Communication Sciences and Disorders Department

Clinic Manual

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

Introduction

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

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

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

Terminology

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

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

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

Standard I: Degree

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

Standard II: Education Program

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

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

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

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

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

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

Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Chemistry and physics are important for the foundational understanding of the profession of speech-language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Standard IV-B

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

Standard IV-C

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

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

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

Standard IV-D

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

Standard IV-E

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

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

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

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

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

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

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

Standard V-B

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

1. Evaluation
   a. Conduct screening and prevention procedures, including prevention activities.
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral

observations, nonstandardized and standardized tests, and instrumental procedures.
d. Adapt evaluation procedures to meet the needs of individuals receiving services.
e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
f. Complete administrative and reporting functions necessary to support evaluation.
g. Refer clients/patients for appropriate services.

2. Intervention

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

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

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

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

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and

- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

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

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

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

Standard V-C

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

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

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

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

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of

standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

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

Standard V-D

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

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

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

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

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

Standard V-F

Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals

with various types and severities of communication and/or related disorders, differences, and disabilities.

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

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

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

Standard VII-A: Clinical Fellowship Experience

The CF must consist of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with

ASHA's current Scope of Practice in Speech-Language Pathology. The CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.

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

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

Standard VII-B: Clinical Fellowship Mentorship

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

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

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

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

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

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

include on-site, in-person observations; however, the use of real-time, interactive video and audio conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained.

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

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

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

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

Standard VIII: Maintenance of Certification

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

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during

every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

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

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

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

Effective Date: January 1, 2020

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

Introduction

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

A Practice and Curriculum Analysis of the Profession of Audiology was conducted in 2016 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

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

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

Standard I: Academic Qualifications

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

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

Applicants from non–CAA-accredited programs (e.g., PhD programs, internationally educated, etc.) with a doctoral degree and audiology coursework will have their application evaluated by the CFCC to determine substantial equivalence to a clinical doctoral degree program accredited by the CAA. Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations must be conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

Standard II: Knowledge and Skills Outcomes

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

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

Standard II-A: Foundations of Practice

Applicant has demonstrated knowledge of:

A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span

A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems

A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span

A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span

A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards

A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases

A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management

A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties

A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions

A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span

A11. Manual and visual communication systems and the use of interpreters/transliterators/translators

A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication

A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making

A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)

A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation

A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals

A17. Importance, value, and role of interprofessional communication and practice in patient care

A18. The role, scope of practice, and responsibilities of audiologists and other related professionals

A19. Health care, private practice, and educational service delivery systems

A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management

A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served

A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates

A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

Standard II-B: Prevention and Screening

Applicant has demonstrated knowledge of and skills in:

B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders

B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span

B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems

B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings

B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening

B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements

B7. Participating in occupational hearing conservation programs

B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span

B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation

B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function

B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication

B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)

B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate

B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

Standard II-C: Audiologic Evaluation

Applicant has demonstrated knowledge of and skills in:

C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors

C2. Obtaining a case history and client/patient narrative

C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function

C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system

C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life

C6. Providing assessment of tolerance problems to determine the presence of hyperacusis

C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function

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

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

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

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

C12. Selecting, performing, and interpreting otoacoustic emissions testing

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

C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography

(ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)

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

Applicant has demonstrated knowledge of:

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

C17. Posturography

C18. Rotary chair tests

C19. Video head impulse testing (vHIT)

Standard II-D: Counseling

Applicant has demonstrated knowledge of and skills in:

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

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

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

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

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

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

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

D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

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

Standard II-E: Audiologic Rehabilitation Across the Life Span

Applicant has demonstrated knowledge of and skills in:

E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures

E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues

E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship

E4. Providing assessments of family members' perception of and reactions to communication difficulties

E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning

E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options

E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties

E8. Selecting and fitting appropriate amplification devices and assistive technologies

E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics

E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards

E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance

E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices

E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately

E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices

E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options

E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients

E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit

E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations

E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments

E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)

E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication

E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder

E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations

E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances

E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)

E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)

E27. Providing intervention for central and peripheral vestibular deficits

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

Standard II-F: Pediatric Audiologic (Re)habilitation

Applicant has demonstrated knowledge of and skills in:

F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment

F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning

F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth

F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation

F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS

F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties

F8. Providing for intervention to ensure age/developmentally appropriate speech and language development

F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome

F10. Providing ongoing support for children by participating in IEP or IFSP processes

F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills

F12. Evaluating acoustics of classroom settings and providing recommendations for modifications

F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

Standard III: Verification of Knowledge and Skills

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

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

Clinical instructors and supervisors must have:

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

Clinical instruction and supervision within a doctoral program must:

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

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

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

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

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

Standard IV: Examination

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

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

Standard V: Maintenance of Certification

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

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

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

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

Effective Date: January 1, 2020

Speech-Language Pathology Pathway to Certification

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

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

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

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

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

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

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

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

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

Pro Tips:

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

For more information about certification, visit www.asha.org/certification
Email: certification@asha.org

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

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

1. Professional Practice Competencies
    a. Accountability
    b. Integrity
    c. Effective communication skills
    d. Clinical reasoning
    e. Evidence-based practice
    f. Concern for individual served
    g. Cultural competence
    h. Professional duty
    i. Collaborative practice

2. Foundations of Speech-Language Pathology Practice
    a. Discipline of human communication sciences and disorders
    b. Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases
    c. Ability to integrate information pertaining to normal and abnormal human development across the lifespan
    d. Nature of communication and swallowing processes to include knowledge of:
        - Etiology of the disorders or differences
        - Characteristics of the disorders or differences
        - Underlying anatomical and physiological characteristics of the disorders or differences
        - Acoustic characteristics of the disorders or differences (where applicable)
        - Psychological characteristics associated with the disorders or differences
        - Development nature of the disorders or differences
        - Linguistic characteristics of the disorders or differences (where applicable)
        - Cultural characteristics of the disorders or differences
    e. For the following elements:
        - Articulation
        - Fluency
        - Voice and resonance, including respiration and phonation
        - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
        - Hearing, including the impact on speech and language

- Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
- Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
- Social aspects of communication (e.g., behavioral and social skills affecting communication)
- Augmentative and alternative communication

3. Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences
   a. Principles and methods of identification of communication and swallowing disorders and differences
   b. Principles and methods of prevention of communication and swallowing disorders

4. Evaluation of Speech, Language, and Swallowing Disorders and Differences
   a. Articulation
   b. Fluency
   c. Voice and resonance, including respiration and phonation
   d. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
   e. Hearing, including the impact on speech and language
   f. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
   g. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
   h. Social aspects of communication (e.g., behavioral and social skills affecting communication)
   i. Augmentative and alternative communication needs

5. Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms
   a. Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment
   b. Intervention for disorders and differences of the following:
      - Articulation
      - Fluency
      - Voice and resonance, including respiration and phonation
      - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
      - Hearing, including the impact on speech and language
      - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
      - Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)
      - Social aspects of communication (e.g., behavioral and social skills affecting communication)

- Augmentative and alternative communication needs

6. General Knowledge and Skills Applicable to Professional Practice
   a. Ethical conduct
   b. Integration and application of knowledge of the interdependence of speech, language, and hearing
   c. Engagement in contemporary professional issues and advocacy
   d. Processes of clinical education and supervision
   e. Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist
   f. Interaction skills and personal qualities, including counseling and collaboration
   g. Self-evaluation of effectiveness of practice

Augustana College Mission and Goals

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

To accomplish this mission, Augustana sets as its goals:

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

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

Your Right to Education Free from Discrimination and Harassment

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

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

The Department of Communication Sciences and Disorders undergraduate degree program seeks to develop in every student an appreciation of the importance of communication in a person's sense of being and self-worth, and of the need to treat all individuals with dignity and respect. CSD majors complete a rigorous program of study that includes coursework, clinical

experiences, service learning, and research in preparation for graduate study and positions of ethical leadership and service in the community. CSD majors participate in departmental experiences that draw upon and further develop the habits of open mindedness, reflective inquiry, critical thinking, and independence that are central to the liberal arts. Academic and clinical faculty provide intentional and individualized teaching, mentoring, and advising that fosters a firm knowledge base, an emerging clinical competence, strong written and oral communication skills, and respectful interactions. Through study in CSD, students improve the quality of life for others and through this service lead committed lives.

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

1. Students will demonstrate an appreciation for the importance of communication to a person's quality of life.

2. Students will engage in ethical behavior by conducting themselves with academic and professional integrity.

3. Students will have a firm foundation in anatomical/physiological, physical/psychological, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, and hearing impairments in individuals across the lifespan.

4. Students will express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.

5. Students will acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, develop independence, and embrace life-long learning.

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

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

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

1. Students will have a firm foundation in anatomical/physiological, physical/psychophysical, linguistic/psycholinguistic, and cultural bases of communication, as well as the basic principles and procedures for identification and remediation of speech, language, swallowing, and hearing disorders in individuals across the lifespan.

2. Students will acquire the art and science skills needed to become highly competent clinicians who engage in evidence-based practice, actively participate in professional organizations, embrace lifelong learning, and develop independence.

3. Students will express themselves orally and in writing in a manner that is reflective, involves critical thinking, and is appropriate for personal, academic, and professional audiences.

4. Students will engage in ethical behavior by conducting themselves with academic and professional integrity and demonstrate an appreciation for the importance of communication to quality of life.

Augustana College Student Learning Outcomes

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

Intellectual Sophistication

Disciplinary Knowledge: Understand

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

Critical Thinking & Information Literacy: Analyze

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

Quantitative Literacy: Interpret

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

Interpersonal Maturity

Collaborative Leadership: Lead

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

Intercultural Competency: Relate

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

Communication Competency: Communicate

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

Intrapersonal Conviction

Creative Thinking: Create

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

Ethical Citizenship: Respond

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

Intellectual Curiosity: Wonder

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

Find online at https://www.augustana.edu/files/2017-01/student_learning_outcomes.pdf

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

SLP-500: Clinical Seminar 1

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

SLP-501: Clinical Practicum 1

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

SLP-502: Clinical Seminar 2

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

SLP-503: Clinical Practicum 2

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

clinical education and supervision; Professionalism; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

SLP-504: Clinical Seminar 3

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

SLP-505: Clinical Practicum 3

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

SLP-506: Clinical Seminar 4

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

SLP-507: Clinical Practicum 4

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

SLP-508: Externship—Pediatrics

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

SLP-509: Externship—Adult

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

Part Two: Policies & Procedures for Clinical Practicum in the Roseman Center for Speech, Language, and Hearing

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

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

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

Undergraduate Internships in the CSD Major

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

First and Sophomore Years

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

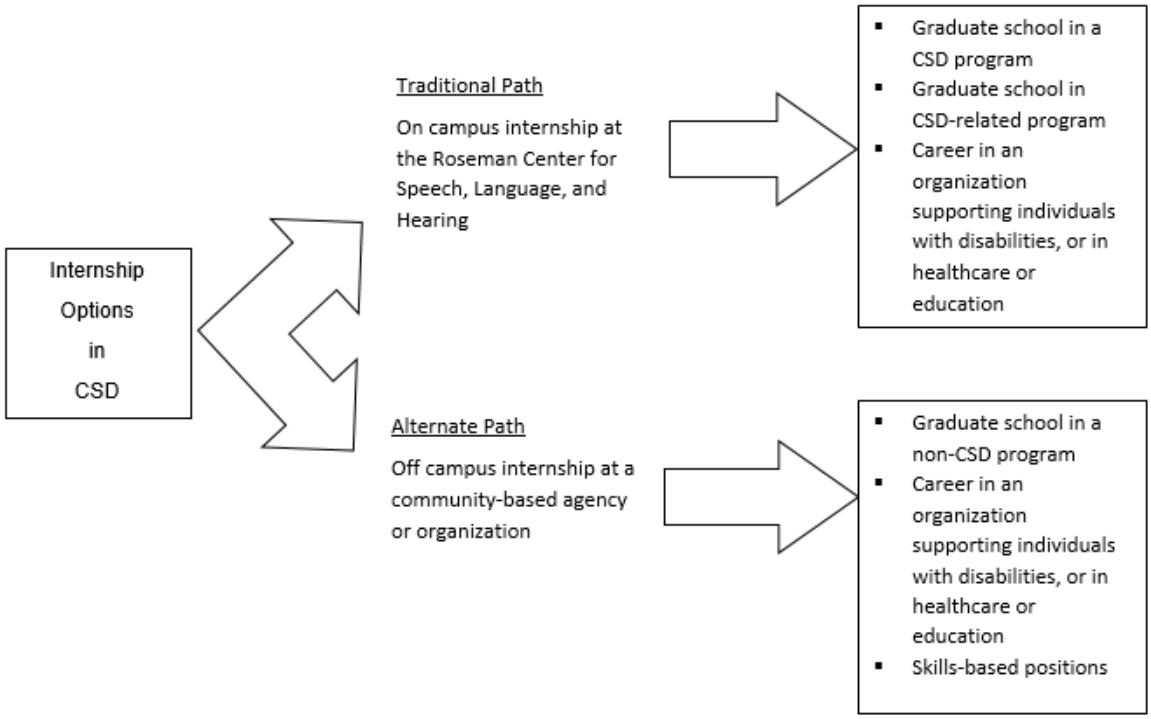
Junior Year

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

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

Senior Year

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



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

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

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

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

- 3.0 Cumulative Grade Point Average: Students must achieve a 3.0 cumulative GPA to enroll in clinical internship courses or graduate clinical seminars.
- Observation Hours: student clinicians must complete *25 observation hours beyond hours that are accrued as part of their Augustana CSD coursework.* Prospective student clinicians must turn in to the Center Director fully completed *RECORD OF UNDERGRADUATE SUPERVISED IN-PERSON OBSERVATION HOURS* and *OBSERVATION SUMMARY FORMS* for observations completed in person by the end of the fall semester of their junior year. Speech-language pathologists and audiologists whom are observed must hold the ASHA Certificate of Clinical Competence (CCC). Students are responsible for securing their own observation sites and also are responsible for meeting all related requirements that individual sites have (e.g., fingerprinting, reading about site-specific regulations, etc.). Student observers should dress and behave professionally at all observation sites. They should also be punctual and engaging and demonstrate strong communication skills.
  Note that students will receive credit for additional hours for observations completed as part of coursework.
- Blood Borne Pathogens Training: Prospective student clinicians must complete online blood borne pathogens training and pass a related quiz. The Clinic Coordinator will email each student a link to follow to complete this requirement.
- Background Check: Prior to week 1 of their first semester of clinical practicum, students must complete a background check by submitting payment and completing documents related to this requirement. The Clinic Coordinator will email each student a link to follow to complete this requirement. Students who have been convicted of felonies, who have violations that relate to children, or who have a record that would prevent them from securing professional licensure for speech-language pathology or audiology practice in the State of Illinois will not be allowed to complete a clinical internship.
- Safe Interactions with Children: Prospective clinicians must annually complete online Everfi safe interactions with children training and pass a related quiz. The Clinic Coordinator will email each student a link to follow to complete this requirement.
- HIPAA: Prospective clinicians must annually complete online HIPAA training and pass a related Everfi quiz. The Clinic Coordinator will email each student a link to follow to complete this requirement.

Clinical Mentoring Experience: One semester prior to enrolling in the first clinic internship course, students must serve for at least one semester as a mentee to a senior clinician for one client. Mentees are expected to increase their involvement in the clients' sessions from the

beginning to the end of the term and to follow all Center policies. Mentees who demonstrate unprofessional behavior or who fail to demonstrate competency consistent with their level of experience may not be allowed to enroll in clinic internship.

Clinical Experience Timeline, Policies, and Procedures

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

Ethical and Professional Bases for Clinical Work

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

Planning and Preparing for Clinic Assignments

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

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

PNC. Students should have submitted their Master Plans through PNC prior to their first meeting with the clinical supervisor.

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

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

Working with Clients with Diagnoses for Which Student Clinicians Have Not Yet Completed Related Coursework

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

Supervision Guidelines

Clinical Supervisors will be required to observe directly at least 25% of the time a student clinicians works with a given client. Supervisors will be expected to provide written and/or verbal feedback after sessions. In addition to offering individual meetings when needed during office hours, supervisors will host a clinical staffing once every two weeks for groups of clinicians to discuss clinical practice issues. Clinical Supervisors will use a clinic grading rubric found on CALIPSO for both mid-semester and end of semester grading. To ensure readiness for future independent clinical practice, supervisors will adjust expectations for students based on their level of training in the Practicum sequence and the student clinician intervention plan will be applied, when needed. The Externship Coordinator and Center Director will work together to respond to concerns about students' clinical progress raised by Externship Supervisors and an intervention plan will be applied if warranted.

Clinic and Building Policies

- Clinicians should not tape things to the walls to avoid damaging the walls.
- Students should avoid parking in the lots surrounding Brodahl; security patrols these lots frequently and ticket vehicles without faculty/staff stickers.

- If you borrow items from supervisors, ask the Clinic Coordinator or another faculty for keys to open their office if it is locked; do not leave items outside their door or in the Clinic Coordinator's office.
- Please leave the clinic room as you found it; you can rearrange furniture for your session but please return them to their original set up at the end.
- Paperwork that needs to be scanned into PointNClick needs to have the client's full name on it before being placed in the "To Be Scanned" box in the Clinic Coordinator's office.
- If you are going to need a recorder, a camera, or an iPad for a session, give yourself plenty of time to test it and make sure it is fully charged before you session. Chargers are not allowed to leave the Clinic Coordinator's office.
- Using iPads:
    - iPads can be checked out from the Clinic Coordinator's office. Student clinicians will need to leave the student ID with the Clinic Coordinator when checking out iPads. These should be checked in *and* out by the same person. Please do not pass iPads from one clinician to the next without checking it in/out.
    - iPads can be reserved by placing a post-it note on it stating the date and time needed. iPads cannot be checked out the day before or held onto all day for an evening session.
    - iPads can be used for recording during sessions. Any recordings must be deleted prior to checking the iPad back in.
- There is a printer in the student lab for your use. Also, you can use Find Me Printing to print small jobs to CSD-MFP, which is in the clinic office. You can also use that printer to make copies. Use your ID # to make copies or to print.
- Please remove all your materials from the clinic room at the end of your session. Clean the table and chairs with the disinfectant spray provided.
- If you use the student breakroom or a group therapy room, you must clean them when you are done, including washing and putting away any dishes.

Tracking and Documenting Clinical Experience

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

Inadequate Student Clinical Performance

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

Externship Information

The Externship Coordinator will oversee the process of securing placements for graduate students completing off-site clinical work, including SLP 508 and SLP 509. He or she will also be responsible for completing site visits [in person or remotely] a minimum of one time during students' placement, with additional visits to be completed as deemed necessary. The Externship Coordinator will maintain documentation in CALIPSO and in SLP Department files. The Externship Coordinator, assisted by the Clinic Coordinator, will be responsible for ensuring that prior to beginning an externship, cooperative agreements are up-to-date, that students have completed all requirements (i.e., immunizations, HIPAA training, CPR, etc.), and that students have sufficient prerequisite experience necessary for their site.

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

As part of the process for securing externship placements, the Externship Coordinator will meet individually with each student to discuss his or her priorities for pediatric and adult externship sites. The Externship Coordinator also will confer with the Center Director and Clinical Supervisors and will sit in on internship grading conferences for on-campus clinical practicum experiences for two semesters and two summer sessions to gather information to facilitate the matching process. Students' preferences and feedback from Clinical Supervisors and preferences of Externship Supervisors will be considered in placement decisions. Students and Externship Supervisors will be notified about placement decisions approximately one semester before the externship begins.

Each semester, student externs will evaluate, at mid-semester and end of semester, their Externship Supervisors and sites using forms with customized questions on CALIPSO. Objective data, such as number of direct contact hours, and ages and types of disorders of

clients served, will be recorded, and feedback about the quality of the amount and type of supervision also will be collected and reviewed by the Externship Supervisor and Center Director.

During site visits, the Externship Coordinator will meet with the student and the Externship Supervisor to discuss the experience and offer assistance. These site visits will be completed in-person if possible; additionally, as part of site visits the Externship Coordinator will observe students working directly with a client, with permission of the Externship Site and Externship Supervisor. Student externs and Externship Supervisors will be encouraged to reach out to the Externship Coordinator or Center Director via telephone or email whenever any concerns arise.

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

Roseman Center for Speech, Language, and Hearing Essential Functions for Student Speech-Language Pathologists and Audiologists

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

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

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

Cognitive and Academic Skills and Requirements

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

Physical Skills and Requirements

- Actively participate in class, clinical, or related activities for up to three-hour blocks of time with minimal breaks.
- Move independently to, from, and within the clinic setting.
- Maintain hygiene appropriate for a professional clinic setting.
- Independently, or through augmented means, manage standard use of clinical equipment and materials including test easels, clipboards, recording equipment, computer applications, and audiologic instrumentation.
- Use developmentally appropriate, evidence-based procedures to carry out a client's individual or group intervention plan; this may involve working on the floor or in other

natural environments for pediatric clients or sitting at a table for school-age and adult clients.
- Use appropriate paper and pencil or computer-based data collection methods.
- Be able to uphold universal precautions and respond, as trained, to limiting exposure to bloodborne pathogens.
- Visually monitor and respond appropriately to the clinical environment.
- Create a safe clinical environment for oneself and one's client(s) by using appropriate functional behavior plans and responding to clients who may be physically aggressive or self-injurious.
- Provide specific, accurate feedback to clients about speech sound and linguistic productions; consistent use of assistive listening devices, FM systems, or hearing aids may be requested for clinicians who are unable to pass a 20 dB hearing screening at for 250-8000 Hz.

Behavioral, Professional, Ethical, and Interpersonal Skills and Requirements

- Pass a background check. Students who have a history of crimes committed against children will not be allowed to complete the clinical internship sequence. Students with non-child related felony convictions will be counseled individually about their ability to complete the clinical sequence. Students with convictions or charges that would prevent state licensure will be counseled (e.g., child support violations).
- Maintain appropriate emotional and physical health to be able to complete clinical and professional responsibilities.
- Maintain appropriate and professional relationships with clients, classmates, supervisors, and Center staff. This involves showing discretion in communicating via social networking websites with clients and maintaining professional interactions with clients in and outside the Center.
- Maintain composure and professional interactions in stressful and sometimes emotionally charged situations.
- Comply with ASHA's Code of Ethics.
- Communicate effectively in writing, on the telephone, and in person with a variety of communication partners.
- Demonstrate emerging professional qualities commensurate with one's level of training and adhere to legal, administrative and regulatory policies (e.g., follow the Center's dress code, complete paperwork, maintain HIPAA, comply with bloodborne pathogens training, etc.).
- Speak English intelligibly and have the ability to model production of all English phonemes, voice and language structures.
- Be an active team member with one's supervisor and fellow clinicians.
- Regularly attend clinic class and meet internship deadlines in a timely manner.
- Understand and respect authority.
- Interpret supervisors', clients' and clients' families' linguistic and nonlinguistic communications.

- Be prepared for clinical sessions by meeting regularly with your supervisor, completing related reading, reviewing case files, responding to supervisory feedback, and communicating with your clients and Center staff.
- Be respectful of the Center's facilities by allowing sufficient time to set up and clean up your sessions. Use check-out procedures to reserve intervention or testing materials owned by the Center or Clinical Supervisors. Participate in weekly Center cleaning activities and notify the Clinic Coordinator or Center Director if materials are in need of repair or replacing.
- Be able to complete multiple tasks simultaneously and manage time effectively.
- Consistently build skills throughout the internship program, moving toward independent performance.

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

Signature: _____ Date: _____

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

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

CSD Academic Program Notice of Nondiscrimination

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

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

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

Communication

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

Screening of Student Clinicians

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

Clock Hours

- Students receive clock hours for direct services only. The exact number of minutes should be recorded without rounding.

- Students who are concerned that they may not be receiving enough clinical experience should speak to the Center Director.
- Students are responsible for maintaining accurate hours records, recorded in CALIPSO that will be monitored and verified by clinical supervisors and/or externship supervisors, and/or the Center Director. Students are encouraged each term to make a copy for their own records.

Observations

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

Titles/Credentials

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

Schedule

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

Clinic Rooms

Please disinfect all toys and intervention materials after each session. Smaller soiled items should be placed in the appropriate bin near the clinic office. For larger items such as kitchen sets, please wipe down the surfaces with disinfectant wipes found outside your clinic room. Also remember to disinfect tables, door knobs, and light switches after each session.

Intervention rooms will be assigned. Clinicians should be in their room at scheduled times unless other arrangements have been made with the Clinic Coordinator and supervisor. Student clinicians should finish cleaning and documentation in time for the next session to begin.

Materials and Equipment

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

Dress Code

- Our clinic dress code for undergraduate student clinicians includes dress pants or a skirt, a navy blue polo, and a clinic name badge issued by the Clinic Coordinator.

- Graduate student clinicians' dress code is business casual: dress pants, skirts, dresses, long or short sleeve tops appropriate for a professional environment. Dresses and skirts should come to the knee when standing. Appropriate footwear includes flats, dress sandals, dress shoes, dress boots. Flip-flops, sneakers, and high heels should be avoided. Graduate student clinicians should also wear a clinic name badge issued by the Clinic Coordinator.
- Student clinicians should have hygiene appropriate for a clinic environment and should avoid strong fragrances.

Student Work Spaces

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

Documentation & Privacy Practices

Point and Click (PNC) is the secure, web-based clinical management system we use in our Center. Students will be shown how to log in, access their clients' charts securely and how to communicate with their clinical supervisors through instant messaging on PNC. To be HIPAA compliant, students are asked to complete clinic documentation in the Center. Clinical documentation may include the following for each client, each semester:

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

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

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

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

Clinical Internship Prerequisites

- We use the term Clinical Internship to refer to supervised clinical work completed in the Roseman Center for Speech, Language, and Hearing
- Undergraduate and graduate student clinicians must become NSSLHA members
- Undergraduate and graduate student clinicians must pass a background check prior to beginning clinical internship. Students with child-related or child support related violations will not be allowed to complete the clinical internship. Students with felony convictions or other potentially pertinent violations will be counseled individually.
- Student clinicians each year must complete online trainings and pass a test for HIPAA, interacting safely with children, and blood borne pathogens.

- Undergraduate students must have a 3.0 cumulative GPA and must complete one term of menteeing prior to beginning a clinical internship.
- Graduate student clinicians must have a current TB skin test and flu shot, in addition to immunizations required by Augustana College.

Clinical Externship Prerequisites

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

Information Sharing

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

Conferences

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

Restroom Breaks

If a pediatric client needs assistance to use the bathroom, a caregiver should take them. It is the policy of the Center that caregivers for minor children should remain on site throughout their loved one's session.

If a pediatric client is old enough and developmentally able to use the restroom by him or herself, the clinician should wait for the client in the hallway.

Clinic Sessions

- Punctuality is key. Student clinicians must start and end sessions according to the schedule. Students should submit clinic plans to supervisors on time, as determined by each supervisor.
- The Center Director will submit, through Moodle, clinic announcements each week. Please read these.
- The Clinic Coordinator is a valuable resource. Please use her assistance when you need it, but do not loiter around the office area. When you need her help or her office workers'

help, please be sure to allow sufficient time. Be sure also to let the Clinic Coordinator know when we are in need of replacement consumables (e.g., paper plates, baking soda, etc.)

Interacting with Clients and Their Families

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

Absences/Session Make Up Policy

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

If you are ill, follow these steps:

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

Once the message has been received:

1. The clinical supervisor will either run the session themselves or cancel it. Cancelled sessions will need to be made up.
2. The supervisor will email the group to "close the loop"- letting all involved know who is running the session or if the session was cancelled.

Contaminated Objects/Preventing Infection

- Students who are ill should stay home.
- Students and clinical faculty must complete blood borne pathogens training annually.
- Preventative measures:
    - Handwashing
        - Wash hands before and after seeing a client
        - After removing gloves

        - Wash with soap and water for 30 seconds or 60 seconds if contamination may have occurred
- Gloves should be worn when:
    - performing an oral mechanism evaluation
    - stimulating sounds in the oral mechanism
    - cleaning up blood, saliva, vomit, feces, or urine
    - working with a client with saliva management challenges
    - working with a client with nonintact skin, open cuts, or sores
    - the clinician has nonintact skin, open cuts, or sores
- Change gloves:
    - after every use
    - when torn
- Discard gloves:
    - in a wastebasket before exiting the room under normal circumstances
    - in a red bag if contaminated with bodily fluids
- If objects are potentially contaminated:
    - Contact immediately Facilities Services for assistance (extension 7278)
- In the event of potential person-to-person contamination:
    - Notify the Clinic Coordinator
    - Contact facilities (x7278) to report potential exposure; after hours, call Security (extension 7711)
    - Wash the affected area immediately
    - Remove stained clothing and shower immediately; place soiled items in blue bag provided by Facilities Services
    - Go immediately to the emergency room for evaluation; notify supervisor of the exposure before going to the ER or immediately upon return; the clinical supervisor can provide the physician with a copy of Augustana's BBP regulations and occupational exposure
    - Supervisor completes an incident report for Augustana College
- In the event of a blood spill from person to furnishings or the floor:
    - Notify the Clinic Coordinator or supervisor who can contact Facilities Services (extension 7278) between 8 am-4 pm or Security after 4 pm (extension 7711)
    - Do not clean spills on the floor or furniture, get help from facilities

Immunizations

Undergraduate students, unless appropriate exemption paperwork is provided, are required to have immunizations required by Augustana College and the State of Illinois (Tdap, measles, mumps, rubella, MMR, meningitis, and tuberculosis; note that tuberculosis is required for non-US residents only.

The MS-SLP program requires a physical examination and proof of immunizations at the student's expense before they can begin clinical work. Required immunizations and documentation include:

- Physical exam or health screening within a year of clinical placement
- MMR- 2 doses
- Varicella- 2 doses or a positive titer
- Hep B- 3 doses

- Tdap [tetanus, diphtheria and pertussis] within the past 10 years
- COVID 19 vaccination(s) and booster(s)
- Seasonal flu vaccine

Students who wish to request any exemptions must meet with the Clinic Director to discuss possible impacts on clinical placements, progression through the program, and graduation.

Parking

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

Field Trips

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

Recording and Viewing Clinic Sessions

- Sessions may be recorded through our interactive viewing system; recordings have to be set up by a faculty member and then shared with student clinicians.
- Caregivers may view the applicable session only using the observation room.
- Students should not view sessions unless they have permission from the Clinic Coordinator and are completing observations for a course- or major-related purpose.

Expressing Concerns about Clinical Matters

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

Evaluation of Student Clinicians

Student clinicians will receive written and verbal feedback on a regular basis from each supervisor and will receive formal feedback using the clinic grading rubric mid-semester and at the end of the semester. If there are serious concerns and students to do meet minimum criteria listed on the rubric, intervention plans may be initiated. CALIPSO will be used to manage the evaluation process.

Evaluation of Clinical Supervisors

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

Courteous Communication

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

CSD Junior Mentee Information

The mentoring clinician program at Augustana is, in our opinion, one of our most valuable learning experiences. It, along with having a 3.0 GPA and the observation hours requirement, is a prerequisite to having your own caseload beginning the fall of students' senior year. Students cannot complete the CSD major without completing 2 semesters of supervised practicum. If the student's GPA will not be at or above 3.0 by the beginning of the semester they enroll in CSD-425, they will need to see their advisor and the Center Director and arrange to do an alternate internship placement.

Mentees will be assigned to mentor clinicians by the Center Director. The following is a rough schedule of expectations for mentees:

- **Week 1 of clinic*:** Before you begin to interact directly with the client, touch base with your clinician mentor in person or via email- introduce yourself, ask about any preparation you should do before the first session. Make an appointment to meet with your mentor clinician to review the client's chart in Point and Click, our Center's operating system. We want you to know what to expect when you walk in the door that first day! Also make a point to stop by the supervisor's office and introduce yourself! Note that some of our supervisors are part-time and are not on campus during all typical operating hours Let the supervisor know with whom you will be working and ask if they have any special requests for your role in this process with your particular client.
- **Weeks 2-4 of clinic:** Observe your client's sessions from the observation room.
- **Week 5 of clinic:** Be present in the session with your client and collect data. Function as a communication partner for the client, as needed. Assist the clinician mentor, as needed.
- **By week 9 of clinic,** you should implement one activity & corresponding teaching strategies. You are responsible for writing the goal in the intervention plan, collecting data, and reporting data in the SOAP note for that activity.
- By **week 10 of clinic,** you should be implementing two activities. You are responsible for writing the goals in the intervention plan, collecting data, and reporting data in the SOAP note for those activities.
- **By the final week of intervention**, you should generate the entire intervention plan and implement at least 50% of the activities, ideally the entire session.
- You should plan to attend the final conference with the family and supervisor and be prepared to present progress for one goal. Please practice ahead of time with your clinician mentor.

* Note that the first week of clinic is not the same as the first week of the semester; the first week of clinic is generally the 2nd week of the semester.

General Considerations:

- You must be HIPAA compliant in all interactions this semester. You will not be a registered user in PNC until you enroll in CSD-425.
- You must be an ACTIVE participant in the session. We don't want clients to treat you like an "employee" or to ignore you. Do not be a "fly on the wall."

- You should be on the same physical level when working with child clients. If the activity is taking place on the floor, be sure that you are on the floor as well.
- If you do anything counterproductive to the intervention process (rolling eyes, appearing to be bored or annoyed, looking at a handheld device, not participating, asking too many yes/no questions, interrupting the client, not taking effective data, anticipating needs, etc.), you will be asked not to participate in this experience.
- If you do not satisfactorily complete your mentee semester, we reserve the right to delay your clinic sequence. If we have serious concerns, you may be asked to complete an internship in an alternate placement.
- One of your primary roles is to be a strong communication model! You as the mentee are in an excellent position to answer questions, take turns, and be an authentic conversational partner. Your presence for the client encourages their ACTIVE participation in the session.
- You can and should collect data.
- You need to gain experience in INTERPRETING data. As such, you should practice writing a SOAP note for one activity per session for which data was collected. You will need to email your contributions to your mentor clinician for them to include in Point and Click.
- Dress code: Dress professionally! Think business casual. Shorts and skirts must be longer than your fingertips when standing up; no sweatshirts; no denim; no low-cut shirts.

Center Attendance Policy:

- If the client cancels a session, we may offer them a makeup session.
- If the clinician or a supervisor cancels one or more sessions, we must make them up.
- If you are ill or have been instructed to quarantine, follow these steps:
    1. Send a group email with an explanation to your supervisor, your mentor clinician, the Clinic Coordinator, and the Center Director.
    2. Continue to monitor your email until you receive confirmation from your supervisor, the Clinic Coordinator, or the Center Director that your message was received.

PART THREE: Clinical Personnel

Clinical Personnel at Augustana College

Center Director

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

Clinic Coordinator

Lisa Adner

Clinical Supervisors

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

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

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

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

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

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

Lauri Whiskeyman, M.A., CCC-SLP
Clinical Faculty

Externship Coordinator

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

Center Audiologist

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

Audiology Billing Specialist

Dori Garro

Clinical Personnel Roles and Responsibilities

Student Clinicians

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

Clinic Coordinator

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

Clinical Supervisors

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

Supervisors interact regularly with clients and clients' families and enforce and communicate Center policies.

Externship Coordinator

- The Externship Coordinator maintains relationships with externship sites, externship personnel, and coordinates/oversees externship placements. The Externship Coordinator also is responsible for ensuring that students' progress is sufficient for accruing clinical hours serving diverse clientele at externship sites. The externship coordinator completes either an in-person or remote site visit each semester, and is available to troubleshoot when concerns arise during an externship placement. The Externship Coordinator maintains and monitors CALIPSO data relevant to the externship experience.

Center Director

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

PART FOUR: Rules & Regulations for Clinical Practicum

ASHA's Code of Ethics

Effective March 1, 2016

Preamble

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

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

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

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

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

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional

relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

Terminology

ASHA Standards and Ethics

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nolo contendere: No contest.

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

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

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

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

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

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

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

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

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

Rules of Ethics

Individuals shall provide all clinical services and scientific activities competently.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rules of Ethics

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

Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application

process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

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

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

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

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

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

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

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

Rules of Ethics

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

Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions,

about professional services, about products for sale, and about research and scholarly activities.

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

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

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

Rules of Ethics

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

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

Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Client Confidentiality Procedures

HIPAA/FERPA:

- Student clinicians may use or make reference to clients' names and other protected health information using Point and Click (PNC) only.
- Student clinicians must not engage in conversations about clients or the program outside of clinic class or supervisory meeting contexts.
- Student clinicians should enter client data only in his or her PNC chart and be sure not to expose a screen with protected health information to anyone besides the client's supervisor or co-clinician.
- HIPAA or FERPA violations will result in, at minimum, an automatic grade reduction.
- Student clinicians are required to report any violations of HIPAA or FERPA about which they have direct knowledge to the Center Director.
- If a student and/or faculty member need to refer to a client via electronic means, they should *not* use client names (first OR last) or initials. Instead, refer to the days/times/supervisor/student clinician for the clients. Some examples:
    - The client seen Wednesdays at 4 PM
    - Ms. X's client on Thursdays

RCSLH Health Information Privacy Practices

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

Understanding Clinic Record Information

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

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

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

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

Health Information Right

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

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

Our Responsibilities

The RCSLH staff agrees to:

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

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a new revision on the CSD Department's website. We will not use or disclose health information without written authorization, except as described in this notice.

Interactions of RCSLH Clients and Clients' Caregivers

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

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

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

We will use health information for treatment.

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

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

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

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

Other Uses and Disclosures of Health Information Made without Authorization

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

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

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

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

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

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

For More Information or to Report a Problem

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

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

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

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

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

Client's/patient's name (please print):_____

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

Date:_____

Signature of witness:

RCSLH Emergency Procedures

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

RCSLH Evacuation

Should evacuation be needed, all faculty, staff, students, and clients should exit through either the East or West entrances on the main floor. Those who exit West will proceed across 34th Street to safety; those who exit East will proceed across the Brodahl parking lot.

Mandatory Reporting of Suspected Abuse or Neglect

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

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

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

PHYSICAL ABUSE

Physical characteristics:

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

Behavioral characteristics:

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

NEGLECT

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

SEXUAL ABUSE

- Venereal disease
- Complains of pain or swelling in genital areas
- Poor peer relationships
- Bruises, bleeding, or discharge in vaginal or penile area
- Pregnancy

- Stained or bloody underclothes
- Refuses to partake in gym or other physical exercise
- Acts seductively around others
- Runs away or is delinquent in behavior
- Regressive or childlike behavior
- Drastic change in school achievement

EMOTIONAL ABUSE

- Behind in normal growth or developmental stages
- Neglect
- Excessive anxiety
- Belittled or treated unfairly in the family
- Extremes in behavior from overly aggressive to passive, shy, or withdrawn
- Delinquent or destructive behavior
- Regressive behavior (e.g., sucking or rocking)
- Low self-esteem
- Child readily sets self up for failure
- Difficulty in verbalizing feelings
- Speaks about self negatively
- Tries to assume many adult roles

PART FIVE: Clinical Hours & Certification Documents

Documenting Observation and Clinical Clock Hours

Observation Hours

Prior to menteeing in clinic, students must complete 30 hours of observation. These observations can be completed in person, such as at the RCSLH or another off campus site arranged by the student, or via Master Clinician Network (MCN). CSD students will earn 8 hours of observation through videos shown in CSD 310, CSD 110, and CSD 305. Documentation of observation hours will be kept in the CSD office and in a student's senior year, these observation hours will be entered into Calipso.

For graduate SLP students coming from other programs: Documentation of completed observation hours should be given to the Center Director for verification and entry into Calipso.

Observation hours completed via MCN are documented in that system. For in-person observation, students will complete the Record of Undergraduate Supervised In-Person Observation Hours form AND an Observation Summary Form for In-Person Observations for *each* in-person observation (see below) and submit these to the Center Director.

RECORD OF UNDERGRADUATE SUPERVISED IN-PERSON OBSERVATION HOURS
Augustana College
Communication Sciences and Disorders Department

Name:_____ Semester & Year:_____

Instructions: This form is to be used for any in-person observations only. Print 2 sided.

1. Complete the form in ink. Make a copy for your records and turn the original into the Clinic Director. 2. Fill in the date and location of observation in the Setting column; include address, city, and state if other than the Roseman Center for Speech, Language, and Hearing (RCSLH).
3. List the precise number of minutes of direct observation.
4. Include day, month, and year of your observation (mm/dd/yy).
5. The ASHA-certified clinician or supervisor should print his or her name, provide a signature, and list credentials and ASHA number.
6. Staple a brief clinical summary for each client using the questions listed on page the OBSERVATION SUMMARY form (attached).

Date	Name of Facility City, State	Number of Minutes of Direct Obs.	Clinician's/Supervisor's Printed Name & Credentials	Clinician's/ Supervisor's Signature	Clinician's or Supervisor's ASHA Number

Continues on Reverse

Date	Name of Facility City, State	Number of Minutes of Direct Obs.	Clinician's/Supervisor's Printed Name & Credentials	Clinician's/ Supervisor's Signature	Clinician's or Supervisor's ASHA Number

OBSERVATION SUMMARY FOR IN-PERSON OBSERVATIONS

(If you completed your observation using Master Clinician Network, submit your form through MCN's system; you do not need to complete this form).

Student observer's name:_____
Site of observation: ___RCSLH ____Other (List name of agency:_____)
Name of Clinical Supervisor:_____
Name of Student Clinician:_____ (for RCSLH observations)
Date:_____ Total Number of Minutes Observed:_____
Type of session (check one): ____Evaluation _____Intervention

INSTRUCTIONS: Write a brief (appx. 1 paragraph) summary for each session that addresses the following:

- Client information: initials or arbitrary code (do not use first or last names); approximate age; disorder/diagnosis; duration of session
- Questions to address:
    - Were the goals and objectives clearly identifiable?
    - Were the activities or assessment tools appropriate for the client's age/level of development?
    - How did the clinician respond when things did not go as planned?
    - How was the pace and productivity of the session?
    - Was the clinician empathetic and did he or she have a professional demeanor/attitude?

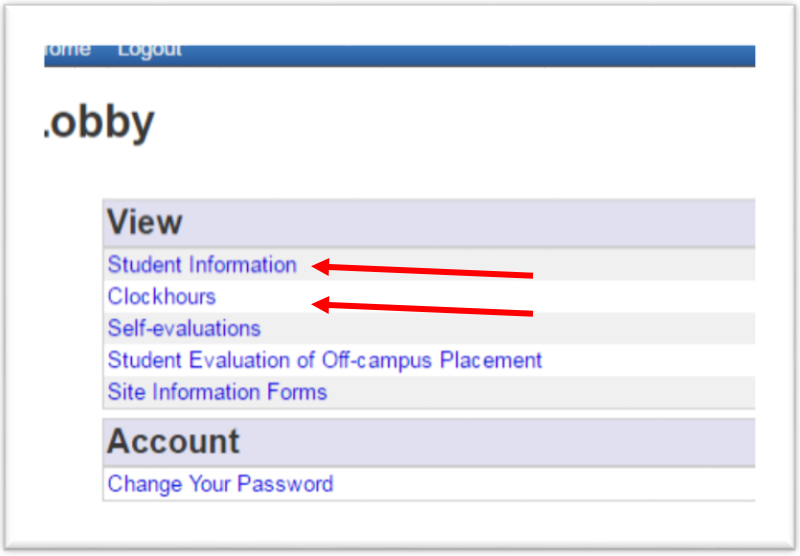
Clinical Clock Hours

Clinical Clock Hours refers to time student clinicians are providing assessment or intervention services. Students typically begin earning clinical clock hours in their senior year in the CSD program.

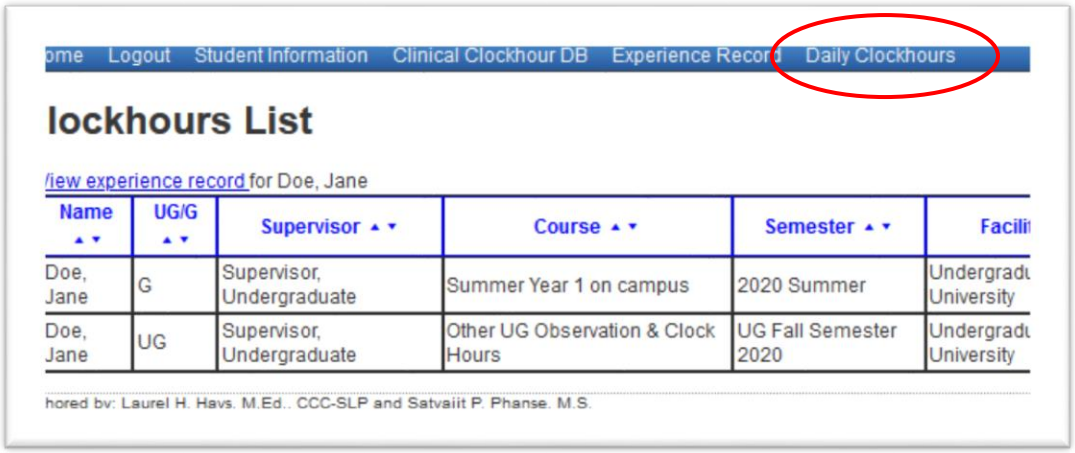
Entering clock hours is a TWO STEP process. The first step is recording the hours and the second step is submitting the hours for approval.

Step 1: Enter Daily Clock Hours

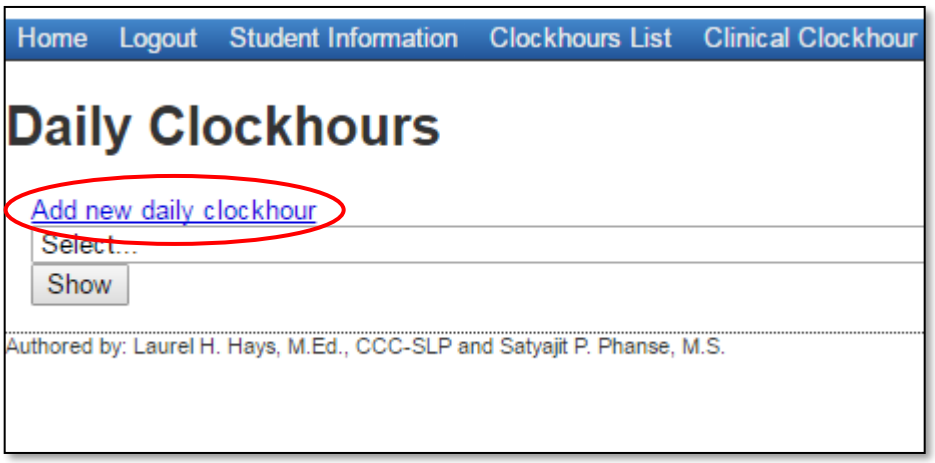
- Log in to Calipso
- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”



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



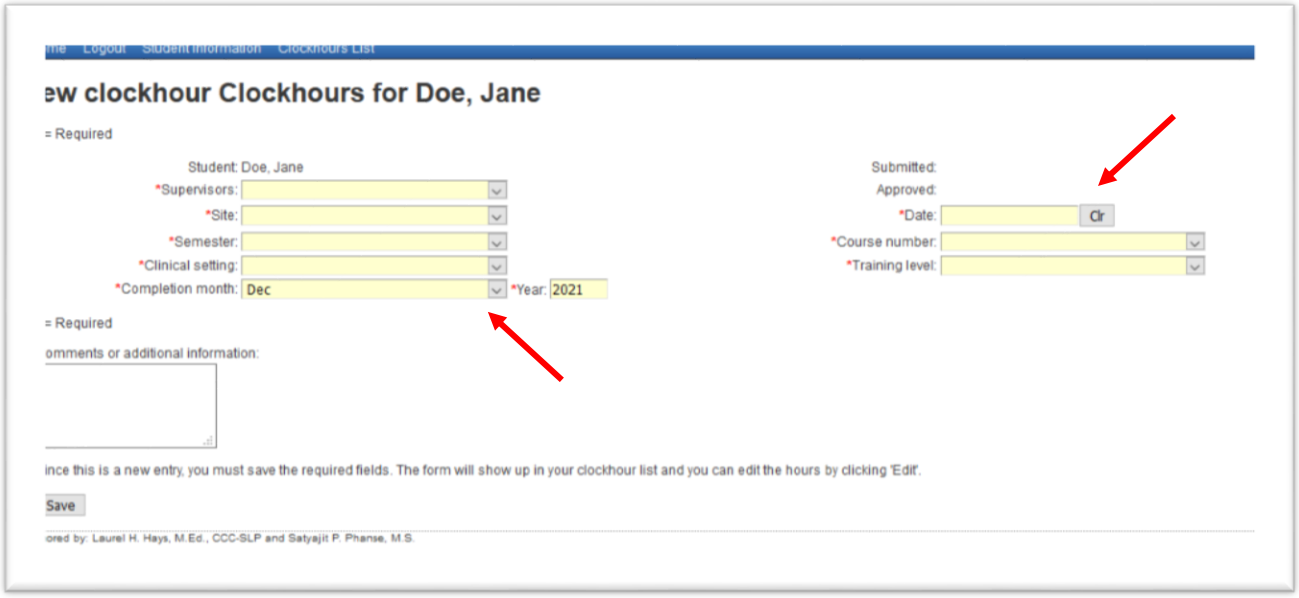
- Click on the “Add new daily clockhour” link.



- Complete the requested information and click “save.”

NOTE: The completion month should be the last month in the semester. For example, for a session that takes place in October 2021, the completion month would be December 2021. This information is important for program reporting purposes.

The date refers to the actual date the session took place.



- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

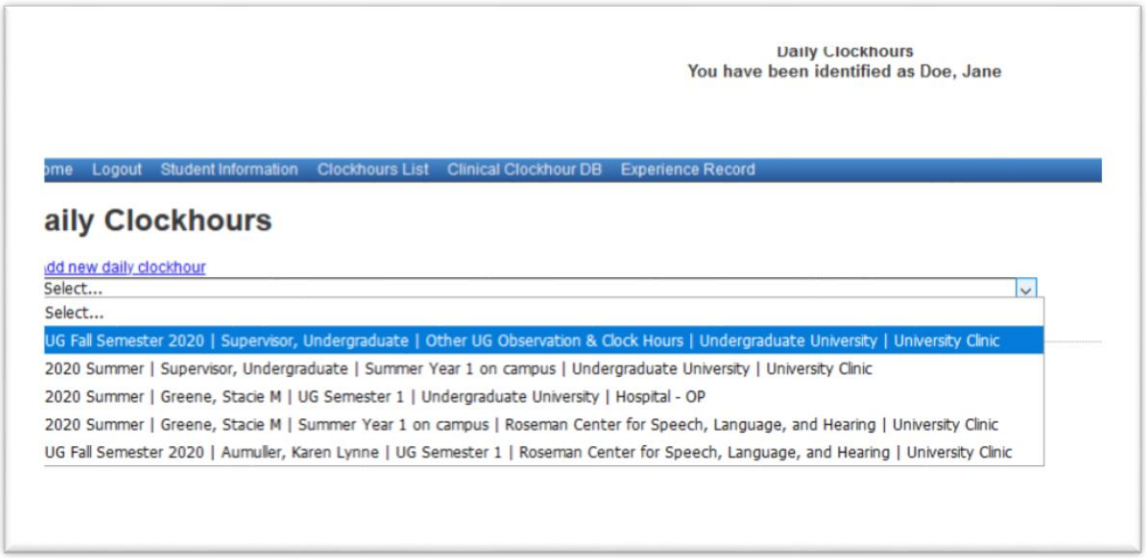
- Note that the clockhours form is divided into several sections: Observation of Evaluation, Observation of Treatment, Evaluation, and Treatment. Students will not be entering ANY observation hours.
- When entering hours, be sure to enter them under the correct section: Evaluation or Treatment- AND the correct age group: Child or Adult.

	Child	Adult	Total
Observation - Evaluation	**HH:MM**	**HH:MM**	**HH:MM**
Speech (articulation, fluency, voice, swallowing, communication modalities)	:	:	
Language (expressive/receptive language, cognitive aspects, social aspects)	:	:	
Hearing	:	:	
Total Observation - Evaluation Hours			
Observation - Treatment	**HH:MM**	**HH:MM**	**HH:MM**
Speech (articulation, fluency, voice, swallowing, communication modalities)	:	:	
Language (expressive/receptive language, cognitive aspects, social aspects)	:	:	
Hearing	:	:	
Total Observation - Treatment Hours			
Evaluation	**HH:MM**	**HH:MM**	**HH:MM**
Articulation	:	:	
Fluency	:	:	
Voice and resonance	:	:	
Expressive/Receptive language	:	:	
Hearing	4 :	:	4:00
Swallowing	:	:	
Cognitive aspects of communication	:	:	
Social aspects of communication	:	:	
Communication Modalities	:	:	
Total Evaluation Hours	**4:00**		
Treatment	**HH:MM**	**HH:MM**	**HH:MM**
Articulation	:	:	
Fluency	:	:	
Voice and resonance	:	:	
Expressive/Receptive language	:	:	
Hearing	:	:	
Swallowing	:	:	
Cognitive aspects of communication	:	:	
Social aspects of communication	:	:	
Communication Modalities	:	:	
Total Treatment Hours			
Total (non-Observation)	**4:00**		**4:00**

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

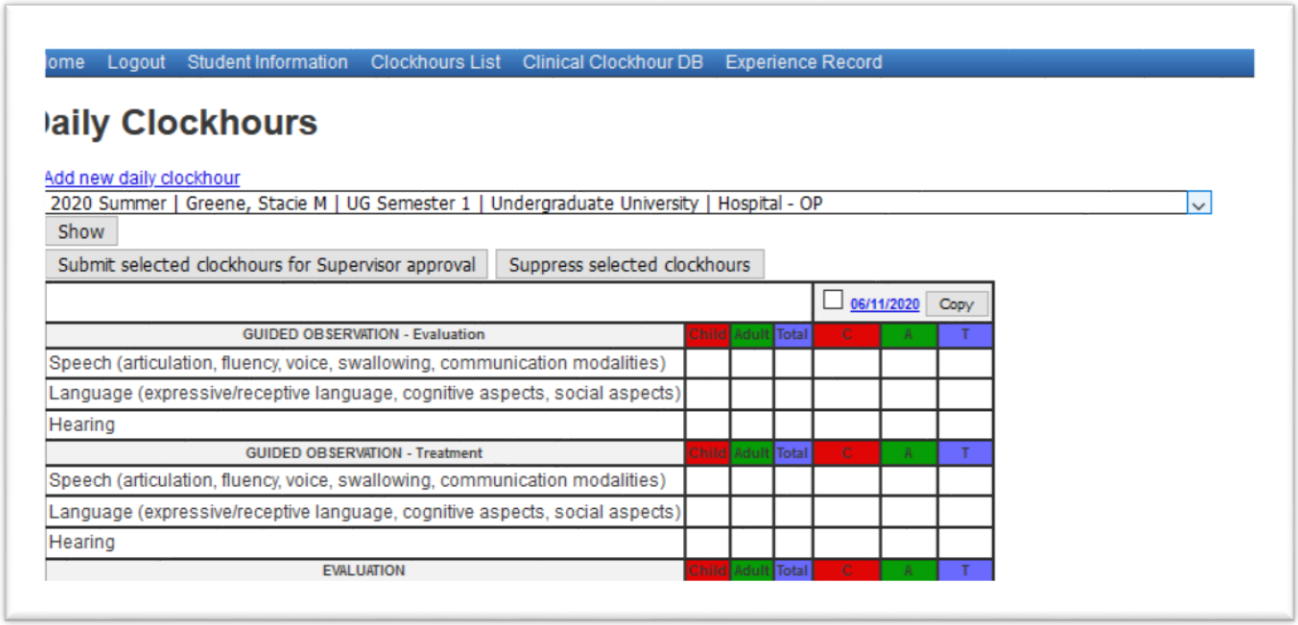
Step 2: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”



- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.

Please note: Once a student submits a clock hour for approval, only the supervisor can edit it. If the supervisor approves it and then an error is noted, please notify Ms. Aumuller.



What Counts and What Doesn’t

Students can earn clock hours in conjunction with a class assignment if pre-approved and supervised by a licensed and ASHA certified speech-language pathologist. For instance, students can earn diagnostic clock hours for an assignment involving direct contact in the diagnostics class. Screenings are marked as evaluation hours. Clock hours spent counseling and training count as direct intervention. Participation in clinically related activities such as staffing does not count. Preparation time does not count as clinical clock hours, e.g., gathering materials or ideas, writing plans, or scoring tests.

Student Clinician Grading Information

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

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

Evaluation Skills

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

Treatment Skills

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

Professional Practice, Interaction and Personal Qualities

- Demonstrates knowledge of and interdependence of communication and swallowing processes
- Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice
- Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional

practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities)

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

The following rating scale is used to evaluate student performance:

Performance Rating Scale

1	Not evident: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
2	Emerging: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
3	Present: Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
4	Adequate: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
5	Consistent: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in

	areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

Externships

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

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

Externship Checklist

Augustana College Speech-Language Pathology Graduate Program

Externship Checklist

Student's Name:_____

	Fall Semester: Adult or Pediatric (circle one)		Spring Semester: Adult or Pediatric (circle one)	
Activity (person/s responsible)	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed
Student meets with Externship Coordinator to discuss externship site options (EC, S)				
Externship assignment communicated to student and externship site (EC)				
Verify that Affiliation Agreement is up-do-date and that Externship Supervisors have been trained (EC, CC, EC)				
Verify that student has completed all necessary background checks, training, immunizations, etc. for the site (S, EC, CC)				
Pre-placement visit, email communication and/or or phone conversation (S, ES)				
Site visit completed by Externship Coordinator prior to week 5 of the semester (EC, S, ES)				
Student and Externship Supervisor enter mid-semester feedback into Calipso (S, ES)				
Externship Coordinator reviews mid-semester feedback and caseload data and follows up, if necessary; remediation plan initiated if applicable (EC)				
Student and Externship Supervisor enter end of semester feedback into Calipso; Externship Supervisor enters final grade (S, ES)				

Final grades and feedback reviewed by Externship Coordinator; concerns communicated to Center Director, remediation plan initiated for students who do not demonstrate adequate progress (CD, EC)				

S: Student Extern EC: Externship Coordinator ES: Externship Supervisor

CC: Clinic Coordinator CD: Center Director

Augustana College MS-SLP Program Intervention Plan for Student Clinicians That Do Not Make Adequate Progress

The Speech-Language Pathology program's four-term on-campus Clinical Practicum and two-term Clinical Externship experiences are designed to provide broad based clinical learning opportunities for graduate clinicians. Our goal is to provide short-term interventions when minor concerns arise with student clinicians' progress toward becoming competent speech-language pathologists. In most cases, it is anticipated that student clinicians will respond positively when interventions are provided to address minor concerns, and no further intervention will be needed. In more serious cases, however, additional supports may be provided to ensure that student clinicians are well prepared to provide the highest quality of service to their future clients with communication impairments.

Clinical Practicums I, 2, 3, & 4 in the Center for Speech, Language, and Hearing

For students enrolled in Clinical Practicum Courses 1-4 (SLP-501, SLP-503, SLP-505, SLP-507) who fail to make satisfactory progress, the following interventions will be applied:

- Minor concerns. Examples of minor concerns may include but not be limited to the following:
    - being late or noticeably unprepared for a session
    - delayed or no response to supervisor's communications or requests to meet
    - incomplete data collection
    - missed meetings with a supervisor or missed clinical staffing
    - dress code violations
    - failure to keep clinical spaces neat and organized
    - not responding to clinical supervisors' feedback about low-stakes concerns
    - communication quality (vocal fry, minor articulation errors, etc.)

    - *Intervention for a student clinician's first minor concern:*
        - The student clinician will meet with his or her clinical supervisor or Center Director to discuss the infraction. A follow- up meeting will be held one week after the first meeting to determine if the concern has been addressed sufficiently or if additional monitoring and support are needed. If the concern relates to documentation or lack of understanding of a clinical process or procedure, the supervisor who raised the concern will work individually with the student clinician to practice the skill in need of attention. In the case of communication quality concerns, students may be asked to enroll in services through the Center for Speech, Language, and Hearing until satisfactory progress has been noted.
        - The concern and action plan will be documented by the clinical supervisor or Center Director in Starfish and CALIPSO. The Starfish flag will be cleared when the clinical supervisor or Center Director are satisfied with the student clinician's progress in addressing the concern.

- *Intervention for multiple minor concerns:*
  - The student clinician will meet with his or her clinical supervisor or Center Director and goals specific to the areas of concerns will be set in an action plan. If a student does not follow through with the action plan within one week of meeting initially with his or her supervisor or the Center Director, the student's final grade for practicum will be reduced by one-half a grade.
  - The concerns and related action plans will be documented by the clinical supervisor or Center Director in Starfish and CALIPSO. The Starfish flag will be cleared when the clinical supervisor or Center Director are satisfied with the student clinician's progress in addressing the concern.

- Major concerns. Examples of major concerns may include but not be limited to the following:
  - Incompetent service delivery relative to stage of training (e.g., knowingly fabricating session data; inability to perform clinical tasks after being taught or demonstrated how to do them in clinically focused coursework, clinical staffings, or individual meetings with clinical supervisors or peers).
  - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients.
  - Violating HIPAA. Annual HIPAA training will be completed, and related policies will be reviewed throughout Practicum coursework and this approach is meant to proactively limit HIPAA violations.
  - Missed session without advanced notice (i.e., no call/no show).

  - *Interventions for major concerns:*
    - Incompetent service delivery. If a student clinician does not respond sufficiently to short-term interventions administered by their clinical supervisors or the Center Director, he or she may be asked to complete additional training (e.g., taking a course in a related field, completing an additional evidence-based practice assignment related to a client, viewing an ASHA webinar in a topic area related to the student's area of concern). If such interventions are not sufficient and at the student earns a grade lower than a B for any Practicum course, the student will retake the course and he or she will not accrue clinical hours for the semester in which the non-passing grade was assigned. Note that all four Practicum courses need to be taken before a student is permitted to complete his or her two Externships.
    - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients. If evidence exists to indicate that a student clinician has behaved disrespectfully or inappropriately aggressively, he or she will meet with the Center Director to discuss the concerns and he or she will be required to complete readings about professional interactions and then will practice appropriate communication strategies to use in the workplace with the Center Director until the Center Director is satisfied that that the concern has been resolved. Additionally, the

student's semester clinical practicum grade will be reduced by one full letter grade; student clinicians who fall below the B level as a result of the grade reduction may have to retake the Clinical Practicum course and will not be able to enroll in Externships until all Clinical Practicum experiences have been passed. Questions of harassment will be directed to the College's attorney and, in very serious cases, could be grounds for dismissal from the program and the College.

- The concern and related action plan will be documented by the clinical supervisor or Center Director in Starfish.
- Students who engage in major HIPAA or FERPA violations (e.g., knowingly sharing protected health information, accessing charts of clients who are not on their caseload without following proper reporting procedures, etc.) will receive a one-half grade reduction for their final semester Practicum grade. If this reduction results in a Practicum grade lower than a B, the student will retake the course prior to completing his or her Externship experiences.

Pediatric and Adult Externships

The Augustana College Speech-Language Pathology Graduate Program's intervention plan for student clinicians will be shared with Externship Supervisors who may append, within reason, additional interventions specific to the externship site. Such additions will be noted in in the site's cooperative agreement that will be signed by the student clinician, the Center Director, and the Externship Supervisor prior to the student clinician beginning his or her Externship.

For students enrolled in Pediatric and Adult Externships (SLP-508 and SLP-509) who fail to make satisfactory progress, the following interventions will be applied:

- Minor concerns. Examples of minor concerns may include but not be limited to the following:
    - being late or noticeably unprepared for a session
    - delayed or no response to externship supervisor's communications or requests to meet
    - incomplete data collection
    - missed meeting with a supervisor or missed clinical staffing
    - dress code violations
    - failure to keep clinical spaces neat and organized
    - not responding to clinical supervisors' feedback about low-stakes concerns
    - communication quality (e.g., vocal fry, minor articulation errors, etc.)

    - *Intervention for a student clinician's first minor concern:*
        - The student clinician will meet with his or her externship supervisor to discuss the infraction with a follow up meeting to be held one week after the first meeting to determine if the concern has been addressed or if additional monitoring is needed. The Externship Supervisor will document the concern and action plan in CALIPSO and if requested

by the externship supervisor, the Augustana College Externship Coordinator will follow up with the student clinician.

- *Intervention for multiple minor concerns:*
  - The student clinician meeting with his or her Externship Supervisor and goals specific to the areas of concerns will be set in an action plan. If a student does not follow through with the action plan within one week of meeting initially with his or her Externship Supervisor, the student's final grade for his or her Externship will be reduced by one-half grade. The concerns and related action plans will be documented by the Externship Supervisor in CALIPSO and, if requested by the externship supervisor, the Augustana College Externship Coordinator will follow up with the student clinician.

- Major concerns. Examples of major concerns may include but not be limited to the following:
  - Incompetent service delivery relative to stage of training (e.g., knowingly fabricating session data; inability to perform clinical tasks after being taught or demonstrated how to do them in clinically focused coursework, clinical staffings, or individual meetings with clinical supervisors or peers)
  - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients
  - Violating HIPAA. Annual HIPAA training will be completed, and related policies will be reviewed throughout speech-language pathology graduate coursework and this approach is meant to proactively limit HIPAA violations.

  - *Interventions for major concerns:*
    - Incompetent service delivery. If students do not respond to short-term interventions administered by their Externship Supervisors, they may be asked to complete additional training (e.g., taking an Education or Psychology course; completing an additional evidence-based practice assignment related to a client, viewing an ASHA webinar in a topic area related to the student's area of concern). Additional training options may be organized by the Center Director or Externship Coordinator, at the request of the externship supervisor. If such interventions are not sufficient and if the student earns a grade lower than a B for their Pediatric or Adult Externship, the student will need to retake the course at a different site and he or she will not accrue clinical hours for the course in which the non-passing grade was assigned.
    - Using disrespectful, harassing, aggressive, or otherwise unprofessional behavior with colleagues, supervisors, or clients. If evidence exists to indicate that a student clinician has behaved

disrespectfully or inappropriately aggressively, he or she will meet with the Externship Supervisor, Externship Coordinator, and Center Director to discuss the concerns and the student clinician will be required to complete readings about professional interactions and will practice appropriate communication strategies to use in the workplace with the Externship Supervisor, Externship Coordinator, and Center Director until they are satisfied that the concern has been resolved. Additionally, the student's semester Externship grade will be reduced by one full letter grade; students who fall below the B level as a result of the grade reduction may have to retake the Externship course. Questions of harassment will be directed to the College's attorney and, in very serious cases, could be grounds for dismissal from the program and the College.

- The concern and related action plan will be documented in Starfish by the Externship Supervisor and will be followed up by the Externship Coordinator.

Students who engage in major HIPAA violations (e.g., knowingly sharing protected health information, accessing charts of clients who are not on their caseload without following proper reporting procedures, etc.) will receive a one-half grade reduction for their final semester Externship grade in addition to other sanctions specified by the Externship site's policies. If this reduction results in an Externship grade lower than a B, the student will have to retake the course before graduating from the program. Students will not receive clinical hours for Externship work for which a non-passing grade was assigned.

Speech-Language Pathology Professional Licensure for the State of Illinois

The Illinois Division of Financial and Professional Regulation (IDFPR) issues licenses for individuals to work within the field of speech-language pathologist and audiologist in the state of Illinois. A license is required of all master's degree speech-language pathologists, associate's degree speech-language pathologist assistants, and audiologists. While most speech-language pathologists working in the school setting hold a license issued by IDFPR, an unlicensed speech-language pathologist who has an Educator License issued by ISBE can work in the schools. A speech-language pathologist who does not hold a license issued by IDFPR cannot bill Medicaid or private insurance or supervise an assistant or paraprofessional. An audiologist or speech-language pathology assistant who does not hold a license issued by IDFPR is unable to work in any setting within the state of Illinois.

IDFPR requires that speech-language pathologists and audiologists complete 20 hours of continuing education for license renewal. Licenses are issued for two years and expire October 31st of odd numbered years. Speech-language pathologist assistants must complete 10 hours of continuing education for license renewal.

For more information regarding Illinois licensure by IDFPR, please see the IDFPR website at https://www.idfpr.com/.

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

Illinois State Board of Education Requirements

See www.isbe.net

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

Updated: August 2019

Speech-Language Pathologist (non-teaching)(154)

150 hours of supervised, school-based professional experience that consists of activities related to aspects of practice addressed in the content-area standard located in 25.250 and 23 Ill. Adm. Code 28 with respect to:

- planning and intervention
- the learning environment
- service delivery
- professional conduct and ethics, and
- facilitation and advocacy

Specific Requirements:

The preparation program must hold accreditation or "accreditation candidate" by the Council on Academic Accreditation in Audiology and Speech Language Pathology of the American Speech Language Hearing Association at the time the applicant completed the program (ASHA).

Must also hold a Speech-Language Pathology license issued by the Illinois Department of Professional Regulation (IDPR)(may be a temporary license) or a Certificate of Clinical Competency in Speech-Language Pathology from ASHA, and proof of application for the IDPR license.

PART SIX: Documents Related to Serving RCSLH Clients

Roseman Center for Speech, Language, and Hearing Workflow Procedures with Point and Click

Overview

In our Center, we use Point and Click (PNC), an electronic health records management system for all of our patients' file needs.

Privacy Practices Related to the HiTech Act & HIPAA

- Patients' identities and protected health information need to be treated at all times as sensitive information. Clinicians may not discuss patients' identity (names, diagnoses, ages, etc.) except for educational or clinical purposes.
- Names of patients or other identifying information should not be used in email communication with our Center Coordinator, supervisors, or other individuals (use initials instead). Whenever possible, instant messaging through Point and Click should be used for clinicians and supervisors to communicate about clinic matters. Because of security safeguards with Point and Click, you may use patient's names in PNC.
- Students are not able to print through PNC because charts include protected health information.
- PNC enables us to monitor user access to patient's electronic charts. When working on patient reports, students should do so, to the extent possible, in the Brodahl building, or in an area where their screens are not visible to other individuals. Sessions in which chart information are viewed are logged and able to be audited to ensure that patient privacy is maintained.
- We have a limited number of secure work station licenses that we pay for. Nobody other than the student clinician should be able to view the screen when PNC is open. Failure to follow this procedure could result in a privacy violation and hence, a grade of F for clinic class.
- STUDENTS ARE NOT ALLOWED TO VIEW, UNDER ANY CIRCUMSTANCES, WITHOUT PERMISSION FROM THE CENTER DIRECTOR, CHARTS OF PATIENTS NOT ASSIGNED TO THEM IN A GIVEN SEMESTER. We receive a log of chart views. Viewing a chart of a patient not assigned will result in an F grade for clinic that term. Students must receive written permission from the Center Director to view charts of patients not on their caseload in a given term. If a student clinician unintentionally clicks on a chart of a patient not assigned to him or her, he or she immediately should explain the situation in an email to the Center Director.

Accessing Point and Click

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

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

Chart

- Select "Patient" and enter the first few letters of your patient's last name to search for your patient's chart. On the left-hand side of the screen, you will see a Medical Summary. Select "Notes" to read SOAPs, reports, and other documents. Farther down under the Medical Summary column, you will find "All documents" and "Scanned documents" that include information such as test forms, reports, speech or language samples, reports from other agencies, IEPs/IFSPs, privacy notices, patient questionnaires, and more.
- Click on "Medical Summary" and in the center of the screen under "Compose Note", you can compose a new non-appointment note. The types of notes you will compose include, among others, the following:
    - SLP SOAP note
    - Under federal law, a SOAP note is the primary document that needs to be provided to patients or their caregivers upon request for records.
    - SLP Intervention Plan
    - SLP Semester Report
    - Master Plan
        - **Note: after you check in your patient, you can click on the Chart icon on the tool bar and access the chart that way, as well!
- Students should use the instant message feature in PNC to communicate with supervisors. IM should be used to ask questions, complete revisions of SOAP notes, intervention plans, etc. and to notify supervisors and clinicians when documents are ready to be signed.
- NOTE: Clinical supervisors sign all documents; student clinicians create the initial drafts of them.

SLP Semester Report

- At the end of each term, students will compete an abbreviated report found under the "SLP Semester Report" template in PNC. Semester reports will be drafted weeks 6-8 of clinic.
    - Start a new SLP Semester Report by using the following procedure:
        - Chart
        - Patient: type in patient's name
            - Select visit
    - Template (enter top of screen)
        - SLP Semester Report
        - How to fill out the form fields for the SLP Semester Report:
- Time tracking: select "not applicable"
- Current diagnosis: complete
- Date of onset: type "NA"
- Referred by: check parent questionnaire and complete. If unknown, leave blank
- Current Testing Results
    - Complete only if testing was completed in fall or winter semesters
- Goals & Progress Made
    - Insert these words for the header PATIENT'S NAME's goals and short-term objectives are listed below.
    - For long-term goals, list the general area (receptive language, expressive language, voice quality, speech intelligibility, etc.)
    - For short-term objectives immediately after the long term list, do not include measurable criteria, but specify the subskill of communication being targeted (see example attached report)
    - For short-term objectives in the table, select the first day that patient will come in for the semester as the initiated date; enter measurable criteria
    - In the form field that follows the short-term objective table, list baseline data and specify when the data were collected (see example).
- Impressions: completed at the end of the semester; explain relative areas of strength, areas for continued improvement, levels of support suggested, etc.
- Recommendations: completed at the end of the semester; explain if patient is continuing, if they are being dismissed, etc. Also list areas to be targeted if future intervention is recommended.
- Sign, then IM the supervisor to let them know it is ready for review. The supervisor won't sign and print until the end of the semester.
- Once supervisors are satisfied with report revisions, they will sign them and print them or ask the Clinic Coordinator to do so because student clinicians do not have printing rights.
- Students will give the printed copy of the semester report to the parents to inform them of patient progress.
- A few additional considerations about reports:
    - Long Term Goals begin with patient's name

    - Short Term Objectives listed under the Long Term Goals generally should begin with the words “improve” or “increase” but should not include patient’s name- these should identify subskills but not be written in measurable form
    - Short Term Objectives in the table should be measurable and include data and/or teaching strategies
- Do not use periods in goal or objective statements

Checking In Clients

- Enter your supervisor’s name in the Provider window at the top of the screen, then select the date. Right click on your client’s name and select “check in.” Then you may toggle to the Chart view by clicking on the chart icon on the upper right hand side of the tool bar. Using this approach will link your appointment to the appropriate chart functions such as SOAP notes and intervention plan.
- Students will click on the patient’s appointment in OpenSchedule and proceed to check in the patient immediately before they draft a speech-language SOAP note. This may be done after the session, ideally within one day of the session and prior to completing the encounter note attached to the session.

Editing

- Questions or comments for the supervisor should be instant messaged. The supervisor will request changes, if any, via instant messaging in PNC.
- After the student revises, the supervisor will sign the note and it will be archived in the patient’s chart. Related student-supervisor communication will disappear and not be part of the patient’s permanent chart.
- NOTE: If clinicians are prompted to insert a CPT diagnosis code (the most common one used for speech and language patients is 92507 treatment of speech/language/voice and/or auditory processing disorder, individual), be sure to select the one with $0 charge associated with it.
- Be sure to select the appropriate session type INDIVIDUAL or GROUP.

Clinical Documentation

Evaluation Reports

All clients evaluated at the RCSLH will have an evaluation report completed following the assessment session. Below are some examples:

Example Audiology Evaluation Report

Augustana College

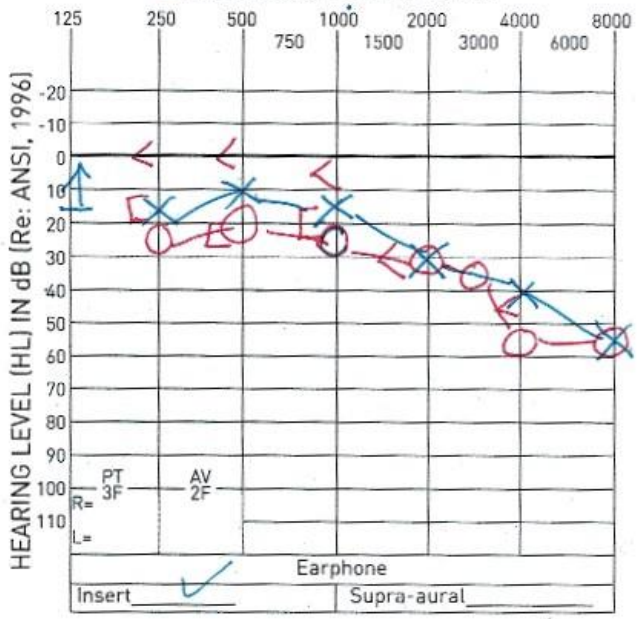
Center for Speech, Language, and Hearing
639 38th Street
Rock Island, IL 61201
(309) 794-7350

NAME: [redacted]
ADDRESS: [redacted]
DATE: 5-17-2021
DATE OF BIRTH: 6-29-1939
AGE: 81

HEARING EVALUATION

RELIABILITY: good STUDENT CLINICIAN: [redacted] SUPERVISOR: Herrera

FREQUENCY IN HERTZ (Hz)



SPEECH AUDIOMETRY

	SRT/SDT	SPEECH RECOGNITION %	HL	S/N	Test	
R	25	96	65		W-22, ½ list	
L	15	92	60		List 2A	
SF			NMCL			

LEGEND		RE	LE	No Response (Examples)
AIR CONDUCTION	Unmasked	O	X	X
	Masked	△	□	⌀
BONE CONDUCTION	Unmasked	<	>	↘
	Masked	[	]	↳
SOUND FIELD	Unaided		S	S
	Aided		A	A

X bin RE X young X oak

IMMITTANCE MEASUREMENTS

	REFLEX DECAY 500	1000	2000
RE			
LE			

TYMPANOMETRY	R	L
Ear Canal Vol.		
Pressure Peak (daPa)		
Compliance (ml)		

ACOUSTIC REFLEX THRESHOLDS

STIM EAR	PROBE EAR	FREQUENCY 250	500	1000	2000	4000	WBN

AUDIOLOGICAL SUMMARY AND RECOMMENDATIONS

Hearing:
- right ear - slight sloping to moderate sensorineural hearing loss
- left ear - normal hearing 250–1000Hz sloping to a moderate sensorineural hearing loss.

Word rec - excellent in both ears.

Ada Perrera PhD CCC-A

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

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

AUDIOLOGICAL EVALUATION

History

[redacted] was seen today for a hearing evaluation. She reports her hearing aid as fair and having trouble hearing in restaurants and when talking with her husband. She has a family history of hearing loss with all three siblings having hearing loss and wearing hearing aids as well as her father. [redacted] reports tinnitus in her right ear, which is not bothersome. She does not hear the tinnitus in the left ear. She denies vertigo, pain, or other problems with her ears. Her last hearing test was completed at the eye doctor about 1-2 years ago. The results suggested hearing loss in both ears, but hearing aids were not recommended at that time.

All proper PPE equipment and precautions were taken before, during, and after today's appointment to ensure patient safety during Coronavirus as detailed in the RCSHL Infection Control Policy.

Audiological Results

Otoscopy revealed clear ear canals and tympanic membranes in both ears. Hearing thresholds were measured using conventional audiometry and insert earphones. In the right ear, results revealed a slight sloping to moderate sensorineural hearing loss. In the left ear, results revealed normal hearing from 250-1000 Hz sloping to a moderate sensorineural hearing loss. Speech reception thresholds agreed with pure tone results. Word recognition testing was performed using W-22 monosyllable words in quiet and presented at the patient's most comfortable level of 60 and 65 dB HL to the right and left ears, respectively. Scores of 96% and 92% were obtained in the right and left ears. This indicates excellent speech recognition ability in both ears.

Hearing Aid Results

The hearing test results were discussed with [redacted] t was recommended that she pursue bilateral amplification to address her high-frequency hearing loss and prevent any negative consequences that follow untreated hearing loss. The Client Oriented Scale of Improvement was administered, which revealed difficulty hearing in restaurants and at home. Bilateral hearing aids should address these hearing needs, as well as have benefits for her tinnitus. Hearing aid styles and manufacturers were demonstrated and [redacted] liked the RIC style and the Signia model. Hearing aid features including rechargeable batteries, Bluetooth connectivity, noise reduction, and automatic programs were discussed. Dorothy wanted to have the rechargeable option and also liked the features for own voice processing. The Signia 5Xperience RIC hearing aid was selected in pearl white and the ear wire was measured to a 2. Open domes will be ordered given her good low-frequency hearing. Brochures were provided to [redacted] on the Signia Xperience hearing aid and the price, policy, and procedures sheet was also provided.

The Tinnitus Primary Functions Questionnaire was also administered to [redacted] to determine the problems related to her tinnitus. Scores of 0 were reported for concentration, Thoughts and Emotions, and Sleep, which indicates her tinnitus is not bothersome. The score for Hearing was 26.7, which indicates there is improvement. The Signia device has several options for tinnitus therapy sounds, which will be helpful for relieving her tinnitus.

Recommendations

Bilateral Signia 5Xperience RIC hearing aids were ordered in pearl white with 2S receivers and open domes. These devices should address her goals of improved hearing in quiet and in noise, and to relieve the tinnitus in the right ear. [redacted] was excited and wants to have her hearing aids before her June vacation. She will be contacted when the hearing aids arrive, hopefully in 1-2 weeks.

ICD-10/CPT CODES:

Diagnoses
Sensorineural hearing loss, bilateral (H90.3)

Charge Slip Form
Pure Tone Screening Test, Air Only (92551) (Sensorineural hearing loss, bilateral)

Signed by Ann Perreau, Ph.D., CCC-A on 5/17/2021 3:35:40 PM

Example Evaluation Report (Pediatric)

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

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

SPEECH-LANGUAGE EVALUATION

Parent/ Guardian: [redacted]
Address: [redacted]
Telephone: [redacted]
Referral Source: mother

Reason for Referral
[redacted] was referred to the Roseman Center for Speech, Language, and Hearing by her mother. Her mother reported concerns about [redacted] lack of verbal communication.

History
Pregnancy and birth
[redacted] mother reported that there were several complications during her 40 week pregnancy with [redacted]. She reported that her labor was induced and lasted 44 hours. She also reported that she experienced a fever and a swollen anterior cervix. [redacted] was healthy at birth and weighed 7 lbs., 7 ounces.

Medical
[redacted] mother reports that [redacted] health is good and she has not had any serious illnesses or injuries. She also reports [redacted] does not have a history of ear infections.

Developmental
[redacted] mother reports that [redacted] sat alone at 5 months of age, crawled at 6 months, and walked at 12 months. She also noted that [redacted] began smiling at 14 months of age. [redacted] mother reports that [redacted] has not had any problems with feeding and that her motor coordination is good for a child her age.

Family
[redacted] lives at home with her biological mother and father and her 2 month old brother, [redacted] mother reports that there is no family history of speech, language, or learning problems.

Social
[redacted] spends most of her time at home with her mother and brother. Her father works outside the home and [redacted] spends time with him in the evenings and on weekends. Her grandmother acts as a caregiver/babysitter for [redacted] on a regular basis. [redacted] mother describes [redacted] as active, a leader, an observer, happy, competitive, and quick to become frustrated.

Evaluation Results
This evaluation was conducted informally through observations, interviewing [redacted] mother, and interacting with [redacted] during play. [redacted] mother was present in the room throughout the evaluation. Initially, [redacted] was upset by the unfamiliar people and surroundings but she quickly became interested in the items in the clinic room.

Hearing
[redacted] mother reports that [redacted] passed a newborn hearing screening. A hearing screening was not conducted due to [redacted] young age [redacted] did react to a loud clap that occurred outside her view of vision. At times, [redacted] did not react to others speaking to her. A referral for a hearing screening/test has been made to the Roseman Center audiologist.

Oro-facial examination
A formal oral-motor evaluation was not conducted due to [redacted] young age. During the evaluation, no structural abnormalities were noted. [redacted] facial features are symmetrical. No functional abnormalities were observed.

Speech sound production
Due to [redacted] limited verbal output, a full assessment of her speech sound repertoire was not able to be obtained during the evaluation. She did produce the following vowel sounds: /o, a, ʌ/ and the following consonant sounds: /v, d, m, n/.

Language

Social Communication

[redacted] demonstrated appropriate eye contact and joint attention during play. She smiled and laughed appropriately. She used vocalizations to protest/show displeasure. Initially, she showed appropriate distrust of an unfamiliar person and sought reassurance from her mother. Over time, as she became more comfortable, she played away from her mother and interacted more with the clinician. [redacted] mother reports that [redacted] engages in symbolic play, such as pretending to drink from a cup. [redacted] demonstrated problem solving skills during play with a animal hospital toy; when she was unable to open the locked doors, she attempted to pull them open and then to pull the animals out through the door windows. Her attention span for her self-selected activities was good. She was not easily frustrated when she was not able to complete a task on her own. She was not observed to bring items to an adult to ask for help or to turn take in play.

Receptive Language

[redacted] mother reports that [redacted] can identify members of her immediate family and the family pet. Mom also reports that [redacted] not yet point to body parts or common animals. She reported that [redacted] can sometimes follow simple directions, such as "Get your shoes" but this is inconsistent. During the evaluation [redacted] sometimes did not react to questions or directions from the clinician or from her mother. It is unclear if that was due to [redacted] not hearing the speaker, not understanding the message, or being engrossed in an activity.

Expressive Language

[redacted] mother reports that [redacted] uses the sign for "more" to request things in general, not necessarily to request more of something. [redacted] will take her mother's hand and guide her mother to an object [redacted] desires. [redacted] mother reports that currently [redacted] uses 1 word, "dada". At age 12 months [redacted] was using the words "dog", "fish", "head", "juice", and "book", but her mother reports that [redacted] no longer using those words. During the evaluation, [redacted] engaged in some reduplicated babbling with /və/ ("vuhvuhvuh") and /də/. She also demonstrated some jargon (combinations of word-like sounds that have the rhythm of normal speech). [redacted] did not imitate sounds or words spontaneously or on request.

Voice and resonance

Due to [redacted] verbal output, a full assessment of her voice and resonance was not able to be obtained. No overt vocal or resonance issues were noted.

Fluency

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

Summary and Interpretations

Type and description of problem

[redacted] presents with an overall delay in her communication skills.

Client's strengths and weaknesses

[redacted] strengths include her family's support, her parent's concern for her development, and her good attention span for self-selected activities. Her weaknesses include her expressive (communicating to others) and receptive (understanding what others are communicating) language development.

Recommendations

1. Play-based intervention to increase [redacted] receptive and expressive language skills
2. Parental education about communication development and language stimulation techniques so that they can incorporate those techniques in their interactions with [redacted] at home.
3. Referral to the Roseman Center audiologist for hearing testing.

Prognosis

Given [redacted] young age and the support of her parents, her prognosis is very good.

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

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

Charge Slip Form
Evaluation of Speech Sound Prod. Eval of Language Comp & Expr ()

Student Clinician: Signed by Stacie Greene on 4/14/2021 12:43:15 PM

Master Plans

A Master Plan outlines client goals for the semester. Below are some examples:

Example Master Plan (Pediatric)

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

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

MASTER PLAN

Client: [redacted]
Supervisor: [redacted]
Date: 02/19/2021

Long and Short Term Goals/ Objectives

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

Rationale for Selecting This Goal:
The ability to be understood while speaking is necessary for effective communication. It is important that [redacted] speech is understood by both familiar and unfamiliar listeners to ensure that her wants and needs are met in all settings. Increased speech intelligibility will also promote [redacted] social growth when communicating with peers as she continues through elementary school.

Midterm/ End of Term Baseline Data Collection Plan:
Speech sample taken at the beginning and end of term

Activity Ideas:
Role playing (e.g. [redacted]as a teacher, business owner, etc.), interactive games, scavenger hunts with common household items, crafts

Strategies/ Prompts:
Modeling correct productions, visual cues, tactile cues, and visual phonics if applicable

Short Term Goals/ Objectives

Short Term Goal 1
Goal: [redacted] will correctly produce /ʃ/ in all word positions at the sentence level.
Quantative Data Collection Plan:
Clinician generated checklist using plus and minus tallies. [redacted] will be given at least 10 opportunities to produce the target response.

Activity Ideas:
Sentence/story generation, crafts, storybook reading, interactive games (e.g. Uno, checkers, bingo, Girls Go Games), role playing, movement activities (e.g. scavenger hunts)

Strategies/ Prompts:
Modeling correct productions, visual cues, tactile cues, and visual phonics if applicable

Short Term Goal 2
Goal: [redacted] will correctly produce /ð/ in all word positions at the sentence level.
Quantative Data Collection Plan:
Clinician generated checklist using plus and minus tallies. [redacted] will be given at least 10 opportunities to produce the target response.

Activity Ideas:
Sentence/story generation, Would You Rather, crafts, storybook reading, interactive games (e.g. Uno, checkers, bingo, Girls Go Games), role playing, movement activities (e.g. scavenger hunts)

Strategies/ Prompts:
Modeling correct productions, visual cues, tactile cues, and visual phonics if applicable

Short Term Goal 3
Goal: [redacted] will correctly produce /d͡ʒ/ in all word positions at the sentence level.
Quantative Data Collection Plan:
Clinician generated checklist using plus and minus tallies. [redacted] will be given at least 10 opportunities to produce the target response.

Activity Ideas:

Sentence/story generation, Would You Rather, crafts, storybook reading, interactive games (e.g. Uno, checkers, bingo, Girls Go Games), role playing, movement activities (e.g. scavenger hunts)

Strategies/ Prompts:
Modeling correct productions, visual cues, tactile cues, and visual phonics if applicable

Short Term Goal 4
Goal: [redacted] will correctly produce /tʃ/ in all word positions at the sentence level.
Quantative Data Collection Plan:
Clinician generated checklist using plus and minus tallies. [redacted] will be given at least 10 opportunities to produce the target response.

Activity Ideas:
Sentence/story generation, Would You Rather, crafts, storybook reading, interactive games (e.g. Uno, checkers, bingo, Girls Go Games), role playing, movement activities (e.g. scavenger hunts)

Strategies/ Prompts:
Modeling correct productions, visual cues, tactile cues, and visual phonics if applicable

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Long Term Goal: [redacted] will improve her expression of correct syntactic structures in her spoken language

Rationale for Selecting This Goal:
Correct syntax is important in the expression of language. While [redacted] message can generally be understood when using incorrect syntax, errors are very apparent to the listener and can distract from the content of the message. [redacted] will be understood more easily by all listeners when using correct syntactic structures. Additionally, there are connections between syntax and literacy that will aid [redacted] in her reading and writing as she progresses to more challenging material.

Midterm/ End of Term Baseline Data Collection Plan:
Language sample taken at the beginning and end of term

Activity Ideas:
Story retellings, high/lows at the beginning of sessions, question-answer games, interactive Internet games, crafts, Boom cards

Strategies/ Prompts:
Direct teaching, forced choice, modeling correct productions

Short Term Goals/ Objectives

Short Term Goal 1
Goal: [redacted] will use past tense irregular verbs correctly at the conversational level.
Quantative Data Collection Plan:
Time-based measure using tallies to quantify errors. [redacted] will make two or fewer errors in her use of past tense irregular verbs in a 5-minute conversation.
Activity Ideas:
Story retellings, high/lows at the beginning of sessions, question-answer games, interactive games (e.g. Uno, checkers, bingo, Girls Go Games), crafts, Boom cards
Strategies/ Prompts:
Direct teaching, forced choice, modeling correct productions

Short Term Goal 2
Goal: [redacted] will use /s/ and /z/ to indicate plurals or third person singular verbs at the conversational level.
Quantative Data Collection Plan:
Time-based measure using tallies to quantify errors. [redacted] will make two or fewer errors in her production of plurals and third person singular verbs in a 5-minute conversation.
Activity Ideas:
Story retellings, high/lows at the beginning of sessions, question-answer games, interactive games (e.g. Uno, checkers, bingo, Girls Go Games), crafts, Boom cards
Strategies/ Prompts:
Direct teaching, forced choice, modeling correct productions

Short Term Goal 3
Goal: [redacted] will use /t/ and /d/ to indicate regular past tense verbs at the sentence level.
Quantative Data Collection Plan:
Time-based measure using tallies to quantify errors. [redacted] will make two or fewer errors in her production of past tense regular verbs in a 5-minute conversation.
Activity Ideas:
Story retellings, high/lows at the beginning of sessions, question-answer games, interactive games (e.g. Uno, checkers, bingo, Girls Go Games), crafts, role playing, Boom cards
Strategies/ Prompts:
Direct teaching, forced choice, modeling correct productions

Example Master Plan (Adult)

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

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

MASTER PLAN

Client: [redacted]
Date: 03/09/2021

Long and Short Term Goals/ Objectives

Long Term Goal: [redacted] will improve his production of the Standard American English (SAE) dialect.

Rationale for Selecting This Goal:
[redacted] self-reported his preference to sound like a native English speaker within natural contexts. He stated that it is imperative for his overall confidence and ability to communicate effectively that he sounds like a native English speaker to familiar/unfamiliar individuals. Production of accurate SAE consonants and vowels is crucial to applying appropriate SAE dialect throughout daily communication. In the Midwest region, SAE is commonly used and understood by the large majority of individuals. It is important for [redacted] to have the ability to utilize SAE effectively in order for his colleagues and other members of his community to understand his intended messages effectively. This will minimize [redacted] frustration due to miscommunication and allow for a greater opportunity for him to be more engaged throughout conversation and daily life activities.

Midterm/ End of Term Baseline Data Collection Plan:
Conversational Speech Sample

Activity Ideas:
Fun/Silly Conversation Starters
Would You Rather Questions
10-item word lists with targeted phonemes
Minimal pair sets with targeted phonemes

Strategies/ Prompts:
Direct teaching
Visual cues (graphics, models)
Scaffolding with comments and questions regarding speech production trials

Short Term Goals/ Objectives

Short Term Goal 1
Goal: [redacted] will improve his production of Standard American English consonants and vowels with less than 5 errors of the targeted phoneme productions across all contexts (e.g., single words, sentences, conversational speech) with an emphasis on verbally demonstrating self-awareness and self-correction.
Quantative Data Collection Plan:
Production of less than 5 errors collected on a clinician generated data sheet

Activity Ideas:
Scattergories
Word Lists
Silly Stories with many attempts at the targeted phoneme

Strategies/ Prompts:
Direct teaching
Verbal cues
Scaffolding

Long Term Goal: [redacted] will improve his ability to produce context-appropriate phrasing and intonation during 10-minute structured oral reading activities.

Rationale for Selecting This Goal:
In order to demonstrate appropriate production of the SAE dialect, proper phrasing and intonation is crucial. Phrasing allows for appropriate pausing and grouping of words during reading and discussion. Appropriate phrasing is important for ensuring that [redacted] thoughts and feelings are communicated and expressed in a direct and clear manner. Appropriate use of intonation will allow [redacted] to add emotions and a sense of his mood to his desired interactions. Intonation adds an abundance of clarity and variation to [redacted] intended message which will allow his communicative partner to respond appropriately and limit frustration between the conversation dialogue. Shifts in intonation will change the meaning of [redacted] messages which will give his communication partners a better understanding of his internal feelings. This will allow for [redacted] to have a greater opportunity to implement a variety of subtle emotions in his speaking range which is a common occurrence for native English speakers.

Midterm/ End of Term Baseline Data Collection Plan:
Probe with an oral reading sample

Activity Ideas:
Readings of short stories
Sentences that indicate a targeted tone of voice
Role Play through dialogue

Strategies/ Prompts:
Direct teaching
Verbal cues
Request for self-reflection
Modeling

Short Term Goals/ Objectives

Short Term Goal 1
Goal: [redacted] will read presented sentences, articles, and passages while demonstrating appropriate phrasing and intonation throughout presented readings with less than 5 errors of inappropriate phrasing and intonation.
Quantative Data Collection Plan:
Production of less than 5 significant errors in 4 out 5 opportunities collected on a clinician generated data sheet
Activity Ideas:
Reading of scripts with dialogue
Sentences with targeted tone of voice
Listening activity with imitation of examples
Strategies/ Prompts:
Direct teaching
Verbal cues
Modeling
Visual cues

Intervention Plans (IPs)

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

Example Intervention Plan (Pediatric)

Client: [redacted]
Clinician: [redacted]
Supervisor: [redacted]
Date: 03/29/2021

Goal
[redacted] will improve her speech intelligibility.

Measurable Objective
1. [redacted] will correctly produce /t͡ʃ/ during structured conversation in 80% of opportunities.
2. [redacted] will correctly produce /ʃ/ during structured conversation in 80% of opportunities.
3. [redacted] will correctly produce /ð/ at the sentence level in 80% of opportunities.
4. [redacted] will correctly produce /d͡ʒ/ at the sentence level in 80% of opportunities.

Teaching Strategies
Modeling, visual cues, tactile cues, visual phonics

Criterion & Number of Trials
1. [redacted] will correctly produce /t͡ʃ/ during structured conversation 80% of the time during 8/10 trials independently.
2. [redacted] will correctly produce /ʃ/ during structured conversation 80% of the time during 8/10 trials independently.
3. [redacted] will correctly produce /ð/ at the sentence level 80% of the time during 8/10 trials independently.
4. [redacted] will correctly produce /d͡ʒ/ at the sentence level 80% of the time during 8/10 trials independently.

Procedures/Materials
1 and 2. [redacted] will play a Kahoot game alongside the clinician featuring fun trivia questions. These questions will include some topics that [redacted] enjoys such as softball, Roblox, and art. The correct responses will contain a /t͡ʃ/ or a /ʃ/ sound. If [redacted] does not select this answer, the clinician will prompt [redacted] to say it in order for her for practice producing it. [redacted] will also be instructed to read the question to the clinician aloud to practice the targeted speech sounds, as well as others that occur in everyday language.
3 and 4. The clinician and [redacted] will use a clinician-generated list of /ð/ and /d͡ʒ/ words for this activity. The clinician and [redacted] will engage in an interactive game of Uno. For every other turn she takes, [redacted] will be prompted to generate a sentence using one or two of the words in the list. If time allows, following the game, she will select an item from the room she is in and create a story with these items using the list of words generated at the end.

Stimuli (word lists, scripts, etc.)
1. The words containing the speech sound /t͡ʃ/
2. The words containing the speech sound /ʃ/
3. The words containing the speech sound /ð/
4. The words containing the speech sound /d͡ʒ/

Goal
[redacted] will improve her expression of correct syntax in her language.

Measurable Objective
1. [redacted] will use /s/ and /z/ to indicate plurals and third person singular verbs at the conversational level.
2. [redacted] will make two or less errors in her production of past tense regular verbs at the conversational level.

Teaching Strategies
1. Direct teaching, modeling, scaffolding, visual cues
2. Direct teaching, modeling, scaffolding

Criterion & Number of Trials
1. [redacted] will make two or less errors in their production of plurals and third person singular verbs in a 5-minute activity.
2. [redacted] will make two or less errors in their production of past tense regular verbs in a 5-minute activity.

Procedures/Materials

1. [redacted] will watch a short clip on YouTube depicting a story. She will then be prompted to retell the story to the clinician in her own words as if she was explaining it to the clinician as it is happening. The clinician will encourage [redacted] to talk to the clinician about it so that they can imagine the video playing out as [redacted] explains it. [redacted] will be prompted to incorporate her strong /s/ and /z/ sounds at the ends of plurals and verbs loud enough for the clinician to perceive them.
2. The clinician and [redacted] will create a list of verbs that can be made past tense by adding an -ed to the end of the word. The clinician and [redacted] will then come up with their own exercise routine. Afterwards, [redacted] will be prompted to describe what moves the routine had in it as if she were telling a friend about it using her past tense verbs.

Stimuli (word lists, scripts, etc.)

1. Plural items and third person singular verbs.
2. The action in the routine (e.g. danced, jogged, jumped, etc.).

Student Clinician: [redacted]

Signed by [redacted]

SOAP Notes

SOAP notes are used in most clinical, medical, and graduate clinic sites in speech-language pathology and audiology. School settings also require similar formats for record-keeping. SOAP notes should be concise: think bullet points, not prose. SOAP notes document what occurred in a session. Clinicians will write a SOAP note for every session.

SOAP is an acronym that stands for *SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN.*

S: Subjective

What factors may have contributed to the client's communicative performance today?

Some examples:

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

O: Objective

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

Some examples:

- Objective 1/increase MLU: at the preparatory set level, CLIENT used S-V-Adj-O sentence structure for 8/10 trials
- Objective 2/improve production of initial /s/ clusters @ word level: 70% (14/20) accuracy with a 1:3 model
- Objective 3/increase initiation to peers: CLIENT initiated 4 times in 2 minutes to the same peer with only 1 clinician visual prompt
- Objective 4/improve use of memory book for communication: CLIENT named 4/6 family members when provided a phonemic cue

A: Assessment

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

Some examples:

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

P: Plan

What next? How should teaching strategies/levels of clinician support be adjusted? Are current objectives appropriate for moving the client toward independent improvement? If not, what are the plans for adjusting?

Some examples:

- Objective 1 needs to be updated to reflect recent growth. Revised: The CLIENT will improve use of complex sentences such that 50% of utterances on an end of term language sample contain at least two verb phrases (former criterion: 30%).
- The CLIENT has not improved his use of third person singular for the past 3 weeks using a cloze task format; thus, support will be increased using forced choice for at least 2 weeks and then will reassess.
- The CLIENT seems too distracted when Play Doh is used for expressive language tasks; in future weeks, tactile activities will be avoided when targeting expressive goals.

Example SOAP Note

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

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

SPEECH-LANGUAGE PEDIATRIC SESSION NOTE

Treatment Type: Individual
Date of Onset: 04/23/2021
Length of Treatment (min.): 43

SUBJECTIVE

[redacted] arrived for her session at the clinic. When [redacted] and her mother arrived at the Center, COVID-19 procedures were completed and verified, and both student clinicians wore proper PPE (e.g., face masks and gloves) during the session. [redacted] was in a good mood, engaged, and highly willing to interact with the student clinicians. [redacted] dad reported that [redacted] "slept good last night and put herself to bed around 8pm." Following the session, the room was disinfected according to Center protocol.
Mood: happy/ good
Compliance: good
Attention: good

OBJECTIVE

1. [redacted] will use signs and look toward her communicative partner by waving "hi" and "bye-bye" spontaneously at least two times per session upon arrival and departure:

- "Hi:" 1 out of 3 opportunities with maximum verbal prompting, clinician demonstration/modeling and coaching language. With her mother's help using tactile cues (e.g., [redacted] mother gently grabbed her forearm to wave "hi" at the clinicians), [redacted] was able to wave "hi"

- "Bye-bye:" 0 out of 2 opportunities with maximum verbal prompting, clinician demonstration/modeling, and coaching language. In addition, [redacted] father used verbal prompting as well

2. [redacted] will sign for "more" when showing her desire to play independently with an item that is out of reach 10 times with no clinician support: 28 times independently, 3 times with moderate-maximum support (e.g., verbal prompting, coaching language, clinician demonstration/modeling, and communicative temptations)

3. [redacted] will acknowledge the clinician by turning to the speaker at least 10 times spontaneously within a single 50 minute session following the clinician saying "look" or [redacted] 9 times with moderate-maximum verbal prompting

4. [redacted] will sign "eat" 10 times within a single 50 minute session with HOH/elbow prompting and move to independently signing "eat" at least 10 times during a single session: 16 times total, 13 times independently, and 3 times with minimal-moderate support (e.g., communicative temptations using the animal hospital and withholding her snacks, clinician demonstration/modeling, verbal prompting)

5. [redacted] will sign "open" 10 times with moderate-maximum support (e.g., HOH prompting) within a single 50 minute session: 8 times with maximum support using tactile cues (e.g., HOH prompting, verbal prompting, communicative temptations using the animal hospital and withholding her snacks, clinician demonstration/modeling)

ASSESSMENT

At the beginning of the session [redacted] was provided with a field of 3 toys to choose from (e.g. cube shape sorter, star stacker, and animal hospital). [redacted] was highly interested in the star stacker and the shape sorter initially (especially the shapes with lots of sides like stars). She also really enjoyed the firetruck, which was used to work on her goal of signing "more" via communicative temptations (e.g. student clinicians turned the music off and prevented it from being turned back on). The animal hospital was used during snack time to work on introducing "open" and to work on signing "more" and "eat" (e.g. the student clinicians hid snacks in the animal hospital, and wouldn't open the snack container). It should be noted that [redacted] initiated "eat" 13 times independently with no clinician support and that she helped the student clinicians sign "open" by grabbing their hands. [redacted] also liked being shaken on the dinosaur chair and when the ball from the firetruck was rolled on the table, and the ball being hit against the wall. She also produced vocalizations in many instances throughout the session (e.g. making noises for the dinosaur chair and stuffed animals). Parallel talk, self-talk, and coaching language were implemented throughout the entire session as well. During the session, [redacted] waved "hi" one time independently and once at the beginning of the session with tactile cues from mom, and maximum verbal prompting and clinician demonstration/modeling from the student clinicians. At the end of the session, [redacted] did not wave "bye-bye" even with maximum clinician support waving "bye-bye" and verbal prompting.

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

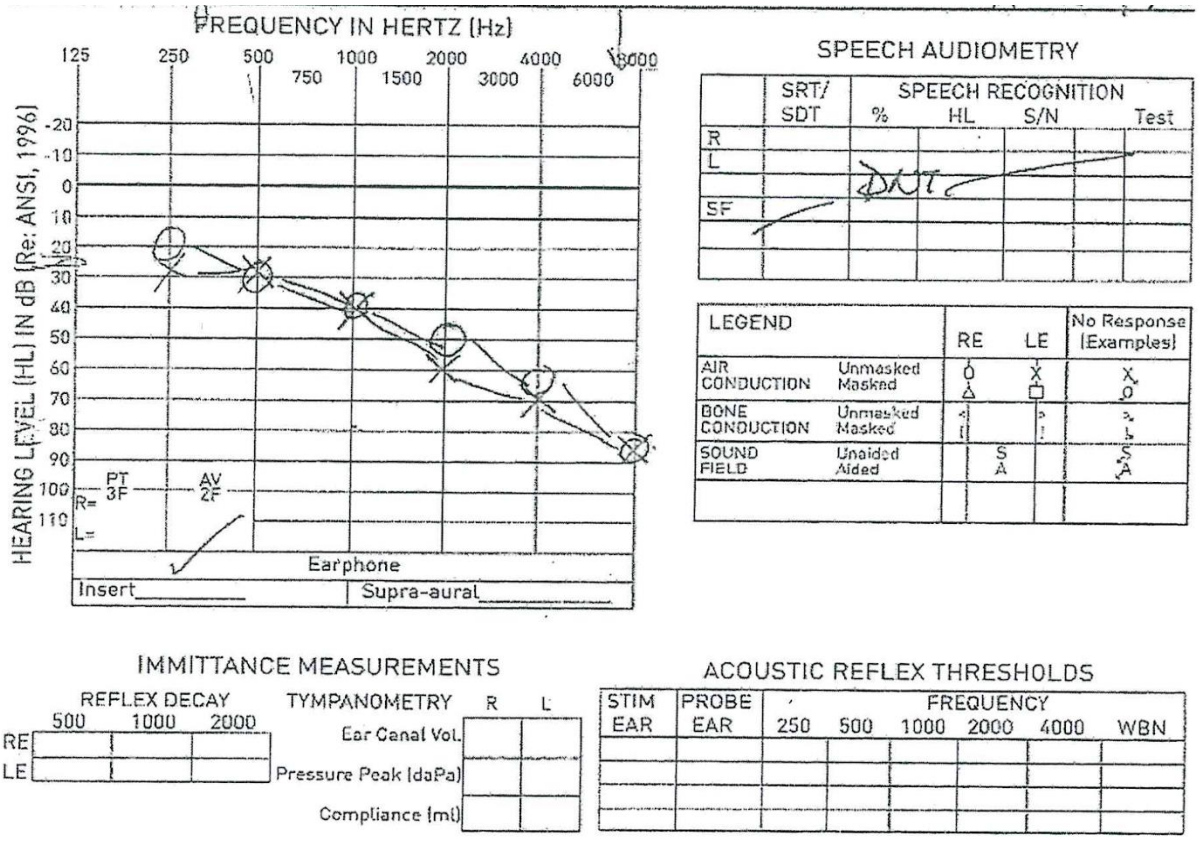
Charge Slip Form
Speech Language Session, Individual ()

PLAN

Continue improving [redacted] social communication skills and encouraging more independent requests from her.

Example Audiology Note (Adult)

Augustana College Roseman Center for Speech, Language, and Hearing 639 38th Street Rock Island, IL 61201 (309) 794-7350 HEARING EVALUATION RELIABILITY: good STUDENT CLINICIAN:	NAME: _____ ADDRESS: _____ _____ DATE: _____ DATE OF BIRTH: _____ AGE: _____ SUPERVISOR:



AUDIOLOGICAL SUMMARY AND RECOMMENDATIONS

Background: Patient has bilateral tinnitus for 40+ years. Saw patient for tinnitus consultation. Last hearing test was at 10 years old. Obtained pure tone thresholds to conduct tinnitus testing.

Hearing: Left - mild sloping to severe hearing loss

Right - slight sloping to severe hearing loss

Recommendations: Receive doctor referral for insurance and obtain a comprehensive audiogram. Continue tinnitus therapy.

Semester Reports

At the end of the semester, clinicians prepare a Semester Report to share with the client/family regarding the goals for the semester, the client's progress toward those goals, and recommendations moving forward. Below are examples of Semester Reports:

Example Semester Report (Adult)

SPEECH/LANGUAGE SEMESTER REPORT

Time Tracking

Time tracking not applicable

CURRENT TESTING RESULTS

Behavior Regulation of Executive Functioning - Adult Questionnaire
BRI T score: 80
Percentile Rank: 99
MI T Score: 93
Percentile Rank: < 99
GEC (MI+BRI) T Score: 90
Percentile Rank: < 99

Scales of Cognitive Ability for Traumatic Brain Injury
Subtest: Perception and Discrimination:
Standard Score: 104
Percentile Rank: 61
Subtest: Perception and Discrimination:
Standard Score: 119
Percentile Rank: 90
Subtest: Perception and Discrimination:
Standard Score: 119
Percentile Rank: 90
Subtest: Perception and Discrimination:
Standard Score: 103
Percentile Rank: 58
Subtest: Perception and Discrimination:
Standard Score: 122
Percentile Rank: 93

Ross Information Processing Assessment 2nd Edition
Subtest I: Immediate Memory
Standard Score: 18, Mild
Percentile Rank: >99

Subtest II: Recent Memory
Standard Score: 14, Mild
Percentile Rank: 91

Subtest III: Temporal Orientation (Recent Memory)
Standard Score: 13, Moderate
Percentile Rank: 84

Subtest IV: Temporal Orientation (Remote Memory)
Standard Score: 14, Mild
Percentile Rank: 91

Subtest V: Spatial Orientation
Standard Score: 14, Mild
Percentile Rank: 91

Subtest VI: Orientation to Environment
Standard Score: 10, Marked
Percentile Rank: 50

Subtest VII: Recall of General Information
Standard Score: 15, Mild
Percentile Rank: 95

Subtest VIII: Problem Solving and Abstract Reasoning
Standard Score: 13, Moderate
Percentile Rank: 84

Subtest IX: Organization
Standard Score: 16, Mild
Percentile Rank: 98

Subtest X: Auditory Processing and Retention
Standard Score: 11, Moderate
Percentile Rank: 63

GOALS & PROGRESS MADE

[redacted]was seen in person and via teletherapy for executive function and self-regulation intervention.[redacted]s goals, objectives, and progress for the Fall 2020 Semester are as follows:

Long Term Goals

Goal:	[redacted]will improve her executive functioning and self-regulation abilities.

Short Term Objectives

Goal:	Given an activity,[redacted]will state the items that she will need to complete the activity successfully in 8/10 opportunities.
Goal:	When items have been identified,[redacted]will build a visual schedule of how to complete the activity in 8/10 opportunities.
Goal:	[redacted]will demonstrate the ability to independently use her smartphone given a variety of tasks in 8/10 opportunities.
Goal:	[redacted]will demonstrate the ability to independently utilize different components[redacted]n 8/10 opportunities.

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
10/07/2020	Given an activity,[redacted]will state the items that she will need to complete the activity successfully in 8/10 opportunities.	ongoing; see below
10/07/2020	When items have been identified,[redacted]will build a visual schedule of how to complete the activity in 8/10 opportunities.	ongoing; see below
10/07/2020	[redacted]will demonstrate the ability to independently use her smartphone given a variety of tasks in 8/10 opportunities.	ongoing; see below
10/07/2020	[redacted]will demonstrate the ability to independently utilize different components[redacted]in 8/10 opportunities.	ongoing; see below

IMPRESSIONS

[redacted] has a strong awareness of her own deficits that have resulted from her two head injuries and has learned how to compensate fairly well over the years. She reported a resurgence and increase in frequency and severity of some particular areas of executive functioning and self-regulation since her second concussion in [redacted] performs well during structured tasks but has difficulty generalizing concepts and strategies related to time, orientation, organization, initiation, and use of technology in her every day life. [redacted] started receiving services at the Augustana College Center for Speech, Language, and Hearing Services late in the fall Semester. She came to the clinic for evaluation on [redacted] and started individual therapy sessions on [redacted] has been an active participant and strong self advocate throughout the semester. [redacted] worked alongside the clinician and clinical supervisor to outline her goals for the semester in order to best meet her daily living needs. Throughout the semester, [redacted] has shown improvement in her comfort and willingness to try new things on her computer and laptop but is still working through [redacted] During the semester, the clinician and clinical supervisor met with [redacted] in her office to work through organization and spatial issues to help [redacted] better utilize and manage her office space. [redacted] was very welcoming to change throughout the session and provided her own input and ideas on how the problem needed to be tackled. [redacted] is very active in her own therapy process and continues to advocate, show up, and work hard to target the goals she and the clinician have introduced.

RECOMMENDATIONS

It is recommended that [redacted] continue to receive intervention in the Spring [redacted] Semester at the Augustana Center for Speech, Language, and Hearing Services. [redacted]'s future sessions should continue to target the following objectives:

1. Given an activity [redacted] will state the items that she will need to complete the activity successfully in 8/10 opportunities.
2. When items have been identified, [redacted] will build a visual schedule of how to complete the activity in 8/10 opportunities.
3. [redacted] will demonstrate the ability to independently use her smartphone given a variety of tasks in 8/10 opportunities.
4. [redacted] will demonstrate the ability to independently utilize different components of [redacted] in 8/10 opportunities.

It is recommended that the following "at home" objectives continue to be a part of [redacted]'s intervention goals:

1. [redacted] will create a plan for accomplishing a task, including articulating the nature and frequency of help 5x during the week.
2. When faced with obstacles to accomplishing her daily responsibilities, [redacted] will problem solve what she could do to overcome the obstacle, and then evaluate its effectiveness 5x during the week.
3. [redacted] will select and use a system to complete weekly organization tasks at home 5x during the week.

Student Clinician: [redacted]

Signed by [redacted]

Example Semester Report (Pediatric)

SPEECH/LANGUAGE SEMESTER REPORT

Time Tracking
Time tracking not applicable

PERTINENT HISTORY

Current Diagnosis: Developmental disorder of speech and language, unspecified (F80.9) Date of Onset: [redacted]
Referred by: grandparent

CURRENT TESTING RESULTS

The Preschool Language Scales, 5th Edition (PLS-5) was administered on 9/8/20, 9/10/20, 9/15/20, and 9/17/20. The results are as follows:

Auditory comprehension:
Standard score: 120
Standard score confidence interval of 95%: 112-126
Percentile rank: 91
Percentile ranks for standard score confidence interval values: 79-96
Age equivalent: 2-3
Growth scale value: 392

Expressive Communication:
Standard score: 91
Standard score confidence interval of 95%: 84-99
Percentile rank: 27
Percentile ranks for standard score confidence interval values: 14-47
Age equivalent: 1-6
Growth scale value: 325

Total Language Score:
Standard score: 92
Standard score confidence interval of 95%: 86-99
Percentile rank: 30
Percentile ranks for standard score confidence interval values: 18-47
Age equivalent: 4-10

GOALS & PROGRESS MADE

Long Term Goals

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

Date Objective Initiated	Short-term Objectives	Date Objective Mastered
09/15/2020	[redacted] will produce a functional word 10 times throughout a 55 minute session.	09/25/2020
09/25/2020	[redacted] will produce a word in imitation in 80% of opportunities.	11/12/2020
09/25/2020	[redacted] will spontaneously produce a functional word 20 times throughout a 55 minute session.	11/12/2020
09/25/2020	[redacted] will spontaneously produce a functional sign 20 times throughout a 55 minute session.	Not met

Baseline data from the end of the semester:

[redacted] met his goals for producing words and signs at least 10 times during a session very early in the semester.

In one of the final sessions of the semester, he spontaneously used functional words 40 times during a single session, and imitated words in 89% of opportunities.

He did not meet his goal for producing signs 20 or more times; however, this is due to [redacted] preferring verbal communication over sign at this time. In one of the final sessions of the semester, he spontaneously used signs 3 times.

IMPRESSIONS

When [redacted] came to his first session, it was reported that he had an expressive vocabulary of about 10 words and that he relied mostly on gestures to communicate his wants. After the Preschool Language Scales - 5th Edition (PLS-5) was administered, it was determined that [redacted] was delayed in his expressive language skills. An enhanced milieu teaching approach is a naturalistic intervention that uses the child's interests and initiations as opportunities to model and prompt language in everyday contexts; this approach was implemented to increase [redacted] expressive vocabulary.

Language stimulation techniques that were demonstrated and taught to [redacted] family included withholding, sabotage, cloze sentences, forced choices, and focused stimulation. Words that have been targeted included: help, open, close, eat, drink, hungry, thirsty, look, stop, go, sit, stand, lay down, push, pull, play, jump, on, off, potty. Since [redacted] dad is [redacted] his parents used [redacted] terms for family members but use English in all other contexts. [redacted] The ASL signs for "mom," "dad," "grandma," and "grandpa" were used with the [redacted] words. Since his own name is complex, he was referred to as [redacted] to make saying his own name more attainable. As his expressive language improves, the name he uses for himself should also increase towards its typical pronunciation.

[redacted] has made quick progress since the beginning of the semester. He has been independently using "help," "open," "eat," "on," and "off" both during the sessions and at home. His mother and grandfather also reported that they have noticed a difference in his expressive language at home, and it was reported that others such as daycare staff have noted an improvement as well. [redacted] was shy in the beginning and was shy around new people; however, once he was comfortable in the sessions, he opened up significantly and engaged more, which helped him progress. Aside from "help," "open," and "eat," which he produced both verbally and with an adapted sign, [redacted] seemed to favor verbal productions over verbal with sign or sign alone. Signs should continue to be utilized, however, as this gives [redacted] another method of communication should he need it.

It was noted, but not directly targeted, when [redacted] produced a non-target word spontaneously. Notation of spontaneous non-target productions began on [redacted] with only 2 productions noted. On [redacted] there were 15 spontaneous non-target productions, which indicated that [redacted] spontaneous use of language has increased. There have also been instances of [redacted] spontaneously producing 2-3 word utterances, such as on [redacted] when he produced "thank you," "ready set go," "there it is," and "goodnight baby" spontaneously. It should be noted that the only phrase from those productions that had been used frequently during sessions was "ready set go."

At the end of this semester, [redacted] parents completed an early vocabulary checklist as a measurement of how many words [redacted] has in his expressive vocabulary. They noted an expressive vocabulary of 182 words at this time.

[redacted] was observant and receptive, which helped him learn new words quickly. This also made him more likely to spontaneously imitate words or short phrases he heard from others. Since he frequently imitated on his own, he did not tend to require a prompt to imitate. However, he would comply when prompted. [redacted] was very orderly and enjoyed organizing his toys, and he always made sure everybody in the room had a turn to play. His preferred toys/activities included the Little People House set, toy food, bubbles, freeze dance, and scavenger hunts.

RECOMMENDATIONS

[redacted] remarkable progress this semester is encouraging and may indicate no further need for intervention at this time, especially in light of his strong family support. This will be discussed with his family and if the family opts to continue intervention during the Spring [redacted] semester at the Roseman Center for Speech, Language, and Hearing possible goals to target in the future include, but are not limited to, the following:

- Imitation of 2 word utterances
- Spontaneous production of 2 word utterances

PART SEVEN:

Miscellaneous

Roseman Center for Speech, Language, and Hearing Weekly Clinic Clean-Up Procedure

All student clinicians will volunteer for a minimum of 1 week to be a part of the “Friday Clean-Up Crew”. The tasks take at least 1 hour to complete, so please plan accordingly. Due to clinic sessions and classes, clean up cannot begin before 2 PM. The Clinic Coordinator will provide the 2-sided list of clean-up tasks. If you come in individually, mark off what you have completed and leave the sheet on the Clinic Coordinator’s desk so the rest of the crew knows what remains to be done. If you can’t make your scheduled clean-up date, it is your responsibility to find a replacement and to let Ms. Aumuller know ahead of time so that you can be rescheduled.

Clinic Clean-up Responsibilities
Friday Afternoon

(Everyone on clean-up crew signs this one sheet)

Place your initials next to tasks after completion. Everyone sign below and return to Clinic Coordinator.

1. Straighten up the waiting rooms. Arrange chairs, as needed. Use disinfectant spray to clean the chairs and arm rests.

2. Straighten up all intervention rooms. Remove toys and return them to the proper place in the Resource Library (RL). Wash tables, chairs, and doorknobs with disinfectant spray.

3. Straighten up the three student workrooms (lounge, computer lab, craft area). Return all toys and materials to the RL. Straighten up supplies. Wash desks, chairs, furniture. Throw away scrap paper, etc. Circle on the back of this sheet of any consumable supplies that are needed.

4. Straighten up the Resource Library. Put toys in their proper places. Organize the books and testing materials. Straighten up laundry baskets. Throw away trash.

5. Group therapy rooms. Again, circle on the back of this sheet of any consumable supplies that are needed. Clean the rooms the same as the other intervention rooms. Throw away anything in the refrigerator and cabinets that is not labeled or that is expired. Thoroughly clean out the microwave with a wet paper towel.

6. Straighten up the classrooms. Return any toys and materials to the RL. Clean off the whiteboards. Wipe down desks/chairs with spray.

7. Straighten up the student kitchen. Wash table and chairs. Wash sink, dishes, and counter. Put away dishes. Throw away anything in the refrigerator and cabinets that is not labeled or that is expired. Thoroughly clean out the microwave with a wet paper towel.

8. Wash in hot water and dry any toys in the blue wagon (outside of the clinic office) and return them to their proper place in the RL.

9. Please report any concerns to the Clinic Coordinator or Center Director. Thanks!

Name(s):_____ Date and Time: _____

List of Consumable Items Provided by the CSD Dept. for Students' Clinical Use

Kitchen Items

Shaving cream
Paper plates
Paper bowls
Salt
Baking soda
Borax
Flour
Vinegar
Sugar
Baking powder
Corn syrup
Toothpicks
Cornstarch
Napkins
Popcorn
Oil
Alka-Seltzer
Cheerios
Straws
Coffee straws

Other Items

Construction paper
Markers
Crayons
Bubbles
Paper
Glue
Glue sticks
Tongue depressors
Pipe cleaners
Do a Dot paint daubers

Communication Screening for Students in the Introduction to CSD Course

This first section should be filled out by the Intro to CSD student.

Name of Intro to CSD student:_____

Birthdate:_____

Examiner:_____

Date of screening: _____

Circle any of the communication areas below about which you have concerns:

Speech Language Hearing Stuttering Voice

Are you aware of any past or current medical conditions that might negatively impact your communication or academic skills?____ Yes ____No

The student speech-language clinician may ask you to clarify your responses to the preceding questions. If you prefer to discuss them with a faculty person, please check here: _____

The rest of this document is completed by the student clinician.

Step 1: The examiner should ask the examinee to read "The Rainbow" passage (attached). The examiner should explain to the examinee that the point of this exercise is to screen for multiple communicative domains. Note that this passage contains all sounds in the English language. The examinee should listen for voice, speech sound production, fluency (speaking fluency), and language. Examiners also will evaluate reading fluency. The examiner should make note of specific errors on the passage below and then broad appraisals using the checklists that follow the passage.

The Rainbow

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch with its path high above and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends may say that he is looking for a pot of gold at the end of the rainbow.

Voice (check all that apply)

Quality: appropriate ____ hoarse ____ strained ____ breathy ____ hypernasal____ hyponasal____

Loudness: appropriate____ too soft____ too loud_____

Pitch: appropriate for age and gender_____ too high_____ too low____

Speech

Speech sound production

Were all sounds produced correctly? ___ yes ____no

If errors were found, describe and quantify using the table below:

	Distortions	**Substitutions**	**Omissions**
Number			
Description			

Dialectical differences (if applicable):

	Distortions	**Substitutions**	**Omissions**
Number			
Description			

Language

Vocabulary appropriate____ concerns:_____

Word retrieval appropriate____ concerns:_____

Grammar appropriate____ concerns:_____

examples:_____

Fluency (Speaking Fluency)

Rate: appropriate____ too fast_____ too slow_____

Atypical disfluencies: part-word____ multiple whole word repetitions ____ (if so, # of iterations)____

prolongations_____ silent blocks_____ secondary characteristics_____

examples:_____

Reading Fluency

Number of errors or discrepancies related to reading (not speaking fluency) (examiners should write any errors, even minor ones such as “can” for “could”, etc.) on the passage score sheet:_____

Pass =fewer than 6 READING FLUENCY errors or discrepancies

Pass____ Fail____

Step 2: Insert clean ear protectors on the audiometer and screen hearing using the audiolgoical screening forms found in the student room. Screen at 30dB at 500, 1000, and 2000 Hz. Remember that you must screen each frequency two times bilaterally.

Hearing

Passed screening bilaterally_____ Failed screening right ear_____ Failed screening left ear____

Step 3: Examiners will need gloves and a tongue depressor for the oral mechanism examination. Examiners complete a basic oral mechanism examination and complete the following information.

Oral mechanism

Lips: symmetrical at rest_____ rounding____ retraction____

noteworthy features:_____

Tongue: symmetrical at rest____ protrude____ elevate___ depress___ point___ narrow____

noteworthy features:_____

Soft Palate: symmetrical at rest____ movement on phonation of "ah ah ah"____

noteworthy features:_____

Syllable Sequencing: /pətəkə/

10 repetitions in 10 seconds? Yes____ No____ normal rhythm?___ (yes or no)

Step 4: The examinee reads the "Buried Alive" passage (attached) silently then retells the events.

Narrative (retelling /comprehension task)

Instructions for examinee: Read the story "Buried Alive" and then I will ask you to retell the story without looking back, using as much detail as possible.

Evaluate the examinee's retelling by circling items that were included in the retelling (need not be verbatim to receive credit; but should be qualitatively similar to items listed on the score sheet).

Pass (20-45 items included in retelling) ____

Marginal (16-19 items) ____

Fail (<15 items)_____

Score sheet for retelling:

Buried Alive

1. Jim had been a truck driver for 20 years .(setting)
2. He was a very careful driver. (setting)
3. And he never took chances. (setting)
4. One day it had been snowing for several hours. (initiating event)
5. The roads were getting bad, (initiating)
6. And Jim could hardly see (initiating event)
7. Where he was going. (initiating event)
8. He wanted to get home safely. (internal response)
9. So, he looked for a wide place at the side of the road, (attempt)
10. Pulled over his eighteen-wheeler, (attempt)

11. And fell fast asleep. (direct consequence)
12. He was finally able to relax. (reaction)
13. Jim woke up many hours later. (setting)
14. It was dark inside the truck, (setting)
15. But his watch said it was morning. (setting)
16. The snow on the truck was keeping the sun out. (initiating event)
17. Jim knew (internal response)
18. He was trapped. (internal response)
19. First, he turned on the windshield wipers (attempt)
20. Then he tried to push open the door. (attempt)
21. But the wipers and door wouldn't budge. (direct consequence)
22. Jim started to worry. (reaction)
23. By noontime, it was getting harder and harder to breathe (initiating event)
24. The air in the truck was running out. (initiating event)
25. Jim remembered (internal response)
26. He had a blowtorch in the back of the truck (internal response)
27. He lit it, (attempt)
28. Cut a hole in the room (attempt)
29. And melted the snow above the hole. (direct consequence)
30. Sunlight and fresh air poured in. (direct consequence)
31. Jim was relieved (reaction)
32. But he knew (reaction)
33. It would take a long time for all that snow to melt. (reaction)
34. A whole week went by. (setting)
35. One day, two state police officers saw an exhaust pipe sticking out of the snow. (initiating event)
36. They thought (internal response)
37. That the driver of the truck might be dead. (internal response)
38. The officers took shovels out of their car, (attempt)
39. and started digging in the snow. (attempt)
40. About 10 minutes later, they reached the door. (direct consequence)
41. And pulled it open. (direct consequence)
42. Jim smiled at the officers. (reaction)
43. He was tired, (reaction)
44. And he was hungry (reaction)
45. But he was alive! (direct consequence)

Step 5: Evaluate the examinee.

Results Summary/Recommendations (to be completed by senior clinician)

Pass_____ Fail _____ Rescreen_____ Test_____ Refer_____

Signature of Center Director_____

Plan (completed by Director):

To be read aloud by examinee:

The Rainbow

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch with its path high above and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends may say that he is looking for a pot of gold at the end of the rainbow.

To be read silently by the examinee. Examinees will be asked to retell this story from memory after they have finished reading it.

Buried Alive

Jim had been a truck driver for 20 years. He was a very careful driver, and he never took chances. One day it had been snowing for several hours. The roads were getting bad, and Jim could hardly see where he was going. He wanted to get home safely. So, he looked for a wide place at the side of the road, pulled over his eighteen-wheeler, and fell fast asleep. He was finally able to relax. Jim woke up many hours later. It was dark inside the truck, but his watch said it was morning. The snow on the truck was keeping the sun out. Jim knew he was trapped. First, he turned on the windshield wipers. Then he tried to push open the door. But the wipers and the door wouldn't budge. Jim started to worry. By noontime, it was getting harder and harder to breathe. The air in the truck was running out. Jim remembered he had a blowtorch in the back of the truck. He lit it, cut a hole in the roof, and melted the snow above the hole. Sunlight and fresh air poured in. Jim was relieved, but he knew it would take a long time for all that snow to melt. A whole week went by. One day, two state police officers saw an exhaust pipe sticking out of the snow. They thought that the driver of the truck might be dead. The officers took shovels out of their car and started digging the snow. About 10 minutes later, they reached the door and pulled it open. Jim smiled at the officers. He was tired and he was hungry, but he was alive!

NSSLHA to ASHA Conversion

The NSSLHA to ASHA Membership Conversion Discount is a one-time discount of $225 off the initial dues and fees for ASHA membership and certification.

Eligibility

To qualify, you must be a National NSSLHA member for the last 2 years of your master's or doctoral program. Contact ASHA's Action Center to confirm eligibility.

Introductory NSSLHA Membership

The Introductory NSSLHA Membership was a pilot program that did not meet its objectives and has been discontinued. *This membership did not count toward the NSSLHA to ASHA Conversion discount.*

Tips

- Apply for National NSSLHA membership.
- Renew your National NSSLHA membership for the last 2 years of your master's or doctoral program.
- Maintain current degree information in the NSSLHA/ASHA database.
- Maintain current email and postal mailing addresses in the NSSLHA/ASHA database.
- Do not wait to complete your clinical fellowship or externship before applying for ASHA membership and certification.

Application

The Conversion Discount is automatically applied when you submit your application for ASHA membership and certification.

Deadline

The application for ASHA membership and certification (and automatic application of the Conversion Discount) must arrive in the National Office before August 31 (up to the year after you graduate).

Additional Programs

Gift to the Grad

The Gift to the Grad is available to all first-time applicants of ASHA membership and certification who apply between May 1 and August 31, providing up to 20 months of additional membership for the price of 12!

Recent Grad Discount

Graduates who do not meet the criteria for the NSSLHA to ASHA Conversion Discount may qualify for the Recent Graduate Discount—$50 off the initial dues and fees of ASHA membership and certification. The application for ASHA membership and certification

must be received by the National Office within 12 months of your graduation date to receive this discount. If applicable, apply this discount to your application upon submission.