

NSU

Florida

Dr. Pallavi Patel College
of Health Care Sciences

**NOVA SOUTHEASTERN
UNIVERSITY**

Policies and Procedures Manual for Clinical Practicum

**Master of Science in Speech-Language Pathology
(MS-SLP) Program**

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Nova Southeastern University Mission Statement

The mission of Nova Southeastern University, a selective, doctoral research university is to deliver academic programs in a dynamic, lifelong learning and research environment fostering integrity, academic excellence, leadership, intellectual inquiry, leadership, and community service through engaged students, faculty, and staff.

Master 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 educators/supervisors with information and guidance regarding the policies and procedures for the sequence of clinical practicum courses in the Master of Science in Speech-Language Pathology (MS-SLP) program. It is the responsibility of each student and clinical educator/supervisor to be familiar with this manual and to seek further clarification about any issue that remains unclear after reading this information.

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

American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics]. Available from: www.asha.org/policy.

Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology. ASHA. <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>

American Speech-Language-Hearing Association. (2008). Knowledge and skills needed by Speech-Language Pathologists providing clinical supervision [Knowledge and Skills]. Available from: <https://www.asha.org/policy/ks2008-00294/>

**** [Highly Recommended Resource]** American Speech-Language-Hearing Association. (n.d.). *Clinical Education and Supervision*. (Practice Portal). Retrieved month, day, year, from www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/. “The scope of this Practice Portal page is the clinical education and supervision of graduate students in audiology and speech-language pathology in university and off-site settings. Many of the principles included in this page also apply to the mentoring and supervision of speech-language pathology clinical fellows and professionals transitioning to a new area of practice, as well as to the supervision of support personnel.”

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 (MS-SLP) at Nova Southeastern University is accredited by the Council on Academic Accreditation (CA) 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, no disqualifying 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

Welcome to the clinical practicum portion of our program. We know students are well prepared for this experience, from their many classes and prior lab experiences. We also know that clinical educators/supervisors are here to assist students in their clinical development. Students will receive their clinical assignments from the clinic director and faculty designees and/or the faculty placement coordinators from the program. Students will attend their assigned placement each week of the semester in which they are enrolled. The Master of Science in Speech-Language Pathology (MS-SLP) program runs on a three-semester calendar, each semester lasting 14-17 weeks. Any modifications to the clinical schedule are to be approved by the program clinic director, clinic director designee, or associate director. Students are required to accumulate a minimum of 60 clinical clock hours in each clinical site, plus the additional hours needed to earn the 375 total direct contact hours required. It is common for students to earn more than 375 hours by the end of the program to earn the required hours and experiences across all disorder areas, age groups, and populations. The Clinic I, Clinic II, and DX II and externship courses each include a lab class, which meets approximately one hour per week to help develop skills and clarify information. Attendance in lab classes is mandatory.

Students will be expected to develop clinical skills needed for professional record keeping. This includes items such as therapy plans, single session notes (e.g., SOAP, SBAR), evaluation reports and progress reports. It is required that the students be closely supervised during their evaluation and treatment sessions and engage in weekly conferences with their clinical educators/supervisors. ASHA standards for observation of diagnostic and treatment sessions must be followed. Students are expected to provide direct evaluation and treatment services throughout the semester.

This manual is intended to provide information and guidance for our clinical community of on-campus and off-campus students and clinical educators/supervisors to ensure consistency in clinical practicum experiences. If there are any questions or concerns, please contact Leslie J. Kyrimis, Clinic Director, at 800-986-3223 ext. 27731 or leslie.kyrimis@nova.edu.

Thank you for the opportunity to work together in a mutual and rewarding professional partnership.

GENERAL INFORMATION

While a student is completing the coursework required to begin supervised clinical practicum, the student submits the Application for Clinical Placement into the Practicum Documentation folder within their individual CALIPSO account. This application must be submitted two semesters before the start of clinical experiences. Should any change of address occur, a new application is expected to be submitted and an email communication be shared with the clinic coordinator. If already assigned, an email should also be sent to the student's faculty placement coordinator.

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. The clinic I, II, and diagnostics II semesters are considered part-time. Students should expect to spend a minimum of twelve to sixteen hours per week at their assigned clinical site, for every week of the semester when they are enrolled. Students should plan 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 externship are full time; therefore, students cannot maintain other employment during these two semesters.

****It is the student's responsibility to notify his or her 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 an issue is resolved.**

Students are paired with clinical facilitators prior to site placements to engage in dialogue regarding upcoming clinical assignments. At that time, students may share preferences or interests. Every effort will be made to acquire preferred placements. However, placements do require overall approval by the program to ensure adherence to the program calendar and clinical educator/supervisor guidelines. In addition, an approved legal affiliation agreement must be completed prior to the start of the semester. Furthermore, students are required to complete all on-boarding procedures of the clinical site (e.g., background checks, vaccinations). Under no circumstance are students to independently contact sites without direct approval by their facilitator. To avoid a conflict of interest or commitment, students may not use his or her own current or previous site of employment as a clinical rotation for credit. Students are required to disclose any such conflicts of interest. Failure to comply with these policies may result in a notice of unprofessional behavior or a referral to the Committee on Student Progress (CSP). 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, Council for Clinical Certification, and the NSU MS-SLP program. Students must complete 375 hours of supervised direct client/patient contact. These supervised practicum hours will include experiences with clients/patients across the age range of the population, types of speech language problems, severities, and with clients/patients from culturally and linguistically diverse backgrounds. It is for this reason that students are assigned to a minimum of three different distinct 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 working with different populations and disorder areas are met.

The following courses are prerequisite courses/requirements for the Clinical Lab I class and must be successfully completed at least one semester prior to taking the class.

Course Number and Name

SLP 6011- Language and Learning Disorders in School-Age Children and Adolescents

SLP 6012- Communication Disorders in Infancy through Preschool Ages

SLP 6020- Language Disorders in Adults

SLP 6060- Speech Sound Disorders

SLP 6070- Research Methods

SLP 6015 - Clinical Processes

*Confirmation of 25 guided observation hours is approved within CALIPSO.

*****Except for CAPSTONE & electives, all program curricula must be completed prior to starting externship 1.**

CLINICAL ASSIGNMENTS

Students will receive their clinical assignments prior to or during week one of a given semester. The schedule you provide to your supervisor reflects your availability for the entire semester. The more availability you have, the higher the likelihood that you will have a more varied experience. All efforts are made to assign distance students to clinical sites within 50 miles from student homes. However, should a placement be acquired beyond 50 miles students are expected to commute to sites as assigned. **Once assigned, failure to contact sites within three days or as instructed may result in not having a clinical placement and therefore cause a delay in completing the program. Furthermore, a notice of unprofessional behavior (NUB) or a referral to the committee for student progress will occur.

Clinical Practicum I

The Clinic I experience is campus-based for all students within 50 miles of the Davie SLP Clinic. Students will spend a minimum of 12 to 16 hours per week at their assigned clinical site, for every week of the semester when they are enrolled in Clinic I practicum. Additional time outside of the 12 to 16 hours may be necessary to complete clinical tasks and assignments. During the allotted on-site hours students will plan and provide direct treatment with the remaining time devoted to clinical educator/supervisor/supervisee meetings, documentation, planning, and observation. Students are closely supervised by faculty clinical educators/supervisors or by on-site supervisors working at the assigned facility. Students are expected to develop lesson plans, implement treatment based on current research, submit documentation as required, perform self-reflections, and actively participate in the supervisory process. A mandatory one credit Clinic Lab I course helps guide the students through the process. The emphasis in this course is on clinical procedures, learning to make clinical decisions and moving along the supervisory continuum towards independence.

Clinical Practicum II

Students will spend a minimum of 12 - 16 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. Students are expected to develop lesson plans, implement treatment based on current research, submit documentation as required, perform self-reflections, and participate in the supervisory process. A mandatory 1 credit Clinic Lab II course helps guide the students through the process. The emphasis in this course is on the student continuing to move along the supervisory continuum toward independence in clinical problem solving.

Diagnostic II

The Diagnostics II course requires additional hours beyond those scheduled for clinic practicum II. Enrollment in diagnostics II means participating in direct assessment experiences each 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. A mandatory Diagnostics II lab class helps students review and present different types of cases, develop diagnostic skills, and improve clinical writing.

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 will be maintained for every week of the semester. Furthermore, students should expect to spend additional time as appropriate for planning, preparation, and documentation. The externship is a one credit course. Each student completes one pediatric and one adult externship to demonstrate clinical experience and proficiency across a variety of ages and disorder areas.

Externship II

Students who completed 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 completed 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. Each externship is a 1 credit course.

Students must earn a 3.5 or higher in each clinical course 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 informed 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 referred to CSP and receives a grade of "F" 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. Graduate student clinicians and clinical educators/supervisors should have a scheduled weekly meeting time with their supervisor to review documentation, discuss student development, and client progress. Graduate students are asked to always introduce themselves to others as graduate student clinician from Nova Southeastern University. Please remember 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 to 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 this experience you may have an opportunity to interact with other professionals through IPE and IPP. Use this opportunity to be a collaborative and active participant in a professional team. Remember that students represent Nova Southeastern University, and that all actions reflect upon the University and the Master of Science in Speech-Language Pathology (MS-SLP) program.

Dress Code:

The following constitutes acceptable and professional attire for SLP students when on campus and attending college and program events. White clinical jackets are not required but can be purchased by students through the NSU bookstore. If the student chooses to purchase and wear a white clinical jacket, the jacket must include embroidery and the college SLP patch. Shirts, slacks, professional business dress (slacks, pants, or skirts with blouses, or dresses), and appropriate shoes are acceptable, as well as program polo shirts. Matching scrub sets and tennis shoes can be worn. Students may not wear the following when participating in clinical assignments, working in the SLP building, and attending classes): shorts or cutoffs, miniskirts (higher than just above the knee), jeans (all colors), see-through clothing or halter tops, sandals, flip-flops, T-shirts (as the outer shirt), jogging or exercise clothing, inappropriately mismatched garments, hats, or caps (except of a religious nature).

For all off-campus practicum experiences, review and follow the dress-code for that site. Those failing to comply may be dismissed from the classroom, campus, or off-campus site.

Jewelry, Body Piercings, and Tattoos:

Only appropriate jewelry for professional business attire is permitted. Visible body jewelry, such as rings for the nose, eyebrows, lip, chin, cheek, or tongue, is not permitted. Tattoos must be covered by clothing.

Universal Precautions and Safety:

Remember to not leave clients unattended at any time. Wash your hands thoroughly before and after working with clients. Students should be instructed on the Universal Precautions, safety and emergency procedures of 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 before the final 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 "PR" (grade in progress) in the clinical course.

Grading:

Our program uses 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 as an addendum in this manual. The grading form is based on a five-point scale, with a score for each graded item ranging from 0-5, allowing for .25 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. Clinical educators/supervisors may use the items listed on the grading form as strengths and goals for development, or they may generate comments based on their own feedback to the student. The number grade corresponds with a letter grade as per the current grading scale found on the course syllabi, CALIPSO, and shared with the students.

After the mid-term grade, it is the student's responsibility to develop a commitment documentation form which is an action plan to show how students will address areas of improvement noted throughout the grading form. The student and supervisor should then discuss the student's growth as the semester continues.

Remediation Plan:

If a student earns an overall average of 3.0 or below at midterm, a remediation plan is needed. In addition, a remediation plan is required when an individual clinical skill item falls below an average of 3.0. A remediation plan should be generated by the student and site supervisor, with guidance by the lab instructor as needed. Your lab instructor can provide samples of remediation plans, and/or assist with development of new ones. **All remediation plans are to be uploaded to the Practicum Documentation folder in CALIPSO.**

Site supervisors and students should contact the lab instructor 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. A remediation plan consists of a list of the items that require remediation, specific tasks the student must complete 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:

Skill	Remediation Plan	Initiation Date	Date Completed
<p>Improve ability to translate and interpret information into a clear, Comprehensive DX report</p>	<p>Provide additional opportunities for students to generate reports from given information. Encourage students to proofread for clarity and conciseness. Student will provide rationale for inclusion of information.</p>		
<p>Improve ability to utilize previous therapy session and/or diagnostic report to improve goal-writing skills.</p>	<p>Students will analyze treatment sessions 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. The student should also interpret diagnostic report and utilize that information to consider the next step for client progress. This should then be interpreted into clear and concise goals for treatment</p>		

Confidentiality:

- Students are expected to adhere to the rules of professional confidentiality as stated in the ASHA Code of Ethics (Principle I, Rule O).
- Students are expected to follow HIPAA guidelines as outlined in the HIPAA training in privacy and security that was completed during the first term of the program, then reaffirmed during subsequent HIPAA refresher trainings and 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.
- 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.
- Students in school placements must adhere to FERPA guidelines.

Clinical Module Clock Hours:

Clinical clock hours earned during the semester are to be recorded on an on-going basis. A hard copy recording system, the Clinical Hours Log Form, in this manual, 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 supervisor goes into CALIPSO to approve the hours. ****Only direct client contact hours are to be recorded in CALIPSO. Planning, paperwork, clinical documentation time does not count.**

Site Visits:

Each student in an off-campus placement will have virtual site visits during clinic I, as needed for clinic II/diagnostics II, and then again when enrolled in externship I and II. The purpose of the site visit is to make sure all is going well with the student's progress, to check the experience hours the student has earned to date, and to answer any questions from the supervisor or the student related experience and or the paperwork.

We also want to take this opportunity to thank supervisors personally for working with the students during their education at NSU.

The student's portfolio review may occur during the site visit or as a separate meeting. 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.

SOME WORDS OF ADVICE TO STUDENTS 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 clinical site.
- Do not be afraid to ask questions appropriately.
- Know what to expect from clients of 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 the Nova Southeastern University Master of Science in Speech-Language Pathology (MS-SLP) program shall.

1. Read and learn the information presented in this **NSU MS-SLP Program Policies and Procedures for Clinical Practicum Manual**.
2. Attend all required lab courses and meetings scheduled.
3. Follow the procedures and guidelines established by the clinical supervisors and the clinical practicum site. Adhere to the schedule for every week of the semester.
4. For off-campus clinical sites, students must contact the site clinical education coordinators and or supervisors within three days or **as instructed** by the faculty placer to schedule initial interviews for placement. In addition, students must complete all onboarding requirements for sites. This may include additional background checks and immunization protocol which can take weeks or months in advance.
5. Commit to making your graduate work and clinical practicum a priority. You are required to have a bare minimum of 375 clinical contact hours for graduation and ASHA certification. At least 250 hours must be in face-to-face experiences. This takes time, energy, and a lot of work. You are required to have an expansive set of diverse experiences (e.g. IPP/IPE, pedi/adult, dx, tx) across the areas of disorder and age range of the population.
6. Abide by the Code of Ethics of the American Speech-Language-Hearing Association.
7. Maintain client and facility confidentiality.
8. Complete all paperwork and record-keeping requirements of the clinical facility in an accurate and timely manner. Maintain records of ASHA clinical practicum hours.
9. Participate in professional activities such as staff meetings, conferences, grand rounds, etc. as requested by the clinical supervisor.
10. Establish and maintain harmonious professional relationships with staff members as well as with clients and their families.
11. Communicate on a regular basis with the university faculty. Do not wait until problems arise.

RESPONSIBILITIES OF THE SUPERVISOR

All supervisor responsibilities include, but are not limited to, the following:

1. Clinical educators/supervisors are expected to follow ASHA guidelines for supervision of clinical practicum students.
2. Clinical educators/supervisors provide direct supervision as needed to ensure client welfare and must be based on student level of learning. It is common for supervision to begin at 100%. The percentage of direct supervision is typically reduced to 75%, 50%, and 25% as the graduate student clinician demonstrates competence. As per ASHA guidelines, direct supervision requires a minimum of 25% for all client/patient contact. Direct observation and supervision must meet or exceed the ASHA standards for client welfare and clinical education.
3. Conduct a minimum of one 30-minute supervisory conference or its equivalent with the student per week. Provide ongoing verbal feedback regarding clinical and professional performance and learning. Provide written feedback regarding clinical and interpersonal skills no less than one time 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. Affirm knowledge of 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. Promote an open-learning 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 Master of Science in Speech-Language Pathology (MS-SLP) program. Clinical educators 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. Comply with established timelines. Participate in clinical site visits.
9. Maintain ongoing contact with faculty contacts throughout the semester, providing information regarding student performance and progress.
10. Supervisors should orient students to patient situations and clinical behaviors which will ensure a safe and productive clinical experience.

ELIGIBILITY REQUIREMENTS FOR CLINICAL PRACTICUM SUPERVISORS

1. On and off-Campus Clinical Supervisors must hold:
 - A Master's or Doctorate degree
 - A current American Speech-Language-Hearing Association Certificate of Clinical Competence
 - State licensure or its equivalent
 - Have completed 2 CE hours in clinical education, 1 CE hour in Ethics, and **“Beginning with certificate holders in the January 1, 2023–December 31, 2025 maintenance interval: 2 hours must be in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion (DEI).”**
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 and documentation of completed CE hours.

Note: Both ASHA Certification and the State License to practice must be active and valid throughout the clinical practicum period. Supervisors must have completed the CE hours in clinical education prior to supervising students.

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.

SLP 6101 & 6102
CLINICAL PRACTICUM 1 & 2
INFORMATION

Review of Patient Records:

Students must be prepared to review patient records of clients as soon as possible upon beginning the placement. Taking notes on pertinent information, in a de-identified manner, is a good idea.

Remember that any hard copy files may never be removed from the clinical facility because of client confidentiality and privacy issues. Be aware of client confidentiality relative to patient records, faxes, e-mail, and oral discussion. All graduate students should follow the guidance of their clinical site for HIPAA/FERPA compliance.

Documentation:

Patient records and accountability procedures vary according to the clinical site. Students are to become familiar with the documentation 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. Discuss treatment plans, progress notes, and other required documentation with the supervisor at your initial interview. Students should receive feedback regarding their writing and record keeping skills throughout the semester.

Self- Reflection 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 the student able to discuss the things that are done well and those that need to improve? Did the student notice that the 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 recording or reviewing a session from memory. A self-reflection assignment will be completed twice during the semester. Further discussion of the self-reflection 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.
- Observation and collaboration with inter-professional team members as applicable for caseload.
- 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 student should discuss the research and develop a completion timeline that pairs with the semester clinic timeline. 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 form's purpose is to assist in planning strategies to address the areas of further development identified. Further discussion of this process will be included in the clinic lab class.

Evaluations and Grading:

Grading Scale:

This is the grading scale for all practicum courses (Clinic Lab I, Clinic Lab II, Diagnostics II, Externship I, and Externship II). All clinical grading is based on the specific outlined Likert scale denoted in this P&P manual and CALIPSO.

Mid-Term Scale

4.2 - 5.0 = A
3.9 - 4.19 = A-
3.6 - 3.89 = B+
3.3 - 3.59 = B
3.0 - 3.29 = B-
2.5 - 2.99 = C
2.0 - 2.49 = C-
Below a 2.0 = F

At Mid-term a grade below a 3.0 requires a remediation plan. Students who do not achieve an overall average of 3.0 or better or fall below an average of 3.0 on the KASA items within the CALIPSO grade form at midterm are required to successfully complete a remediation plan. Students are responsible for developing a remediation plan with guidance from their direct supervisor. Refer to this clinic P&P Manual as needed for further guidance. Students must immediately contact the instructor once grades are available. Remediation plans are to be uploaded into the practicum documents folder within CALIPSO. Students who do not submit remediation assignments within the required time frame will be referred to CSP.

Final Grade Scale

4.5 - 5.0 = A
4.20 - 4.49 = A-
3.90 - 4.19 = B+
3.7 - 3.89 = B
3.5 - 3.69 = B-
3.0 - 3.49 = C+
2.5 - 2.99 = C
2.0 - 2.49 = C-
Below a 2.0 = F

At final a 3.49 is an earned grade of C+ and no clinical hours are earned. Should a student leave or be asked to leave a site for any reason a grade of F is earned as the course grade and the student is referred to CSP. The PCHCS student manual should be referenced for further information.

STUDENT NAME: _____

SEMESTER: _____

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 nonverbal 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.

NSU Speech-Language Pathology Clinic

Self-Reflection Session

Student: _____ **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. 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 (Verbal and Nonverbal)
- b. Client Management (use of behavioral management techniques)
- c. Therapy (appropriateness of goals, therapy procedures, cueing 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 (Verbal and Nonverbal)
- b. Client Management (use of behavioral management techniques)
- c. Therapy (appropriateness of goals, therapy procedures, cueing techniques, materials)
- d. Any changes you would make to increase your clinical effectiveness. Include how you will implement these changes using measurable behavioral terms.

PEER SUPERVISION CRITIQUE

GRADUATE CLINICIAN NAME: _____

NAME OF PEERS: _____

GROUP SUPERVISION DATE: _____

Please answer the following questions:

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

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

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

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

5. List at least 5 things learned from this peer group supervision experience.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

6. Describe any changes during therapy you could make based on 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 America 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 listed below.

1. Only direct client contact time may be counted as clinical practicum hours. Time spent writing lesson plans, scoring tests, transcribing language samples, preparing activities, receiving in-service training, and writing reports may not be counted.
2. 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 assessment during treatment is to be considered treatment.
3. 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).
4. Time spent in multidisciplinary staffing, educational appraisal, and review, or in meeting with professional persons regarding diagnosis and treatment of a given client may not be counted. Conference time with clinical supervisors may not be counted.
5. 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 languages 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.

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 procedure 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. Refer clients/patients for appropriate services.
- G. Refer clients/patients for appropriate services.

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 and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
- 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 evaluation.
- 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 related 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. Supervisors of

clinical experiences 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 recommends **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.**

CALIPSO INSTRUCTIONS FOR STUDENTS

<https://www.calipsoclient.com/nova>

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, be sure to enter your "school" email address and record your password in a secure location. Click "Register Account".
- Please note: **PIN number are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days have elapsed since receiving the registration e-mail.
- Try Google Chrome as that browser has had most success.

Step 2: Login to CALIPSO

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

Step 3: Enter Contact Information

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

Step 4: View Immunization and Compliance Records

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

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on "Student Information" and then "Clinical Placement" to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create".
- **Upload a file** by pressing the "Browse" button, selecting a file, completing the requested fields, and clicking "upload". The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing "public" for supervisor and 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 "Clock hours" link located on the lobby page or the "Student Information" link then "Clock hours".
- Click on the "Daily clock hours" link located within the blue stripe.
- Click on the "Add new daily clock hour" 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 "Clock hour 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 clock hours" 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 "Clock hour saved" message.

- To **view/edit** daily clock hours, click on the "Daily clock hours" 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 clock hours" 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 clock hours 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 email requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the "Clock hour list" link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking "Clock hours 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 be posted to this link.
www.calipsoclient.com/nova/supervisor_feedback
- 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 ability for all clinical competencies listed on the form.

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 at 954-262-7735), Mrs. Vixama: svixama@nova.edu at 954-262-7720, or Mrs. Kyrimes:

Leslie.Kyrimes@nova.edu or 954-262-7731.

CALIPSO Instructions for Clinical Supervisors

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, complete the requested information again 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 "Clock hours" 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 the 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 email 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 "clock hour 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 percentage (%) 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 email 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 the clinic coordinator, Mrs. Samantha Vixama: svixama@nova.edu at 954-262-7720, or the clinic director Mrs. Leslie J. Kyrimes: Leslie.Kyrimes@nova.edu or 954-262-7731.

Performance Rating Scale

Our program uses 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 as an addendum in this manual. The grading form is based on a five-point scale, with a score for each graded item ranging from 0-5, allowing for .25 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. Clinical educators/supervisors may use the items listed on the grading form as strengths and goals for development, or they may generate comments based on their own feedback to the student. The number grade corresponds with a letter grade as per the current grading scale found on the course syllabi, CALIPSO, and shared with the students.

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

1.25 1.5 1.75

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

2.25 2.5 2.75

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

3.25 3.5 3.75

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

4.25 4.5 4.75

5.0 Successful: Successfully demonstrates the clinical behavior creating maximal environment for therapeutic change.

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 as a survey (Survey Monkey) 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.

Student Signature

Date

STUDENT ACKNOWLEDGEMENT FORM - Externship I/Externship II

Read all of the following statements presented here and select from the presented choices.

1. I have made the selection to opt-in for my given practicum rotation for the semester.
2. By selecting to opt-in I acknowledge that the standards and rigor of clinical experiences such as simulation and telepractice are evidenced based method alternatives. In addition, I understand that the absence of physical contact makes these clinical learning experiences different. For example, being on one side of a computer screen and saying to a patient or caregiver, “get a tissue for yourself” versus being able to hand a patient or caregiver a tissue, evokes different physical feelings and emotions to a clinician. **NOTE - The NSU SLP CAA/CFCC requires a BARE MINIMUM of 250 direct in-person contact hours to meet eligibility for degree conferral. It’s imperative to accurately document experience types in CALIPSO (i.e., there are selections to indicate telepractice versus in-person services).
3. All policies and procedures as outlined by the SLP clinic P&P manual as well as the PCHCS student manual shall be adhered to by all those registered for the selected semester practicum courses.
4. Being registered in practicum for this semester means completing the entire established term across all clinical practicum assignments. Reaching a bare minimal amount of hours is not the target nor acceptable for obtaining an earned grade and correlated credit hour for the applicable practicum course for which I’m registered.
5. If I am an externship II student, I acknowledge that to be eligible for degree conferral I must meet the bare minimum of 375 direct contact clock hours. Additionally, a bare minimum of 10 hours within the areas of hearing, and the areas of speech and language, both diagnostic and treatment for adult and pediatric populations should be achieved. This may require additional time or supplementary experiences beyond the given site placement and extend past the defined semester.
6. I understand that expectations for full time practicum experience means following the schedule of the site and supervisor and as needed other supervisors to achieve the maximum number of opportunities and experiences deemed necessary. Yes, by protocol FT requires a bare minimum of 32 hours. It is not acceptable to state or arrange for only 32 hours regardless of how many earned hours you currently have.
7. I understand that I must be flexible with scheduling and that I am expected to participate as assigned. I will plan as appropriate to align with the expected practicum participation (e.g., that I will participate from a place that aligns with HIPAA guidelines as well as with best practice methods of telepractice and synchronous pre-brief/debrief and supervisor meetings).
8. I have read through the Policies and Procedures handbook and understand that I am bound by its contents during this semester practicum experiences.
9. I understand that I must accept the clinical assignments I am given. I understand that I am not allowed to alter the clinic arrangements as they have been made (e.g., switch with a peer).
10. I understand that I am not permitted to make or change arrangements without the express consent of the faculty member I am working with or designated practicum instructor/clinic director.
11. I understand that I will have to do outside reading and research throughout the length of my practicum assignments and that I am responsible for reading about and researching things I don’t know.
12. I have reviewed, signed, and submitted the NSU Covid 19 Acknowledgment Form into CALIPSO. 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.

I acknowledge that I have read, understand, and will adhere to the information presented. I acknowledge that failure to do so would be considered a violation of the NSU SLP and CHCS Clinic Policies & Procedures and that citations for such would be applicable.

I do not understand and will therefore contact my practicum lab instructor, or the clinic director as needed.

**SLP 6005 DIAGNOSTIC II
PRACTICUM INFORMATION**

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 can 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 audiological 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.

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). 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 Canvas.

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:

Unless otherwise stated by the supervisor, a complete, computer-generated report, including cover letters, is due to the supervisor 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.

**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 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 to 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 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 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 collaborative during the second half 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 supervisor 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 consultant 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 regarding dress code, attendance, and grading. Forms provided in the addendum of this manual may be helpful for supervisor feedback, logging student clinical hours, student self-assessment of clinical skills, and remediation of areas identified as weaknesses for the student. Any issues or questions can be directed to the faculty member who placed the student, the faculty site visitor for the semester, the practicum course instructor, or to Leslie Kyrimes, Clinic Director. Contact information is provided on the specific semester clinic timeline and at the front of this manual.

GENERAL FORMS
APPENDIX

SAMPLE

CLINIC TIMELINE

All students are responsible for reviewing a copy of the timeline and for PROVIDING a copy to supervisor(s). If a site placement is approved to start later than NSU's semester dates (e.g., schools which begin after Labor Day or the SLP supervisor is on vacation and can't start with a graduate student clinician (GSC) until "week 2"), it is expected that a shift will occur as appropriate to this timeline. GSCs will have a later end date. For example, December 22nd rather than December 8th). Please don't hesitate to contact the practicum placement faculty member who coordinated the affiliation agreement OR the faculty course professor for clarification or assistance.

All students are responsible for providing/reviewing a copy of the timeline to your supervisor(s).

- Week (1) of August 21st Finalization of placements and schedules. Email, plan, and schedule initial meetings with supervisors. **Develop established schedule for caseloads, meet with supervisors, and participate in any assigned trainings.**
Complete the survey monkey poll links as applicable (i.e., Student Acknowledgment Forms & Practicum Information Poll).
- Week (2) of August 28th All GSCs begin direct contact experiences [Griffin] (e.g., sessions to establish rapport and baseline/pre-test objectives).
- Week (3) of September 4th **Mon. 09/04 - NSU Closed–Labor Day.**
All GSCs should be participating in their scheduled practicum placement with assigned caseloads as per the given site. All GSCs should be completing clinical writing for the given site placement assignment. This may include; written lesson plans, agendas, SOAPs, progress reports and/or any other written documentation done at the facility or as per your practicum assignment. (Consult with individual supervisor for guidance and as needed practicum instructors or the clinic director). **** Clinic II students are expected to demonstrate a higher level of clinical competencies across these areas.**
- Week (4) of September 11th All graduate student clinicians (GSCs) follow their individual clinical site placement schedules. GSCs should be engaged in planning, preparing, and providing provision of direct treatment and assessment services.
- Weeks (5/6) Sept 18th &
Sept 25th Remember to be explicit in demonstrating your knowledge
base through research and your incorporation of the
evidence-based practice which is driving your clinical thinking for assessment and
treatment.
Submit Research 1 the week of September 25th.
- Point of Interest *Sunday Oct 1st – Oct 6th Puerto Rico Mission Trip
- Week (7) of October 2nd All GSCs should continue with your clinic schedule to develop experiences.
Submit Self-Reflection 1 the week of October 02nd.

Week (8) of October 9th Based on the clinical performance from weeks 1 – 7, the supervisor completes the mid-term evaluation grade form in CALIPSO, meets, and reviews the mid-term grade with the clinician. **The grade must be finalized with a review of the numeric grades and specific narrative feedback to the graduate student clinician. Finalized submitted MID-TERM GRADES for F '23 are due no later than Friday, October 13th**

Note: **Assignments:** As noted above, GSCs are expected to complete on-going research and self-reflection throughout their clinical experiences. In addition, **GSCs in Clinic Lab I and Clinic Lab II** are to complete written self-analysis as well as research assignments. Those are expected to be completed during the semester (i.e., please reference the Clinic P&P manual and follow the guidance of lab practicum professors and your supervisors). Both assignments should be discussed with supervisors to determine format.

Clinic Lab I and II GSCs: The self-analysis form in the P&P manual may be modified at the discretion of the supervisor. Research assignments are encouraged to contain two parts; **1.** Complete a review of literature based on a clinical question or questions regarding treatment for patients on the assigned caseload. (The deliverable of such could be a mini-paper, a series of annotated bibliographies, or utilize the research template as a guide). This is at the discretion of the supervisor. **2.** Applications of research (e.g., utilize a specific treatment technique found within the literature or complete a project such as creating resources for teachers, parents, or other health care professionals which shares tips to promote communication for children/adults with articulation, fluency, language, cognitive or AAC needs). Formal assignments are submitted to the distance practicum supervisor. In addition, students should, as applicable, complete any corresponding discussion board posts within your CANVAS course.

Week (9) of October 16th Within one week of mid-term grade feedback Clinic Lab I and II GSCs complete the Commitment Documentation form. This is submitted and discussed with your on-site supervisor and submitted to the assignment drop box in your CANVAS course. **All GSCs (Clinic I, II, complete remediation plans as applicable. Earned scores below a 3.0 in clinical competency areas warrant the need for a remediation plan.**

Week (10) of October 23rd All graduate student clinicians (GSCs) follow their own individual clinical site placement schedules. GSCs should be engaged in planning, preparing, and providing provision of direct treatment and assessment services. **All GSCs are expected to coordinate and adhere to the calendars/schedules of outside practicum sites.**

Week (11) Oct. 30th Each practicum student should be demonstrating development across all areas of clinical skill competencies. Work action plans from your commitment documentation and remediation plans as applicable.

Week (12) November 06th All graduate student clinicians (GSCs) follow their own individual clinical site placement schedules. GSCs should be engaged in planning, preparing, and providing provision of direct treatment and assessment services. **Submit Research 2 the week of November 06th.**

Week (13) November 13th **Submit Self-Reflection 2 the week of November 13th.**

Point of Interest **ASHA Conference Boston, MA November 16 – 19.

Week (14) November 20th **SLP Academic Calendar – Reading/Study Week –**
No classes. All GSCs are expected to coordinate and adhere to the
calendars/schedules of outside practicum sites. Thanksgiving Holiday 11/23 & 11/24 -
NSU Closed

Week (15) November 27th Continue with your clinic schedule to develop experiences
and earn hours.

Week (16) December 04th **Final grade feedback.** Based on the clinical performance from weeks 7 – 15 supervisor
completes the final performance evaluation grade form in CALIPSO, meets, and provides
feedback to graduate student clinicians. Finalization of all clinic paperwork should occur
this week. **Students are expected to provide direct services this week as deemed
necessary (e.g., to foster transitions) **as well as attend their scheduled final evaluation**
meetings, closing events, and to wrap up all paperwork with their respective
supervisors.

Friday, December 08th

Finalized grades due and approval of hours completed by supervisors in CALIPSO.

REMINDER:

All graduate student clinician candidates are required to complete their clinical placement
for at least all the weeks as per the program calendar semester dates. **Additional time**
may also be needed for individual circumstances. **These adaptations must involve**
coordination with the clinical site and an appropriate program designee (e.g., the
clinic course instructor and clinic director). **This is considered part of the**
professional clinical growth process and if deemed necessary would be required.

Candidacy for ASHA requires a multitude of clinical education experiences, across the age-range of the population, across
the “BIG NINE” areas of disorder, be inclusive of IPP/IPE, be across culturally & linguistically diverse experiences, and
involve areas of assessment and treatment. **Each semester may have additional community based clinical experience**
opportunities. For example, screenings to children and adults. It is expected that graduate student clinicians sign-
up to participate in as many experiences as possible throughout your master’s degree program.

ASHA/CALIPSO CLINIC HOURS MUST BE APPROVED BY ALL OF YOUR SUPERVISORS TO RECEIVE
CREDIT FOR CLINICAL HOURS OBTAINED. ALL PAPERWORK MUST BE COMPLETED BEFORE
SUPERVISORS WILL APPROVE HOURS. ALL PAPERWORK MUST BE COMPLETED BEFORE OFF-CAMPUS
EXTERNSHIP CAN BEGIN. STUDENTS WHO DO NOT RECEIVE A PASSING GRADE WILL NOT EARN
CLINIC HOURS.

SPEECH-LANGUAGE PATHOLOGY CLINIC
Therapy Session Plan

<u>CLIENT:</u>	<u>DATE:</u>	<u>CLINICIAN GOALS:</u>
<u>CLINICIAN:</u>	<u>DIAGNOSIS:</u>	
<u>SUPERVISOR:</u>		

OBJECTIVE/RATIONALES	MATERIALS USED	METHOD OF PRESENTATION	ASSESSMENT

STUDENT CLINICAL SCHEDULE

Circle one in each column:

Name: _____ Student Number: N _____

DX II Griffin
 Clinic I PB
 Clinic II KD

Email: _____ Phone Number: _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8:00						Languages spoken: _____
8:30						_____
9:00						_____
9:30						For Clinic II-Circle all exprncs you've had:
10:00						Pedi Artic
10:30						Pedi Language
						Pedi Pragmatics
11:00						A. Voice or P. Voice
11:30						A. Fluency or P. Fluency
12:00						Adult AAC or Pedi AAC
12:30						DX or TX Swallowing
1:00						Accent Modification
1:30						Adult Cog/CVA – Group
2:00						Or Individual
2:30						Check courses completed or indicate semester you are taking:
3:00						SSD _____
3:30						6011 _____
4:00						6012 _____
4:30						Voice _____
5:00						Cranio _____
5:30						AAC _____
						Autism _____
						LDA _____
						Fluency _____
						P/A Motor ___/___
						Multi _____
						Dysphagia _____
						Current Hours:
						Dx _____ Tx _____
						Scrngs S/L: _____
						Hearing: _____

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. **Graduate student clinicians in a specialized clinic such as a school setting, cranio-facial team, or feeding clinic should expect to be at a given site as per the given placement's calendar and to have a caseload of back-to-back individual or group sessions. In addition, one should expect to have additional clients at the Griffin SLP clinic. ANY NOTES SHOULD BE WRITTEN ON THE BACK.**

Student Signature _____ Date _____

SUPERVISOR'S FEEDBACK FORM (SAMPLE)

Clinician's Name: _____ **Session Identifier:** _____

Supervisor: _____ **Date(s):** _____

Length of Session: _____ **Minutes** **Time Observed:** _____ **Minutes**

COMMUNICATION SKILLS – VERBAL AND WRITTEN
PROFESSIONAL DEVELOPMENTS/SKILLS
ASSESSMENT
CLIENT MANAGEMENT
TREATMENT/THERAPY
ADDITIONAL COMMENTS:

Performance Evaluation

Evaluation has been finalized and cannot be edited. (Except by an admin.)

Supervisor: Kyrimes, Leslie Joy

*Student: Doe, Jane

*Site: Nova Southeastern University Clinic

*Evaluation Type: Midterm

*Semester: 2023 Fall

*Course number: SLP 6101 Clinical Lab I Practicum

*Patient population (check all that apply):

- Young Child (0-5)
- Child (6-17)
- Adult (18-64)
- Older adult (65+)

* Severity of Disorders (check all that apply):

- Within Normal Limits
- Mild
- Moderate
- Severe

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [\[?\]](#)

- Audiologist
- Dentist
- Dietitian
- Family Member
- Interpreter
- Music/Creative Arts Therapist
- Nurse/Nurse Practitioner
- Occupational Therapist
- Pharmacist
- Physical Therapist

Cultural and Linguistic Variables (check all that apply when the variables for the client/patient differ from that of the student): [\[?\]](#)

- Age
- Bilingual/Multilingual
- d/Deaf and Hard of Hearing
- Disability
- Ethnicity
- Gender Expression
- Gender Identity
- National Origin
- Non-Verbal Language
- Race

7. Demonstrates knowledge of communication and swallowing disorders and differences (CFCC IV-C) [?]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Interprets, integrates, and synthesizes all information to develop diagnoses (CFCC V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Interprets, integrates, and synthesizes all information to make appropriate recommendations for intervention (CFCC V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Completes administrative and reporting functions necessary to support evaluation (CFCC V-B, 1f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Refers clients/patients for appropriate services (CFCC V-B, 1g) [?]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									
Comments:									

Save

Treatment Skills	Speech Sound Production [?]	Fluency [?]	Voice [?]	Language [?]	Hearing [?]	Swallowing [?]	Cognition [?]	Social Aspects [?]	Communication Modalities [?]
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops setting-appropriate intervention plans with measurable and achievable goals that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process (CFCC IV-D, V-B, 2a)	<input type="text" value="4.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements intervention plans that involve clients/patients and relevant others in the intervention process (CFCC V-B, 2b)	<input type="text" value="4.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects or develops and uses appropriate materials and instrumentation (CFCC V-B, 2c)	<input type="text" value="4.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Measures and evaluates clients'/patients' performance and progress (CFCC V-B, 2d)	<input type="text" value="4.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (CFCC V-B, 2e)	<input type="text" value="4.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Completes administrative and reporting functions necessary to support intervention (CFCC V-B, 2f)	<input type="text" value="4.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Identifies and refers patients for services as appropriate (CFCC V-B, 2g) [?]	<input type="text" value="4.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>28</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>7</u> Total number of points: <u>28</u> Section Average: <u>4</u>									
Comments:									

Save

Additional Clinical Skills	Score
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1. Sequences tasks to meet objectives	<input type="text"/>
2. Provides appropriate introduction/explanation of tasks	<input type="text"/>
3. Uses appropriate models, prompts or cues. Allows time for patient response.	<input type="text"/>
4. Demonstrates effective behavior management skills	<input type="text"/>
5. Practices diversity, equity and inclusion (CAA 3.4B)	<input type="text"/>
6. Addresses culture and language in service delivery that includes cultural humility, cultural responsiveness, and cultural competence (CAA 3.4B)	<input type="text"/>
7. Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process. (CAA 3.1.6B) [?]	<input type="text"/>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>	
Comments:	

Save

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B) [?]	<input type="text"/>
2. Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice (CFCC IV-F; CAA 3.1.1B Evidenced-Based Practice) [?]	<input type="text"/>
3. Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B) [?]	<input type="text"/>
4. Demonstrates knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice (CFCC IV-H)	<input type="text"/>
5. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others (CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B) [?]	<input type="text"/>
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B) [?]	<input type="text"/>
7. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B) [?]	<input type="text"/>
8. Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A) [?]	<input type="text"/>
9. Demonstrates skills in written communication sufficient for entry into professional practice (CFCC V-A) [?]	<input type="text"/>
10. Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B) [?]	<input type="text"/>
11. Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed (CAA 3.1.1B - Accountability)	<input type="text"/>
12. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B) [?]	<input type="text"/>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>	
Comments:	

Save

These skills are prerequisite to effective clinical performance. Is expected that these items will be demonstrated. For each item marked as "Not Met," a .10 will be deducted from the total score.

Met All	Not Met All	(NA) All	Met/Not Met
----------------	--------------------	-----------------	--------------------

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	1. Demonstrates openness and responsiveness to clinical supervision and suggestions
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2. Personal appearance is professional and appropriate for the clinical setting
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3. Displays organization and preparedness for all clinical sessions
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	4. Practices the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	5. Differentiates service delivery models based on practice sites (e.g., hospital, school, private practice) (CAA 3.1.1B - Accountability)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	6. Explains healthcare landscape and how to facilitate access to services in the healthcare sector (CAA 3.1.1B - Accountability)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	7. Explains educational landscape and how to facilitate access to services in the educational sector (CAA 3.1.1B - Accountability)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	8. Identifies and acknowledges the impact of both implicit and explicit bias in clinical service delivery and actively explores individual biases and how they relate to clinical services (CAA 3.4B)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	9. Identifies and acknowledges the impact of how their own set of cultural and linguistic variables affects clients/patients/students' care (CAA 3.4B) [?]
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	10. Identifies and acknowledges the impact cultural and linguistic variables of the individual served may have on delivery of effective care (CAA 3.4B) [?]
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	11. Identifies and acknowledges the interaction of cultural and linguistic variables between caregivers and the individual served (CAA 3.4B) [?]
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	12. Identifies and acknowledges the social determinants of health and environmental factors for individuals served and how these determinants relate to clinical services (CAA 3.4B) [?]
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	13. Identifies and acknowledges the impact of multiple languages. Explores approaches to address bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities. (CAA 3.4B)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	14. Recognizes that cultural and linguistic diversity exists among various groups (including d/Deaf and hard of hearing individuals) and fosters the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs (CAA 3.4B)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	15. Engages in self-assessment to improve effectiveness in the delivery of clinical services (CAA 3.1.6B)

Save

Strengths:

Improvements since last evaluation if applicable:

Opportunities for growth:

Recommendations for continued growth:

Total points (all sections included): 28 Adjustment: 0.0
 divided by total number of items 7
 Evaluation score: 4
 Letter grade B+

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical educator/supervisor and that I have mentored/educated the above-named student.

*Clinical educator/supervisor name: *Date completed:

Final submission (if this box is checked, no more changes will be allowed!)

TERMS OF AGREEMENT BETWEEN STUDENT AND SUPERVISOR

Date: _____

STUDENT INFORMATION

Name: _____

Address: _____

NSU Email: _____

Student N#: _____

Home #: _____

Cell #: _____

Work #: _____

Clinical Semester: (Check the appropriate box)

Clinic I Clinic 11/Diagnostics II Externship I Externship II 2

For Externs Only (Check Appropriate Box)

Adult Pedi (Non-School) Pedi School

Semester: (Check the appropriate box).

Winter Summer Fall

Year: 2024 2025 2026 2027 2028

SUPERVISOR INFORMATION

Supervisor Name: _____

Supervisor Phone: _____

Supervisor E-Mail: _____

Facility Name: _____

Facility Address: _____

Facility Number: _____

Other: _____

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

Day	Date	Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
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 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 into the Practicum Documentation Folder within CALIPSO documents. In addition, complete the assigned survey monkey polls with copies of supervisor's current ASHA card, state licensure, and copies of completed CE requirements for supervision (i.e., 2 hours of CE in clinical education, 1 hour of CE in ethics, and 2 hours of CE in DEI).

Supervisor Feedback Form

* Supervisor:

* Site:

* Semester:

1. Provided an orientation to the facility and caseload.

N/A

No orientation provided. Student oriented him/herself.

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.

Comments were useful, specific, and constructive.

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.

Comments were useful, specific, and constructive.

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.

Comments were useful, specific, and constructive.

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.

Comments were useful, specific, and constructive.

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.

Comments were useful, specific, and constructive.

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. Supervisor was occasionally available. Supervisor was always available.

17. Utilized effective organizational and management skills.

- N/A Rarely organized; showed difficulty balancing supervisory and clinical responsibilities. Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty. Always organized; balanced supervisory and clinical responsibilities with ease.

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

- N/A Provided minimal or no additional resources. Provided helpful resources upon student request. Provided helpful resources without student request.

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. Expectations were generally appropriate for my level of experience. Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall, how would you rate this clinical experience?

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity

Student Evaluation of Clinical Placement

Site: Semester:

Using the following scale, rate your agreement: N/A 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

OVERALL

This practicum experience met my training goals and interests
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

This practicum experience met expectations regarding clinical population, workload, and documentation
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

The site furthered my efforts to achieve my professional goals
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

There were opportunities to discuss the process of ethical decision making
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Evidence-based clinical practice was utilized
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

In general, I felt welcomed at this site
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

I felt prepared to meet the challenges and expectations of this practicum site
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

I would recommend that this site be used for future practicum placements
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Training and orientation
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Physical facilities and work space
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Equipment and materials to engage in effective service delivery
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Administrative/clerical support
 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:

Diagnostic experiences

1 Strongly Disagree 2 Disagree

3 Neutral 4 Agree

5 Strongly Agree

Treatment

1 Strongly Disagree 2 Disagree

3 Neutral 4 Agree

5 Strongly Agree

Client and family interactions

1 Strongly Disagree 2 Disagree

3 Neutral 4 Agree

5 Strongly Agree

Interactions with other professionals

1 Strongly Disagree 2 Disagree

3 Neutral 4 Agree

5 Strongly Agree

Interactions with culturally and linguistically diversified populations

1 Strongly Disagree 2 Disagree

3 Neutral 4 Agree

5 Strongly Agree

PROVIDE COMMENTS ON THE FOLLOWING:

What were the strengths/positive aspects of this practicum site?

What might you suggest to strengthen the experience at this practicum site?

What advice would you give the next student placed at this site?

Save

**Master of Science in Speech-Language Pathology (MS-SLP) Program
Log of Clinical Practicum Clock Hours**

NAME: _____ N# _____ SEMESTER: _____

SPEECH HOURS										LANGUAGE HOURS								HEARING	
Pediatric or Adult	Date	Articulation		Fluency		Swallowing		Voice & Resonance		Rec/Exp. Language		Cognitive Commun.		Social Commun.		AAC/Modalities		Audiology Screen/AR	
		DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX		
_____ Total Pediatric Speech DX						_____ Total Adult Speech TX						_____ Total Adult Language TX							
_____ Total Pediatric Speech TX						_____ Total Pediatric Language DX						_____ Total Adult Language DX							
_____ Total Adult Speech DX						_____ Total Pediatric Language DX						_____ Total Hearing DX & TX							

***Daily or Weekly entries are to 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.**

Master of Science in Speech-Language Pathology (MS-SLP) Program Log of Clinical Practicum Clock Hours

NAME: _____

N# _____

SITE: _____

SUPERVISOR NAME: _____

SPEECH HOURS										LANGUAGE HOURS								HEARING		
Pediatric or Adult	Date	Articulation		Fluency		Swallowing		Voice & Resonance		Rec/Exp. Language		Cognitive Commun.		Social Commun.		AAC/Modalities		Audiology Screen/AR		
		DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX			
_____ Total Pediatric Speech DX					_____ Total Adult Speech TX					_____ Total Adult Language TX										
_____ Total Pediatric Speech TX					_____ Total Pediatric Language DX					_____ Total Adult Language DX										
_____ Total Adult Speech DX					_____ Total Pediatric Language DX					_____ Total Hearing DX & TX										

NAME: _____

N# _____

SITE: _____

SUPERVISOR NAME: _____

SPEECH HOURS										LANGUAGE HOURS								HEARING		
Pediatric or Adult	Date	Articulation		Fluency		Swallowing		Voice & Resonance		Rec/Exp. Language		Cognitive Commun.		Social Commun.		AAC/Modalities		Audiology Screen/AR		
		DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX			
_____ Total Pediatric Speech DX					_____ Total Adult Speech TX					_____ Total Adult Language TX										
_____ Total Pediatric Speech TX					_____ Total Pediatric Language DX					_____ Total Adult Language DX										
_____ Total Adult Speech DX					_____ Total Pediatric Language DX					_____ Total Hearing DX & TX										

Supervisor Signature: _____ ASHA #: _____ DATE: _____

*This form is to document hours that cannot be entered into CALIPSO.

**ASHA CODE OF ETHICS
KNOWLEDGE AND SKILLS &
STANDARDS**



ASHA
American
Speech-Language-Hearing
Association

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics]. Available from www.asha.org/policy/.

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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 to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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 ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

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

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.

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 age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, 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, 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 audiologist or speech-language pathologist.

- 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, 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 audiologist or speech- language pathologist.
- 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 legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations 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, including humane treatment of animals involved in 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 who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not

guarantee—directly or by implication—the results of any treatment or procedure.

- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- 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 legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall 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 shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- 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 such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for 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. ASHA 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 provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- 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 use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should 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

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- 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 intra-professional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral

source, or prescription prevents them from keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, products, or research results 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, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. 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.
- L. 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.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or

to inform the Board of Ethics through its [established procedures](#).

- O. 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.
- P. 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.
- Q. 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.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, 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 the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person

would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being 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 the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

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

written

Encompasses both electronic and hard-copy writings or communications.

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

Effective Date: January 1, 2020

Introduction

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

A [Practice and Curriculum Analysis of the Profession of Speech-Language Pathology](#) was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) went into effect on January 1, 2020. View the [SLP Standards Crosswalk](#) [PDF] for more specific information on how the standards have changed.

Contact certification@asha.org with general questions about certification standards or maintenance.

Revisions

August 2022—Effective January 1, 2023

- **Standard V** was updated to allow up to 125 hours of graduate student supervised clinical practicum to be completed via telepractice.
- **Standard VII** was updated to allow (a) up to 25% of required Clinical Fellowship (CF) experience direct contact hours to be completed via telepractice and (b) up to 3 hours of direct CF supervision per segment to be completed using telesupervision.

March 2022—Updates to Implementation Language

- **Standard IV-A** was reworded to provide better guidance to applicants in meeting the required prerequisite courses.
- **Standard IV-G** now includes cultural competency and diversity, equity, and inclusion.

- **Standard V-B** clarifies acceptable clinical experience for future clinical instructors, supervisors, and mentors.

September 2021—Effective January 1, 2022

- **Standard VIII** was updated to require that at least 2 of the 30 required Professional Development Hours (PDHs)—formerly known as Certification Maintenance Hours or CMHs—be earned each maintenance interval in the areas of cultural competency, cultural humility, culturally responsive practice, and/or diversity, equity, and inclusion.

Terminology

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

Cultural competence: The knowledge and skill needed to address language and culture; this knowledge and skill evolves over time and spans lifelong learning.

Cultural humility: A lifelong commitment to engaging in self-evaluation and self-critique and to remedying the power imbalance implicit to clinical interactions.

Culturally responsive practice: Responding to and serving individuals within the context of their cultural background—and the ability to learn from and relate respectfully with people of other cultures.

Direct care: Evaluation, treatment, or counseling completed in the presence of an individual and/or their caregivers.

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

Professional interactions: Refers to not only service delivery but to interactions with colleagues, students, audiology externs, interprofessional practice providers, and so forth.

Citation

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

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

- [Standard I—Degree](#)
- [Standard II—Education Program](#)

- [Standard III—Program of Study](#)
- [Standard IV—Knowledge Outcomes](#)
- [Standard V—Skills Outcomes](#)
- [Standard VI—Assessment](#)
- [Standard VII—Speech-Language Pathology Clinical Fellowship](#)
- [Standard VIII—Maintenance of Certification](#)

Standard I: Degree

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

Standard II: Education Program

All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.

Implementation: The applicant’s program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript that verifies the date on which the graduate degree was awarded. The official graduate transcript must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant’s graduate degree is required before the CCC-SLP can be awarded.

[Applicants educated outside the United States or its territories](#) must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

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

Implementation: Standalone coursework in (a) biological sciences, (b) chemistry or physics, (c) social/behavioral sciences, and (d) statistics that fulfill non-communication-sciences-and-disorders-specific university requirements. Refer to the list of [acceptable coursework](#) for further details and to the following for general guidance.

- Biological sciences coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science).
- Chemistry or physics coursework provides foundational knowledge in the areas below.
 - Chemistry: Substances and compounds composed of atoms and molecules, and their structure, properties, behavior, as well as the changes that occur during reactions with other compounds. This knowledge contributes to better acquisition and synthesis of the underlying processes of speech and hearing science.
 - Physics: Matter, energy, motion, and force. This knowledge contributes to better appreciation of the role of physics in everyday experiences and in today's society and technology.
- Social/behavioral sciences coursework provides knowledge in the analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.
- Statistics coursework focuses on learning from data and measuring, controlling, and communicating uncertainty. It provides the navigation essential for controlling the course of scientific and societal advances.

Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement.

Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in the CFCC's guidance for [acceptable coursework](#).

Standard IV-B

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

Standard IV-C

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

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

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

Standard IV-D

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

Standard IV-E

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

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current [*ASHA Code of Ethics*](#).

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues may include but are not limited to trends in professional practice; academic program accreditation standards; [ASHA practice policies and guidelines](#); cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures..

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on [students and professionals who speak English with accents and nonstandard dialects](#). In addition, the applicant

must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

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

1. Evaluation

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

2. Intervention

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

3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.**
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.**
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**
- d. Adhere to the ASHA [Code of Ethics](#) and behave professionally.**

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed

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

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

These experiences allow students to:

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

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

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

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) in order to count toward the student's ASHA certification requirements.

A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification.

Individuals who have been clinical educators may consider their experience as "clinical" if (a) they are working directly with clients/patients being assessed, treated, or counseled for speech, language, fluency, cognition, voice, or swallowing function/disorder, or providing case management, and (b) they are the client's/patient's or individual's recognized provider and as such are ultimately responsible for their care management. Individuals whose experience includes only classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count such experience as "clinical" unless it meets the criteria in (a) and (b).

Standard V-C

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

For Graduate Students Initiating Their Graduate Program On Or After January 1, 2023

Implementation: The guided 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 clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Applicants should be assigned practicum only after they have acquired a knowledge base sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Guided Clinical Observations

Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

- debriefing of a video recording
- discussion of therapy or evaluation procedures that had been observed
- debriefings of observations that meet course requirements
- written records of the observations

It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

On-Site and In-Person Graduate Supervised Clinical Practicum

A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.

Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Undergraduate Supervised Clinical Practicum

At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.

Clinical Simulations (CS)

At the discretion of the graduate program, up to 75 direct contact hours may be obtained through CS. Only the time spent in active engagement with CS may be counted. [CS may include the use of standardized patients and simulation technologies](#) (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Telepractice Graduate Supervised Clinical Practicum

At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant’s skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

Supervised Clinical Practicum Options	Required	Minimum Toward the 400 Hours	Maximum Toward the 400 Hours
Guided Clinical Observations	Yes	25	25
On-Site and In-Person Direct Contact Hours	Yes	250	No maximum
Undergraduate Hours	No	0	50

Clinical Simulations	No	0	75
Telepractice	No	0	125

For Graduate Students Who Initiated Their Graduate Program On Or Before December 31, 2022

Any students who began their graduate program at a CAA-accredited or CAA-candidate program on or before December 31, 2022, can use the guidelines below for the entirety of their graduate academic and clinical practicum experience. The amount of guided clinical observations, undergraduate hours, and CS are the same for all graduate students and are referenced above.

Telepractice with Telesupervision

- Students must complete a minimum of 125 hours of in-person supervised clinical practicum across the graduate program. The remaining hours may be achieved through telepractice deemed clinically appropriate by the graduate program.
- Multiple students may participate in the same telepractice session. Each participating student may count the full session in direct care with the patient/client/student/caregiver toward the completion of their clinical practicum. Program and clinic directors have the authority to determine how many students can appropriately take part in an online teletherapy session with one client, keeping quality patient care, safety, and optimal clinical education in mind.
- Clinical educators may supervise more than one telepractice session concurrently, provided they (a) are available to assist the graduate clinician 100% of the time for each session and (b) provide a minimum of 25% direct supervision of the total contact time with each client/patient similar to in-person supervision requirements.
- Programs must carefully consider which clients/patients are appropriate for telepractice. As always, programs must adhere to all local, state, and federal policies.
- In-person therapy visits: If there are two speech-language pathology graduate student clinicians who are actively engaged with one client/patient during a session, each student clinician may count the entire time spent with the client/patient toward their minimum supervised clinical practicum hours.

Standard V-D

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

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) [complete 2 hours of professional development/continuing education](#) in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

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

Standard V-F

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

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

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

Standard VII-A: Clinical Fellowship Experience

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

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

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

For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow's skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)

For CF experiences beginning on or before December 31, 2022: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the Clinical Fellow's skill level and the recipients of care, up to 100% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)

Similar to on-site, in-person care, the CF mentor must be available to assist as needed to meet the needs of the students/clients/patients/caregivers and to support the Clinical Fellow in providing safe and ethical care.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision.

Implementation: CF mentors for ASHA certification must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) [complete 2 hours of professional development/continuing education](#) in clinical instruction/supervision. The Clinical Fellow may not count any hours earned toward the CF experience until their mentor has met all supervisory requirements.

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

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

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

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = one (1) on-site observation; a maximum of six (6) on-site observations may be accrued in 1 day). At least six (6) on-site observations must be conducted during each third of the CF experience. Direct observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities.

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* include but are not limited to review of documentation written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be completed by correspondence, telephone, or review of video and/or audio tapes. At least six (6) other monitoring activities must be conducted during each third of the CF experience.

Use of Telesupervision for Mentorship

For mentorship of CF experiences beginning on or after January 1, 2023: At least six (6) direct care observations are required per segment. Of those, mentoring must include at least three (3) on-site and in-person. Of the remaining three (3) direct observations, optional use of real-time, interactive video and audio-conferencing technology (telesupervision) are permitted.

If the Clinical Fellow began their CF experience on or before December 31, 2022: Although the CFCC prefers that the six (6) direct observations per segment be completed on site and in person, use of virtual observation may be used in place of on-site, and in-person observations of Clinical Fellows by CF mentors. The use of real-time telesupervision may be used when the CF is providing teletherapy with remote students/clients/patients/caregivers or with in-person care.

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

The CF mentor must document and verify a Clinical Fellow's clinical skills using the [Clinical Fellowship Skills Inventory](#) (CFSI) as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

Standard VIII: Maintenance of Certification

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

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 professional development hours (PDHs) [formerly certification maintenance hours (CMHs)], which is equivalent to 3.0 ASHA continuing education units (CEUs). The PDHs [must include a minimum of 1 PDH \(or 0.1 ASHA CEU\) in ethics](#) and 2 PDHs (or 0.2 ASHA CEUs) in cultural competency, cultural humility, culturally responsive practice, or DEI during every [3-year certification maintenance interval](#). The ethics requirement began with the 2020–2022 maintenance interval and the cultural competency, cultural humility, culturally responsive practice, or DEI requirement begins with the 2023–2025 certification maintenance interval.

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

Accrual of PDHs, adherence to the ASHA [Code of Ethics](#), submission of certification maintenance compliance documentation, and payment of annual membership dues and/or certification fees are [required for maintenance of certification](#).

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

- [ASHA Certification](#)
- [How to Apply for Audiology Certification](#)
- [How to Apply for SLP Certification](#)
- [Certification Maintenance](#)
- [Praxis Exam](#)
- [Clinical Fellowship](#)

**** [Highly Recommended Resource]** American Speech-Language-Hearing Association. (n.d.). *Clinical Education and Supervision*. (Practice Portal). Retrieved June, 20, 2024, from www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/. “The scope of this Practice Portal page is the clinical education and supervision of graduate students in audiology and speech-language pathology in university and off-site settings. Many of the principles included in this page also apply to the mentoring and supervision of speech-language pathology clinical fellows and professionals transitioning to a new area of practice, as well as to the supervision of support personnel.”

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

Knowledge and Skills

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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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).

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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.

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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.

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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.

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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.

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Index terms: supervision

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