Communication Sciences and Disorders Department

Clinic Manual

2026 Revision



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

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

Stacie M. Hatfield, Ed.D., CCC-SLP
Associate Professor

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

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 individuals of all 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 Alex Stone, Center Director, who can be reached at (309) 794-7346 or via email at alexstone@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 and 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.

  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.

  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 Undergraduate and Graduate 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. Students whose GPA is close to this criterion (i.e., 2.85-2.99) may petition the clinical faculty to be allowed to enroll in clinical internship courses or graduate clinical practicums. Contact the Clinic Director for details on this process.
- Observation Hours: Students must complete 25 hours of guided observation prior to beginning the mentee experience/clinical practicums. 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). Documentation of observation hours will be kept in the CSD office and will also be entered 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.

  - For CSD students: 5 of the required observations must be completed at the RCSLH.
  - For MS-SLP students coming from other programs: Documentation of 25 completed guided observation hours should be given to the Center Director for verification and entry into Calipso.

Clinical Mentee Experience

For CSD students: one semester prior to enrolling in the first clinic internship course, undergraduate students must serve for at least 1 semester as a mentee to a senior or graduate student clinician for at least one client. Mentees are expected to increase their involvement in 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 clinical internships.

Immunization Requirements

Before engaging in clinical practicum activities, including the mentee experience, students must submit the following to the Center Director:

- Documentation that they have received 3 doses of a Hepatitis B vaccine
- Documentation of a negative TB test

Student clinicians needing a medical or religious exemption to these requirements must meet with the Center Director to discuss the possible impacts and complete the exemption form.

Trainings

Student 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)

Background Check

Junior mentees and student clinicians must complete and pass a background check before they begin any clinical practicum.

Accommodations in Clinical Practicum for Students with Disabilities

Any students with disabilities who have accommodations as determined by the Disability and Access Resources Office are encouraged to meet with the Center Director to determine if/how those accommodations can be applied to their clinical practicum. A student's accommodations are kept confidential; only clinical faculty who directly supervise that student will be informed of that student's need for accommodations.

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.
- ☐ By the end of the first week of seeing their client(s), 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 clients may 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 missed day (or partial day) of clinic, they are required to meet with their clinical supervisor 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 has more than 2 unplanned missed clinic days (or partial days) 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 to the diagnostic team to complete evaluations for potential clients new to the Center and/or current RCSLH clients in need of re-evaluation. As requests for evaluations come into the Center, the clinical supervisor(s) leading the diagnostic team will assign 2 diagnostic team members to lead the evaluation in an equitable manner.

After the evaluation 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.

General Client Care

For safety reasons, clients should never be out of a caregiver's, a student clinician's or a clinical faculty 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.

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 to 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 respiratory illness and possible COVID-19 infection:

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**:
        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 Library. 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.
- Clients/caregivers have the ability to send messages to clinical faculty via the PNC Patient Portal. Student clinicians are not able to receive Portal messages in PNC; the student clinician's clinical supervisor will inform them of any relevant information sent by clients/caregivers via the Portal.

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; the navy polo is not required to be a CSD branded polo.

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; 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, including prevention activities
- Demonstrates current knowledge of the principles and methods of prevention and assessment, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates
- Collects case history information and integrates information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals
- Selects appropriate evaluation procedures
- Administers non-standardized and standardized tests correctly
- Adapts evaluation procedures to meet the needs of individuals receiving services
- Demonstrates knowledge of communication and swallowing disorders and differences
- Interprets, integrates, and synthesizes all information to develop diagnoses
- Interprets, integrates, and synthesizes all information to make 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 that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process
- Implements intervention plans that involve clients/patients and relevant others in the intervention process
- Selects or develops and uses appropriate materials and instrumentation
- Measures and evaluates clients'/patients' performance and progress
- 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
- Sequences tasks to meet objectives
- Provides appropriate introduction/explanation of tasks
- Uses appropriate models, prompts or cues. Allows time for patient response
- Demonstrates effective behavior management skills
- Practices person- and family-centered care, consistent with recognized standards of ethical practice and in accordance with applicable state and federal laws
- Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process

Professional Practice, Interaction and Personal Qualities

- Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to typical and atypical human development across the life span
- Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice
- Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology
- Demonstrates 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
- Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others
- Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
- Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice
- Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice
- Demonstrates skills in written communication sufficient for entry into professional practice
- Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare
- Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed
- Demonstrates professionalism

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 Graduate Clinical Practicums 1-4, as demonstrated by receiving a semester grade of C or higher for Graduate Clinical Practicum 1 and a grade of B or higher for Graduate Clinical Practicum 2-4, and have the approval of the Center Director and Externship Coordinator will be permitted to complete Pediatric and Adult Externships.

Once enrolled in SLP 508- Externship: Schools, SLP 509- Externship: Adult, or SLP 511- Externship - SLP 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(s)** 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 their 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 their externship coordinator to discuss the suitability of the site for their placement.

Step 2 of the process is the ***externship coordinators' responsibility:***

- Once a potential externship site has been identified, the externship coordinators handle 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 student's 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 their 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 student's 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 their 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 their 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 Coordinators will oversee the process of securing placements for graduate students completing off-site clinical work. 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 Coordinators will maintain documentation in Calipso and in CSD Department files. The Externship Coordinators, 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 Coordinators 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 their assigned 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 their Externship Coordinator to obtain contact information for potential supervisors at desired sites.

As part of the process for securing externship placements, the Externship Coordinators will meet individually with each of their assigned students to discuss their priorities for pediatric and adult externship sites. The Externship Coordinators 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 Coordinators. 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 Coordinators 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 Coordinators 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 Coordinators or Center Director whenever any concerns arise.

In the middle and at the end of each semester, the Externship Coordinators 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 Coordinators, 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 Graduate 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

A grade lower than a C in Graduate Practicum I or a grade lower than a B in Graduate Practicums II, III, or IV is considered a non-passing grade and the student will be required to retake the course. **Note that all four Practicum courses need to be passed before a student is permitted to start either of the two Externship courses.**

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 Clinical Intervention 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 Clinical Intervention 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 Clinical Intervention-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 Clinical Intervention-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 a cooperative agreement that will be signed by the student clinician, the Center Director, Externship Coordinator, 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 Clinical Intervention 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 circle 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”.
    a. Note: PNC **may** ask you to set up a 4-digit passcode - this is separate from Duo Mobile. The passcode is used when PNC times out; you can then enter your passcode to resume their work rather than needing to close out and re-login
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. In PNC, click on the calendar icon at the top of the screen. Locate the client’s session on the schedule, right click and choose “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. AI tools may be used to generate materials for sessions, such as target word lists.

Evaluation Reports

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

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: 5 yrs Sex: Male
4/1/2026 8:34 AM with [redacted] for SPEECH-LANGUAGE DIAGNOSTIC REPORT
Encounter #: P34486-69

SPEECH-LANGUAGE EVALUATION

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

Referral Source and Reason for Referral

[redacted], 5 years, 4 months, was referred to the Roseman Center for an assessment by his mother, [redacted], due to concerns with [redacted]'s difficulty with producing speech sounds and being unintelligible to communication partners familiar and unfamiliar alike.

History

The following information was reported by [redacted]'s mother, [redacted], through a written pediatric client questionnaire completed at the time of the assessment, as well as a past IEP from his schooling at [redacted] Elementary in [redacted] provided by Mrs. [redacted].

Pregnancy and Birth

[redacted]'s mother reported that there were no complications during her pregnancy. Mrs. [redacted] reported was delivered via C-section, weighing 6 pounds. [redacted]s mother reported he was diagnosed with Trisomy 21 by a pediatric doctor through blood work at birth in [redacted].

Medical

[redacted]'s mother reported that he had a tonsillectomy and an adenoidectomy although the date was not reported. In terms of medication, Mrs. [redacted] reported [redacted] takes 25 mcg of Synthroid on a regular basis for hypothyroidism. [redacted] participated in a visual exam on January 14th, 2026, which resulted in a diagnosis of farsightedness and a need for glasses. He was wearing glasses throughout the duration of the assessment. No allergies were reported.

Developmental

[redacted] was reported to have no feeding problems and is left-handed. Mrs. [redacted] reported [redacted] is clumsy for his age, noting that "he has a hard time running and does not know how to jump/hop." As of the 10/18/2024 report from the physical therapist at [redacted] Elementary, [redacted] could sit on the floor independently, transition from sitting on the floor to standing through kneeling with 1-2 hands on the floor, and transition from sitting in a chair to standing independently. His IEP reported he had areas of gross motor need to increase core stability, overall strength, and balance. Also as of the 10/18/2024 report from the occupational therapist at [redacted] Elementary, [redacted] could scribble, copy horizontal lines, build a 9-block tower, and manipulate objects. The IEP reported continued fine motor needs in the areas of coloring within the lines, completing an insert puzzle, and correctly orienting and using scissors to cut across a line.

Per the history collected at the Roseman Center, [redacted]'s mother reported trouble with toilet training. Mrs. [redacted] also reported [redacted]'s communication skills and language comprehension to be below average compared to children of the same age.

Educational/Vocational

[redacted]'s teacher per the IEP dated 10/18/2024 reported strengths in recognizing most lower case letters, answering character questions, scribbling, rote counting to 5, and understanding the concepts of more and less. [redacted]'s areas of needs included: identifying letters in his name, identifying 10 uppercase letters, tracing his name, rote counting to 10, and identifying basic shapes and colors per the October 2024 report.

At the time of the evaluation, [redacted]'s mother reported he has opportunities to interact with other children as he is in preschool at the [redacted] in a general education classroom without special education supports such as speech, OT, and/or PT. Mrs. [redacted] reported [redacted] enjoys school and his preferred school subject is reading.

Previous Speech, Language or Hearing Treatment

[redacted] has previously received in home visits in [redacted] through virtual early intervention services due to the COVID-19 pandemic. According to [redacted]'s IEP from 10/18/2024, [redacted] was reported to have strengths in demonstrating communicative intent. As of the 10/18/2024 report from the SLP at [redacted] Elementary, [redacted] used gestures to greet, requested items and actions, gained a person's attention, and requested assistance. These skills were also evident during this assessment through informal observations.

Family

[redacted] is an only child and lives with his mother, [redacted] and his father, [redacted]. English is the only language spoken within the home. [redacted]'s mother reported no family history of speech, language, or learning issues.

Social

[redacted] was described by his mother as easy going, active, happy, and an observer. A typical day for [redacted] was reported as waking up around 6-6:30 am, breakfast at 7 am, preschool 7:40 am - 4:30 pm, dinner at 5:30 pm, play/bedtime routine from 6-7:30 pm, and bedtime at 7:30 pm.

[redacted]'s IEP reported that he had strengths in imaginative play, greeting people, and interacting with peers. At the time the IEP was written, he required more support in regards to independently following routines and independently transitioning to different activities.

Evaluation Results

General Evaluation Information

[redacted] was a joyful and engaged child throughout the assessment, approaching each task with enthusiasm and a positive attitude. He demonstrated a natural curiosity, frequently showing interest in the materials and activities presented. [redacted] was an active participant, readily engaging with tasks, and responding well to prompts and encouragement. [redacted] also showed good cooperation, followed directions appropriately, and interacted in a friendly manner. [redacted]'s overall demeanor was bright, attentive, and eager, contributing to a productive and enjoyable assessment experience.

[redacted]'s parents assisted with the transition to the clinic room due to his young age. Mrs. and Mr. [redacted] remained in the room for the duration of the assessment. [redacted] became comfortable with the clinician as the assessment progressed. Frequent breaks were utilized throughout the assessment to maintain [redacted]'s engagement and attention.

Hearing

Mrs. [redacted] reported [redacted] had a hearing test "over a year ago;" Results of this test were not reported on the pediatric client questionnaire. Based on observations during the assessment there are no concerns for [redacted]'s hearing at this time.

Oral Facial Examination

An oral facial examination was completed to evaluate [redacted]'s oral speech mechanisms and determine if oral structure and function are adequate for speech production. Upon observation of his face, [redacted] presented with a flattened nasal bridge, round face, and a larger tongue which are all characteristics associated with a diagnosis of Trisomy 21.

[redacted]'s face appeared symmetrical with no noted drooping to either side. It was noted [redacted] demonstrated an open mouth posture meaning when at rest he keeps his lips apart. This posture is typically associated with low oral muscle tone and can contribute to [redacted]'s reduced speech intelligibility by limiting precise articulatory movements.

[redacted] demonstrated an open bite and adequate oral hygiene. An open bite refers to a gap between the front upper and lower teeth when the jaw is closed. The presence of an open bite can disrupt the airflow needed for sibilant fricatives (i.e., high pitched "hissing" sounds, such as /s/, that are produced by forcing air through a narrow passage in the mouth) and/or result in a frontal lisp, because the front teeth do not close, allowing the tongue to protrude through the gap.

Tonsils were not present due to a tonsillectomy, which was reported by his mother. [redacted] presented with a large tongue consistent with his diagnosis of Trisomy 21. No deviations or fasciculations were noted upon protrusion of his tongue. When completing double oral motor movement tasks (i.e., tasks requiring the coordination of two different oral structures simultaneously or rapid, alternating movements to assess speech coordination and strength), [redacted] had movements that were slow, uncoordinated, and effortful when completing the directed tasks. Uncoordinated double oral movements can have an impact on speech intelligibility by indicating an inability to sequence or isolate motor movements.

Speech Sound Production

The Arizona Articulation and Phonology Scale, 4th Revision (Arizona-4) is a picture and reading based test used to evaluate the articulation and phonology skills of individuals 18 months through 21;11 years old. There are a total of three subtests including Word Articulation, Sentence Articulation, and Phonology. For this assessment, [redacted] completed the Word Articulation subtest. This assessment required [redacted] to look at a series of pictures that were presented to him and name the object in the picture. This subtest evaluated [redacted]'s articulation abilities at the single word level, rather than his ability to label the picture. Additional subtests were not administered, as [redacted]'s performance on the Word Articulation subtest met the qualification criteria, making further testing unnecessary.

On the Arizona Articulation Proficiency Scale, scores are reported using a standard score format, with a mean of 100 and a standard deviation of 15. Scores of 86 and above are considered within the average range and reflect age-appropriate speech sound production skills. Scores ranging from 79 to 85 are indicative of a mild impairment, scores from 71 to 78 reflect a moderate impairment, and scores of 70 or below are considered severe, indicating the errors produced could significantly impact overall speech intelligibility. Lower scores indicate a greater number of articulation errors compared to same-age peers and may suggest a need for targeted intervention or support.

In comparing [redacted]'s articulation skills to peers who speak a standard American English dialect, he earned a standard score of < 50 placing him in the < 0.1 percentile rank. When accounting for potential exposure to dialectical and cultural differences, Richard's standard score (SS) was 61 placing him in the 0.5 percentile. Both scores indicate a severe impairment.

During the assessment, it was noted that [redacted] consistently and independently produced /b, h, n, v, f/ sounds within single words, such as *fish*, *baby*, *house*, *nine*, and *five*. Articulation errors are noted for sounds including: /s, j, k, g, ʃ, d͡ʒ/. Examples of errors during this assessment include:

Target Word		**His Production**
nose	/nəʊz/ → "knows"	/nəʊs/
cat	/kæt/ → "gat"	/gæt/
pig	/pɪg/ → "big"	/bɪg/

Most errors occurred in the initial position of the target words. [redacted] had instances of prolonging sounds in the targeted words throughout the assessment. This, along with the errors he presented, contribute to his speech unintelligibility. [redacted] also had instances of a frontal lisp (i.e., when the tongue protrudes forward distorting the sound) possibly due to his larger tongue and open bite observed during the oral facial examination. While this tongue anatomy is a characteristic of Trisomy 21, compensatory strategies and articulatory placements could be beneficial in improving his overall speech intelligibility.

[redacted]'s articulation errors could be characterized into patterns noted as phonological processes. Phonological processes are predictable patterns that are simplifications of speech. They affect entire classes of sounds (sounds that share similar features) or syllable structures. Several phonological patterns were observed during this assessment. These included devoicing, in which voiced sounds (produced with vocal cord vibration) are replaced with voiceless sounds (produced without vocal cord vibration) (e.g., /k/ for /g/), and voicing, where voiceless sounds are replaced with voiced sounds (e.g., /g/ for /k/). [redacted] also demonstrated gliding, a pattern in which liquids (speech sounds such as /l/ and /r/ that require a smooth, flowing tongue movement) are replaced with glides like /w, l/ (e.g., "wabbit" for "rabbit"). Stopping was observed as well, where fricative or affricate sounds are replaced with stop consonants (e.g., /d/ for /d͡ʒ/ as in "j"). Additionally, cluster reduction was noted, which involves simplifying consonant blends by omitting one or more sounds within the consonant cluster (e.g., "wi" for "tree"), along with final consonant deletion, where the final sound of a word is omitted (e.g., "ba" for "ball"). A distorted /s/ production, possibly consistent with a frontal lisp, was also observed, in which the tongue protrudes forward, resulting in a less precise, often "th"-like sound. Together, these patterns present in [redacted]'s speech sound production contribute to his reduced speech intelligibility.

Expressive and Receptive Language

A past IEP dated 10/18/2024, reported [redacted]'s areas of strength in terms of his expressive and receptive language included, imitating and using two word phrases, engaging in turn-taking conversations, following one-step directions, and answering yes/no questions. [redacted]'s areas of needs include using longer utterances to expand his wants and needs, increasing use and understanding of age appropriate vocabulary, answering wh- questions about experiences, and using age appropriate grammatical structures. Through informal observations during this evaluation, it was noted [redacted] had difficulty labeling objects. This is an area of concern that can be further explored through formal and informal assessments.

Social Communication

Informal observations throughout the assessment indicate age appropriate social communication skills, such as eye contact, age appropriate play skills, and turn taking during play. His IEP noted that demonstrates enjoyment when interacting with others. This is not an area of concern at this time.

Summary and Interpretations

Based on the results of this assessment, client history collected, and a review of records, [redacted], age 5 years, 4 months presents with a severe articulation disorder secondary to Trisomy 21. Severe articulation deficits impact his overall means of effectively communicating his wants and needs and limits his ability to be understood by his family, peers, and teachers. [redacted] also presents with mild delays in expressive language skills secondary to Trisomy 21. Deficits in expressive language skills can impact his ability to request and reject objects and have age-appropriate conversations with peers.

Client's Strengths and Areas of Need

[redacted] is a warm, engaging, and social child. Throughout the assessment process, [redacted] demonstrated a positive attitude, curiosity, and a willingness to participate in a variety of activities. He showed notable strengths in social interaction and playfulness, which contributed to a pleasant and productive assessment experience. During the assessment, [redacted] demonstrated many strengths, including his range of vowel sounds, range of consonant sounds such as /b, h, n, v, f/, and his play skills. [redacted] could benefit from speech therapy services targeting devoicing, voicing, gliding, stopping, cluster reduction, addressing tongue to prevent lateralized articulation, and an informal language assessment.

Prognosis

[redacted]'s prognosis is good due to his young age, strong family support, and his positive response to previous therapy, as evidenced by his documented progress with intervention based on a file review.

Recommendations

1. Individual speech therapy intervention twice a week for 50 minute sessions is recommended. Suggested area for intervention may include:

- [redacted] will independently produce velar stops (/g, k/) in all positions of single words with 80% accuracy.
- [redacted] will independently produce /s/ in all positions of single words with 80% accuracy.
- [redacted] will independently label age-appropriate objects with 80% accuracy.

2. Add an updated IEP when he returns to school in the fall following his 3-year re-evaluation.
3. Informal assessment of receptive/expressive/pragmatic language skills as appropriate in future clinical sessions.

Client/Parent/Caregiver Conference

[redacted] shared the report with Ms. [redacted] on 4/14/26 and, at her request, a phone conference is scheduled for 4/17/26 at 3:30 PM.

Augustana College
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Roseman Center for Speech, Language, and Hearing

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

[redacted] Acct #: [redacted] DOB: [redacted] [redacted] [redacted]
10/22/2025 12:57 PM with [redacted] for SPEECH-LANGUAGE DIAGNOSTIC REPORT
Encounter #: P32962-42

SPEECH-LANGUAGE EVALUATION

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

Referral Source and Reason for Referral

[redacted] is a 19 year old female (19;10), who made a self-referral to the Roseman Center for Speech, Language, and Hearing due to concerns regarding comprehension with academic content as well as possible signs of dyslexia.

History

The following information was reported by [redacted], via the Adult Client Questionnaire completed at the time of assessment as well as during the initial intake phone conversation.

Medical

[redacted] reported that she has had pneumonia, in the past. [redacted] also reported having had a tonsillectomy. [redacted] reported that she has had a vision exam, but she has not had a recent hearing test. No allergies were reported.

Date(s) of Onset of Problem(s)

A self referral for speech services was made on September 26, 2025.

Prior Functional Communication Status

[redacted] reported she first started noticing difficulties with reading and writing at a young age but never followed through with testing or services until now. She reports that her difficulties have become more noticeable for her since starting more advanced college coursework.

Educational/Vocational

[redacted] is currently a sophomore and [redacted] College.

Previous Psychological and/or other Specialist Evaluations

[redacted] reported that she has not received any previous evaluations.

Previous Speech, Language or Hearing Treatment

Family

[redacted] stated that the primary language spoken in her home is Spanish and that she learned English early in school, making her bilingual. She reported that she was in English as a Second Language (ESL) classes until approximately 3rd grade. [redacted] reported that she has continued to speak and read in Spanish, but that she has not "kept up with her writing skills in Spanish." Standardized testing was completed in English. [redacted] reported that she experienced similar difficulties in Spanish growing up (e.g., inconsistent spelling in Spanish).

Social

[redacted] reported that she is involved on campus, including being a member of a social sorority, a participant of a student group, and working on campus. [redacted] reported her speech and language difficulties do not affect her social life, but affect her personal life (i.e., how she perceives these difficulties). A typical work day for [redacted] is answering questions at the front desk and checking in students/faculty.

Evaluation Results

General Evaluation Information

[redacted] completed the evaluation with two student clinicians present. [redacted] responded well to the clinical setting, but brought attention to the lengthy amount of time it took to complete the evaluation. This did not appear to negatively impact her ability to complete the assessments. The evaluation began with an interview and questionnaire before moving on to standardized assessment. Standardized assessment included administration of the Oral and Written Language Scale-Second Edition (OWLS II) and The Word Identification and Spelling Test (WIST). The OWLS II evaluates oral and written language skills across a wide age range (ages 3:0-21:0). The Word Identification and Spelling Test (WIST) evaluates fundamental literacy skills, specifically word identification, spelling, and sound-symbol knowledge in individuals ages 7 years, 0 months to 18 years, 11 months.

The Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A, Informant Report Form) was also given to [redacted] to complete at home and then bring back to the clinic. The BRIEF-A Informant Report Form is a part of the Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A) that measures an individual's executive function skills based on the observations of another person. It is filled out by an adult who is familiar with the individual's everyday functioning, such as a spouse, parent, or adult child.

Following the first hour of the evaluation, a break was provided for [redacted] during a natural break in testing.

Hearing

[redacted] reported that she has not had a recent hearing screening or evaluation. 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

[redacted] was intelligible in all settings and contexts.

The OWLS-II (Oral and Written Language Scales, Second Edition) is a comprehensive language assessment for ages 5-21 that includes separate scales for Reading Comprehension (RC) and Written Expression (WE). The RC scale measures the receptive side of written language by having the examinee respond to written prompts, while the WE scale assesses expressive written skills through various tasks like fill-in-the-blanks and writing dictated sentences or longer paragraphs. These scales help identify students with language-based learning difficulties and inform the design of targeted interventions.

The Reading Comprehension scale measures the comprehension of written language. [redacted] is presented with written words, phrases, sentences, or paragraphs and responds by pointing to or stating which of four options is correct. Pictures are used on some of the earlier items. On the Reading Comprehension scale, [redacted]'s standard score of 100 falls within Average range compared to other individuals her age. This corresponds to a percentile rank of 50, which indicates that 50% of individuals her age in the standardization sample scored the same as or below [redacted] in the understanding of written language. [redacted] demonstrated strengths in attention to follow directions during the assessment. Some areas of concern to consider for further testing are listed below. It was also evident that when [redacted] did not understand the question given there was an increase in response time.

-Comprehension of text structure (i.e., identifying the summary)
-Supra linguistics (i.e., inferencing/figurative language)
-Semantics (i.e., word meaning, using "-ed" or "un-")

The Written Expression scale measures the ability to use written forms to convey information. [redacted] is presented with oral and visual prompts and asked to respond in writing. On the Written Expression scale, [redacted] obtained a standard score of 87, which is considered to be within the average range. The OWLS-II has a standard score mean of 100 and a standard deviation of 15. Therefore, scores between 85 and 115 are considered to be within the average range. [redacted]'s score on the Written Expression scale corresponds to a percentile rank of 19, indicating that 19% of individuals her age in the standardization sample scored the same as or below [redacted] This suggests average to low average skills for written language.

-[redacted] demonstrated strengths in attention and her ability to follow directions during the assessment.
-Some areas of concern are writing grammatically correct sentences and mechanics (punctuation and spelling).
-Example: "My favortive room is the bassement where we have a collection of books."
-Example: "For instance he is well known for his lightning experiment that answered the question wether lighting has an electrical current."

Social Communication

No formal social communication assessments were completed. However, [redacted] reported no issues in this area, and through informal observations [redacted]'s social communication was considered within normal limits.

Literacy

The Word Identification and Spelling Test (WIST) is a diagnostic test that assess the student's fundamental literacy skills in three main subtest: Word identification, Spelling, and Sound-symbol knowledge. These combine to form a total Fundamental Literacy Index. The WIST is a diagnostic test normed on students ages 7:0-18:11 years; therefore, the results of the test will be interpreted informally as [redacted] is beyond the age limit of the test. [redacted] completed the Spelling Subtest for secondary students. [redacted]'s ceiling was obtained at item 69 (of 100). [redacted] spelled 45 words correctly out of 69 items total. This score falls "below the level of functioning" for the normed grade levels; therefore it can also be interpreted as "below level of functioning" for [redacted]s age and grade.

Spelling Analysis (errors in spelling included):
-Omissions/missing letters (e.g., "sprit" for "sprint" or "smogy" for "smoggy")
-Omissions of silent -e (e.g., "slat" for "slate" and "drap" for drape).
-Additions (e.g., "drenche" for "drench" and "rapidit" for "rapid")
-Reversals of letters (e.g., "magentic" for "magnetic")
-Right sound, wrong letter (e.g., "volocity" for "velocity").
-Unconventional spelling (e.g., "leigistive" for "legislative" and "quint" for "quaint")

Cognition/Executive Functioning

The Behavior Rating Inventory of Executive Function – Adult Version™ (BRIEF-A™): Informant is a questionnaire completed by adults ages 18 to 90 years and/or informants who know them well, such as spouses, children, or parents. It is designed to capture the individual's views of his or her own strengths and weaknesses in executive functioning in the past month, as well as the views of informants familiar with the individual's functioning. It assess 9 aspects of executive functioning, but the 2 major aspects are behavioral regulation (i.e., the ability to maintain appropriate control over one's thoughts, behaviors, and emotions) and metacognition (i.e., the ability to manage one's attention and problem solving). The informant questionnaire for Ashley was completed by her roommate, [redacted], on 10/30/25. Based on the scoring summary, all T-scores were below the clinical threshold of 65, indicating no statistically significant concerns in any of the assessed domains. Specifically, a range from 37-58 was observed with the highest score being working memory and the lowest being self-monitor. These results suggest that [redacted]'s executive functioning skills, including behavioral regulation and metacognitive processes, are within normal limits at this time.

While scores are within the expected range, results should be considered in conjunction with behavioral observations and other assessment data to obtain a comprehensive understanding of [redacted]'s overall functioning. If difficulties are observed in daily tasks, such as organization, emotional control, or task initiation, additional supports or monitoring may be warranted.

Feeding and Swallowing

No formal feeding and swallowing assessments were completed. However, [redacted] reported no issues in these areas.

Voice and Resonance

No formal voice and resonance assessments were completed. However, [redacted] reported no issues in these areas and vocal quality, pitch, and loudness were all considered without normal limits.

Fluency

No formal assessment of fluency were completed. However, [redacted] reported no issues in this area and through informal observations fluency was considered within normal limits.

Summary and Interpretations

[redacted], a 19 year old female, presents with average reading comprehension skills and low average written expression skills. Her scores indicate mild difficulty with formulating written language compared to same-age peers, with observed weakness in sentence structure and spelling.

[redacted] presents with significant difficulties in writing mechanics and spelling. Errors present in her writing suggest inconsistent orthographic and phonological mapping.

Based on current findings, [redacted] demonstrates some characteristics consistent with dyslexia or a specific learning disorder affecting spelling. However, due to her bilingual background and limited scope of this assessment, it is important to interpret these findings cautiously and verify through comprehensive, cross-linguistic testing. Additional information is needed in the areas of: phonological awareness, decoding accuracy and fluency, reading rate and spelling pattern analysis across both languages.

[redacted]'s current difficulties with written expression and spelling will likely have an impact on her academic performance, including difficulty completing academic tasks and challenges with time management, which could result in lower grades.

Client's Strengths and Areas of Need

[redacted] demonstrated strong attention and ability to follow directions during the assessment.

Prognosis

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

Recommendations

It is recommended that [redacted] receives further testing (e.g., comprehensive psychological-educational evaluation or complete language and literacy battery to either confirm or rule out a specific learning disorder, such as a dyslexia. Include assessments of phonological processing (e.g., Comprehensive Test of Phonological Processing-CTOPP-2, ages 7-24 version), word reading/decoding (e.g., Test of Word Reading Efficiency-TOWRE-2 or Wechsler Individual Achievement Test-WIAT-4), and oral language skills (CELF-5 or equivalent). Consider bilingual or dual-language assessment to distinguish between language difference and disorder.

Due to [redacted]'s disorder of written expression and difficulty with with the mechanics of writing; accommodations may want to be considered to assist her with her coursework at [redacted].
-Request accommodations through [redacted] Accessibility office.
-Possible accommodations to consider due to [redacted]'s diagnosis could include, but are not limited to:

Writing Accommodations:
-Provide extended time for writing tasks, tests, and editing.
-Allow use of assistive technology (e.g., spell check, speech-to text).
-Focus on grading content and ideas rather than mechanics.
-Reduce writing load by allowing shorter responses, bullet points, or oral responses when possible.

Spelling Accommodations:
-Provide extended time for spelling tasks or proofreading.
-Allow use of spell check and word prediction software when spelling is not a targeted skill.
-Reduce emphasis on spelling accuracy in grading.
-Allow alternative test formats when applicable.

Due to [redacted]'s disorder of written expression and difficulty with with the mechanics of writing; individual speech therapy intervention at the Roseman Center may want to be considered.
-Focus on morphological awareness and sentence formulation in writing.
-Explicit instruction in phoneme-grapheme correspondence and orthographic patterns (e.g., silent "e," blends, digraphs).
-Practice constructing grammatically complete written sentences, using visual sentence frames and structured writing scaffolds.

Client/Parent/Caregiver Conference

Clinical supervisor, [redacted], met with [redacted] on 11/7/2025 from 1:30-2:00 pm to review initial findings from the evaluation and provide recommendations for follow up. [redacted] demonstrated an understanding of the results and recommendations and asked appropriate follow up questions regarding the information. [redacted] turned in the completed BRIEF-A form that was sent home with her during the initial evaluation. That information will be added to the report following today's conference and a final report will be provided to [redacted].

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.

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

[redacted] Acct #: [redacted] DOB: [redacted] [redacted] [redacted]
2/10/2026 10:22 AM with [redacted] for PLAN OF CARE
Encounter #: P33742-28

PLAN OF CARE

Client:	[redacted]
Patient Medicare Number:	N/A
Diagnoses:	Mixed Receptive-Expressive Language Disorder; Phonological Disorder
Clinician:	[redacted]
Supervisor:	[redacted]
Semester:	Spring 2026
Date:	03/09/2026

Long and Short Term Objectives

Long Term Goal: [redacted] will improve his overall receptive and expressive language skills.

Rationale for Selecting this Goal:
This goal was selected based on recommendations from the semester summary report dated 12/4/25 and analysis of the progress documented throughout the semester. Targeting these short-term objectives will support improved functional communication across a variety of environments, including the academic setting, at home, and in the community with other communication partners. In turn, improved communication skills are expected to positively impact the client's social interactions with peers and family members, while also increasing overall self-confidence and independence when expressing needs, wants, and thoughts.

Short Term Objective

Short Term Objective 1
[redacted] will independently label prepositions depicted in visuals with 90% accuracy.

Current Level of Performance:
Based on the 2/9/26 session, [redacted] independently labeled prepositions depicited in visuals with 70% accuracy. This was increased to 80% accuracy with minimal clinician support.

Quantative Data Collection Plan:
At least 10 opportunities will be provided for this objective. Specifically, "Behind" and "Next to" will be targeted, along with prepositions (e.g., "In," "On") that he is successful with.

Data collection will include a clinician generated list of the sentences that [redacted] is expected to produce (e.g., "The egg is behind the door"). A +/- system will be used when determining whether or [redacted] used the correct preposition. A circle around the + sign will be used when clinician support is added.

Activity Ideas:

1. [redacted] will participate in a lesson targeting prepositions. Instruction will focus on the prepositions behind and next to, with visual supports and examples provided to support comprehension. Previously mastered prepositions (e.g., on and in) will be incorporated to scaffold [redacted]'s understanding of the targeted prepositions.
2. [redacted] will complete worksheet activities that include visual scenes and clinician-generated questions related to the visuals. For example, the clinician may ask, "Where is the bunny?" [redacted] will be prompted to respond using a complete sentence that includes the appropriate preposition.
3. [redacted] will participate in scavenger hunt activities in which he will describe where he located an item. For example, the clinician may ask, "Where did you find the egg?" [redacted] may respond, "Behind the duck."

Strategies/ Prompts:

1. Direct/explicit teaching (e.g., "This is in front, and this is behind.")
2. Verbal cue (e.g., "That is in front.")
3. Visual cue (e.g., positioning the item in front of versus behind an object)
4. Verbal or visual choice cue (i.e., field of two; "Under or behind?")

Short Term Objective 2

[redacted] will expressive and accurately produce regular and irregular past-tense verbs in 9/10 opportunities.

Current Level of Performance:

Based on the 2/9/26 session, [redacted] expressively and accurately produced regular and irregular past-tense verbs in 5/10 opportunities.

Quantative Data Collection Plan:

At least 10 opportunities will be provided for [redacted] to accurately express regular and irregular past-tense verbs.

A clinician generated list of intended past-tense verbs will be used, as well as collecting spontaneous productions of past-tense verbs in the therapy session. For more structured therapy activities, a +/- system will be used to indicate whether [redacted] successfully produced past-tense verb. A circle around the + sign will indicate that clinician support was provided.

Activity Ideas:

1. [redacted] will participate in a structured lesson targeting past-tense verbs. The clinician will first provide explicit instruction describing what a past-tense verb is and introduce different types of past-tense verbs using an anchor chart. Following this instruction, the clinician will model present- and past-tense forms of actions during play with toys to support [redacted]'s understanding of the concept. After successful modeling and imitation, [redacted] will be prompted to produce past-tense verbs independently.
2. [redacted] will complete activities using regular and irregular past-tense task cards. [redacted] will be asked to complete sentences using the correct past-tense verb form (e.g., kick → kicked).
3. [redacted] will participate in an "Act It Out" activity. During this activity, [redacted] and the clinician will perform various actions and then answer the question, "What did we just do?" [redacted] will be prompted to respond using the correct past-tense verb form. This question will serve as a verbal cue to support his use of past-tense verbs.

Strategies/ Prompts:

1. Direct/explicit teaching (e.g., "Green means now, and red means already happened.")
2. Verbal cue (e.g., "We are talking about the past." "This already happened." "What happened?")
3. Visual cue (e.g., visuals depicting actions occurring in the present versus the past; green and red circles used as visual markers)
4. Gestural cue (e.g., gesturing backward to represent the past)
5. Recasting (e.g., "He paint." -> "He painted.")

Short Term Objective 3

[redacted] will expressively use subjective pronouns (he/she) in phrases given a visual or during structured play with 80% accuracy.

Current Level of Performance:

Based on the 2/9/26 therapy session, [redacted] expressively used subjective pronouns in phrases given a visual with 70% accuracy, independently. This was increased to 100% with clinician support.

Quantative Data Collection Plan:

At least 10 opportunities will be provided for this objective.

A clinician generated list of such responses for the visuals will be used. A +/- system will be used to indicate whether or not [redacted] correctly used "He/she" in the sentence. A circle around the + sign will indicate that clinician support was provided for [redacted] to use the correct subjective pronoun.

Activity Ideas:

1. [redacted] will participate in a lesson targeting the pronouns "he" and "she." An anchor chart will be created to visually demonstrate the difference between a boy and a girl. [redacted] will complete sorting activities to differentiate between "he" and "she," and he will then be prompted to produce sentences using the correct pronoun.
2. [redacted] will participate in a "Pronoun Hop" activity that incorporates movement during the therapy session. [redacted] will view action visuals and respond to the verbal prompt, "What is happening?" He will produce a sentence describing the action and then "hop" to the correct subjective pronoun (i.e., he or she).
3. [redacted] will create a pronoun book featuring the pronouns "he" and "she." The book will include written descriptions and visual examples. Additional pronouns may be incorporated into the book as [redacted] demonstrates progress.

Strategies/ Prompts:

1. Direct/explicit teaching (e.g., "This is a boy; we say he.")
2. Visual cue (e.g., images of a boy and a girl used to support pronoun identification)
3. Verbal cue (e.g., "Let's add our helper word.")
4. Verbal or visual choice cue (F:2) (e.g., "Her or she?")
5. Phonemic cue (e.g., /ʃ/ to prompt production of she)

Long Term Goal: [redacted] will improve his overall speech intelligibility.

Rationale for Selecting this Goal:
This goal was selected based on recommendations from the semester summary report dated 12/4/25 and the results from the administration of the Goldman-Fristoe Test of Articulation (GFTA-3). Targeting such short-term objectives will support intelligibility in conversations with others, including family members and peers. Additionally, he will be able to effectively communicate his wants, needs, and thoughts to others.

Short Term Objective

Short Term Objective 1

[redacted] will receptively discriminate /l/ and /w/ in 8/10 opportunities.

Current Level of Performance:

[redacted] receptively discriminated /l/ and /w/ in 8/10 opportunities.

Quantative Data Collection Plan:

A +/- tally system will be used. A circle around the + sign indicates that clinician support was provided.

At least 10 opportunities will be provided in a therapy session.

Activity Ideas:

1. I Spy Listening Activity: [redacted] will participate in an "I Spy" activity using /l/ and /w/ picture cards. The clinician will produce a target word containing either /l/ or /w/, and [redacted] will identify the corresponding picture to target auditory discrimination.
2. Bjorem Sound Identification Activity: [redacted] will use the Singing Lemur (/l/) and Fish (/w/) Bjorem cue cards. The clinician will produce a target sound or word, and [redacted] will identify the corresponding cue card.
3. Minimal Pair Sorting Activity: [redacted] will sort /l/ and /w/ minimal pair picture cards into two categories based on the target sound (Singing Lemur for /l/ and Fish for /w/) to support phonemic contrast awareness.

Strategies/ Prompts:

1. Direct/explicit teaching (e.g., "Our Singing Lemur makes the /l/ sound. We do not make our fish face for this sound.")
2. Verbal cue (e.g., "Remember our fish sound.")
3. Visual cue (e.g., use of Bjorem cue cards to represent the target sounds)

Short Term Objective 2

[redacted] will produce /l/ in all positions of the word level with 80% accuracy given minimal verbal or visual cues.

Current Level of Performance:

At isolation of /l/, [redacted] produced the sound with 20% accuracy given clinician support.

Quantative Data Collection Plan:

A +/- tally system will be used. A circle around the + sign indicates that clinician support was provided. At least 30 opportunities will be provided in a therapy session.

Activity Ideas:

1. [redacted] will participate in a structured lesson targeting accurate production of /l/. The clinician will provide instruction on correct versus incorrect productions of /l/. A mouth model, mirror, lollipop, articulatory placement cues, and other elicitation techniques will be used to support accurate tongue placement and sound production.
2. [redacted] will practice the /l/ sound across a hierarchical progression of complexity. Practice will begin at the sound level in isolation, then progress to CV and VC syllable shapes (e.g., "lee"), and then to single words (e.g., "lion"). This progression will support motor learning and the development of accurate sound production.
3. [redacted] will participate in an /l/ Bingo activity. For each square filled, [redacted] will produce the /l/ sound for a predetermined number of trials (e.g., three productions per square) to increase opportunities for practice and repetition.

Strategies/ Prompts:

1. Direct teaching - The clinician provides a brief verbal reminder of tongue placement (e.g., "Tongue to the bump.").
2. Visual Cue - A mirror or clinician model is used to demonstrate correct tongue-tip placement for /l/.
3. Tactile Cue - A lollipop or similar tool is used to provide tactile feedback for correct tongue-tip placement on the alveolar ridge.
4. Shaping - The clinician facilitates production of /l/ by shaping from another sound (e.g., producing /h/ and gradually lifting the tongue tip to the alveolar ridge).
5. Positive Reinforcement/Feedback - Specific praise or feedback is provided following accurate productions (e.g., "Nice job keeping your tongue on the bump for that /l/ sound!").

Treatment	Length		Frequency & Duration			
Individual Speech and Language Intervention	1	hour/session	2	x /week for	12	weeks

Student Clinician: Signed by [redacted] on 3/9/2026 8:33:39 AM

PHYSICIAN CERTIFICATION: As this patient's referring physician, I am in agreement with the proposed Plan of Care, and do authorize the therapist to carry out the plan for a period up to six months.

Plan of care certification valid: From: _____ To: _____

Physician Signature: _____ Date: _____

Printed Name: _____

Signed by [redacted] on 3/10/2026 12:02:37 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:

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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: 3 yrs Sex: Male
4/2/2026 2:21 PM with [redacted] for INTERVENTION PLAN
Encounter #: P34528-56

INTERVENTION PLAN

Client: [redacted]
Clinician: [redacted]
Supervisor: [redacted]
Date: 04/07/2026

Long Term Goal
[redacted] will improve his expressive, receptive, and social language skills.

Short Term Objective
1.) Given clinician support, [redacted] will transition to a designated therapy room without incident.
2.) [redacted] will tolerate and participate in a joint attention task for 7 minutes during the structured therapy session.
3.) [redacted] will use a preferred mode of communication to express thoughts, wants, needs, ideas, or comments 5x during a structured therapy session.

Teaching Strategies
Visual Cues - The clinician will bring static Augmentative Alternative Communication to target vocabulary expansion.
Positive reinforcement - The clinician will provide verbal and nonverbal positive reinforcement as a response to all means of communication demonstrated by the client.
Modeling - The clinician will model a desired behavior (i.e., saying "more").
Repetition - The clinician will use repetition of vocabulary words (i.e., "stop" and "more") to improve the client's expressive and receptive language.
Language simplification - (i.e., "it's your turn [redacted]" turns into "[redacted]

Procedures/Materials
1.) [redacted] will transition to a designated therapy room without incident. Verbal cues (i.e., "hold hand") will be used to increase [redacted]'s ability to transition without incident.

2.) The client will participate in a joint attention task while interacting with one or more of the following materials: bubbles, a balloon, a sensory bin, the swing, and sensory toys (i.e., the spiky ball), the tool set, blocks, and the tunnel. The client will also watch a short cartoon with no dialouge. [redacted]'s response to the video relating to expressive, receptive, and social language will be observed to gain additional insight on various aspects of communication (i.e., scripting and imitating). The clinician will provide verbal cues (i.e., "[redacted] look") and sensory input (i.e., turning the lights off, sensory toys, the light up table, and music) to encourage [redacted]'s ability to tolerate and participate in a joint attention task.

3.) The clinician will bring multiple modes of communication including a proloquo device and static AAC (i.e., "stop," "more," "swing," "ball," "bubbles," and "go home") to increase [redacted]'s expressive and receptive communication. The clinician will provide sensory input (i.e., squeezes, ball rolls, the swing, and music), language simplification, and positive reinforcement to encourage [redacted] to tolerate an activity.

4.) The clinician will use verbal cues (i.e. "hold hand") and sensory input (i.e., a fidget toy) to encourage [redacted] to transition to a designated therapy room without incident at the end of the session.

Student Clinician: Signed by [redacted] on 4/7/2026 3:44:40 PM

Signed by [redacted] on 4/10/2026 12:27:05 PM

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Rock Island, IL, 61201

[redacted] Acct #: [redacted] DOB: [redacted] [redacted] [redacted]
4/16/2026 8:18 AM with [redacted] for INTERVENTION PLAN
Encounter #: P34732-25

INTERVENTION PLAN

Client: [redacted]
Clinician: [redacted]
Supervisor: [redacted]
Date: 04/21/2026

Long Term Goal
1. [redacted] will improve her overall speech intelligibility.
2. [redacted] will improve her expressive and receptive language skills.

Short Term Objective
1. [redacted] will independently produce prevocalic /r/ within single words with 80% accuracy.
2. [redacted] will increase her self-advocacy skills by using help-seeking strategies (e.g., asking for help, rephrasing the question, repeating the question/comment) 3 times in a 50-minute therapy session, given visual support.
3. [redacted] will describe objects with 3+ attributes from given descriptive categories in 80% of opportunities given minimal clinician support.
4. [redacted] will distinguish the meanings of multi-meaning words within written sentences in 80% of opportunities, given visual support.
5. [redacted] will correctly spell written words with inflected endings (-ing, -ed, -es, -s) with 80% accuracy across 2 sessions.

Teaching Strategies

1. Direct teaching
2. Visual cues
3. Verbal cues
4. Wait time
5. Cloze sets
6. Verbal prompting
7. Gestural cue (i.e., to the help-seeking strategies visual)
8. Written fill-in
9. Positive reinforcement

Procedures/Materials

1. [redacted] will target prevocalic /r/ at the word level, with the addition of a vocalic /r/ in the final position of the word (e.g., "Rear"). She will be directed to "prep" her /r/ sound before saying the sound (e.g., "Think and say"; "Before turning on your voice"). An initial model of the clinician will precede [redacted] practicing on her own. Consistent verbal cues (e.g., "Keep using that one"; "Your /r/ sounded like this"; "Smile") will be used, as well as a visual for "Faster" (i.e., the clinician quickly gliding their finger across their palm). During the turn-taking activity (e.g., Bingo, Roll and Say), auditory discrimination trials of both correct and incorrect /r/ productions for [redacted] to provide feedback to the clinician (e.g., "You won't hurt my feelings, we are just practicing hearing the different productions of an /r/"). A thumbs up will mean "Good" and a thumbs down will be "Not-so-good".

2. Consistent with previous therapy sessions, the help-seeking strategies visual will be placed near [redacted], along with popsicle sticks to increase her motivation to use strategies during the 50-minute therapy session. At the beginning of the session, a reminder to use a strategy 3 times in a session will be provided. During the therapeutic tasks, verbal prompting (e.g., "Remember, we have our strategies"; "I can always help") and a gestural cue (i.e., pointing) to the visual will be provided to increase [redacted]'s self-advocacy skills to seek for help from a communication partner (i.e., the clinician). This will likely be done when there is a longer wait time between responses.

3. [redacted] will engage in a describing activity with functional, everyday objects. She will use her descriptive categories visual to include as many attributes as she can, independently. The goal for [redacted] will be at least three attributes. If needed, additional clinician support will include verbal cues (e.g., "I am thinking about what it does"), verbal cloze task (e.g., "It's a _____"), and verbal options for [redacted] to include additional attributes to her descriptions. At least 5 items will be targeted in the current session.
- Items: Shirt, Shoes, Phone, Apple, Toilet Paper

4. [redacted] will engage in a review of the Double Consonant Rule. She will practice by completing the rest of the worksheet from the previous session. Following this activity, [redacted] will complete another worksheet which includes photo cards with various people completing different actions. [redacted] will fill in the missing word of the sentence, which will be an inflected -ing word. [redacted] will decide whether or not the word follows the double consonant pattern or the no-change pattern. Additional clinician support will include a verbal cue of "Try again" or "Look at the vowels and consonants," a verbal question of how many vowels and consonants are in the main word, and direct teaching of the patterns (e.g., "For the double pattern, we have one vowel and one consonant, so we need to add another consonant").

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 *SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN.*

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.

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Rock Island, IL, 61201

[redacted]
4/8/2026 4:00 PM with [redacted] for SPEECH LANGUAGE PEDIATRIC THERAPY VISIT
Encounter #: A50952-35

SPEECH-LANGUAGE PEDIATRIC SESSION NOTE

Treatment Type: Individual
Date of Session: 04/08/2026
Length of Treatment (min.): 50 min.

SUBJECTIVE

[redacted] arrived on time to the session with her dad. She required support transitioning into the therapy room and starting the session. Once redirected, [redacted] was engaged in activities, but became distressed when it was time to turn off the computer after watching a video. Wait time was provided and [redacted] eventually reengaged in the next activity. Less utterances were noted this session due to her variable frustration level.
Mood: variable
Compliance: variable
Attention: fair

OBJECTIVE

1. [redacted] correctly used the prepositions in and on in 83% of opportunities (4/5 for 'in' and 1/1 for 'on') without prompts. Objective not met.
2. [redacted] independently used the present progressive (-ing) verb form 89% (17/19) of the time during a structured activity. Objective not met.
3. [redacted] independently used the regular plural (-s) form 79% (7/9) of the time during a structured activity. Objective not met.
4. [redacted] independently used the possessive (-s) form 40% (2/5) of the time during a structured activity. Objective not met.

ASSESSMENT

This session, goals were targeted through prompting responses during structured activities. [redacted]'s use the prepositions "in" and "on" slightly increased from the previous session. Her use of "in" and "on" consisted of both individual uses and prompted uses (e.g., when asked "is it in the bucket or on the ground"). While her use of "on'" was correct, [redacted] said "on" for "in" in 1 opportunity (e.g., "It's in the ground?"). Recasting was provided along with emphasis on the word "in."

[redacted]'s ability to use -ing correctly was consistent with the previous session. [redacted] omitted the -ing ending (e.g., "walk" for walking) in 2 opportunities. Recasting was used following this error (e.g., "Yes, you are drinking"). Ample models of the target -ing were provided this session, often as someone was performing an action (e.g., "[redacted] is coloring, coloring, coloring"). [redacted] benefited from cloze sets to elicit use of all target morphemes (e.g., "Are you drawing or coloring?").

[redacted] slightly decreased in her use of regular plural -s and possessive -s this session. [redacted]'s errors of regular plural -s and possessive -s consisted of omitting the final -s (e.g., "apple" for apples and "girl face" for girl's face). Recasting of correct use of the morpheme was provided following errors. [redacted] benefited from cloze tasks (e.g., "I want the __") and forced choice (e.g., "Is it [redacted]'s or [redacted]'s turn?") to elicit use of morphemes.

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

Short singing/dance breaks using the tablet will be incorporated to encourage participation in activities.

Student Clinician: Signed by [redacted] on 4/16/2026 5:41:26 PM

Signed by [redacted] on 4/17/2026 9:39:56 AM

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 examples 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]
7/11/2025 9:36 AM with [redacted] for SLP SEMESTER PROGRESS REPORT
Encounter #: P31827-52

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

Pertinent History
Current Diagnosis: Mixed Expressive and Receptive Language Disorder

Attendance Information for Semester
[redacted] attended 10 out of 10 scheduled sessions. Two cancellations were due to a holiday break and clinic closure which will be made up on 7/28 and 7/29.

Current Testing Results
No formal assessment was administered in the Summer 2025 semester.

Long Term Goals

Goal:	[redacted] will improve his expressive and receptive language skills.

Short Term Objectives

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
06/17/2025	[redacted] will follow two-step directions given one verbal prompt during structured play activities in 8 out of 10 opportunities.	ongoing, see below.
06/17/2025	[redacted] will use two word utterances to request objects or actions during structured play activities in 8 out of 10 opportunities.	ongoing, see below.
06/24/2025	[redacted] I will participate in turn-taking for 3 or more turns during a play activity in 8 out of 10 opportunities.	ongoing, see below.

06/24/2025	[redacted] will appropriately greet and dismiss others using a gesture (e.g., wave) or verbalization (e.g., "hi") in 4/5 opportunities during structured group activities.	ongoing, see below.

Baseline Data

1. [redacted] will follow two-step directions given one verbal prompt during structured play activities in 8 out of 10 opportunities.
Initial Data Collected On 6/17: [redacted] followed 2-step directions 6 times out of 8 opportunities given initial prompts.
Final Data Collected On 7/24: [redacted] followed 2-step directions 8 times increasing to 10 times with verbal cues out of 12 opportunities.

2. [redacted] will use two word utterances to request objects or actions during structured play activities in 8 out of 10 opportunities.
Initial Data Collected On 6/17: [redacted] used two word utterances to request objects or actions 4 times throughout the session out of 10 opportunities.
Final Data Collected On 7/24: [redacted] used two word utterances to request objects or actions 7 times independently increasing to 9 times with initial verbal models out of 9 opportunities.

3. [redacted] will participate in turn-taking for 3 or more turns during a play activity in 8 out of 10 opportunities.
Initial Data Collected On 6/26: [redacted] took 3 consecutive turns 2 times increasing to 4 times with verbal redirections out of 5 opportunities.
Final Data Collected On 7/24: [redacted] took 3 consecutive turns **4** times independently increasing to 6 times out of 6 opportunities.

4. [redacted] will appropriately greet and dismiss others using a gesture (e.g., wave) or verbalization (e.g., "hi") in 4/5 opportunities during structured group activities.
Initial Data Collected On 6/26: [redacted] I used gestures or verbalizations to greet or dismiss his peers 2 times independently increasing to 3 times with initial models out of 5 opportunities.
Final Data Collected On 7/24: [redacted] used gestures or verbalization's to greet or dismiss his peers 3 times independently increasing to 4 times with initial models out of 5 opportunities.

Impressions

[redacted] is a kind and energetic boy who enjoys movement games and positive reinforcement (i.e., verbal praise and hand clapping). [redacted]'s preferred activities observed throughout the semester included light-up stars, 'don't drop the balloon', and race cars. Throughout the semester, [redacted] participated in group activities to target receptive (i.e., 2-step direction following) and expressive (i.e., requesting for and commenting on objects) language and social communication (i.e., turn taking and greeting or dismissing his peers) skills.

[redacted]s greeting and dismissing of his peers objective was targeted throughout the semester during songs, play-based activities, and shared group social experiences. [redacted] greeted and dismissed his peers most frequently during songs at the beginning and end of each session via gesture (i.e., waving) or verbal speech (e.g., saying hello or goodbye). [redacted] benefited most from initial models and joint attention strategies (i.e., sitting at eye level, standing in [redacted]s line of sight) to initiate greetings and dismissals. [redacted] demonstrated progress throughout the semester as evidenced by increased instances of observed spontaneous greetings (i.e., waving)

Cause and effect toys (e.g., remote control car, magnet tower, etc.) and other objects of interest were used to elicit 2-3 word utterances to request for or comment on objects or actions. [redacted] demonstrated the most success with requesting high-frequency words (e.g., more) and the most difficulty commenting on objects with qualitative components (e.g., colors, sizes, etc.). Errors reflected in data collection throughout the semester included echolalic productions of target words without established joint attention. Teaching strategies used in these instances included immediate positive reinforcement (i.e., [redacted] was given the withheld object) to demonstrate cause and effect and modeling and expansion with verbal cloze task prompts (e.g., "More" "Yes! More Ball" More ___.)

[redacted] demonstrated the most progress with his turn-taking objective in which he was prompted verbally to take turns in a shared activity (e.g., magnet tower, fishing game etc.) with a peer. The primary difficulty observed during turn-taking games included [redacted] eloping to another activity during his peers turn from. He benefited from verbal cues used to encourage his peer (i.e., "Go ___") and a visual cue (i.e., stop/go sign) to mitigate elopement behaviors during a turn-taking activity and verbal models (i.e., '[redacted] wait", "Waiting hands).

[redacted] demonstrated the most success with 2-step directions involving movement (e.g., "put your hand on your head and jump up and down"). Directions involving prepositions (i.e., "on nose then on feet".) were slowly introduced as the semester progressed, from which [redacted] required greater support to complete, including gestural models (i.e., pointing and acting out the direction for __ to imitate) and chunking and chaining (i.e., allowing wait time and repeated verbal cues between the steps of the directions).

Recommendations

It is recommended that [redacted] continue to receive services at the Roseman Center in Fall of 2025 two times per week. Future goals may include but are not limited to:

1. [redacted] will use two word utterances to request objects or actions during structured play activities in 8 out of 10 opportunities.
2. [redacted] will follow two-step directions with a qualitative component (e.g., sit on green and clap your hands, color red and jump up and down, etc.) given one verbal prompt during structured play activities in 8 out of 10 opportunities.

Discharge Information

- Client is being discharged

> [redacted] is being discharged following the summer 2025 semester due to completion of their current plan of care. They are anticipated to return in the Fall 2025 semester to receive individualized speech and language services. Prognosis is good due to his age, motivation, and strong family support. [redacted]'s final treatment diagnosis is Autism Spectrum Disorder and Mixed Expressive and Receptive Language Disorder. Please see information above for detailed goal recommendations.

Student Clinician: Signed by [redacted] on 7/30/2025 3:27:40 PM

Signed by [redacted] on 8/28/2025 2:51:07 PM

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

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Main Address:
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Rock Island, IL, 61201

[redacted]
11/4/2025 9:55 AM with [redacted] for SLP SEMESTER PROGRESS REPORT
Encounter #: P33165-41

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

Pertinent History
Current Diagnosis: Cognitive Communication Deficit

Attendance Information for Semester
[redacted] attended individual sessions twice a week for 50 minutes. [redacted] attended 21/24 scheduled therapy sessions.

Current Testing Results
Two formal assessments were given to [redacted] during the first week of the Fall 2025 semester.

The Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) was administered on September 9th. [redacted] achieved the following scores on the RBANS:
- Immediate Memory: Index Score - 87, Percentile 19
- Visuospatial/Constructional: Index Score - 78, Percentile 7
- Language: Index Score - 83, Percentile 13
- Attention: Index Score - 82, Percentile 12
- Delayed Memory: Index Score - 71, Percentile 3
- Total Scale: Index Score - 75, Percentile 5

A score of 100 on any of the subtests is considered average performance of individuals similar in age. Scores of 85-115 correspond to one standard deviation (SD) below and above the mean.

[redacted]'s areas of strength included Story Memory, List Learning, and Coding. She scored higher on the Immediate Memory section compared to her initial evaluation. For the Coding subtest, [redacted] achieved a total score of 29. When the Coding subtest was combined with the Digit Span subtest, [redacted]'s Attention score was lower than when previously assessed.

Areas of deficit included Delayed Memory and Visuospatial/Constructional. [redacted] recalled 0 items from the initial list, recognized 17 of the items when given a verbal F:2, and recalled fewer aspects of the figure she drew at the beginning of the assessment. [redacted] scored a 15 on the Figure Copy, and scored a 14 on the Line Orientation subtest.

The Montreal Cognitive Assessment (MoCA) was administered to [redacted] on September 11th. [redacted] achieve the following scores on the MoCA:
- Visuospatial/Executive: 4/5
- Naming: 2/3
- Attention: 6/6
- Language: 2/3
- Abstraction: 1/2
- Delayed Recall: 0/5
- Memory Index Score: 6/15
- Orientation: 2/6
- Total Score: 17/30

A score of 26 of higher out of 30 is considered normal cognitive functioning.

[redacted]'s areas of strength were analyzing and planning with trail making and attention. Areas of deficit were related to delaying memory recall, copying a cube, language, naming of "rhinoceros," and abstraction of "watch and ruler." [redacted] was unable to recall any of the words for the delayed recall task independently. She recalled "church" when given a semantic cue. For the other four items, she selected the correct names when provided with a multiple choice cue. [redacted]'s overall Memory index was slightly higher than when previously assessed. However, she still required the multiple choice cue for four of the five items.

Long Term Goals

Goal: [redacted] will improve her memory strategies and word retrieval skills.

Short Term Objectives

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
09/11/2025	[redacted] will recall answers/items with 80% accuracy following a 5-minute delay.	Ongoing
09/18/2025	[redacted] will recall the instructions of an activity with minimal clinician support with 80% accuracy.	11/03/2025
09/18/2025	[redacted] will complete word finding tasks with minimal clinician support with 80% accuracy.	Ongoing

Baseline Data

1. [redacted] will recall answers/items with 80% accuracy following a 5-minute delay.
-Initial baseline [redacted] independently recalled 80% of items, following a 3.5 minute delay. [redacted] independently recalled 60% of items, following a 4 minute delay.
-Final baseline: [redacted] independently recalled answers/items with 63% accuracy, following time delay between 4 and 6 minutes.

2. [redacted] will recall the instructions of an activity with minimal clinician support with 80% accuracy.
-Initial baseline: Based on the Summer 2025 Semester Summary, [redacted] recalled the instructions of an activity with minimal clinician support with 70% accuracy.
-Final baseline: [redacted] recalled the instructions of an activity with minimal clinician support with 86% accuracy.

3 [redacted] will complete word finding tasks with minimal clinician support with 80% accuracy.
-Initial baseline [redacted] recalled 8 fruits and vegetables out of a possible 40 on the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS).
-Final baseline [redacted] independently completed word finding tasks with 65% accuracy, increasing to 100% with minimal to moderate clinician support.

Impressions

[redacted] is hardworking woman who enjoys engaging in conversation with others and trying new activities in therapy sessions. This is [redacted] second semester at the Roseman Center. [redacted] always arrived to her sessions with a positive attitude and willingness to learn. Occasionally, [redacted] expressed frustration when engaging in difficult memory tasks, but with verbal reassurance and support from the clinician, [redacted] often left feeling "proud" and confident. Near the end of the semester, [redacted] expressed multiple times that speech and language therapy has helped her memory (i.e., she has seen an improvement in herself).

[redacted] targeted recalling of answers/items following a time delay (most often, between 4 and 6 minutes). [redacted] demonstrated progress with this objective, evidenced by recalling more answers/items with a longer time delay compared to the previous semester. At the beginning of each recalling activity, [redacted] participated in multimodal instruction to increase her success of recalling answers/items of an activity. If presented with a grocery store list, for example, the clinician said the items aloud while [redacted] heard them. Simultaneously, [redacted] wrote down the items on a sheet of paper. And, lastly, [redacted] verbalized her list of items. This strategy was found to beneficial in providing multiple modes to remember the information (e.g., auditory, verbally, kinesthetically). When answering questions about a MagneTalk visual, [redacted] also used her visual sense, as the visual was presented simultaneously with the questions she answered. During the semester, it was noted that [redacted] demonstrated the most success with recalling answers/items when the activity and/or items were familiar to her. For example, [redacted] demonstrated increased success with recalling answers based on the grocery store MagneTalk visual each time she completed the activity (i.e., two times in a row). Clinician support was required when a new activity was presented (e.g., scavenger hunt of items) or when the time delay was longer (e.g., longer than 6 minutes). At times, minimal clinician support (e.g., a verbal cue or semantic cue) was found to be beneficial for [redacted] to recall the item or answer. When this support was unsuccessful, [redacted] was provided with additional clinician support (e.g., multiple semantic cues, verbal fill-in, direct model). This was found to be successful in recalling the answer or item related to the activity, in a majority of the opportunities.

[redacted] targeted recalling of activity instructions through various activities. The card game, Uno, was played once during the semester. [redacted] required moderate clinician support for this activity (i.e., verbal reminders, visual cue of the card rules). Other activities including recalling the instructions of a drawing and of an adult scavenger hunt. Similar to the first objective, [redacted] initially heard the steps, viewed the steps on paper, and wrote down the steps. This was also used when [redacted] completed more functional and interactive activities (e.g., Judy made microwaveable meals, built Lego sets, and made a Fall-related garland craft). During these activities, [redacted] often recalled more than half of the directions, independently. To increase her success, clinician support included a verbal cue, which was found to be beneficial. During other steps of the instructions, [redacted] required moderate to maximal clinician support. This included multiple verbal cues (e.g., "We need to stack something else") or a direct model of the step (e.g., a visual of the clinician's hand on top of their other hand for "stacking"). When these supports were provided, [redacted] successfully recalled the instructions of the therapeutic activity.

[redacted] targeted completion of word finding tasks through completing the list when given three similar items, listing items based on a given category, and describing items/words to others. [redacted] demonstrated progress with completing the list when given three similar items. This activity was completed once during the semester. She required one semantic cue to include an additional bug that bites (e.g., "Bee"), and this was found to be successful. For listing items based on a category's name, [redacted] demonstrated progress throughout the semester. It was noted that [redacted] had difficulty naming more items as she neared the end of each list. However, when [redacted] began using an alphabet organization strategy for naming U.S. stages, fruits, vegetables, and other targeted categories, [redacted] demonstrated increased success and confidence in independently naming more items. At times, [redacted] required clinician support to name additional items. A semantic cue was often given first (e.g., "What's another flower that is yellow?"), then followed by a verbal cue (e.g., "It starts with an /r/"). For some items, [redacted] required moderate to maximal clinician support. This included the clinician writing part of the name (" fruit"; "If it's not white, it's ") or continued semantic cues. With this support, [redacted] often responded with the accurate item. Near the end of the semester, [redacted] was introduced to a new activity that targeted word finding. During the activity, [redacted] described at least five items to the supervisor. She was required to include multiple details in order for the supervisor to guess the item. Initially [redacted] was told to include as many details as she could think of when describing each word. With this, [redacted] independently described two of the five words with a sufficient amount of details. When asked additional questions, [redacted] increased her success of including multiple descriptions. In the following therapy sessions, [redacted] was told to include at least five details for each item. [redacted] independently described two items following this requirement. A verbal cue was required and found to be beneficial in [redacted] including additional specific details. As the semester progressed, [redacted] successfully included at least five details, independently, in a majority of the opportunities. When this occurred, minimal to no clinician support was required. Rather, [redacted] was asked additional questions to describe the item with more than the minimum requirement (i.e., five). [redacted] accurately responded to these questions.

Overall, [redacted] demonstrated progress related to her memory objectives. With an alphabet organizing strategy, use of multiple modes of recalling, and verbal/semantic cues, [redacted] successfully recalled specific items, details, or instructions. An additional observation was providing functional activities that target [redacted]'s memory recall was beneficial in applying the strategies to her everyday life (e.g., going to the grocery store, making a list of Christmas gifts).

Recommendations

It is recommended that [redacted] attends the Roseman Center for Speech, Language, and Hearing twice a week, for the Spring 2026 Semester. Recommended goals include, but are not limited to:

- [redacted] will independently recall answers/items following a 6-minute delay.
- [redacted] will independently recall the instructions of an activity with 80% accuracy.
- [redacted] will independently complete word finding tasks (e.g., categories, descriptions) with 80% accuracy.

Discharge Information

- Client is being discharged

> [redacted] is being discharged following the Fall 2025 semester due to completion of her current plan of care. She is anticipated to return in the Spring 2026 semester to receive individualized speech and language services. Prognosis is good due to willingness to learn and a strong family support. [redacted]'s final treatment diagnosis is Cognitive communicative deficit. Please see information above for detailed goal recommendations.

Student Clinician: Signed by [redacted] on 12/1/2025 3:07:09 PM

Signed by [redacted] on 12/1/2025 5:24:44 PM

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 34th 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 34th 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.

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 Department of Financial and Professional Regulation (IDFPR) issues licenses for individuals to work within the fields of speech-language pathology and audiology in the state of Illinois. A license is required of all speech-language pathologists, speech-language pathology assistants, and audiologists. Speech-language pathologists working in the school setting in Illinois must also hold a license issued by IDFPR. A speech-language pathologist who does not hold a license issued by IDFPR cannot practice, including billing Medicaid or private insurance**,** or supervising an assistant or paraprofessional.

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

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

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

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