Communication Sciences and Disorders Department

Clinic Manual

2025 Revision

PART ONE: Overview of ASHA & Augustana Information Related to the Clinical Aspect of CSD Undergraduate & MS-SLP Graduate Programs

Terminology Used in this Manual

● *Building Safety Officer (BSO)*- refers to the RCSLH employee appointed and trained by the Office of Police and Public Safety in Emergency Preparedness and Disaster Response.

● *Center Director*- refers to the head administrator responsible for the day-to-day operations of the Roseman Center for Speech, Language, and Hearing (RCSLH)

● *Center Coordinator*- the individual responsible for assisting the Center Director in daily Center operations.

● *Client*- a term used interchangeably with “patient” at the Center

● *Clinical Faculty* and *Clinical Faculty Supervisor*- licensed and certified SLPs who are employees of Augustana College and whose job duties include directly supervising student clinicians in the provision of clinical services to clients at the Center.

● *Office of Police and Public Safety (OPS)*- the law enforcement agency of Augustana College

● *Student Clinician*- junior, senior, or graduate level speech-language pathology (SLP) students who are engaged in clinical practicum with clients at the Center

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 extracurricular 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/TitleIX

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 audience.
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 MS-SLP 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 MS-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.

MS-SLP Graduate Program Accreditation Status

The Master of Science (M.S.) education program in speech-language pathology (residential) at Augustana College is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

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

MS-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

PART TWO: Clinical Personnel

Clinical Personnel at Augustana College

Center Director
Stacie M. Hatfield, Ed.D., CCC-SLP
Assistant Professor

Clinic Coordinator
Lisa Adner

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

Melissa Baker, M.S., CCC-SLP
Clinical Faculty

Claire Cook, M.S., CCC-SLP
Clinical Faculty

Alexandra Jones, M.S., CCC-SLP
Clinical Faculty

Chloe McGehee, M.S., CCC-SLP
Clinical Faculty

Melissa Schaefer, M.S., CCC-SLP
Clinical Faculty

Lesley Zwicky, M.A., CCC-SLP
Clinical Faculty

Externship Coordinators
Karen L. Aumuller, M.A., CCC-SLP

Melissa Schaefer, M.S., CCC-SLP

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

Audiology Clinic Coordinator
Dori Garro

Clinical Personnel and Student Clinician 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 clinic class, and complete intervention plans and SOAP notes for each intervention session, a plan of care at the beginning of the semester, and a semester progress report at the end of the semester. Baseline measures, as well as formal, and informal assessment procedures will be guided 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 clients with communication impairments for whom they will plan and implement intervention. They will consult regularly with supervisors to adapt treatment plans, plan for baselining, formal, and informal assessment, complete intervention plans and SOAP notes for each session, a plan of care at the beginning of the semester, and a semester progress 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, 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 Coordinators, 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, bloodborne pathogens training 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, workstations, and patients in the PNC system.

Clinical Supervisors

- Clinical faculty supervisors are responsible for mentoring student clinicians in individual meetings and through group meetings. Clinical supervisors work with student clinicians in all aspects of intervention and assessment planning, implementation of teaching 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, they assist in creating the master clinic schedule, and participate in other day to day operations of the Center. Supervisors interact regularly with clients and clients' families and enforce and communicate Center policies.
- Clinical faculty are required to have both a current state (IL) license, as well as their Certificate of Clinical Competence (CCCs) from The American Speech-Language-Hearing Association (ASHA). Clinical faculty are also required to meet ASHA's continuing education requirements for providing clinical supervision.

Externship Coordinators

- The Externship Coordinators establish and maintain relationships with externship sites, externship personnel, and coordinates/oversees externship placements. The Externship Coordinators also are responsible for ensuring that students' progress is sufficient for accruing clinical hours serving diverse clientele at externship sites. The externship coordinators complete a midterm check in each semester with the student extern and the externship supervisor on site or virtually. The externship coordinators are also available to troubleshoot when concerns arise during an externship placement. The Externship Coordinators maintain and monitor Calipso data relevant to the externship experience.

Center Director

- The RCSLH Center Director oversees all clinical operations and provides support for Clinical Supervisors, Clinic Coordinator, and student clinicians. The Director sets, implements, and revises clinic policies and procedures, and works with the Clinic Coordinator for HIPAA enforcement. The Center Director also oversees the hiring and mentoring of clinical faculty in the Center. The Center Director works with the Department Chair and Graduate Program Director to complete and maintain student clinical records necessary for American Speech-Language-Hearing Association (ASHA) certification. The Center Director also promotes the Center to the public, writes grants for the Center, and manages the Point and Click (PNC) master clinic schedule.

- In the event that the Center Director isn't available, the Center Director (or the Department Chair) will appoint another faculty member to act as the Interim Center Director.

PART THREE: Policies and Procedures for Clinical Practicum at the Roseman Center for Speech, Language, and Hearing

Roseman Center for Speech, Language, and Hearing's Mission Statement

The mission of the Barbara A. Roseman Center for Speech, Language, and Hearing is twofold:

- To provide evidence-based, compassionate assessment and intervention services for individual so fall ages who have speech, language, hearing, and/or communication disorders
- To serve as the primary clinical education site for Augustana College undergraduate communication sciences and disorders students and Master of Science in speech-language pathology students who deliver ethical, functional, and client-centered services under the supervision of licensed and certified speech-language pathology and audiology clinical educators

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 have at least 4 hours of clinical contact per week each semester.

CSD Academic and Clinical 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 Augustana Center for Speech, Language, and Hearing can be made to Dr. Stacie M. Hatfield, Center Director, who can be reached at (309) 794-7394 or via email at staciehatfield@augustana.edu. Complaints also can be forwarded to the college's Title IX Chief Officer, Steve Wehling, who has been designated to handle inquiries regarding the nondiscrimination policies can be reached at stevewehling@augustana.edu

Undergraduate CSD Clinical Program

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. One semester prior to enrolling in the first clinic internship course, undergraduate CSD students must serve for at least one semester as a mentee to a senior or graduate 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.

Senior Year

Students in the senior year have two options to satisfy the clinical requirement of the major: clinical practicum or community practicum. Each option includes two sequential, 0-credit courses. Students are required to complete both courses in the same area (clinical or community practicum; not one of each.)

- Clinical practicum includes CSD-425 and CSD-430. Students who complete clinical practicum attend a course and are assigned one or more clients in the RCSLH. This option is generally selected for students who wish to pursue graduate study in speech-language pathology.

  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 Roseman 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. More detailed information regarding these requirements can be found in the Prerequisites for Clinical Practicum section.

- Community practicum includes CSD-415 and CSD-420 and involves students completing an externship in speech-language pathology, audiology, or another discipline. Students work with their advisor and CORE to determine their community placement.

  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.

Graduate MS-SLP Clinical Program

Graduate students' first three semesters of clinical experience will take place on campus at the Roseman Center for Speech, Language, and Hearing. In their fourth semester clinical experience, graduate student clinicians may have the option to complete their experience in the RCSLH or in the community. Their final two semesters will include one semester of Pediatric Externship and one semester of Adult Externship.

Supervision Guidelines

Clinical Supervisors are required to observe directly at least 25% of the time a student clinician works with a given client. Supervisors will be expected to provide written and/or verbal feedback after sessions. Clinical Supervisors will use a clinic grading rubric found on Calipso 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 Coordinators and Center Director will work together to respond to concerns about graduate students' clinical progress raised by Externship Supervisors and an intervention plan will be applied if warranted.

Prerequisites for Clinical Practicum

Coursework and Observations

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 practicums.

- Observation Hours: Prior to menteeing in clinic, students must complete 30 hours of observation. These observations can be completed in person, such as at the RCSLH or another off campus site arranged by the student, or via Master Clinician Network (MCN). CSD students will earn 8 hours of observation through videos shown in CSD 310, CSD 110, and CSD 305. Documentation of observation hours will be kept in the CSD office and in a student's senior year, these observation hours will be entered into Calipso.
    - For graduate SLP students coming from other programs: Documentation of completed observation hours should be given to the Center Director for verification and entry into Calipso.
    - Observation hours completed via MCN are documented in that system. For in-person observation, students will complete the Record of Undergraduate Supervised In-Person Observation Hours form AND an Observation Summary Form for In-Person Observations for *each* in-person observation and submit these to the Center Director.

Immunizations

Student clinicians (junior mentees, undergraduate clinicians, and graduate clinicians) are required to have the following immunizations before they begin any clinical practicum:

- MMR [measles, mumps, rubella]- 2 doses
- Varicella [chickenpox]- 2 doses or a positive titer (history of disease is not acceptable)
- Tdap [tetanus, diphtheria and pertussis]- within the past 10 years
- Hepatitis B vaccination- 3 doses
- COVID-19 vaccination- at least 2 of the multi-dose vaccine OR 1 of the single-dose vaccine
- An initial 1 step tuberculosis PPD test.

Student clinicians who wish to request a medical or religious exemption to the immunization requirements must meet with the Center Director to discuss the possible impacts and complete the exemption form. Students who have an exemption are prevented from working with Medicare eligible clients.

Trainings

Student clinicians (junior mentees, undergraduate clinicians, and graduate clinicians) are required to complete the following trainings before they begin any clinical practicum:

- HIPAA Compliance and Patient Privacy
- Blood Borne Pathogens and Universal Precautions

- Mandatory Reporting of Suspected Abuse (Protecting Children)

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 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, an intervention plan may be initiated.

Protection of Clinical Record Information

In the Center, we use Point and Click (PNC), an electronic health records management system, for all of our patients' file needs. Client files are maintained for a minimum of 5 years post discharge, or longer, as required by law. Please note that in the Point and Click application, the term *patient* is used interchangeably for *client.*

Patients' identities and protected health information are treated at all times as sensitive information. Clinical faculty and student 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, Center Director, clinical faculty supervisors, or other individuals, *including the use of initials.* Whenever possible, instant messaging through PNC should be used for student clinicians and clinical faculty supervisors to communicate about clinic matters. If a student and/or faculty member need to refer to a client via electronic means other than via PNC, they should not use client names (first OR last) or initials. Instead, refer to the days/times/supervisor/student clinician for the clients. Some examples:

- The client seen Wednesdays at 4 PM
- Ms. X's client on Thursdays

Students are not able to print through PNC because charts include protected health information. If necessary, clinical faculty supervisors print reports from PNC for students to share with clients/families.

PNC enables monitoring of user access to patient electronic charts. When working on patient reports, student clinicians are required to do so only in the Brodahl building on computers owned by the RCSLH. Student access to client charts in PNC are logged and able to be audited to ensure that patient privacy is maintained. STUDENT

CLINICIANS ARE NOT ALLOWED TO VIEW, UNDER ANY CIRCUMSTANCES, WITHOUT PERMISSION FROM THEIR SUPERVISOR, CHARTS OF PATIENTS NOT ASSIGNED TO THEM IN A GIVEN SEMESTER. If a student clinician unintentionally clicks on a chart of a patient not assigned to them, they should immediately inform the Center Director who documents the situation and determines what, if any, follow up is required.

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.

Augustana College's Communication Sciences and Disorders and Master of Speech-Language Pathology Programs' Core Functions for Future Audiologists and Speech-Language Pathologists

Purpose:
Before students begin pursuing a career path in audiology or speech-language pathology, we want to ensure they clearly understand the expectations so they can make informed decisions about investing their time, energy, and financial resources.

The purpose of this document is to provide prospective audiologists and speech-language pathologists (SLPs) with clear expectations regarding the core functions they will need to develop and demonstrate (with or without reasonable accommodations) in both academic and clinical settings. These functions are essential for acquiring the knowledge and demonstrating the competencies required for graduation and successful transition into professional practice.

We recognize that there are multiple ways an individual can demonstrate these core functions and successfully meet the demands of academics, clinical education, and practice, with or without reasonable accommodations. Our faculty are committed to adhering to the Americans with Disabilities Act and are eager to provide necessary accommodations to create an optimal educational experience. Students with documented disabilities are encouraged to contact the Office of Disability Services to facilitate the accommodations process.

Below are the core functions that CSD/MS-SLP students will need to develop and demonstrate, with or without reasonable accommodations:

Area: Communication

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.
- Provide specific, accurate feedback to clients about communication and feeding/swallowing performance.

Area: Motor/Sensory

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process

- Respond in a manner that ensures the safety of clients and others
- Maintain hygiene appropriate for a professional clinic setting.
- Actively participate in academic and clinical activities
- Be able to uphold universal precautions and respond, as trained, to limiting exposure to bloodborne pathogens.
- Monitor and respond appropriately to the clinical environment and client needs.

Area: Cognitive

- Engage in critical thinking and make connections between class and clinic.
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care.
- Collect, analyze, interpret, and respond to data from evaluations and intervention sessions.
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills in order to make appropriate changes as needed.

Area: Interpersonal

- Display compassion, respect, and concern for others during all academic and clinical interactions.
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies.
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in clinical activities.
- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice.

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

General Timeline of a Clinical Semester

The typical timeline for the clinical semester is as follows (exact deadlines are shared in clinical classes and/or via the weekly Center Announcements):

- At the start of the academic semester, student clinicians receive their clinical assignments and begin preparing for their first session(s).
- Clinical sessions begin (generally) in the 2nd week of the academic semester.
- Within ~2 weeks, student clinicians draft the semester Plan of Care for their client(s).
- Student clinicians share the semester goals from the Plan of Care with their client/their caregivers and document this in a SOAP note.
- At clinical midterm, supervisors meet with their student clinicians to review their clinical skills and progress. Student clinicians have the opportunity to provide anonymous feedback regarding their clinical supervisor(s). Summer semester is the exception, due to the shortened length of the semester.
- ~2 weeks before the end of the clinical semester, student clinicians draft the Semester Summary Progress Report for their client(s).
- Student clinicians have a conference with their client(s)/caregivers to review the Semester Summary Progress Report. 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.
- At the end of the semester, supervisors meet with their student clinicians to review their clinical skills and progress. Student clinicians again have the opportunity to provide anonymous feedback regarding their clinical supervisor(s).

Scheduling of Clinic Sessions

The Center Director and Clinical Supervisors will prepare the clinic schedule each semester. Care will be taken to provide students with as diverse a clinical experience as possible. The goal is for graduate students to accrue at least 150 hours by fall semester of their second year in the graduate program. Graduate students also will be assigned to diagnostic teams and will complete at least two diagnostics during their clinical practicum experiences (See section on Diagnostic Teams for more information). Students also will complete one audiology clinical appointment per semester during their first year in the MS-SLP graduate program.

The Clinic Coordinator, in collaboration with the Center Director, maintains the client list and clinic schedule. Each session will have an assigned room. Clinicians should conduct their session in the assigned clinic room. If a room change is needed, the clinician or supervisor will inform the Clinic Coordinator in advance. Sessions are generally 50 minutes long (unless otherwise specified). Student clinicians must start and end sessions on time according to the schedule. Student clinicians are responsible for checking in their clients on the PNC schedule.

Absences/Session Make Up Policy

The RCSLH is a clinical education site for CSD and MS-SLP students but its primary function is to serve people in the community with communication needs; the welfare of our clients is paramount. Our clients pay for the services that are provided and, in some cases, travel some distance to be seen here. As such, session cancellations must be kept to an absolute minimum.

Sessions should be canceled only in the event of illness or emergency. Sessions canceled by the RCSLH must be made up; sessions canceled by the client/family are not required to be made up. It is crucial for student clinicians to inform the Center as soon as possible if they need to cancel, as our clients often travel a considerable distance for their sessions.

If a student clinician needs to cancel a session, they should follow these steps:

1. Send a group email with an explanation to their supervisor, mentee (if applicable), the Center Coordinator, and Center Director.
2. Continue to monitor their email until they receive confirmation from your supervisor, the Center Coordinator, OR the Center Director that your message was received.

Excessive Student Clinician Absences

If a student clinician has more than 1 unplanned session cancellation, they are required to meet with their clinical supervisor and the Clinic Director to address the situation. During the meeting, additional requirements for session make-ups and/or future absences may be established, and the student clinician's final grade could be affected.

Unless a student has an approved prolonged absence, as documented by the Dean of Students office, if a student clinician misses more than 2 sessions for *any* reason, they are required to meet with their clinical supervisor and the Clinic Director to address the situation and their final grade *will be* affected.

Student Clinicians Assigned to Work with Clients Prior to Completion of 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.

Diagnostic Teams

During the fall, spring, and summer semesters, graduate student clinicians may be assigned diagnostics to complete for potential clients new to the Center. These diagnostics will generally be assigned to student clinician teams of 2 students in an equitable manner in order to maximize student clinicians' opportunities to complete diagnostics and to work collaboratively with peers and clinical faculty members.

Student clinicians should meet with the designated diagnostic supervisor as soon as possible to schedule the diagnostic session and to begin preparing. After the diagnostic is completed, the student clinicians have 2 weeks to complete and finalize the report; this includes all test scoring, writing the report, completing all revisions, and signing off on the final report. NOTE: The score for the evaluation completed by the diagnostic supervising clinical faculty member will be lowered 1 full point for each week it takes the student clinicians to complete the diagnostic report beyond the 2 week timeline.

After the report is completed and/or the meeting with the client/family to review the report has occurred, the supervising clinical faculty member will complete a final evaluation in Calipso for each of the student clinicians on the team. This evaluation will include only the *Evaluation* and the *Professional Practice, Interaction, and Personal Qualities* sections. This evaluation will be considered for grading purposes at the end of the clinical semester in addition to the student clinicians' other clinical evaluations.

General Client Care

Clients who are new to the Center will be asked to provide their photo identification and date of birth to verify their identity. For minor clients, their parent/caregiver will be asked to show their photo identification and confirm the child's date of birth.

For safety reasons, clients should never be out of a caregiver's, a student clinician's or a clinical facility supervisor's line of sight while in the RCSLH (with the exception of restroom use). For clients who are under the age of 18 or require transportation to the RCSLH, at least 1 caregiver is required to remain on site for the entirety of the client's session. For clients who require assistance using the restroom, a caregiver should assist them.

There will be a minimum of 2 persons present in the Center any time services are being provided.

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.

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

If a client is suspected of being a victim of abuse and/or a mandatory report of suspected abuse is made, it should be documented in the client's chart in PNC using the Misc Note option.

Medical History and Prior Treatment

Every client who comes to the RCSLH for care completes an intake questionnaire to gather background information about their health and current concerns, including any prior treatment. In order to provide continuity of care, it is sometimes necessary for the RCSLH to share information with outside entities. A signed Release of Information form is required in order for the RCSLH to request medical records from another provider OR to release treatment records to another provider. The signed form is then uploaded into PNC and can be viewed under Scanned Documents.

Emergency Care

In the event that a client experiences a medical emergency while at the RCSLH, student clinicians and clinical faculty will contact the appropriate emergency service: **In the event of a life threatening emergency, faculty or students should call 9-1-1.** For non-life threatening events, Public Safety should be contacted at 309-794-7711.

In the event that a student clinician and/or clinical faculty member is alone in a treatment room when a client experiences a medical emergency, for the client's safety that individual will follow these steps:

1. Stay in the room with the client. If necessary, help the client to the ground and/or move anything they may hurt themselves on during the emergency
2. Open the door and shout for help.
3. If possible, call for the appropriate emergency service. If that is not possible, instruct the first person to come to aid the client to do so.
4. After the situation has resolved, use the Misc Note function in PNC to document the event and steps that were taken.

Student Clinician Injury

In the unlikely event that a student clinician is injured during their clinical practicum, the following procedures should be followed.

For injuries during on-campus clinical experiences:

1. For injuries that may have exposed the student clinician to bloodborne pathogens (e.g. a bite, a cut):
    a. Immediate steps:
        i. Clean the area.
        ii. Report the incident to the immediate clinical supervisor.
        iii. Medical assessment and follow up treatment is *required* (the student clinician's personal health insurance will be responsible for medical treatment
    b. As soon as possible following injury:
        i. Notify the Center Director
        ii. Complete an incident report form- the student clinician and immediate supervisor should complete the form, with the guidance of the Center Director, as needed
2. For non-BBP exposure injuries (e.g. being hit by a client):
    a. Immediate steps:
        i. Report the incident to the immediate clinical supervisor.
        ii. Medical assessment and follow up treatment is recommended (the student clinician's personal health insurance will be responsible for medical treatment).
    b. As soon as possible following injury:
        i. Notify the Center Director

ii. Complete an incident report form- the student clinician and immediate supervisor should complete the form, with the guidance of the Center Director, as needed

For injuries during off-campus clinical experiences:

1. Student clinicians should follow the procedure outlined at their external clinical placement site.
2. As soon as possible following the injury, student clinicians should notify the Externship Coordinator of the injury and any follow up medical care that occurred.
    a. The Externship Coordinator will document the injury via the incident report form.

Infection Control Procedures

Disinfection of Therapy Spaces

At the end of every session, student clinicians use disinfecting spray disinfect the tables, chairs, door handle, and light switch in their assigned therapy room. Also, any intervention materials that may have become contaminated during the session are disinfected. Smaller soiled items are placed in the appropriate blue bin in the observation room for disinfection. Larger items such as kitchen sets, are wiped down with disinfectant wipes/spray.

Regular housekeeping is provided by a custodian assigned to the Center by Augustana College. In the event of a blood borne pathogen incident (urine, vomit, excessive blood, etc.), student clinicians and/or clinical faculty will close off the affected area and notify the custodian to resolve the issue immediately. In the event that the custodian is out of the building, the Center Director, Center Coordinator, or clinical faculty will contact Trisha Hines-Morrison at 309-794-7278. After 4 P.M. the Office of Public Safety is contacted at 309-794-7000 and OPS will call for emergency custodial services to resolve the issue.

Preventing Illness

In general, when a student clinician, mentee, or supervisor is experiencing respiratory illness symptoms, mask wearing is **required** while in the RCSLH until symptoms have resolved.

Specifically related to COVID-19, the RCSLH will follow all CDC guidelines regarding isolation and masking when a student clinician, mentee, or supervisor tests positive for COVID-19.

1. If you are experiencing respiratory illness symptoms, please wear a mask and take a COVID test as soon as possible.
    a. If the COVID test is **negative**, continue to wear a mask until your symptoms have resolved.
    b. If the COVID test is **positive**, follow current* CDC guidelines:
        i. Stay home. You can return to clinic when:
            1. You are fever free for 24 hours without the use of fever reducing medication **AND**
            2. Your symptoms have been improving for 24 hours.
    c. Upon returning to clinic, **masking** is required until symptoms have resolved.

Hand Sanitization

RCSLH staff and students should utilize hand sanitizer:

- Before and after seeing a client
- After removing gloves
- When any contamination is suspected

There are wall mounted hand sanitizer dispensers throughout the RCSLH. In addition, each therapy room has a bottle of hand sanitizer.

Use of Personal Protective Equipment (PPE)

Gloves, face masks, and gowns are available in the main Center office as needed.

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 non intact skin, open cuts, or sores
- the clinician has nonintact skin, open cuts, or sores

Gloves should be discarded in a biohazard bin with a red liner when they have been used and/or torn.

Face masks should be worn when:

- Experiencing respiratory symptoms

- Working with a client that is exhibiting respiratory symptoms

Masks should be discarded in a biohazard bin with a red liner when they have been used and/or soiled.

Disposal of Contaminated Items

There is a biohazard bin with a red liner in the front Center office. Any disposable contaminated items, such as tongue blades, gloves, or tissues, should be disposed of in this bin and the Center Coordinator notified for safe removal.

Here is a guideline for what should/should not go into the red biohazard bags:

*DO USE THE BIOHAZARD CAN FOR THE FOLLOWING:

- ☐ Anything contaminated with blood
- ☐ Anything contaminated with vomit
- ☐ Anything that is clearly potentially infectious, such as yellow or green mucus

*DO NOT DISPOSE OF THE FOLLOWING IN THE BIOHAZARD CAN

- ☐ Paper towels from cleaning tables or disinfecting toys
- ☐ Tongue depressors [unless they are blood-stained]
- ☐ Tissues from “normal” sneezes, wiping tears if a client is upset, etc.
- ☐ Partially consumed food/candy, or cups, straws, napkins, etc.

*If there are questions about what constitutes biohazardous material, please reach out to the Center Director, the Clinic Coordinator, and/or your Clinical Supervisor.

Soiled or Contaminated Clothing

In the event that a clinical faculty member, student clinician, or client’s clothes become soiled or contaminated, the clothing will be carefully removed, placed in a blue soiled linen bag (found in each therapy room), and the bag will be tied to prevent leakage. If possible, the individual will shower immediately. A disposable gown will be provided to the individual until they are able to secure a change of clothes. The incident is documented in the electronic medical records system and an incident report is completed for Augustana College.

Communication Guidelines Regarding Clinic

Important information specific to the RCSLH is communicated regularly via email. Therefore, student clinicians are expected to check email multiple times per day. Student clinicians will be held responsible for any information communicated via email. Communication about clients that contains PHI between supervisors and student clinicians is completed through Point and Click (PNC) communications.

If the Clinic Coordinator needs to contact student clinicians or supervisors about matters related to clinic, communication will occur through email.

Center and Building Policies

- Students should work together to keep common spaces tidy.
- Tape should never be used on walls to prevent paint damage.
- Food coloring is not allowed to be used anywhere in the building.
- To prevent any potential damage to the carpets, activities involving messier substances, such as Play Doh, are restricted to the group therapy rooms on the lower level that have non-carpeted floors.
- Students should avoid parking in the lots surrounding Brodahl; security patrols these lots frequently and ticket vehicles without faculty/staff stickers. The Clinic Coordinator issues yellow parking permits to clients/caregivers for limited parking spaces near Brodahl Hall.
- Paperwork that needs to be scanned into PNC needs to have the client's full name on it before being placed in the "To Be Scanned" box in the Clinic Coordinator's office.
- If you are going to need a recorder, a camera, or an iPad for a session, give yourself plenty of time to test it and make sure it is fully charged before you session. Chargers are not allowed to leave the Clinic Coordinator's office.
- There is a printer in the student lab for your use. Also, you can use Find Me Printing to print small jobs to CSD-MFP, which is in the clinic office. You can also use that printer to make copies. Use your ID # to make copies or to print.

Using iPads

iPads can be checked out from the Clinic Coordinator's office. Student clinicians will need to leave the student ID with the Clinic Coordinator when checking out iPads. These should be checked in *and* out by the same person. Please do not pass iPads from one clinician to the next without checking it in/out.

- iPads can be reserved by placing a post-it note on it stating the date and time needed. iPads cannot be checked out the day before or held onto all day for an evening session.

- iPads can be used for recording during sessions. Any recordings must be deleted prior to checking the iPad back in.

Use of Clinic Rooms

- Clinicians should conduct their session in the assigned clinic room. If a room change is needed, inform the Clinic Coordinator in advance.
- Clinicians should be in their room at scheduled times unless other arrangements have been made with the Clinic Coordinator and supervisor.
- Student clinicians wishing to use the Sensory Room for part or all of their session should schedule this with the Clinic Coordinator in advance.
- Student clinicians must start and end sessions according to the schedule.
- Please leave the clinic room as you found it; you can rearrange furniture for your session but please return them to their original set up at the end.
- Please see the previous section on Disinfection of Therapy Spaces for post-session disinfection information.
- Please remove all your materials at the end of your session; this includes materials in the assigned therapy room and all other areas of the Center.
- If you use the student breakroom or a group therapy room, you must clean them when you are done, including washing and putting away any dishes.
- Student clinicians should never be on phones during clinic sessions unless phones are being used as a stopwatch, etc.

Use of the Resource Library

- 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 who wish to check out materials overnight must get permission from the Clinic Director.
- Tests can be reserved in advance; other Resource Library items cannot be reserved in advance.
- Student clinicians are allowed to prepare their session materials up to 1 hour in advance of their scheduled session; this is to allow all student clinicians maximum access to clinical materials. If a student needs an exception to this (for example, they are in class for 2 hours just prior to their session and wish to prep their materials before class), they should discuss their situation with the Clinic Director.
- Students are asked to report to the Clinic Coordinator when materials or equipment needs to be repaired or replaced.
- Failure to keep common clinical spaces (the Resource Library, the Sensory Room, etc.) clean and organized may result in those spaces becoming unavailable to all clinicians.

- Clients are not allowed in the Resource Library unless a clinical supervisor has approved this in advance.

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. Students should not provide childcare services to a client they are actively working with at the time.
- Student clinicians should not share their personal phone number or communicate via social networking sites with clients or clients' families.

Dress Code

In general, student clinicians should have hygiene appropriate for a professional clinic environment and should avoid strong fragrances. Student clinicians should also be aware of the tasks they will be engaged in and consider how these activities might reveal parts of their body that they would rather keep covered. For example, activities like leaning over a table or playing on the floor with a child may expose certain areas.

Junior Mentees and Undergraduate Student Clinicians

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

Graduate student clinicians should wear a clinic name badge issued by the Clinic Coordinator while engaged in clinical work.Graduate student clinicians' dress code is business casual. Below are some specific guidelines; however, it is important to note

that appropriate dress may depend on many factors, including client age and session activities planned.

- Clothing appropriate for a professional environment include: dress pants, skirts, dresses, long or short sleeve tops. Dresses and skirts should come to the knee when standing.
- Appropriate footwear includes flats, dress sandals, dress shoes, dress boots. Sneakers are allowed as long as they are clean and in good condition; dirty sneakers or sneakers with holes in them are not allowed. Flip-flops and high heels are also not allowed.
- The following are not allowed: denim of any color; crop tops; tank tops; shorts; sweatpants; sweatshirts; hoodies; clothing with rips, tears, bleach marks or stains; “athleisure” wear, including joggers; tee shirts (with the exception of CSD department issued summer clinic shirts during the summer semester only); pajama pants; leggings worn as pants

Using Calipso

Calipso is a web-based system used to track many aspects of students’ clinical experiences, including accrual of clinical clock hours, clinical evaluations, and the depth/breadth of clinical training, 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.

Tracking Clinical Clock Hours

Clinical Clock Hours refers to time student clinicians are providing assessment or intervention services. Students can receive clock hours for direct services as well as time spent counseling and training clients/caregivers. The exact number of minutes should be recorded without rounding.

Clinical and contact hour assignments count toward professional certification. The program will provide opportunities for students to accrue clinical clock hours; however, it is the *student’s responsibility* to take advantage of every opportunity to accrue hours. Specific to students in the MS-SLP program: Failure to accrue the 375 clinical clock

hours needed for graduation may result in additional costs and/or extending your program.

It is the responsibility of the student participating in a clinical assignment to complete a record of contact hours in Calipso. Hours should be entered in Calipso each week per supervisor guidelines so they can be approved and tracked. The supervisor will not verify the hours as contributing toward the required hours for certification if the student clinician does not submit the hours for approval within **7 days from date of service**.

Screenings are marked as evaluation hours. Participation in clinically related activities such as staffing does not count. Preparation time does not count as clinical clock hours, e.g., gathering materials or ideas, writing plans, or scoring tests.

Entering clock hours is a **TWO STEP** process. The first step is recording the hours and the second step is submitting the hours for approval.

Step One- Recording the Hours:

1. Log in to Calipso
2. Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
3. Click on the “Daily clockhours” link located within the blue stripe.
4. Click on the “Add new daily clockhour” link.
5. Complete the requested information and click “save.”
6. Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a ***different*** supervisor, clinical setting, or semester:

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the ***same*** record:

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Click the “Copy” button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To **view/edit** daily clock hours:

- Click on the “Daily clockhours” link located within the blue stripe.

- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.

Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Link to video tutorial

Step Two- Submitting the Hours for Supervisor Approval:

1. Click on the “Daily clockhours” link located within the blue stripe.
2. Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
3. Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.

Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.

View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Link to video tutorial

Student Clinician Grading Information

Student clinicians are formally evaluated at the midpoint of the clinical semester (excluding summer) and then end of the clinical semester. All student evaluations are completed via Calipso. The final grades students receive in their clinical practicums are determined by consensus of the clinical faculty, taking into account the student evaluation scores on Calipso across supervisors (if applicable), where the student is in their clinical education (i.e. senior, 1st semester graduate student, etc.), and the specifics of the clinical assignments. At their discretion, clinical supervisors determine which knowledge and skill areas to rate each student clinician in on the evaluation form.

Student knowledge and skills are rated in 3 areas: Evaluation Skills, Treatment Skills, and Professional Practice, Interaction and Personal Qualities:

Evaluation Skills

- Conducts screening and prevention procedures
- Collects case history information and integrates information from clients/patients and/or relevant others
- Selects appropriate evaluation instruments/procedures
- Administers and scores diagnostic tests correctly
- Adapts evaluation procedures to meet client/patient needs
- Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder
- Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses
- Makes appropriate recommendations for intervention
- Completes administrative and reporting functions necessary to support evaluation
- Refers clients/patients for appropriate services

Treatment Skills

- Develops setting-appropriate intervention plans with measurable and achievable goals.
- Collaborates with clients/patients and relevant others in the planning process
- Implements intervention plans (involves clients/patients and relevant others in the intervention process)
- Selects or develops and uses appropriate materials/instrumentation
- Sequences tasks to meet objectives
- Provides appropriate introduction/explanation of tasks
- Measures and evaluates clients'/patients' performance and progress
- Uses appropriate models, prompts or cues. Allows time for patient response.
- Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs
- Completes administrative and reporting functions necessary to support intervention
- Identifies and refers patients for services as appropriate

Professional Practice, Interaction and Personal Qualities

- Demonstrates knowledge of and interdependence of communication and swallowing processes
- Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice
- Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities)

- Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others
- Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others
- Uses appropriate rate, pitch, and volume when interacting with patients or others
- Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
- Collaborates with other professionals in case management
- Displays effective oral communication with patient, family, or other professionals
- Displays effective written communication for all professional correspondence
- Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts themselves in a professional, ethical manner
- Demonstrates professionalism
- Demonstrates openness and responsiveness to clinical supervision and suggestions
- Personal appearance is professional and appropriate for the clinical setting
- Displays organization and preparedness for all clinical sessions

The following rating scale is used to evaluate student performance:

1	Not evident: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
2	Emerging: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
3	Present: Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
4	Adequate: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a

	collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
5	Consistent: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

Process for Students to Express Concerns about Clinical Matters

Student clinicians are requested to bring matters of clinical concern first to their clinical supervisor and then, if necessary, to the Center Director. If concerns continue, students may contact the Provost of the College.

Anonymous suggestions can be made using the comment box found in the student lounge. For a complaint involving the MS-SLP Clinic Director, the Division Dean should be notified. Student privacy will be maintained by all institutional employees, following FERPA requirements and the ASHA Code of Ethics.

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 Clinical Supervisors

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

PART FOUR: MS-SLP Specific Policies and Procedures for Clinical Practicum

Externship Information

Students who have satisfactorily completed Clinical Practicums I-4, as demonstrated by receiving a semester grade of B or higher, and have the approval of the Center Director and Externship Coordinator will be permitted to complete Pediatric and Adult Externships.

Once enrolled in Pediatric or Adult Externships, students will be expected to continually improve their clinical competence, behave professionally and ethically, and follow federal laws and uphold policies and procedures specific to their Externship site.

Process of Setting Up Externship Placements

Finding and securing externship placements is a complex process that requires extended time, effort, and coordination from multiple parties. The ultimate assignment of external clinical placements is made by the **externship coordinator** and based on several factors, such as (but not limited to) status of an academic affiliation agreement, clinical clock hours likely to be offered to a student, populations seen at the site, schedule/availability of clinical instructor, requirement of the site for student interviews/other criteria, needs of students in a cohort for meeting ASHA standards across multiple domains, etc. Student requests are taken into consideration and balanced with the multitude of factors listed as well as additional unforeseen circumstances that may arise in any given semester. No student's request is guaranteed to be honored, as all factors must be considered.

Externship Process Responsibilities

Student externs have an important and active role to play in the externship placement process. Step 1 of the process is identifying a potential externship site; this step is the ***student's responsibility:***

- For sites with which the program has an established relationship with:
    - The student should contact the externship coordinator to discuss the suitability of the site for their placement.
- For sites with which the program does not have an established relationship with:
    - The student should contact the site to determine 1) if the site has any full time SLPs who also have their CCCs and 2) if the site takes SLP students in general- (do not ask if they will take you, specifically).
    - If the site meets those requirements, the student should contact the

externship coordinator to discuss the suitability of the site for their placement.

Step 2 of the process is the ***externship coordinator's responsibility:***

- Once a potential externship site has been identified, the externship coordinator handles 1) making the specific placement request on the student's behalf, 2) securing an affiliation agreement contract with the site, and 3) gathering and communicating any pre-placement requirements the student must meet as needed.

Externship Attendance Policies

Good and on time attendance at an externship site is required; any deviations need to be reported to the externship coordinator. If a student extern wishes to make any alterations to the start and end dates of their externship placement (as stated in the syllabus), the alteration must be discussed and approved with the externship coordinator ***before*** discussing the alteration with the externship site supervisor.

Any absences, early departures, or late arrivals to the externship site are limited to extenuating circumstances only. Extenuating circumstances refer to unforeseen events or emergencies that significantly impact a student's ability to attend. Examples of such circumstances include, but are not limited to, the following: illness, personal emergencies (e.g., serious illness of an immediate family member, accidents), bereavement (e.g., the death of an immediate family member or close relative), court appearances or legal obligations, religious observances, and college-sanctioned events or activities (prior approval required). **Any absences, late arrivals, or early departures must be reported via email to the externship coordinator within 24 hours with an explanation.** Student externs should be aware that excessive absences, late arrivals, or early departures may lead to termination of the externship placement.

Externship Communication Policies

Since MS-SLP students complete their externships throughout the U.S., it is imperative that students maintain good communication with their externship site and the externship coordinator throughout their second year in the program. Therefore, student externs are required to check their Augustana email regularly (including during breaks) and respond within 24 hours to any communications from the externship site and/or the externship coordinator.

Also, since future students may be interested in a specific externship site, information about the experiences of students previously placed there is important information for the program to have. Therefore, student externs are required to submit a Student

Externship Site Information Form at the end of their externship placement; if necessary, the student extern's grade for the placement will be withheld until they have done so.

The Externship Coordinator will oversee the process of securing placements for graduate students completing off-site clinical work, including SLP 508 and SLP 509. They will also be responsible for completing check-ins (in person or remotely) a minimum of one-time during students' placements, with additional check-ins to be completed as deemed necessary. The Externship Coordinator will maintain documentation in Calipso and in CSD 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, that students have completed all requirements (i.e., immunizations, HIPAA training, CPR, etc.), and that students have sufficient prerequisite experience necessary for their site.

The Externship Coordinator will discuss externship site options with students beginning in their first Clinical Seminar class during summer semester. By the end of their first summer, students will communicate with the Externship Coordinator their intention to complete full time externships either locally (i.e., within a one-hour driving distance of Augustana College) or to pursue a distance placement(s). Students who choose to complete externships outside of the Quad Cities will work with the Externship Coordinator to obtain contact information for potential supervisors at desired sites.

As part of the process for securing externship placements, the Externship Coordinator will meet individually with each student to discuss their 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 placement. Students' preferences and feedback from Clinical Supervisors and preferences of Externship Supervisors will be considered in placement decisions. The suitability of a specific externship placement for a given student is ultimately at the discretion of the Externship Coordinator. Students and Externship Supervisors will be notified about placement decisions approximately one semester before the externship begins, when possible.

Each semester, student externs will evaluate 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.

During check-ins, the Externship Coordinator will meet with the student and the Externship Supervisor to discuss the experience and offer assistance as needed. These check-ins will be completed in-person if possible; additionally, as part of the check-in,

the Externship Coordinator may observe students working directly with a client, with permission of the Externship Site and Externship Supervisor. Student externs and Externship Supervisors will be encouraged to reach out to the Externship Coordinator or Center Director whenever any concerns arise.

In the middle and at the end of each semester, the Externship Coordinator will review notes from externship check-ins 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. The student's final grade for their externship placement will be determined by the Externship Coordinator, in consultation with the student's externship site supervisor(s).

Augustana College MS-SLP 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. Intervention plans will be posted in Starfish.

Clinical Practicums 1, 2, 3, & 4

If a student earns a grade lower than a B for any Practicum course, the student will retake the course. **Note that all four Practicum courses need to be taken before a student is permitted to complete their two Externships.**

For MS-SLP 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

- dress code violations
- failure to keep clinical spaces neat and organized
- not responding to clinical supervisors' feedback about low-stakes concerns

Intervention for a student clinician's first minor concern:

- The student clinician will meet with their clinical supervisor and/or Center Director to discuss the infraction. A follow-up meeting will be held 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.
- The concern and action plan may be documented by the clinical supervisor or Center Director in Starfish via an MS-SLP Student Success Plan. 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 their clinical supervisor and/or Center Director and goals specific to the areas of concerns will be set in an MS-SLP Student Success Plan in Starfish. If a student does not follow through with the plan after meeting with their supervisor or the Center Director, the student's final grade for practicum may be reduced by a grade.

The concerns and related action plans will be documented by the clinical supervisor or Center Director in Starfish via an MS-SLP Student Success Plan. 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, or individual meetings with clinical supervisors or peers).
- Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients.
- Violating HIPAA.
- 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, they 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).
- 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, they will meet with the Center Director to discuss the concerns and they 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 that the concern has been resolved. Additionally, the student's semester clinical practicum grade will be reduced by one letter grade. 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.
- 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 grade reduction for their final semester Practicum grade..

The concern and related action plan will be documented by the clinical supervisor or Center Director in Starfish via an MS-SLP Student Success Plan.

Pediatric and Adult Externships

If a student earns a grade lower than a B for any Externship course, the student will retake the course.

The Augustana College MS-SLP 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 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 their 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

Intervention for a student clinician's first minor concern:

The student clinician will meet with their 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 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 will meet with their 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 after meeting with their Externship Supervisor, the student's final grade for their Externship will be reduced by a letter grade. The concerns and related action plans will be documented by the Externship Coordinator in Starfish 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 they 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, they 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 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 Starfish via an MS-SLP Student Success Plan by the Externship Coordinator 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 grade letter 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.

PART FIVE: Documentation Guidelines for the RCSLH

Using Point and Click

Be sure you have downloaded the Duo Mobile App on your phone. ITS will email you an activation link that you will need for your first log-in.

1. In your computer search bar, type the following: augustanaslh.pointnclick.com
2. Click the blue **Sign In** bar
3. Log in with your AUGUSTANA COLLEGE credentials [the same username and password you use to access your Augie email account]
4. Choose an authentication method: If you choose “Send Me a Push”, you will open the app on your phone and then tap the green bar at the top to validate your phone; you will then need to click the green “Approve” box at the bottom of your screen. If you choose “Passcode” a 6-digit code will be sent to your app. Enter this and click on “Log In”.
5. When you enter PNC, you will need to select “Speech and Language Clinic” from the Location drop down menu.

Checking In Clients In PNC

- Student clinicians are responsible for checking in their clients in PNC after every session the client attends. 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 and go to note.” This will open up the SOAP note template.

Clinical Documentation

At the RCSLH, the primary types of clinical documentation used are evaluation reports, master plans, intervention plans, SOAP notes, and semester summaries. These are all completed in PNC. This section defines each and provides examples.

Note that AI tools (ex. ChatGPT, Claude, etc.) should never be used to complete clinical documentation; failure to abide by this policy will result in failure of the clinical practicum course.

Evaluation Reports

All clients evaluated at the RCSLH will have an evaluation report completed following the assessment session. Below is an example:

Example Evaluation Report (Pediatric)

Augustana College
Communication Sciences and Disorders
Roseman Center for Speech, Language, and Hearing

Speech Clinic Phone: (309) 794-7350
Audiology Clinic Phone: (309) 794-7358

Physical Address:
761 - 34 Street
Rock Island, IL 61201

Main Address:
639 - 38 Street
Rock Island, IL, 61201

[redacted] Acct #: [redacted] DOB: [redacted] Age: 2 yrs Sex: Female
3/3/2025 12:13 PM with [redacted] for SPEECH-LANGUAGE DIAGNOSTIC REPORT
Encounter #: P30143-11

SPEECH-LANGUAGE EVALUATION

Parent/ Guardian: [redacted]
Address:
Telephone:
Supervisor:

Referral Source and Reason for Referral

[redacted], 2 years, 3 months old, was referred to the Roseman Center for an evaluation by her mother, [redacted], due to concerns with [redacted]'s limited expressive language skills.

History

The following information was reported by [redacted]'s mother, [redacted], through a written pediatric client questionnaire completed fully at the time of assessment, as well as during an intake phone conversation.

Pregnancy and Birth

[redacted]'s mother reported that she had gestational diabetes during her pregnancy with [redacted] Ms. [redacted] did not note any other complications and [redacted] was born full term, weighing 7 pounds at birth.

Medical

No significant medical history was reported. [redacted] has not had any past hearing or visual exams. No allergies were reported.

Developmental

Ms. [redacted] reported that [redacted] began crawling at 6 months, began walking at 12 months, and is not yet potty trained. [redacted] was reported to have no feeding problems and is left-handed. [redacted]'s mother reported that [redacted] began expanding her vocabulary to words besides "mama" and "dada" around 18-24 months. Ms. [redacted] noted that [redacted] "isn't saying much". [redacted]'s mother reported that she has appropriate motor coordination for her age.

Previous Speech, Language or Hearing Treatment

[redacted] has previously received early intervention speech and language services provided within [redacted]'s home beginning in January. Ms. [redacted] reported that these services have been inconsistent; of the 7 scheduled sessions, 4 were cancelled for various reasons.

Family

[redacted] is the youngest child and lives with her mother, father, and older brother. [redacted]'s older brother [redacted] with speech articulation issues and received early intervention services. English is the only language spoken within the home.

Social

[redacted]s mother reported that [redacted] has minimal opportunities to interact with other children as she is not in daycare or preschool at this time. [redacted] was described by her mother as a leader, quiet, very active, irritable, happy, as well as able to make friends easily. A typical day for [redacted] varies depending on who is with her that day- her mother, father, or grandmother. [redacted]'s day can be described as spending an hour of learning each morning (i.e., colors, puzzles, watching Ms. Rachel, etc.), running errands, individual play time, spending time with her mother in the kitchen, and she takes minimal naps.

Evaluation Results

General Evaluation Information

[redacted]'s parents assisted with the transition to the clinic room due to [redacted]'s young age as well as her mother reporting that [redacted] is shy and may need her parent in the room for the evaluation. After going over the plan for the evaluation session with both of [redacted]'s parents [redacted] father was escorted to the observation room, while her mother remained in the room for the duration of the evaluation. The student clinicians took turns administering the standardized assessment while the other interacted with [redacted]. [redacted] initially interacted only with her mother but she eventually became comfortable with the two clinicians as the time progressed. [redacted]s parents indicated that [redacted]'s communication skills as demonstrated during the evaluation session were an accurate depiction of her typical communication skills.

Hearing

[redacted]s mother reported that [redacted] has not had her hearing screened or tested. During informal observations throughout the session, [redacted] presented with functional, normal hearing for conversational speech in a quiet environment. There were no overt indications of a hearing loss.

Speech Sound Production

Due to [redacted]'s limited verbal output, a full assessment of her speech sound production was not able to be completed. It was noted that [redacted] is using the following speech sounds: consonants /m, n, b, d, h, w, k, g/ and vowels /æ, ʌ, o, u, i/.

Expressive and Receptive Language

Standardized Assessment

The Receptive-Expressive Emergent Language Test, Third Edition (REEL-3) is a standardized assessment tool used to identify potential language delays or impairments in infants and toddlers up to 3 years old. The assessment consisted of interviewing [redacted]'s mother about the [redacted]s receptive and expressive language abilities. The REEL-3 consists of two subtests: Receptive Language and Expressive Language. The standard scores can be combined into an overall composite score called the Language Ability Score. A standard score of 85-110 is considered to be with the range of average. [redacted]'s overall Language Ability standard score was 64.

The information gathered via the REEL-3 as well as information gathered during the informal assessment via play, are summarized below.

Expressive Language

[redacted]s score on the REEL-3 Expressive Language subtest ability score was 67. [redacted]'s mother reported that [redacted] demonstrates a lot of "babbling" and "chatter" but has limited real words. [redacted] mainly uses gestures as her means of communication. [redacted]'s mother reported that [redacted] is currently only verbalizing 15 words, which include: "mama", "dada", "bed", "one, two three", "ready, set, go", "come", "go", "hi", "bye", "baba", "wow", and "boo". Based on [redacted]'s mother's responses to the REEL-3, [redacted] is not combining words for two word phrases (e.g. throw ball). However, [redacted]'s mother reports that she does imitate sounds during play, such as the sounds of cars or animals. Typically, children [redacted]'s age are using simple two word utterances such as, "want juice" or "more cookie."

During structured play, [redacted] verbalized minimal words and sounds. However, she did imitate "cut cut". [redacted] demonstrated nonverbal requesting, such as pointing to the door while looking at her mother to request to leave. Many opportunities for verbal imitation were provided during the evaluation session; [redacted] verbally imitated once during the session. [redacted] utilized nonverbal communication to make requests and ask for help. For example, during play with an animal hospital play set, [redacted] took the the keys to the doors out of the clinician's hand to request to open a door on the playset.

Receptive Language

[redacted]'s REEL-3 ability score for Receptive language was 73. [redacted]'s mother reported that [redacted]'s receptive language skills are an area of strength for her. Ms. [redacted] reported that [redacted] does not stop what she is doing and listen to the conversations between the people around her and that she is more interested in what she is doing (e.g. playing by herself with her toys). [redacted]'s mother reported that almost every time Ms. [redacted] says, "No!" or "Stop that!" that she has to tell [redacted] a multiple times before [redacted] stops whatever she is doing. Ms. [redacted] reported that [redacted] does not follow directions when she is asked to bring something to her mother.

During structured play, it was noted that [redacted]r followed directions when instructed to close the door on the animal hospital toy set. Throughout structured and parallel play, [redacted] responded to given directions or verbal prompts. For example, when asked if she wanted to change toys, [redacted] went to the bucket full of toys and grabbed a new one. While she did not verbally respond to any of the cues given to her throughout the evaluation, she utilized vocalizations and gestures indicating that she understood the task as well as what had been previously said to her.

Social Communication

Informal observations throughout the session indicate age-appropriate social communication skills. [redacted] demonstrated joint attention, age appropriate play skills, eye contact with others, as well as turn-taking during play.

Cognition/Executive Functioning

Informal observations throughout the session indicates age-appropriate cognition/executive functioning skills as demonstrated by her play skill abilities. [redacted] demonstrated imaginative play during play with a stethoscope and a phone toy by putting the stethoscope around her neck and the phone up to her ear. [redacted] appropriately demonstrated problem solving skills, as demonstrated by looking for the keys to unlock the animal hospital doors and handing the keys to a clinician for assistance.

Voice and Resonance

Due to [redacted]'s limited verbal output, a full assessment of her voice and resonance was not completed. However, there were no overt signs of vocal or resonance issues.

Fluency

Due to [redacted]'s limited verbal output, a full assessment of her speech fluency was not able to be completed.

Summary and Interpretations

[redacted], age 2 years, 3 months, presents with a severe expressive and a moderate receptive language delay of unknown etiology. This delay impacts [redacted]'s overall means of communication and limits her ability to express her wants and needs and follow directions.

Client's Strengths and Areas of Need

[redacted]'s strengths include her problem solving skills, joint attentions skills, imitative abilities, and her receptive language skills, relative to her expressive language skills. [redacted]'s areas of need include her developing receptive language skills and her limited verbal output at this time.

Prognosis

[redacted]'s prognosis is positive, given her young age and family support.

Recommendations

1. Speech therapy intervention is recommended, ideally individual sessions twice a week for 50 minute sessions.
2. A hearing screening or full audiological evaluation is recommended to rule out any hearing loss that may be contributing to [redacted]'s language delay.

Client/Parent/Caregiver Conference

[redacted] shared the report with Mr. and Ms. [redacted], who were encouraged to contact [redacted] with any future questions or concerns. [redacted] will be added to the spring semester waitlist. Additionally, when enrollments for summer 2025 begin, information will be shared with Mr. and Ms. [redacted] to enroll [redacted] for the summer session.

G-Codes/ FCM/ ICD-10/ CPT Assessment:

Diagnoses
Developmental disorder of speech and language, unspecified (F80.9)

Charge Slip Form
Evaluation of Speech Sound Prod. Eval of Language Comp & Expr (Developmental disorder of speech and language, unspecified)

Student Clinician: Signed by [redacted] on 3/12/2025 1:40:39 PM
Student Clinician: Signed by [redacted] on 3/12/2025 5:16:50 PM

Signed by [redacted] CCC-SLP on 3/18/2025 1:28:52 PM

Plan of Care

For each semester that a client receives intervention services at the RCSLH, a Plan of Care (POC) will be developed based on the client's current level of functioning and their goals for treatment. The POC includes the type, amount, frequency, and duration of services to be provided. For Medicare eligible clients, the POC is sent to the client's physician for their certification within 30 days of the initiation of treatment. The POC is sent to the client's physician every 90 days thereafter, or if there is a significant modification to the plan, for recertification.

Example Plan of Care

Augustana College
Communication Sciences and Disorders
Roseman Center for Speech, Language, and Hearing

Speech Clinic Phone: (309) 794-7350
Audiology Clinic Phone: (309) 794-7358

Physical Address:
761 - 34 Street
Rock Island, IL 61201

Main Address:
639 - 38 Street
Rock Island, IL, 61201

[redacted] Acct #: [redacted] DOB: [redacted] Age: 2 yrs Sex: Female
2/14/2025 2:38 PM with [redacted] for PLAN OF CARE
Encounter #: P29845-63

PLAN OF CARE

Client: [redacted]
Diagnoses: Developmental disorder of speech and language, unspecified (F80.9)
Clinician: [redacted]
Supervisor:
Semester: Spring 2025
Date: 02/14/2025

Long and Short Term Objectives

Long Term Goal: [redacted] will improve her expressive communication skills.

Rationale for Selecting this Goal:
Improving expressive skills will have a positive effect in [redacted]'s ability to communicate her wants, needs, and emotions with familiar and unfamiliar communication partners. This lays the foundation for social interactions, learning, and future academic success by enabling her to express herself through words, gestures, and other forms of communication. These are essential for building relationships and navigating everyday situations.

Short Term Objective

Short Term Objective 1
Short Term Objective: [redacted] will imitate different single words 50 times in a 50 minute session.
Current Level of Performance:
22 unique single words

Quantative Data Collection Plan:
Tallies
Word lists
Checklists

Activity Ideas:

Animal Farm Little People Play Set
Blocks and Balls
Kitchen Set and food
Books
Music

Strategies/ Prompts:
Modeling
Parallel Talk
Hand-over-hand
Sabotage
Direct Teaching

Short Term Objective 2

Short Term Objective: [redacted] will imitate 2+ word utterances 15 times in a 50 minute session.

Current Level of Performance:

10 2+ word utterances

Quantative Data Collection Plan:

Tallies

Activity Ideas:

Mr. Potato Head
Bubbles
Kitchen and food play set
Books

Strategies/ Prompts:

Modeling
Parallel Talk
Hand-over-hand
Sabotage
Direct Teaching

Treatment	Length		Frequency & Duration			
Individual Speech and Language Therapy	50 minutes	hour/session	2	x /week for	12	weeks

Student Clinician: Signed by [redacted] on 2/20/2025 1:40:42 PM

Intervention Plans (IPs)

Intervention plans document what the clinician plans to do in the session. Generally, clinicians will have one IP for every session. See an example below:

Example Intervention Plan (Pediatric)

Augustana College
Communication Sciences and Disorders
Roseman Center for Speech, Language, and Hearing

Speech Clinic Phone: (309) 794-7350
Audiology Clinic Phone: (309) 794-7358

Physical Address:
761 - 34 Street
Rock Island, IL 61201

Main Address:
639 - 38 Street
Rock Island, IL, 61201

[redacted] Acct #: [redacted] DOB: [redacted] Age: 6 yrs Sex: Female
5/12/2025 10:30 AM with [redacted] for INTERVENTION PLAN
Encounter #: P31148-48

INTERVENTION PLAN

Client: [redacted]
Clinician: [redacted]
Supervisor: [redacted]
Date: 05/12/2025

Long Term Goal
[redacted] will improve her articulation.

Short Term Objective
1. [redacted] will produce /θ, ð/ in all positions of words independently with 80% accuracy.
2. [redacted] will produce /l/ in all positions of words independently with 80% accuracy.

Teaching Strategies
Modeling
Visual cues
Verbal cues
Direct teaching

Procedures/Materials
Objective 2 targeting /l/ will be a lollipop craft. [redacted] will be prompted to produce target /l/ words in order to complete steps in creating a "lollipop flower" with a lollipop and construction paper cut into flower petals. This objective will also be targeted via an /l/ rich story. The story will be read to [redacted] Then, she will be asked to retell the first part of the story, using the pictures as support, while producing /l/ correctly. A brief time will be given for [redacted] to color the pictures for the portion of the story she retold.

Objective 1 (/θ, ð/) will be targeted using play doh and a printed paper with "fingernails" that [redacted] can "paint" using play doh. Each fingernail will have a target word on it. [redacted] will be prompted to produce the word multiple times before being allowed to "paint" the nail.

SOAP Notes

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 concise. SOAP notes document what occurred in a session. Clinicians will write a SOAP note for every session.

SOAP is an acronym that stands for ***S****UBJECTIVE,* ***O****BJECTIVE,* ***A****SSESSMENT,* ***P****LAN.*

S: Subjective

What factors may have contributed to the client's communicative performance today? The S section should not be identical in every note because it reflects the client's performance for a specific session.

Some examples:

- The client was getting over a cold and had difficulty using lowered pitch.
- The client became upset in the waiting room and took 10 minutes to calm down.
- The client was engaged and ready to work.

O: Objective

For each goal area targeted, comment on what performance level was achieved. This is the place to list quantitative data. You may also indicate the level of support/teaching strategy used to achieve this level; similarly, indicate if performance is independent.

Some examples:

- The CLIENT used S-V-Adj-O sentence structure for 8/10 trials. Objective met.
- The CLIENT produced initial /s/ clusters at the word level with 70% (14/20) accuracy with a model. Objective not met.
- The CLIENT initiated 4 times in 2 minutes to the same peer with only 1 clinician visual prompt. Objective not met.
- The CLIENT named 4/6 family members when provided a phonemic cue. Objective not met.

A: Assessment

This is where you have the chance to analyze the subjective and objective data. You may comment on materials/activities used if it impacted performance, # of responses, behavior management, etc. in this section.

Some examples:

- The CLIENT was inconsistent in his use of third person singular forms compared to previous weeks; he appeared distracted during this activity.
- The CLIENT performed well in the direction following task; it was noticed that all directions included quantity concepts.

P: Plan

What next? How should teaching strategies/levels of clinician support be adjusted? Are current objectives appropriate for moving the client toward independent improvement? If not, what are the plans for adjusting? The P section should not be identical in every note because it reflects the client's performance for a specific session.

Some examples:

- The objective targeting complex sentences needs to be updated to reflect recent growth. Revised: The 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%).
- The CLIENT has not improved his use of third person singular for the past 3 weeks using a cloze task format; thus, support will be increased using forced choice for at least 2 weeks and then will reassess.
- The CLIENT seems distracted when Play Doh is used for expressive language tasks; in future weeks, tactile activities will be avoided when targeting expressive goals.

Example SLP SOAP Note

Augustana College
Communication Sciences and Disorders
Roseman Center for Speech, Language, and Hearing

Speech Clinic Phone: (309) 794-7350
Audiology Clinic Phone: (309) 794-7358

Physical Address:
761 - 34 Street
Rock Island, IL 61201

Main Address:
639 - 38 Street
Rock Island, IL, 61201

[redacted] Acct #: [redacted] DOB: [redacted] Age: 6 yrs Sex: Female
5/8/2025 4:00 PM with [redacted] for SPEECH LANGUAGE PEDIATRIC THERAPY VISIT
Encounter #: A45025-23

SPEECH-LANGUAGE PEDIATRIC SESSION NOTE

Treatment Type: Individual
Date of Session: 05/08/2025
Length of Treatment (min.): 50 mins

SUBJECTIVE

[redacted] was accompanied to the session by her mother and brother. She demonstrated good attention and less impulsiveness compared to last session.
Mood: happy/ good
Compliance: good
Attention: good

OBJECTIVE

[redacted] produced /θ, ð/ in all positions of words independently with 97% accuracy (62/64). Objective met.
[redacted] produced /l/ in words independently with 96% accuracy (53/57). Objective met.

ASSESSMENT

When the target sound was in the initial position of the word, [redacted]s productions were correct and effortless; when the target sound was in the medial or final position, her productions tended to be more effortful, requiring her to pay more attention to her productions. Her only errors with /θ, ð/ occurred in the word "feather", likely due to the initial /f/, which is the sound she tends to substitute for /θ, ð/. Her only errors on /l/ were with the word "tulips", with no immediately discernable reason.

Given [redacted]'s high level of accuracy at the word level, she was probed for her ability to produce /l/ in phrases with a model and she achieved 93% accuracy (14/15). Also, when some errors with the target sounds in conversation were brought to [redacted]'s attention, she immediately self-corrected.

Diagnosis
Developmental disorder of speech and language, unspecified (F80.9)

Charge Slip Form
Speech Language Session, Individual (Developmental disorder of speech and language, unspecified)

PLAN

In Friday's session, the focus will be on /r/ and /θ, ð/ productions. A probe for [redacted]s production of /θ, ð/ in phrases will be done.

Signed by [redacted]., CCC-SLP on 5/9/2025 7:30:22 AM

Example Audiology SOAP Note

Augustana College
Rock Island, Illinois

Center for Speech, Language, and Hearing
639 38th Street
Rock Island, IL 61201
(309) 794-7350

AUDIOLOGIC REPORT

Client name:	John Souza	**Date of appointment:** 10-26-16
Client D.O.B.:	1/27/43	**Date of report:** 10-31-16
Student clinician(s):	None	**Supervisor:** Ann Perreau

Subjective

John was seen today for a hearing aid check. He wears a Phonak Naida V50-UP behind-the-ear hearing aid in the right ear (SN: 1622H0EPE). He has a severe to profound sensorineural hearing loss in the right ear, and a profound, sensorineural hearing loss in the left ear. John has used a hearing aid in the right ear previously, but lost it this summer while hospitalized in Iowa City, IA. He has used the new hearing aid for approximately three weeks, and reports that he uses it occasionally. He reports that living at Fort Armstrong, the environment, including the dining hall, living areas, etc. are very loud and he does not like using the hearing aid.

Objective

First, the aid was cleaned and checked and it was found to be working well. The aid was connected to the computer, and it was found that John is wearing the aid 3 hours/day. Hearing aid use was discussed, and the recommendation to use the aid 8-10 hours/day was emphasized. John stated that Fort Armstrong is loud, so changing the volume was reviewed today. During today's appointment, it was noted that John spoke clearer when using the aid, which was discussed with the patient. In addition, use of the dry aid kit was also reviewed with John. His daughter will be assisting with maintaining the desiccant in the dry aid kit. Finally, the warranty information on his hearing aid was reviewed with John.

Impressions

John is using the right aid several hours a day, and he was encouraged to use it 8-10 hours/day or more. The aid is in good working condition.

Plan

John should return to the clinic in 1 year, or sooner should he have questions or concerns regarding how to use his hearing aid. He was encouraged to contact the clinic with additional questions or concerns.

Semester Summary Progress Note

The semester summary progress report summarizes the goals and progress that the client made over the course of the semester. Generally, student clinicians will write 1 semester summary progress note for each client they work with in a given semester. See an example below:

Example Semester Summary Progress Note (Pediatric)

Augustana College
Communication Sciences and Disorders
Roseman Center for Speech, Language, and Hearing

Speech Clinic Phone: (309) 794-7350
Audiology Clinic Phone: (309) 794-7358

Physical Address:
761 - 34 Street
Rock Island, IL 61201

Main Address:
639 - 38 Street
Rock Island, IL, 61201

[redacted] Acct #: [redacted] DOB: [redacted] Age: 6 yrs Sex: Female
4/25/2025 5:18 PM with [redacted] for SLP SEMESTER PROGRESS REPORT
Encounter #: P30939-72

SEMESTER PROGRESS REPORT
Semester: Spring 2025
Patient Medicare Number: N/A

Pertinent History
Current Diagnosis: Developmental disorder of speech and language, unspecified

Attendance Information for Semester
[redacted] was seen this semester at the Roseman Center for individual 50 minute sessions twice per week. She attended 21 out of 24 scheduled sessions.

Long Term Goals

Goal: [redacted] will improve her articulation.

Short Term Objectives

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
02/26/2025	[redacted] will produce /k, ɡ/ in all word positions in sentences independently with 80% accuracy.	04/16/2025
02/19/2025	[redacted] will produce /k, ɡ/ in structured conversation independently with 80% accuracy.	05/07/2025
02/26/2025	[redacted] will produce /θ, ð/ in all positions of words independently with 80% accuracy.	05/08/2025
03/12/2025	[redacted] will produce /l/ in all positions of words independently with 80% accuracy.	05/08/2025

02/26/2025	[redacted] will produce consonantal /r/ in the initial positions of words independently with 80% accuracy.	05/07/2025
02/26/2025	[redacted] will produce /ʃ/ in all positions of words with a model with 80% accuracy.	ongoing
03/13/2025	[redacted] will produce /tʃ/ and /dʒ/ in all positions of words with a model with 80% accuracy.	ongoing

Baseline Data

Goal	Start of Semester	End of Semester	Average	Range
produce /k, g/ in all word positions in sentences independently with 80% accuracy.	69%	89%	78%	69-89%
produce /k, g/ in structured conversation independently with 80% accuracy.	61%	100%	72%	55-100%
produce /θ, ð/ in all positions of words independently with 80% accuracy.	52%	97%	73%	52-97%
produce /l/ in all positions of words independently with 80% accuracy.	76%	96%	83%	68-96%
produce consonantal /r/ in the initial positions of words independently with 80% accuracy.	72%	100%	76%	53-100%
produce /ʃ/ in all positions of words with a model with 80% accuracy.	38%	56%	48%	38-56%
produce /tʃ/ and /dʒ/ in all positions of words with a model with 80% accuracy.	48%	72%	61%	48-72%

Impressions

[redacted] is a delightful young lady who showed enthusiasm for many session activities and put forth good effort on all her therapy objectives.

All of [redacted] objectives were targeted in similar ways. First, direct instruction was provided on correct production of the target sound. Then, practice opportunities were given while engaging in fun activities, such as playing a board game, coloring, or movement games. When her productions were incorrect, she was given additional direct instruction and a model. Toward the end of the semester, the use of visual phonics cues were also incorporated. Visual phonics (VP) cues are simple hand movements meant to mirror the movement of the articulators; there is 1 specific cue for every English sound. The use of VP cues seemed especially helpful to [redacted] in differentiating between the voiced and voiceless "TH" sounds /ð, θ/ and the /f/ sound.

Toward the end of the semester, home practice and probes were incorporated into treatment. A story with multiple repetitions of her target sound /k/ was sent home for [redacted] to read/review with her parents upon her mastery of the /k, g/ goal. Probes were conducted on her ability to correctly produce /l/, /r/, and the voiced and voiceless "TH" sounds /ð, θ/ in phrases with a model, given her success with those sounds at the word level. She achieved 100% accuracy using /ð, θ/ in all positions of words in phrases with a model, 93% accuracy using /l/ in all positions of words in phrases with a model, and 100% accuracy using /r/ in the initial position of words in phrases with a model. It is important to note that when errors on these target sounds in conversation were brought to her attention, she immediately corrected her productions.

[redacted] had more difficulty with her productions of /ʃ/ (the "SH" sound, as in *sh*oe), /tʃ/ (the "CH" sound, as in *ch*air), and /dʒ/ (the "J" sound, as in *j*ump). All of those targeted sounds have similar tongue placements. Several different tongue placement techniques/instructions were utilized to help [redacted] attain the correct placement and airflow, with mixed success. [redacted] tends to produce these sounds with her tongue slightly forward and her tongue tip turned down, which results in distortion of these sounds. So far, the most helpful technique is instructing her to push the sides of her tongue against the insides of her teeth and then producing the sound.

Overall, [redacted] made good progress this semester. She is an eager learner who responds positively to feedback and praise in sessions. She's also demonstrating some self-awareness and ability to correct productions for her target sounds /r, l, k, g, ð, θ/.

Recommendations

It is recommended that [redacted] continue to receive speech therapy services at the Roseman Center for Speech, Language, and Hearing in the summer of 2025 semester twice weekly for 50 minutes per session to continue her progress in improving her speech articulation skills. Future goals may include:

1. production of /l/, /r/, and /ð, θ/ in all positions of words in phrases and then in sentences
2. production of /ʃ, tʃ, dʒ/ in isolation, moving to syllables and then words

Consideration for future intervention sessions:

1. incorporate more home practice to aid in carryover of therapy skills
2. incorporate visual phonics cues (or other systematic cueing system) to help Julia differentiate between target sounds and her error patterns
3. alternate session activities between sedentary activities and activities that involve movement, as Julia enjoys and is motivated by this pattern, especially if her sessions immediately follow her school day.

Discharge Information

- Client is being discharged

[redacted] is being discharged following the spring 2025 semester due to completion of their current plan of care. They are anticipated to return in the summer 2025 semester to receive individualized speech and language services. Prognosis is good due to her young age, family support, and rate of progress thus far. [redacted] final treatment diagnosis is: developmental disorder of speech and language, unspecified. Please see information above for detailed goal recommendations.

PART SIX: Appendices

ASHA's Code of Ethics

All students in the CSD and MS-SLP programs are required to be familiar with and abide by ASHA's Code of Ethics. The full Code of Ethics is available online at https://www.asha.org/policy/code-of-ethics/

RCSLH Emergency Procedures

Emergency Evacuation

If it is determined that it is safer outside of the building than inside, the Building Safety Officer (BSO) or their designee will call the Office of Public Safety (OPS) and identify the location and nature of the emergency. The BSO will alert everyone within the Center to evacuate.

The BSO will perform a final sweep of the Center prior to their own evacuation to ensure that everyone has safely evacuated, including yelling, walking halls, knocking on or opening doors to offices and bathrooms. Once at the evacuation assembly area, the BSO will document who is present and keep them at the assembly area until the all clear is given by the OPS.

To evacuate the building, exit the east doors (main doors to the Center) and proceed south across to the assembly area in parking lot J adjacent to 35th street.

Fire

If a fire alarm is sounded, all individuals should exit the building via the east doors (main doors to the Center), via the south entrance (facing 34th street), or via one of the first floor windows and proceed south across to the assembly area in parking lot J adjacent to 35th street. Once at the evacuation assembly area, the BSO will document who is present and keep them at the assembly area until the all clear is given by the OPS.

Severe Weather

In the event of severe weather, an all-campus alert will be sent out by OPS. The Center Director and the BSO will alert everyone of the need to evacuate to the lower floor of Brodahl Hall (“the basement”).

The Center Director and BSO will perform a final sweep of the Center prior to their own evacuation to the basement to ensure that everyone has safely moved to the basement, including yelling, walking halls, knocking on or opening doors to offices and bathrooms. Once in the basement area, the BSO and/or Center Director will document who is present and keep them in the area until the all clear is given by the OPS.

Lockdown

In the event that there is a threat of violence or serious incident that could jeopardize the safety of RCSLH faculty, students, or clients, OPS should be contacted immediately by whomever was first made aware of the situation and a lockdown may be called by OPS. RCSLH staff should check the status of all clinical spaces remotely, via telephone, computer, or other means.

In the event of a lockdown, students, clients, and faculty should remain in place, closing and locking all windows and doors, and turning off lights. They should move to an interior portion of the room, away from windows and doors. Ignore all bells and alarms unless otherwise instructed. Allow no one to leave the space until the all clear is given by OPS.

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.

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

If a client is suspected of being a victim of abuse and/or a mandatory report of suspected abuse is made, it should be documented in the client’s chart in PNC using the Misc Note option. 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
- Failure to thrive
- Arrives early and stays late at school, play areas, or other people's homes

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

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.

For more information regarding Illinois licensure by IDFPR, please see the IDFPR website at https://idfpr.illinois.gov/profs/speechlangaudio.html

This information was adapted from https://www.ishail.org/licensing-certification

Illinois State Board of Education Requirements

Augustana College's MS-SLP program is accredited through ISBE.

The following information is adapted from
https://www.isbe.net/Pages/PEL-School-Support-Ed-Lic.aspx

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.

More information is available at: www.isbe.net

RCSLH Weekly Clinic Clean-Up Procedure

All student clinicians are required to be a part of the “Friday Clean-Up Crew”. Student clinicians will sign up for this task at the start of each semester.

On the designated date, the Clinic Coordinator will provide the 2-sided list of clean-up tasks. If students come in individually, they should mark off what they have completed, *legibly* sign their name at the bottom, and leave the sheet on the Clinic Coordinator’s desk so the rest of the crew knows what remains to be done.

The tasks take at least 1 hour to complete, so students should plan accordingly. Due to clinic sessions and classes, **clean up cannot begin before 2 PM**. If a student can’t make their scheduled clean-up date, it is the student’s responsibility to find a replacement ahead of time and reschedule themselves for another Friday.

NSSLHA to ASHA Conversion

The NSSLHA to ASHA Membership Conversion Discount is a one-time discount of $250 off the initial dues and fees for ASHA membership and certification. Detailed information is available here: https://www.nsslha.org/Membership/Conversion-Discount/

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.

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).

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

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 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.

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

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 lifespan.

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 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.

Effective Date: January 1, 2020

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

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.

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

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.

Effective Date: January 1, 2020

Speech-Language Pathology Pathway to Certification

From:
https://www.asha.org/certification/speech-language-pathology-pathway-to-certification/

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.

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 lifespan
    d. Nature of communication and swallowing processes to include knowledge of:
        i. Etiology of the disorders or differences
        ii. Characteristics of the disorders or differences
        iii. Underlying anatomical and physiological characteristics of the disorders or differences
        iv. Acoustic characteristics of the disorders or differences (where applicable)

v. Psychological characteristics associated with the disorders or differences
vi. Development nature of the disorders or differences
vii. Linguistic characteristics of the disorders or differences (where applicable)
viii. Cultural characteristics of the disorders or differences

e. For the following elements:
i. Articulation
ii. Fluency
iii. Voice and resonance, including respiration and phonation
iv. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
v. Hearing, including the impact on speech and language
vi. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
vii. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
viii. Social aspects of communication (e.g., behavioral and social skills affecting communication)
ix. 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:
        i. Articulation
        ii. Fluency
        iii. Voice and resonance, including respiration and phonation
        iv. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
        v. Hearing, including the impact on speech and language
        vi. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
        vii. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
        viii. Social aspects of communication (e.g., behavioral and social skills affecting communication)
        ix. 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