Policies and Procedures for Clinical Practicums

M.S. in Speech-Language Pathology
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Nova Southeastern University Mission Statement

The Mission of Nova Southeastern University, a private, not-for-profit institution, is to offer a diverse array of innovative academic programs that complement on-campus educational opportunities and resources with accessible distance learning programs to foster academic excellence, intellectual inquiry, leadership, research, and commitment to community through engagement of students and faculty members in a dynamic, life-long learning environment.

Master’s of Science in Speech-Language Pathology

The mission of the Department of Speech-Language Pathology is to foster academic excellence and intellectual inquiry of best practices within the profession. The department uses a variety of instructional delivery models to equip students with the essential skills to serve diverse communities and to provide the opportunity to both traditional and non-traditional students to succeed in a rigorous educational environment.

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This manual was developed to provide students and clinical supervisors with information and guidance regarding the policies and procedures for the sequence of clinical practicum courses in the Master’s Program in Speech-Language Pathology. It is the responsibility of each student and supervisor to be familiar with this manual and to seek further clarification about any issue that remains unclear after reading this information. Questions and further information may be directed to any of the faculty contacts listed on the previous page.

It is also important for students and supervisors to be familiar with several documents issued by the American Speech-Language-Hearing Association (ASHA). The documents listed below are available as addendums at the end of this manual, and on the ASHA website at www.asha.org.


Information contained in this manual is subject to modification at any time. Students will be notified of any such changes to policies, procedures, or forms through courses, e-mail, or website postings. Students are encouraged to share such changes with their supervisors.
ACCREDITATION STATEMENTS
Nova Southeastern University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate’s, baccalaureate, master’s, educational specialist, doctorate, and professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Nova Southeastern University.

The Master of Science in Speech-Language Pathology program (MSSLP) at Nova Southeastern University is accredited by the Council on Academic Accreditation (CAA) 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.

NOTICE OF NONDISCRIMINATION

Consistent with all federal and state laws, rules, regulations, and/or local ordinances (Title VII, Title VI, Title III, Title II, Rehab Act, ADA, and Title IX), it is the policy of Nova Southeastern University not to engage in discrimination or harassment against any individuals because of race, color, religion or creed, sex, pregnancy status, national or ethnic origin, non-disqualifying disability, age ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations.

This nondiscrimination policy applies to admissions; enrollment; scholarships; loan programs; athletics; employment; and access to, participation in, and treatments in all university centers, programs, and activities. NSU admits students of any race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, to all the rights, privileges, programs, and activities generally accorded to made available to students at NSU, and does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.
Welcome to the clinical practicum portion of this program. We know that students are well prepared for this experience as a result of their many classes and prior lab experiences. We also know that clinical educators/supervisors are here to assist students in their clinical development and if, for any reason, a problem exists, you may contact the Clinic Director, Leslie J. Kyrimes, at 954-262-7731 or 1-800-986-3223, ext.27731 and by e-mail at millerl@nova.edu. The faculty and supervisors understand the anxiety associated with clinic. We, too, once saw our first clients and can empathize with the feelings students are experiencing. On the other hand, this is what the Program is all about; this is the ex-citing part of the program that students have been waiting for.

Students will be given their clinical assignments by Mrs. Kyrimes, Clinic Director, Mrs. Gabric, Mrs. Davis and/or another faculty placement coordinator from the program. Students must attend their assigned placement each week of the semester in which they are enrolled. The Program in Speech-Language Pathology runs on a three-semester calendar, each semester lasting 14-16 weeks. There are no modifications and no exceptions to this calendar. Students must accumulate a bare minimum of 60 clinical clock hours in each clinical site, plus the additional hours needed to earn the 375 total direct contact hours required. Most students will find that, in order to earn the required hours across all disorder areas, age groups, and populations, they earn many more than 375 hours by the end of the program. The Clinic I, Clinic II, and DX II courses each include a lab class, which meets approximately one hour per week to help develop skills and clarify information. Attendance in these lab classes is mandatory. Externship courses include several meetings during the semester, which are also mandatory.

Students will be expected to develop clinical writing skills needed for professional record keeping. This includes items such as therapy plans, SOAP notes, evaluations, and progress reports. It is required that the students be closely supervised during their evaluation and treatment sessions, and that they engage in weekly conferences with their supervisors. ASHA standards for observation of diagnostic and treatment sessions must be followed. Students are expected to provide direct evaluation and treatment services through-out the semester.

This manual is intended to provide information and guidance for students and supervisors as well as to ensure consistency in clinical practicum experiences. If there are any questions or concerns, please contact Leslie J. Kyrimes, Clinic Director, at 800-986-3223 ext. 27731 or millerl@nova.edu.

Thank you for the opportunity to work together in a mutual and rewarding professional partnership this semester.
GENERAL INFORMATION
General Information

While a student is completing the coursework required to begin supervised clinical practicum the student submits an Application for Clinical Placement to the appropriate faculty contact. This application is submitted two to three semesters before the start of clinical experiences.

Students who are employed during the Clinic I, Clinic II and Diagnostics II courses must remember that most clinical hours are earned during regular business hours. Students should plan ahead and talk with their employers to develop flexible schedules that allow them to be at their clinical sites for the required number of hours throughout the entire semester. The two semesters of externships are full time; therefore students cannot maintain other employment during these two semesters.

*It is the student’s responsibility to notify his or faculty contact with regards to any conflict or issue that may prevent them from completing the full semester timeline. In such cases the student will be asked to postpone the clinical course until such issue is resolved.

Although students may provide input to their faculty contacts regarding clinical facilities they have a particular interest in or that are close to their homes, students may not contact sites or determine their own placement at any time. A student may not use his or her own site of employment as a clinical site for credit. Failure to comply with these policies may result in a professional behavior warning.

As students take graduate courses and prepare for their supervised practicum they must be aware of the standards set forth by the American Speech-Language Hearing Association and their Council for Clinical Certification. Students must complete 375 hours of supervised direct client/patient contact. These supervised practicum hours must include experience with clients/patients of various ages and types of speech language problems, severities, and also with clients/patients from culturally and linguistically diverse backgrounds. It is for this reason that students are assigned to three different sites as they earn their supervised hours. Students will typically complete their Clinic I, Clinic II, and Diagnostics II supervised practicum hours at one clinical site. They will be assigned to a second site for the pediatric externship and another clinical site for the adult externship. This helps to ensure that requirements for work with different populations and disorder areas are met.

The following courses are pre-requisite courses/requirements for the Clinical Lab I class and must be successfully completed at least one semester prior to taking the class.
<table>
<thead>
<tr>
<th>Course# and Name</th>
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<tr>
<td>SLP 6011-Lang. and Learning Disorders in School-Age Children and Adolescents</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>SLP 6012- Communication Disorders in Infancy through Preschool Ages</td>
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<tr>
<td>SLP 6020-Language Disorders in Adults</td>
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<td>SLP 6060- Phonological Disorders</td>
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<tr>
<td>SLP 6070- Research Methods in Communication Sciences and Disorders</td>
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<td>SLP 6015 – Clinical Processes</td>
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Also, you must have completed 25 observation hours required by ASHA and a copy of the signed hours must be in your student file at NSU and approved within CALIPSO.

***Completion of SLP 6055-Dysphagia, is also recommended before beginning an adult placement***
CLINICAL ASSIGNMENTS

**Students will receive their clinical assignments prior to the beginning of the semester. The more availability you have, the higher the likelihood that you will have a more varied experience. The schedule you provide to your supervisor reflects your availability for the entire semester.**

**Clinical Practicum I**

Students must spend a minimum of ten hours per week at their assigned clinical site, for every week of the semester when they are enrolled in Clinic I practicum. In this course students plan and carry-out treatment for a variety of clients/patients. Students can expect to do direct treatment for approximately 6 hours per week, with the remaining time devoted to paperwork and documentation, planning, and observation. Students are closely supervised by faculty supervisors or by on-site supervisors working at the assigned facility. The Clinic I experience is campus-based for Davie, Kendall and West Palm Beach students. Students are expected to develop lesson plans, implement treatment based on current research, submit documentation as required, perform self-critiques, and participate in the supervisory process. A mandatory 1 credit Clinic Lab I course helps guide the students through the process. Emphasis in this course is on clinical procedures, learning to make clinical decisions, and case presentations.

**Clinical Practicum II**

Students must spend a minimum of ten hours per week at their assigned clinical site, for every week of the semester when they are enrolled in Clinic II practicum. In this course students again plan and carry-out treatment for a variety of clients/patients. Students are closely supervised by faculty supervisors or by on-site supervisors working at the assigned facility. The Clinic I experience is campus-based for Davie, Kendall and West Palm Beach (WPB) students. Students are expected to develop lesson plans, implement treatment based on current research, submit documentation as required, perform self-critiques, and participate in the supervisory process. A mandatory 1 credit Clinic Lab II course helps guide the students through the process. Emphasis in this course is on the student moving along the supervisory continuum toward independence in clinical problem solving.

**Diagnostic II**

The Diagnostics II course requires a minimum of three hours per week at the assigned clinical site, for every week of the semester. In this practicum students plan and carry out screenings and diagnostic evaluations throughout the semester, write reports and disperse them to other professionals as appropriate. Students are very closely supervised by faculty supervisors or on-site supervisors working at the assigned facility. The Diagnostics II experience is campus-based for all Davie, Kendall and West Palm Beach (WPB) students. A mandatory Diagnostics II lab class helps students review and present different types of cases, develop diagnostic skills, and improve clinical writing.
*Campus based students will take Clinical Processes and Diagnostics II concurrently
*Distance students will take Clinic II and Diagnostics II concurrently.

Externship I

Each student completes a semester of full time externship at a facility in the community. The student’s schedule during this semester is the same as the supervisor’s work schedule and must be maintained for every week of the semester. The externship is a 1 credit course. Each student completes one pediatric and one adult externship in order to demonstrate clinical experience and proficiency across a variety of ages and disorder areas.

Externship II

Students who did Externship I in a pediatric or school setting will complete Externship II in an adult setting such as a hospital, rehabilitation center, or skilled nursing facility. Students who did Externship I in an adult setting will complete this second Externship in a pediatric setting such as a school or private practice. The student’s schedule during this semester is the same as the supervisor’s work schedule for every week of the semester. The externship is a 1 credit course.

Students must maintain grades of “B” or better in both academic and clinical courses in order to participate in further clinical courses and continue in the program. Once a student has been accepted to begin the sequence of clinical courses, the courses will continue each successive semester. If for ANY reason the student wishes to postpone a clinical course, his or her faculty contact must be told in writing at least one semester before the course is to begin. If a student leaves or is asked to leave a clinical course for any reason, the student is given professional probation and receives a failing grade for that clinical course.

Communication with Supervisor, Clients and Staff:

Students are expected to meet with supervisors to discuss how they will communicate throughout the semester. They are encouraged to schedule a weekly meeting time with their supervisor to review all paperwork and to discuss progress and any client related issues. Students are expected to introduce themselves to others as a graduate student clinician from Nova Southeastern University. They are to be positive, professional, and communicate interest in the well-being of each client. If students are asked questions about diagnosis or treatment, they are asked not take it upon themselves to answer unless these issues have been discussed with the supervisor. Supervisors should provide guidelines regarding what is permissible for students to discuss with clients. Students can feel free to explain that they need to find out the answer to a question and get back to someone.
In addition to the speech-language pathologist who will be serving as the supervisor, students will most likely have an opportunity to interact with other professionals at the assigned practicum facility. Demonstrate interest in and respect for other professions. Learn as much as possible by listening to what other professionals have to say and observing what they do. Use this opportunity to learn how to communicate and be an active participant as a member of a professional team.

Remember that students represent Nova Southeastern University, and that all actions reflect upon the University and The Speech, Language, Pathology Program.

**Dress Code:**

Students must comply with the dress code for the assigned clinical practicum site. For the initial interview with the supervisor, dress should be as for any professional job interview. During the interview, ask about the specific dress code for the facility. Unless otherwise told, it is appropriate to wear skirts, pants, dresses for women and dress or polo shirts with nice slacks for men. Casual or revealing dress such as jeans, tank tops, and sandals is not appropriate. Facial piercings (nose, tongue, eyebrows) and visible tattoos are not permitted in clinical settings. Most clinical and medical settings require closed shoes. Perfumes and colognes are also often not allowed in health care settings.

**Universal Precautions and Safety:**

Students should be instructed in the assigned facility's Universal Precautions procedures. Latex gloves should be worn as instructed. If gloves are not readily available, the student should inform the supervisor and request that gloves be made available for use. Toys, evaluation instruments, therapy materials, and other objects should be disinfected according to the facility's universal precautions protocol. Remember to wash hands thoroughly before and after working with clients.

Do not leave clients unattended at any time. Students should be instructed in the safety and emergency procedures at the clinical practicum site. Be sure to obtain a copy of any emergency or code procedures at the assigned facility.

**Attendance:**

Students are allowed one excused absence per semester for reasons such as illness, death in the family, or attendance at a professional conference. Vacations or studying for a test are not considered excused absences. If a student will be absent for any reason, the supervisor must be informed. Check with the supervisor in advance to find out procedures for cancellations. If the student plans to attend a professional conference, permission must be requested and obtained in writing from the supervisor at least two weeks prior to the conference. Additions to the attendance requirements may be imposed by the supervisor or the clinical site. If more than one absence occurs for any reason, sessions must be made up at the end of the semester before the fi-
nal grade will be entered. Failure to comply with the above-noted attendance policy will result in a lowering of the clinical grade for the semester or may result in a grade of “Incomplete” in the clinical course.

**Grading:**

Our program is using a web-based program called CALIPSO to manage clinical course grades and hours. Students receive a midterm and final grade for Clinic I, Clinic II, Diagnostics II, Externship I, and Externship II. The midterm and final grades are calculated by the site supervisor, and are based on the grade form found in this manual. The grading form is based on a five point scale, with scores for each graded item ranging from 0-5, allowing for .5 between each point value. Students earn points for each item on the form, and then the total number of points is divided by the total number of graded items. Students receive a number grade, as well as a list of their clinical and professional strengths and weaknesses. Supervisors may use the items listed on the grading form as strengths and weakness, or they may generate comments based on their own feedback to the student. The number grade corresponds with a letter grade as stated on the grading verification form. Supervisors complete the grade form in CALIPSO and share with the students.

It is then the student’s responsibility to formulate commitment documentation. This is an action plan to show how they will address the weaknesses identified in the grading form. The student and supervisor can then discuss the student’s growth as the semester continues.

**Remediation Plans:**

If a student earns a score below 3 on graded items, a remediation plan is needed. A remediation plan should be generated by the site supervisor and the student, with guidance by the faculty site visitor as needed. Faculty site visitors can provide samples of remediation plans, and/or assist with development of new ones.

Site supervisors and students should contact the faculty site visitor at midterm to discuss the remediation plan. It is the responsibility of the student to contact the faculty site visitor even if the site visit has not yet occurred. When the site visit takes place, the supervisor and student will update the faculty site visitor on progress with the plan. Please note that if the midterm grade warrants a remediation plan and the faculty site visitor has not been contacted, a suggested remediation plan will be sent to the student and supervisor, to be implemented immediately.

A remediation plan consists of a list of the items that require remediation, specific tasks the student must complete in order to improve the identified knowledge and skills needed, and a timeline that determines initiation and completion dates for the plan. The following is a sample remediation plan:
<table>
<thead>
<tr>
<th>Skill</th>
<th>Remediation Plan</th>
<th>Initiation Date</th>
<th>Date Completed</th>
</tr>
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<tbody>
<tr>
<td>Improve ability to translate and interpret information into a clear,</td>
<td>Provide additional opportunities for student to generate reports from given information. Encourage student to proofread for clarity and conciseness. Student will provide rationale for inclusion of information.</td>
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<tr>
<td>comprehensive dx report.</td>
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<tr>
<td>Improve ability to utilize previous therapy session and/or diagnostic</td>
<td>Student will analyze treatment session and/or diagnostic reports and pull pertinent information to write goals. Encourage student to consider client's present level of performance and write goals pertaining to enhancing and improving client's needs. She should also interpret diagnostic reports and utilize that information to consider the next step for client progress. This should then be interpreted into clear and concise goals for treatment.</td>
<td></td>
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<tr>
<td>session to improve goal- writing skills.</td>
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**Confidentiality:**

- Students are expected to adhere to the rules of professional confidentiality as stated in the ASHA Code of Ethics (Principle I, Rule I).

- Students are expected to follow HIPAA guidelines as outlined in the HIPAA training in privacy and security that was completed during the beginning of the program and then reaffirmed during the Clinical Processes class.

- Students are also expected to follow the HIPAA guidelines of the clinical practicum site.

- Students are not permitted to take records from the clinic facility.

- Students are not permitted to make copies of therapy records. Any client/patient forms or paperwork must be de-identified before leaving the facility.

- Students may prepare summaries of information for educational purposes and may take this information from the facility, but only if the patient information is de-identified.
• Students are responsible for understanding the HIPAA de-identification standards, as set forth in the HIPAA privacy training.

**Clinical Module Clock Hours:**

Clinical clock hours earned during the semester are to be recorded on an on-going basis. A hard copy record system, the Clinical Hours Log Form (Page 45-47) is available to get students started. However, the expectation is that students will record hours within the CALIPSO management system. Students should follow the CALIPSO instructions for students to complete this process. This form is designed to assist in categorizing and keeping track of clinical hours. Hours should be reviewed by clinical supervisors weekly to monitor accuracy. The student is then responsible for completing documentation of hours in CALIPSO by submitting hours for final approval. The SLP supervisor then receives an e-mail stating that the clock hours are pending their approval. The supervisor goes into CALIPSO to approve the hours.

**Site Visit:**

Each student in an off-campus placement will be visited either during clinic I or clinic II/diagnostics II, and then again when enrolled in externship II. The purpose of the site visit is to make sure all is going well with the student’s progress, to check the hours the student has earned to date, and to answer any questions from the supervisor or the student related to the experience and/or the paperwork. We also want to take the opportunity to thank supervisors personally for working with the student during their education at NSU. During the site visit a review of the student’s portfolio will be completed.

Off campus students are expected to complete Clinic I, Clinic II and Diagnostics II at the same facility. If a student switches to a different site for Clinic II, for any reason, a virtual site visit with the second facility will be added. A virtual site visit will be conducted for all students during externship I.
SOME WORDS OF ADVICE TO STUDENT CLINICIANS

Are you ready to begin your clinical practicum experience? Here are some suggestions that might be helpful:

➢ Work in harmony with your supervisor, your clinic lab instructor, and your facility. Their goal is to help you to become a better speech-language pathologist.

➢ Be enthusiastic about your work and demonstrate sincere interest in your clients.

➢ Take advantage of every opportunity to become involved in the unique experiences offered at your clinical practicum site.

➢ Learn from the other professionals who work in your clinic site.

➢ Ask questions when you are not sure, ask questions even if you are sure.

➢ Know what to expect from clients at varying ages and with varying disabilities. Utilize textbooks and current research articles to prepare in advance.

➢ Be willing to try new treatment techniques and ideas that are presented.

➢ Be open, fair, consistent, and compassionate in all your dealings with your clients.

➢ Remember that everyone deserves respect.

➢ Keep healthy! Get plenty of rest, exercise, and maintain a proper diet.
RESPONSIBILITIES OF THE STUDENT

Each student enrolled in Nova Southeastern University Master's Program in Speech-Language, Pathology is responsible for the following:

1. Read and learn the information presented in this "NSU Programs in SLP Policies and Procedures for Clinical Practicum Manual."

2. Follow the procedures and guidelines established by the clinical supervisor and the clinical practicum site.

3. If you are going to an off-campus clinical site, contact the supervisor to schedule an initial interview at least 3 weeks prior to beginning the off-campus practicum. (See "Suggestions to Students for Initial Interview with Supervisor.").

4. Adhere to the schedule for every week of the semester.

5. Commit to the making your graduate work and clinical practicum a priority. You are required to have a minimum of 375 clinical contact hours for graduation and ASHA certification. This takes time and energy and a lot of work.


7. Maintain client and facility confidentiality.

8. Complete all paperwork and record-keeping requirements of the clinical facility in an accurate and timely manner.

9. Participate in professional activities such as staff meetings, conferences, grand rounds, etc. as requested by the clinical supervisor.

10. Maintain records of ASHA clinical practicum hours.

11. Establish and maintain harmonious professional relationships with staff members as well as with clients and their families.

12. Communicate on a regular basis with the university faculty. Do not wait until problems arise.

13. Attend all required lab courses as and meetings scheduled.
RESPONSIBILITIES OF THE SUPERVISOR

The off-campus supervisor's responsibilities include, but are not limited to, the following:

1. Supervisors are expected to follow ASHA Guidelines for Supervision of clinical practicum students

2. Provide direct supervision a minimum of 25 % of the time for any and all client/patient contact. Direct observation and supervision must meet or exceed the ASHA standards.

3. Conduct a minimum of one 30-minute supervisory conference or its equivalent with the student per week

4. Provide an orientation to the requirements and expectations of working at the practicum site. Record keeping procedures of the facility should be thoroughly reviewed.

5. Demonstrate and explain procedures and tools needed for effective evaluation and desired treatment outcomes

6. Define, present examples, and provide appropriate feedback regarding written documentation required by the clinical practicum site and in compliance with federal guidelines

7. Provide a positive environment which facilitates optimum learning, professional growth, and independence

8. Evaluate student performance at midterm and final points of each semester according to the criteria developed by the Program in Speech-Language Pathology. Supervisors will assign a mid-semester and final grade to the student. Grades will be reviewed with the student and will then be provided to the instructors.

9. Comply with established timelines

10. Provide written feedback regarding clinical and interpersonal skills no less than one time per week

11. Provide ongoing verbal feedback regarding clinical and professional performance and learning.

12. Maintain ongoing contact with faculty contacts throughout the semester, providing information regarding student performance and progress

13. Supervisors should orient students to patient situations and clinical behaviors which will insure a safe and productive clinical experience.
Clinical Certification Board
Interpretations on Clinical Practicum

1. Persons holding a CCC in speech-language pathology may supervise:
   • all speech-language pathology evaluation and treatment services
   • non-diagnostic audiologic screening for the purpose of performing a speech and/or language evaluation for the purpose of initial identification of individuals with other communicative disorders
   • aural habilitative and rehabilitative services

2. Persons holding a CCC in audiology may supervise:
   • audiologic evaluation
   • amplification (hearing aid selection and management)
   • speech and/or language screening for the purpose of initial identification of individuals with other communicative disorders
   • aural habilitative and rehabilitative services

3. Only direct client contact time may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, receiving in-service training, and writing reports may not be counted.

4. Evaluation refers to those hours in screening, assessment, and diagnosis that are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include reevaluation (another informal assessment). Periodic assessments during treatment are to be considered treatment.

5. Time spent with either the client or a family member engaging in information-seeking, information-giving, counseling, or training for a home program may be counted as clinical clock hours (provided that activity is directly related to evaluation or treatment).

6. Time spent in multidisciplinary staffing, educational appraisal, and review, or in meetings with professional persons regarding diagnosis and treatment of a given client may not be counted. Conference time with clinical supervisors may not be counted.

7. If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received 20 hours of treatment and approximately three quarters of each treatment session was spent on language and one quarter was spent on articulation, the clinician should record credit for 15 hours of language treatment and five hours of articulation treatment.
ELIGIBILITY REQUIREMENTS FOR
CLINICAL PRACTICUM SUPERVISORS

1. Off-Campus Clinical Supervisors must hold:
   • a master’s or doctoral degree
   • a current American Speech-Language-Hearing Association Certificate of Clinical
   • Competence in the professional area in which the supervision is provided
   • state licensure or its equivalent

2. Supervisors must provide the university with documentation of ASHA CCC, including the certification identification number (i.e. photocopy of current ASHA card indicating that the supervisor is certified) as well as documentation of the state professional license number. Note: Both ASHA certification and the state license to practice must be active and valid throughout the clinical practicum time period.

3. Supervisors employed in professional practice other than in a public school setting must hold a state license in speech-language pathology or audiology. (where applicable)

4. Supervisors must be staff members at a clinical facility with which Nova Southeastern University has a formal written affiliation agreement.

5. It is recommended that supervisors participate in Continuing Education in the area of supervision to be provided by Nova Southeastern University at no charge to the off-campus supervisor or the facility.

6. Supervisors must provide documentation of current professional liability insurance.
GENERAL FORMS
*** Graduate student clinicians will provide a copy of the clinic timeline for each current semester to their supervisors.

### CLINIC TIMELINE (SAMPLE)

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<tr>
<th>Week of Aug.20 &amp; 21</th>
<th>Meet with supervisor</th>
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<tr>
<td>August 22</td>
<td>Clinic begins</td>
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<td>Week of August 27</td>
<td>File Review Checklist Due</td>
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<td>September 1-3</td>
<td>UNIVERSITY HOLIDAY/CLINIC CLOSED</td>
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<td>Sept. 13</td>
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<td>Week of Sept. 17</td>
<td>First self-critique due</td>
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<td>Sept. 22</td>
<td>UNIVERSITY HOLIDAY/CLINIC CLOSED</td>
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<td>Week of Sept. 24</td>
<td>First Research due – consult supervisors</td>
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<td>Oct. 1-2</td>
<td>Mid-term evaluations (Graduate Student Clinicians)</td>
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<td>Oct. 3-4</td>
<td>Feedback to graduate student clinicians regarding mid-term evaluations</td>
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<td>Week of Oct. 8</td>
<td>Commitment Documentation form due to Supervisors</td>
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<td>Week of Oct. 15</td>
<td>Second self-critique</td>
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<td>Week of Oct. 22</td>
<td>Second research due</td>
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<td>November 19-25</td>
<td>UNIVERSITY HOLIDAY/CLINIC CLOSED</td>
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<tr>
<td>November 26 &amp; 27</td>
<td>Final Evaluations (Graduate Student Clinicians)</td>
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<td>November 28 &amp; 29</td>
<td>Feedback to Graduate Students regarding Final evaluations</td>
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<td>December 1</td>
<td>Last day of clinic</td>
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**NOTE:** Students must be available to attend their scheduled final evaluation meeting with their respective supervisor.

ASHA CLINIC HOUR FORMS MUST BE SIGNED BY ALL OF YOUR SUPERVISORS TO RECEIVE CREDIT FOR CLINICAL HOURS OBTAINED. ALL PAPERWORK (INCLUDING SUPERVISOR EVALUATIONS) MUST BE COMPLETED BEFORE OFF-CAMPUS EXTERNSHIPS CAN BEGIN. ALL PAPERWORK MUST BE COMPLETED BEFORE SUPERVISORS WILL SIGN CLINIC CLOCK HOUR FORMS. STUDENTS WHO DO NOT RECEIVE A PASSING GRADE WILL NOT EARN CLINIC HOURS.
**STUDENT CLINICAL SCHEDULE**

Name:____________________________________  Student Number: N_____________________________  
Email:____________________________________  Phone Number:_________________________________

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<th>TIME</th>
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Languages spoken:

For Clinic II
Circle if you have had:
- Adult
- Cog/CVA
- Adult fluency
- Adult voice
- Adult AAC
- Adult Accent Modification

Check courses completed or indicate semester you are taking:
- SSD ______
- 6011 ______
- 6012 ______
- Voice ______
- AAC ______
- AR ______
- LDA ______
- Fluency ______
- Motor ______
- Multi ______
- Dysphagia ______

I agree to adhere to the above schedule for the ENTIRE semester. I agree to abide by this schedule and accept all clinical assignments that may be scheduled throughout the course of the semester.

Student Signature_________________________________________________  Date______________________________________
SUPERVISOR’S OBSERVATION FORM

Clinician’s Name: ____________________________
Supervisor: _________________________________

Client’s Name: ______________________________
Date: ____________________________

Length of Session: ______ Minutes
Time Observed: ___________ Minutes

COMMUNICATION SKILLS – VERBAL AND WRITTEN

PROFESSIONAL DEVELOPMENT/SKILLS

ASSESSMENT

CLIENT MANAGEMENT

TREATMENT/ThERAPY

ADDITIONAL COMMENTS
# Supervisor’s Log Sheet

Supervisor’s Name: ___________________________ Month/Year__________

- Indicate time observed on top block.
- Indicate total time of session on bottom block.
- Indicate provision of written feedback to student by using a √.
  - C = Client or clinician cancellation.

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Client’s Name: ___________________________ Student’s Name: ________

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- ASHA guidelines suggest a minimum of 25% supervision of treatment sessions (Membership and Certification Handbook, ASHA, 1992).
- Departmental philosophy suggests written feedback be provided for each client a minimum of one time per week.
- Supervisor’s Log Sheets should be submitted to the Clinical Director at the end of each month.
*This form can be used if desired, to determine the % of supervision to report in CALIPSO. The actual reporting of percentage of observation is done in CALIPSO when hours are approved.
SLP 6101 & 6102
CLINICAL PRACTICUM I & II
INFORMATION AND FORMS
File Reviews and Patient Records:

Students must be prepared to read the files of clients as soon as possible upon beginning the placement. Taking notes on pertinent information, in a de-identified manner, is a good idea. The client File Review Form may be used for this purpose.

Remember that client files may never be removed from the clinical facility because of client confidentiality and privacy issues. Be aware of client confidentiality relative to paperwork, faxes, e-mail and oral discussion. Do not leave paperwork with client: names where others may have access to it. Files may be signed out as needed and according to the facility guidelines, and then must be returned to the same day. Students must follow the medical/school records guidelines associated with their placement.

Paperwork:

Paperwork and accountability procedures vary according to the clinical site. Students are to become familiar with the paperwork and accountability requirements at their assigned clinical practicum facility. Typically, students will be required to write formal daily or weekly treatment plans for each assigned client. As the semester progresses, the supervisor may determine that formal treatment plans are no longer necessary. Progress notes for each client will also be required. Discuss treatment plans, progress notes, and other required paperwork with the supervisor at your initial interview. Students should receive feedback regarding their writing and record-keeping skills throughout the semester.

Self-Critique:

One of the skills to target during clinic courses is a student’s ability to analyze his/her own clinical skills. Questions students should address include: Is he or she able to discuss the things that are done well and those that need to improve? Did he or she notice that rate was too fast or that more time was needed before prompting? There are several ways to analyze one’s own skills, such as watching a video or reviewing a session from memory. Students are required to use the self-critique forms twice during the semester. Further discussion of the self-critique assignments will be discussed in the clinic lab course.

Semester Research:

Students are required to complete semester research appropriate to the specific practicum site. Research may include, but is not limited to, the following activities:

- formulate a clinical question and research 3-5 articles from peer-reviewed journals to address your question
- development of therapy materials (e.g. communication board) for a client to use outside of the clinic environment
• a review of articles or a computer search for information pertaining to a specific client or disorder
• development of an informational brochure for parents, families, or related professionals (physicians, nurses, occupational or physical therapists) about a specific disorder
• a presentation to a family or patient support group
• a site visit to the child's school or home, a site visit to the adult's home or employment setting

The supervisor and the student should discuss the research and develop a timeline for completion. Prior approval of the project by the supervisor is required. Further discussion of the research will be provided in your lab class.

**Commitment Documentation:**

The midterm grade will include areas of strength and areas identified as needing further development. After the student receives the midterm grade he/she will complete the commitment documentation form (See Form). The purpose of the form is to assist in planning strategies to address the weaknesses identified. Further discussion of this process will be included in the clinic lab class.

**Evaluations and Grading:**

The supervisor will provide the student with written evaluations and feedback on a regular basis. Additional oral feedback will be provided during weekly supervisory conferences.

Mid-term and final grades are calculated according to the formulas and assessment scales included in this manual. Midterm and final evaluations are created in CALIPSO, and then reviewed with the student.

Students must earn a mean grade of 3.5 by the end of the semester in order to move on to the next clinical practicum course. Clinical hours are earned only when a passing grade is achieved. Students do not accumulate clinical hours if the grade received is below B. Hours are earned only for direct client/patient contact.

**Grading at mid-term:**
3.95-5.00 = A  
3.45-3.94 = B+  
2.95-3.44 = B

**Grading at final:**
4.20-5.00 = A  
3.85-4.15 = B+  
3.50-3.84 = B
***It is suggested for students to utilize the electronic document provided through your clinic lab class in order to complete this task.

Complete this form while reading each client’s file and bring it to your first supervisory conference.

CLIENT FILE REVIEW

CLIENT: ___________________________ STUDENT NAME: ___________________________

AGE: ______________

DISORDER: ________________________________________________________________

FILE REVIEWED: __________

PERTINENT HISTORY: (Birth, medical and developmental)

EVALUATION RESULTS: (Comparison of initial evaluations and current, if a long standing disorders)

STRENGTHS AND WEAKNESSES:

LONG-TERMS THERAPY GOALS:
SHORT-TERM OBJECTIVES:

BEHAVIORAL CONCERNS:

STATUS OF A HOME PROGRAM IN TREATMENT:
NSU
NOVA SOUTHEASTERN UNIVERSITY
College of Health Care Sciences

Speech-Language Pathology Clinic

FILE REVIEW CHECKLIST

*This form may not be applicable to distance students

Client: ___________________________________________ Date: _____________________________

D.O.B: _____-_____-______ Social Security #:__________________-____-_____

Diagnosis: __________________________________________________________________________

Clinician: Supervisor: __________________________________________________________________

_____ 1. Patient Information Form
   Is the client’s SS# documented on the PIF? ____________________________

_____ 2. Patient/Client’s Bill of Rights signed. (Please note: Compliance procedures do not require a date on
   this form.)

_____ 3. HIPAA Authorization for use or Disclosure of information (Release To / From & Recording / Observation) (One for each provider)

_____ 4. Case History form completed.

_____ 5. HIPAA Policies Acknowledgement Form (No Updates needed)

_____ 6. Date of initial communication (speech –language) evaluation report.

_____ 7. Date of most recent testing. (If six months or more, discuss with your supervisor).

_____ 8. Date of most recent audiological evaluation

_____ 9. Home Program.


_________________________________________ Supervisor’s Signature

Policies & Procedures Manual
### Speech-Language Pathology Clinic

**THERAPY SESSION PLAN**

<table>
<thead>
<tr>
<th>CLIENT:</th>
<th>DATE:</th>
<th>CLINICIAN GOALS:</th>
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<th>CLINICIAN:</th>
<th>DIAGNOSIS:</th>
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<th>SUPERVISOR:</th>
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<tr>
<th>OBJECTIVE/RATIONALE (S/R)</th>
<th>MATERIALS USED</th>
<th>METHOD OF PRESENTATION</th>
<th>ASSESSMENT</th>
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34 | Page Policies & Procedures Manual
INSTRUCTIONS:
The establishment of short-term goals is an important component of your growth as an independently functioning clinician. After discussing your mid-term evaluation with your supervisor(s), list selected areas of improvement as goals (e.g., research, training in specific therapy techniques, observation, self-monitoring). These goals will be reviewed by all your supervisors one week after your mid-term conference and then again at the end of the semester. Write plans of action in behavioral and measurable terms. Use as many pages as necessary to address all areas identified as goals for development.

GOAL: Clinician will continue to research and utilize information.

ACTION PLAN: Clinician will research topics and apply the newly obtained information during therapy sessions.

GOAL: Clinician will independently seek solutions to problems.

ACTION PLAN: Clinician will use class notes as resources to solve the problems with which he/she is presented.

GOAL: Clinician will increase use of prompting/cueing techniques

ACTION PLAN: Clinician will provide prompts/cues for each incorrect response or inaccurate productions.

GOAL: Clinician will increase use of clear, concise instructions.

ACTION PLAN: Clinician will recite instructions for each activity prior to each session, ensuring that clients’ expectations are clearly defined.
**GOAL:** Clinician will increase use of specific reinforcement techniques

**ACTION PLAN:** Clinician will provide reinforcement specifying the positive and negative aspects of each response/production.

**GOAL:** Clinician will increase ability to increase/decrease task difficulty as needed.

**ACTION PLAN:** Clinician will carefully review client’s progress and performance on each task while completing SOAP notes and modify the level of difficulty accordingly.

**GOAL:** Clinician will continue to improve data collections skills within sessions.

**ACTION PLAN:** Clinician will create a data collection sheet prior to each session to facilitate the collection of data in a subtle manner.

**GOAL:** Clinician will improve appropriate communication skills

**ACTION PLAN:** Clinician will reduce the use of “okay” to only once per session by monitoring the situation during which she is most likely to use it.
INSTRUCTIONS:
The establishment of short-term goals is an important component of your growth as an independently functioning clinician. After discussing your mid-term evaluation with your supervisor(s), list goals to accomplish this semester to enhance your professional growth and note your personal plan of action to accomplish these goals (e.g., research, training in specific therapy techniques, observation, self-monitoring). These goals will be reviewed by all your supervisors within one week after your mid-term conference and then again at the end of the semester. Write plans of action in behavioral and measurable terms. Use as many pages as necessary to address all areas identified as goals for development.

GOAL: Improve language models and appropriate verbal and non-verbal communication skills

ACTION PLAN:
Provide script for two specific sets of instructions used within sessions
Independently review video and identify when language used is non-specific, or non-verbal does not match verbal communication
Role play and revise language that was identified in step 2

GOAL: Increase clinical writing skills by improving organization, content, and clarity

ACTION PLAN:
Review format for writing SOAP notes and progress reports
Write an initial draft of SOAP and then use previous supervisor comments and feedback from earlier SOAP to edit own work before submitting second draft
Create revision checklist to remind yourself of items requiring consistent editing (organized correctly, irrelevant information omitted, etc.)

GOAL: Improve ability to define and manage client behaviors

ACTION PLAN:
Review and identify two behaviors per session that interfered with targeted responses
Identify antecedent behavior associated with the problem behaviors identified
Identify potential consequences exacerbating the behavior
Independently generate a different strategy to change behavior
NOVA SOUTHEASTERN UNIVERSITY
SPEECH-LANGUAGE PATHOLOGY CLINIC
SELF CRITIQUE SESSION

STUDENTS: ____________________  SUPERVISOR: ____________________

CLIENT'S NAME: ____________________

DATE OF SESSION: ____________________

DIRECTIONS:

The purpose of this critique is to enhance your ability to self-analyze your clinical skills by identifying your strengths, weaknesses and recognizing changes you can make to increase your clinical effectiveness. When completing this form, be as specific and thorough as possible using observable and measurable terms. You may also want to use the Clinician's Self-Evaluation Chart to help you critique the session. Please attach a copy of your lesson plan including your data collection and data interpretations.

I. Indicate your strengths in these areas:

   a. Communication Skills
      i. Verbal:
      ii. Nonverbal:

   b. Client management (use of behavioral management techniques):

   c. Therapy (appropriateness of goals, therapy procedures, cuing techniques, materials):

   d. Any changes you would make to increase your clinical effectiveness. Include how you will implement these changes using measurable behavioral terms.
II. Indicate your weaknesses in these areas:

a. Communication Skills:

   i. Verbal:

   ii. Nonverbal:

b. Client Management (Use of behavioral management techniques):

c. Therapy (appropriateness of goals, therapy procedures, curing techniques, materials):

d. Any changes you would make to increase your clinical effectiveness. Include how your will implement these changes using measurable, behavioral terms.
Adapted form of Buckberry's (1979) Delayed Written Feedback – A Supervisory to Self-Evaluation Enhancement

CLINICIAN'S SELF-EVALUATION CHART

Clinician: __________________________ Session Number: ______
Client: __________________________ Date: __________ Supervisor: ______

Rating: EX=Excellent, S=Satisfactory, E= Emerging, I=Inconsistent, U=Unsatisfactory, NA=Does Not Apply

1. Effectively explains task at hand. EX S E I U NA
2. Uses materials creatively to stimulate responses and maintain interest. EX S E I U NA
3. Allows time for client response. EX S E I U NA
4. Is able to cue appropriately. EX S E I U NA
5. Is able to model appropriately. EX S E I U NA
6. Appropriately reinforces correct responses. EX S E I U NA
7. Appropriately handles incorrect responses. EX S E I U NA
8. Appropriately reinforces approximate responses. EX S E I U NA
9. Is able to meaningfully deviate from short term goals. EX S E I U NA
10. Is able to maintain appropriate pace towards completion of session goals. EX S E I U NA
11. Is able to maintain appropriate data. EX S E I U NA
12. Uses strategies for maintaining on-task behavior (including controlling distracting stimuli and setting behavioral limits.) EX S E I U NA
13. Effectively explains task at hand.
14. Uses materials creatively to stimulate responses and maintain interest.
15. Allows time for client response.
16. Is able to cue appropriately.
17. Is able to model appropriately.
18. Appropriately reinforces correct responses.
19. Appropriately handles incorrect responses.
20. Appropriately reinforces approximate responses.
21. Is able to meaningfully deviate from short term goals.
22. Is able to maintain appropriate pace towards completion of session goals.
23. Is able to maintain appropriate data.
24. Uses strategies for maintaining on-task behavior (including controlling distracting stimuli and setting behavioral limits.)
Clinic II
PEER SUPERVISION CRITIQUE II

GRADUET CLINICIAN NAME: ______________________
NAME OF PEERS: ________________________________
DATE OF GROUP SUPERVISION: ____________________

Answer the following questions:

1. Why did you choose this client/session for your peer critique?

2. List the specific questions/concerns/issues you posed for group problem solving.

3. What part of your treatment session did the group observe?

4. Summarize the feedback/suggestions/ideas that were generated from the group discussion?

5. List at least 5 things learned from this peer group supervision experience.

6. Describe changes in your therapy you could make based on the peer input?

7. What did your peers report learning from the observation and group discussion?
A Word about Clinical Clock Hours

Students are working to earn hours, experiences, knowledge and skills that will lead to clinical competence as well as certification by the American Speech-Language-Hearing Association (ASHA). According to information available on the ASHA website, the applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

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

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

Interaction and Personal Qualities
a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
b. Collaborate with other professionals in case management.
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
d. Adhere to the ASHA Code of Ethics and behave professionally.
The applicant must have acquired the skills referred to in this standard applicable across the nine major areas: articulation/phonology, fluency, swallowing, voice/resonance, receptive/expressive language, cognitive communication, social communication, AAC and audiology. The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology. Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

In addition to earning experience across the nine disorder areas, NSU looks for each student to gain a bare minimum of 20 hours in each of these areas: Pediatric speech diagnostics, pediatric speech treatment, pediatric language diagnostics, pediatric language treatment, adult speech diagnostics, adult speech treatment, adult language diagnostics, adult language treatment, and audiology (hearing screenings and/or aural rehabilitation). Take a moment to look at the following forms to see that the hours are logged across the nine disorder areas as well as the nine summary areas along the bottom of the page. Hours earned in the nine areas should be comprised of direct hours in articulation/phonology, fluency, swallowing, voice/resonance which shall count as speech hours. Hours earned in the areas of receptive/expressive language, cognitive communication, social communication, and AAC count as language hours. Hearing hours comprise hearing screenings under assessment aural rehabilitation hours as treatment. Aim is to earn at least some hours across each area that makes up the given categories of language, speech, and hearing.
<table>
<thead>
<tr>
<th>SPEECH HOURS</th>
<th>LANGUAGE HOURS</th>
<th>HEARING</th>
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<tr>
<td><strong>Pediatric</strong></td>
<td><strong>Language</strong></td>
<td><strong>Total Adult Language</strong></td>
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<tr>
<td>Or Adult</td>
<td>DX</td>
<td>TX</td>
</tr>
<tr>
<td>Date</td>
<td>Articulation</td>
<td>Fluency</td>
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<td>DX</td>
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**Total Pediatric Speech DX**

**Total Adult Speech TX**

**Total Adult Language DX**

**Total Pediatric Speech TX**

**Total Pediatric Language TX**

**Total Adult Language TX**

**Total Adult Speech DX**

**Total Pediatric Language DX**

**Total Hearing DX & TX**

*Daily or Weekly entry should be completed within CALIPSO. Utilize CALIPSO Instructions for Students (Step 6A) for daily entry of clock hours. At the end of the semester you will follow CALIPSO Instructions for Students (Step 6B) for submitting clock hours for approval. You may use this form to log your hours and provide your supervisors with proper documentation before entering the hours into CALIPSO.*
<table>
<thead>
<tr>
<th>Pediatric or Adult</th>
<th>Current Semester</th>
<th>Articulation</th>
<th>Fluency</th>
<th>Swallowing</th>
<th>Voice &amp; Resonance</th>
<th>Rec/Exp Language</th>
<th>Cognitive Commun.</th>
<th>Social Commun.</th>
<th>AAC/Modalities</th>
<th>Audiology Scrng/AR</th>
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*This form is only used to document hours that cannot be entered into CALIPSO.*
TO: ALL CLINIC STUDENTS

FROM: Clinic Lab Instructors.

This is a check to be sure you are earning the hours you need. Please turn in the total number of clinical hours completed to date. Please place in my mailbox or scan to me by __________.

Name: ____________________________________________

I am a:

CLINIC I STUDENT  CLINIC II STUDENT

Please complete: As of __________:

Total amount of hours from Clinic I: ______________
Total amount of hours from Clinic II: ______________
Total amount of hours from Dx II ______________

ADULT experience  YES  NO

Check the disorder areas in which you have earned any type of hours:

|------------|---------|------------|-----------|--------------|----------|----------|----------------|----------|

If you have any questions, please contact me at millcrl@nova.edu or via phone at (954) 262-7731.

Thank You.
Supervisor Feedback Form

* Supervisor
* Site
* Semester

1. Provided an orientation to the facility and caseload
   - N/A
   - Informal orientation provided
   - Formal orientation provided with supplemental documentation

2. Provided the student with feedback regarding the skills used in diagnostics
   - N/A
   - Comments were vague and therefore difficult to apply
   - Comments were useful but lacked specifics or concrete examples

3. Provided the student with feedback regarding the skills used in interviewing
   - N/A
   - Comments were vague and therefore difficult to apply
   - Comments were useful but lacked specifics or concrete examples

4. Provided the student with feedback regarding the skills used in conferences
   - N/A
   - Comments were vague and therefore difficult to apply
   - Comments were useful but lacked specifics or concrete examples

5. Provided the student with feedback regarding the skills used in behavioral management
   - N/A
   - Comments were vague and therefore difficult to apply
   - Comments were useful but lacked specifics or concrete examples

6. Provided the student with feedback regarding the skills used in therapy
   - N/A
   - Comments were vague and therefore difficult to apply
   - Comments were useful but lacked specifics or concrete examples
7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

- N/A
- Comments were vague and therefore difficult to apply.
- Comments were useful but lacked specifics or concrete examples.
- Comments were useful, specific, and constructive.

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

- N/A
- Provided minimal explanations and/or demonstrations
- Provided adequate explanations and/or demonstrations when requested.
- Provided thorough explanations and/or demonstrations for all clinical procedures

9. Utilized evidence-based practice

- N/A
- Rarely referenced current literature
- Occasionally referenced current literature
- Frequently referenced current literature

10. Encouraged student independence and creativity

- N/A
- Minimally receptive to new ideas and differing techniques
- Somewhat receptive to new ideas and differing techniques but did not encourage them.
- Very receptive to new ideas and encouraged use of own techniques

11. Provided positive reinforcement of student's successes and efforts.

- N/A
- Rarely commented on successes and efforts.
- Occasionally commented on successes and efforts.
- Frequently commented on successes and efforts.

12. Provided student with written and/or verbal recommendations for improvement

- N/A
- Rarely provided written and/or verbal recommendations except on midterm and final evaluations.
- Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.
- Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

- N/A
- Enthusiasm and interest rarely observed; frequent negative comments.
- Enthusiasm and interest occasionally observed; occasional negative comments.
- Enthusiasm and interest regularly observed; frequent positive and optimistic comments

14. Demonstrated effective interpersonal communication with student.

- N/A
- Seemed uninterested and/or unwilling to listen or respond to student's needs.
- Some interest in student's needs shown, but communication lacked sensitivity.
- Aware of and sensitive to student's needs; open and effective communication.

15. Receptive to questions

- N/A
- Unwilling to take time to answer questions.
- Answered questions inconsistently.
- Answered questions with helpful information or additional resources which encouraged me to think for myself.
16. Available to me when I requested assistance

○ N/A  ○ Supervisor was rarely available.

17. Utilized effective organizational and management skills

○ N/A  ○ Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

○ N/A  ○ Provided minimal or no additional resources.

19. Realistically demanding of me as a student intern

○ N/A  ○ Expectations were either too high or too low for level of experience with no attempts to adjust.

Overall, how would you rate this clinical experience?

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity?
Student's Evaluation of Off-Site Clinical Facility

Name of facility: ________________________________

University Semester during Placement: ____________________________

Today's Date: ____________________________

Please rate the following items using the following rating scale:

3 = Outstanding  2 = Satisfactory  1 = Unsatisfactory

____ Facility maintains adequate, current materials and resources available for my use
____ Facility provides appropriate opportunities for interaction with other professionals
____ Facility provides adequate opportunities for training in evaluation/intervention procedures with different types of communication disorders
____ Adequate space is provided for evaluation/intervention
____ Overall adequacy of off-site practicum facility

Please explain any items rated as "unsatisfactory." What changes or additions would you suggest for improvement?

Would you recommend this facility for future clinical placements? _____ yes _____ no

Additional comments:

**CALIPSO will soon be the sole mechanism for off-site evaluation. Keep informed by reviewing e-mails sent out from the program and within your practicum lab courses.**
Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to https://www.calipsoclient.com/nova
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: PIN numbers are valid for 40 days. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.
- Try Google Chrome as that browser has had the most success.

Step 2: Login to CALIPSO

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

Step 3: Enter Contact Information

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

Step 4: View Immunization and Compliance Records
• Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
• Missing or expired records are highlighted in red.
• To create a document to save and/or print, click “PDF” located within the blue stripe.
• An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
• Click “Home” located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

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

Step 6a: Enter Daily Clock Hours ***

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

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.

### Step 6b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “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.

### Step 7: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.
Step 8: View Cumulative Evaluation

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

Step 9: View Performance Summary

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

Step 10: View My Checklist

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

Step 11: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”
• Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
• Missing or expired records are highlighted in red.
• To create a document to save and/or print, click “PDF” located within the blue stripe.
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Step 8: View Cumulative Evaluation

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

Step 9: View Performance Summary

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

Step 10: View My Checklist

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

Step 11: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”
Step 12: View Site Information Forms

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

If you have ANY questions, please do not hesitate to contact Mr. Vertz: svertz@nova.edu or 954-262-7735 or Mrs. Kyrimes: millerl@nova.edu or 954-262-7731.
Step 1: Register as a Supervisor on CALIPSO
(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

- Before registering, have available your 1) PIN provided by the Clinical Coordinator, 2) ASHA card, 3) state licensure card, and 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to https://www.calipsoclient.com/nova
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

Step 2: Login to CALIPSO

- For subsequent logins, go to https://www.calipsoclient.com/nova and login to CALIPSO using your 8-digit ASHA number and password that you created for yourself during the registration process (step one.)

Step 3: Select Supervisee / Student

- Locate “Change class to:” and select from the drop-down menu the appropriate class
- Click “Change.”
- Click on “Student Information”
- Locate “Add Student of Interest” and select your student from the drop-down menu.
- Click “Add.”
Step 4: View Student Clock Hour Records

☐ Click on “Clockhours” then “Experience Record” to view a summary of clock hours obtained and clock hours needed.
☐ Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
☐ Please note the student’s Clinical Competency Level (I, II, or III) on the page header if applicable.
☐ Print/save clock hour record by clicking “Print Experience Record.”
☐ Click “Student Information” located within the blue stripe to return to the student list.

Step 5: View Student Cumulative Evaluation

☐ Upon completion of the clinical program, students must have an average score of 3.0 or higher for all clinical competencies listed on the form.
☐ Click on “Cumulative evaluation” to view a summary of your student’s clinical competency across the 9 disorder areas.
☐ Please make note of any areas of deficiency (highlighted in orange.)
☐ Click “Student Information” located within the blue stripe to return to the student list.

Step 6: View Student Immunization and Compliance Records

☐ To create a document to save and/or print, click “PDF.”
☐ Click “Compliance/Immunizations” to view a record of compliance and immunization documents.
☐ An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
☐ Click “Home” located within the blue stripe to return to the home page.

Step 7: Complete Site Information Form

☐ Click “Add new form.”
☐ From the home page, click on the “Site Information Forms” link under the Management header.
☐ Complete the requested information and click “Save.”
Step 8: Upload Files for Student or Clinical Administrator (optional)

☐ The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.

☐ Select the desired student and then click on the “Clinical Placement” link to upload your own file and/or view a file uploaded by your student.

☐ First, select a folder by clicking on the folder name or create a new folder or subfolder. To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."

☐ Upload a file by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. Set the file permission by choosing “public” for student and clinical administrator access or "private" for clinical administrator access only.

☐ Move files by dragging and dropping from one folder to another.

☐ Delete files by clicking the “delete” button next to the file name. Delete folders by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Step 9: Complete Midterm Evaluation

☐ Login to CALIPSO (step two)

☐ Select the desired “Class” and click “change.”

☐ Click “New evaluation”.

☐ Complete required fields designated with an asterisk and press save.

☐ Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.

☐ Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.

☐ Check the “final submission” box located just below the signatures.

☐ Click “save.”

☐ Receive message stating “evaluation recorded.”

☐ Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.

☐ To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.
Step 10: Complete Final Evaluation

☐ Login to CALIPSO (step two)
☐ Select the desired “Class” and click “change.”
☐ Click “Student Information” then “evaluations” located to the right of the student’s name.
☐ Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”
☐ The duplicated evaluation will appear in the evaluations list.
☐ Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
☐ Change “Evaluation type” from midterm to final.
☐ Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
☐ Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.

☐ Check the “final submission” box located just below the signatures.
☐ Click “save.”
☐ Receive message stating “evaluation recorded.”

Step 11: Approve Clock Hours

☐ An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.

☐ At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.

☐ Login to CALIPSO (step two.)
☐ Click “clockhour forms pending approval.”
☐ Identify your current student’s record.
☐ Click “View/Edit” in the far right column.
☐ Review hours, making changes if necessary.
☐ Complete the % of time the student was observed while conducting evaluations and providing treatment.
☐ Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.

☐ Click “Save.”
Step 12: View Your Supervisory Summary

☐ For an official record of this supervisory experience (past or present), click on the “Supervision summary” link located under the Management header on the home page.
☐ Select “Printable view (PDF)” to create a document to save and/or print.

Step 13: View Your Supervisory Feedback

☐ At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
☐ An automatically generated e-mail will be sent stating that you have feedback available to view.
☐ Login to CALIPSO (step two)
☐ Select the desired “Class” and click “change.”
☐ Click “Supervisor feedback forms.”
☐ Click “View/Edit” in the far right column.

Step 14: Update Your Information

☐ Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
☐ Click “Update your information.”
☐ Make changes and click “save” and/or click “Edit licenses and certification.”
☐ Update information and upload supporting files and click “save” located at the bottom of the screen.

If you have ANY questions, please do not hesitate to contact Mr. Vertz: svertz@nova.edu or 954-262-7735 or Mrs. Kyrimes: millerl@nova.edu or 954-262-7731.
Performance Rating Scale

1.0 Not Evident: The clinical behavior is not evident. Makes no apparent effort to modify. Is not aware of the need to change.

1.5

2.0 Inconsistent: Inconsistently demonstrates the clinical behavior. Efforts to modify may result in varying degrees of success

2.5

3.0 Adequate: Adequately implements the clinical skill/behavior. Modifications are generally successful.

3.5

4.0 Meets: Effectively implements the clinical skill/behavior. Frequently demonstrates independent and creative problem solving

4.5

5.0 Successful: Successfully demonstrates the clinical behavior creating maximal environment for therapeutic change.
CALIFORNIA Clinical Performance Evaluation Form

Score

Preparation, Information and Personal Qualities

- Understanding of patient's condition
- Degree of patient's cooperation
- Empathy
- Communication skills
- Professional appearance

Intervention

- Effective patient teaching
- Treatment administration
- Documentation
- Promptness
- Alertness
- Professional appearance

Evaluation

- Patient satisfaction
- Staff satisfaction
- Work efficiency
- Cost effectiveness

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TERMS OF AGREEMENT
BETWEEN STUDENT AND SUPERVISOR

Date: __________________________

Student Name and Address: ____________________________________________

___________________________________________

___________________________________________

Student Email Address: NSU email only! ____________________

Student N# __________________

Student Phone Numbers: H: ____________________________
C: ____________________________
W: ____________________________

Clinical Semester: (underline or circle one)

CP   CI   CII/DxII   Ext. I   Ext. II

Semester: Please underline or circle the semester and the year

Winter    Summer    Fall

Year: 2017  2018  2015  2019  2020

Supervisor Name: ________________________________

Supervisor E-mail: ________________________________

Facility Name & Address:

___________________________________________

___________________________________________

Phone Number: Facility: ____________________________

Other: ________________________________________
Please indicate the day(s) and times each week the student will be at the facility each week:

Monday: _____ Time: __________
Tuesday: _____ Time: __________
Wednesday: _____ Time: __________
Thursday: _____ Time: __________
Friday: _____ Time: __________
Saturday: _____ Time: __________
Start Date: ______________ End Date: __________

If the student will be absent, what is the preferred way for the student to let you know?

_____ Call the facility and leave a message at ________________
_____ Call the supervisor and leave a message at ________________
_____ Other (please specify) ____________________________

Special Instructions to the student, as applicable:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Supervisor Signature

Supervisor Print Name

Supervisor ASHA number

Supervisor State License Number

Student Signature

Student Print Name

It is the student's responsibility to scan and submit this form, along with a copy of supervisor's current ASHA card and state license to appropriate assignment areas with license to appropriate assignment area within the Clinic Lab or Externship course on Blackboard.
STUDENT ACKNOWLEDGEMENT FORM
Clinic I and Clinic II/Diagnostics II

You must read and sign this form before we will proceed with your distance clinic assignment.

This form along with the Terms of Agreement form is to be submitted to the assignment drop box along with the Terms of Agreement Form and copies of the supervisor’s ASHA card and State License.

1. I have read through the Policies and Procedures handbook and understand that I am bound by its contents during my clinic experience.

2. I understand that I am not allowed to alter the clinic arrangements as they have been made.

3. I understand that a request for a particular clinical assignment or even type of clinic experience may not be granted.

4. I understand that I must accept the clinical assignment I am given.

5. I understand that I am not permitted to make arrangements without the express consent of the faculty member I am working with.

6. I understand that I will have to do outside reading and research during my clinic assignment and that I am responsible for reading about and researching things I don’t know.

7. I understand that I must take responsibility for the experience I have during my clinical experience. If I am having problems, I need to seek solutions, and not blame others. If I am having problems, I will contact one or more of the designated faculty members in a timely manner to address problems.

8. I understand that I must be flexible in my schedule to meet the schedule of my supervisor. I will make arrangements with my workplace and family to meet this requirement.

YOUR SIGNATURE _______________________________ DATE ____________________________

Print Name ____________________________________________
SLP6005
DIAGNOSTIC PRACTICUM
INFORMATION AND
FORMS
Diagnostic Planning:

If students have access to patient files, previous reports or case history/intake form, they should read them carefully prior to planning for the diagnostic evaluations. Use the pre-diagnostic planning form to help plan the evaluations.

The student and supervisor will meet, to review the plan and make final decisions regarding tests, assignments and interview questions.

Diagnostic hours are earned only for direct participation in the evaluation. Students are NOT awarded diagnostic hours for observation of a diagnostic.

Evaluation Day:

Plan to arrive at the clinical placement a minimum of 30 minutes before the scheduled evaluation appointment time.

Students may wish to audio and visually record the diagnostic evaluation if they have the ability to do so at the clinical site. Remember that this is only permitted if the family has signed the appropriate release form.

Organize the testing room appropriately selected tests, toys, reinforcers for pediatric clients, and snacks/juice for oral-motor/feeding assessments. Do not use glass cups; remember to have plastic cups. Use rubber gloves during the oral-motor assessment. Have a penlight and stopwatch. Have a clipboard to hold test forms and organize paperwork. Begin the diagnostic only when the supervisor is ready and when check-in procedures and all necessary paperwork have been completed.

It is suggested all diagnostics consist of formal and informal testing addressing the areas of receptive, expressive, and pragmatic language, articulation/phonology, voice, fluency, behavioral observations, an oral peripheral examination, and audio-logical assessment. The evaluation will also include a parent/spouse/client interview.

The supervisor may or may not be in the testing room during the evaluation. Generally, students will be observed 80-100% of the time during a diagnostic session. Students and supervisors will decide the sequence of the tests and component parts of the evaluation.
Diagnostic Planning:

If students have access to patient files, previous reports or case history/intake form, they should read them carefully prior to planning for the diagnostic evaluations. Use the pre-diagnostic planning form to help plan the evaluations.

The student and supervisor will meet to review the plan and make final decisions regarding tests, assignments and interview questions.

Diagnostic hours are earned only for direct participation in the evaluation. Students are NOT awarded diagnostic hours for observation of a diagnostic.

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Students may wish to audio or video tape the diagnostic evaluation if they have the ability to do so at the clinical site. Remember that this only permitted if the family has signed the appropriate release form.

Organize the testing room appropriately with tests, appropriately toys, reinforces for pediatric clients, and snacks/juice for oral-motor/feeding assessments. Do not use glass cups; remember to have plastic cup. Use rubber gloves during the oral-motor assessment. Have a penlight and stopwatch. Have a clipboard to hold test forms and organize paperwork. Begin the diagnostic only when the supervisor is ready and when check-in procedures and all necessary paperwork have been completed.

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The supervisor may or may not be in the testing room during the evaluation. Generally, students will be observed 80-100% of the time during a diagnostic session. Students and supervisors will decide the sequence of the tests and component parts of the evaluation.
Students will need to learn and practice each test to be administered. Administer each test at least three times before you administer the test to the client. Try to practice the assessment with someone whose chronological age approaches that of the client. It is also a good idea to write notes in pencil on the test protocol to assist in test administration.

**Grading:**

Student grades for this diagnostic practicum will be based on the CALIPSO evaluation form (a copy of this evaluation form is included in this manual pages 63-65). Supervisors grade students on a variety of items related to performance, report writing, observation forms, screening ability, professional conduct, and lab assignment, as appropriate. Performance items and report writing are the most heavily weighted when calculating the overall grade. Students will receive a midterm grade and a final grade.

Diagnostic supervisors will meet with students individually midway through the semester to discuss their grade at midterm and to provide students with feedback on specific strengths, as well as, areas that may need improvement.

Students must earn a grade of 3.5 by the end of the semester in order to move on to the next clinical practicum course. Clinical hours are earned only when a passing grade is achieved. Students do not accumulate clinical hours if the grade received is below a B. Grades must be scanned and submitted to the assignments area within the Diagnostic II lab course on Blackboard.

**Suggestions for after Evaluation:**

1. If payment for the diagnostic needs to be made, follow the procedures at your clinical placement
2. Ask for a template or sample report to use for guidance.
**Suggestions for the Report:**

An outline of a communication evaluation report is provided. Unless otherwise stated by the supervisor, a complete, computer-generated report, including cover letters, is due to the supervisor exactly one week from the day and time of the evaluation. Reports should be double-spaced to leave room for corrections. Rough drafts should not be typed on letterhead. Include all copies of test forms as well as case history information when reports are submitted. Supervisors at distance clinical placements have the right to require different templates and time guidelines at the discretion of their clinical site preferences.

Subsequent rewrites are to be submitted to the supervisor within two days of receipt of supervisory input. All previous drafts should be submitted with submitted rewrite. This will assist the supervisor in assessing the student’s incorporation of supervisory feedback. Three points will be deducted from the grade for each day a report is late.
LOG NOTES
*This form may not be applicable to distance students

NAME: ____________________________________________

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PRE DIAGNOSTIC FORM

Student Name:

DOE:
Client:

List tests to be administered (next to each one state why you selected each test).

Describe non-standardized assessment and state a rationale. Define specific skills to be assessed (receptive/expressive language, oral-motor functioning).

List any research you did that is relevant to this case and state your source.

State significant information from previous reports/evaluations etc.

Questions to ask during client interview
Diagnostic Evaluation Report

NAME: D.O.B:
ADDRESS: D.O.E:
TELEPHONE: D.O.R:
PARENT NAME: DIAGNOSTIC CODE:
INFORMANT (IF NOT PARENT):
REFERRAL SOURCE:

REASON FOR REFERRAL:
Reason for referral: from parent/client point view

PERTINENT HISTORY: (omit irrelevant material)
Developmental/medical (pregnancy, birth, developmental milestones, diseases, accidents, operations, etc.).
Speech and language development
Social educational
Other significant factors from birth history
Family constellation
EVALUATION:

Audition:

Hearing acuity, audiological results

Auditory discrimination

Sequential auditory memory

LANGUAGE:

Include formal and informal results and clinical observations of language comprehension and formulation. Comment on morphological/syntactical (form), semantic (content), and pragmatic (use) components of language.

SPEECH:

Oral peripheral examination

Voice (pitch, resonance, loudness, quality, vocal efficiency)

Fluency and rate

Articulation/phonology (formal and informal results) – include estimate of intelligibility and stimulability potential.

Other significant factors (i.e., noteworthy physical or behavioral characteristics, cooperation level, parent-child interaction, play behavior, etc.)

CLINICAL IMPRESSIONS AND DIAGNOSIS:

This section must be a succinct analysis and synthesis of the preceding sections. This information must be an integration of the history, observation and test findings. Include areas of strength as well as weakness.

Include statements on: (a) outstanding features of hearing, language and speech behaviors; (b) the estimated severity of the disorder; (c) the possible precipitating and maintaining causes of the speech/language disorder; and the prognosis for improvement.
**RECOMMENDATIONS:** these should be listed as follows:

1. Need for therapy; (include whether or not therapy is indicated at this time or whether a reevaluation should be scheduled at a later date)

2. Suggested number and length of sessions (include whether individual or group)

3. Suggestions for a treatment program – in therapy, at school and at home

4. Suggestions for additional hearing/language/speech testing

5. Recommendations for ancillary services (i.e., medical, psychological, social, etc.)

6. Special recommendations (parent counseling, client counseling, clinician attending off-campus IEP meeting, anything unique to the case).

7. Client’s name should be placed i.e., “tickler file” if a follow-up appointment is recommended.

______________________________  ______________________________
Graduate Student Clinician’s Name  Clinical Supervisor’s Name degree
Graduate Student Clinician  Title (Clinical Supervisor)

CSG/GSC/typist’s initials

cc: copies to other agencies (put down full name and address including zip)

Send progress reports and evaluations to all persons requested by client/family and for whom you have signed releases. (Make sure there is a “Release of Information” form signed by the parent/client releasing the report to any designee).
DIAGNOSTICS CHECKLIST

- Reviewed all pertinent records
- Observed child/adult in natural setting if possible
- Check out tests and practice administration in advance
- Discuss diagnostic plan with supervisor
- Have room set up appropriately
  - toys as appropriate
  - tests and manipulatives
  - clipboard
  - pen light
  - snack
  - digital recording devices
  - test forms
  - pen/pencils
  - reinforcers as appropriate
  - gloves
  - stop watch
  - tongue depressor
- Turned on video/audio tape (verify AV is functional before evaluation time)
- Informed supervisor client is ready
- Escorted client/family to billing office
- Complete identification information in ink on all test forms
- Cleaned room
- Disinfected toys and surfaces
- Scored all tests
- Returned all completed, scored tests to client’s file before leaving for the day
- Made copies of test forms as necessary assuring client’s confidentiality
- Made follow-up phone calls as necessary
- Made notes on log sheet throughout Dx process
- Completed report and rewrites as necessary and submitted to supervisor for signature
- Drafted Medicaid/Medicare Plan of Care if required.
SLP 6130, 6120 & 6110
EXTERNSHIP INFO
Externship

The pediatric and adult externships are full time experiences designed to give the student the competence and confidence to manage a full caseload and all of the responsibilities therein. The student’s schedule during an externship should be the same as the schedule of the SLP supervisor, and the responsibilities of the student extern should include the responsibilities across the full scope of practice of an SLP. A student extern is expected to have excellent attendance and professional skills, as well as a solid knowledge base for working within the externship setting.

It is helpful for the student and supervisor to sit down together at the beginning of the externship to discuss expectations for the semester. This discussion can include topics such as how and when the supervisor will provide feedback, how to keep track of clinical hours, when to meet for questions and feedback, and how to handle issues that arise on a day to day basis. It is appropriate to discuss professional dress, parking, and how to let the supervisor know of emergencies that may arise. Setting firm expectations at the beginning of the semester will reduce or eliminate problems that students and supervisors may experience.

The first week of the externship can be one of orientation, where the student extern observes the caseload, gets familiar with facility protocol, personnel and paperwork, and generally assists the SLP supervisor. Students may demonstrate the ability to review charts, and provide rationales for diagnostic and treatment decisions as they observe and learn about the caseload. It is reasonable to expect that the student will research areas needing further study and ask questions to facilitate their own learning and critical thinking. Toward the end of the first week the student and supervisor can plan for the student to take over some aspect of the caseload the next week. From the second week to the 6th week, the student slowly takes on more responsibility and works to improve clinical skills for that setting.

As the student works to become independent with the caseload, it is expected that the SLP supervisor will provide written and verbal feedback to identify strengths as well as areas in which the student can improve for the next session. Feedback may focus on the student’s specific clinical skills, interaction and personal qualities, or on documentation skills. Every aspect of the student’s performance should be open for discussion and improvement. Both supervisor and student will grow from learning to discuss strengths and weaknesses in an open and non-defensive manner. Students are expected to ask questions, and also to provide some of their own answers during supervisory meetings. This initial portion of the externship is more directive on the part of the supervisor, as the student learns to manage all of the aspects of the position.

By midterm, the student is expected to be managing the majority of the caseload with the guidance of the SLP supervisor. Students can be expected to understand how to assess, treat and document services for the general population at the facility. Complex or fragile cases, unusual case presentations, or otherwise difficult cases may still be
handled by the SLP supervisor. The supervisory relationship may become more collabor­
orative during the next part of the semester. The student's competence is growing and 
the supervisor is better able to rely on the student to make appropriate clinical decisions 
independently. Feedback and guidance are still needed; however the student and su­
pervisor can collaboratively share responsibility for discussion and for identifying 
strengths and weaknesses.

As the semester comes to a close, the student and supervisor may find themselves 
working side by side in a collegial relationship, with the supervisor functioning as a con­
sultant for the student as questions and problems arise. The student is now managing 
the majority of the caseload well, and the supervisor sees that the services provided by 
the student under his or her supervision meet the standards required by the profession.

Externship students and supervisors should refer to sections provided earlier in this 
manual with regard to dress code, attendance, and grading. Forms provided previously 
in this manual may be helpful for supervisor feedback, logging student clinical hours, 
student self-assessment of clinical skills, and remediation of areas identified as weak­
nesses for the student. Any issues or questions can be directed to the person who 
placed the student, the site visitor for the semester, or to Leslie Kyrimes, InterimClinic 
Director. Contact information is provided at the front of this manual.
ASHA CODE OF ETHICS, KNOWLEDGE AND SKILLS & STANDARDS
PREAMBLE

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

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

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

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

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

TERMINOLOGY


advertising – Any form of communication with the public about services, therapies, products, or publications.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

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

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

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

individuals – Members and/or certificate holders, including applicants for certification.

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

jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

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

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

**nolo contendere** – No contest.

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

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

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

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

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

**support personnel** – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

**telepractice, teletherapy** – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

**written** – Encompasses both electronic and hard-copy writings or communications.

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**PRINCIPLE OF ETHICS I**

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

**RULES OF ETHICS**

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

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

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

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

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

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

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

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

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

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

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

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

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

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

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

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

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

**PRINCIPLE OF ETHICS II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

**RULES OF ETHICS**

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

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

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.
G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

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

**PRINCIPLE OF ETHICS III**

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

**RULES OF ETHICS**

- **RULES OF ETHICS**

  - **A.** Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
  - **B.** Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
  - **C.** Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
  - **D.** Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
  - **E.** Individuals’ statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
  - **F.** Individuals’ statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
  - **G.** Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

**PRINCIPLE OF ETHICS IV**

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

**RULES OF ETHICS**

- **RULES OF ETHICS**

  - **A.** Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.
  - **B.** Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
C. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

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

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

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

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

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

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

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

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

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

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

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

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

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

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

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.
2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Questions on applying for the CCC-SLP? Consult the frequently asked questions for more information.

Effective Date: September 1, 2014
Revised Date: March 1, 2016

Introduction

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

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

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology are now in effect as of September 1, 2014. View the SLP Standards Crosswalk [PDF] for more specific information on how the standards have changed.

Citation

2016 Revisions

Revision 1: Implementation Language to Standard V-B (new paragraphs 3 and 4) – Expanded definition of supervised clinical experiences:

These experiences should allow students to:

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

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).
Revision 2: Implementation Language to Standard V-C (additions to paragraph 2) – Acceptance of Alternative Clinical Education for up to 20% (75 hours) of direct client hours:

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

Revision 3: Implementation Language to Standard VII (addition to paragraph 1) – Clinical Fellowship report due date:

Applicants whose Clinical Fellowship report is not reported to ASHA within 90 days after the 48-month timeframe will have their application closed.

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

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

Standard I: Degree

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

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

Standard II: Education Program

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

Implementation: If the graduate program of study is initiated and completed in a CAA-accredited program or in a program that held candidacy status for CAA accreditation, and if the program director or official designee verifies that all knowledge and skills required at the time of application have been met, approval of academic course work and practicum is automatic. Applicants eligible for automatic approval must submit an official graduate transcript or a letter from the registrar that verifies the date the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the National Office no later than 1 year from the date the application was received. Verification of the graduate degree is required of the applicant before the certificate is awarded.

Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.


Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

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

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

Academic advisors are strongly encouraged to enroll students in courses in the biological, physical, and the social/behavioral sciences in content areas that will assist students in acquiring the basic principles in social, cultural, cognitive, behavioral, physical, physiological, and anatomical areas useful to understanding the communication/linguistic sciences and disorders.

Standard IV-B

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

Standard IV-C

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

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

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

Standard IV-D

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

Standard IV-E

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

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

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

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

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

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

Standard V-B

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

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

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

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

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

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

These experiences should allow students to:

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

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

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

**Standard V-C**

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

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

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. It is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

**Standard V-D**

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

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

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

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Standard V-F

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

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

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship. It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds an active Certificate of Clinical Competence in Speech-Language Pathology. Should the certification status of the mentoring SLP change.
during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It, therefore, is incumbent on the CF to verify the mentoring SLP's status periodically throughout the Clinical Fellowship experience. A family member or individual related in any way to the Clinical Fellow may not serve as a mentoring SLP.

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

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

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

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

**Standard VII-B: Clinical Fellowship Mentorship**

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

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

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

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

On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC, and co-signed by the CF mentor, before the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

A CF mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in
that state; it is up to the CF mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.

**Standard VII-C: Clinical Fellowship Outcomes**

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

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

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

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

The CF mentor must submit the *Clinical Fellowship Report and Rating Form, which includes the Clinical Fellowship Skills Inventory (CFSI)*, as soon as the CF successfully completes the CF experience. This report must be signed by both the Clinical Fellow and mentoring SLP.

**Standard VIII: Maintenance of Certification**

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

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

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

If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.
Knowledge and Skills

Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision

Ad Hoc Committee on Supervision in Speech-Language Pathology

About this Document

This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). This knowledge and skills statement was developed by the Ad Hoc Committee on Supervision. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

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Knowledge and Skills

This document accompanies ASHA's policy documents Clinical Supervision in Speech-Language Pathology: Position Statement and Technical Report (ASHA, 2008a, 2008b). ASHA's position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process. The role of supervisor may include administrative responsibilities in some settings, and, should this be the case, the supervisor will have two major responsibilities: clinical teaching and program management tasks. However, the knowledge and skills addressed in this document are focused on the essential elements of being a clinical educator in any service delivery setting with students, clinical fellows, and professionals.

Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement and
knowledge and skills documents on that topic (ASHA, 2002, 2004a, 2004b).

ASHA's technical report on clinical supervision in speech-language pathology (2008b) cites Jean Anderson's (1988) definition of supervision:

Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)

The ASHA technical report (2008b) adds the following elements to the above definition:

Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)

This expanded definition was used as a basis for the following knowledge and skills statements.

Developing Knowledge and Skills

All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

The following 11 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor.

I. Preparation for the Supervisory Experience

A. Knowledge Required

1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee.

2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.

3. Understand the value of different observation formats to benefit supervisee growth and development.

4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
5. Understand the basic principles and dynamics of effective collaboration.

6. Be familiar with data collection methods and tools for analysis of clinical behaviors.

7. Understand types and uses of technology and their application in supervision.

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**B. Skills Required**

1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.

2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.

3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served.

4. Adapt or develop observational formats that facilitate objective data collection.

5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.

6. Model effective collaboration and communication skills in interdisciplinary teams.

7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth.

8. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

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**II. Interpersonal Communication and the Supervisor-Supervisee Relationship**

**A. Knowledge Required**

1. Understand the basic principles and dynamics of effective interpersonal communication.

2. Understand different learning styles and how to work most effectively with each style in the supervisory relationship.

3. Understand how differences in age, gender, culture, social roles, and self-concept can present challenges to effective interpersonal communication.

4. Understand the importance of effective listening skills.

5. Understand differences in communication styles, including cultural/linguistic, generational, and gender differences, and how this may have an impact on the working relationship with the supervisee.

6. Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors.

7. Understand key principles of conflict resolution.
B. Skills Required

1. Demonstrate the use of effective interpersonal skills.

2. Facilitate the supervisee's use of interpersonal communication skills that will maximize communication effectiveness.

3. Recognize and accommodate differences in learning styles as part of the supervisory process.

4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).

5. Recognize and accommodate differences in communication styles.

6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).

7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.

8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.

9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).

10. Use appropriate conflict resolution strategies.

III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills

A. Knowledge Required

1. Understand methods of collecting data to analyze the clinical and supervisory processes.

2. Understand how data can be used to facilitate change in client, clinician, and/or supervisory behaviors.

3. Understand how communication style influences the supervisee's development of critical thinking and problem-solving skills.

4. Understand the use of self-evaluation to promote supervisee growth.

B. Skills Required

1. Assist the supervisee in using a variety of data collection procedures.
2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.

3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.

4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.

5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.

IV. Development of the Supervisee's Clinical Competence in Assessment

A. Knowledge Required

1. Understand and demonstrate best practices, including the application of current research in speech-language pathology, for assessing clients with specific communication and swallowing disorders.

2. Understand principles and techniques for establishing an effective client–clinician relationship.

3. Understand assessment tools and techniques specific to the clients served.

4. Understand the principles of counseling when providing assessment results.

5. Understand and demonstrate alternative assessment procedures for linguistically diverse clients, including the use of interpreters and culture brokers.

B. Skills Required

1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.

2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client–clinician relationship.

3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.

4. Assist the supervisee in providing rationales for the selected procedures.

5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.

6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.

7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.
V. Development of the Supervisee's Clinical Competence in Intervention

A. Knowledge Required

1. Understand best practices, including the application of current research in speech-language pathology, for developing a treatment plan for and providing intervention to clients with specific communication and swallowing disorders.

2. Be familiar with intervention materials, procedures, and techniques that are evidence based.

3. Be familiar with methods of data collection to analyze client behaviors and performance.

4. Understand the role of counseling in the therapeutic process.

5. Know when and how to identify and use resources for intervention with linguistically diverse clients.

B. Skills Required

1. Assist the supervisee in developing and prioritizing appropriate treatment goals.

2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.

3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.

4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.

5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.

6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.

7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.

VI. Supervisory Conferences or Meetings of Clinical Teaching Teams

A. Knowledge Required

1. Understand the importance of scheduling regular supervisory conferences and/or team meetings.

2. Understand the use of supervisory conferences to address salient issues relevant to the professional growth of both the supervisor and the supervisee.
3. Understand the need to involve the supervisee in jointly establishing the conference agenda (e.g., purpose, content, timing, and rationale).

4. Understand how to facilitate a joint discussion of clinical or supervisory issues.

5. Understand the characteristics of constructive feedback and the strategies for providing such feedback.

6. Understand the importance of data collection and analysis for evaluating the effectiveness of conferences and/or team meetings.

7. Demonstrate collaborative behaviors when functioning as part of a service delivery team.

B. Skills Required

1. Regularly schedule supervisory conferences and/or team meetings.

2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.

3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.

4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee's active participation in the conference.

5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.

6. Provide feedback that is descriptive and objective rather than evaluative.

7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.

8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional

A. Knowledge Required

1. Recognize the significance of the supervisory role in clinical accountability to the clients served and to the growth of the supervisee.

2. Understand the evaluation process as a collaborative activity and facilitate the involvement of the supervisee in this process.

3. Understand the purposes and use of evaluation tools to measure the clinical and professional growth of the supervisee.

4. Understand the differences between subjective and objective aspects of evaluation.

5. Understand strategies that foster self-evaluation.
**B. Skills Required**

1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.

2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.

3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills.

4. Provide verbal and written feedback that is descriptive and objective in a timely manner.

5. Assist the supervisee in describing and measuring his or her own progress and achievement.

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**VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)**

**A. Knowledge Required**

1. Understand how differences (e.g., race, culture, gender, age) may influence learning and behavioral styles and how to adjust supervisory style to meet the supervisee's needs.

2. Understand the role culture plays in the way individuals interact with those in positions of authority.

3. Consider cross-cultural differences in determining appropriate feedback mechanisms and modes.

4. Understand impact of assimilation and/or acculturation processes on a person's behavioral response style.

5. Understand impact of culture and language differences on clinician interactions with clients and/or family members.

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**B. Skills Required**

1. Create a learning and work environment that uses the strengths and expertise of all participants.

2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.

3. Apply culturally appropriate methods for providing feedback to supervisees.

4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.

5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from
diverse backgrounds.

IX. The Development and Maintenance of Clinical and Supervisory Documentation

A. Knowledge Required

1. Understand the value of accurate and timely documentation.

2. Understand effective record-keeping systems and practices for clinically related interactions.

3. Understand current regulatory requirements for clinical documentation in different settings (e.g., health care, schools).

4. Be familiar with documentation formats used in different settings.

B. Skills Required

1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.

2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).

3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).

X. Ethical, Regulatory, and Legal Requirements

A. Knowledge Required

1. Understand current standards for student supervision (Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2004).

2. Understand current standards for mentoring clinical fellows (Council for Clinical Certification in Audiology and Speech-Language Pathology, 2005).

3. Understand current ASHA Code of Ethics rules, particularly regarding supervision, competence, delegation, representation of credentials, and interprofessional and intraprofessional relationships.

4. Understand current state licensure board requirements for supervision.

5. Understand state, national, and setting-specific requirements for confidentiality and privacy, billing, and documentation policies.
B. Skills Required

1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.

2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.

3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.

4. Assist the supervisee in conforming with standards and regulations for professional conduct.

5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.

XI. Principles of Mentoring

A. Knowledge Required

1. Understand the similarities and differences between supervision and mentoring.

2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage).

3. Understand how to facilitate the professional and personal growth of supervisees.

4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling.

B. Skills Required

1. Model professional and personal behaviors necessary for maintenance and life-long development of professional competency.

2. Foster a mutually trusting relationship with the supervisee.

3. Communicate in a manner that provides support and encouragement.

4. Provide professional growth opportunities to the supervisee.

References


**Index terms:** supervision


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