-passing grade was assigned.

## **Speech-Language Pathology Professional Licensure for the State of Illinois**

The Illinois Division of Financial and Professional Regulation (IDFPR) issues licenses for individuals to work within the field of speech-language pathologist and audiologist in the state of Illinois. A license is required of all master's degree speech-language pathologists, associate's degree speech-language pathologist assistants, and audiologists. While most speech-language pathologists working in the school setting hold a license issued by IDFPR, an unlicensed speech-language pathologist who has an Educator License issued by ISBE can work in the schools. A speech-language pathologist who does not hold a license issued by IDFPR cannot bill Medicaid or private insurance or supervise an assistant or paraprofessional. An audiologist or speech-language pathology assistant who does not hold a license issued by IDFPR is unable to work in any setting within the state of Illinois.

IDFPR requires that speech-language pathologists and audiologists complete 20 hours of continuing education for license renewal. Licenses are issued for two years and expire October 31st of odd numbered years. Speech-language pathologist assistants must complete 10 hours of continuing education for license renewal.

For more information regarding Illinois licensure by IDFPR, please see the IDFPR website at <https://www.idfpr.com/>.

This information was adapted from <https://www.ishail.org/licensing-certification>

## Illinois State Board of Education Requirements

See [www.isbe.net](http://www.isbe.net)

The following information is adapted from <https://www.isbe.net/Pages/PEL-School-Support-Ed-Lic.aspx>  
*Updated: August 2019*

### Speech-Language Pathologist (non-teaching)(154)

150 hours of supervised, school-based professional experience that consists of activities related to aspects of practice addressed in the content-area standard located in 25.250 and 23 Ill. Adm. Code 28 with respect to:

- planning and intervention
- the learning environment
- service delivery
- professional conduct and ethics, and
- facilitation and advocacy

#### Specific Requirements:

The preparation program must hold accreditation or "accreditation candidate" by the Council on Academic Accreditation in Audiology and Speech Language Pathology of the American Speech Language Hearing Association at the time the applicant completed the program (ASHA).

Must also hold a Speech-Language Pathology license issued by the Illinois Department of Professional Regulation (IDPR)(may be a temporary license) or a Certificate of Clinical Competency in Speech-Language Pathology from ASHA, and proof of application for the IDPR license.



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**PART SIX:**  
**DOCUMENTS RELATED TO SERVING RCSLH CLIENTS**

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## **Roseman Center for Speech, Language, and Hearing Workflow Procedures with Point and Click**

### **Overview**

In our Center, we use Point and Click (PNC), an electronic health records management system for all of our patients' file needs.

### **Privacy Practices Related to the HiTech Act & HIPAA**

- Patients' identities and protected health information need to be treated at all times as sensitive information. Clinicians may not discuss patients' identity (names, diagnoses, ages, etc.) except for educational or clinical purposes.
- Names of patients or other identifying information should not be used in email communication with our Center Coordinator, supervisors, or other individuals (use initials instead). Whenever possible, instant messaging through Point and Click should be used for clinicians and supervisors to communicate about clinic matters. Because of security safeguards with Point and Click, you may use patient's names in PNC.
- Students are not able to print through PNC because charts include protected health information.
- PNC enables us to monitor user access to patient's electronic charts. When working on patient reports, students should do so, to the extent possible, in the Brodahl building, or in an area where their screens are not visible to other individuals. Sessions in which chart information are viewed are logged and able to be audited to ensure that patient privacy is maintained.
- We have a limited number of secure work station licenses that we pay for. Nobody other than the student clinician should be able to view the screen when PNC is open. Failure to follow this procedure could result in a privacy violation and hence, a grade of F for clinic class.
- STUDENTS ARE NOT ALLOWED TO VIEW, UNDER ANY CIRCUMSTANCES, WITHOUT PERMISSION FROM THE CENTER DIRECTOR, CHARTS OF PATIENTS NOT ASSIGNED TO THEM IN A GIVEN SEMESTER. We receive a log of chart views. Viewing a chart of a patient not assigned will result in an F grade for clinic that term. Students must receive written permission from the Center Director to view charts of patients not on their caseload in a given term. If a student clinician unintentionally clicks on a chart of a patient not assigned to him or her, he or she immediately should explain the situation in an email to the Center Director.

### **Using PNC**

- At the beginning of each term, the Department Coordinator will enter student clinicians' data enabling them to access PNC. The Center Director will enter the clinic schedule before day 1 of the term.
- Student clinicians first need to create a password to be able to use PNC (see "accessing a hosted site" instruction sheet—Augustana1860). If you are struggling to create a password, before you contact the Center Director or Coordinator for assistance, please make sure you have reread the instructions; take special care to be sure that your slashes are facing the correct direction; this is the most common human error encountered when trying to access PNC. If you are sure you have followed all directions correctly, ask a senior clinician who has PNC experience for help. If this still does not work, then contact the Coordinator or Director.
- Double click on "PNC Production". Open the new window by double clicking on the file on the lower left hand part of your screen. Note that you will need to re-enter your credentials (i.e., your password) two more times.
- You should see the "Application Coordinator" window pop up. This is where you launch several PNC modules. Student clinicians most often will use "Scheduling," "Chart," and "Instant Message" features.

## Chart

- Select “Patient” and enter the first few letters of your patient’s last name to search for your patient’s chart. On the left-hand side of the screen, you will see a Medical Summary. Select “Notes” to read SOAPs, reports, and other documents. Farther down under the Medical Summary column, you will find “All documents” and “Scanned documents” that include information such as test forms, reports, speech or language samples, reports from other agencies, IEPs/IFSPs, privacy notices, patient questionnaires, and more.
- Click on “Medical Summary” and in the center of the screen under “Compose Note”, you can compose a new non-appointment note. The types of notes you will compose include, among others, the following:
  - SLP SOAP note
  - Under federal law, a SOAP note is the primary document that needs to be provided to patients or their caregivers upon request for records.
  - SLP Intervention Plan
  - SLP Semester Report
  - Master Plan
    - \*\*Note: after you check in your patient, you can click on the Chart icon on the tool bar and access the chart that way, as well!
- Students should use the instant message feature in PNC to communicate with supervisors. IM should be used to ask questions, complete revisions of SOAP notes, intervention plans, etc. and to notify supervisors and clinicians when documents are ready to be signed.
- NOTE: Clinical supervisors sign all documents; student clinicians create the initial drafts of them.

## SLP Semester Report

- At the end of each term, students will complete an abbreviated report found under the “SLP Semester Report” template in PNC. Semester reports will be drafted weeks 6-8 of clinic.
  - Start a new SLP Semester Report by using the following procedure:
    - Chart
    - Patient: type in patient’s name
      - Select visit
  - Template (enter top of screen)
    - SLP Semester Report
    - How to fill out the form fields for the SLP Semester Report:
- Time tracking: select “not applicable”
- Current diagnosis: complete
- Date of onset: type “NA”
- Referred by: check parent questionnaire and complete. If unknown, leave blank
- Current Testing Results
  - Complete only if testing was completed in fall or winter semesters
- Goals & Progress Made
  - Insert these words for the header PATIENT’S NAME’s goals and short-term objectives are listed below.
  - For long-term goals, list the general area (receptive language, expressive language, voice quality, speech intelligibility, etc.)
  - For short-term objectives immediately after the long term list, do not include measurable criteria, but specify the subskill of communication being targeted (see example attached report)
  - For short-term objectives in the table, select the first day that patient will come in for the semester as the initiated date; enter measurable criteria

- In the form field that follows the short-term objective table, list baseline data and specify when the data were collected (see example).
- Impressions: completed at the end of the semester; explain relative areas of strength, areas for continued improvement, levels of support suggested, etc.
- Recommendations: completed at the end of the semester; explain if patient is continuing, if they are being dismissed, etc. Also list areas to be targeted if future intervention is recommended.
- Sign, then IM the supervisor to let them know it is ready for review. The supervisor won't sign and print until the end of the semester.
- Once supervisors are satisfied with report revisions, they will sign them and print them or ask the Clinic Coordinator to do so because student clinicians do not have printing rights.
- Students will give the printed copy of the semester report to the parents to inform them of patient progress.
- A few additional considerations about reports:
  - Long Term Goals begin with patient's name
  - Short Term Objectives listed under the Long Term Goals generally should begin with the words "improve" or "increase" but should not include patient's name- these should identify subskills but not be written in measurable form
  - Short Term Objectives in the table should be measurable and include data and/or teaching strategies
- Do not use periods in goal or objective statements

### **Scheduling**

- Enter your supervisor's name in the Provider window at the top of the screen, then select the date. Right click on your client's name and select "check in." Then you may toggle to the Chart view by clicking on the chart icon on the upper right hand side of the tool bar. Using this approach will link your appointment to the appropriate chart functions such as SOAP notes and intervention plan.
- Students will click on the patient's appointment in OpenSchedule and proceed to check in the patient immediately before they draft a speech-language SOAP note. This may be done after the session, ideally within one day of the session and prior to completing the encounter note attached to the session.

### **Editing**

- Questions or comments for the supervisor should be instant messaged. The supervisor will request changes, if any, via instant messaging in PNC.
- After the student revises, the supervisor will sign the note and it will be archived in the patient's chart. Related student-supervisor communication will disappear and not be part of the patient's permanent chart.
- NOTE: If clinicians are prompted to insert a CPT diagnosis code (the most common one used for speech and language patients is 92507 treatment of speech/language/voice and/or auditory processing disorder, individual), be sure to select the one with \$0 charge associated with it.
- Be sure to select the appropriate session type INDIVIDUAL or GROUP.

## Accessing Point and Click

Go to the Internet using Internet Explorer to: <https://augustanaslh.pointnclick.com/>

When the remote window opens, type the domain (pointnclick) and your assigned username in the box labeled 'domain\username' as follows: pointnclick\your username

Type your default password, **Augustana1860**, in the password box.

You will see that the initial password immediately expires. Follow the instructions on the screen to change your password.

Work Resources  
RemoteApp and Desktop Connection

Help

Domain\user name: pointnclick\cbryant x

Password:

Your password is expired. Click [here](#) to change it.

Security ([show explanation](#))

☐ This is a public or shared computer

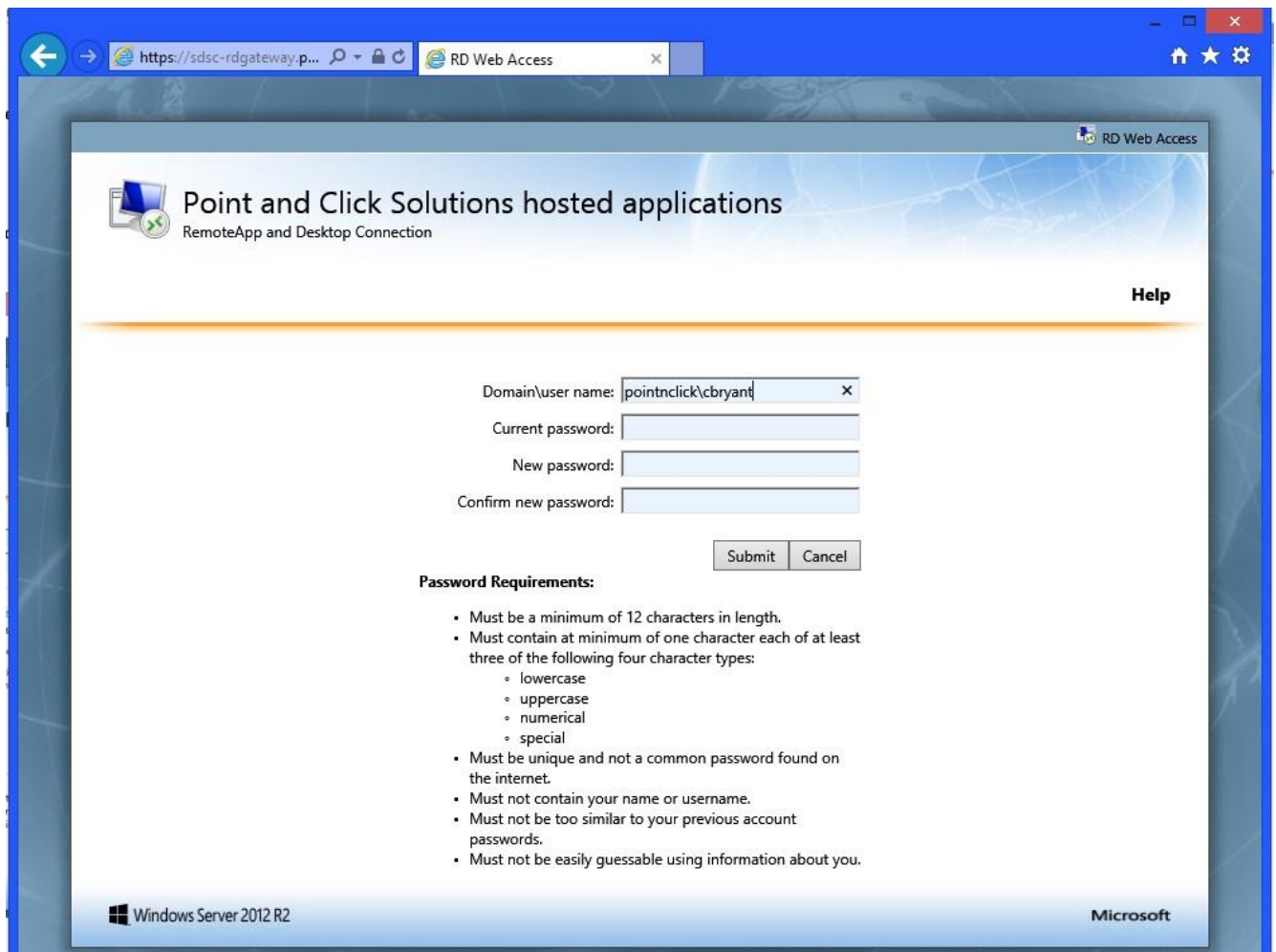
☒ This is a private computer

Warning: By selecting this option, you confirm that this computer complies with your organization's security policy.

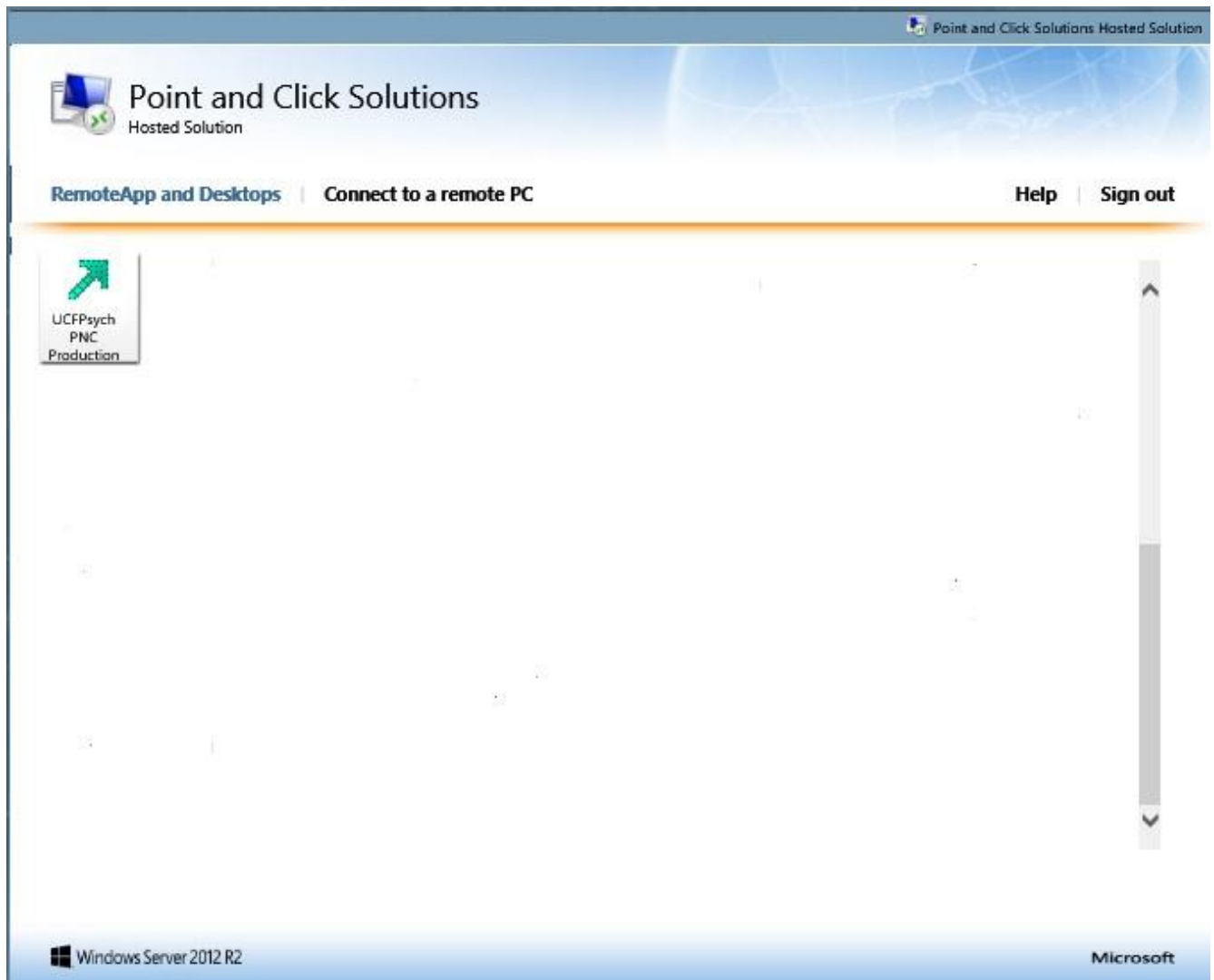
Sign in

To protect against unauthorized access, your RD Web Access session will automatically time out after a period of inactivity. If your session ends, refresh your browser and sign in again.

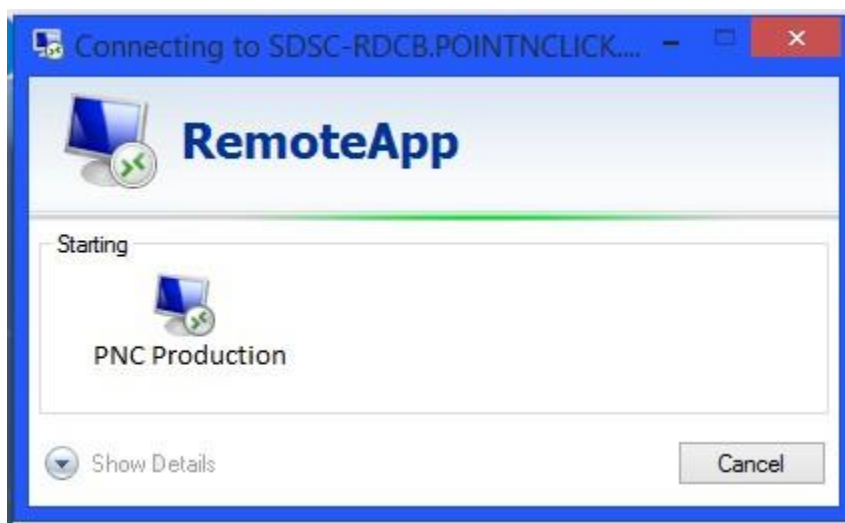
Windows Server 2012 R2 Microsoft



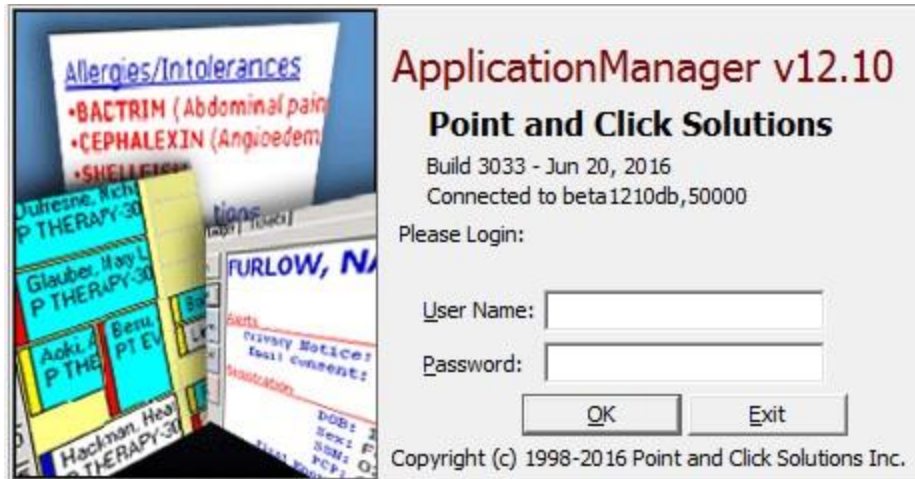
When the new window opens you will see shortcuts to the database(s) to which you have access. Single-click on the arrow-shaped shortcut.



In a few seconds the 'RemoteApp' screen will appear. WAIT

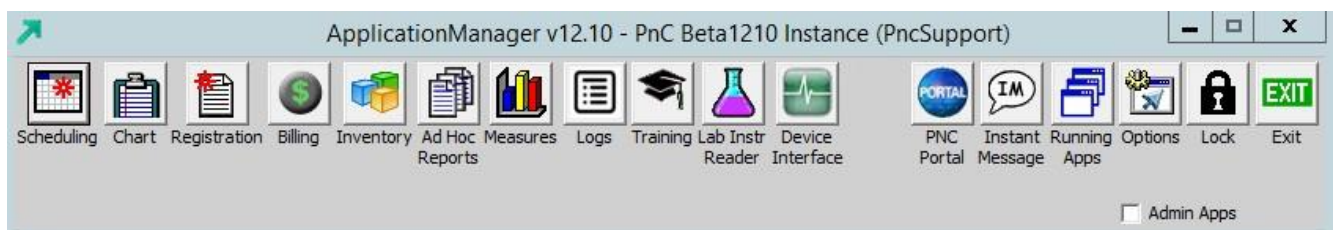


The Point and Click Application window will open. Enter your username in the window. Enter your password (the same one you used to access the rdsgateway).



When the Application Coordinator opens, you can now access everything your user account permits. Your Application Coordinator screen may not contain all the icons shown, due to the permissions assigned to your user account.

To quit Point and Click, go to the Application Coordinator and click on 'Exit'. When the application closes, choose 'Sign Out' from the upper right of the Remote Gateway screen.







# Point and Click Solutions

Hosted Solution

[RemoteApp and Desktops](#)

[Connect to a remote PC](#)

[Help](#)

[Sign out](#)



## Roseman Center for Speech, Language, and Hearing

### SOAP Notes

SOAP is an acronym that stands for SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN.

SOAP notes are used in most clinical, medical, and graduate clinic sites in speech-language pathology and audiology. School settings also require similar formats for record-keeping. SOAP notes should be written each week for each client and turned in to your supervisor with the upcoming week's intervention plans. SOAP notes should be concise: think bullets, not prose.

#### **S: Subjective**

What factors may have contributed to the client's communicative performance today?

*Some examples:*

- Client was getting over a cold and had difficulty using lowered pitch
- Client had a tantrum in the waiting room and took 10 minutes to calm down
- Client was engaged and ready to work

#### **O: Objective**

For each goal area targeted, what performance level was obtained? This is the place to list quantitative data. You may also indicate level of support/teaching strategy used to achieve this level; similarly, indicate if performance is independent.

*Some examples:*

- Objective 1/increase MLU: at the preparatory set level, CLIENT used S-V-Adj-O sentence structure for 8/10 trials
- Objective 2/improve production of initial /s/ clusters @ word level: 70% (14/20) accuracy with a 1:3 model
- Objective 3/increase initiation to peers: CLIENT initiated 4 times in 2 minutes to the same peer with only 1 clinician visual prompt
- Objective 4/improve use of memory book for communication: CLIENT named 4/6 family members when provided a phonemic cue

#### **A: Assessment**

This is where you have the chance to analyze the subjective and objective data. You may comment on materials/activities used, # of responses; behavior management, etc. in this section.

*Some examples:*

- CLIENT was very inconsistent in his use of third person singular forms compared to previous weeks; he appeared distracted during this activity.
- CLIENT performed unusually well in the direction following task; it was noticed, however, that all directions included quantity concepts.

#### **P: Plan**

What next? How should teaching strategies/levels of clinician support be adjusted?

Are objectives appropriate for moving the client toward independent improvement? If not, what are the plans for adjusting?

*Some examples:*

- Objective 1 needs to be updated to reflect recent growth. Revised: CLIENT will improve use of complex sentences such that 50% of utterances on an end of term language sample contain at least two verb phrases (former criterion: 30%)
- CLIENT has not improved his use of third person singular for the past 3 weeks using a cloze task format; thus, we will increase clinician support using forced choice for at least 2 weeks and then will reassess.
- CLIENT seems too distracted when Play Doh is used for expressive language tasks; in future weeks, we will avoid tactile activities when targeting expressive goals.

## Example Intervention Plan (Pediatric)

Age: 5 Sex: Male  
Day/Month/Year TIME with CLINICIAN  
Encounter #: #####

### INTERVENTION PLAN

**Augustana College**  
**Communication Sciences and Disorders**  
**Roseman Center for Speech, Language, and Hearing**

**Physical Address:**  
761-34<sup>th</sup> St.  
Rock Island, IL 61201

**Mailing Address:**  
639-38<sup>th</sup> St.  
Rock Island, IL 61201

Audiology Clinic Phone: (309) 794-7358  
Speech-Language Clinic Phone: (309) 794-7350

### INTERVENTION PLAN

**Client:** NAME  
**Clinician:** CLINICIAN'S NAME  
**Supervisor:** SUPERVISOR'S NAME  
**Date:** DATE

#### Goal

CLIENT will improve receptive language skills

#### Measurable Objectives

1. CLIENT will accurately respond to who, what and where questions during a structured activity.
2. CLIENT will follow two-step directions during a structured play activity.

#### Teaching Strategies

1. Repetition of question, forced choice, close task
2. Repetition of question, hand over hand, modeling

#### Criterion & Number of Trials

80% accuracy

#### Procedures/Materials

1. Book
2. Worksheet, crocodile game

#### Stimuli (word lists, scripts, etc.)

1. Read a book and answer WH questions
2. Follow one step directions listed on the worksheet and push a crocodile tooth down after following each one

#### Goal

CLIENT will improve social interaction skills

#### Measurable Objective

1. CLIENT will accurately identify emotions
2. CLIENT will be provided a model of turn taking

**Teaching Strategies**

1. Verbal cues, cloze task
2. Maximum clinician support

**Criterion & Number of Trials**

80% accuracy

**Procedures/Materials**

1. Mystery box, emotion flashcards
2. Bowling, cheese stack

**Stimuli (word lists, scripts, etc.)**

1. Pull out an emotion from the box and say how the person is feeling
2. Practice taking turns bowling or playing the cheese stack game

**Goal**

CLIENT will improve expressive language skills

**Measurable Objective**

CLIENT will label objects during a structured play activity

**Teaching Strategies**

Verbal cues, repetition of question

**Criterion & Number of Trials**

80% accuracy

**Procedures/Materials**

1. What's in Ned's head game?

**Stimuli (word lists, scripts, etc.)**

1. Pull out objects from Ned's head and say what they are

Student Clinician: Signed by CLINICIAN on DATE TIME  
Signed by SUPERVISOR M.A., CCC-SLP on DATE TIME

### Example SOAP Note

Age: 9 Sex: Female  
Day/Month/Year TIME with CLINICIAN  
Encounter # #####

### SLP SOAP NOTE

**Augustana College**  
**Communication Sciences and Disorders**  
**Roseman Center for Speech, Language, and Hearing**

**Physical Address:**  
761-34<sup>th</sup> St.  
Rock Island, IL 61201

**Mailing Address:**  
639-38<sup>th</sup> St.  
Rock Island, IL 61201

Audiology Clinic Phone: (309) 794-7358  
Speech-Language Clinic Phone: (309) 794-7350

### SPEECH-LANGUAGE SESSION NOTE

Treatment: Individual  
Type:  
Date of Onset: DATE  
  
Length of Treatment (min.): 60 minutes

### SUBJECTIVE

CLIENT had a successful session today. She was motivated by earning speech bucks during each activity.

### OBJECTIVE

Session Note Objective Findings				
Date	Goal	Activities	Materials/ Cues/ Prompts	Performance Data
DATE	CLIENT will demonstrate mastery of CVC word decoding.	The clinician will choose CVC words and wrote out each letter on a board. CLIENT decoded each word by sounding it out.	CVC words	CLIENT accurately decoded words with 38% accuracy (5/13), which increased to 62% accuracy (8/13) with clinician support.
DATE	CLIENT will demonstrate mastery of Dolch pre-primer sight words by decoding each word in 3 seconds or less and accurately identifying words when provided with verbal stimuli.	CLIENT and the clinician went through 20 Dolch pre-primer sight words. The clinician also presented CLIENT with color by sight word coloring pages, and CLIENT identified the word by coloring it with the corresponding color.	drill, visual, verbal cue	CLIENT accurately decoded Dolch pre-primer sight words with 73% accuracy (29/40). CLIENT accurately identified Dolch pre-primer sight words with 100% accuracy (5/5).
DATE	CLIENT correctly produce initial /st/ clusters at word level	CLIENT participated in an egg hunt and produced initial /st/ cluster words.	verbal cue, visual cue	CLIENT produced initial /st/ clusters with 25% accuracy (10/40), which increased to 40% accuracy (16/40) with clinician support.

DATE	CLIENT will correctly produce pronouns he, she, and they, his and her in a structured activity.	CLIENT and the clinician sorted food based on which CLIENT wanted them using pronouns he, she, and they. The clinician showed a boy room and a girl room to CLIENT, and CLIENT identified whose bedroom certain items were in.	direct teaching, focused stimulation	CLIENT produced pronoun he with 100% accuracy (3/3). CLIENT produced pronoun she with 40% accuracy (2/5), which increased to 60% accuracy (3/5) with clinician support. CLIENT produced pronoun they with 100% accuracy (4/4). CLIENT produced pronoun his with 100% accuracy (4/4). CLIENT produced pronoun her with 100% accuracy (4/4).
DATE	CLIENT will formulate grammatically correct and logical yes/no questions.	The clinician chose items and hid them in a box, CLIENT asked yes/no questions to figure out what was in the box.	visual cues (circles), focused stimulation	CLIENT produced functional yes/no questions with 80% accuracy (8/10), which increased to 90% accuracy (9/10) with clinician support.
DATE	CLIENT will produce past tense -ed in a structured activity.	CLIENT and the clinician played with the dollhouse, and CLIENT used past tense -ed to explain what each person just did.	direct teaching, focused stimulation	CLIENT produced past tense -ed with 78% accuracy (7/9) which increased to 89% accuracy (8/9) with clinician support.

### ASSESSMENT

01. CLIENT had difficulty with final sounds of CVC words. She responded well to clinician support in the form of sounding it out.
02. CLIENT had little difficulty identify and decoding Dolch pre-primer sight words. The clinician baselined all 40 Dolch pre-primer sight words.
03. CLIENT lateralized most of her /st/ clusters but responded well to visual and verbal cues by the clinician.
04. CLIENT had little difficulty producing pronouns he, they, his, and her. CLIENT replaced she with her.
05. CLIENT met criterion for producing yes/no questions.
06. CLIENT needed little clinician support in producing past tense -ed. She responded well to pre-cueing.

### Diagnosis

Developmental disorder of speech and language, unspecified (F80.9)

### Charge Slip Form

Speech Language Session, Individual

### PLAN

01. Continue; avoid words containing d and b
02. Continue; add 5 sight words
03. Continue; utilize placement cues after lateralized production
04. Continue; provide focused stimulation for his and her pronouns
05. Continue; provide visual cue if needed
06. Continue; cycle different morpheme next week

Student Clinician: Signed by CLINICIAN on DATE TIME  
Signed by SUPERVISOR M.A., CCC-SLP on DATE TIME

## Example Audiology Note (Adult)

**Augustana College**  
**Roseman Center for Speech, Language, and**  
**Hearing**  
**639 38<sup>th</sup> Street**  
**Rock Island, IL 61201**  
**(309) 794-7350**  
**HEARING EVALUATION**

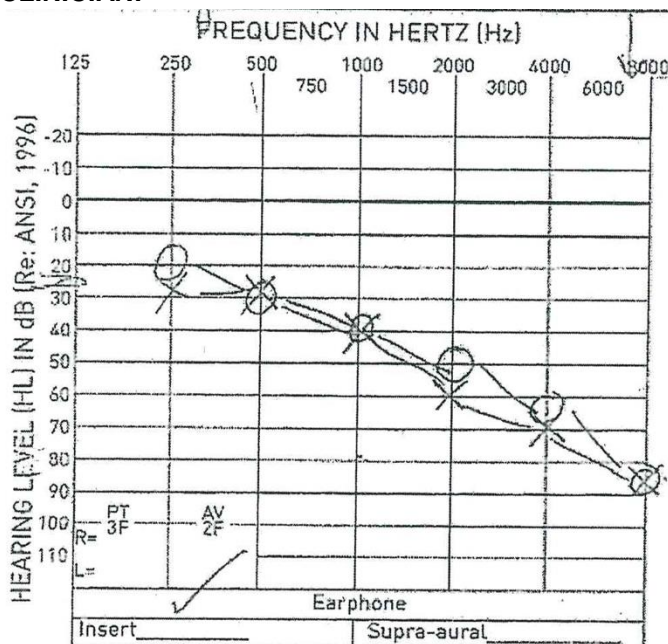
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**AGE:** \_\_\_\_\_

**RELIABILITY:** good

**STUDENT**

**SUPERVISOR:**

**CLINICIAN:**



### SPEECH AUDIOMETRY

	SRT/ SDT	%	HL	S/N	Test
R					
L					
SF					

LEGEND		RE	LE	No Response (Examples)
AIR CONDUCTION	Unmasked Masked	O Δ	X □	X O
BONE CONDUCTION	Unmasked Masked	◀ ▶	◀ ▶	◀ ▶
SOUND FIELD	Unaided Aided		S A	S A

### IMMITTANCE MEASUREMENTS

REFLEX DECAY			TYMPANOMETRY	
500	1000	2000	R	L
RE			Ear Canal Vol.	
LE			Pressure Peak (daPa)	
			Compliance (ml)	

### ACOUSTIC REFLEX THRESHOLDS

STIM EAR	PROBE EAR	FREQUENCY					
		250	500	1000	2000	4000	WBN

### AUDIOLOGICAL SUMMARY AND RECOMMENDATIONS

**Background:** Patient has bilateral tinnitus for 40+ years. Saw patient for tinnitus consultation. Last hearing test was at 10 years old. Obtained pure tone thresholds to conduct tinnitus testing.

**Hearing:** Left - mild sloping to severe hearing loss  
 Right - slight sloping to severe hearing loss

**Recommendations:** receive doctor referral for insurance and obtain a comprehensive audiogram.  
 Continue tinnitus therapy.

AUDIOLOGIST Au.D., CCC-A

### Example Audiology Report

Client name: John Doe  
Client D.O.B.: 1/1/1940  
Student clinician(s): None

Date of appointment: 1/12/16  
Date of report: 1/17/16  
Supervisor: Ann Perreau

John was seen today for a hearing evaluation. John was last seen on 12-8-16 for a hearing screening. At that visit, John did not pass the hearing screening in either ear. Significant amounts of cerumen were noted in both ears, and a recommendation was made to remove the wax. John reports today that he did have the wax removed, and felt he could hear much better. He reported having difficulty hearing others in small groups, particularly female voices, and while watching TV. He has not previously had a hearing test. He denies pain or discomfort in either ear, tinnitus and vertigo, or any other significant history of ear infections.

Otoscopy revealed clear ear canals and tympanic membranes in both ears. Hearing thresholds were measured using conventional audiometry and insert earphones. In the right ear, hearing was normal at 250-500 Hz, sloping to a moderately severe sensorineural hearing loss. In the left ear, hearing was normal at 250 Hz, sloping to a severe sensorineural hearing loss. Speech reception thresholds agreed with pure tone results. Word recognition testing was performed using W-22 monosyllable words in quiet and presented at the patient's most comfortable level of 65 dB HL to the right and left ears, respectively. Scores of 88% and 84% were obtained in the right and left ears. This indicates slight difficulty for speech understanding in both ears.

John has normal low-frequency hearing in both ears, sloping to a moderately severe sensorineural hearing loss in the right ear, and a severe sensorineural hearing loss in the left ear. Word recognition is moderately reduced in both ears, when presented at the patient's most comfortable level.

Today's results were discussed with John. It was recommended that John pursue bilateral hearing aids to address his hearing concerns. It was also recommended that John receive annual hearing tests. He was encouraged to contact the clinic with any additional questions or concerns.

Student clinician name



## Example Semester Report

Age: 24 Sex: Male  
Day/Month/Year TIME with CLINICIAN  
Encounter #: #####

### MISC NOTE

## SPEECH / LANGUAGE SEMESTER REPORT

### Time Tracking

Time tracking not applicable

### PERTINENT HISTORY

Current Diagnosis: Autism Spectrum Disorder Date of Onset: Day/Month/Year

### GOALS & PROGRESS MADE

A summary of social skills targeted during Summer Clinic YEAR is included below. CLIENT participated in a social skills group with 5 same-age peers. Each 120-minute session included: clocking into the session, time for reviewing homework from the previous session; introduction of a new skill and/or theme; demonstration of “correct” and “incorrect” use of each skill using a video or live role-play; time for guided practice on new skills and review of previous introduced skills; snack time, when group members were encouraged to compromise and practice conversation and life skills; and clocking out of the session. CLIENT attended 6 of the 6 two-hour sessions of group intervention on the following dates: Day/Month/Year, Day/Month/Year, and Day/Month/Year.

### Long Term Goals

<b>Goal:</b>	CLIENT will improve social language and interaction skills.
--------------	---

CLIENT's goals, with rationales, intervention procedures, measurable objectives, final baseline data and progress are listed in the sections that follow.

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
DATE	Demonstrate ability to “clock in” and “clock out” of sessions without clinician prompts.	Partially met; see below.
DATE	Spontaneously initial conversation with peer or clinician 8 times in 1 two-hour session.	Ongoing; see below
DATE	Respond contingently to a question with a complete, grammatically correct comment in 80% of opportunities.	Ongoing; see below
DATE	Ask grammatically correct questions during a structured activity with 80% accuracy.	Ongoing; see below
DATE	Demonstrate skills to handle disagreements in 4 out of 5 opportunities.	Ongoing; see below

End of Summer term final baseline data (Day/Month/Year):

clock in and clock out of session without clinician prompts:

CLIENT clocked in when given a cue (unable to do so independently); CLIENT was able to clock out independently

spontaneously initial conversation with peer or clinician:

CLIENT spontaneously initiated conversation 5 times.

respond contingently to a question with a complete, grammatically correct comment:

75% with clinician support

ask grammatically correct questions during a structured activity:  
67% independently; 100% when given maximum clinician support

independently demonstrate skills to handle disagreements:  
50% accuracy

### **IMPRESSIONS**

CLIENT participated well in all activities throughout the summer. During the lesson and teaching of a new skill, CLIENT required moderated prompting (i.e., verbal encouragement) from the clinicians to remain engaged. When engaged and interested in the activity, CLIENT's frequency and consistency of initiation increased. With support, CLIENT demonstrated the ability to use targeted skills during structured activities; however, he required increased clinician support to generalize targeted skills to less structured conversational activities.

### **RECOMMENDATIONS**

Continued social and conversational skill intervention during the Fall term YEAR at the Roseman Center for Speech, Language, and Hearing is recommended. CLIENT would continue to benefit from participation in a social skills group, targeting skills that include, but are not limited to the following:

- Providing a reason why a role play is right or wrong
- Increased initiation of verbal conversations
- Continuing to expand his responses to questions; responding contingently to questions with complete, grammatically correct comments
- Handling disagreements

Student Clinician: Signed by CLINICIAN on DATE TIME  
Signed by SUPERVISOR M.A., CCC-SLP on DATE TIME

### Example Semester Report (Pediatric)

Age: 11 Sex: Male

Day/Month/Year TIME with CLINICIAN

Encounter #: #####

MISC NOTE

## SPEECH / LANGUAGE SEMESTER REPORT

### Time Tracking

Time tracking not applicable

### PERTINENT HISTORY

Current Diagnosis: Speech Sound Disorder Date of Onset: Day/Month/Year

### GOALS & PROGRESS MADE

CLIENT's goals and short-term objectives are listed below. During the summer, CLIENT participated in small group intervention with one same-age peer.

#### Long Term Goals

<b>Goal:</b>	CLIENT will improve speech intelligibility
--------------	--

#### Short Term Objectives

<b>Goal:</b>	Improve phoneme production at the sentence level
<b>Goal:</b>	Improve phoneme production in conversational speech
<b>Goal:</b>	Improve self-monitoring skills

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
DATE	Produce the /f/ phoneme in all positions in self-formulated sentences with 85% accuracy	Ongoing; see below
DATE	Produce target speech sounds during a structured activity with 80% accuracy	Ongoing; see below
DATE	Participate in 10 minutes of spontaneous conversation with fewer than 4 speech sound errors	Day/Month/Year
DATE	Accurately judge speech sound production at the single word level, such that CLIENT achieves 90% agreement with the clinician	Ongoing; see below

- At the end of the summer, CLIENT produced initial /f/ in self-formulated sentences with 82% accuracy. Occasional spontaneous self-correction was noted. Performance improved over his initial baseline of 53% accuracy. Verbal cues for rounded lip posture, as well as a prompt to "close your back teeth more" facilitated correct productions
- Production of target speech sounds, including /f/, /t/, and /dʒ/ in all word positions was inconsistent during activities such as an egg drop experiment or making balloon race cars. Owen achieved up to 75% accuracy, but opportunities for targets was variable, based on specific materials and procedures associated with each activity.
- In conversational speech, CLIENT met criteria with only 2 errors noted. CLIENT's results varied somewhat throughout the summer, depending on how many opportunities for target sounds were produced spontaneously while answering questions about discussion cards or talking about weekend activities with his group members.
- CLIENT achieved up to 80% agreement when judging his own and his group member's productions of single words. It was noted that CLIENT was more accurate when judging his own productions.

**IMPRESSIONS**

During the summer, CLIENT enjoyed participating in small group intervention session. He was enthusiastic during all activities and often initiated conversation with his group members. CLIENT demonstrated improvement in his ability to self-monitor and self-correct his speech during more structured activities, but he had a more difficult time focusing on speech sound production while engaged in more hands-on projects.

**RECOMMENDATIONS**

CLIENT would continue to benefit from opportunities to practice correct production of speech sounds.

Continued interventions during the Fall YEAR term at the Roseman Center for Speech, Language, and Hearing is recommended. Suggested short-term objectives include, but are not limited to the following:

- Improve production of /ʃ/, /tʃ/, and /dʒ/ in self-formulated sentences, with emphasis on self-monitoring and self-correction
- Improve speech sound production in the context of less structured, hands-on activities, preferably in a small group setting
- Improve awareness of speech sound production, such that CLIENT can accurately judge his own and other's productions.

Student Clinician: Signed by CLINICIAN on DATE TIME

Signed by SUPERVISOR M.A., CCC-SLP on DATE TIME

## Example Semester Report (Adult)

Age: 58 Sex: Male  
Day/Month/Year TIME with CLINICIAN  
Encounter #: #####

### MISC NOTE

## SPEECH / LANGUAGE SEMESTER REPORT

### Time Tracking

Time tracking not applicable

### PERTINENT HISTORY

Current Diagnosis: Wernicke's Aphasia Date of Onset: Day/Month/Year

### GOALS & PROGRESS MADE

CLIENT's goals and short-term objectives are listed below.

#### Long Term Goals

<b>Goal:</b>	CLIENT will improve executive functioning
<b>Goal:</b>	CLIENT will improve receptive language skills
<b>Goal:</b>	CLIENT will improve expressive language skills

#### Short Term Objectives

<b>Goal:</b>	Increase sustained attention
<b>Goal:</b>	Improve comprehension of verbal directions
<b>Goal:</b>	Improve reading comprehension
<b>Goal:</b>	Improve conversational skills
<b>Goal:</b>	Improve written expression

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
DATE	CLIENT will complete a variety of sustained attention tasks for 15 minutes; he will accurately self-evaluate his attention during these tasks in 6 of 6 sessions	Day/Month/Year
DATE	CLIENT will follow verbal directions containing 2 critical elements with 80% accuracy	Ongoing; see below
DATE	CLIENT will demonstrate reading comprehension at the sentence level during a structured activity with 80% accuracy	Day/Month/Year
DATE	CLIENT will initiate 3 appropriate questions during informal conversation throughout a 60-minute session	Ongoing; see below
DATE	CLIENT will respond to an email prompt with 1 or more grammatically correct, contingent sentences	Day/Month/Year

- Sustained attention: At the beginning of each session CLIENT completed a sustained attention task. During the summer, he progressed from completing a coloring activity to a more cognitive activity, i.e., a word search. After 15 minutes, CLIENT was asked to rate his ability to sustain attention as "good", "so so", or "poor". 4 of 6 sessions were rated as "good", and the remaining 2 were "so so". Additionally, CLIENT spontaneously commented that tasks are easier if he works slower. He stated that if he tried to work fast he gets dizzy.

- Verbal directions: CLIENT followed directions, such as "Give me the blue buzzer" with up to 67% completely correct, and the remaining directions partially correct. For example, CLIENT would correctly choose the blue buzzer [versus a different color buzzer, or the blue cup] but picked it up instead of handing it to the clinician.

- Reading comprehension: CLIENT completed a variety of sentence-level reading activities with 80% accuracy or higher. CLIENT was able to state whether each choice was correct or incorrect with 77% accuracy. An example item included: A woman's purse... 1) can hold many things 2) can prepare a meal 3) can be made of leather
- Question initiation: At the beginning of each session, CLIENT was reminded to ask the clinician questions during conversation, and a visual reminder was placed on the table throughout all activities. At the end of the summer, CLIENT initiated 2 questions related to the conversation topic with a minimal reminder.
- Written expression: CLIENT demonstrated good improvement in this area. He consistently responded to an email prompt sent by the clinician during the week between his scheduled sessions with a response of 3 or more sentences. Before his session on DATE, CLIENT sent an email containing 7 sentences; 3 included minimal errors but were essentially grammatical/complete. During the session CLIENT was able to revise one of his sentences to be completely correct with minimal support.

## **IMPRESSIONS**

CLIENT made good progress during the summer. He demonstrated improved self-awareness and spontaneous use of strategies when completing sustained attention activities. Good improvement was also demonstrated on tasks targeting comprehension of more complex verbal directions. CLIENT's performance was facilitated by using the same set of manipulatives throughout the summer clinic. CLIENT demonstrated good reading comprehension at the sentence level and is ready to work on reading short paragraphs. CLIENT should continue to work on conversation skills, including appropriate turn-taking and initiation of questions, and he should continue to work on functional written expression.

## **RECOMMENDATION**

Continued intervention during the Fall YEAR term at the Roseman Center for Speech, Language, and Hearing is recommended. Suggested short-term objectives include, but are not limited to the following:

- Continue to target sustained attention. It is recommended that tasks include a cognitive component, such as working on a puzzle.
- Continue to improve comprehension of verbal directions
- Continue to improve functional reading comprehension
- Continue to improve conversational skills
- Continue to improve functional written expression; calculation and money skills should be more formally assessed to obtain baseline information

Student Clinician: Signed by CLINICIAN on DATE TIME

Signed by SUPERVISOR M.A., CCC-SLP on DATE TIME

## Example Evaluation Report (Pediatric)

Age: 8 Sex: Female  
Day/Month/Year TIME with CLINICIAN  
Encounter #: #####

## SPEECH-LANGUAGE DIAGNOSTIC REPORT

**Augustana College**  
**Communication Sciences and Disorders**  
**Roseman Center for Speech, Language, and Hearing**

**Physical Address:**  
761-34<sup>th</sup> St.  
Rock Island, IL 61201

**Mailing Address:**  
639-38<sup>th</sup> St.  
Rock Island, IL 61201

Audiology Clinic Phone: (309) 794-7358  
Speech Clinic Phone: (309) 794-7350

### SPEECH-LANGUAGE EVALUATION

**Parent/Guardian:**  
**Address:**  
**Telephone:**  
**Referral Source:**  
**Supervisor:**

#### Reason for Referral

CLIENT was referred by NAME OF REFERRAL SOURCE because results of recent testing indicated that CLIENT presents with a spoken and written language disorder. NAME OF REFERRAL SOURCE identified several areas of linguistic challenge for CLIENT and also referred her for additional language testing. Specific areas of deficit including spelling, comprehending written passages, and reading. CLIENT's mother, NAME, accompanied CLIENT to her evaluation to Roseman Center for Speech, Language, and Hearing on Day/Month/Year and served as case history informant.

#### History

##### Pregnancy and birth

Mrs. LAST NAME reported that she did not have any complications with her pregnancy. Labor was induced at 40 weeks and lasted 12 hours. The umbilical cord was wrapped around CLIENT's neck at delivery. CLIENT weighed 7 lbs., 13 oz at birth. CLIENT was a healthy newborn.

##### Medical

CLIENT had pressure equalization tubes inserted at 13 months following recurrent bouts of ear infections, but is otherwise a healthy child. CLIENT's vision and hearing have been assessed and are within normal limits

##### Developmental

CLIENT achieved gross motor milestone at expected ages (she walked at 6 months, crawled at 10 months, and walked at 13 months). She struggled with toilet training, which was achieved at 4 years. CLIENT is right handed and is reported to have motor coordination skills that are good for her age.

CLIENT is a monolingual English speaker. She spoke her first words at age 15 month and began to form short sentences at 18 months. CLIENT has received speech-language services for over 5 years. At present, she has articulation and language goals. CLIENT has started to demonstrate that she is frustrated when others do not understand her. She has appeared sad and sometimes shuts down when this happens.

CLIENT's family has tried several things to help CLIENT's language and academic performance. In addition to receiving school-based speech and language services, they also have accessed private tutoring between speech-language therapy at NAME OF SCHOOL since kindergarten.

### **Educational**

CLIENT attends NAME OF SCHOOL

### **Previous psychological or other relevant evaluations**

CLIENT has been identified as having a learning disability, reading impairment, and anxiety

### **Previous speech, language, or hearing treatment**

CLIENT has received special education serviced for speech and language for several years at NAME OF SCHOOL. Her most recent IEP is dated Day/Month/Year. Her primary eligibility is for speech and language impairment and she receives speech-language services three times per week in a small group. CLIENT's speech and language goals include improving grammatical skills, oral narratives, sequencing, and semantics (synonyms and antonyms).

### **Family**

CLIENT lives at home with her parents and preschool-age sister. There is a positive family history of speech deficits (CLIENT's mother) and written language and academic struggles (CLIENT's father).

### **Social**

CLIENT has ample opportunities to interact with peers at school, swim lessons, religious education, and Girl Scouts. CLIENT's mother describes her as a child who is easily upset, a perfectionist, shy, sensitive, quiet, makes friends easily, and is a pleaser. CLIENT's favorite subjects are math, science, and gym.

## **Evaluation Results**

### **Oro-facial examination**

CLIENT has oral structures and strength appropriate for speech and productions

### **Speech sound production**

CLIENT has minor articulation deficits for which she has received intervention for several years. Speech testing was not completed for this evaluation

### **Language**

Eight subtest of the Clinical Evaluation of Language Fundamentals, 5<sup>th</sup> Ed. (CELF-5) test were administered to CLIENT. For this test, scaled scores the range of 8-12 represent the normal range. Standard index scores are derived based on performance in two or more subtests; for these measures, scores of 86-114 represent the normal range. Percentile ranks indicate the percentage of the test's norming population that scored below CLIENT's performance level. CLIENT's performance is described below.

#### **CELF-5 Subtest Performance**

Subtest: Sentence Comprehension

Area Assessed: Comprehension of various linguistic concepts at the sentence level

Scaled Score: 9

Percentile Rank: 37

Appraisal: Average

Specific Areas of Difficulty: infinitives, indirect requests

Subtest: Linguistic Concepts

Area Assessed: Comprehension of concepts related to size, quantity, and location

Scaled Score: 5

Percentile Rank: 5

Appraisal: Below average

Specific Areas of Difficulty: inclusion/exclusion; location; sequence; conditional; temporal concepts

Subtest: Word Classes



Area Assessed: Comprehension of relationships in sets of words  
Scaled Score: 6  
Percentile rank: 9  
Appraisal: Below average  
Specific Areas of Difficulty: semantic classes; composition; synonyms; objective functions

Subtest: Word Structure

Area Assessed: Use of a variety of grammatical function words and word endings  
Scaled Score: 5  
Percentile Rank: 5  
Appraisal: Below average  
Specific Areas of Difficulty: using the following grammatical forms: irregular plural, regular past tense, future tense, comparative and superlative; auxiliary + ing; objective and subjective pronouns; and uncontactable BE forms

Subtest: Formulated Sentences

Area Assessed: Use of sentence structure to use a word provided by the examiner in a sentence to describe a picture  
Scaled Score: 5  
Percentile Rank: 5  
Appraisal: Below average  
Specific Areas of Difficulty: Creating grammatically complete and semantically accurate sentences

Subtest: Recalling Sentences

Area Assessed: Repetition verbatim of grammatically simple and complex sentences; auditory memory  
Scaled Score: 5  
Percentile Rank: 5  
Appraisal: Below average  
Specific Areas of Difficulty: subordinate, relative, and negative clauses

CELF-5 Index Scores

Index: Core Language

Areas Assessed: Omnibus measure of multiple linguistic areas  
Standard Score: 78  
Percentile Rank: 7  
Appraisal: Below average

Index: Receptive Language

Areas Assessed: Language comprehension  
Standard Score: 78  
Percentile Rank: 7  
Appraisal: Below average

Index: Expressive Language

Areas Assessed: Language use  
Standard Score: 72  
Percentile Rank: 3  
Appraisal: Below average

Index: Language Content

Areas Assessed: Meaning aspect of language  
Standard Score: 72  
Percentile Rank: 3  
Appraisal: Below average

Index: Language Structure

Areas Assessed: Use and understanding of language rules for grammar and sentence structure

Standard Score: 78

Percentile Rank: 7

Appraisal: Below average

The Gray Oral Reading Tests, 5<sup>th</sup> Ed. (GORT5) was administered to CLIENT to assess her reading fluency (speed and accuracy) and comprehension of passages she read aloud to the examiner. CLIENT's oral reading index was a 78 with a percentile ranking of 7, indicating poor oral reading performance. She performed below averaging on the following GORT5 subscales.

Rate (scaled score of 6, percentile ranking of 9)

Accuracy (scaled score of 6, percentile ranking of 9)

Fluency (scaled score of 6, percentile ranking of 9)

Comprehension (scaled score of 6, percentile ranking of 9)

CLIENT completed the Test of Narrative Language-2<sup>nd</sup> Ed. (TNL2). She received a scaled score of 9 and percentile rank of 37 for narrative comprehension and a scaled score of 10 and percentile rank of 50 for narrative production, indicating average performance for her age.

The Phonological Awareness Profile (PAP) was administered to assess several sub areas of phonological awareness. A child CLIENT's age is expected to perform at or above the 80% accuracy level for each subarea. Areas marked with an \* are those for which CLIENT performed below age expectations.

Rhyme discrimination: 100%

Rhyme production: 60%\*

Sentence segmentation: 100%

Compound word segmentation: 80%

Syllable segmentation: 60%\*

Phoneme segmentation: 20%\*

Initial sound isolation: 100%

Final sound isolation: 80%

Medial sound isolation: 20%\*

Syllable deletion: 80%

Phoneme deletion: 30%\*

Sound-symbol correspondence (lower-case constants): 90% (19/21 – did not know sound for f or y)

Sound-symbol correspondence for consonant digraphs: 75% (did not know th)

Decoding nonwords:

VC words: 40%\*

CVC words: 0%\*

Vowel digraphs (e.g., faim): 0%\*

Diphthong (e.g., moy): 0%\*

The Words Their Way spelling inventory was administered to assess multiple aspects of CLIENT's orthographic encoding skills. CLIENT was found to be an early within word pattern spelling. She spelled 1/25 inventory items correctly and received a feature score of 19/62. Specific areas of difficulty included consonant digraphs (ch, wh), consonant blends (mp, ft, br, etc.), long vowel patterns (igh, oa, ai, oi, ew, ar, or); inflected endings (-ing, -ies, -ed, etc.), syllable junctures (consonant doubling), unaccented final syllables (-en, -le, per, etc.) and harder suffixes (-ure, -ate, -ize, -tion).

CLIENT was found to be proficient at the Primer level for Dolch sight words (roughly a kindergarten level); she decoded fluently and accurately 38/40 pre-primer words; 40/52 primer words, and 23/31 first grade sight words.

### **Summary and Interpretations**

Results of CLIENT's testing confirmed that she presents with a language learning disability profile that affects both spoken and written language. Recommended school-based and supplemental speech-

language intervention is warranted. CLIENT's family is encouraged to contact their special education team in the SCHOOL DISTRICT to determine if additional resource may be available, particularly to address written language concerns.

**Type and description of problem**

Oral and written language impairment

**Severity of the problem**

Moderate to severe

**Client's strengths and weaknesses**

Strengths: social interaction, aspects of oral narration; aspects of phonological awareness

Weaknesses: aspects of phonological awareness, oral reading, writing, morphosyntax; vocabulary; direction following/language concepts

**Implications of problems**

Academic challenges

**Any consequences of inconsistencies in performance with client history**

NA

**Recommendations**

CLIENT has been enrolled in diagnostic intervention for the Summer YEAR session. Goals and objectives recommended for fall term will be available the first week of MONTH. Areas that likely will be recommended include: Improving developmental spelling using a word study approach (i.e., Words Their Way); improve reading fluency; improve reading comprehension; improve written narrative skills; improve sight word reading; improve morphosyntactic production skills and syntactic complexity.

**Prognosis**

Good with intervention

**Client/Parent/Caregiver Conference**

Parents are encouraged to contact CLIENT's special education team to determine if additional special education services may be available through her school district to address oral and written language deficit areas.

**G-Codes/ FCM/ ICD-10/ CPT Assessment:**

Diagnoses

Mixed receptive-expressive language disorder (F80.2)

Charge Slip Form

Evaluation of Speech Sound Prod. Eval of Language Comp & Expr  
Speech Language Session, Individual



**Roseman Center for Speech, Language, and Hearing  
Prospective Client Intake**

Date of initial contact: \_\_\_\_\_

Was fee schedule for intervention and/or assessment explained by office staff? \_\_\_\_\_

Client's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parents/spouse: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Evaluation date: \_\_\_\_\_ Where? RCSLH or Other? \_\_\_\_\_

Summary of findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Other diagnoses: \_\_\_\_\_

Supervisor who made initial contact: \_\_\_\_\_ Date: \_\_\_\_\_

Interested in services? \_\_\_\_\_ Which semester? \_\_\_\_\_

Preferred dates/times: \_\_\_\_\_

Status:

\_\_\_\_ enrolled semester/year: \_\_\_\_\_

\_\_\_\_ Wait list

\_\_\_\_ Call back. When? \_\_\_\_\_

\_\_\_\_ Interested in summer services.



## Pediatric Hearing Questionnaire

### CONFIDENTIAL

Date: \_\_\_\_\_

#### IDENTIFYING INFORMATION

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Person completing form: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Name of person who referred child: \_\_\_\_\_  
 Reason for referral: \_\_\_\_\_  
 Child's physician: \_\_\_\_\_  
 Address: \_\_\_\_\_

#### PARENT(S)/ GUARDIAN(S)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 What is the child's relationship to this person? Biological \_\_\_ Foster \_\_\_ Adopted \_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 If employed outside the home, where? \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Does the clinic have permission to use your email address to notify you about schedule changes? YES  
 \_\_\_\_\_ NO \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 What is the child's relationship to this person? Biological \_\_\_ Foster \_\_\_ Adopted \_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 If employed outside the home, where? \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Does the clinic have permission to use your email address to notify you about schedule changes? YES  
 \_\_\_\_\_ NO \_\_\_\_\_  
 Email Address: \_\_\_\_\_

If there is a non-custodial parent, do we have permission to send them a copy of the child's report?  
 Yes\_\_\_ No\_\_\_

#### MEDICAL HISTORY

Were there any pregnancy complications (illness, accident, medications)? \_\_\_\_\_  
 Were there any birth complications (low birth weight, jaundice, anoxia, other)? \_\_\_\_\_

Please check any of the following conditions your child has had and include dates if possible:

Condition	Date	Condition	Date
___ Measles/Mumps/Rubella	_____	___ Head trauma	_____
___ Bacterial meningitis	_____	___ Syndrome involving ear/hearing	_____

\_\_\_ Cytomegalovirus \_\_\_\_\_  
\_\_\_ Herpes virus or other infection \_\_\_\_\_  
\_\_\_ Auditory neuropathy \_\_\_\_\_  
\_\_\_ Auditory processing disorder \_\_\_\_\_

Has your child had a vision evaluation?

Has your child had any other serious illnesses?

Is there a history of ear infection?

Has your child had ear surgery or injury to the ear?

Does your child have any allergies?

Is your child currently taking any medications? \_\_\_\_\_

Other relevant medical information: \_\_\_\_\_

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## HEARING HISTORY AND DEVELOPMENTAL INFORMATION

Is there a previously documented hearing loss (where tested and what age)?

Is there a family history of childhood hearing loss? \_\_\_\_\_

Is your child aware of environmental sounds and other's speech?

Is your child's speech and language development age appropriate?

Is your child currently receiving speech-language therapy? If so, where?

Is your child's motor development age appropriate? \_\_\_\_\_

Does your child have any known behavioral disorders or coexisting disorders? \_\_\_\_\_

Other \_\_\_\_\_

## OTHER INFORMATION

For each sibling, please list name, age, and sex:

---

What is your child's school, grade, and teacher?

How would you rate your child's performance in school? \_\_\_\_\_

Does your child currently wear hearing aids?

How does your child generally communicate (sign language, speech, gestures)?

Thank you for taking the time to complete this questionnaire.



## Adult Hearing Questionnaire

### CONFIDENTIAL

Today's Date: \_\_\_\_\_

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of person who referred you: \_\_\_\_\_

### MARITAL STATUS

Single: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If married, please provide the following information:

Spouse's Name: \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### MEDICAL HISTORY

Please check any of the following conditions you have had and include dates if possible.

Condition	Date	Condition	Date
<input type="checkbox"/> measles/mumps/Rubella	_____	<input type="checkbox"/> Tumor (benign or malignant)	_____
<input type="checkbox"/> Bacterial meningitis (other infections)	_____	<input type="checkbox"/> Syndrome involving ear/hearing	_____
<input type="checkbox"/> Head trauma	_____	<input type="checkbox"/> Otosclerosis	_____
<input type="checkbox"/> Meniere's Disease	_____	<input type="checkbox"/> Auditory neuropathy	_____
<input type="checkbox"/> Auditory processing disorder	_____		

Do you have any other chronic or serious illnesses?

\_\_\_\_\_

Do you take any of the following types of medication (circle)? Blood pressure/ heart disease/ arthritis/  
 daily aspirin/ blood thinning/ other \_\_\_\_\_

Do you have any vision disorders?

\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Other relevant medical information: \_\_\_\_\_

### EDUCATION HISTORY

Please check the highest level completed:

Elementary\_\_ Jr. High\_\_ High School\_\_ GED\_\_ College/Vocational\_\_ Graduate Studies\_\_

Did you receive any special help at school (e.g., speech-language services, FM system)?

## HEARING HISTORY

Y N Do you have a known hearing loss? (right ear) (left ear) (both) \_\_\_\_\_

Y N Is your hearing loss stable? \_\_\_\_\_

Y N Is there a family history of hearing loss? \_\_\_\_\_

Y N Have you had a previous hearing evaluation? Where? \_\_\_\_\_

Y N Do you now, or have you ever, worn hearing aids? \_\_\_\_\_

Y N Do you have tinnitus or hear noises in your ears (right ear) (left ear) (both)? \_\_\_\_\_

Y N Do you have vertigo or dizziness? \_\_\_\_\_

Y N Have you ever had recreational, military, or occupational noise exposure? \_\_\_\_\_

Y N Do you use hearing protection when exposed to loud sounds?  
(type) \_\_\_\_\_

Y N Do you have pain, discomfort, or drainage in the ear? \_\_\_\_\_

Y N Do you have a history of ear infection? \_\_\_\_\_

Y N Have you had an ear surgery? \_\_\_\_\_

Y N Have you had an injury to your ears? \_\_\_\_\_

Other \_\_\_\_\_

## LISTENING SITUATIONS

Please rank the top four listening situations in which it is important for you to communicate well.

___ conversation with one person	___ telephone	___ in the car
___ in small groups	___ in meetings	___ movie/theatre
___ in large groups	___ television	___ outdoors
___ at religious services	___ at restaurants	___ at lectures
___ listening to music	___ other: _____	

Thank you for taking the time to complete this questionnaire.





## Pediatric Speech Evaluation Questionnaire

### CONFIDENTIAL

Today's date: \_\_\_\_\_

#### IDENTIFYING INFORMATION:

Child's name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Person completing form: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Child's physician: \_\_\_\_\_  
Address: \_\_\_\_\_

#### REFERRAL INFORMATION

Name of person who referred child: \_\_\_\_\_  
Reason for referral: \_\_\_\_\_  
Questions you would like answered today: \_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 (I feel certain that my child will outgrow it) to 10 (I'm losing sleep over it),  
how worried are you about your child's speech? \_\_\_\_\_

#### PARENTS/GUARDIANS

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Child's relationship to person: Biological \_\_\_\_\_ Foster \_\_\_\_\_ Adopted \_\_\_\_\_ Legal guardian \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Do we have permission to use your email address to notify you about schedule changes?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Child's relationship to person: Biological \_\_\_\_\_ Foster \_\_\_\_\_ Adopted \_\_\_\_\_ Legal guardian \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Do we have permission to use your email address to notify you about schedule changes?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If there is a non-custodial parent, do we have permission to send a copy of the child's report to that person? Yes \_\_\_\_\_ No \_\_\_\_\_

## FAMILY LIFE & HISTORY

With whom does the child reside? \_\_\_\_\_

Caregivers in the household:

\_\_\_\_\_  
\_\_\_\_\_

List all other children in your family and their ages:

_____	_____
_____	_____
_____	_____
_____	_____

List any others living in the home, their ages, and their relationship to your child:

_____	_____	_____
_____	_____	_____

Have any *biological* relatives (parents, siblings, grandparents, aunts/uncles, cousins) had speech, language, learning, and/or intellectual problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state relationship to child and type of problem(s).

biological family member	speech	language	learning	intellectual

What kinds of daily routines or chores does your child do around the house?

Does your child utilize any kind of equipment, products, or technologies consistently in his or her everyday routine (ex., for communication, for indoor or outdoor mobility, etc.)?

## BIRTH & MEDICAL HISTORY

Were there any complications during the pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

Did any of the following occur during delivery?

Induced labor \_\_\_\_\_ Caesarian \_\_\_\_\_ Breech birth \_\_\_\_\_ Other \_\_\_\_\_

Please complete the following:

Length of pregnancy \_\_\_\_\_ Length of labor \_\_\_\_\_  
Child's birth weight \_\_\_\_\_ Apgar rating \_\_\_\_\_

Please indicate if any of the following problems were noted after birth:

Jaundice \_\_\_\_\_ Infant was blue \_\_\_\_\_ Seizures \_\_\_\_\_ Bruises \_\_\_\_\_  
Other \_\_\_\_\_

Has your child had any feeding problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

Was your child breastfed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for how long? \_\_\_\_\_

If there were problems, please explain.

Was your child bottle fed: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for how long? \_\_\_\_\_  
 If there were problems, please explain.

Please check any of the following conditions your child has had and include ages, if possible.

<u>Condition</u>	<u>Age</u>	<u>Comments</u>
_____ high fever	_____	_____
_____ seizures	_____	_____
_____ spinal meningitis	_____	_____
_____ ear infections	_____	_____
_____ frequent colds	_____	_____
_____ tonsillitis	_____	_____
_____ pneumonia	_____	_____
_____ bronchitis	_____	_____
_____ asthma	_____	_____
_____ chicken pox	_____	_____
_____ measles	_____	_____
_____ mumps	_____	_____

Has your child had any other serious medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain.

Has your child had any surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Have there been any changes in your child's speech associated with illnesses, surgeries, or injuries?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Is your child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list and explain.

Does your child take any medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please indicate the name and purpose of the medication.

Has your child had a vision test? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Were the results normal? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

Has your child had a hearing test? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Were the results normal? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

If your child has a hearing impairment, does your child use:  
 Hearing aids \_\_\_\_\_ Cochlear implant \_\_\_\_\_

Your child primarily communicates using:  
 Oral language \_\_\_\_\_ Sign language \_\_\_\_\_ Total communication \_\_\_\_\_

## DEVELOPMENTAL HISTORY

Please indicate when your child began to:  
 Sit alone \_\_\_\_\_ Crawl \_\_\_\_\_ Walk \_\_\_\_\_  
 Control bladder \_\_\_\_\_ Control bowel \_\_\_\_\_

Did your child have trouble with toilet training? Yes \_\_\_\_\_ No \_\_\_\_\_ Too young to tell \_\_\_\_\_

If yes, please explain.

Is your child: Left-handed \_\_\_\_\_ Right-handed \_\_\_\_\_ Too young to tell \_\_\_\_\_  
How would you describe your child's *gross* motor coordination compared to same-age peers?  
Very good for age \_\_\_\_\_ Average for age \_\_\_\_\_ Slow/clumsy for age \_\_\_\_\_  
If slow or clumsy, please explain.

How would you describe your child's *fine* motor coordination compared to same-age peers?  
Very good for age \_\_\_\_\_ Average for age \_\_\_\_\_ Slow/clumsy for age \_\_\_\_\_  
If slow or clumsy, please explain.

Does your child seem to understand symbolic play (ex., feeding or dressing toy animal or doll, playing house, etc.)?

Does your child seem to understand pretend play (ex., spoon=airplane, block of wood=car, rolled up cloth=baby doll, etc.)?

What does your child most frequently choose to play with (ex., blocks, balls, trucks, dolls, puzzles, swings, slides, kitchen set, etc.)?

## **SPEECH & LANGUAGE HISTORY**

Note: *Speech* refers to how a child pronounces speech sounds in words.  
*Language* refers to grammar, word usage, word meaning, and social communication.

### *Native Language Exposure*

How many languages are *spoken* in your *home*? \_\_\_\_\_

Which language(s)? \_\_\_\_\_

How many languages is your child regularly and significantly *exposed to outside* of home? \_\_\_\_\_

Which language(s)? \_\_\_\_\_

Which language(s) does your child *speak*? \_\_\_\_\_

Which language(s) does your child *understand*? \_\_\_\_\_

### *Speech and Language Expression*

At what age did your child first say the words "mama" \_\_\_\_\_ "dada" \_\_\_\_\_

At what age did your child first say words other than mama and/or dada? \_\_\_\_\_

What were your child's first words? \_\_\_\_\_

At what age did your child first combine words to form sentences? \_\_\_\_\_

Please give an example. \_\_\_\_\_

How would you describe your child's *spoken speech* compared to same-age peers?

Very good for age \_\_\_\_\_ Average for age \_\_\_\_\_ Slow for age \_\_\_\_\_ Very slow for age \_\_\_\_\_

Please describe what concerns you the most about your child's *speech*.

### *Speech and Language Understanding*

At what age did your child first appear to understand words such as mama, dada, no, etc.?

\_\_\_\_\_

At what age did your child first appear to understand simple commands such as sit down, come here, get your book, etc.? \_\_\_\_\_

How much difficulty does your child have comprehending complex spoken messages (ex., complete sentences, questions, or instructions)?

Very good for age \_\_\_\_\_ Average for age \_\_\_\_\_ Slow for age \_\_\_\_\_ Very slow for age \_\_\_\_\_

How well does your child understand the meaning conveyed by facial expressions and other forms of body language?

Very good for age \_\_\_\_\_ Average for age \_\_\_\_\_ Slow for age \_\_\_\_\_ Very slow for age \_\_\_\_\_

At the present time, how would you describe your child's *understanding* of language compared to same-age peers?

Very good for age \_\_\_\_\_ Average for age \_\_\_\_\_ Slow for age \_\_\_\_\_ Very slow for age \_\_\_\_\_

How much difficulty does your child have initiating, carrying out, and completing a task (ex., building a tower, reading a book, writing a letter, making the bed, etc.)?

If you have concerns about your child's understanding of language, please describe those concerns.

If you have concerns about your child's learning and/or intellectual development, please describe those concerns.

### *Reactions*

\*How do your relatives, friends, and teachers react to your child's speech?

How does your child react to his or her own speech problem?

How do your child's peers react to his or her speech?

Have there been specific incidents that you know of at school when your child has been teased for his or her speech impairment? If so, what was your child's reaction to this behavior?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Do you think strangers, or people who do not know your child, respond differently to his or her speech impairment than those who are familiar with your child?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Have you tried strategies to help improve your child's speech?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

### **SOCIALIZATION HISTORY**

If applicable, how often and how well does your child interact with his or her siblings?

\*Do you think your child has a lot of friends? Does your child have a best friend?

How often, how well, and in which settings does your child have the opportunity to interact with other children, excluding siblings?

Does your child prefer to play on his/her own, or with friends?

In which organized activities (sports, scouts, lessons, etc.) does your child regularly participate?

How easily does your child pick up on games designed at his or her age level (ex., How well does your child follow rules?, Have you noticed difficulty learning new games?, etc.)?

In what ways do you think your child acts differently at home than in the school setting?

\*Does your child enjoy participating in community gatherings, festivals, or other local events?

\*Do you think your child's speech impairment has made him or her any less independent?

Please check the characteristics that you believe best describe your child:

<input type="checkbox"/> easy going	<input type="checkbox"/> overactive	<input type="checkbox"/> happy
<input type="checkbox"/> easily upset	<input type="checkbox"/> high-strung	<input type="checkbox"/> competitive
<input type="checkbox"/> perfectionistic	<input type="checkbox"/> sensitive	<input type="checkbox"/> quiet
<input type="checkbox"/> shy	<input type="checkbox"/> irritable	<input type="checkbox"/> prefers to play alone
<input type="checkbox"/> active	<input type="checkbox"/> aggressive	<input type="checkbox"/> makes friends easily
<input type="checkbox"/> leader	<input type="checkbox"/> difficult to manage	<input type="checkbox"/> sad
<input type="checkbox"/> follower	<input type="checkbox"/> observer	<input type="checkbox"/> other, please list

Include below any personal factors about your child. These may include but are not limited to: major life events, lifestyle habits, social background, education, personality, etc.

## EDUCATION HISTORY

If applicable, what grade is your child currently in? \_\_\_\_\_

Please check all of the schooling your child has received.

<input type="checkbox"/> Day care	Time spent in day care: _____
<input type="checkbox"/> Preschool	Time spent in preschool: _____
<input type="checkbox"/> Kindergarten	Time spent in kindergarten: _____
<input type="checkbox"/> Grade school	
<input type="checkbox"/> Middle school	
<input type="checkbox"/> High school	
<input type="checkbox"/> College	

How well did your child learn to read and write compared to others his or her age?

Overall, does your child like school? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

Overall, how does your child perform in school?

Above average \_\_\_\_\_

Average \_\_\_\_\_

Below average \_\_\_\_\_

Do you think that your child's speech impairment affects his or her participation in school?

What are your child's preferred school subjects or activities?

If applicable, how much difficulty does your child have completing all of his or her homework without assistance?

If applicable, how does your child transition from one grade to another? How does he or she respond to a new teacher, new peers, etc.?

Does your child ask a lot of questions? What questions seem to be asked most frequently (ex., what's that?, who's that?, why?, where?, asking for names, etc.)?

Does your child have difficulty with decision-making (ex., irrational, impulsive decisions, etc.)?

### **SPECIAL SERVICES HISTORY**

If your child is receiving or has received treatment from a speech-language pathologist, psychologist, reading teacher, special education teacher, resource room teacher, learning disabilities teacher, occupational therapist, or physical therapist privately or through the public school system, please provide that information below.

#### *Current Services*

service \_\_\_\_\_

where \_\_\_\_\_

when/how often/for how long \_\_\_\_\_

with whom \_\_\_\_\_

purpose/goals \_\_\_\_\_

#### *Past Services*

service \_\_\_\_\_

where \_\_\_\_\_

when/how often/for how long \_\_\_\_\_

with whom \_\_\_\_\_

purpose/goals \_\_\_\_\_

Thank you *very much* for making and taking the time to complete this lengthy questionnaire!

## Follow-up Interview Questions to the Pediatric Evaluation Questionnaire

The following questions are intended to be asked by the SLP as a follow-up to the family's written responses to the questions marked by an asterisk on the Speech Evaluation Family Questionnaire.

**Child's name:** \_\_\_\_\_

### FAMILY LIFE AND HISTORY

*With whom does the child reside?*

- Ask guardian about the family environment at home (ex., single parent, stepparent, divorced, two homes, siblings, grandmother, single room or shared, etc.).
- What is your intermediate family's attitude toward your child's speech impairment (ex., worried, not very concerned, very involved in speech intervention, indifferent, etc.)?

*List any others living in the home, their ages, and their relationship to your child.*

- What is your child's relationship with his or her extended family (ex., close relationship, sees them frequently, distant geographically, etc.)?
- What is your extended family's attitude toward your child's speech impairment (ex., have they made comments about his or her speech, recommended that you seek intervention, indifferent attitude, etc.)?

*What kinds of daily routines or chores does your child do around the house?*

- How much difficulty does your child have carrying out his or her basic daily procedures independently (ex., eating breakfast, walking to bus stop, bringing home necessary materials in backpack, etc.)?
- How does your child respond to changes in his or her daily routine?



## REACTIONS

*How do your relatives, friends, and teachers react to your child's speech?*

Inquire further to get a better idea of the different attitudes the child experiences in his or her daily life.

- Do you think your child's peers or members of the community treat him or her differently? If so, how?
- Do you think your child notices that he or she is treated differently?

## SOCIALIZATION HISTORY

*Do you think your child has a lot of friends? Does your child have a best friend?*

- In your child's present situation, how much difficulty does he or she have making friends?
- Is this problem made worse, or better, by anything (or anyone) in their surroundings (ex., more comfortable when a parent is in company, more social when friends come over to house to play rather than school setting, etc.)?
- How do you think your child's ability to make friends compares to others his or her age?

*Does your child enjoy participating in community gatherings, festivals, or other local events?*

- How do you think participation in these events compares to others his or her age? Is this problem made worse, or better, by environmental factors surrounding the event (ex., size of event, type of activities, who child is with, etc.)?

*Do you think your child's speech impairment has made him or her any less independent?*

- Do you think your child is aware that his or her speech is different than others? If so, do you think it affects his or her confidence in social settings? (Inquire about the child's self-esteem. Ask the parents about the child's personal attitude about his or her speech impairment.)



## Caregiver Questionnaire for Pediatric Clients

### CONFIDENTIAL

Thank you for completing this questionnaire. Your responses will be treated as sensitive and confidential information and will help us in the assessment and intervention processes.

#### IDENTIFYING INFORMATION

Child's first and last names: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Person completing form: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Name of person who referred child: \_\_\_\_\_  
Reason for referral: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's physician: \_\_\_\_\_  
Address: \_\_\_\_\_

#### PARENT(S)/ GUARDIAN(S)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
What is the child's relationship to this person? Biological \_\_\_ Foster \_\_\_ Adopted \_\_\_  
Address, City, State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Does the clinic have permission to use your email address to notify you about schedule changes?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
What is the child's relationship to this person? Biological \_\_\_ Foster \_\_\_ Adopted \_\_\_  
Address, City, State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Does the clinic have permission to use your email address to notify you about schedule changes?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
Email Address: \_\_\_\_\_

If there is a non-custodial parent, do we have permission to send them a copy of the child's report?  
Yes\_\_\_ No\_\_\_

#### FAMILY HISTORY

With whom does the child reside?  
List all caregivers in the household:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

List all children in your family and their ages:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any others living in the home and their ages:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

Have any relatives had speech, language, or learning problems? Yes \_\_\_ No \_\_\_ if yes, please state who, type of problem and present status.

<u>Who</u>	<u>type of problem</u>	<u>present status</u>
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## PREGNANCY AND BIRTH HISTORY

Were there any complications during pregnancy? Yes\_\_\_ No\_\_\_

Did any of the following occur during delivery? If so, please explain.

Induced labor\_\_\_ Caesarian\_\_\_ Breech birth\_\_\_ Other\_\_\_

Comments:

Please complete the following: length of pregnancy \_\_\_\_\_ length of labor \_\_\_\_\_  
child's birth weight \_\_\_\_\_ Apgar rating \_\_\_\_\_

Were any of the following problems noted after birth?

Jaundice \_\_\_ Infant was blue\_\_\_ Seizures \_\_\_ Bruises \_\_\_ Other \_\_\_

Comments:

Has your child had any feeding problems? Yes \_\_\_ No \_\_\_ If so, please explain.

When did your child: sit alone \_\_\_\_\_ crawl \_\_\_\_\_ walk \_\_\_\_\_  
have bowel control \_\_\_\_\_ have bladder control \_\_\_\_\_

Did your child have any trouble with toilet training? Yes \_\_\_ No \_\_\_ If yes, please explain.

Is your child: left handed \_\_\_ right handed \_\_\_

How would you describe your child's motor coordination?

good for age \_\_\_\_ clumsy for age \_\_\_\_ If clumsy, please explain.

Has your child been identified as having any of the following conditions? Please check all that apply.

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Down syndrome	<input type="checkbox"/> Behavior disorder or oppositional defiant disorder	<input type="checkbox"/> Executive function disorder
<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Dyslexia or reading impairment	<input type="checkbox"/> Intellectual or developmental disability	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Depression
<input type="checkbox"/> Other	<input type="checkbox"/> Hearing impairment		

Individual/agency who identified the condition:

## MEDICAL HISTORY

Please check any of the following your child has had and include dates if possible.

Condition	Date	Condition	Date	Condition	Date
<input type="checkbox"/> measles	_____	<input type="checkbox"/> tonsillitis	_____	<input type="checkbox"/> bronchitis	_____
<input type="checkbox"/> chicken pox	_____	<input type="checkbox"/> pneumonia	_____	<input type="checkbox"/> frequent colds	_____
<input type="checkbox"/> high fever	_____	<input type="checkbox"/> mumps	_____	<input type="checkbox"/> asthma	_____
<input type="checkbox"/> ear infections	_____	<input type="checkbox"/> seizures	_____		

Has your child had any other serious illnesses? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Has your child had any surgeries? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Have there been any changes in the speech associated with illnesses, surgeries, or injuries?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Does your child have any allergies? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Does your child take medication on a regular basis? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain. Please indicate the name and dosage of medication.

Has your child had a visual exam? Yes \_\_\_\_ No \_\_\_\_ What were the results?

Has your child had a hearing test? Yes \_\_\_\_ No \_\_\_\_ What were the results?

If your child has a hearing impairment:

Does he/she use hearing aids or a cochlear implant?

How does he/she communicate?

Sign language \_\_\_\_ Orally \_\_\_\_ Total Communication \_\_\_\_

## SOCIALIZATION

Does your child have opportunities to interact with other children? Yes \_\_\_\_ No \_\_\_\_  
Please explain.

How would you describe your child?

<input type="checkbox"/> easy going	<input type="checkbox"/> overactive	<input type="checkbox"/> happy
<input type="checkbox"/> easily upset	<input type="checkbox"/> high-strung	<input type="checkbox"/> competitive
<input type="checkbox"/> perfectionist	<input type="checkbox"/> sensitive	<input type="checkbox"/> quiet
<input type="checkbox"/> shy	<input type="checkbox"/> irritable	<input type="checkbox"/> prefers to play alone
<input type="checkbox"/> active	<input type="checkbox"/> aggressive	<input type="checkbox"/> makes friends easily
<input type="checkbox"/> leader	<input type="checkbox"/> follower	<input type="checkbox"/> sad
<input type="checkbox"/> observer	<input type="checkbox"/> difficult to manage	<input type="checkbox"/> other (Be specific)

Does your child participate in any organized activities (e.g., sports, scouts, lessons)?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please list them.

How does your child get along with other children? Please explain.

Please describe a typical day for your child.

## SPEECH AND LANGUAGE

What is the primary language spoken in your home? \_\_\_\_\_

Does your child speak more than one language? Yes \_\_\_\_ No \_\_\_\_ If yes, which language(s)?  
\_\_\_\_\_

When did your child use first words other than "mama" and "dada"? \_\_\_\_\_

What were they? \_\_\_\_\_

When did your child first combine words to form sentences? (for example, "Daddy go" or "More juice, please.") \_\_\_\_\_ Please give an example. \_\_\_\_\_

Please describe what concerns you most, if anything, about your child's speech. Speech refers to how a child produces sounds.

Please describe what concerns you most, if anything, about your child's language. Language refers to grammar, sentence structure, word usage and meaning, and social communication.

How does your child's speech and/or language compare to other children of the same age?

Do you think your child understands language as well as other children of his/her age?  
Yes \_\_\_\_ No \_\_\_\_ If no, please explain.

What are the reactions of friends, relatives, or teachers to your child's speech or language?

How, if at all, does your child react to his/her speech and language problems?

Have you tried strategies to help your child's speech and language improve? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

## EDUCATION HISTORY

List all schooling your child has completed.

year

grade

teacher

school

Does your child enjoy school? Yes \_\_\_\_ No \_\_\_\_ If no, please explain.

How does your child perform in school? average \_\_\_\_ above average \_\_\_\_ below average \_\_\_\_

What are his/her preferred school subjects or activities in school?

## SPECIAL SERVICES

Has your child ever received treatment from a speech-language pathologist, psychologist, psychiatrist, reading teacher (i.e., special education teacher), resource room teacher, learning disabilities teacher, occupational therapist, physical therapist, or any other professional either privately or through school? Yes \_\_\_\_ No \_\_\_\_ If so, please fill out the following information.

- a. service \_\_\_\_\_  
agency \_\_\_\_\_  
frequency of services \_\_\_\_\_  
name of service provider \_\_\_\_\_  
purpose/goals \_\_\_\_\_
- b. service \_\_\_\_\_  
agency \_\_\_\_\_  
frequency of services \_\_\_\_\_  
name of service provider \_\_\_\_\_  
purpose/goals \_\_\_\_\_

c. service \_\_\_\_\_  
agency \_\_\_\_\_  
frequency of services \_\_\_\_\_  
name of service provider \_\_\_\_\_  
purpose/goals \_\_\_\_\_





## Bilingual Language Proficiency Questionnaire

### CONFIDENTIAL

#### IDENTIFYING INFORMATION

Nombre del Alumno (Name of Student) \_\_\_\_\_ Escuela (School) \_\_\_\_\_

Fecha de Nacimiento (Birthdate): \_\_\_\_\_ Lugar de Nacimiento (Place of Birth): \_\_\_\_\_

Dirección (Address): \_\_\_\_\_ Teléfono (Telephone): \_\_\_\_\_

Tiempo de Residencia en los Estados Unidos (Length of Residence in U.S.A.): \_\_\_\_\_

Fecha de Entrevista (Date of Interview): \_\_\_\_\_ Entrevistador (Interviewer): \_\_\_\_\_

1. ¿Qué edad tenía su niño/niña cuando habló sus primeras palabras? (How old was your child when first words were spoken?) \_\_\_\_\_
2. ¿Qué edad tenía su niño/niña cuando empezó a hablar frases de dos palabras? (How old was your child when he/she began to speak two-word phrases?) \_\_\_\_\_
3. ¿Qué edad tenía su niño/niña cuando empezó a usar frases completas de cuatro palabras o más? (How old was your child when he/she began to use complete sentences of four or more words?) \_\_\_\_\_
4. ¿Qué idioma habla con más frecuencia su niño/niña en la casa? (What language does your child speak most often at home?) \_\_\_\_\_
5. ¿En qué situaciones habla inglés su niño/niña? (In what situations is English spoken by your child?) \_\_\_\_\_
6. ¿En qué situaciones habla español su niño/niña? (In what situations is Spanish spoken by your child?) \_\_\_\_\_

7. ¿En qué situaciones oye su niño/niña inglés cuando está en casa con la familia? (In what situations does your child hear English when he/she is at home with the family?)
8. ¿En qué situaciones oye su niño/niña español cuando está en casa con la familia? (In what situations does your child hear Spanish when he/she is at home with the family?)
9. ¿En qué situaciones afuera de la casa y la escuela hace contacto su niño/niña con personas de habla inglés? (In what situations outside of the home and school does your child have contact with people who speak English?)
10. ¿En qué situaciones afuera de la casa y la escuela hace contacto su niño/niña con personas de habla hispana? (in what situations outside of the home and school does your child have contact with people who speak Spanish?)
11. ¿Qué idioma usan más los compañeros de su niño/niña? (What language is used most often by your child's companions?)
12. ¿Desde que entró a la escuela, qué diferencias ha notado usted en la cantidad de inglés y español que su niño/niña usa en la casa? (Since your child entered school, what differences have you noticed in the amount of English and Spanish he/she uses at home?)
13. ¿Ha notado usted problemas con el sentido de oír? (Have you noticed any hearing problems?)

14. ¿Ha notado usted problemas en el uso de vocabulario? (Have you noticed problems in the use of vocabulary?)
15. ¿Ha notado usted problemas en la estructura de frases? (Have you noticed problems in sentence structure?)
16. ¿Puede su niño/niña describir experiencias personales con 187onvulsion? (Is your child able to describe personal experiences accurately?)
17. ¿Contesta su niño “sí” y “no” apropiadamente cuando se le hace preguntas simples? (Is your child able to answer “yes” and “no” appropriately when asked simple questions?)
18. ¿Puede su niño/niña seguir instrucciones simples como “lávate las manos” o “187onvul la Puerta?” (Can your child follow simple instructions such as “wash your hands” or “close the door?”)
19. ¿Inicia conversaciones su niño/niña con otros niños? (does your child initiate conversations with other children?)
20. ¿Mira su niño/niña a la persona quien le habla durante conversaciones con otros niños? (Does your child look at the speaker during conversations with other children?)
21. ¿Puede su niño/niña expresar necesidades básicas? (Can your child express basic needs?)

22. ¿Puede su niño/niña 188onvulsio eventos en la órden en que estos eventos ocurrieron?

(Can your child describe events in the order in which they occurred?)

23. ¿Puede su niño/niña describir sentimientos como alegría, miedo, y tristeza? (Can your child

describe feelings such as happiness, fear, and sadness?)

24. ¿Puede su niño/niña dar instrucciones como “abre la Puerta” y “dame el lápiz”? (Can your

child give instructions such as “open the door” and “give me the pencil”?)

25. ¿Puede su niño/niña pedir ayuda cuando la necesita? (Can your child ask for help when it is

needed?)

26. ¿Hace preguntas su niño/niña para obtener información? (Does your child ask questions to

obtain information?)

27. ¿Usa gestos frecuentemente su niño/niña en vez de hablar? (Does your child frequently use

gestures instead of speech?)

28. ¿Tiene problemas su niño/niña en producir consonants específicos? (Does your child have

problems producing specific consonant sounds?)

29. ¿Ha notado usted una voz ronca u otros problemas en el sonido de la voz de su niño/niña?

(have you noticed hoarseness or other problems in the sound of your child's voice?)

30. ¿Ha notado usted prolongaciones de sonidos, repeticiones de sílabas u otros problemas en la fluidez del habla? (Have you noticed prolongations of sounds, syllable repetitions, or other problems in the fluency of speech?)

#### Additional Parent Questions

31. ¿Con quién vive el niño? (With whom does the child live?)

32. ¿Qué edad tenía su niño cuando... (How old was your child when he/she...)

a. se sentó sin ayuda? (sat without help) \_\_\_\_\_

b. empezó a gatear? (began to crawl) \_\_\_\_\_

c. caminó sin ayuda? (walked without help) \_\_\_\_\_

d. dijo sus primeras palabras? (said first words) \_\_\_\_\_

e. empezó a combiner palabras? (began combining words) \_\_\_\_\_

f. se visitió sin ayuda? (dressed without help) \_\_\_\_\_

g. obtuvo control de orinar y obrar? (was toilet trained) \_\_\_\_\_

h. dejó de orinarse en la cama? (stopped bedwetting) \_\_\_\_\_

33. ¿Cuáles de las enfermedades siguientes ha tenido su niño? (Which of the following illnesses has your child had?)

\_\_\_\_\_ asma (asthma)

\_\_\_\_\_ bronquitis (bronchitis)

\_\_\_\_\_ problema de la vejiga (bladder problem)

\_\_\_\_\_ convulsiones (convulsions)

\_\_\_\_\_ riñones (kidney problem)

\_\_\_\_\_ deshidratación (dehydration)

\_\_\_\_\_ epilepsia (epilepsy)

\_\_\_\_\_ reacción alérgica (allergic reaction)

\_\_\_\_\_ fiebre alta (high fever)

\_\_\_\_\_ resfríos frecuentes (frequent colds)

\_\_\_\_\_ infección de anginas (tonsil infection)

\_\_\_\_\_ infección de la garganta (throat infection)

\_\_\_\_\_ pox)

\_\_\_\_\_ infección de oído (ear infection)

\_\_\_\_\_ otros problemas (other problems):

\_\_\_\_\_ meningitis (meningitis)

\_\_\_\_\_ paperas (mumps)

\_\_\_\_\_ problema de la vejiga

\_\_\_\_\_ problema de los

\_\_\_\_\_ pulmonía (pneumonia)

\_\_\_\_\_ reacción alérgica

\_\_\_\_\_ resfríos frecuentes

\_\_\_\_\_ sarampión (measles)

\_\_\_\_\_ viruela (chicken

\_\_\_\_\_ otros problemas

34. ¿Cuál de los problemas siguientes tiene su niño? (Which of the following problems does your child have?)

\_\_\_\_\_ problemas de comer (eating problems)

\_\_\_\_\_ problemas de dormir (sleeping problems)

- \_\_\_\_\_ problemas de la vista (vision problems)
- \_\_\_\_\_ problemas de comportamiento (behavior problems)
- \_\_\_\_\_ problemas de lenguaje hablado (spoken language problems)
- \_\_\_\_\_ otros problemas (other problems):

35. ¿Piensa que su niño tiene problemas de salud específicos que han impedido su habilidad de aprender? (Do you think that your child has specific health problems that have impeded his/her ability to learn?)

36. ¿Piensa que su niño tiene un impedimento o desorden que ha retardado su desarrollo o su habilidad de aprender? (Do you think that your child has a handicap or disorder that has retarded his/her development or ability to learn?)

If the parent responds "yes", ask the questions below:

b. ¿Qué piensa que ha causado este problema? (What do you think caused this problem?)

b. ¿Qué cree que se puede hacer en la casa y en la escuela para ayudarlo con este problema?  
(What do you believe can be done at home and at school to help the child with this problem?)

Adapted from Mattes & Santiago (1985)



## Adult Speech-Language Questionnaire

### CONFIDENTIAL

Today's Date: \_\_\_\_\_

#### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of person who referred you: \_\_\_\_\_  
Address of Referrer: \_\_\_\_\_

#### MARITAL STATUS

Single: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
If married, please provide the following information:  
Spouse's Name: \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### MEDICAL HISTORY

Please check any of the following conditions you have had and include dates if possible.

Condition	Date	Condition	Date	Condition	Date
___ measles	_____	___ tonsillitis	_____	___ bronchitis	_____
___ chicken pox	_____	___ pneumonia	_____	___ frequent colds	_____
___ high fever	_____	___ mumps	_____	___ asthma	_____
___ ear infections	_____	___ seizures	_____		

Have you had any other serious illnesses? Yes \_\_\_ No \_\_\_ If yes, please explain.

Have you had any surgeries? Yes \_\_\_ No \_\_\_ If yes, please explain.

Have there been any changes in the speech associated with illnesses, surgeries, or injuries?  
Yes \_\_\_ No \_\_\_ If yes, please explain.

Are you allergic to anything? Yes \_\_\_ No \_\_\_ If yes, please explain.

Do you take any medication on a regular basis? Yes \_\_\_ No \_\_\_ If yes, please explain. Please indicate the name and dosage of medication.

Have you had a visual exam? Yes \_\_\_ No \_\_\_ What were the results?

Have you had a hearing test? Yes \_\_\_ No \_\_\_ What were the results?

## **SOCIALIZATION**

How would you describe yourself?

___ easy going	___ overactive	___ happy
___ easily upset	___ high-strung	___ competitive
___ perfectionist	___ sensitive	___ quiet
___ shy	___ irritable	___ active
leader	___ follower	___ sad
___ observer	___ other (Be specific)	

Do you participate in any organized activities (e.g., sports, clubs, service organizations, lessons)? Yes \_\_\_ No \_\_\_ If yes, please list them.

Does your speech-language problem affect your social life? \_\_\_yes \_\_\_no Please explain.

## **EDUCATION HISTORY**

Please check the highest level completed:

Elementary\_\_\_ Jr. High\_\_\_ High School\_\_\_ GED\_\_\_ College/Vocational\_\_\_ Graduate Studies\_\_\_

Did you receive any special help, other than speech, at school (i.e. reading, LD)?

## **EMPLOYMENT**

Are you currently employed? \_\_\_yes \_\_\_no If yes, please indicate where and what your work involves.

Does your speech-language problem affect your work? \_\_\_yes \_\_\_no If yes, please explain.

## **SPEECH AND LANGUAGE**

What is the primary language spoken in your home?\_\_\_\_\_

Do you speak more than one language? \_\_\_yes \_\_\_no If yes, which language\_\_\_\_\_

Have you had speech language problems in the past?\_\_\_yes \_\_\_no If yes, please explain.



Have you received speech-language therapy in the past? \_\_\_\_yes \_\_\_\_no If yes, when?

Please describe what concerns you most about your speech today?

### **SPECIAL SERVICES**

Have you ever treatment from a speech-language pathologist, psychologist, psychiatrist, reading teacher (i.e., special education teacher), resource room teacher, learning disabilities teacher, occupational therapist, physical therapist, or any other professional either privately or through school?

Yes \_\_\_\_ No \_\_\_\_ If so, please fill out the following information.

- d. service \_\_\_\_\_  
where \_\_\_\_\_  
when/how often/for how long \_\_\_\_\_  
with whom \_\_\_\_\_  
purpose/goals \_\_\_\_\_
- e. service \_\_\_\_\_  
where \_\_\_\_\_  
when/how often/for how long \_\_\_\_\_  
with whom \_\_\_\_\_  
purpose/goals \_\_\_\_\_
- f. service \_\_\_\_\_  
where \_\_\_\_\_  
when/how often/for how long \_\_\_\_\_  
with whom \_\_\_\_\_  
purpose/goals \_\_\_\_\_
- g. service \_\_\_\_\_  
where \_\_\_\_\_  
when/how often/for how long \_\_\_\_\_  
with whom \_\_\_\_\_  
purpose/goals \_\_\_\_\_

Thank you for taking the time to complete this questionnaire.



**Caregiver Questionnaire: Written Language Supplement**

**CONFIDENTIAL**

Today's date: \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Current grade level:** \_\_\_\_\_

What are your child's favorite subjects in school?

Has this changed over the years? If yes, please describe.

What subjects does your child find most frustrating?

How does she or he demonstrate frustration with these subjects?

Do your child's teachers modify any aspect of the curriculum for your child? If yes, please explain.

Does your child have a history of speech, language, or learning deficits, delays, or disorders? If yes, please describe.

Has your child ever been tested for learning disability? If yes, when? \_\_\_\_\_ Results:

Is there a family history of speech, language, or learning disability? If yes, please explain and indicate relationship to child (e.g., paternal uncle).

Describe your child's response to homework (frustration, not concerned, etc.):

Please list if you have any specific concerns you may have about your child's written language skills (reading fluency, reading comprehension, spelling, writing, etc.):

Relative to same-age peers, does your child currently have difficulties in any of the following oral language areas? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> understanding age-appropriate jokes                        | <input type="checkbox"/> following complicated directions    |
| <input type="checkbox"/> understanding figures of speech/idioms                     | <input type="checkbox"/> oral storytelling skills            |
| <input type="checkbox"/> understanding the meaning of new words                     | <input type="checkbox"/> explaining procedures or directions |
| <input type="checkbox"/> hearing subtle differences in sounds (e.g., "th" vs. "sh") |  |
| <input type="checkbox"/> learning and using new, complicated vocabulary items       |  |

Have other expressed concern about your child's written or oral language skills? If yes, indicate:

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> teachers     | <input type="checkbox"/> family members   | <input type="checkbox"/> siblings or peers |
| <input type="checkbox"/> pediatrician | <input type="checkbox"/> Other (explain): |  |

Does your child currently have an individualized education plan (IEP) at school? ☐ If no, has your child ever had an IEP in the past? ☐ If so, what forms of special education were received (speech-language, occupational therapy, resource room, reading specialist, etc.)?



## Caregiver Questionnaire for Preschool Fluency

### CONFIDENTIAL

Today's date: \_\_\_\_\_

#### IDENTIFYING INFORMATION

Child's name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_  
Check one: Male \_\_\_\_\_ Female \_\_\_\_\_  
Age: \_\_\_\_\_  
Person completing form: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Name of person who referred child: \_\_\_\_\_  
Child's physician: \_\_\_\_\_  
Address: \_\_\_\_\_

#### PARENT(S)/ GUARDIAN(S)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
What is the child's relationship to this person? Biological \_\_\_ Foster \_\_\_ Adopted \_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Does the clinic have permission to use your email address to notify you about schedule changes? YES  
\_\_\_\_\_ NO \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
What is the child's relationship to this person? Biological \_\_\_ Foster \_\_\_ Adopted \_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Does the clinic have permission to use your email address to notify you about schedule changes? YES  
\_\_\_\_\_ NO \_\_\_\_\_  
Email Address: \_\_\_\_\_  
If there is a non-custodial parent, do we have permission to send them a copy of the child's report?  
Yes\_\_\_ No\_\_\_

## FAMILY HISTORY

With whom does the child reside?

List all caregivers in the household:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

List all children in your family and their ages:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any others living in the home and their ages:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

Have any relatives had speech or language problems? Yes \_\_\_ No \_\_\_ if Yes, please state who, type of problem and present status.

Who

type of problem

present status

## DEVELOPMENTAL HISTORY

Were there any complications during the mother's pregnancy? Yes \_\_\_ No \_\_\_

If yes, please explain.

Did any of the following occur during delivery? If yes, please explain.

Induced labor \_\_\_ Caesarian \_\_\_ Breech birth \_\_\_ Other \_\_\_

Were any of the following problems noted after birth? If yes, please explain.

Jaundice \_\_\_ Infant was blue \_\_\_ Seizures \_\_\_ Bruises \_\_\_ Other \_\_\_

Has your child had any feeding problems? Yes \_\_\_ No \_\_\_ If Yes, please explain.

When did your child: sit alone \_\_\_\_\_ crawl \_\_\_\_\_ walk \_\_\_\_\_

have bowel control \_\_\_\_\_ have bladder control \_\_\_\_\_





## Caregiver Fluency Questionnaire: School-Age/Adolescent

### CONFIDENTIAL

#### IDENTIFYING INFORMATION

Today's Date: \_\_\_\_\_  
Child's name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_  
Check one: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_  
Person completing form: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Name of person who referred child: \_\_\_\_\_  
Child's physician: \_\_\_\_\_  
Address: \_\_\_\_\_

#### PARENT(S)/ GUARDIAN(S)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
What is the child's relationship to this person? Biological \_\_\_\_ Foster \_\_\_\_ Adopted \_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Does the clinic have permission to use your email address to notify you about schedule changes?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
What is the child's relationship to this person? Biological \_\_\_\_ Foster \_\_\_\_ Adopted \_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If employed outside the home, where? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Does the clinic have permission to use your email address to notify you about schedule changes?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
Email Address: \_\_\_\_\_

If there is a non-custodial parent, do we have permission to send them a copy of the child's report?  
Yes \_\_\_\_ No \_\_\_\_

#### FAMILY HISTORY

With whom does the child reside?

List all caregivers in the household:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

List all children in your family and their ages:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any others living in the home and their ages:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

Have any relatives had speech or language problems? Yes \_\_\_ No \_\_\_ if Yes, please state who, type of problem and present status.

<u>Who</u>	<u>type of problem</u>	<u>present status</u>
------------	------------------------	-----------------------

Does anyone in your child's immediate family stutter? Yes No

If yes, please indicate who, and describe this relative's stuttering

## DEVELOPMENTAL HISTORY

Were there any complications during the mother's pregnancy? Yes\_\_\_ No\_\_\_ If yes, please explain.

Did any of the following occur during delivery? If yes, please explain.

Induced labor\_\_\_ Caesarian\_\_\_ Breech birth\_\_\_ Other\_\_\_



Were any of the following problems noted after birth? If yes, please explain.

Jaundice \_\_\_\_ Infant was blue \_\_\_\_ Seizures \_\_\_\_ Bruises \_\_\_\_ Other \_\_\_\_

Has your child had any feeding problems? Yes \_\_\_\_ No \_\_\_\_ If Yes, please explain.

When did your child: sit alone \_\_\_\_\_ crawl \_\_\_\_\_ walk \_\_\_\_\_  
have bowel control \_\_\_\_\_ have bladder control \_\_\_\_\_

Did your child have any trouble with toilet training? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Is your child: left handed \_\_\_\_ right handed \_\_\_\_ too early to tell \_\_\_\_

How would you describe your child's motor coordination?

good for age \_\_\_\_ clumsy for age \_\_\_\_ If clumsy, please explain.

## MEDICAL HISTORY

Please check any of the following your child has had and include dates if possible.

Condition	Date	Condition	Date	Condition	Date
__ measles	_____	__ tonsillitis	_____	__ bronchitis	_____
__ chicken pox	_____	__ pneumonia	_____	__ frequent colds	_____
__ high fever	_____	__ mumps	_____	__ asthma	_____
__ ear infections	_____	__ seizures	_____		

Has your child had any other serious illnesses? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Has your child had any surgeries? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Have there been any changes in speech or language associated with illnesses, surgeries, or injuries?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Is your child allergic to anything? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

Does your child take any medication on a regular basis? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain. Please indicate the name and dosage of medication.

Has your child had a visual exam? Yes \_\_\_\_ No \_\_\_\_ What were the results?

Has your child had a hearing test? Yes \_\_\_\_ No \_\_\_\_ What were the results?

***If your child has a hearing impairment:***

Does he/she use hearing aids or a cochlear implant?

How does he/she communicate?

Sign language\_\_\_\_ Orally\_\_\_\_ Total Communication\_\_\_\_

## **SOCIALIZATION**

Does your child have opportunities to interact with other children? Yes \_\_\_\_ No \_\_\_\_

Please explain.

How would you describe your child?

____ easy going	____ overactive	____ happy
____ easily upset	____ high-strung	____ competitive

___ perfectionist	___ sensitive	___ quiet
___ shy	___ irritable	___ prefers to play alone
___ active	___ aggressive	___ makes friends easily
___ leader	___ follower	___ sad
___ observer	___ difficult to manage	___ other (Be specific)

Does your child participate in any organized activities (e.g., sports, lessons)?

Yes \_\_\_ No \_\_\_ If yes, please list them.

How does your child get along with other children? Please explain.

## **SPEECH AND LANGUAGE**

**Note:** Speech refers to how a child produces sounds, and also any disfluencies/stuttering behaviors; language refers to grammar, sentence structure, word usage and meaning, and social communication.

What is the primary language spoken in your home? \_\_\_\_\_

Does your child speak more than one language? Yes \_\_\_ No \_\_\_ If yes, which language(s)? \_\_\_\_\_

\_\_\_\_\_

When did your child use first words other than “mama” and “dada”? \_\_\_\_\_

What were they? \_\_\_\_\_

When did your child first combine words to form sentences? (for example, “Daddy go” or “More juice, please.”) \_\_\_\_\_ Please give an example. \_\_\_\_\_

Please describe what concerns you most about your child’s speech.

Please describe what concerns you most about your child's language.

On a scale of 1 (I feel certain that this is something that will resolve) to 10 (I'm losing sleep over it), how worried are you about your child's fluency? \_\_\_\_\_

When did the fluency/stuttering problem begin? \_\_\_\_\_ Who first noticed it?

\_\_\_\_\_

How has the problem changed since that time? \_\_\_\_\_

Can you relate its beginning to any specific situation? (for example, illness, divorce, move, birth of a sibling, school, etc). Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Is your child's speech worse during one time of the day? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when?  
\_\_\_\_\_ in the morning \_\_\_\_\_ in the afternoon \_\_\_\_\_ at night

Is your child's speech worse with certain people? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, please explain.

Is your child's speech worse in certain places? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain.

Are there specific situations that are more difficult for your child than others? (for example, speaking in a restaurant, on the phone, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain.

How does your child's stuttering affect his/her:

- Academic performance?
- Participation in school activities?
- Interaction with other children?
- Interaction with family members?
- Willingness to talk and communicate?
- Self-esteem or attitude toward self?

Does your child have difficulty saying words

\_\_\_ at the beginning of a sentence

\_\_\_ throughout a sentence

\_\_\_ that are little, such as *I*, *and*, or *but*

\_\_\_ that are important (nouns, verbs, adjectives)

\_\_\_ that start with certain sounds (if so, what sounds? \_\_\_\_\_)

Has your child expressed concern about his/her speech? Yes \_\_\_ No \_\_\_ If Yes, please explain.

Has anyone ever told your child that he/she stutters? Yes \_\_\_ No \_\_\_. If yes, please explain who was involved, when it happened, and how your child reacted.

Check any of the following your child does:

- \_\_\_ whole word repetitions (I-I-I-I)
- \_\_\_ phrase repetitions (and then-and then)
- \_\_\_ part word repetitions (c-c-c-can; ba-ba-ba-baby)
- \_\_\_ sound prolongations (M-----ommy)
- \_\_\_ silent blocks (nothing comes out)
- \_\_\_ pitch changes
- \_\_\_ face or body changes (for example, eye blinking, increased tension, etc.)
- \_\_\_ breathing changes
- \_\_\_ other – please explain

Do you think your child understands speech or language as well as other children of his/her age?

Yes \_\_\_\_ No \_\_\_\_ If no, please explain.

What are the reactions of friends and relatives to your child's speech?

Has your child ever been teased about stuttering? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe

Do other people have difficulty understanding your child? Yes\_\_\_\_ No \_\_\_\_ If yes, who?

Have you tried strategies to help your child's speech improve? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

## **EDUCATION HISTORY**

List all schooling your child has completed

year

grade

teacher

school

Does your child like school? Yes \_\_\_\_ No \_\_\_\_ If no, please explain.

## SPECIAL SERVICES

Has your child ever received treatment from a speech-language pathologist, psychologist, psychiatrist, occupational therapist, physical therapist, or any other professional either privately or through school?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, please fill out the following information.

h. service \_\_\_\_\_  
where \_\_\_\_\_  
when/how often/for how long \_\_\_\_\_  
with whom \_\_\_\_\_  
purpose/goals \_\_\_\_\_

i. service \_\_\_\_\_  
where \_\_\_\_\_  
when/how often/for how long \_\_\_\_\_  
with whom \_\_\_\_\_  
purpose/goals \_\_\_\_\_

j. service \_\_\_\_\_  
where \_\_\_\_\_  
when/how often/for how long \_\_\_\_\_  
with whom \_\_\_\_\_  
purpose/goals \_\_\_\_\_

Thank you for taking the time to complete this questionnaire.



## Adult Fluency Questionnaire

### CONFIDENTIAL

Today's date: \_\_\_\_\_

#### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### HISTORY OF PROBLEM

When were you first aware that you had a speech problem or difficulty speaking? \_\_\_\_\_

\_\_\_\_\_

Were you ever told that as a young child you had difficulty learning to talk? \_\_\_\_\_

\_\_\_\_\_

At what age did you begin to stutter? Please circle. 3-5 years, 5-7, 7-10, 11-14, 15-17, 18 years+

Who first noticed your stuttering or told you that you were stuttering?

Self \_\_\_\_\_ Speech Pathologist \_\_\_\_\_ Relative \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Teacher \_\_\_\_\_

Friend \_\_\_\_\_ Other \_\_\_\_\_

Did you know you were stuttering or having speech difficulty when the stuttering was called to your attention? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you react when you were told you were stuttering? Were you surprised \_\_\_\_\_ shocked \_\_\_\_\_  
scared \_\_\_\_\_ puzzled \_\_\_\_\_ knew you were stuttering before being told \_\_\_\_\_  
other \_\_\_\_\_?

Did your parents correct your speech when you stuttered? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_  
All the time \_\_\_\_\_

How did they try to correct your speech? By criticizing \_\_\_\_\_ Telling you to slow down \_\_\_\_\_  
to take a deep breath \_\_\_\_\_ to think before you speak \_\_\_\_\_ to relax \_\_\_\_\_ to take it easy \_\_\_\_\_  
other \_\_\_\_\_

Do you think this was helpful? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you recall receiving any penalties for the way you talked at home, for example: Punishment \_\_\_\_\_  
Ridicule \_\_\_\_\_ Annoyance \_\_\_\_\_ Criticism \_\_\_\_\_ Other \_\_\_\_\_

When you were growing up, were there any important incidents or events that were related to your speech problem or seemed to affect it—to make it better or worse (an accident, illness, death in family, parents divorced, a new job, moving to another town, new school, receiving speech therapy, etc.)? \_\_\_\_\_

\_\_\_\_\_

What do you think caused your stuttering? Nervousness \_\_\_\_\_ Home atmosphere \_\_\_\_\_



Thinking too fast\_\_\_\_ Lack of confidence\_\_\_\_ Labeling\_\_\_\_ Physical\_\_\_\_ Emotional\_\_\_\_ Mental\_\_\_\_  
Illness\_\_\_\_ Shock\_\_\_\_ Fright\_\_\_\_ Talking too fast\_\_\_\_ Getting excited\_\_\_\_ Don't know\_\_\_\_  
Other\_\_\_\_\_

## BACKGROUND

What is your occupation? \_\_\_\_\_; spouse's \_\_\_\_\_?

What is your marital status? Single\_\_\_\_ married\_\_\_\_ divorced\_\_\_\_ separated\_\_\_\_ widowed\_\_\_\_

What is your educational background? Grade school\_\_\_\_ Jr. High\_\_\_\_ H.S.\_\_\_\_ College\_\_\_\_

Do you have any sisters (list names and ages)? \_\_\_\_\_

Any brothers (list names and ages)? \_\_\_\_\_

Do you have any children (list names and ages)? \_\_\_\_\_

Does anyone else in your family stutter? No\_\_\_\_ If yes, who? \_\_\_\_\_

Which is your preferred hand? Right\_\_\_\_ Left\_\_\_\_ Ambidextrous\_\_\_\_

## PREVIOUS THERAPY

Have you received any formal speech therapy? \_\_\_\_\_ Age you started therapy \_\_\_\_\_

Length of time you have received speech therapy \_\_\_\_\_

Where did you receive speech therapy? \_\_\_\_\_

Did the therapy help you? Yes\_\_\_\_ No\_\_\_\_ In what specific ways did the therapy help you? \_\_\_\_\_

How much has your speech improved through the years? Very little\_\_\_\_ A great deal\_\_\_\_  
Became worse\_\_\_\_ Remained the same\_\_\_\_

At what age did your speech improve the most? Please circle: 3-5, 5-7, 7-10, 11-14, 15-18, 18-23, 23-26, 27+?

What do you think brought about this speech improvement? Relaxing\_\_\_\_ Slowing down\_\_\_\_ Talking more\_\_\_\_ Thinking before speaking\_\_\_\_ Speech Therapy\_\_\_\_

Was this speech improvement: Sudden\_\_\_\_ Gradual\_\_\_\_ No speech improvement\_\_\_\_?

Have you received any other type of therapy (psychotherapy, counseling, medical treatment for stuttering, hypnosis, etc.)? \_\_\_\_\_

Was the treatment helpful? \_\_\_\_\_ In what way? \_\_\_\_\_

## CURRENT STATUS

How would you rate your stuttering? Severe\_\_\_\_ Moderate\_\_\_\_ Mild\_\_\_\_ Don't know\_\_\_\_

Is your stuttering much worse at some times than at others? Yes\_\_\_\_ No\_\_\_\_

If so, when? \_\_\_\_\_

Are there any times or situations in which you do not stutter at all? If so, list. \_\_\_\_\_

At what times or in what situations do you stutter very little? \_\_\_\_\_

Do you have particular difficulty speaking in certain situations or places (school, home, certain classes, in store, on telephone, at work, etc.)? Tell me about them \_\_\_\_\_

Do you have any particular difficulty saying certain sounds or words? Yes\_\_\_\_ No\_\_\_\_

If yes, which ones? \_\_\_\_\_

Do you have particular difficulty talking to certain people? Who?(mother, father, teachers, boss, etc.) \_\_\_\_\_

Does your stuttering increase or decrease in severity?

At home \_\_\_\_\_

In school \_\_\_\_\_

With strangers \_\_\_\_\_

On the telephone \_\_\_\_\_

In social situations \_\_\_\_\_

Speaking or answering questions in the classroom \_\_\_\_\_

At your place of employment \_\_\_\_\_

Does your stuttering become more severe or less severe when you are:

Very pleased or happy \_\_\_\_\_

Tired \_\_\_\_\_

Nervous \_\_\_\_\_

Angry \_\_\_\_\_

Talking to good friends \_\_\_\_\_

Talking before a group \_\_\_\_\_

Talking to teachers \_\_\_\_\_

Talking to parents \_\_\_\_\_

Do you stutter when reading aloud? Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_

Are you able to predict the words on which you will stutter in a reading passage if you were going to read the selection aloud? Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_ If yes, or sometimes, on what words would you predict trouble? \_\_\_\_\_

Which of these characteristics is present when you stutter?

Word repetitions(I-I-I) \_\_\_\_\_

Phrase repetitions (and then-and then) \_\_\_\_\_

Part word repetitions (c-c-c-can; ba-ba-ba-baby) \_\_\_\_\_

Prolongations(M-----mommy) \_\_\_\_\_

Silent blocks (nothing comes out) \_\_\_\_\_

Pitch changes \_\_\_\_\_

Face or body movements \_\_\_\_\_

Breathing changes \_\_\_\_\_

Others \_\_\_\_\_

Were you ever ridiculed, teased, or punished for your stuttering at school, at work, at home, or with friends? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, by whom and in what situation?\_\_\_\_\_

\_\_\_\_\_

What were your reactions at these times? How did you really feel inside?\_\_\_\_\_

\_\_\_\_\_

What do you do when someone tries to help you with a word or when somebody turns away when you speak to them?\_\_\_\_\_

\_\_\_\_\_

Do you do anything to “get your speech going” such as trying to control your breath, moving your head, tapping your foot, saying “uh”, etc. Tell me what you do.\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the way you feel about your stuttering? Have you learned to live with it? Do you fear it, hate it, or just suffer? How do you really feel about your stuttering?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Questions modeled after Rutgers Interview by Peins)

**SITUATION AVOIDANCE REACTIONS\***  
(Number of Situations Identified)

Instructions: Place a checkmark on the blank preceding each situation that you avoid or would prefer to avoid because of the stuttering problem.

\_\_\_ Using the telephone to obtain information

\_\_\_ Presenting a prepared speech to a familiar audience

\_\_\_ Making introductions

\_\_\_ Talking to a store clerk

\_\_\_ Meeting someone for the first time

\_\_\_ Saying hello to friends

\_\_\_ Placing a long-distance phone call

\_\_\_ Talking in a classroom situation

\_\_\_ Being interviewed for a job

\_\_\_ Answering roll call in class

\_\_\_ Giving directions

\_\_\_ Speaking to people who do not seem to be paying attention to you

\_\_\_ Making an apology

\_\_\_ Responding to a stranger's question

\_\_\_ Calling a friend on the telephone

\_\_\_ Talking with an instructor after class

\_\_\_ Giving your name over the telephone

\_\_\_ Presenting a prepared speech to an unfamiliar office

\_\_\_ Telling a joke or funny story to strangers

\_\_\_ Giving a person a verbal message from someone else

\_\_\_ Dinner conversation with immediate family or close friends

\_\_\_ Telephoning to make an appointment

\_\_\_ Saying good-bye to a hostess, date, friend, etc.

\_\_\_ Responding under time pressure

\_\_\_ Ordering in a restaurant

\_\_\_ Talking to an animal

\_\_\_ Reading aloud in a group situation

\_\_\_ Reading aloud to friends

\_\_\_ Being asked to repeat your answer

\_\_\_ Answering a specific question

\_\_\_ Talking with the barber or beautician

\_\_\_ Participating in a rap session

\_\_\_ Making an appointment with a secretary

\_\_\_ Talking with a young child

\_\_\_ Speaking in a situation where you must

Raise your voice to be heard

\_\_\_ Discussing the possibility of a date

\_\_\_ Responding to criticism

\_\_\_ Talking about feelings with a close friend

\_\_\_ Being asked questions about your speech

\_\_\_ Going to the door and asking for someone

\_\_\_ Telling a joke or funny story to friends

\_\_\_ Participating in parlor game games  
requiring speech

\_\_\_ Asking the instructor a question  
during class

\_\_\_ Participating in committee meetings

\_\_\_ Speaking in a situation where you  
must speak more softly than normal

\_\_\_ Dinner conversations with friends

\_\_\_ Talking to people in authority

**TOTAL NUMBER OF AVOIDANCE  
REACTIONS** \_\_\_\_\_  
(Cooper PFC-Revised)

\_\_\_ Talking with other players during  
a game

### **PERCEPTIONS OF SEVERITY\*** (1-5 Severity Scale)

Instructions: "I want you to help me understand how much of a problem your stuttering is to you. How would you complete the following sentences?" Enter the number of the response selected on the appropriate blank.

- A. The frequency and length of my stuttering blocks could be termed  
(1) mild (2) moderate (3) moderate to severe (4) severe (5) very severe

\_\_\_\_\_

- B. In terms of the number of speech situations in which my stuttering is a problem, I would  
Judge it to be a problem in  
(1) one or two situations (2) a few situations (3) about half the time  
(4) most situations (5) every speech situation

\_\_\_\_\_

- C. In any list of my problems, in order of importance, my stuttering would be  
(1) at the bottom (2) near the bottom (3) in the middle  
(4) near the top (5) at the top

\_\_\_\_\_

\*(Adapted from Cooper PVD-revised)

[illegible]

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Thank you for completing this questionnaire



## Voice Evaluation Questionnaire

**CONFIDENTIAL**

Today's Date: \_\_\_\_\_

Please answer every question below to the best of your knowledge.

### **IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

### **CURRENT CONCERNS**

Describe, in detail, your current voice problem

How long have you had your current voice problem?

Who first noticed it?

Do you know what caused it? \_\_\_\_ Yes \_\_\_\_ No If yes, what?

Did your symptoms come on slowly or suddenly?

Has the problem decreased, increased, or fluctuated since it began?

Which symptoms do you have? (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Hoarseness (coarse or scratchy sound)                                      | <input type="checkbox"/> Pitch too high or too low                            |
| <input type="checkbox"/> Vocal fatigue (voice tires or changes quality after brief or extended use) | <input type="checkbox"/> Voice too nasally or throaty                         |
| <input type="checkbox"/> Frequent throat clearing   | <input type="checkbox"/> A feeling of a foreign substance or "lump" in throat |
| <input type="checkbox"/> Reduced vocal range  | <input type="checkbox"/> Repeated sore throats                                |
| <input type="checkbox"/> Breathiness  | <input type="checkbox"/> Tension or tightness in the throat                   |
| <input type="checkbox"/> Frequent laryngitis  | <input type="checkbox"/> Coughing   |
| <input type="checkbox"/> A feeling that talking is an effort  | <input type="checkbox"/> Irritation or pain in the throat                     |
| <input type="checkbox"/> Scratchy or dry throat   | <input type="checkbox"/> Post-nasal drip or excessive mucus                   |
| <input type="checkbox"/> Difficulty with swallowing   | <input type="checkbox"/> Coughing or choking when eating                      |
| <input type="checkbox"/> Difficulty pronouncing certain speech sounds or words                      |   |

## MEDICAL AND HEALTH HISTORY

What is your general health status?

What medications or vitamins do you take on a regular basis?

Please describe any past, present, or chronic health conditions.

Do you have a history of any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Epilepsy                 | <input type="checkbox"/> High blood pressure              |
| <input type="checkbox"/> High fevers              | <input type="checkbox"/> Stomach problems or ulcers       |
| <input type="checkbox"/> Laryngitis               | <input type="checkbox"/> Ear infections                   |
| <input type="checkbox"/> Chronic colds            | <input type="checkbox"/> Asthma                           |
| <input type="checkbox"/> Tonsillitis/strep throat | <input type="checkbox"/> Hypothyroidism                   |
| <input type="checkbox"/> Sinus infections         | <input type="checkbox"/> Hyperthyroidism                  |
| <input type="checkbox"/> Bronchitis               | <input type="checkbox"/> COPD                             |
| <input type="checkbox"/> Persistent Cough         | <input type="checkbox"/> Heart problems                   |
| <input type="checkbox"/> Allergies                | <input type="checkbox"/> Chronic heartburn or acid reflux |

Have you ever had surgery? ☐ Yes ☐ No If yes, please state the reason/date(s)



Have you ever been intubated? \_\_\_\_Yes \_\_\_\_No

What injuries have you had (particularly in your head and neck region?)

Do you have any neurological (brain, spinal cord, nerve, or muscle) problems?

Do you smoke cigarettes or use e-cigs, JUUL, etc.?

\_\_\_\_Yes How many daily?\_\_\_\_ For how many years?\_\_\_\_

\_\_\_\_No \_\_\_\_Previously For how many years?\_\_\_\_ How many daily?\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_Yes \_\_\_\_No

How much?\_\_\_\_\_

How often?\_\_\_\_\_

How many cups of coffee, tea, or other caffeinated beverages do you drink per day?\_\_\_\_\_

Do you work around chemicals on a regular basis? \_\_\_\_Yes \_\_\_\_No

If yes, please explain:

### **CURRENT VOCAL USAGE**

How many people reside in your home?

Is anyone in your home hearing-impaired?

Please describe your home environment (i.e. noisy, large, dusty, etc.)

How much do you talk at home?

Do you have any pets? \_\_\_\_Yes \_\_\_\_No If yes, please list type(s)

Do you play the television/radio loudly? \_\_\_\_Yes \_\_\_\_No

Describe your current work conditions:

Do you work alone or with others?

How much do you talk on the phone?

Do you work in a smoky environment?

How much talking does your job require?

## **VOICE HISTORY**

As an infant or child:

Did you cry or scream a lot?

Were you very talkative, noisy, and/or loud?

Did you sing in a choir or a band?

As a teenager:

Did you have unusual voice symptoms just before or during puberty? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe.

Were you ever a cheerleader? \_\_\_\_Yes \_\_\_\_No  
If yes, did you receive education on how to use your voice? \_\_\_\_Yes \_\_\_\_No

Were you involved in a choir, band, musical performance, or acting? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe.

As an adult, do you:

Hold a job requiring loud or continuous talking? \_\_\_\_Yes \_\_\_\_No

Participate in other activities (sports, committees, etc.) involving loud or continuous talking? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe.

Do you sing, or are you a singer? \_\_\_\_Yes \_\_\_\_No If yes, please answer the following:

What part do you sing?

Has your range changed over time? \_\_\_\_Yes \_\_\_\_No  
If yes, please explain.

What are your long-term career goals in singing?

What type(s) of music do you sing (pop, classical, etc.?)

Have you had, or are you now receiving, formal voice training? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe.

Is your voice similar to some other person's in your family? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe.

Has anyone in your family had problems with their voice or speech? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe.

## **PREVIOUS SERVICES**

Have you had previous voice or speech therapy? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe.

Have you made any attempts on your own to correct your voice problem?  
\_\_\_\_Yes \_\_\_\_No

If yes, what have you tried?

What results did you get?

## VOICE HANDICAP INDEX

Name: \_\_\_\_\_ Date: \_\_\_\_\_

These are statements that many people have used to describe their voices and the effects of their voices on their lives. Circle the response that indicates how frequently you have the same experience.

0-never      1-almost never      2-sometimes      3-almost always      4-always

### Part I-F

My voice makes it difficult for people to hear me.	0	1	2	3	4
People have difficulty understanding me in a noisy room.	0	1	2	3	4
My family has difficulty hearing me when I call them throughout the house.	0	1	2	3	4
I use the phone less often than I would like to.	0	1	2	3	4
I tend to avoid groups of people because of my voice.	0	1	2	3	4
I speak with friends, neighbors, or relatives less often because of my voice.	0	1	2	3	4
People ask me to repeat myself when speaking face-to-face.	0	1	2	3	4
My voice difficulties restrict my personal and social life.	0	1	2	3	4
I feel left out of conversations because of my voice.	0	1	2	3	4
My voice problem causes me to lose income.	0	1	2	3	4

**SUBTOTAL** \_\_\_\_\_

### Part II-P

I run out of air when I talk.	0	1	2	3	4
The sound of my voice varies throughout the day.	0	1	2	3	4
People ask, "What's wrong with your voice?"	0	1	2	3	4
My voice sounds creaky and dry.	0	1	2	3	4
I feel as though I have to strain to produce voice.	0	1	2	3	4
The clarity of my voice is unpredictable.	0	1	2	3	4
I try to change my voice to sound different.	0	1	2	3	4
I use a great deal of effort to speak.	0	1	2	3	4
My voice is worse in the evening.	0	1	2	3	4
My voice "gives out" on me in the middle of speaking.	0	1	2	3	4

**SUBTOTAL** \_\_\_\_\_

### Part III-E

I am tense when talking to others because of my voice.	0	1	2	3	4
People seem irritated with my voice.	0	1	2	3	4
I find other people don't understand my voice problem.	0	1	2	3	4
My voice problem upsets me.	0	1	2	3	4
I am less outgoing because of my voice problem.	0	1	2	3	4
My voice makes me feel handicapped.	0	1	2	3	4
I feel annoyed when people ask me to repeat.	0	1	2	3	4
I feel embarrassed when people ask me to repeat.	0	1	2	3	4
My voice makes me feel incompetent.	0	1	2	3	4
I am ashamed of my voice problem.	0	1	2	3	4

**SUBTOTAL** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Score Range	Severity	Common Association
0-30	Mild	Minimal amount of handicap
31-60	Moderate	Often seen in patients with vocal nodules, polyps, or cysts
60-120	Severe	Often seen in patients with vocal fold paralysis or severe vocal fold scarring.

The Voice Handicap Index (VHI): Development and Validation. Barbara H. Jacobson, Alex Johnson, Cynthia Grywalski, Alice Silbergleit, Gary Jacobsen, Michael S. Benninger. American Journal of Speech-Language Pathology, Vol 6(3), 66-70, 1997. The Voice Handicap Index is reprinted with permission from all authors and ASHA. Copyright 1997-2001 American Speech-Language-Hearing Association.

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## **PART SEVEN: MISCELLANEOUS**

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### Clinic Assignment for the Upcoming Semester: Undergraduate Clinicians

Clinician's name: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

Circle section of practicum for which you will be enrolling in the upcoming semester:

Undergraduate Practicum 1   Undergraduate Practicum 2

List any semesters or J terms, years, and locations for which you plan to study off campus (if applicable): \_\_\_\_\_

List the initials of supervisors with whom you have worked in the past: \_\_\_\_\_

With which client, mentor, and supervisor did you complete your mentee assignment? \_\_\_\_\_

Do you have any special requests for client assignments? If so, write them here. We may not be able to honor these, but we would like to know about them. \_\_\_\_\_

*In the schedule below, cross out times when you are not available to work in the clinic & cite the reason (course #, athletic practice, band, work, etc.) Note that we will work around your course schedule. We cannot guarantee that we will be able to work around all extra- and co- curricular activities and/or work commitments. You are welcome to list all commitments, but we may not be able to accommodate for them.*

Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:45	8:30-10:10	8:30-9:45	8:30-10:10	8:30-9:45
9:55-11:10		9:55-11:10		9:55-11:10
11:10-12:15	10:25-12:05	11:10-12:15	10:25-12:05	11:10-12:15
12:15-1:30	12:20-2:00	12:15-1:30	12:20-2:00	12:15-1:30
1:40-2:55	2:15-3:55	1:40-2:55	2:15-3:55	1:40-2:55
3:05-4:20	4:00	3:05-4:20	4:00	3:05-4:20
5:00	5:00	5:00	5:00	5:00
6:00	6:00	6:00	6:00	
7:00	7:00	7:00	7:00	

### Clinic Assignment for the Upcoming Semester: Graduate Clinicians

Clinician's name: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

Circle section of practicum for which you will be enrolling in the upcoming semester:

Graduate Practicum 1   Graduate Practicum 2   Graduate Practicum 3   Graduate Practicum 4

Supervisors with whom you have worked in the past: (circle) KA   JM   SR   FB   ML   TG   LD   BL

If you have served as a clinical mentor, write the name of the undergraduate mentee and the Clinical Supervisor's name here: \_\_\_\_\_

Do you have any special requests for client assignments? If so, write them here. We may not be able to honor these, but we would like to know about them. \_\_\_\_\_

*In the schedule below, cross out times when you are not available to work in the clinic & cite the reason (course #, athletic practice, band, work, etc.) Note that we will work around your course schedule. We cannot guarantee that we will be able to work around all extra- and co- curricular activities and/or work commitments. You are welcome to list all commitments, but we may not be able to accommodate for them.*

Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:45	8:30-10:10	8:30-9:45	8:30-10:10	8:30-9:45
9:55-11:10		9:55-11:10		9:55-11:10
11:10-12:15	10:25-12:05	11:10-12:15	10:25-12:05	11:10-12:15
12:15-1:30	12:20-2:00	12:15-1:30	12:20-2:00	12:15-1:30
1:40-2:55	2:15-3:55	1:40-2:55	2:15-3:55	1:40-2:55
3:05-4:20	4:00	3:05-4:20	4:00	3:05-4:20
5:00	5:00	5:00	5:00	5:00
6:00	6:00	6:00	6:00	
7:00	7:00	7:00	7:00	

**Roseman Center for Speech, Language, and Hearing**  
**Weekly Clinic Clean-Up Procedure**

Initial each task after it is completed. Sign below and return to the Clinic Coordinator before you leave.

\_\_\_\_\_ Straighten up the waiting room. Arrange chairs, magazines, toys, etc. Use disinfectant spray to clean chairs and armrests.

\_\_\_\_\_ Straighten up intervention rooms. Remove toys or materials and return them to their proper place in the Resource Library. Disinfect tables, chairs, doorknobs, and light switches.

\_\_\_\_\_ Straighten up the student work areas. Return materials to their proper place. Make note of supplies that need to be restocked and give the list to the Clinic Coordinator.

\_\_\_\_\_ Straighten materials storage areas (e.g., make sure toy sets are properly grouped; books/resources are grouped by theme/area, etc.).

\_\_\_\_\_ Straighten up the kitchen. Wash tables, chairs, sinks, countertops, and microwave. Straighten supplies. Check supplies and give the Clinic Coordinator a list of items to replace. Throw away expired food from the refrigerator and cabinets.

\_\_\_\_\_ Wash in hot water and dry toys in the wash basket and return them to the Resource Library.

\_\_\_\_\_ Exchange children's books in the waiting room with new titles from the Resource Library.

Report via email or in person any concerns to the Clinic Coordinator or Center Director!

Names of student clinicians: \_\_\_\_\_

Date and time: \_\_\_\_\_



## Communication Screening for Students in the Introduction to CSD Course

*This first section should be filled out by the Intro to CSD student.*

Name of Intro to CSD student: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date of screening: \_\_\_\_\_

Circle any of the communication areas below about which you have concerns:

Speech      Language      Hearing      Stuttering      Voice

Are you aware of any past or current medical conditions that might negatively impact your communication or academic skills? \_\_\_\_ Yes \_\_\_\_ No

The student speech-language clinician may ask you to clarify your responses to the preceding questions. If you prefer to discuss them with a faculty person, please check here: \_\_\_\_\_

The rest of this document is completed by the student clinician.

Step 1: The examiner should ask the examinee to read "The Rainbow" passage (attached). The examiner should explain to the examinee that the point of this exercise is to screen for multiple communicative domains. Note that this passage contains all sounds in the English language. The examinee should listen for voice, speech sound production, fluency (speaking fluency), and language. Examiners also will evaluate reading fluency. The examiner should make note of specific errors on the passage below and then broad appraisals using the checklists that follow the passage.

### *The Rainbow*

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch with its path high above and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends may say that he is looking for a pot of gold at the end of the rainbow.

#### **Voice** (check all that apply)

Quality: appropriate \_\_\_\_ hoarse \_\_\_\_ strained \_\_\_\_ breathy \_\_\_\_ hypernasal \_\_\_\_ hyponasal \_\_\_\_

Loudness: appropriate \_\_\_\_ too soft \_\_\_\_ too loud \_\_\_\_

Pitch: appropriate for age and gender \_\_\_\_ too high \_\_\_\_ too low \_\_\_\_

#### **Speech**

##### *Speech sound production*

Were all sounds produced correctly? \_\_\_\_ yes \_\_\_\_ no

If errors were found, describe and quantify using the table below:

	<b>Distortions</b>	<b>Substitutions</b>	<b>Omissions</b>
<b>Number</b>			
<b>Description</b>			

Dialectical differences (if applicable):

	<b>Distortions</b>	<b>Substitutions</b>	<b>Omissions</b>
<b>Number</b>			
<b>Description</b>			

### **Language**

*Vocabulary*                      appropriate\_\_\_\_\_ concerns:\_\_\_\_\_

*Word retrieval*                      appropriate\_\_\_\_\_ concerns:\_\_\_\_\_

*Grammar*                      appropriate\_\_\_\_\_ concerns:\_\_\_\_\_

examples:\_\_\_\_\_

### **Fluency (Speaking Fluency)**

Rate: appropriate\_\_\_\_\_ too fast\_\_\_\_\_ too slow\_\_\_\_\_

Atypical disfluencies: part-word\_\_\_\_\_ multiple whole word repetitions \_\_\_\_\_ (if so, # of iterations)\_\_\_\_\_

prolongations\_\_\_\_\_ silent blocks\_\_\_\_\_ secondary characteristics\_\_\_\_\_

examples:\_\_\_\_\_

### **Reading Fluency**

Number of errors or discrepancies related to reading (not speaking fluency) (examiners should write any errors, even minor ones such as “can” for “could”, etc.) on the passage score sheet:\_\_\_\_\_

Pass =fewer than 6 READING FLUENCY errors or discrepancies

Pass\_\_\_\_\_ Fail\_\_\_\_\_

Step 2: Insert clean ear protectors on the audiometer and screen hearing using the audiological screening forms found in the student room. Screen at 30dB at 500, 1000, and 2000 Hz. Remember that you must screen each frequency two times bilaterally.

### **Hearing**

Passed screening bilaterally\_\_\_\_\_ Failed screening right ear\_\_\_\_\_ Failed screening left ear\_\_\_\_\_

Step 3: Examiners will need gloves and a tongue depressor for the oral mechanism examination. Examiners complete a basic oral mechanism examination and complete the following information.

### **Oral mechanism**

*Lips:* symmetrical at rest\_\_\_\_ rounding\_\_\_\_ retraction\_\_\_\_

noteworthy features:\_\_\_\_\_

*Tongue:* symmetrical at rest\_\_\_\_ protrude\_\_\_\_ elevate\_\_\_\_ depress\_\_\_\_ point\_\_\_\_ narrow\_\_\_\_

noteworthy features:\_\_\_\_\_

*Soft Palate:* symmetrical at rest\_\_\_\_ movement on phonation of “ah ah ah”\_\_\_\_

noteworthy features:\_\_\_\_\_

*Syllable Sequencing:* /pətəkəl/

10 repetitions in 10 seconds? Yes\_\_\_\_ No\_\_\_\_ normal rhythm?\_\_\_\_ (yes or no)

Step 4: The examinee reads the “Buried Alive” passage (attached) silently then retells the events.

### **Narrative (retelling /comprehension task)**

*Instructions for examinee:* Read the story “Buried Alive” and then I will ask you to retell the story without looking back, using as much detail as possible.

Evaluate the examinee’s retelling by circling items that were included in the retelling (need not be verbatim to receive credit; but should be qualitatively similar to items listed on the score sheet).

Pass (20-45 items included in retelling) \_\_\_\_\_

Marginal (16-19 items) \_\_\_\_\_

Fail (<15 items)\_\_\_\_\_

Score sheet for retelling:

Buried Alive

1. Jim had been a truck driver for 20 years .(setting)
2. He was a very careful driver. (setting)
3. And he never took chances. (setting)
4. One day it had been snowing for several hours. (initiating event)
5. The roads were getting bad, (initiating)
6. And Jim could hardly see (initiating event)
7. Where he was going. (initiating event)
8. He wanted to get home safely. (internal response)
9. So, he looked for a wide place at the side of the road, (attempt)
10. Pulled over his eighteen-wheeler, (attempt)
11. And fell fast asleep. (direct consequence)
12. He was finally able to relax. (reaction)
13. Jim woke up many hours later. (setting)
14. It was dark inside the truck, (setting)
15. But his watch said it was morning. (setting)
16. The snow on the truck was keeping the sun out. (initiating event)
17. Jim knew (internal response)
18. He was trapped. (internal response)
19. First, he turned on the windshield wipers (attempt)
20. Then he tried to push open the door. (attempt)
21. But the wipers and door wouldn't budge. (direct consequence)
22. Jim started to worry. (reaction)
23. By noontime, it was getting harder and harder to breathe (initiating event)
24. The air in the truck was running out. (initiating event)
25. Jim remembered (internal response)
26. He had a blowtorch in the back of the truck (internal response)
27. He lit it, (attempt)
28. Cut a hole in the room (attempt)
29. And melted the snow above the hole. (direct consequence)
30. Sunlight and fresh air poured in. (direct consequence)
31. Jim was relieved (reaction)
32. But he knew (reaction)
33. It would take a long time for all that snow to melt. (reaction)
34. A whole week went by. (setting)
35. One day, two state police officers saw an exhaust pipe sticking out of the snow. (initiating event)
36. They thought (internal response)
37. That the driver of the truck might be dead. (internal response)
38. The officers took shovels out of their car, (attempt)
39. and started digging in the snow. (attempt)
40. About 10 minutes later, they reached the door. (direct consequence)
41. And pulled it open. (direct consequence)
42. Jim smiled at the officers. (reaction)
43. He was tired, (reaction)
44. And he was hungry (reaction)
45. But he was alive! (direct consequence)

Step 5: Evaluate the examinee.

**Results Summary/Recommendations** (to be completed by senior clinician)

Pass\_\_\_\_\_ Fail \_\_\_\_\_ Rescreen\_\_\_\_\_ Test\_\_\_\_\_ Refer\_\_\_\_\_

Signature of Center Director\_\_\_\_\_

Plan (completed by Director):

*To be read aloud by examinee:*

### The Rainbow

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch with its path high above and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends may say that he is looking for a pot of gold at the end of the rainbow.

*To be read silently by the examinee. Examinees will be asked to retell this story from memory after they have finished reading it.*

### Buried Alive

Jim had been a truck driver for 20 years. He was a very careful driver, and he never took chances. One day it had been snowing for several hours. The roads were getting bad, and Jim could hardly see where he was going. He wanted to get home safely. So, he looked for a wide place at the side of the road, pulled over his eighteen-wheeler, and fell fast asleep. He was finally able to relax. Jim woke up many hours later. It was dark inside the truck, but his watch said it was morning. The snow on the truck was keeping the sun out. Jim knew he was trapped. First, he turned on the windshield wipers. Then he tried to push open the door. But the wipers and the door wouldn't budge. Jim started to worry. By noontime, it was getting harder and harder to breathe. The air in the truck was running out. Jim remembered he had a blowtorch in the back of the truck. He lit it, cut a hole in the roof, and melted the snow above the hole. Sunlight and fresh air poured in. Jim was relieved, but he knew it would take a long time for all that snow to melt. A whole week went by. One day, two state police officers saw an exhaust pipe sticking out of the snow. They thought that the driver of the truck might be dead. The officers took shovels out of their car and started digging the snow. About 10 minutes later, they reached the door and pulled it open. Jim smiled at the officers. He was tired and he was hungry, but he was alive!

## NSSLHA to ASHA Conversion

The NSSLHA to ASHA Membership Conversion Discount is a one-time discount of \$225 off the initial dues and fees for ASHA membership and certification.

### Eligibility

To qualify, you must be a National NSSLHA member for the last 2 years of your master's or doctoral program. Contact [ASHA's Action Center](#) to confirm eligibility.

### Introductory NSSLHA Membership

The Introductory NSSLHA Membership was a pilot program that did not meet its objectives and has been discontinued. *This membership did not count toward the NSSLHA to ASHA Conversion discount.*

### Tips

- Apply for National NSSLHA membership.
- Renew your National NSSLHA membership for the last 2 years of your master's or doctoral program.
- Maintain current degree information in the NSSLHA/ASHA database.
- Maintain current email and postal mailing addresses in the NSSLHA/ASHA database.
- Do not wait to complete your clinical fellowship or externship before applying for ASHA membership and certification.

### Application

The Conversion Discount is automatically applied when you submit your application for ASHA [membership](#) and [certification](#).

### Deadline

The application for ASHA membership and certification (and automatic application of the Conversion Discount) must arrive in the National Office before August 31 (up to the year after you graduate).

## Additional Programs

### Gift to the Grad

The [Gift to the Grad](#) is available to all first-time applicants of ASHA membership and certification who apply between May 1 and August 31, providing up to 20 months of additional membership for the price of 12!

### Recent Grad Discount

Graduates who do not meet the criteria for the NSSLHA to ASHA Conversion Discount may qualify for the Recent Graduate Discount—\$50 off the initial dues and fees of ASHA membership and certification. The application for ASHA membership and certification must be received by the National Office within 12 months of your graduation date to receive this discount. If applicable, apply this discount to your application upon submission.



### Evaluation of Mentorship Program (Mentor's Form)

Your name:\_\_\_\_\_ Mentee's name:\_\_\_\_\_  
Semester/Year:\_\_\_\_\_

Did you introduce your mentee to your client's family (if applicable)?	Y	N
Did your mentee read your client's file on PNC?	Y	N
Did your mentee help you prepare for sessions?	Y	N
Did your mentee observe and participate actively on a regular basis?	Y	N
Was your mentee punctual and professional?	Y	N
Did your mentee assist actively in intervention sessions?	Y	N
Did your mentee ask thoughtful and appropriate questions?	Y	N
Did your mentee show enthusiasm for the clinical program?	Y	N

Please explain any no responses.

Other suggestions/comments/concerns:

Thank you!

### Evaluation of Mentorship Program (Mentee's Form)

Your name: \_\_\_\_\_ Mentor's name: \_\_\_\_\_  
Semester/Year: \_\_\_\_\_

Did your mentor introduce you to your client's family (if applicable)?	Y	N
Did your mentor ask you to read your client's file on PNC?	Y	N
Did your mentor provide guidance to help you prepare for sessions?	Y	N
Did your mentor support you to observe and participate actively on a regular basis?	Y	N
Was your mentor punctual and professional?	Y	N
Did your mentor provide opportunities for you to assist actively in intervention sessions?	Y	N
Did your mentor respond adequately to your clinical questions?	Y	N
Did your mentor model enthusiasm for the clinical program?	Y	N

Please explain any no responses.

Other suggestions/comments/concerns:

Thank you!

### STUDENT CLINICIAN'S RATING OF SUPERVISOR

Supervisor's Name: \_\_\_\_\_ Semester & Year \_\_\_\_\_

Circle the option that applies to you:

1<sup>st</sup> semester undergraduate practicum

2<sup>nd</sup> semester undergraduate practicum

1<sup>st</sup> semester graduate practicum

2<sup>nd</sup> semester graduate practicum

3<sup>rd</sup> semester graduate practicum

4<sup>th</sup> semester graduate practicum

Please list your supervisor's strengths:

Please offer suggestions for improvement: