While the provisions of this handbook will ordinarily be applied as stated, The Department of Communication Sciences and Disorders reserves the right to change any provision listed in the Handbook without actual notice to individual students. Every effort will be made to keep students advised of any changes. Information on changes will be available in the office of The Department of Communication Sciences and Disorders, the department website and through department advisors. It is especially important that all students note that it is their individual and personal responsibility to keep apprised of current requirements.

Valdosta State University is an equal opportunity educational institution. It is not the intent of the institution to discriminate against any persons based on the sex, race, religion, color, national origin or handicap. It is the intent of the institution to comply with Title VI of the Civil Rights Act of 1964 (and subsequent executive orders) and Title XI in Section 504 of the Rehabilitation Act of 1973.
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Welcome

Welcome to the graduate program in Communication Sciences and Disorders (CSD) in the Dewar College of Education and Human Services at Valdosta State University. We are proud of our program and history and are glad you have chosen to become part of our program. We expect that you will find our programs challenging and rewarding. We encourage you to bring a firm commitment, cooperative attitude, and good spirit, for these will enrich your learning experience. Whether your career aspirations are clinical, educational, or research oriented, having this mindset will best develop your independence, initiative, problem-solving skills, and effective communication in order to be successful in the classroom, clinic, and laboratory. Our programs encourage a non-competitive, team-oriented approach to education, which we believe best facilitates the learning process.

For a multitude of reasons, there are a large and growing number of individuals with speech, language, hearing, and swallowing problems that may impact their ability to communicate, reach educational and vocational potential, and/or maintain vital survival functions. As this number of individuals grows, likewise the need to educate individuals to help this population grows. Ongoing research provides us with better means of assessment and treatment. As a result, we continually improve the ways in which we serve people in all stages of their lifespan.

Audiology and speech-language pathology are currently among the fastest growing health care professions. The Bureau of Labor Statistics predicts they will continue to grow significantly. Virtually all of our graduate students find suitable employment upon completion of their program. You are joining a discipline that will provide you with many discoveries and rewards. Make the most of your graduate study, as it is the basis for your professional growth. The faculty and staff are here to guide you and facilitate your learning. We expect you will be responsible for making the most of this experience.

Introduction

“The Masters of Education (M.Ed.) degree program in the Department of Communication Sciences and Disorders is designed to allow students to apply knowledge from the pre-professional degree while continuing to gain information regarding effective diagnostic of, and intervention for, clients with a variety of communication disorders and diverse needs. The combination of academic coursework and practica prepares the successful candidate to meet the challenges of a career in speech-language pathology across a wide variety of medical and school-based settings” (Graduate catalog, page 58).

The purpose of this handbook is three-fold: (1) to familiarize the graduate student of the university’s and department’s policy regarding academics (i.e. retention policies, grades, and plan of study), (2) to familiarize graduate students in Communication Sciences and Disorders (CSD) with the clinical requirements of their program, and (3) to address the operation of the Valdosta State University Speech and Hearing Clinic. Individual clinical supervisors will assist any student who has questions concerning his/her practicum assignment.

Students are required to read this handbook carefully and are responsible for all information, including the appendix. Any violation of the policies contained in this handbook can result in lowering of a practicum grade, failure in practicum, and/or expulsion from the program.

After receiving a copy of the handbook, the student will sign a Communication Sciences and Disorders Program Sequence and Policies Agreement verifying that he/she has read, and accepts responsibility for, the enclosed procedures and policies. The student will turn in this signed agreement to the Clinic Director.
Students enrolled in their first practicum course (CSD 5050) will be tested on the handbook and ASHA Code of Ethics. A passing grade of 80% must be obtained on this exam. The exam may be repeated; however, a passing score must be obtained by mid-term or it will result in a lowered practicum grade.

**Mission Statement**

**College of Education and Human Services**
The Dewar College of Education & Human Services prepares professionals for multiple roles in educational settings and community agencies; fosters a culture of reflective, evidence-based practice and inquiry within a diverse community of students, faculty, and staff; provides leadership in the improvement of the education, health, and well-being of citizens in this region, the nation, and the world; and develops effective, responsive scholars and practitioners who use theory, research, and collaboration to enhance their work in a global, diverse, and technological society.

**Department of Communication Disorders**
The mission of the Communication Sciences and Disorders Program at Valdosta State University is to engage students in learning, research, clinical practice, and service. This mission is based on artistic, humanistic, scientific, and cultural principles related to communication disorders. Graduates are prepared to engage in a lifetime commitment to the use of evidence-based practices in their chosen profession. They are prepared in ways that will enable them to participate in vital professional roles in the region they serve and in state and national arenas.

**Hearing, Speech and Language Clinic Mission Statement**
The Valdosta State University Speech-language and Hearing Clinic mission is to promote excellence in the clinical education of students and to provide high quality services to the community.

**Faculty and Staff**
The names, academic credentials, office numbers, telephone numbers and e-mail addresses of faculty and staff, along with an administrative flow sheet, are listed in appendices A & B. Students should use these lists to familiarize themselves with the faculty and staff in the CSD Program.

**Professionalism and Membership**
It is mandatory that all students read the ASHA Code of Ethics. (Appendix C) They must abide by the Code of Ethics as students and professionals.

It is the policy of this department to encourage student participation in professional organizations: The American Speech-Language-Hearing Association (ASHA), The Georgia Speech-Language-Hearing Association (GSHA), and the National Student Speech-Language-Hearing Association (NSSLHA).

Joining NSSLHA indicates an early involvement in professional organizations. NSSLHA has both local and national memberships. Membership in both is encouraged: one to support your local program and the other to support your chosen profession. Every Master’s Degree candidate, upon graduation, is encouraged to become a member of ASHA, to pursue the Certificate of Clinical Competence in
Speech-Language Pathology (CCC-SLP), and state licensure. Memberships in national and state organizations indicate the start of professional involvement.

**State Certification**

All students graduating from the VSU graduate program in Communication Sciences and Disorders are eligible for Certification for the state of Georgia. The student’s internship prepares him/her for the school clinical experience, which is part of the certification requirements. Students obtain an S-certificate which is granted in the State of Georgia to Other School Personnel. This is not a Teacher’s Certificate but it is a Service Certificate that allows the student to work in the public schools as a certified employee.

Students also complete an externship in a medical setting which prepares the student for the medical environment. The student will need both his/her CCC and state licensure to work in the medical environment. All states may not have the same licensure process.

Being “certified” means holding the Certificate of Clinical Competence (CCC), a nationally recognized professional credential that represents a level of excellence in the field of Audiology (CCC-A) or Speech-Language Pathology (CCC-SLP). The graduate program prepares students to be eligible for certification through course work and clinical experiences. The last step involves on the job training. Use this link to learn more obtaining certification. [http://www.asha.org/certification/PromoteCCC/](http://www.asha.org/certification/PromoteCCC/)

**Course of Study**

The maximum time allowed for completion of the master’s degree is seven calendar years. No work completed more than seven years prior to degree completion will be accepted toward the degree, except with special permission from the candidate’s advisor, Dean of the Dewar College of Education and Human Services, and approval from the Dean of the Graduate School.

No more than six semester hours of academic work may be transferred from another institution into the Dewar College of Education and Human Services programs. Transfer credit will be evaluated after admission by the academic department.

See page 10 for a copy of the Graduate CSD Course of Study

**Grading System**

According to the VSU graduate catalog, “graduate students are expected to earn grades of at least “B” in most of their course work for their degree” (Graduate catalog, page 19). Earning grades below “B” in graduate courses will result in the following consequences: students admitted Fall 2011 and thereafter will be dismissed from the Graduate School if they accumulate three or more academic deficiency points unless otherwise indicated by individual program policy. A grade of “C” (although it may be credited toward a degree) equals one deficiency point. A grade of “D”, “WF”, or “F”, or “U” (none of which will be credited toward a degree) equals two deficiency points. Candidates admitted BEFORE 2011 and receiving two grades below “C” (“D”, “F”, “WF”, “U”) will be dismissed from the program. One grade below a “C” results in a warning.

If dismissed from the program a student may not be enrolled at the university for two semesters. Applications for readmission may be initiated during the second semester. **Readmission is not guaranteed, and prior academic performance and student conduct/disposition in the program will be considered.** The academic program reserves the right to place specific conditions and contingencies on any offer of readmission.
Appealing a Dismissal
If a student wishes to appeal a dismissal, please complete the form linked below. Please forward the completed form to the respective department; include any supporting documentation. We encourage students to attach a letter explaining the reason behind their appeal and why they believe the decision should be reevaluated rather than using the small space provided on the form. Students are asked to email the Graduate School that they are beginning the dismissal appeal process:gradschool@valdosta.edu (attn: Teresa Williams), or fax a copy of the form to 229-245-3583.

Dismissal Appeal Form (updated Sept 13)
Graduate students who wish to appeal a dismissal must first discuss the issue with their professor. Further appeals are then directed, in order, to their professor’s Department Head, college dean, and then the Dean of the Graduate School.

Appealing the 7-year Rule for Coursework
A student's advisor must send a memo to the Dean of the Graduate School requesting an extension. Include a brief justification. The student's transcript will be reviewed. The Dean will respond with a memo to the advisor and cc: the Registrar's Office if the request is approved or denied.

Withdrawals from Class or the University
All CSD graduate students must follow VSU’s guidelines for withdrawing from class or the university located on pages 19-21 in the Graduate Catalog.

Comprehensive Exam
“All graduate programs at Valdosta State University require a comprehensive exam. Successful completion of this exam indicates that the students have nearly completed their work toward the degree” (Graduate catalog, page 23). CSD graduate students will take a comprehensive examination at the time specified by the graduate program during the first semester of the off-campus practicum. Discussion and preparation for the exam continues throughout the graduate program.

The comprehensive examination will consist of six essay questions selected from a pool of questions covering a range of topics representing the profession of communication disorders. Students will be given a total of four hours to answer these six questions. They may be given the choice of either answering them on a computer with a jump-drive or with traditional paper and pencil.

Students must pass five of the six questions to be considered as having passed the comprehensive examination. Performances on individual questions will be returned to the department head who will tally the results. Students will then be notified of the results within four weeks of the administration of the exam. Students who do not pass may take the comprehensive examination at the next offered time. Students may take comprehensives a maximum of three times. If after three times he/she has not passed the comprehensive examination, he/she will be dismissed from the program.

STUDENT SERVICES

Complaints and Resolving Problems
Graduate education is intensive and can be stressful at times, and conflicts with faculty, peers, and others may occasionally happen. We expect you will make efforts to resolve interpersonal conflicts directly with the involved person. Often, an amicable resolution can be found. We strive for our students to receive fair and equitable treatment.
At times, the disposition of your issue or concern may not be satisfactory to you, and you may seek the advice of others. Your advisor, the CSD Department Head, the Coordinator of Professional Master’s Program, Coordinator of Clinical Doctorate, and the Coordinator of Clinical Services are all available to assist you. In addition, CSD has in place a Student Conflict Resolution Committee. The Committee’s primary role is to attempt to resolve a student’s conflict with a faculty or staff person. Any of the above individuals (in a committee of three) are a part of this committee unless they are directly involved. If the conflict cannot be resolved by this means, it will be referred to VSU’s Conflict Resolution Program (ADR).

**Conflict Resolution Program**
Alternate Dispute Resolution (ADR)

VSU participates in the University System of Georgia’s Consortium on Negotiation and Conflict Resolution. This means additional resources for students. Conflict can occur for many reasons such as lack of information, misinformation and misunderstanding, or differences in interests, personality, and ways of seeing things. At times conflict can be positive and its resolution can result in better ideas and ways of doing things. But unresolved conflict can grow into more serious disputes.

There are many avenues a student can take to obtain assistance with conflict. One resource is through the Conflict Resolution program. We provide mediation, conflict coaching and training on conflict resolution.

Whether your dispute is with another student, faculty member or staff member, we are here to help. If you are interested in exploring conflict coaching or mediation as an option of resolving a conflict, contact Dr. Martha Laughlin by email at mjlaughlin@valdosta.edu, or by the phone at (229) 249-4961. For all other inquiries contact Rebecca Murphy, rbowes@valdosta.edu, (229) 259-5106 or visit our website at http://www.valdosta.edu/administration/conflict-resolution-program/. Inquiries are confidential.

**Other Complaints non related to faculty and staff disputes**
Students may also contact The Council of Academic Accreditation in Audiology and Speech-Language Pathology (CAA) to file a complaint. The CAA is the accreditation body for graduate programs in audiology and speech-language pathology. Submit any complaint related to the program’s compliance with standards for accreditation to the CAA in writing, following guidelines provided at the following URL: http://www.asha.org/academic/accreditation/accredmanual/section8.htm. Complaints should be addressed to: Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850.

**Graduation Form**

All graduate students will complete an application for graduation the semester before they begin their off campus placement (i.e. Internship and Externship), during the third or fourth semester.

**KASA: Knowledge and Skills Acquisition Summary Form**
The KASA form is intended for use by the certification applicant during the graduate program to track the process by which the knowledge and skills specified in the 2014 Standards for the CCC are being acquired. The student is to review the KASA form at the beginning of the graduate course of study, and update it at intervals throughout the graduate program.

See sample form in Appendix Z:
VALDOSTA STATE UNIVERSITY  
COLLEGE OF EDUCATION  
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
M. Ed. Degree with a major in Communication Disorders

Student Name: ___________________________ ID: ___________________________

For State Certification and Licensure these courses and exams are required:
SPEC 3600 Serving Students with Diverse Needs (3 hours)
ACED 2400 Computer Technology for the Workplace (3 hours)
GACE I and Praxis II (GACE I is required by the end of your 1st semester in the program if you did not exempt it; Praxis II is required by the end of your last semester in the program).
Physical Science (3 hours), a Biological Science (3 hours) and a Statistic class (3 hours) are required for National certification and must be completed before a Master's degree is awarded. All students are enrolled in EDUC 5999 until the requirements are completed.

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<td>CSD 5030</td>
<td>Phonological Disorders</td>
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<td>Dysphagia &amp; Motor Speech Disorders</td>
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<td>CSD 5230</td>
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<tr>
<td>Total Hours</td>
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We agree to the program of study as outlined above:

Student's signature and date: ___________________________  Advisor’s signature and date: ___________________________

NOTE: *A two hour seminar has been incorporated into CSD 5050, CSD 5100 and CSD 5140. CSD 5230 is required for the students writing a Thesis during the semester they defend. Thesis credit will increase the total hours up to 63 credits if all hours are used. Revised July 30, 2014
VSU Speech and Hearing Clinic

Diagnostic services and (re)habilitation services for individuals with communication disorders are provided at the on-campus speech and hearing clinic and satellite sites. These sites also serve as practicum settings for students majoring in the field of Communication Sciences and Disorders.

Diagnostic and treatment fees vary according to the nature of the services rendered. If the fees pose a financial hardship for a client/family, the client/family should discuss the fees with the Director of On-Campus Practicum (Clinic Director) or the clinic secretary.

Practicum follows the university calendar; therefore, treatment and evaluation sessions are scheduled to conform to the academic semester schedule. Each client in the treatment program is notified during the first week of each academic term as to the particular days and times that treatment has been scheduled. Typically, clients are notified by telephone.

Clinical Practica

Purpose
The purpose of the clinical practica courses is to provide student clinicians with opportunities to transfer textbook knowledge into supervised practical application to facilitate the development of clinical skills. To achieve this purpose, student clinicians observe, and work with, a variety of clients with speech, language, and/or hearing disorders under direct professional supervision in various professional settings. Students are expected to acquire specific competencies throughout their clinical experiences (See FACCC Appendix T and Syllabi-Appendix U) and demonstrate evidence-based practice.

Throughout practica, students majoring in Communication Sciences and Disorders obtain the necessary clock hours of supervised clinical experience required for the American Speech-Language-Hearing Association’s Certificate of Clinical Competence and for state licensure. For this reason it is the responsibility of each student to be aware of the required hours and their acquisition.

Professionalism
Practicum students are required to act in a professional manner at all times (Appendix F). Any student who violates any aspect of the ASHA Code of Ethics (Appendix C), may receive a failing grade in practicum.

Confidentiality
Confidentiality of client information is of utmost importance and any student who violates it or any other aspect of the ASHA Code of Ethics (Appendix C) may be given a failing grade in practicum. Examples of maintaining confidentiality include: students must refrain from discussing information about clients or leaving confidential materials such as reports, test results, and clinic files in open areas. Students may not contact a client or discuss a client’s case without supervisor’s approval. Students should de-identify written information whenever possible (using client initials on rough drafts, plans, clock hour forms, etc.)

All students must follow the clinic implementation of the HIPAA guidelines as stated in Appendix X. HIPAA training is conducted in the beginning seminar and in the beginning clinic orientation session.
Professional Liability Insurance
All students are required to have personal professional liability insurance before beginning practicum. A student must purchase NSSLHA insurance. It should be noted that there may be a thirty (30) day waiting period in the purchase of NSSLHA insurance; therefore, applications/instructions are sent to the students the semester prior to the beginning of their graduate program. These applications are to be completed and returned as instructed in the accompanying letter.

Undergraduate Practica Prerequisites
Prior to enrollment in a practicum course and direct contact with a client, each student must have a minimum of twenty-five (25) hours of observation. Documentation of this must be on file prior to the student’s beginning practicum.

Background Check
Graduate students must receive a satisfactory criminal background check before beginning the CSD program. A copy must be in the student’s clinical folder located in the clinic director’s office.

Graduate Practica
Graduate students must maintain a cumulative GPA of 3.0 to be enrolled in practica. If a student receives a letter grade of D or F in a practicum course, the course does not count toward graduation and must be repeated. Additionally, all clinical hours accrued in that practicum are voided and may not be used to meet the required 400 clock hours of practica for ASHA certification. There are three (3) on-campus practica courses. The number and types of clients assigned for on-campus practica will depend on the academic courses and prior practica assignments completed by the graduate student as well as the constraints of the clinic population. In addition to these on-campus courses, the last two semesters of the Master’s program consist of full time off-campus practica in two (2) different settings: a school system and a medical facility.

Clinic Telephone
Telephones in the clinic area are for business use only. Phones are not to be used for personal business. Give your contact information to the client and their family. Keep their contact information with you as well.

Required Clinical Meetings and Responsibilities
For beginning students enrolled in a practicum, there is a meeting at the beginning of the first semester. For students enrolled in a practicum, attendance at meetings set forth in the clinic calendar is required. Other mandatory meetings may be scheduled as needed. All dates on the clinic calendar should be noted and lack of adherence to the deadlines and attendance at meetings may result in a lowered practicum grade. Clinic updated information/announcements are placed in intermediate and advanced clinicians’ mail folders along with their clinical assignments/schedules at the beginning of the semester and throughout the semester as needed. End of the semester checklists are also distributed.

Seminars
Each practicum course (CSD 5050, CSD 5100, CSD 5040) will have accompanying seminars. Attendance is mandatory. Excused absences must be approved by the seminar coordinators (Dr. Renee Hannibal and Mrs. Miller). Students understand that in addition to the three (3-5) required seminars, they are required to attend the Hull Lecture Series and the Deavours Lecture Series (both are fee based) as well. Students also understand that as issues and trends occur in the professions of Audiology and Speech-Language Pathology, there may be a need for additional seminars and that additional seminars may be added during the semester.

All students are expected to attend all scheduled seminars on their scheduled dates. In the event that “life experiences” happen and a student cannot attend 1 of the 3 seminars and the Hull Lecture series or the Deavours Lecture series, they will complete a module and make 100% on that module. Life
experiences include hospitalization of (student or family member), illness (student must bring slip from doctor or Student Health Center), death in family, assault on person (student), home invasion or if your car is vandalized and you have to file a police report or the student or family member has been in an accident. No other excuses fall under Life experiences. In the event that you miss more than one seminar, the student understands that at the end of the semester, 5 points will be deducted from your final clinic grade.

**Standards of Dress and Behavior**

For clinical assignments, professional dress appropriate to the clinical setting is expected and required. Male clinicians will wear slacks, and collared shirts. Ties are optional. Female clinicians will wear dresses, skirts or dress pants. Dresses and skirts should be no more than two (2) inches above the knee. Casual attire such as flip-flops, shorts, jeans, tank tops, etc. is NOT allowed. NO V-neck or low cut blouses are allowed unless worn with a tank-top or insert. Hair color should be close to a natural color (i.e. no pink, blue, orange, purple, or green hair colors). Facial piercing should be removed during the therapy sessions and tattoo’s covered. Any variations in the dress code will be at the individual supervisor’s discretion and dependent upon the site and/or client. Clinical supervisors have the right to cancel therapy or provide the clinician with a jacket if they feel that the clothing attire is not professional. Professional judgment is expected whenever a student is in a clinical area. Clinicians are also required to wear their VSU student ID badge during all clinic sessions!

The behavior of students connected with the clinic reflects not only on the students but also on the faculty and staff, the clinic, and the university. The student is, therefore, expected to be courteous to all persons with whom he/she comes in contact. Students should refrain from loud talking or laughing on clinic premises, since there are therapy sessions being conducted in nearby therapy rooms. Criticisms, comments, and suggestions regarding clinic operations should be discussed privately with the student’s academic advisor, the clinic supervisor, or the Director of On-Campus Practicum. The COE Website has official student complaint procedures and the chain of command should be followed (Appendix A).

Student clinicians are NOT allowed to have cell phones in the rooms during therapy and/or evaluation sessions unless approved by the supervisor for clinical use.

Due to limited space, only students with clinical business should be within the clinical area. There should be no eating or drinking in this area. Friends, roommates, children, etc. must wait in the waiting area that is provided. Failure to abide by these rules can result in a student being asked to leave the clinic. In addition, such behavior can result in lowering of the practicum grade due to non-professional behavior.

**ASHA Requirements**

Upon completion of the graduate degree, a student must have completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact (Std. IV.C). Student must complete at least 325 clock hours while engaged in graduate study (Std. IV.D). Student must be supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student’s level of knowledge, experience and competence and sufficient to ensure the welfare of the client/patient populations (Std. IV.E).

It should be realized that the 400 clock hours are a minimum, and it is hoped that students would accrue more than this required minimum number of hours. The requirements for ASHA certification, including requirements for clock hours, are contained in Appendix D and in more detail at www.asha.org. These requirements are also mandatory for graduation from the Master’s program at Valdosta State University.
Valdosta State University makes no guarantee that the needed hours of clinical experience can be provided in a specified number of semesters or amount of time. In part, the hours obtained will depend on the student’s schedule and the availability of clients.

**ASHA Certification, State Licensure, and School Certification**

Student clinicians are STRONGLY encouraged to access current information regarding requirements for ASHA (national) certification, the ASHA standards, GA state licensure, and GA school/state certification. Links to the websites are available on the CSD program web page. Students may access them directly by logging on to asha.org, and sos.state.ga.us, and gapsc.com/Teacher. Most states require state licensure of speech-language pathologists depending on the work setting. In Georgia, a state license is required by law for the practice of speech-language pathology in any setting other than the public schools. If employed in a public school setting, school certification is needed instead of licensure. GA School certification (S-5) process begins during the internship/public school practicum experience (application is completed). If a student desires to seek employment in another state, it is important to know that state requirements may vary, and it is the responsibility of the student to obtain licensure requirements and procedures.

**Records and Reports**

**Management of Files and Record Procedures**

Management of files is a vital part of the service aspect of the Speech and Hearing Clinic. The clinic secretary, with the assistance of graduate assistants, has overall responsibility for maintaining a viable system of record management.

**Security of Records**

All client paper records are stored in file cabinets in room 1228. This door will be unlocked during the first 2 weeks of clinic and the last 2 weeks of clinic as long as the secretary or graduate assistant is in the clinic area. After those two weeks, room 1228 will be locked. If a clinician needs a file during that time, they will have to request the key from the clinic secretary or clinic director. The clinic files containing client information are confidential and are to be treated accordingly. Client files and all paperwork related to them are to remain in the clinic area at all times. The clinic area consists of the following:

1. Room 1211 (Student Workroom)
2. Supervisor’s offices
3. Therapy rooms 1210, 1212, 1214, 1216, 1221, 1223, 1225, 1227, 1229, 1222, 1226, 1241

Students may check out files and work with them in the designated student work area. They may also check out files and take them to their supervisor’s office. Students are not allowed to take client files (or any paperwork related to them) home or to store such files in their student mail folders or lockers.

In removing a client file from the filing cabinet, a student is required to fill in the requested information on one of the index cards in the red filing forms found on top of the filing cabinet. When finished with client folders, students are not to file such folders, but should place them in the appropriate filing box. When the graduate assistant files a client’s folder, he/she will note the return of the folder on the red index filing form and replace this form on top of the filing cabinet. All previously unfiled and loose-leaf information should be placed in the file folder in the appropriate filing box. The clinic secretary or a graduate assistant will be responsible for filing these materials in individual client files.

**Forms Related to Referral and Scheduling of Clients**

The forms used in processing a case are explained below. For any given client, the appropriate forms should be located in that client’s folder. Blank forms are located in the secretary’s station.
**Intake Form**: Provides initial referral information regarding reason for referral, name of referral source, etc. (Appendix J)

**Records Release Form**: Authorizes VSU Speech and Hearing Clinic personnel to release client records to designated parties. (Appendix K)

**Request for Information Form**: Authorizes VSU Speech and Hearing Clinic personnel to obtain client records from designated parties. (Appendix L)

**Consent Form**: Authorizes taping of sessions, data collection and the issuing of food and beverages during therapy sessions. (Appendix M)

**Adult Case History Form**: Provides information regarding the client’s medical and social history and is completed by the client or the person responsible for the client’s case management. (Appendix N)

**Child Case History Form**: Provides developmental and behavioral data for patients under the age of sixteen (16) years of age and is completed by the parent or guardian. (Appendix O)

**Authorization to Evaluate and Treat**: This statement is contained in the Client Case History Form and provides for the client/guardian’s permission to evaluate and treat the client. (Appendix N, O)

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**Equipment and Materials**

**Clinician Supplies**

Each clinician is expected to purchase the following supplies that he/she will be using in treatment and/or diagnostics:

1. Items to be used as potential reinforcement as needed
2. High quality penlight and batteries
3. Stop watch

The clinician is also responsible for providing any food/snacks that he/she might incorporate in the treatment program. Remember to check with a child’s parent before offering any food/snack. (A Consent for Issuing Foods/Beverages Form—see appendix M—should be completed and placed in the client file).

**Clinical Materials for Use**

Students are welcome to use clinic therapy materials that are maintained in the student workroom and in the toy closet. It should be stressed that, as part of their professional responsibilities, students will be assigned clinic clean-up responsibilities weekly. Failure to complete the assigned clean-up task, will entail an additional week of clean-up. If the clinician continues to fail to complete the assigned task, it can result in the lowering of the practicum grade. These responsibilities include keeping the materials clean and organized so they are easily retrievable, wiping down the therapy rooms and toys, or cleaning equipment. Remember that the clinic has limited resources that all students must share.

**Rules regarding the use of clinic therapy materials are as follows:**

1. Students are to check out materials at a reasonable time prior to use. **(8:00 a.m. is not reasonable for a 4:00 p.m. client)**
2. Check out/in procedures for therapy materials are on the honor system.
3. Students are to check out therapy materials by making appropriate entries in the Materials Log located in Room 1211
4. Students are **not** allowed to keep VSU materials in their lockers.
5. Students must return these materials promptly after each session so the materials are available for other clinicians.
6. Students are to return the materials in the condition in which the student would want to find such materials.
7. Students should clean all items such as toys, dishes, etc. before returning.

**Testing Materials and Equipment:**
Rules regarding the use of testing materials/equipment are as follows:
All tests and test forms are located in room 1244. The hours of operation will be posted on the door each semester.

1. **Check-out procedures:**
   a. Students are to check out tests during the hours of operation posted on the door. (8:00 a.m. is not reasonable for a 4:00 p.m. client)
   b. ONLY the GA’s, clinical supervisors/faculty, clinic director, or clinic secretary will pull the requested tests.
   c. The GA, supervisor, clinic secretary, or clinic director will sign out the testing material/equipment by filling out the requested information in the Tests/Equipment Log located in the test room 1244.
   d. The person who is supervising the check-out procedure will also initial the student’s entry in the notebook.
   e. Students may check out testing materials/equipment overnight by using the following time frame:
      i. Monday through Thursday, check-out no earlier than 4:00 PM.
      ii. Friday, check out no earlier than 12:00 PM
   f. For each test, one form in the testing supply cabinet will be placed in a plastic sleeve indicating that it cannot be used. The student removing the last usable form from the test supply cabinet will take the protected form to the secretary. Students can use a copy of a test form for practice and/or repeated measures. For initial diagnostics, use the original forms.

2. **Check-in procedures:**
   a. Students must return tests and equipment promptly after each session to room 1244 during the designated hours of operation.
   b. Students will have a supervisor, the Clinic Director, the Assistant Clinic Director, the Secretary, the Clinic Graduate Assistant or the Clinic Work-Study student:
      i. Verify that all test/equipment is being returned.
      ii. Initial the student’s check-in entry.
   c. If the test closet is closed, then the student will write the return date/time along with their name on a sticker, and return the test to the secretary’s front desk.
   d. Tests/equipment checked out for overnight study must be returned and checked in by 8:30 a.m. the next morning.
   e. Test materials/equipment checked for weekend study must be returned and checked in by 8:30 a.m. on Monday morning.
   f. The latest time for checking materials back in is 4:30PM since the secretary leaves at 5:15PM. If you have a 4:30 or later client, tests should be checked out overnight and returned by 8:30 AM the following day.

If testing materials/equipment are not returned on time and in good condition, the person supervising the check-in procedures will take the materials to the clinic director for determination of appropriate course of action.

**Student Work Area**
Client files, test forms, and any other materials containing client identification can be worked on ONLY in designated student work areas. The areas designated are Room 1211 and the clinic’s therapy rooms. The only exception to this rule is when an individual supervisor has the student clinician check out such items to bring to a therapy room or to the supervisor’s office.
Use of Observation Windows

Observations of treatment and/or diagnostic sessions are allowed only through the use of the observation windows in the observation room. Students authorized to observe must abide by the following rules:

1. Should obtain permission to observe from client’s supervisor
2. The light in the observation halls should remain off.
3. Should not talk, and should not touch or tap on the observation windows.
4. Should not engage in discussion about the client with each other as such action infringes on the client’s right to confidentiality. NO identifying information should be used on written reports. (Appendix X)
5. Should not discuss the case with the parents

Practicum Procedures

Scheduling of Clients

Clinic schedules must take precedence. Schedules for GA positions will be considered; however, we cannot guarantee that we will be able to keep to your work schedule due to client times and diagnoses. Students can request types of clients in which they have a special interest, but students cannot request specific clients, supervisors, sites, or specific hours. Students cannot decline a clinical assignment.

Medical Safeguards

Students must be certified in use of Universal Precautions prior to direct client contact. This training is provided as a part of the practica seminars.

The following safeguards are required whenever while touching a client in or near the mouth or nose of if the client has an open sore:

1. The clinician must wear gloves on both hands
2. The clinician will not place his/her fingers inside the client’s mouth unless a supervisor is present or has been instructed in how to do this.
3. The clinician must not touch any open sores on the client
4. Prior to and after treatment, the clinician must wash his/her hands with antiseptic soap
5. Clinicians will remove gloves by holding the wrist section of the glove and pulling that section over the finger section until the hand is free. That glove will be placed in the palm of the hand that is still gloved. The second glove will be removed by holding the wrist section of the glove and pulling that section over the finger section and other glove until the hand is free. This method will leave the first glove inside the second glove.

Diagnostic Assignments

Clinicians are required to promptly reply to evaluation assignments and follow the directions given by the clinical supervisor. There are 2 specific forms involved in both preparing and documenting the evaluation appointment: the Diagnostic Protocol Sheet and the Speech Evaluation Assignment form.

The clinician will receive the diagnostic assignments in their clinic mailbox at least one week prior to the evaluation date with a “Diagnostic Client Protocol” form attached. Upon receipt of the assignment, the clinician will:
1. Contact the client by the date indicated on the assignment sheet to confirm the day/time of the evaluation.
2. Make a reminder call 24 hours prior to the appointment.
3. Read the file carefully, plan for the evaluation and complete the “Diagnostic Client Protocol” form.
4. Meet with the assigned supervisor to discuss the case (at least 48 hours prior to the evaluation).

**Procedures for Speech-Language Evaluation**

**Referrals:** Referrals are accepted from any source.

**Initial Contact:** Once a client or client’s family has contacted the clinic, a case history form, appropriate for the client’s age will be sent to the client/client’s family. An appointment is made after receipt of the completed forms.

In addition, each clinician should refer to the required textbook (*Assessment in Speech Language Pathology, 4th Ed.*) for information to prepare for the test session and for suggestions on how to write an evaluation report.

**Evaluation Procedures:** A battery of tests will be used to determine the client’s communication strengths and weaknesses. It should be noted that the clinician and the supervisor would determine the actual test selection. Evaluations may require more than one session. If more comprehensive testing is needed, the client can be enrolled in diagnostic treatment. Clinicians are responsible for appropriate test selection, informal assessment, client/parent interviews, accurate test administration, scoring and interpretation.

After testing is completed the clinician will:

1. score all the tests
2. with the supervisor, confer with the client and/or guardian regarding:
   a. the results of the testing
   b. referrals that are needed
   c. appropriate recommendations
3. complete and return the Speech Evaluation Assignment Form

**Evaluation Report:** Once the evaluation is over, it is the clinician’s responsibility to write an evaluation report. (See Appendix V for required format)

**Please note the following:**
1. Students are not allowed to take the test forms home to score, etc.
2. All diagnostic-related materials must remain in the clinic area.

Students must proof their reports carefully, both for content and errors. The following errors are not acceptable in a report:
1. Misspellings
2. Incorrect grammar
3. Revisions not made

A typed draft of the diagnostic report must be submitted along with the test forms to the clinical supervisor within 48 hours of the diagnostic session. Client initials are used until the final draft. The signed report must contain all identifying information (i.e. no initials should be left in the report).
After turning in a draft, the student should check his/her mail folder often so that any corrections can be expedited and the report finalized in a timely manner. If corrections are required, they are to be made before resubmitting the new draft. The corrected draft, all previous drafts, and the test forms are to be returned to the clinical supervisor within twenty-four (24) hours.

Once the supervisor has signed the report, it will be placed in the filing box in the Clinic Secretary’s work area. The secretarial staff will then mail a copy of the report to all sources listed in the courtesy copy (cc) section of the report. This should be done within two (2) weeks of evaluation. The student will be responsible for verifying that the report is finalized, or for obtaining an extension, prior to leaving for the semester break. An original copy of the final report will then be filed in the client’s folder.

Students receive a grade for diagnostic and/or screening sessions. Clinical faculty use grade forms, and items are linked to the ASHA standards for clinical competencies (Appendix R and S).

**Assignment of Treatment Cases**

The clinic scheduling committee schedules client assignments for student clinicians. Clients are typically scheduled two times per week for clinical hour sessions. In order to stay in the current practicum, the student must maintain the designated number of clients. The student clinician must demonstrate the appropriate skill level before moving to the next practicum level determined by the FACCC forms. If the student is unable to move up to the next practicum level, then he/she can enroll in CSD 5220 (Directed Study for Practicum). Appropriate assignments will be made in this class per the student’s clinical ability.

When a client is assigned, the clinician must call within twenty-four (24) hours to confirm treatment as indicated. Clinicians can leave a message and ask the client to return their call. If the client cannot be reached within (48) hours, the clinician must so inform his/her supervisor or the clinic director.

**Sequencing of Steps for Getting Started with Therapy**

**Sequence of steps for getting started with therapy for clients who attend at VSU clinic:**

**THESE MUST BE FOLLOWED IN THIS SEQUENCE!!!!**

Step 1. Contact client (unless otherwise noted) - introduce yourself, inform client of times/days scheduled, if client agrees to these times, note on the form, if not try to find other options for times/days and we will try to reschedule (you may or may not be able to keep the client). Give the client the start date for therapy (see clinic calendar). Do NOT call the clients at satellite sites.*

Step 2. IF the client needs a change in time/day or decides not to return, write or email lmcole@valdosta.edu (clinic director) and indicate the client name, contact info, changes requested, reasons, etc.

Step 3. Review the client file; fill out protocol sheet and make an extra copy for the supervisor and bring with you when you meet with your supervisor.

Step 4. Meet with supervisor ASAP (must sign up for an appointment!!). The clinician must meet with his/her supervisor prior to starting therapy with the client!

Step 5. Optional - may want to leave a reminder message for the client the day before the start date.

Step 6. 1ST DAY OF THERAPY: Give them a “Client Packet” (parking permit, attendance policy, etc.) when they arrive on the first day of therapy.

*FOR SATELLITE SITES, SUCH AS: LARC, ST. JOHN SCHOOL, ETC, DO STEPS 3 AND 4 ONLY.*
General Procedures for Clinical Management of Speech/Language Clients

The purpose of this outline is to present procedures for clinical management of clients.

Procedures:

All clients should have a complete speech and language evaluation prior to enrollment in treatment or be enrolled in diagnostic therapy. The exception is clients who have received an evaluation elsewhere within the previous 6-12 months.

Clients with voice disorders will not begin a treatment program until medical clearance from an otolaryngologist has been obtained.

For cases in which the etiology of the speech-language disorder is neurological or surgical in nature, appropriate input will be sought from the client’s current physician. In addition, medical records will be obtained as appropriate.

For cases where clients are currently receiving, or have in the recent past received treatment, a copy of the client’s status will be sought: i.e., IEP, chart notes, progress reports, etc.

Client files are kept locked in room 1228 when no faculty or staff member are in the clinic area. Remember that client files or any papers related to that client, such as testing data, cannot be removed from the clinic area.

The clinic area consists of the following:
1. Room 1211 (Student Workroom)
2. Therapy rooms 1210, 1212, 1214, 1216, 1221, 1223, 1225, 1229, 1227, 1222, 1241, 1201, and 1203
3. Supervisor’s office

The student and supervisor must discuss the client prior to the client being seen for the first treatment session. The student should have the lesson plan to the supervisor by noon one day prior to the client’s first session; however specific deadlines may vary with supervisors.

Student Documentation of Clinical Hours using Typhon

You can use laptops, handheld devices etc. Do not do this documentation with the client present.

“PAPERWORK”: Your supervisor may want you to do the following: In your weekly reports (SOAP, reflections) put the clock hour information (i.e.: artic dx 30 min., artic tx 30 min.) that you plan to enter into Typhon.

Currently, Typhon system is set to accept clock hours up to 15 days after the session. Do not wait to input your hours, do it at the end of each week. If you fail to record your sessions in time, you will forfeit those hours. You will not be allowed to put them in later!! You can make changes to the entries (i.e.: type of hours, etc.) after the 15 days as long as they are still pending (have not been approved by supervisor).

You will record the actual direct contact minutes for client time in Typhon. For a 50 minute session, you will record 50 minutes. For a 20 minute session, you will record 20 minutes in Typhon.

In Typhon, you will see the ASHA 9 areas for dx and tx. You want to get a variety of hours, so for example, if you have a client who is deaf/HOH the clock hours can be counted in different categories per the description of the supervisor. Or if you have a client using an AAC device, you could count it under “Communication Modes”. If you are unsure of how to “categorize” your hours, check with your supervisor.

To help the supervisor identify which client you are recording, put the client’s initials in the notes section.
Under Section 3 “Other Activities & Reports” – we do not use the “My Time Logs” reporting tool. Disregard any notes that indicate you have missing information.

Your supervisor will go into Typhon and approve your hours, until then it will appear as “pending”. If your supervisor’s name does not appear in the list, please let Ms. Lisa know.

Your supervisor can type in comments on your Typhon entries. Please review the comments each week.

At the end of the semester, we recommend that you print out a summary to keep for your records. To do this, go to: Case Log Reports (graphical), export to pdf file and then print.

See next page for instructions of how to log on to Typhon and a sample screen for you to follow. If you have questions or problems with the Typhon system, contact Ms. Lisa at lawagner@valdosta.edu or Mrs. Cole at lmcole@valdosta.edu.

**GENERAL INSTRUCTIONS:**
1. LOG ON at: typhongroup.net/Valdosta
2. Go to Data Entry Log (can save to your favorites)
3. For 1st time need to set up defaults.
4. Go to Add or Edit Case Logs (ADD: 1st time entering a client encounter; EDIT: subsequent dates for same client). When you enter the time for the subsequent sessions with the same client go to Edit Case Log. Click on the case # and then scroll down to the bottom of the screen and click on “Save this case, then copy/link data into new encounter”. Then enter date of new encounter, then click on continue, then put in the info for that session---time, category etc.
5. Save Data after completion.
6. On Main Menu (under HELP) can print out instructions/view videos.

**Case Log “Sample” for Typhon**

**Case #:________________________ Date of Service:________________________

**Patient Demographics (Ignore if Group Encounter):**
Age:________________________ yrs/mos/wks/days
Gender: Male    Female (select one)
Race:________________________(select one)

**Clinical Information:**
Time with Patient:__________ (minutes)
Consult with Supervisor:__________ (minutes)  **(NOT required to report this item)**
Student Participation (please check one):
Observation only   Basic Skills Used   Complex Skills Used
Patient Education:___________________________ **(NOT required)**

**Other Questions About This Encounter (Record Diagnostic/Therapy Time Here Using 15 Minute Increments):**
Patient’s Age Group : __________ A = 0-5   B = 6-17   C = 18+ years (select one)
Primary Diagnosis/Disorder:____________________________________________________________

**EVALUATION**

**TREATMENT**

Hearing

_________________  __________ minutes
Articulation __________ minutes
Language __________ minutes
Voice/Resonance __________ minutes
Fluency __________ minutes
Social Aspects of Communication __________ minutes
Cognitive Aspects of Communication __________ minutes
Swallowing __________ minutes
Communication Modes __________ minutes
Total: __________ minutes

Medications: see hx form (This section is optional for on-campus practicum)

Total number of OTC drugs taken regularly: __________
Total number of R currently prescribed: __________

In clinic notes section, put client’s initials.

ALSO CAN USE TYPHON FOR CLINICAL NOTES/SOAP NOTES.

Attendance Policy

Clients Scheduled for Treatment
The attendance policy regarding dismissal of clients who consistently show poor attendance is as follows:

1. When three (3) consecutive unexcused absences have accrued OR
2. If 25% of the total scheduled sessions during that semester have been missed OR
3. If 50% of scheduled sessions over a three (3) week period have been missed.

Decisions regarding dismissal due to poor attendance are made by the clinical supervisor and clinic director. HOWEVER, it is the clinician’s responsibility to inform the supervisor when the above policy has been breached.

Client Check-In/Daily Attendance
All clients will need to sign in at the front desk for each visit (window in front of the clinic secretary). It is the clinician’s responsibility to make sure the client/caregiver has done this prior to taking them back for therapy. The clinician must notify the clinic secretary (Ms. Barbara) when the client calls to cancels the therapy session. All clients must remain in the waiting area until either a clinician/supervisor walks them back to the therapy rooms.

The log (data base) is updated weekly indicating changes in the schedule regarding new clients, rooms etc. The attendance log is also used to determine if clients should be dismissed or included on the next semester’s schedule. Clinicians should record something for every session.

Clients who are Late to Scheduled Sessions
A student clinician must wait twenty (20) minutes for a client who is scheduled for a regular session. If the client arrives within that time, the client will be seen for the remainder of the scheduled session. At the end of the session, it will be explained to the parent/guardian or the client (if the client is an adult) that the session’s time cannot be extended because rooms are reserved only for the length of the time of the scheduled session. If tardiness occurs frequently, the student clinician will notify the appropriate supervisor regarding the problem.
A student clinician must wait thirty (30) minutes for a client who is scheduled for an evaluation session. If the client arrives within that time, the client will be seen.

**Unattended Clients**

Clinicians are not allowed to leave a young client unattended. It is the clinician’s responsibility to see that the client is returned to his/her parent, guardian, or escort at the end of each session. If there is a problem with the clinician remaining with the client, the student clinician is responsible for seeking assistance from one of the supervisors or clinic director. Clinicians are responsible for ensuring that children do not run to or from therapy rooms.

**Cancellation of Treatment Session by the Clinician**

If it becomes necessary for a student clinician to cancel a treatment session (i.e.: emergencies, contagious illnesses), he/she must do the following:

1. A student **must** have permission from his/her supervisor to cancel any session in advance. IF the supervisor cannot be reached in time the clinician will contact the clinic director.
2. The clinician will then contact the client to cancel the session.

**Discharge from Therapy**

The supervisor makes final decisions regarding a client’s discharge from treatment and follow-up arrangements to meet the needs of the client. A student clinician cannot make discharge or referral recommendations to a client or parent without prior discussion with, and clearance from the supervisor. A discharge statement must be included in the final draft of the end of semester progress report.

**Clinician’s Promptness for Clinical Sessions**

All professional courtesies should be extended to clients and their families. Student Clinicians are expected to be on time for clinic appointments. Treatment sessions are expected to start promptly at the scheduled time. Clinicians will promptly end treatment session after fifty minutes for the clinical hour or twenty-five (25) minutes for the clinical half-hour session. This ensures a smooth transition for the next clinician who must set up and start his/her session promptly.

**Documentation**

**Lesson Plans/SOAP notes**

Students must write lesson plans and/or SOAP notes for their assigned clients for all supervisors. Each clinician should follow the format specified by his/her supervisor. Some samples of lesson plan forms are located in room 1211.

**Progress Reports**

At the end of each semester, the clinician is required to complete a Progress Report (See Appendix W for required format) for each assigned client. The clinician will give the appropriate supervisor a typed draft of the Progress Report for each client. This draft will be turned in by the date specified on that semester’s calendar. Any revisions will be given back to the clinician and must be returned to the supervisor within twenty-four (24) hours. With each revision of this report, all preceding drafts must be attached.
Final copies of Progress Reports are due (with page one (1) on letterhead) on the date designated on that semester’s calendar. Once signed by the supervisor, each report will be filed in the client’s case file.

The content of the progress report is based on the client’s progress in treatment as determined by the data kept during the semester. Recommendations are based on the projected needs for the next semester.

Students must proof their reports carefully, both for content and errors. The following errors are not acceptable in a report:

1. Misspellings
2. Incorrect grammar
3. Revisions that have not been made

Students should remember that a progress report is not final until the supervisor has signed it. After turning in a report draft, a student should check his/her box daily so that any corrections can be expedited and the report finalized in a timely manner. Students will be responsible for verifying that the report is finalized, or for obtaining an extension, prior to leaving for the semester break. The finished report should have all of the client’s identifying information on it (i.e. no initials in the heading or throughout the report).

Discharge Report
When it is determined that a client is to be discharged from treatment, the clinician must write a Discharge Report. This report will include both a summary of progress and the reason for discharge. The outlined procedures for Progress Reports will be followed.

Clinic Note
A clinic note will be used when a client is discharged due to lack of attendance. This note can also be used to document other types of information pertinent to the client.

Role of Supervisors
As a clinical teaching faculty member, the supervisor is responsible for assisting students in transitioning their academic knowledge to clinical application. It is the student’s responsibility to meet with the supervisor as needed and as required by the supervisor. Students should be aware that requirements and procedures may vary according to the supervisor, clients, settings, etc. These variations in requirements may be given to clinicians verbally or in writing by the supervisor.

Amount of Supervision
ASHA requirements for supervision of student clinicians will be used as a definition of the minimal time a clinician will be supervised. The actual percentage of time a clinician will be supervised will depend on the skills and needs of that clinician.

Evaluation of Student Clinicians
Clinicians are expected to acquire various clinical competencies which are specified for each level of practicum. (See Practica syllabi in Appendix U)

Students enrolled in practica courses will receive a grade at mid-term and at the end of the semester as part of their regular grade report. These evaluations will be completed using the Mid-Term/End of Term Evaluation Form (Appendix Q) found in the appendix. The items on the Evaluation form are linked to the ASHA standards for clinical competencies. Each evaluation will clearly define areas of strengths and
weaknesses and give the student direction for improving clinical skills. The mid-term evaluations should serve as a guideline for the remainder of the semester. The same form will be used for the final evaluation. This will enable the student to visualize his/her improvement during the practicum experience.

During the semester, clinicians should feel free to ask for feedback concerning their performance. Comments on lesson plans, other written notes, verbal feedback for treatment sessions and supervisory conferences should serve as the barometer of the student’s performance. If a clinician feels he/she needs additional attention to help correct a weak point in his/her performance, he/she should ask his/her supervisor for help.

In addition, at the end of the semester, utilizing the Formative Assessment of Clinical Competencies Checklist (FACCC), supervisors rate each clinician’s level of independence on the ASHA standards for clinical competencies in the appropriate 9 clinic areas/categories used by ASHA. (Appendix T) This information is used to track skills attained by each clinician and assists clinical faculty in planning for future clinical experiences, and if needed, to formulate a remediation plan. This FACCC form also provides a mechanism of formative assessment of clinical skills which transfers to the ASHA summative assessment form known as the KASA (Knowledge and Skills Acquisition).

Supervisors may initiate a concern form anytime during the semester. A meeting may be held to include the clinic director, clinic supervisors, the academic advisors, and the student. If the clinician does not follow through with the remediation plans initiated at the meeting, it could prevent the clinician from moving on to the next practicum level.

**Final Practicum Grade:**

It should be noted that, in cases where the student has more than one supervisor, grades assigned by the supervisors are averaged to determine the final practicum grade. In addition, the averaged grade will be weighted based upon the number of clients supervised by each supervisor. Final grades are determined using the following formula: Diagnostics/screenings= 25% and Therapy= 75%.

Failure to improve significantly with respect to therapy and diagnostic skills previously identified as needing improvement can result in lowered practicum grades. Higher grades in combination with any of the following factors can also result in a lower grade, failure in a course, and/or expulsion from the program:

1. Failure to adhere to policies and procedures of the practicum site
2. Failure to demonstrate professional conduct and responsibility, including failure to observe confidentiality regarding client matters and/or any violation of the ASHA Code of Ethics
3. Any unexcused absence from clinical meetings or seminars
4. Repeated incidences indicative of unreliability (cancelled/missed meeting with supervisors, non-responsiveness to requests for information, etc.)
5. Inability to make and implement clinical decisions appropriate for the student’s clinical level
6. Refusal to accept a client assignment

**Student Evaluation of Supervisors**

Students will fill out an online Evaluation Form that is located in Typhon for each supervisor at the end of the semester. The information contained on these forms will be disseminated to supervisors after all grades have been turned in for the semester. Please note that all comments are anonymous!
**Student Complaint Procedures**

Criticisms, comments, and suggestions regarding clinic operations should be discussed privately with the student’s academic advisor, the clinic supervisor, or the Clinic Director. For general issues, there is a clinic suggestion box in the student workroom.

The COE has an official student complaint procedure for issues regarding the student's academic program, faculty, or other program issues. If a student has a concern, they are asked to use their professional skills to discuss the concern with the involved party (faculty, staff, other student, etc.). If they feel that the issue has not been effectively resolved, they are asked to follow the chain of command, going to the Clinical Director (for on campus clinical issues) or to the Program Director (for academic or off campus clinical issues). If they continue to feel that the issue has not been addressed to their satisfaction, they may make an appointment with the Department Chair. The COE has an appeals committee for academic issues and the student may bring their issue to this committee once they have followed the chain of command.

**OFF-CAMPUS PLACEMENT PROCEDURE FOR INTERN/EXTERNSHIP**

**VSU CSD POLICY REGARDING MINIMUM NUMBER OF CLOCK HOURS:**

Students are expected to have accrued a minimum of 125 clock hours (in addition to the 25 observation hours-150 hours inc. observation) prior to off-campus placement.

**POLICY regarding GPA:** As in the on-campus practicum courses, a minimum, cumulative 3.0 GPA is required for off-campus practicum courses.

**Extern Placement:**

1. Before the end of your 2nd semester in the CSD program, students should obtain a list of placement sites and an application form from the designated clinical personnel for their Extern Placement. From this list students should complete an application form which includes their site choices and prepare a resume’. The resume’ should be part of their portfolio that is housed in Livetext. A copy of their resume’ should accompany the application. The application and resume’ should be turned in to the designated clinical personnel. Due dates will be given at the time the applications are distributed. All questions to the process are directed to Extern Coordinators (Dr. Hannibal and Ms. Cole).

2. The Externship coordinators will review the application and contact sites to initiate the placement process.

3. Students are not allowed to contact sites for any reason. If the student is originally from a state that does not surround Georgia and is planning on returning home for his/her extern, then the student will need to give the Extern coordinators all of the contact information (name of director/SLP, name of facility, address, phone number, and e-mail if applicable) for desired sites.

4. All potential externs will attend two orientation sessions. The first orientation will be conducted by their 2nd semester on campus. The purpose of this meeting is to explain the application process for both the intern/extern experiences, and to explain the different medical settings. The second meeting will be scheduled on Dead-Day to provide information about paperwork requirements and how to deal with certain situations that may arise during their extern.
5. Once contact has been made to a potential site the response is logged on the student’s application. If the site requires an interview, the extern will be contacted and asked to set up the interview.

6. Once the interview is completed or if the site does not require an interview, the externship coordinator and representative from the site will complete the placement process. This process takes from 4 – 6 weeks if there are NO complications.

7. After the extern is placed, both extern and site representatives will receive written confirmation of placement. The student is required to give a written response as to whether he/she accepts or declines the extern placement.

8. All students will sign a waiver stating that they understand the consequences of refusing an extern site.

Procedures for Internship (Public School Placement)
All graduate students in the CSD program will complete a public school experience. You must be admitted to Teacher Education before you start the application process for Public School Placement. The requirements for admittance are listed below.

The student requirements:
All graduate students in the COMD program will complete a public school experience. You must be admitted to Teacher Education before you start the application process for Public School Placement. The requirements for admittance are listed below.

The student must have:
1. A major leading to teacher/service certification
2. Earned at least 30 semester hours
3. Earned on overall GPA 3.0
4. Passed GACE or the Praxis 1 test (or exempted it)
   Exemption scores are: SAT 1000, ACT 43 (math + English), GRE 1030 (verbal + quantitative)
5. Attend and successfully complete the appropriate EDU “5999” course
6. Undergo criminal background check
7. Purchase professional liability insurance
8. Purchase Livetext
9. Attend Livetext Orientation Meeting

The student teaching application may be obtained from the Dean’s Office or from the COE website. The complete application must be returned by the deadline. These deadlines can be found on the College of Education Website and they are listed each semester in the various departments. Failure to return the application by the deadline may result in a semester delay in your student teaching.

The COE is responsible for all public school placements.

To participate in school experience/student teaching, you must have met all teacher education admission requirements, completed all required coursework leading up to student teaching, and maintained a minimum overall GPA 3.0.

Other COE rules include:
1. Once placements are made, they will not be changed
2. Students are not to contact individual school and/or teacher about student teacher placement
3. If you refuse a placement once it is made, you will not be placed at another site; and your student teaching will be delayed a semester
4. Once placements are made, they will be posted on the COE website (http://educaiton.valdosta.edu/placements.htm), and you will receive a letter confirming your placement. The COE website is updated as quickly as confirmations are received from the school systems; this process takes several weeks. Please do NOT contact the Dean’s Office to ask about your student teaching placement.

5. You may not student teach in a school from which you graduated within the last seven years.

6. You may not student teach in a school where you have family member employed or enrolled.

7. You may not student teach in a school in which you have worked as a paraprofessional.

8. You are not permitted to take coursework (besides seminar) while student teaching.

9. **Student teaching is not allowed in the summer.**

If a special placement site is needed outside the VSU service area, the student must complete a “courtesy Placement Request” form (available in the Dean’s Office) explaining this special need and requesting approval. The request form must be submitted for approval to the department head of the student’s major department. Special placements outside the VSU service area will require additional costs to the student. Courtesy placement will be made only if appropriate in-field supervision can be obtained for the student teacher.

The student teaching experience is a nine credit hours field experience for a full semester term in a school under the supervision of an ASHA certified Speech Language Pathologist and is during the fall or spring semester after coursework has been completed.

Two 2-hour seminars are scheduled concurrently with the student teaching experience. The first seminar meeting is an orientation to the student teaching experience which includes a review of the student teaching handbook and a discussion of the expectation for each participant in this experience – student teacher, mentor teacher, and university supervisor. **An application for Georgia teaching certificate is completed at this meeting.** The second seminar is a “Professional Development day” during which a speaker will come to VSU to discuss the latest issues in education.

**Conclusion**

After reading this handbook, a student should understand and follow the policies and procedures applicable to the Valdosta State University Communication Sciences and Disorders Program. If a student has any questions regarding the material contained in this handbook, he/she should discuss the questions with the Director of On-Campus Practicum, the Director of Off-Campus Practicum, or his/her faculty advisor.

If a student fails to follow the procedures and policies contained in this handbook, the supervisor/faculty advisor may document on a Clinic Concern Form and/or a College of Education Concern Form.

The supervisor/faculty advisor and/or clinic director will fill out the concern form, call in the student to discuss the concern, and review the policy/procedure contained in the handbook. The supervisor and student will then sign the form to document the discussion. The supervisor will retain a copy of the form, a copy will be given to the student, and a third copy will be placed in the student’s advising folder. The College of Education Concern Form process is located on the COE website.

**Remember:** Failure to adhere to the policies and procedures contained in this handbook can result in lowering of grades, failure in a course, and/or expulsion from the program.
Appendix A
Receipt of Information

This is to verify that I received a copy of the program sequence for Communication Sciences and Disorders at Valdosta State University. I understand and acknowledge the necessity for reading and understanding the information contained in the program outline. I also recognize that any deviation(s) from this course of study and practica outline will affect my intended date of graduation. The university and the department for classes, on-campus practica, internships and externships will set the dates.

This is to verify that I have received a copy of the Valdosta State University Communication Sciences and Disorders Program Graduate and Clinical Handbook and that I understand and acknowledge the necessity of reading and understanding the information in this Handbook. I also verify that I understand that I cannot begin my practicum experience until I have read this Handbook and have signed the Communication Sciences and Disorders Program Sequence and Policies Agreement.

(Print Name)

(Date) (Signature of student)

(Name(s) of Academic Advisors)
Communication Sciences and Disorders
Program Sequence and Policies
Agreement

This is to verify that:

1. I have read the Valdosta State University Communication Sciences and Disorders Graduate Program and Clinical Practica handbook.

2. I understand the policies and information contained within this handbook.

3. I will abide by the policies, principles, and information as stated in this handbook.

4. I have read the program sequence for Communication Sciences and Disorders.

5. I understand the information contained in the program sequence for Communication Sciences and Disorders.

6. I will abide by the official university and departmentally determined dates for classes, on-campus practica, internships, and externships.

7. I understand that although I have been admitted to the graduate program of Communication Sciences and Disorders, if my professional development, personal conduct, or performances are not deemed satisfactory by my professors and clinical supervisors, the department has the right and the responsibility to reconsider my suitability for the speech-language pathology profession.

____________________________________________
(Print Name)

____________________________________________
(Date) (Signature of Student)

____________________________________________
(Name(s) of Academic Advisors)
Appendix B

Administrative Flow Sheet

Dean of College of Education
Department Head for Communication Sciences and Disorders
Clinic Director
Classroom and/or Clinic Faculty
Students

Appendix C

COMMUNICATION SCIENCES AND DISORDERS FACULTY & STAFF

<table>
<thead>
<tr>
<th>FACULTY MEMBERS</th>
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APPENDIX D

ASHA Code of Ethics

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

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

Rules of Ethics

A. Individuals shall provide all services competently.

B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

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

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

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

F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

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

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

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

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

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

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

Rules of Ethics
A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III
Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions.
including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics
A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
B. Individuals shall not participate in professional activities that constitute a conflict of interest.
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
F. Individuals' statements to the public shall provide accurate 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.
G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV
Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics
A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

Appendix E

ASHA’s Academic, Clinical, and Exam Requirements for the Certificate of Clinical Competence (CCC)

Applicants for the ASHA CCC must have a master’s or doctoral degree from an accredited program.

400 Clock Hours of Supervised Clinical Experiences.

These requirements consist of supervised clinical observation (25 clock hours) and supervised direct client/patient contact (375 clock hours), of which 325 must be completed at the graduate level.

Clinical Fellowship (CF)

The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date the application is received. Once the CF has been initiated, it must be completed within 48 months. If the CF has not been completed within this timeframe, the application process will be terminated. The Clinical Fellow will be required to reapply for certification and must meet the Standards in effect at the time of re-application. CF experiences older than 5 years at the time of application will not be accepted.

National Examination

The applicant must pass a national examination adopted by ASHA for purposes of certification in speech-language pathology. Results of the Praxis Examination in Speech-Language Pathology submitted for initial certification must come directly to ASHA from Educational Testing Service (ETS). The passing score received at the time of application must not be more than 5 years old. Applicants who fail the examination may retake it; an applicant who has not taken the national examination at the time of application has 2 years from the time the application has been received to achieve and submit a passing score on the national examination. If the exam is not successfully passed within the 2-year application period, the applicant’s certification file will be closed. If the exam is passed at a later date, the individual will be required to reapply for certification under the standards in effect at that time.
Appendix F

ASHA Standards--Frequently Asked Questions

What degree is required for ASHA certification in speech-language pathology?
Individuals applying for certification in speech-language pathology must have been awarded a master’s, doctoral, or other recognized post-baccalaureate degree. Once academic and practicum requirements have been met, prospective applicants may apply any time before, during, or after completion of the Clinical Fellowship (CF) experience.

What about accreditation?
As is currently required, all graduate level academic course work and graduate level clinical practicum for ASHA certification must have been initiated and completed in a program that holds accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

What professional area courses are required in speech-language pathology?
The 2005 Speech-Language Pathology Certification Standards emphasize the acquisition of knowledge and skills, not on completion of specific course work. These standards apply to graduates until August 31, 2014. The graduate program is required to assess the student’s acquisition of knowledge and skills in Standards III and IV.

When do the 2014 certification standards go into effect?
The 2014 certification standards are effective beginning September 1, 2014. A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the Council on Academic Accreditation (CAA) and the Council for Clinical Certification (CFCC). The survey analysis was reviewed by the CFCC, and new certification standards were developed to better fit current practice models. The CFCC approved the 2014 Speech-Language Pathology Certification Standards and set an implementation date of September 1, 2014.

What are the major difference between the 2005 and 2014 certification standards?

<table>
<thead>
<tr>
<th>2005 SLP Certification Standards</th>
<th>2014 SLP Certification Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard III-A:</strong> The applicant must have prerequisite knowledge of the biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</td>
<td><strong>Standard IV-A:</strong> The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.</td>
</tr>
<tr>
<td>Course work in math could include, among others, statistics and non-remedial mathematics.</td>
<td>Statistics will now be required. (Note: Statistics was previously a generic mathematics requirement.) Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement.</td>
</tr>
<tr>
<td>Appropriate course work in biological sciences could include, among others, biology, general anatomy and physiology, neuroanatomy and neurophysiology, and genetics.</td>
<td>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). Courses in biological and physical sciences specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the</td>
</tr>
<tr>
<td>Course work in physical sciences could include, among others, physics and chemistry.</td>
<td>Acceptable courses in physical sciences should include physics or chemistry.</td>
</tr>
<tr>
<td>Course work in behavioral sciences could include, among others, psychology, sociology, and cultural anthropology.</td>
<td>Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health.</td>
</tr>
</tbody>
</table>

**Will I be required to take the statistics course in graduate school to meet the 2014 certification standards?**
No. It would be acceptable to take the course during your undergraduate or graduate academic course work.

**Does the graduate degree have to been awarded in speech-language pathology?**
No. The graduate degree may be in any area as long as the applicant has completed a minimum of 75 semester credit hours (36 semester credit hours at the graduate level) in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology. The program director of the accredited program will be required to “sign-off” on the application indicating that the knowledge and skills have been acquired.

**What verification will be required that a graduate degree has been awarded?**
All applicants for certification will be required to either submit an official graduate transcript that shows the date the degree was awarded, or a letter from the registrar verifying completion of requirements for the degree.

**How much course work must be completed?**
Applicants for certification in speech-language pathology must complete a minimum of 75 semester credit hours overall, with at least 36 semester credit hours of the 75 at graduate level.

**What pre-requisite courses are required for certification?**
Transcript credit is required as evidence of courses completed in biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

**What professional area courses are required in speech-language pathology?**
The 2014 Speech-Language Pathology Certification Standards emphasize the acquisition of knowledge and skills, not on completion of specific course work. The graduate program is required to assess the student’s acquisition of knowledge and skills in Standards IV and V, and the program determines which courses will permit acquisition of the mandated knowledge and skills.

**Is there a requirement for a certain number of courses or semester hours in speech disorders or language disorders?**
No. Individual state licensure boards have requirements that may or may not be the same as the ASHA certification requirements. These differences in requirements may make it necessary for applicants for licensure to be able to provide a breakdown of courses and practicum hours that will satisfy licensure requirements.

**How much practicum must be completed for ASHA certification under the new speech-language pathology standards?**
The new speech-language pathology standards mandate completion of a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. At least
twenty-five must have been spent in clinical observation and at least 375 clock hours must have been spent in direct client/patient contact.

What activities will count toward the 375 clock hours in direct client/patient contact?
Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum in speech-language pathology.

How many clock hours have to be completed at the graduate level?
A minimum of 325 clock hours of clinical practicum must be completed at the graduate level (maximum of 75 hours including observation may be obtained at the undergraduate level).

What is the breakdown of practicum hours in the various categories?
The new standards do not specify a particular number of hours in different categories. Programs may determine the number of hours that they will require and again, licensure boards may require a requisite number of hours in different categories. Students need to be aware of the various requirements so that they will be able to meet the standards of these different entities.

What are the supervision requirements?
As is stated in the implementation language for the new standards, supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient. Supervision must take place periodically throughout the practicum experience.

Who can supervise clinical practicum?
All observation and clinical practicum hours used to meet Standards V-C must be supervised by individuals who hold a current CCC in speech-language pathology.

What must be included in supervision?
Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

How will student progress in meeting the certification standards be documented?
The Council on Academic Accreditation (CAA) will review an accredited program’s process and forms to ensure compliance with its standard related to accurate record keeping.

What happens if it is determined that a student has not met all of the requisite knowledge and skills for certification?
It is the program’s responsibility to assure that the student has met all of the knowledge and skills prior to signing the application for ASHA certification.

Whose responsibility is it to keep the Knowledge and Skills Acquisition summary form (KASA)?
In most programs, the maintenance of the KASA will be a shared responsibility between the faculty/staff and the student. The program director will be required to review the KASA and to complete the “Verification by Program Director” page that is part of the certification application. Individuals who apply within three years of receipt of their graduate degree will only be required to submit a brief application for certification which will have as a part, the program director’s verification page.

What form will individuals use to apply for ASHA certification under the new standards?
If the application is received more than three years after receipt of the graduate degree, a full application will be required. A full application includes completed forms plus the information that is contained on the KASA form that is completed by the graduate program.
What else must be submitted for certification?
As noted earlier, all applicants will be required to submit official graduate transcripts that show the date the graduate degree was awarded. Additionally, those individuals who apply more than three years following receipt of the graduate degree will be required to submit official transcripts from all universities where they acquired course work toward ASHA certification.

What mechanism is used to summative assessment?
The summative assessment that will be sued for ASHA certification is the Praxis series examination in speech-language pathology administered by the Educational Testing Service.

Is the graduate program responsible for assuring that the students take the Praxis exam prior to graduation?
No. The Praxis examination is designed to be taken once all academic course work and clinical practicum required for certification have been completed.

When the exam is taken, the applicant will want to list ASHA as a score recipient so that the results will be sent to the National Office for certification. Additionally, the applicant is encouraged to list her or his graduate program as a score recipient so that the program can report aggregate performance data periodically to the CAA for accreditation purposes.

What is the minimum passing score required for ASHA certification?
The current passing score in speech-language pathology is 600. In order to accept a score for ASHA certification, it must be reported to ASHA by the Educational Testing Service. Score reports from applicants are not sufficient for ASHA certification.

How long do score remain valid?
Exam results submitted for initial certification in speech-language pathology must have been obtained no more than five (5) years prior to the submission of the certification application. Scores older than 5 years will not be accepted for certification.

When can the Speech-Language Pathology Clinical Fellowship (SLPCF) be started?
The SLPCF can be initiated once all academic course work and clinical practicum requirements for certification have been completed.

Further answers to questions regarding certification and standard requirements can be located on ASHA’s website: http://www.asha.org/Certification/Certification-Standards-for-SLP--General-Information/
Topics include: General Information
  Implementation Date and Degree/Accreditation Requirements
  Course Work/Knowledge Areas
  Clinical Practicum
  Speech-Language Pathology Clinical Fellowship (CF)
  Certification Maintenance/Forms and Documents
  Certification Application Disclosure
  Dues and Fees
  Summative Assessment
Appendix G

PROFESSIONALISM

Professions require certain behaviors of their practitioners. Professional behaviors (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession, and with relations with other professionals. The following conveys expectations about the behaviors of those who seek to join this profession.

1. You show up
2. You show up on time.
3. You show up prepared.
4. You show up in a frame of mind appropriate to the professional task.
5. You show up properly attired.
6. You accept the idea that “on time”, “prepared”, “appropriate”, and “properly” are defined by the situations, by the nature of the task, or by another person.
7. You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities and capacities.
8. You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.
9. You place the importance of professional duties, tasks, and problem solving above your own convenience.
10. You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.
11. You properly credit others for their work.
12. You sign your work.
13. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.
14. You do not accept professional duties or tasks for which you are personally or professionally unprepared.
15. You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.
16. You take active responsibility for expanding the limits of your knowledge, understanding, and skill.
17. You vigorously seek and tell the truth, including those truths that may be less than flattering to you.
18. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

19. You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.

20. You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

21. You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.

22. When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices.

23. You accept the imperfections of the world in ways that do not compromise the interest of those you serve, or your own pursuit of excellence.

24. You base your opinions, actions, and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.

25. You expect all of the above from other professionals.

APPENDIX H

VSU SPEECH AND HEARING CLINIC
GUIDE TO ASSESSMENT AND THERAPY MATERIALS

**Evaluation:** Tests are located in the hall closets and are arranged alphabetically according to titles. Lists of tests are posted on closet doors. Test forms are in the file cabinet near Barbara’s desk. Tests must be checked out on the book at Ms. Barbara’s desk. Original test forms are ONLY used for first time the client is evaluated. For re-evaluations and/or “practice”, copies of test forms are used. Exceptions made for certain forms, so check with Ms. Barbara.

**Audiometers:** The portable audiometers are located in room 149 in a locked cabinet and must be checked out on the book at Ms. Barbara’s desk.

**Reference Books/Professional Library:** In console in student workroom.

**Treatment Materials:**
Treatment materials are located in the student workroom (room 1211) and the toy closet (1215). Materials (not toys/games) must be signed out on the notebooks in room 1211. Materials/toys and games must be promptly returned to the proper locations.

**Student Workroom:** Activity books/manuals, stimulus cards, games, reinforcers, Spanish tests/materials, treatment kits, CDs, software, reference/professional books and arts and craft supplies are all located in the student workroom. Cabinets and shelves are labeled.

**Room 1215** is the toy closet.

**Please keep ALL areas organized!** If you have trouble locating materials or tests, please see the clinic staff. Do NOT leave materials, etc. in therapy rooms after your session!

**EACH therapy room should always contain the following items:** gloves, tongue blades, cleaning wipes, tissues, and a therapy mirror. Do not remove the mirror. Contact Ms. Barbara when more supplies are needed.
APPENDIX I

Steps for Pure Tone Hearing Screening

1. Calibrate- biologic
   a. Listening Check- give yourself a screening in the test/tx room. Do tones sound clear or distorted? Equal loudness among the tones and in both earphones?
   b. Visual Check- has audiometer been electronically calibrated within the past year (check the sticker)? Are earphone cords plugged in correctly, any broken dials, etc.?

2. Give instructions:
   a. Standard: “You will hear a series of tones, when you hear a tone raise your hand, when tone stops lower your hand”.
   b. Conditioned Play Audiometry: i.e.: Train child to place pegs in pegboard when hears the tones. Good for ages 2 ½ up to 5 yrs. Can use blocks/bucket, simple puzzles, etc.

3. Place headphones on the client, check for proper placement.

4. Screening sequence: (GA Public School Guidelines)
   Start in right ear at 1KHz at 40dBHL (present tone for practice/conditioning). If response, present at 1KHz at 25dBHL. Continue as follows: 25dBHL for 2KHz, 4KHz, 1KHz (re-check for reliability), and 500Hz. Repeat procedure in left ear.

5. Client passes screening if all tones are heard at 25dBHL. Record “P” in the frequency boxes on the form.

6. If client fails to respond to a tone or tones, present the tone again at 25dBHL OR go up in 5 dB increments until response obtained; then try 25dB again. If no response at 25 dB, write fail (F) in the frequency box on the form. Record the lowest level heard.

7. Optional: Can find lowest level of response for failed tone (go up 5 dB; down 10dB) and write in the dB level response on the form (in frequency box).

8. For adolescent and adult clients, can use the 500Hz-8000Hz form.

9. If client fails the screening, a re-screening should be conducted within two weeks. If client fails both screenings, refer for hearing evaluation.
Initial Intake Sheet

Date: ____________________
Client’s Name: ________________________________________________________________

                     Last                     First                     Middle

Date of Birth: ___________________________  Age: ________________  Sex: __________

Address: _________________________________________________________________

                     City: __________________  State: ________________  Zip: ________________

Phone: ______________________________________________________________________

Parents’ Name (if minor): _______________________________________________________

Referral Source: ______________________________________________________________

Circle Type of Services needed:  Hearing Evaluation  Speech/Language Evaluation  Therapy

Concern/Describe Problem: _________________________________________________________

______________________________________________________________________________

Previous Evaluations or Treatment: ________________________________________________

______________________________________________________________________________

Does Client use a hearing aid/Cochlear Implant, AAC device, or wheelchair? ________________

List any special needs or considerations: _____________________________________________

______________________________________________________________________________

Case History packets sent to following address if different from above: __________________________

______________________________________________________________________________

Circle payment information: Private Insurance (reg rate $30 per eval)  Faculty, Staff, Medicaid ($10 per eval) , VSU student, Medicare (no charge)

______________________________________________________________________________

(Revised 3/13)
AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Client’s Name: ___________________________ Client’s DOB: ___________________________

Parents Name (if client is a minor): ______________________________________________________

I authorize Valdosta State University Speech and Hearing Clinic, Valdosta, GA, to use or disclose the above named client’s protected health information. The following information is to be disclosed:

☐ Evaluation Reports: ☐ Aud. ☐ SLP Date(s):
☐ Treatment Notes: ☐ Aud. ☐ SLP Date(s):
☐ Entire record, excluding information that is prohibited by law (e.g., test protocols)
☐ Other (Please specify date(s) of service or specific information):

☐ Please mail copy to my home address.
☐ Please mail the copies to the following school/medical addresses listed below.

This information may be disclosed to and used by the following individual or organization:

Name/Organization: _______________________________________________________________________________
Address: ____________________________City: ________________________State: ________ Zip Code:____________

Purpose of disclosure: ☐ At the request of the individual ☐ Other: __________________________

I understand that treatment, payment, enrollment in a health plan, or eligibility for benefits are NOT conditioned on my signing this Authorization. However, The Speech and Hearing Clinic may condition the provision of healthcare for the purpose of disclosing to a third party protected health information specifically created for that third party, or for participating in research-related treatment upon my agreement to use and disclose this information.

By signing below, I acknowledge that I have read and understand this document, that I have voluntarily given my authorization to The Speech and Hearing Clinic to disclose my records, and that I may revoke this Authorization at any time by providing a written notice to The Speech and Hearing Clinic to the attention of the Clinic Director, except if this Authorization was obtained as a condition of obtaining insurance coverage. In order for the revocation of this authorization to be effective, The Speech and Hearing Clinic must receive the revocation in writing.

The revocation shall be effective except to the extent that The Speech and Hearing Clinic has already used or disclosed information in reliance on the Authorization. I understand that my information may be redisclosed by the authorized person/organization receiving the information, and at that point, the information may no longer be protected under the terms of this agreement. Please refer to the Notice of Health Information Privacy Practices for more detailed information. Unless otherwise revoked, this authorization will expire one year from the date of signature or in less than a year, as indicated: __________________________. After this date, The Speech and Hearing Clinic can no longer use or disclose the client’s protected health information without first obtaining a new authorization form.

- I fully understand and accept the terms of this authorization.
  Signature __________________________________________ Date________________________

- The above authorization is given on this client’s behalf as the client is a minor or is unable to sign for the following reasons: ________________________________________________________________
  Signature: __________________________________________ Date ________________________
TO: ________________________________

Name of the Healthcare Provider/Physician/Facility

______________________________________________________________________________________________________

Street Address

______________________________________________________________________________________________________

City, State, and Zip Code

______________________________________________________________________________________________________

RE: Client’s Name: __________________________________________________________

Client’s DOB: _________________________

I authorize and request the release of the checked below information to the Valdosta State University Speech and Hearing Clinic. This information is needed to assist with planning and implementing a treatment program to help remediate the above client’s communication/swallowing/voice disorder.

<table>
<thead>
<tr>
<th>☐ Medical Reports</th>
<th>☐ X-Rays (MRI’s, CAT Scans)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Evaluation Reports: ☐ Aud. ☐ SLP ☐ ______________</td>
<td>☐ Treatment Notes: ☐ Aud. ☐ SLP ☐ Nursing</td>
</tr>
<tr>
<td>☐ Entire record, excluding information that is prohibited by law (e.g., test protocols)</td>
<td></td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>

________________________________________________________
Signature of Patient or Legally Authorized Representative

Date

Name and Relationship of Legally Authorized Representative to Patient
Appendix M
CONSENT FORMS
Valdosta State University
Department of Communication Sciences & Disorders
Speech & Hearing Clinic
ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698-0104
PHONE 229.333.5931 • FAX 229.219.1335 • WEB www.valdosta.edu/coe/comd/
Accredited by the Council on Academic Accreditation in Audiology & Speech-Language Pathology

Consent for Diagnostic/Treatment Services (Part 1)

Client’s Name: _________________________________________________________
Client’s DOB: _________________

Parent/Guardian’s Name (if client is a minor): _____________________________

I, _________________________________________________________________, HEREBY AUTHORIZE Valdosta State University Speech and Hearing Clinic audiologists, speech-language pathologists, or students under the direct supervision of audiologists or speech-language pathologists, to conduct requested services at the Valdosta State University Speech and Hearing Clinic. I understand that any evaluation and treatment will be completed by a licensed and certified audiologist or speech-language pathologist or by a student under direct supervision.

I agree that training and research purposes, therapy or evaluation sessions may be observed by supervisors, faculty, and student clinicians. I agree that sessions may be audio-recorded, videotaped or stored in an electronic format, and recordings of sessions may be used for training, supervision, research, or for educational purposes in professional settings. I also authorize the use of clinical case discussion and review of records for professional and/or teaching purposes. I agree that all information will be held in the strictest confidence legally possible. I understand my clinician must be in compliance with child abuse reporting laws and court mandated rulings regarding release of confidential information.

• AUTHORIZATION FOR CONSENT: I fully understand and accept the terms of this Consent for Diagnostic and Treatment Services.

 of Client (representative or parent/guardian if a minor) Date _______________________ Signature

Authority of Representative to Act on Behalf of Client __________________________________________

• AUTHORIZATION FOR DATA COLLECTION: I agree to allow testing or treatment data to be included in the ongoing pool of clinic research data, understanding that this material will not contain any identifying data, but rather that all data will be coded by consecutive subject number.

 of Client (representative or parent/guardian if a minor) Date _______________________ Signature

Authority of Representative to Act on Behalf of Client __________________________________________

• ACKNOWLEDGEMENT OF PRIVACY NOTICE: I acknowledge that I have received The Speech and Hearing Clinic Notice of Health Information Privacy Practices.

 Signature of Client (representative or parent/guardian if a minor) Date _______________________

Authority of Representative to Act on Behalf of Client __________________________________________

Consent for Food (Part 2)

• AUTHORIZATION TO DISTRIBUTE FOOD: I agree to allow Valdosta State University Speech and Hearing Clinic to distribute foods/beverages during therapy and/or diagnostic sessions.

• EXCLUSIONS: (INCLUDE ANY FOODS ALLERGIES, ECT)

 of Client (representative or parent/guardian if a minor) Date _______________________ Signature

Authority of Representative to Act on Behalf of Client __________________________________________
Appendix N

Valdosta State University is an equal opportunity educational institution. It is not the intent of the institution to discriminate against any persons based on the sex, race, religion, color, national origin or handicap. It is the intent of the institution to comply with Title VI of the Civil Rights Act of 1964 (and subsequent executive orders) and Title XI in Section 504 of the Rehabilitation Act of 1973.

PLEASE RETURN COMPLETED FORMS AS SOON AS POSSIBLE. YOU WILL BE CONTACTED FOR AN APPOINTMENT ONCE FORMS ARE RECEIVED.

CASE HISTORY-ADULT

Request appointment for evaluation of: (Circle One)  Speech/Language  Hearing

NOTE: A HEARING SCREENING IS INCLUDED IN A SPEECH/LANGUAGE EVALUATION.

Date:_______________  Referred by:_________________________________________

Name of person completing this form and relationship to patient:____________________

Identification

Name:____________________________________________________

Date of Birth:___________________________Age:_______________

Race/Ethnicity (for statistical purposes only): ________________________

Address:________________________________________________________

(street/route)

(City)                                                    (State)                        (Zip)

Place of Employment:________________________Occupation:____________________

Home Phone:_________________Work Phone:____________Education:____________

Marital Status:_______ Name(s) of Spouse & Children:__________________________

Emergency Contact/Name: ___________________________ Ph# ____________________

Name and Address of Physician:_____________________________________________

SPEECH, VOICE, AND HEARING HISTORY

Primary language spoken:________________________
Describe the problem, concern, and/or difficult communication situations:
______________________________________________________________________

Possible cause(s) of problem: _____________________________________________

Describe any treatment received: __________________________________________

Current Medications: _____________________________________________________
_______________________________________________________________________

For what conditions? ____________________________________________________
_______________________________________________________________________

Describe medical history including illnesses, surgeries, injuries:_______________
_______________________________________________________________________
_______________________________________________________________________

Any speech, language, learning or hearing problems in your family? If yes, please describe:_______________________________________________________________

Check any that apply and indicate age(s) condition occurred:

Ear Infections:_________Allergies_______________High Fever________________
Dizziness_____________Hearing Loss_________Tinnitus_____________________
Noise Exposure________Seizures_______________Stroke____________________
Meningitis___________Swallowing Problems____Other____________________

Have you or do you currently use hearing aids or amplification? If yes, please describe type and benefit: ______________________________________________________

Please give any additional information that might be helpful:__________________
______________________________________________________________________
______________________________________________________________________

I understand that the VSU Speech and Hearing Clinic is a training facility for student clinicians in the Communication Sciences and Disorders program. I understand that student clinicians under the supervision of licensed professional(s) may render services. I authorize the VSU Speech and Hearing Clinic to provide services to me.

_________________________________________          _________________
Signature of client or legal guardian       Date

Revised 7/13
Valdosta State University is an equal opportunity educational institution. It is not the intent of the institution to discriminate against any persons based on the sex, race, religion, color, national origin or handicap. It is the intent of the institution to comply with Title VI of the Civil Rights Act of 1964 (and subsequent executive orders) and Title XI in Section 504 of the Rehabilitation Act of 1973.

PLEASE RETURN COMPLETED FORMS AS SOON AS POSSIBLE. YOU WILL BE CONTACTED FOR AN APPOINTMENT UPON RECEIPT OF THESE FORMS.

CASE HISTORY - CHILD

Appointment for: (circle one) Speech/language Hearing

Date:__________________ Referred by: ______________________________________

Person completing this form and relationship to child: ____________________________

Identification

Child’s Name ____________________________________________________________

Date of Birth _________________________ Age ___________ Sex _______________

Address ________________________________________________________________

(street/route)                                (city & state)                                         (zip)

Mother’s Name ___________________________________________ Age___________

Address_________________________________________________________________

Place of Employment __________________________ Occupation _________________

Phone ___________________ Phone _________________ Education_______________

(home)                                       (work)

Father’s Name___________ ____________________________________________ Age________________

Address_________________________________________________________________

Place of Employment __________________________ Occupation _________________

Phone ___________________ Phone _________________ Education_______________
Email address (optional): __________________________________________________

Emergency Contact/Name: ___________________________ Ph# ____________________

Siblings of Client: (names/ages) _____________________________________________

Race/Ethnicity (for statistical purposes): ______________________________________

Any speech/hearing problems in the family?____ If so, describe ____________________

____________________________________________________________________________

Birth and Development
Describe any problems before, during or after birth __________________________________

Birthweight _______ Age sat alone ________ Age crawled ________

Age walked ________ Age toilet trained ________ Age first word _______

Age combined words ___________ 

Education
Name of the child’s current school or nursery _________________________________

Teacher’s Name ___________________________ Grade ___________________

Problems/concerns mentioned by the teacher ________________________________

Academic Achievement (circle one)      Good     Fair     Poor

Has the child been retained or repeated any grade, if so please describe? __________

___________________________________________________________________________

Statement of Problem
In your own words, describe your concerns __________________________________________

What do you believe has caused the problem? ____________________________

Has your child ever had a speech evaluation, hearing evaluation or speech therapy? If so,
please describe ____________________________________________________________

Is your child currently receiving any speech, language, hearing or other special
services? If so, please describe ______________________________________________
(Please send copies of pertinent information such as IEP, ADA plan, and/or previous evaluations of which
may be helpful.)

Has the child ever been diagnosed as having any of the following? (check any that apply)
A syndrome ___________ Autism ___________ Intellectual Disability ___________
Learning Disability __________ ADD/ADHD __________ Other ________________

**Medical Information**

Name and Address/Phone of child’s doctor_________________________

Does the child have any allergies (food, latex, others)? Please list: ______________

________________________________________________________________________

Has the child ever had any serious illnesses or surgeries? If so, describe ___________

________________________________________________________________________

Please check any that apply and give the age when the condition occurred:

- Meningitis ___________
- Influenza ___________
- Seizures ___________
- Ear Infections ___________
- Earaches ___________
- Allergies ___________
- High Fever ___________
- Pneumonia ___________
- Sinusitis ___________
- Tonsillectomy ___________
- Balance Problems ___________
- Dental Problems ___________
- Kidney Problems ___________
- Injuries ___________
- Frequent colds ___________
- Visual Difficulties ___________
- Other ___________

Is child taking any medications? If so what and for what conditions? ________________

________________________________________________________________________

**General Communication**

Language(s) spoken in the home: ________________________________

How well is child understood by family? ___________ By Strangers? ___________

Did child ever acquire speech and then slow down or stop talking? ___________ If so, when and why

________________________________________________________________________

How do you communicate with each other? ________________________________

Has your child had any chewing or swallowing difficulties? ___________ If so, describe

________________________________________________________________________

Check any of the following statements that apply to your child:

Follows directions well_________ Uses complete Sentences_________
Seems to understand what is said _____________ Talks too fast ___________
Talks too slow _____________ Speech is difficult to understand ___________
Uses little or no speech ________ Needs to look at person to understand ________
Imitates speech but doesn’t initiate speech ________ Stutters or Stammers ________
Uses primarily signs or gestures instead of speech ________

Child’s Voice is: (check any that apply)
hoarse ( ) nasal ( ) too high ( ) too low ( ) too loud ( ) too soft ( )

Hearing:
What sounds does your child respond to? ______________________________________

Does hearing appear to be constant or does it vary? ____________________________

Any concerns about child’s hearing? ________ If so, describe _____________________

___________________________________________________________________________

Has the child ever worn a hearing aid?_____ If so, describe type, benefit, etc ________

___________________________________________________________________________

NOTE: if your child has a hearing aid, please bring it to the appointment.

**General Behavior**
Check any that apply to your child:

Difficulty concentrating ________
Overactive ________
Difficult to manage ________
Prefers to play alone ________

Please add any comments/information that may help us in working with your child:

___________________________________________________________________________

Please read and sign:

I understand that the Valdosta State University Speech and Hearing Clinic is a training facility for student clinicians in the Communication Disorders Program. I understand that student clinicians under the supervision of licensed professionals render diagnostic and therapy services. I authorize VSU Speech and Hearing Clinic to provide services to my child.

___________________________________________     ____________________
Signature of parent or legal guardian                             Date

Revised 3/13
Appendix P

1. Contact client to confirm time/days of wk/give start date
2. Review client file
3. Complete this form
4. Make appointment w/ supervisor: date/time of conference: ____________
5. Provide supervisor w/ completed copy of this form

New Client Protocol

Clinician: ____________________________  Beginner  Intermediate  Advanced  (circle one)
Supervisor: _____________________________________________________________________
Days/Times of Therapy: ____________________________  Room #: _____________________

CLIENT IDENTIFYING INFORMATION

1. Client name: ________________________________________________________________
2. DOB: __________________________  Chronological age: __________________________
3. Pertinent background information: (include diagnosis provided within the chart, additional services the client has received - past and present; name of facility, SLP’s name, etc.  Include any medical history that may be relevant.  What is the client’s concern/challenge related to speech and language?)

4. Types and dates of current permission and release forms in client’s file.

CLIENT SPEECH/LANGUAGE DX INFORMATION: (Be aware of the difference b/n evaluation and assessment.)

1. Date/place of initial evaluation:
2. Summary of initial evaluation:

3. Dates of re-evaluations: (Complete re-evaluations should be conducted annually.)

4. Summary of re-evaluation: (What tests were given, what were the scores?)
CURRENT SPEECH/LANGUAGE TX INFORMATION

1. Date therapy was initiated?

2. Length of therapy (# of semesters, etc):

3. Summary of treatment from initiation of therapy through the last semester of therapy.
   (What is being targeted? Special programs utilized? Progress to date?)

DETERMINING CLIENT'S CURRENT STATUS

1. Does client need a re-evaluation?

2. If re-evaluation is needed, what test/procedures are recommended? (include rationale)

3. If re-evaluation is not needed, indicate pre-assessment procedure that may need to be implemented during the initial stages of the semester: (these could include formal tests, baseline goals, clinician made pre-tests)

***RECOMMENDATIONS FOR INITIAL SESSION***

(What is the clinician going to address in the first session? Provide suggestions/ideas outlining the pro
## Appendix Q
VALDOSTA STATE UNIVERSITY
SPEECH AND HEARING CLINIC

MIDTERM/END-OF-TERM THERAPY SUPERVISION FORM

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<tr>
<th>Clinician</th>
<th>*Clinical Level</th>
<th>Client</th>
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Supervisor  Advisor  Semester

*Practicum Beginner is 1st semester, Intermediate is 2nd semester and Advanced is 3rd semester (refer to Clinical competency)

Note: Rate only pertinent behaviors. 5 = Very Good, 4 = Good, 3 = Satisfactory, 2 = Less than Satisfactory, 1 = Poor

In parentheses are applicable ASHA standards/skill outcomes.

### Planning

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- Develops setting-appropriate intervention plans (IV G-2a)
- Links objectives to assessment data (IV G-2a: 1e)
- Significant other (SO) included in therapy plan (IV G-2a)
- Materials appropriate for client (IV G-2c)
- Utilizes data and supervisory feedback to make program modifications (IV G-2e)
- Applies theory and research to demonstrate evidence-based practice (III-F)

### Interactions: Clinical and Supervisory

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- Sensitivity to clientrelates to as a person (IV G-3a)
- Communicates Effectively (IV G-3a)
- Personal factors removed from therapy
- Initiative/Independence
- Confident image in clinical setting
- Response to supervision/utilization of suggestions
- Collaborates with supervisor and other professionals (IV G-3b)
- Management of client behavior

### Procedures

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- Goals and behavioral expectations clear to client (IV G-2b)
- Goal-oriented therapy/procedures (IV G-2b)
- Selection and use of materials and activities (IV G-2c)
- Effectiveness of instructional techniques
- Evaluating correct vs. incorrect responses (IV G-2d)
- Time efficiency of procedures
- Clinical flexibility (IV G-2e)
- Use of modeling, information, guidance & feedback
- Use of reward and penalty
- Client self-evaluation
- Client/SO talking/response time
- Behavioral data collection and record keeping (IV G-2d; 2f)
- Contributes alternative procedures/ID other needs/appropriate referrals (IV G-2e; 2g)

### Diagnosis

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- Appropriate test selection (IV G-1c; 1d)
- Test administration and scoring (IV G-1d; 1f)
- Clinical observation skills
- Test interpretation and recommendation (IV G-1e; 1f)

### Clinical Responsibilities

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- Observes clinic rules/professional appearance/conduct (III-E)
- Prepared for staffings/consultations
- Written work is timely and error-free (IV G-1b; 1f)
- Written work is professional (IV-B; IV G-1b; 1f)
- Self-supervision of clinical performance
- Adheres to ASHA Code of Ethics (III-E; IV G-3d)
EVALUATION SUMMARY

GRADING:
Each of the five areas has equal weighting. A student’s overall practicum grade is determined by a combination of this evaluation and any evaluations of additional placements. Diagnostic placements count as 25% and therapy placements count as 75% of the final practicum grade.

INSTRUCTIONS:
To calculate total percentage, first calculate the score in each area by dividing the number of points earned by the maximum points possible (number of items marked multiplied by 5). Then multiply each area by 20 and add for final score.

SUBTOTALS:

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<td>TOTAL</td>
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Recommended Grade

GOALS FOR DEVELOPMENT/COMMENTS:

MIDTERM MEETING

Clinician’s Signature

Date

FINAL MEETING

Clinician’s Signature

Date

Revised Fall 2004
BEHAVIORAL DESCRIPTORS

TO BE USED WITH MIDTERM/END OF TERM SUPERVISION FORM (REVISED, FALL 2004)

In parentheses are applicable ASHA standards for clinical competencies.

PLANNING

1. Develops setting-appropriate intervention plans: Writes session objectives that are appropriate for disorder, severity, and cognitive level of client. Is able to separate procedures from objectives. Objectives are measurable and are written using behavioral terminology. (IV G-2a)

2. Links Objectives to Assessment Data: Formulates objectives based on informal and/or formal assessment results. (IV G-2a; 1e)

3. Significant Others Included in Therapy Plan: Collaborates with significant others and includes them in the intervention process. Plans for follow-up or carryover activities. (IV G-2a)

4. Materials Appropriate for Client: Consistently chooses attractive, motivating materials for therapy that are appropriate for client’s age, disorder, and level of ability. (IV G-2c)

5. Utilizes Data to Make Program Modifications: Recognizes the need for change when objectives are met or deemed too difficult, and modifies therapy plan accordingly. (IV G-2e)

6. Applies Theory and Research: Understands and applies theoretical concepts to therapeutic and diagnostic planning. Able to access sources of research and relates research to clinical practice. (III-F)

INTERACTIONS: CLINICAL AND SUPERVISORY

7. Sensitivity to Client/Relates to as a Person: Sensitive to client’s needs, perceptive to client’s attitudes and behaviors, relates with respect, caring and dignity. Priority is placed on attending to persons, not on procedures. (IV G-3a)

8. Communicates Effectively: Communicates effectively with client and significant others, recognizing special needs and cultural/linguistic background. Uses language and tone that are relaxed and sincere. Interacts comfortably and enthusiastically; enjoys working with client. Uses humor where appropriate and is creative. (IV G-3a)

9. Negative Personal Factors Removed from Therapy: Keeps concerns (emotional, physical, prejudicial, etc) from interfering with clinical responsibilities. When responsibilities cannot be met makes necessary arrangements.

10. Initiative/Independence: Is able to handle case as independently as expected for clinical level, and reports status to supervisor. Initiates discussion and problem solving. Takes initiative to research information related to client’s disorder.

11. Confident Image in Clinical Setting: Displays self-confidence to parents/client in the management of all disorders, even when lacking related experience.

12. Response to Supervision/Utilization of Suggestions: Accepts criticism or suggestions from the supervisor and constructively responds by making behavioral changes.

13. Collaborates with supervisor and other professionals: Effectively participates in meetings with supervisor, parents and other professionals regarding case management. Has questions and ideas for therapy, discusses impressions. (IV G-3b)

14. Management of Client Behavior: Maintains appropriate behaviors during therapy and testing by setting limits and determining effective reward or penalty. Recognizes when professional assistance is necessary.
PROCEDURES

15. **Goals and Behavioral Expectations Clear to Client**: Presents instructions so that the client/SO understands the goals of the session and the behaviors needed to meet those goals. (IV G-2b)

16. **Goal-oriented therapy/procedures**: Able to implement intervention plans. Therapy consistently focuses on clinical goals. Procedures used are congruent with and compliment therapy goals and objectives. (IV G-2b)

17. **Use of Materials and Activities**: Uses materials effectively and efficiently in eliciting and practicing goal-related behaviors. Arranges therapy/test room so that it is most comfortable and free from distractions. Manipulates stimuli for maximum therapeutic effectiveness. (IV G-2c)

18. **Effectiveness of Instructional Techniques**: Uses appropriate methods and error/teaching strategies to address treatment objectives.

19. **Evaluating Correct vs. Incorrect Responses**: Able to discriminate error behavior from target behavior consistently and correctly. (IV G-2d)

20. **Time Efficiency of Procedure**: Appropriate pacing of therapy procedures. Therapy or conference is time efficient. Interactions are not too rushed or too slow. Appropriate amount of time is spent on each activity, with smooth transitions between activities.

21. **Clinical Flexibility**: Monitoring and adjusting to client’s changing needs and performance. Recognizes change in behavior that warrants modification of program. (IV G-2e)

22. **Use of Modeling, Information, Guidance, Feedback**: Consistently uses modeling, information, guidance, and feedback appropriate for the age, disorder, and cognitive level of client.

23. **Use of Reward and Penalty**: Determines an appropriate reward/penalty system for the client and clinical setting. Uses that system consistently with ongoing verification of its effectiveness.

24. **Client Self-Evaluation**: Consistently models, cues, or stimulates client to self-evaluate and/or self-correct depending on client’s ability.

25. **Client/SO Talking/Response Time**: Structures therapy to elicit the maximum number of goal-related responses from the client. Adequate response time is allowed for the client to respond. SO allowed sufficient time to participate in conference.

26. **Behavioral Data Collection and Record-keeping**: Determines and implements recording system. Consistently checks the correctness and frequency of target behavior. Makes adjustments in therapy based on the data. Progress notes indicate good qualitative and quantitative charting of behavioral responses. (IV G-2d; 2f)

27. **Contributes Alternative Procedures**: Suggests alternative therapy procedures, identifies additional needs and refers clients for other services as needed. (IV G-2e; 2g)

DIAGNOSIS

28. **Appropriate Test Selection**: Selects appropriate evaluation instruments and procedures including behavioral observations, non-standardized, and standardized tests. Is able to select modified procedures to meet client needs. (IV G-1c; 1d)

29. **Test Administration and Scoring**: Test materials utilized and adapted appropriately for client needs. Stimuli presented accurately and in accordance with the test manual. Basals and ceilings established correctly. Scoring completed correctly. (IV G-1d; 1f)

30. **Clinical Observation Skills**: Sensitivity to and awareness of all relevant client behaviors. Insight into the nature of those behaviors based on a familiarity with normal and disordered communication. Uses that information to support formal test results. Able to determine the appropriate recommendations.
31. **Test Interpretation and Recommendation:** Describes and understands relevant communication behaviors through accurate and appropriate interpretation of formal test results. Able to determine the appropriate recommendations. (IV G 1e; 1f)

**ADDITIONAL CLINICAL RESPONSIBILITIES**

32. **Observes Clinic Rules:** Is familiar with all clinic policies and procedures and follows those rules according to specified guidelines. (III-E)

33. **Prepared for Staffings/Consultations:** Student is prepared for consultations with supervisors, communication partners, caregivers, and/or education team.

34. **Written Work is Timely and Error-Free:** Session plans, progress reports, and other assigned paperwork are completed accurately and free of errors of written expression (spelling and grammar) following established guidelines and time specifications. (IV G-1b; 1f)

35. **Written Work is Professional:** Written work is thorough, including sufficient detail, expression, and data is appropriate to the purpose. (IV-B; IV G-1b; 1f)

36. **Self-supervision of Clinical Performance:** Recognizes and identifies behaviors that facilitate or interfere with clinical success, and develop and implements goals for improvement.

37. **Adheres to ASHA Code of Ethics:** (III-E; IV G-3d) Demonstrates professional behavior, appearance, and ethical conduct as stated in the ASHA Code of Ethics.

Modified from: **Handbook of Supervision: A Cognitive Behavioral System**
Appendix R

VALDOSTA STATE UNIVERSITY
Speech and Hearing Clinic

DIAGNOSTIC SESSION SUPERVISION FORM

Name____________________ Clinical Level______ Client Initials_________ Supervisor___________ Date______

_____________________________________________________________________________________________

Note:  1. Rate only pertinent behaviors. Use “Key to Clinical Competencies” to rate amount of supervision (S) first column, and quality of performance (P) second column. 5=Very Good; 4=Good; 3=Satisfactory, 2=Less Than Satisfactory, 1=Poor.
2. See “Behavioral Descriptors” for further explanation of items.
3. In parentheses are applicable ASHA standards/skill outcomes.

S        P

PLANNING

Collect case history information and integrate information from other sources. (IV G-1b)
Selects appropriate tests and procedures (IV G-1c)
Has a rationale for clinical procedures.

INTERACTIONS: CLINICAL AND SUPERVISORY

Confident image in clinical setting
Providing effective counseling/information to clients/SO (IV G-3c)
Interaction with other professionals

MANAGEMENT

Use of stimulus control
Management of client behavior
Client/SO attention and motivation

DIAGNOSTIC PROCEDURES

Test administered appropriately. Stimuli presented accurately and in accordance with the test procedure (IV G-1c)
Basals, ceilings, thresholds established correctly (IV G-1c)
Scoring performed correctly (IV G-1c)
Clinical observation skills
Adapts evaluation procedures as needed (IV G-1d)
Test interpretation and recommendations (IV G-1e)
Professional report writing (IV-B; IV G-1f)- see specific skills below
Report in appropriate format and with correct grammar (IV G-1f)
Source and reason for referral is stated.
Background information is complete and well summarized.(medical, developmental, educational, etc.) (IV G-1b)
Formal and informal tests/observations reported appropriately/accurately (IV G-1f)
Informal test results/observations reported appropriately/accurately (IV G-1f)
All relevant behaviors addressed during the diagnostic and clinical findings relevant to recommendations (IV G-1e)
Recommendations and referrals are appropriate, specific, and complete (IV G-1g)

ADDITIONAL CLINICAL RESPONSIBILITIES

Observes clinic rules
Prepares for supervisory conferences
Self-supervision of clinical performance

SUMMARY EVALUATION – GRADING (Additional comments – see back)

Task          Total S   Total P   # Scores  Average  Program Grade or Rating
Planning       _______+   _______/  _______ =  ________            ________
Interactions   _______+   _______/  _______ =  ________            ________
Management     _______+   _______/  _______ =  ________            ________
Procedures     _______+   _______/  _______ =  ________            ________
Clinic Resp.    _______+   _______/  _______ =  ________            ________
SESSION        _______+   _______/  _______ =  ________            ________

(Sign and Return to Supervisor)  Clinician’s Signature:______________________________
Behavioral Descriptors for Diagnostic Session Supervision Form  
(ASHA competencies in parentheses)

**PLANNING**

- **Collect Case History Information and Integrate Information From Other Sources:**  
  client/parent interview; integrate information from client, family and other professionals. (IVG-1b)

- **Selects Appropriate Tests and Procedures:** able to select appropriate standardized and non-standardized evaluation instruments or procedures. (IVG-1c)

- **Has Rationale for Clinical Procedures:** Generates procedures based on course work and outside readings. Understands and applies theoretical concepts to therapeutic and diagnostic planning.

**INTERACTIONS: CLINICAL AND SUPERVISORY**

- **Confident Image in Clinical Setting:** Displays self-confidence to parents, clients, other professionals and fellow students in the management of all disorders or clients, even when lacking related experience.

- **Providing Effective Counseling/Information to Client/Significant Others:** Relates information about client in an organized manner, using appropriate language. Addresses questions and concerns professionally. Informs significant others of the need for moral support. (IVG-3c)

- **Interaction with Other Professionals:** Interacts in a self-confident, appropriate manner with other professionals. Is aware when interaction with other professionals must be initiated or directed by the supervisor.

**MANAGEMENT**

- **Uses Stimulus Control:** Arranges therapy or testing room so that it is most comfortable for client and free from distractions. Uses stimulus roles for self and client’s significant others to enhance therapy, particularly for carry-over. Manipulates all clinical stimuli for maximum therapeutic effectiveness.

- **Management of Client Behavior:** Maintains appropriate behaviors during therapy and testing by setting limits and determining effective reward or penalty. Recognizes when professional assistance is necessary.

- **Client/Significant Other Attention and Motivation:** Plans and manipulates materials, environment, and reward/penalty system so that client or his significant other maintains interest during session and exhibits approach motivation.

**DIAGNOSTIC PROCEDURES**

- **Test Administration:** Test materials placed appropriately. Stimuli presented accurately and in accordance with the test manual. Basals and ceilings established correctly. Scoring completed correctly. (IVG-1c)
- **Adapts evaluation procedures:** Ability to adapt formal/informal evaluation procedures to meet the level/needs of the client. (IVG-1d)

- **Clinical Observation Skills:** Sensitivity to and awareness of all relevant client behaviors. Insight into the nature of those behaviors based on a familiarity with normal and disordered communication. Uses that information to support formal testing or recommendations made.

- **Test Interpretation and Recommendations:** Describes and understands relevant communication behaviors through accurate and appropriate interpretation of formal test results. Able to determine the appropriate recommendations and referrals. (IVG-1e; 1g)

- **Professional Report Writing:** Reports are clear, with appropriate examples or descriptions. Reports are organized, following established guidelines, and contain correct syntax, spelling, punctuation. Information in reports is accurate, concise, and pertinent. (IV-B; IVG-1f)

**ADDITIONAL CLINICIAN RESPONSIBILITIES**

- **Observes Clinic Rules:** Is familiar with all clinic policies and procedures and follows those rules according to specified guidelines.

- **Prepares for Supervisory Conferences:** Brings all paperwork to meetings. Has questions and ideas for evaluation, discusses impressions.

- **Self-Supervision of Clinical Performance:** Recognizes and identifies behaviors that facilitate or interferes with clinical success, and develops and implements goals for improvement.
Appendix S

VALDOSTA STATE UNIVERSITY
SPEECH AND HEARING CLINIC
SCREENING GRADE FORM

Clinician ______________________  Clinical Level _________ Date(s) ____________
Supervisor _____________________  Screening Site ______________________

Each behavior will be rated on the following 5 point scale. Points will then be added and divided by the total number of possible points to obtain the screening grade. Applicable ASHA standards are in parentheses.

5=very good  4=good  3=satisfactory  2-less than satisfactory  1=poor

Planning:

1) Scheduled and attended conference to go over the screening procedures     ____
2) All needed screening items were present on the date of the screenings     ____

Clinical Interactions:

3) Related to clients with sensitivity/tone/interactions appropriate for their age and the setting (IV G -3a)     ____
4) Showed confidence in conducting the screenings and in interacting with the clients     ____

Diagnostic Procedures:

5) Administered the screening instrument(s) according to protocol (IVG-1a)____
6) Appropriately recorded responses (IV G-1c; 2d)                             ____
7) Appropriately assessed all areas of communication skills (IV G-1e)         ____
8) Scoring and recommendations were complete and appropriate                (IVG-1e; 1g)     ____

Grade: _____________  Comments:

Please, review, sign, and return.  Thank you.

________________________________________________________________

Clinician’s signature (to indicate that he/she has reviewed this grade form)
Appendix T
Valdosta State University - CSD Program - Formative Assessment of Clinical Competencies Checklist

Student: ___________________________  Semester/Year: ___________  Clinical Level: I  II  III  IV (circle one)

Categories:
Hearing (H)  Articulation (A)  Receptive/Expressive Language (L)  Fluency (F)
Voice & Resonance (V)  Social Aspects of Communication (SOC)  Cognitive Aspects of Communication (COG)
Swallowing (S)  Communication Modes (CM)

Rating Scale:
4 = Independence: Self-directed, Demonstrates Competency
3 = Minimal Assistance: Occasional Assistance, Minimal Direction to Demonstrate Competency, 25%
or less guidance to Complete Task
2 = Moderate Assistance: Frequent Assistance, Moderate Direction to Demonstrate Competency,
Aware With Cues, 40-50% Guidance
1 = Maximum Assistance: Near Total Dependence, Unable to Demonstrate Competency on Consistent
Basis, 75-90% Guidance

Competencies Section/Rating

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<th>Evaluation</th>
<th>ASHA Standard</th>
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<th>3</th>
<th>2</th>
<th>1</th>
<th>Category Code</th>
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<tr>
<td>Conduct screening and implement prevention information and procedures.</td>
<td>IVG-1a</td>
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<td>Collect and integrate case history information from clients, parents, teachers and other professionals.</td>
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<td>Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized, standardized tests, and instrumental procedures.</td>
<td>IVG-1c</td>
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<td>Adapt evaluation procedures to meet client needs.</td>
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<td>Interpret, integrate, and synthesize all information to develop diagnoses and make recommendations for intervention.</td>
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<td>Complete administrative and reporting functions necessary to support evaluation.</td>
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<td>Refer clients for appropriate services.</td>
<td>IVG-1g</td>
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<td>Circle all available documentation of student’s abilities in the area of evaluation: clinic prevention materials, referrals made, dx planning sessions, coursework, seminars, IEP’s, staffings, clinical reports, supervisory feedback, portfolio, grade forms, clock hour forms, other: ___________________________</td>
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### Intervention

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### Interaction and Personal Qualities

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- Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of clients, family, caregivers, and relevant others.
- Collaborate with other professionals in case management.
- Provide counseling regarding communication and swallowing disorders to clients, family, caregivers and relevant others.
- Adhere to the ASHA Code of Ethics and behave professionally.

Circle all available documentation of student's abilities in the area of treatment:
- lesson plans
- protocol sheets
- IEP's
- supervisory feedback
- SOAP notes
- data sheets
- progress reports
- grade forms
- clock hour forms
- portfolio
- coursework
- seminars
- other:__________________________

Client's Initials:  
Tests administered:

Clinical Program(s) used:

Supervisor's signature:  
Date:

Student's signature:  
Date:

FACCC - Revised Spring 2009
Appendix U

Format of Diagnostic Report
Include identifying information only on the final draft; then print on letterhead and sign; return to your supervisor accompanied by corrected rough drafts.

DIAGNOSTIC REPORT

NAME:
DATE OF BIRTH:
CHRONOLOGICAL AGE:
PARENTS:
ADDRESS:
PHONE:
REFERRAL SOURCE:
DATE OF EVALUATION:
EXAMINER:

STATEMENT OF PROBLEM:
*********, a 5 year 10 month old female, was seen for a speech-language evaluation on March 9, **** upon referral of *****. She was accompanied to the clinic by her parents who expressed concern about *****.

CASE HISTORY:
(INCLUDE INFORMATION FROM CASE HISTORY FORM AND INTERVIEW.)

TEST RESULTS:
The following areas were assessed and results obtained:

Hearing:
Oral Peripheral Examination:
Articulation/Phonology:
Language:
Vocal Quality, Pitch and Fluency Skills:

BEHAVIORAL OBSERVATIONS:

IMPRESSIONS AND RECOMMENDATIONS:

*********** ***********, M.S., CCC-SLP
Clinical Supervisor

*********** ***********, B.S. Ed.
Graduate Clinician

Cc: (list who will receive a copy of the report- check release form)
Appendix V
(Format of Progress Report for Fall and Spring)
PROGRESS REPORT
SPRING 20**

NAME: (use initials on rough drafts) PERIOD COVERED:
DATE OF BIRTH: LENGTH OF SESSIONS:
CHRONOLOGICAL AGE: SESSIONS PER WEEK:
PARENTS: NUMBER OF SESSIONS: ** of **
ADDRESS: PHONE:

Include identifying information only on the final draft; then print on letterhead and sign; return to your supervisor accompanied by corrected rough drafts.

Discharge Goal: State the skill level that client will attain in order to be dismissed from therapy.

Ex: *** will demonstrate age-appropriate speech production skills at the conversation level. OR *** will demonstrate age-appropriate receptive, expressive, and pragmatic language skills.

Background Information: Summarize the client’s history found in client’s file.

(Per the supervisor’s digression, there can be a baseline section prior to the goal/progress sections)

Semester Goals and Progress: Goals and objectives should be clearly written and organized. Semester goals represent the goals for the semester and the objectives are the steps toward the goal. These should come from lesson plans/SOAP notes. Initial Status of each objective is also listed which corresponds to the baseline data.

EXAMPLES:
Goal 1: **** will appropriately apply problem solving skills to everyday situations by identifying the problem, determine the cause, and offer solutions as measured by the following objectives:

Objective 1: **** will correctly answer Why-questions with 90% accuracy or above.
Initial Status: At the beginning of the semester, *** achieved 50% accuracy on this task.
Progress: **** achieved a combined average of 90% accuracy over 3 sessions. Objective met.

Objective 2: ***** will use problem solving skills to identify a problem in a picture with 90% accuracy or above.
Initial Status: Prior to therapy, ****performed this skill with 45% accuracy.
Progress: ****achieved a combined average of 80% accuracy over 3 sessions. Continue objective.

Objective 3: *****will use problem solving skills to identify a solution to problems when presented with situation picture cards with 80% accuracy or above.
Initial Status: Prior to therapy, ****performed this skill with 40% accuracy.
Progress: ****achieved a combined average of 70% accuracy over 3 sessions. Continue objective.

Goal 2:**** will demonstrate age appropriate speech production skills at the sentence level.

Objective 1: **** will correctly produce /s/ in initial position of words with 90% accuracy or above.
Initial Status: At the beginning of the semester, **** achieved 60% accuracy on this task.
**Objective 2:** **** will correctly produce /s/ in initial position of words in sentences with 90% accuracy or above.  
**Initial Status:** At the beginning of the semester, *** achieved 50% accuracy on this task.  
**Progress:** **** achieved a combined average of 70% accuracy over 3 sessions. **Continue objective.**

**Procedures:** Name/describe the type of therapy implemented, giving a brief summary of procedures, materials, and reinforcement used.

**Behavior Observation:**

**Recommendations:** Make recommendation to continue therapy or not and a prognosis statement.

Ex: It is recommended that *** continue therapy focusing on problem solving and speech production skills. Due to consistent attendance and progress made this semester, prognosis is considered good at this time.

_____________ ______________, M.S., CCC-SLP  
Clinical Supervisor

_____________ __________________, B.S. Ed.  
Graduate Clinician

Cc: (list who will receive a copy of the report- check release form)
Summer Semester 20___
Progress Update

Name: ___________________________  Period Covered: ___________________________
Date of Birth: ___________________________  Length of Session: ___________________________
Chronological Age: ___________________________  Sessions per week: ___________________________
Parents(s): ___________________________  Number of Clinical Visits: ___________________________
Address: ___________________________
Phone: ___________________________

During the six weeks of Summer Semester, 20___, the following diagnostics were conducted and results obtained:

**Oral Mechanism Examination:**

**Language:**
The Clinical Evaluation of Language Fundamentals – 4 (CELF-4) was administered on June 15, 20___, to evaluate the client’s receptive and expressive language skills. Test results were as follows:

**Hearing:**

**Articulation:**

Etc. Etc. Etc.

**Baseline data, collected at the beginning of the semester, yielded the following results:**
(Note: supervisors may have individual preferences for the way they want this done.)

1. The client receptively identified coins by name with 100% accuracy.
2. The client spontaneously produced /l/ in the initial position of words with 50% accuracy.
3. Etc., Etc., Etc.,

**Semester Goals and Progress**

During the six weeks of Summer Semester, 201, the following goals were addressed and progress made (each percentage is a combined average of the last three sessions’ data unless otherwise specified):

**Goal 1.** In order to increase monetary skills, the client will receptively identify coins (quarter, dimes, nickel, penny) with 90% accuracy for 3 out or 4 session.

**Progress:** For goal 1, the client achieved a combined average of 100% accuracy. **Goal Met**

**Goal 2:** The client will spontaneously produce /l/ in the initial position of words with 90% accuracy or above for three consecutive sessions.

**Progress:** For goal 2, the client achieved a combined average of 80% accuracy (80%, 90%, and 70% respectively). **Continue Goal.**

(Note: supervisors may have individual preferences for the way they want this done.)
**Recommendations:**
It is recommended that _____ continue to receive therapy services to improve his articulation and language skills.

________________________________________  __________________________________
Supervisor’s name                      Your name
Supervisor’s title (i.e. Assistant Professor/Clinical Supervisor)  Graduate Clinician

cc: parents (or client, etc.)
Appendix W

CLINIC IMPLEMENTATION OF HIPAA GUIDELINES

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule regulates the use and disclosure of Protected Health Information (PHI) defined as individually identifiable health information that if transmitted or maintained in any form or medium, including electronic and paper records as well as oral statements. Although VSU Speech and Hearing Clinic billing practices do not include the billing of third parties, the HIPAA privacy rules are implemented to protect clients and to set a good example for future professionals. These rules apply to all members of the CSD program, including faculty, staff, practicum students, and student workers. All members will be trained in security and privacy safeguards.

Valdosta State University Speech & Hearing Clinic
Student Confidentiality Agreement

As a student at Valdosta State University (VSU) you may have access to what this Agreement refers to as "Confidential Information." The purpose of this Agreement is to help you understand your duty regarding Confidential Information.

"Confidential information" includes information about patients, employees, or students business or academic information relating to Valdosta State University. You may learn or have access to confidential information through VSU’s Speech & Hearing computer systems (which include but are not limited to the clinical, human resources and financial information systems) through interactions with VSU students, staff or other faculty, or through your treatment of VSU patients.

As an individual having access to confidential information, you are required to conduct yourself in strict conformance with applicable laws and VSU policies governing confidential information. As a condition of your relationship to VSU, you are required to acknowledge and abide by these duties. A violation of any of these duties will subject you to discipline, which might include, but is not limited to, dismissal of the CSD program in addition to legal and/or financial liability.

I understand that I may have access to electronic, printed, or spoken confidential information, which may include, but is not limited to, information relating to:

• Patients - including Protected Health Information (PHI), records, conversations, patient financial information, etc.;
• Research - including PHI created, collected, or used for research purposes;
• PHI and Personal Identifying Information (PII) used in other contexts.

Accordingly, as a condition of, and in consideration of my access to confidential information, I promise that:

1. I will use confidential information only as needed by me to perform my legitimate duties as defined by my relationship (student) with VSU.
   • I will not access confidential information which I have no legitimate need to know.
   • I will not in any way divulge copy, release, alter, revise, or destroy any confidential information except as properly authorized within the scope of my relationship with VSU.
   • I will not misuse or carelessly handle confidential information.
   • I understand that it is my responsibility to assure that confidential information in my possession is maintained in a physically secure environment.

2. I will be responsible for misuse or wrongful disclosure of confidential information that may arise from sharing access codes/information with another person and/or for failure appropriately to safeguard my access code or other authorization to access confidential information.
• I will log off computer systems after use.
• I will not log on to a system or access confidential information to allow another person access to that information or to use that system.
• I will report any suspicion or knowledge that my access code, authorization, or any confidential information has been misused or disclosed without VSU authorization.
• I will not download or transfer computer files containing confidential information to any non-VSU authorized computer, data storage device, portable device, telephone, or other device capable of storing digitized data.
• I will only print documents containing confidential information in a physically secure environment, will not allow other persons’ access to printed confidential information, will store all printed confidential information in a physically secure environment, and will destroy all printed confidential information when my legitimate need for that information ends in a way that protects the confidentiality of the information.

3. I will follow VSU policies and procedures regarding the use of any portable devices that may contain confidential information including the use of encryption or other equivalent method of protection.

4. I acknowledge my obligation to report to the VSU Privacy Officer any practice by another person that violates these obligations or puts VSU, its personnel, or its patients at risk of a disclosure of confidential information.

5. I will only use my Valdosta email account to send and receive messages that may include confidential information and will not use email to send confidential information to other parties outside of VSU without protection to prevent unauthorized access.

6. If I am involved in research, any research utilizing individually identifiable protected health information will be performed in accordance with federal, state, local and Institutional Review Board policies.

7. If I no longer need confidential information, I will dispose in a way that assures others cannot use or disclose it including following the Information Technology policy for disposal of printed confidential information or electronic equipment that may contain confidential information.

8. I understand that my communication using the Valdosta State University information network is not private and the content of my communication may be monitored to protect the confidentiality and security of the data.

9. I understand that my obligation under this Agreement will continue after termination of my relationship with VSU.

10. I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. VSU may at any time revoke my access code, or access to confidential information. At all times during my relationship, I will act in the best interests of VSU.

Name (print) ___________________________ Date _______________________

Name (sign) ___________________________ CSD ___________________

Department ___________________________

A copy of this Agreement should be kept in the Department.
Appendix X

Valdosta State University
Speech and Hearing Clinic

229-333-5931 (Office) 1500 N. Patterson St., Valdosta, GA 31698 229-219-1335 (Fax)

VSU Speech and Hearing Clinic
Fire/Emergency Evacuation Plan

To Clients and their Families:

In case of fire or a mandatory evacuation of the building, the student clinicians will escort their clients (children and adults) to the nearest exit. The designated assembly point for this building is the Parking Lot. Parents please exit the building and meet your child and clinician in the designated area. Designated staff and faculty will do a room check of the building prior to leaving. University Police monitor all fire alarm signals and will notify the local fire department to respond.

Other instructions include:

a. Leave in a calm but brisk manner.
b. Do not return for belongings.
c. If smoke is present stay low.
d. Do NOT use elevators.
e. Do NOT return to the building until an all clear has been announced by the Fire Department, University Police or the campus Safety Officer.
f. Notify Fire Department personnel of all unaccounted persons and the locations of those needing assistance inside the building.
g. Assist persons with physical/mobility disabilities. If they are unable to evacuate, they should proceed to one of the stairwells and stay there (with an assistant) until fire department personnel arrive to assist in their evacuation.

To report an emergency on campus, dial ext. 5555. From a cell phone, call (229) 259-5555.

(rev. Fall 2011)
Fire Safety and Evacuation Policy and Procedures

Per VSU’s Fire Response Plan

The Emergency Response Plan and the Community Living Guide Book are available online. They provide instruction in the case of an evacuation or emergency.

Know the location of the nearest exits and fire alarm pull stations so that an alarm can be initiated. To activate the alarm, pull the handle until you hear the alarm sound. It may be necessary to break a pane of glass to reach the handle. Get out when the fire alarm sounds.

Know what to do if you are trapped. If the exits are blocked by heavy smoke or fire, retreat as far as you can, closing (but not locking) as many doors as you can between you and the fire. If possible, call the VSU police department (5555 from a campus phone) and give them your exact location. If smoke starts coming in, try to seal the door as best as you can. If you can open an exterior window, try to signal the fire department and be ready to close the window if smoke is drawn into your refuge.

Specific Fire Safety Procedures:

• Be aware of the exit locations in your building
• If a fire alarm is activated, immediately leave the building. Get other to do the same as you leave.
• Use the stairs, not the elevators, when evacuating the building
• Move to your assembly point a safe distance away from the building, and do not congregate in roadways or service drives.
• If a person is disabled or in need of assistance, tell responding emergency services personnel. Use stairwells as a place of refuge until emergency personnel arrive to safely move the person from the building.
• Close all doors and windows.
Appendix Y
Dewar College of Education and Human Services
Valdosta State University
Department of Special Education and Communication Disorders

CSD 5050
Beginning Practicum
2 Semester Hours

Guiding Principles (DEPOSITS)
(adapted from the Georgia Systemic Teacher Education Program Accomplished Teacher Framework)

Dispositions Principle: Productive dispositions positively affect learners, professional growth, and the learning environment.

Equity Principle: All learners deserve high expectations and support.

Process Principle: Learning is a life-long process of development and growth.

Ownership Principle: Professionals are committed to, and assume responsibility for, the future of their disciplines.

Support Principle: Successful engagement in the process of learning requires collaboration among multiple partners.


Technology Principle: Technology facilitates teaching, learning, community building, and resource acquisition.


InTASC Model Core Teacher Standards*
Standard #1: Learner Development. The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences.
Standard #2: Learning Differences. The teacher uses understanding of individual differences and diverse cultures and communicates to ensure inclusive learning environments that enable each learner to meet high standards.

Standard #3: Learning Environments. The teacher works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self-motivation.

Standard #4: Content Knowledge. The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and creates learning experiences that make the discipline accessible and meaningful for learners to assure mastery of the content.

Standard #5: Application of Content. The teacher understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues.

Standard #6: Assessment. The teacher understands and uses multiple methods of assessment to engage learners in their own growth, to monitor learner progress, and to guide the teacher’s and learner’s decision making.

Standard #7: Planning for Instruction. The teacher plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learners and the community context.

Standard #8: Instructional Strategies. The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways.

Standard #9: Professional Learning and Ethical Practice. The teacher engages in ongoing professional learning and uses evidence to continually evaluate his/her practice, particularly the effects of his/her choices and actions on others (learners, families, other professionals, and the community), and adapts practice to meet the needs of each learner.

Standard #10: Leadership and Collaboration. The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession.


**ASHA STANDARDS ADDRESSED**

STANDARD IV-E: The student must demonstrate knowledge of standards of ethical conduct.

STANDARD IV-F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

STANDARD V-A: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.
STANDARD V-B: The Student must complete supervised clinical experiences sufficient in breadth and depth to achieve skills outcomes in evaluation, intervention and interaction & personal qualities.

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

INSTRUCTORS
See the Clinic Handbook for contact information for the clinical faculty.

COURSE DESCRIPTION
A supervised experience in a university or community-based setting requiring application of assessment and treatment procedures for individuals with mild to moderate articulation and language disorders. This course will include seminars on topics related to the profession.


SUGGESTED READINGS


COURSE OBJECTIVES (CO):
The following skills should be attained by the end of the semester with moderate support from the supervisor. The client assignment will be limited to one or two clients with less severe disorders as compared to subsequent semesters. ASHA standards are listed in parentheses.

1. Review client files and determine appropriate treatment objectives. (V-B:1b; 2a)
2. Write measurable treatment objectives. (V-B: 2a)
3. Baseline treatment objectives and determine appropriate levels of difficulty. (V-B: 1c)
4. Plan and effectively implement tx activities that address objectives. (V-B: 2c)
5. Write and implement lesson plans including appropriate methods (inc. error/teaching strategies) to meet therapy objectives.(V-B: 2b; 2e)
6. Plan and implement reinforcement/behavior management techniques.
7. Collect data and write progress/SOAP notes. (V-B: 2f)
8. Analyze and use data to guide ongoing planning. (V-B: 2d)
9. Administer standardized tests, score and interpret. (V-B: 1c)
10. Interpret diagnostic information and make appropriate recommendations. (V-B: 1f; 2g)
11. Write progress reports given a sample format. (V-B: 2f)
12. Utilize research and apply coursework knowledge in providing evidence-based clinical practice. (V-B)
13. Demonstrate knowledge of and competence in following ASHA code of ethics and scope of practice. (V-B:3d, IV-E)

**COURSE ACTIVITIES / ASSIGNMENTS / REQUIREMENTS**
Clinicians will be assigned 1-2 clients under the direction of clinical faculty. Assignments are given at the beginning of the semester; however, due to client needs, etc. the assignments and/or schedule may change and as a result, clinician’s schedules outside of class time must be flexible. Clinicians will complete clinical requirements as specified by each assigned clinical supervisor in order to meet course objectives. Minimal requirements may include: lesson plans/SOAP notes, data recording, report writing, and clinic meetings.

Clinicians will attend an Orientation Meeting at the beginning of the semester. Handbooks and other important information will be distributed.

Clinicians will attend 3 mandatory seminars during the semester. The schedule/topics are distributed at the beginning of each semester. See the clinic handbook for the policy on seminars.

Clinicians must pass a Handbook/Code of Ethics test with a score of 80% or higher (by midterm in order to remain in practicum).

**COURSE EVALUATION**
Clinicians are assigned midterm and final grades. Practicum grades are calculated as follows: therapy case: 75% of overall grade; evaluation or screening: 25% of overall grade. If a clinician has more than one supervisor/assignment, the final grades are averaged by the clinic director according to the weighting listed above. Any unexcused absence from a seminar will result in the lowering of the average by one letter grade. Grading Scale: A = 90-100, B = 80-89, C = 70-79, D = 60-69, F = 59 or less

Formative assessment is conducted throughout the semester. For example, the FACCC form (related to ASHA standards) is used as formative assessment at the end of each semester on each student by their supervisors.

The College of Education remediation plan/concern form process may be implemented by clinical faculty as needed.

Failure to pass clinic results from a grade of D or F. If a clinician earns a D or F in practicum, his/her accrued clock hours during that semester do not count toward ASHA certification.

(See clinic handbook for samples of grade forms and the FACCC; see COE Website for concern form process as well as the Clinic Handbook.)

**ATTENDANCE POLICY**
See the Clinic Handbook for the attendance policy.

**PROFESSIONALISM**
Practicum students are required to act in a professional manner at all times (Appendix F in the Clinic Handbook). Any student who violates any aspect of the ASHA Code of Ethics (Appendix C of the Clinic Handbook), may receive a failing grade in practicum.
DEWAR COLLEGE OF EDUCATION & HUMAN SERVICES ON PLAGIARISM

ACCESSIBILITY STATEMENT
Valdosta State University is an equal opportunity educational institution. It is not the intent of the institution to discriminate against any applicant for admission or any student or employee of the institution based on the age, sex, race, religion, color, national origin, disability, or sexual orientation of the individual. It is the intent of the institution to comply with the Civil Rights Act of 1964 and subsequent Executive Orders as well as Title IX, Equal Pay Act of 1963, Vietnam Era Veterans Readjustment Act of 1974, Age Discrimination in Employment Act of 1976, and the Rehabilitation Act of 1973.

Students with disabilities who are experiencing barriers in the course may contact the Access Office for assistance in determining and implementing reasonable accommodations. The Access Office is located in Faber Hall. The phone numbers are 245-2498 (V), 229-375-5871 (VP) and 219-1348 (TTY). For more information, please visit http://www.valdosta.edu/access or email: access@valdosta.edu.

STUDENT OPINION OF INSTRUCTION (SOI)
At the end of the term, all students will be expected to complete an online Student Opinion of Instruction survey (SOI) that will be available in TYPHON. Students will receive an email notification through their VSU email address when the SOI is available (generally at least one week before the end of the term). SOI responses are anonymous, and instructors will be able to view only a summary of all responses two weeks after they have submitted final grades. While instructors will not be able to view individual responses or to access any of the responses until after final grade submission, they will be able to see which students have or have not completed their SOIs, and student compliance may be considered in the determination of the final course grade. These compliance and non-compliance reports will not be available once instructors are able to access the results.
Dewar College of Education and Human Services
Valdosta State University
Department of Special Education and Communication Disorders

CSD 5100
Intermediate Practicum
3 Semester Hours

Guiding Principles (DEPOSITS)
(adapted from the Georgia Systemic Teacher Education Program Accomplished Teacher Framework)

**D**ispositions Principle: Productive dispositions positively affect learners, professional growth, and the learning environment.

**E**quity Principle: All learners deserve high expectations and support.

**P**rocess Principle: Learning is a life-long process of development and growth.

**O**wnership Principle: Professionals are committed to, and assume responsibility for, the future of their disciplines.

**S**upport Principle: Successful engagement in the process of learning requires collaboration among multiple partners.

**I**mpact Principle: Effective practice yields evidence of learning.

**T**echnology Principle: Technology facilitates teaching, learning, community building, and resource acquisition.

**S**tandards Principle: Evidence-based standards systematically guide professional preparation and development.

**InTASC Model Core Teacher Standards***
Standard #1: Learner Development. The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences.
Standard #2: Learning Differences. The teacher uses understanding of individual differences and diverse cultures and communicates to ensure inclusive learning environments that enable each learner to meet high standards.

Standard #3: Learning Environments. The teacher works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self-motivation.

Standard #4: Content Knowledge. The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and creates learning experiences that make the discipline accessible and meaningful for learners to assure mastery of the content.

Standard #5: Application of Content. The teacher understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues.

Standard #6: Assessment. The teacher understands and uses multiple methods of assessment to engage learners in their own growth, to monitor learner progress, and to guide the teacher’s and learner’s decision making.

Standard #7: Planning for Instruction. The teacher plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learners and the community context.

Standard #8: Instructional Strategies. The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways.

Standard #9: Professional Learning and Ethical Practice. The teacher engages in ongoing professional learning and uses evidence to continually evaluate his/her practice, particularly the effects of his/her choices and actions on others (learners, families, other professionals, and the community), and adapts practice to meet the needs of each learner.

Standard #10: Leadership and Collaboration. The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession.


**ASHA STANDARDS ADDRESSED**

STANDARD IV-E: The student must demonstrate knowledge of standards of ethical conduct.

STANDARD IV-F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

STANDARD V-A: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.
STANDARD V-B: The Student must complete supervised clinical experiences sufficient in breadth and depth to achieve skills outcomes in evaluation, intervention and interaction & personal qualities.

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

INSTRUCTORS
See the Clinic Handbook for contact information for the clinical faculty.

COURSE DESCRIPTION
A supervised experience in a university or community-based setting requiring application of assessment and treatment procedures for individuals with mild to moderate articulation and language disorders. This course will include seminars on topics related to the profession.


SUGGESTED READINGS


COURSE OBJECTIVES (CO):
The following skills should be attained by the end of the semester with moderate support from the supervisor. The client assignment will be limited to one or two clients with less severe disorders as compared to subsequent semesters. ASHA standards are listed in parentheses.

1. Review client files and determine appropriate treatment objectives. (V-B: 1b; 2a)
2. Write measurable treatment objectives. (V-B: 2a)
3. Baseline treatment objectives and determine appropriate levels of difficulty. (V-B: 1c)
4. Plan and effectively implement tx activities that address objectives. (V-B: 2c)
5. Write and implement lesson plans including appropriate methods (inc. error/teaching strategies) to meet therapy objectives.(V-B: 2b; 2e)
6. Plan and implement reinforcement/behavior management techniques.
7. Collect data and write progress/SOAP notes. (V-B: 2f)
8. Analyze and use data to guide ongoing planning. (V-B: 2d)
9. Administer standardized tests, score and interpret. (V-B: 1c)
10. Interpret diagnostic information and make appropriate recommendations. (V-B: 1f; 2g)
11. Write progress reports given a sample format. (V-A, V-B: 2f)
12. Utilize research and apply coursework knowledge in providing evidence-based clinical practice. (IV-F)
13. Demonstrate knowledge of and competence in following ASHA code of ethics and scope of practice.
(IV-E; V-B:3d)

COURSE ACTIVITIES / ASSIGNMENTS / REQUIREMENTS
Clinicians will be assigned 2-3 clients under the direction of clinical faculty. Clinicians may also be assigned to diagnostic and/or screening sessions. Assignments are given at the beginning of the semester; however, due to client needs, etc the assignments and/or schedule may change and as a result, clinician’s schedules outside of class time must be flexible. Clinicians will complete clinical requirements as specified by each assigned clinical supervisor in order to meet course objectives. Minimal requirements may include: lesson plans/SOAP notes, data recording, report writing, and clinic meetings.

Clinicians will attend 5 mandatory seminars during the semester. The schedule/topics are distributed at the beginning of each semester. See the clinic handbook for the policy on seminars.

COURSE EVALUATION
Clinicians are assigned midterm and final grades. Practicum grades are calculated as follows: therapy case: 75% of overall grade; evaluation or screening: 25% of overall grade. If a clinician has more than one supervisor/assignment, the final grades are averaged by the clinic director according to the weighting listed above. Any unexcused absence from a seminar will result in the lowering of the average by one letter grade. Grading Scale: A = 90-100, B = 80-89, C = 70-79, D = 60-69, F = 59 or less

Formative assessment is conducted throughout the semester. For example, the FACCC form (related to ASHA standards) is used as formative assessment at the end of each semester on each student by their supervisors.

The College of Education remediation plan/concern form process may be implemented by clinical faculty as needed.

Failure to pass clinic results from a grade of D or F. If a clinician earns a D or F in practicum, his/her accrued clock hours during that semester do not count toward ASHA certification.

(See clinic handbook for samples of grade forms and the FACCC; see COE Website for concern form process as well as the Clinic Handbook.)

ATTENDANCE POLICY
See the Clinic Handbook for the attendance policy.

PROFESSIONALISM
Practicum students are required to act in a professional manner at all times (Appendix F in the Clinic Handbook). Any student who violates any aspect of the ASHA Code of Ethics (Appendix C of the Clinic Handbook), may receive a failing grade in practicum.

DEWAR COLLEGE OF EDUCATION & HUMAN SERVICES ON PLAGIARISM

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STUDENT OPINION OF INSTRUCTION (SOI)
At the end of the term, all students will be expected to complete an online Student Opinion of Instruction survey (SOI) that will be available in TYPHON. Students will receive an email notification through their VSU email address when the SOI is available (generally at least one week before the end of the term). SOI responses are anonymous, and instructors will be able to view only a summary of all responses two weeks after they have submitted final grades. While instructors will not be able to view individual responses or to access any of the responses until after final grade submission, they will be able to see which students have or have not completed their SOIs, and student compliance may be considered in the determination of the final course grade. These compliance and non-compliance reports will not be available once instructors are able to access the results.
Dewar College of Education and Human Services
Valdosta State University
Department of Special Education and Communication Disorders

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CSD 5140
Advance Practicum
3 Semester Hours

Guiding Principles (DEPOSITS)
(adapted from the Georgia Systemic Teacher Education Program Accomplished Teacher Framework)

Disposition Principle: Productive dispositions positively affect learners, professional growth, and the learning environment.

Equity Principle: All learners deserve high expectations and support.

Process Principle: Learning is a life-long process of development and growth.

Ownership Principle: Professionals are committed to, and assume responsibility for, the future of their disciplines.

Support Principle: Successful engagement in the process of learning requires collaboration among multiple partners.


Technology Principle: Technology facilitates teaching, learning, community building, and resource acquisition.


InTASC Model Core Teacher Standards*
Standard #1: Learner Development. The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences.
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Standard #8: Instructional Strategies. The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways.

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Standard #10: Leadership and Collaboration. The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession.


ASHA STANDARDS ADDRESSED
STANDARD IV-E: The student must demonstrate knowledge of standards of ethical conduct.

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STANDARD V-B: The Student must complete supervised clinical experiences sufficient in breadth and depth to achieve skills outcomes in evaluation, intervention and interaction & personal qualities.

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

INSTRUCTORS
See the Clinic Handbook for contact information for the clinical faculty.

COURSE DESCRIPTION
A supervised experience in a university, community and/or home-based setting with emphasis on test administration, scoring, and interpretation for client services. Treatment of moderate to severe articulation, language, fluency, voice, hearing and neurogenic communication disorders is emphasized. Student seminars centered on presentations of diagnostic reports/results and proposed intervention strategies are included in this course.


SUGGESTED READINGS


COURSE OBJECTIVES (CO):
The following skills should be attained by the end of the semester with moderate support from the supervisor. The client assignment will be limited to one or two clients with less severe disorders as compared to subsequent semesters. ASHA standards are listed in parentheses.

1. Review client files and determine appropriate treatment objectives. (V-B:1b; 2a)
2. Write measurable treatment objectives. (V-B:2a)
3. Baseline treatment objectives and determine appropriate levels of difficulty. (V-B:1c)
4. Plan and effectively implement tx activities that address objectives. (V-B:2c)
5. Write and implement lesson plans including appropriate methods (inc. error/teaching strategies) to meet tx objectives. (V-B:2b; 2e)
6. Plan and implement reinforcement/behavior management techniques.
7. Collect data and write progress/SOAP notes. (V-B:2f)
8. Analyze and use data to guide ongoing planning. (V-B:2d)
9. Administer standardized tests, score and interpret. (V-B:1c)
10. Interpret diagnostic information and make appropriate recommendations. (V-B:1f; 2g)
11. Write progress reports given a sample format. (V-A; V-B:2f)
12. Utilize research and apply coursework knowledge in providing evidence-based clinical practice. (VI-F)
13. Demonstrate knowledge of and competence in following ASHA code of ethics and scope of practice. (IV-E; V-B:3d)
14. Demonstrate screening techniques for speech and hearing. (V-B:1a)
15. Identify assessment instruments needed for clients based on chart information and/or observation. (V-B:1c)

In addition to the above skills, the advanced clinician should with minimal assistance:
16. Develop plan(s) for speech/language evaluation(s). (V-B:1a; 1c)
17. Administer, score, and interpret standardized and non-standardized tests and informal assessment. (V-B:1c; 1d; 1e)
18. Write diagnostic report(s). (V-A; V-B:1f; 1g)

**COURSE ACTIVITIES / ASSIGNMENTS / REQUIREMENTS**
Clinicians will be assigned 3 clients under the direction of clinical faculty. Clinicians may also be assigned to diagnostic and/or screening sessions. Assignments are given at the beginning of the semester; however, due to client needs, etc the assignments and/or schedule may change and as a result, clinician’s schedules outside of class time must be flexible. Clinicians will complete clinical requirements as specified by each assigned clinical supervisor in order to meet course objectives. Minimal requirements may include: lesson plans/SOAP notes, data recording, report writing, and clinic meetings.

Clinicians will attend 5 mandatory seminars during the semester. The schedule/topics are distributed at the beginning of each semester. See the clinic handbook for the policy on seminars.

**COURSE EVALUATION**
Clinicians are assigned midterm and final grades. Practicum grades are calculated as follows: therapy case: 75% of overall grade; evaluation or screening: 25% of overall grade. If a clinician has more than one supervisor/assignment, the final grades are averaged by the clinic director according to the weighting listed above. Any unexcused absence from a seminar will result in the lowering of the average by one letter grade. Grading Scale: A = 90-100, B = 80-89, C = 70-79, D = 60-69, F = 59 or less

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Students with disabilities who are experiencing barriers in the course may contact the Access Office for assistance in determining and implementing reasonable accommodations. The Access Office is located in Faber Hall. The phone numbers are 245-2498 (V), 229-375-5871 (VP) and 219-1348 (TTY). For more information, please visit http://www.valdosta.edu/access or email: access@valdosta.edu.

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INSTRUCTORS
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COURSE DESCRIPTION
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SUGGESTED READINGS


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**COURSE ACTIVITIES / ASSIGNMENTS / REQUIREMENTS**
Clinicians will be assigned 1-3 clients under the direction of clinical faculty. Clinicians may also be assigned to diagnostic and/or screening sessions. Assignments are given at the beginning of the semester; however, due to client needs, etc the assignments and/or schedule may change and as a result, clinician’s schedules outside of class time must be flexible. Clinicians will complete clinical requirements as specified by each assigned clinical supervisor in order to meet course objectives. Minimal requirements may include: lesson plans/SOAP notes, data recording, report writing, and clinic meetings.

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APPENDIX Z

Appendix Z from Graduate/Clinical Handbook

Knowledge and Skills Acquisition (KASA) Summary Form
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Knowledge And Skills Acquisition (KASA) Summary Form
For Certification in Speech-Language Pathology

The KASA form is intended for use by the certification applicant during the graduate program to track the processes by which the knowledge and skills specified in the 2014 Standards for the CCC are being acquired (effective September 1, 2014). Each student should review the KASA form at the beginning of graduate study, and update it at intervals throughout the graduate program and at the conclusion of the program.

The student, with input and monitoring of program faculty, must enter a check mark in column B as each of the knowledge and skills is acquired. It is expected that many entries will appear in the course work and the clinical practicum columns, with some entries, as appropriate, in the "Other" (lab, research, etc.) columns. Please enter the course or practicum number and title and description of other applicable activity.

I. KNOWLEDGE AREAS

<table>
<thead>
<tr>
<th>Standards</th>
<th>Knowledge/ Skill Met? (✓)</th>
<th>Course # and Title</th>
<th>Practicum Experiences # and Title</th>
<th>Other (e.g. labs, research) (Include description of activity)</th>
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<td>Standard IV-A. The applicant must demonstrate knowledge of the principles of:</td>
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<td>● Biological sciences</td>
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<td>● Physical sciences</td>
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<td>● Statistics</td>
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<td>● Social/Behavioral sciences</td>
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<td>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</td>
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<tr>
<td>● Basic Human Communication Processes</td>
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<td>● Developmental</td>
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<td>See appendix</td>
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<tr>
<td>Standard IV-C.</td>
<td>The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:</td>
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| Articulation | CSD 5030 Phonological Disorders | See appendix |

<p>| • Etiologies | CSD 5080 Dysphagia and Motor Speech | See appendix |</p>
<table>
<thead>
<tr>
<th>Category</th>
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<td>CSD 5080 Dysphagia and Motor Speech Disorders</td>
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<td>CSD 5040 Fluency Disorders</td>
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<tr>
<td>Voice and resonance, including respiration and phonation</td>
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<td></td>
<td>CSD 5160 Voice Disorders</td>
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<td>CSD 5160 Voice Disorders</td>
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<tr>
<td>Hearing, including the impact on speech and language</td>
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<td>CSD 5010 Language Disorders in Young Children</td>
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<td>CSD 5010 Language Disorders in Young Children</td>
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<tr>
<td>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)</td>
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See appendix for more details on each category.
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<thead>
<tr>
<th>Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</th>
<th>Motor Speech Disorders</th>
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<tbody>
<tr>
<td>● Etiologies</td>
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<td>See appendix</td>
</tr>
<tr>
<td>● Characteristics</td>
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<table>
<thead>
<tr>
<th>Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)</th>
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<tbody>
<tr>
<td>● Etiologies</td>
<td>CSD 5010 Language Disorders in Young Children</td>
</tr>
<tr>
<td>● Characteristics</td>
<td>CSD 5010 Language Disorders in Young Children</td>
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</tbody>
</table>

Augmentative and alternative communication modalities

| Characteristics | CSD 5200 Augmentative/Alternative Communication | See appendix |

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

Articulation
| Prevention | CSD 5030 Phonological Disorders | CSD 5080 Dysphagia and Motor Speech Disorders | See appendix |
| Assessment | CSD 5030 Phonological Disorders | CSD 5080 Dysphagia and Motor Speech Disorders | See appendix |
| Intervention | CSD 5030 Phonological Disorders | CSD 5080 Dysphagia and Motor Speech Disorders | See appendix |

**Fluency**

| Prevention | CSD 5040 Fluency Disorders | See appendix |
| Assessment | CSD 5040 Fluency Disorders | See appendix |
| Intervention | CSD 5040 Fluency Disorders | See appendix |

**Voice and Resonance**

| Prevention | CSD 5160 Voice Disorders | See appendix |
| Assessment | CSD 5160 Voice Disorders | See appendix |
| Intervention | CSD 5160 Voice Disorders | See appendix |

**Receptive and Expressive Language**

<p>| Prevention | CSD 5010 Language Disorders in Young Children | CSD 5120 Aphasia and Other Neurogenic Disorders | See appendix |</p>
<table>
<thead>
<tr>
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<th>CSD 5060 Language Disorders of School Aged Children</th>
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<td><strong>Assessment</strong></td>
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<td>CSD 5120 Aphasia and Other Neurogenic Disorders</td>
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<td></td>
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<tr>
<td><strong>Intervention</strong></td>
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<td></td>
<td>CSD 5060 Language Disorders of School Aged Children</td>
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**Hearing, including the impact on speech and language**

|                | CSD 5090 Aural Habilitation/Rehabilitation       |        |
| **Prevention** | CSD 5090 Aural Habilitation/Rehabilitation       | See appendix |
| **Assessment** | CSD 5090 Aural Habilitation/Rehabilitation       |        |
| **Intervention**| CSD 5090 Aural Habilitation/Rehabilitation       | See appendix |

**Swallowing**

|                | CSD 5080 Dysphagia and Motor Speech Disorders    |        |
| **Prevention** | CSD 5080 Dysphagia and Motor Speech Disorders    | See appendix |
| **Assessment** | CSD 5080 Dysphagia and Motor Speech Disorders    |        |
| **Intervention**| CSD 5080 Dysphagia and Motor Speech Disorders    | See appendix |

**Cognitive aspects of communication**

<p>|                | CSD 5120 Aphasia and Other Neurogenic Disorders |        |
| <strong>Prevention</strong> | CSD 5120 Aphasia and Other Neurogenic Disorders | See appendix |</p>
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<thead>
<tr>
<th>Social aspects of communication</th>
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<tr>
<td><strong>● Prevention</strong></td>
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<td>CSD 5010 Language Disorders in Young Children</td>
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<td>See appendix</td>
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<tr>
<td><strong>● Assessment</strong></td>
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<td>CSD 5010 Language Disorders in Young Children</td>
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<td>See appendix</td>
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<td><strong>● Intervention</strong></td>
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<td>See appendix</td>
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<tr>
<td><strong>● Intervention</strong></td>
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<td>CSD 5200 Augmentative/Alternative Communication</td>
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<td>See appendix</td>
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</table>

**Standard IV-E The applicant must have demonstrated knowledge of**
| standards of ethical conduct. | LEAD 7210 Ethics and Laws | CSD 5050 Beginning Practicum  
CSD 5100 Intermediate Practicum  
CSD 5140 Advanced Practicum  
CSD 5190 Applied Practicum in the Public School  
CSD 5210 Externship in Communication Disorders | See appendix |
|-------------------------------|---------------------------|--------------------------------------------------------------------------------|

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

| CSD 5110 Science and Research in Communication Disorders | CSD 5050 Beginning Practicum  
CSD 5100 Intermediate Practicum  
CSD 5140 Advanced Practicum  
CSD 5190 Applied Practicum in the Public School  
CSD 5210 Externship in Communication Disorders | See appendix |

Standard IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

| CSD 5050 Beginning Practicum (seminar)  
CSD 5100 Intermediate | | See appendix |
<table>
<thead>
<tr>
<th>Standard IV-H</th>
<th>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.</th>
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<table>
<thead>
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<th>Practicum (seminar)</th>
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<tr>
<td>CSD 5190 Applied Practicum in the Public School (seminar)</td>
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<td>CSD 5210 Externship in Communication Disorders (seminar)</td>
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<thead>
<tr>
<th>LEAD CSD 5050 Beginning Practicum (seminar)</th>
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<td>CSD 5140 Advanced Practicum (seminar)</td>
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<td>CSD 5190 Applied Practicum in the Public School (seminar)</td>
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<table>
<thead>
<tr>
<th>Standard V-A</th>
<th>The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.</th>
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</table>

<p>| See appendix |
|--------------|----------------------------------------------------------------------------------------------------------------------------------|</p>
<table>
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<tr>
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<tr>
<td>CSD 5140 Advanced Practicum</td>
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<td>CSD 5190 Applied Practicum in the Public School</td>
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<tr>
<td>CSD 5210 Externship in Communication Disorders</td>
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</table>

**Standard V-B:** The applicant for certification must have completed a program of study that included experiences sufficient breadth and depth to achieve the following skills outcomes.
1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas)

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

- Articulation
  - CSD 5030 Phonological Disorders
  - CSD 5080 Dysphagia and Motor Speech Disorders
  - CSD 5050 Beginning Practicum
  - CSD 5100 Intermediate Practicum
  - CSD 5140 Advanced Practicum
  - CSD 5190 Applied Practicum

See appendix
<table>
<thead>
<tr>
<th>Topic</th>
<th>Courses</th>
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<td>Voice and resonance, including respiration and phonation</td>
<td>CSD 5160 Voice Disorders</td>
<td>See appendix</td>
</tr>
<tr>
<td>Receptive and expressive language (*)</td>
<td>CSD 5010 Language Disorders in Young Children</td>
<td>See appendix</td>
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<tr>
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<td>CSD 5120 Aphasia and Other Neurogenic Disorders</td>
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<td>CSD 5060 Language Disorders of School Aged Children</td>
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*Note: (*) indicates that the course covers various aspects of language, including phonology, morphology, syntax, semantics, and pragmatics.*
<table>
<thead>
<tr>
<th>Topic</th>
<th>Course 1</th>
<th>Course 2</th>
<th>Course 3</th>
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<td>CSD 5050 Beginning Practicum</td>
<td>See appendix</td>
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<tr>
<td>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)</td>
<td>CSD 5080 Dysphagia and Motor Speech Disorders</td>
<td>CSD 5050 Beginning Practicum</td>
<td>See appendix</td>
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<tr>
<td>Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</td>
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<td>CSD 5050 Beginning Practicum</td>
<td>See appendix</td>
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<td>CSD 5060 Language Disorders of School Age Children</td>
<td>CSD 5050 Beginning Practicum</td>
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<td>CSD 5100 Intermediate Practicum</td>
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<td>CSD 5140 Advanced Practicum</td>
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<td></td>
<td></td>
<td>CSD 5210 Externship in Communication Disorders</td>
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1. Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)

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<th>Course</th>
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<td>CSD 5010 Language Disorders in Young Children</td>
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2. Augmentative and Alternative Communication Modalities

<table>
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<th>Course</th>
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<tbody>
<tr>
<td>CSD 5200 Augmentative/Alternative Communication</td>
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2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)

<table>
<thead>
<tr>
<th>Skill</th>
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<td>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</td>
</tr>
</tbody>
</table>

See appendix
| b. Implement intervention plans (involve clients/patients and relevant others in the intervention process) | CSD 5030 Phonological Disorders  
CSD 5080 Dysphagia and Motor Speech Disorders | CSD 5050 Beginning Practicum  
CSD 5100 Intermediate Practicum  
CSD 5140 Advanced Practicum  
CSD 5190 Applied Practicum in the Public School  
CSD 5210 Externship in Communication Disorders | See appendix |
| 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 | | | |

- **Articulation**
  - CSD 5030 Phonological Disorders
  - CSD 5080 Dysphagia and Motor Speech Disorders

- **Fluency**
  - CSD 5040 Fluency Disorders
  - CSD 5050 Beginning Practicum
  - CSD 5100 Intermediate Practicum
<table>
<thead>
<tr>
<th>Topic</th>
<th>Courses</th>
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<tr>
<td>Voice and resonance</td>
<td>CSD 5160 Voice Disorders</td>
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<td>Receptive and expressive language</td>
<td>CSD 5010 Language Disorders in Young Children</td>
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<td></td>
<td>CSD 5120 Aphasia and Other Neurogenic Disorders</td>
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<td></td>
<td>CSD 5060 Language Disorders of School Aged Children</td>
</tr>
<tr>
<td>Hearing, including the impact on speech and language</td>
<td>CSD 5090 Aural Habilitation/Rehabilitation</td>
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CSD 5140 Advanced Practicum
CSD 5190 Applied Practicum in the Public School
CSD 5210 Externship in Communication Disorders
CSD 5050 Beginning Practicum
CSD 5100 Intermediate Practicum
CSD 5140 Advanced Practicum
CSD 5190 Applied Practicum in the Public School
CSD 5210 Externship in Communication Disorders

See appendix
| Swallowing                        | CSD 5080 Dysphagia and Motor Speech Disorders | Practicum
CSD 5190 Applied Practicum in the Public School
CSD 5210 Externship in Communication Disorders |
|----------------------------------|---------------------------------------------|-----------------------------------------|
| Cognitive aspects of communication | CSD 5120 Aphasia and Other Neurogenic Disorders
CSD 5060 Language Disorders of School Age Children | Practicum
CSD 5050 Beginning Practicum
CSD 5100 Intermediate Practicum
CSD 5140 Advanced Practicum
CSD 5190 Applied Practicum in the Public School
CSD 5210 Externship in Communication Disorders |
| Social aspects of communication   | CSD 5010 Language Disorders in Young Children | Practicum
CSD 5050 Beginning Practicum
CSD 5100 Intermediate Practicum
CSD 5140 Advanced Practicum |

See appendix
**Augmentative and Alternative Communication Modalities**

- CSD 5200 Augmentative/Alternative Communication

<table>
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<th>Course</th>
<th>Description</th>
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<td>CSD 5190 Applied Practicum in the Public School</td>
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<td>CSD 5210 Externship in Communication Disorders</td>
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<td>CSD 5050 Beginning Practicum</td>
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<td>CSD 5100 Intermediate Practicum</td>
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<td>CSD 5140 Advanced Practicum</td>
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### 3. Interaction and Personal Qualities

**a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**

- CSD 5050 Beginning Practicum
- CSD 5100 Intermediate Practicum
- CSD 5140 Advanced Practicum
- CSD 5190 Applied Practicum in the Public School
- CSD 5210 Externship in Communication Disorders

**b. Collaborate with other professionals in case management.**

- CSD 5050 Beginning Practicum
- CSD 5100 Intermediate Practicum
- CSD 5140 Advanced Practicum

See appendix
### CSD 5190 Applied Practicum in the Public School

- CSD 5210 Externship in Communication Disorders

### CSD 5050 Beginning Practicum

- CSD 5100 Intermediate Practicum
- CSD 5140 Advanced Practicum

### CSD 5190 Applied Practicum in the Public School

- CSD 5210 Externship in Communication Disorders

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**Revised: August 2014**

**Student Signature__________________________________________ Date______________________**

**Adviser Signature__________________________________________ Date______________________**
KASA Artifacts
Undergraduate program and Graduate program
The expected entries that appear in course work, clinical practicum and “other labs, research” are listed below. Entries from courses, practicum and others that are not listed are to be entered by the students and approved by the advisors. This information is a part of the KASA and is in appendix AA of the graduate and clinical handbook.

“Formative Assessment—ongoing measurement during educational preparation for the purpose of improving student learning. Formative assessment yields critical information for monitoring an individual's acquisition of knowledge and skills. Such assessment must evaluate critical thinking, decision-making, and problem-solving skills. Measures should include oral and written components, as well as demonstrations of clinical proficiency. Summative Assessment—comprehensive evaluation of learning outcomes at the culmination of educational preparation. Summative assessment yields critical information for determining an individual's achievement of knowledge and skills” (Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) Council For Clinical Certification (CFCC) October 2001).

Undergraduate Studies

CSD 3010 Introduction to Communication Disorders

Formative

1. Students will complete one experiential learning assignment and write a written reaction to a fluency experiential learning assignment as listed below. CAA IV-C

2. AAC Experience

3. Written reaction to fluency experience.

4. Students will relate child development to all areas pertaining to communication sciences and disorders (i.e., feeding, talking, and language development)

Summative: Students will complete a midterm and final exam both of which will be comprehensive. CAA IV-C; IV-D

Students will complete a final class project entailing a detailed review of a major topic discussed during course lectures. CAA IV-C; IV-D

CSD 3020 Audiology I
Formative: One-minute paper assigned 3 times during the course to identify grasp of learning to-date.
Summative: Periodic quizzes. Two case studies. Mid-term examination. Final exam

CSD3040 Applied Phonetics
Formative Assessment
1. Students will be required to transcribe live in the weekly lab. This will consist of both individual and group work; both board work and seatwork, and both normal and disordered speech throughout the course of the semester. Bottom-up processing activities (learning to phonetically-read and write individual phonemes, words, and words in sentences) as well as top-down processing activities (reading, copying down, and answering phonetically-written board material) will be engaged in during class periods. Additional, independent hands-on transcription practice will be available with use of the provided taped materials. Individual and small group tutoring sessions will also be available at the request of the student wanting additional hands-on transcription practice (ASHA Standard IV-C).

2. Students will be required to complete a class project of classification of consonant phonemes by voicing, place, and manner of production. The finished product will be a consonant card classification ring that will be used in graduate clinical practicums to teach consonant sound productions to clients (ASHA Standard IV-B).

Students will listen to, and be able to discuss variations in, taped samples of regional dialects (ASHA Standard IV-B).

**Summative:** Students will be required to transcribe disordered speech, making comparisons to the correct SAE productions of the target words, and identify and label the corresponding sound changes and phonological processes (ASHA Standard IV-C).

**CSD 3060 Anatomy and Physiology of the Speech mechanism**

**Formative assessments** – 2 exams, 2 quizzes; final take-home exam

**Summative assessments** – 2 group lab projects (Respiration lab and Phonation lab), 4 individual projects (laryngeal clay model, laryngeal drawing, skull drawing, muscle notebook)

**CSD 3070 Normal Language Acquisition**

**Formative:** Four reading quizzes and three examinations are administered throughout the semester to assess student knowledge of language acquisition theories and principles. Skills are developed through projects that require students to review childhood developmental milestones, observe and screen a child under the age of 6 years in collaboration with the child’s parent(s), and write a short paper on literacy development.

**Summative:** The major project for the language development course involves practical application experiences and engagement in undergraduate research as students participate in a language sample analysis project using the LENA system (LENA = Language Environment Analysis). Specifically, students complete the CITI training modules on the ethical conduct of research, learn language sample collection techniques, and analyze language sample data using both traditional and computerized techniques.

**CSD 3080 Introduction to Neurology for Communication disorders**

**Formative Assessment:** Students administer and write up results of the following:

- Cranial nerve examination
- Dysphagia examination
- Videofluoroscopic swallow study
- Sheep brain dissection
- Students draw and label selected neuroanatomical structures
- Students make clay models of the lateral view of the brain.
- They also make a clay model of the cross section of the spinal cord

**Summative Assessment:** Students take two examinations over the course of the semester that assess their application of concepts taught.

**CSD 4020 Speech Science**

**Formative:** Students will complete four exams in this course. Each exam will be a 100 point test. Tests will consist of short answer questions that will concern information presented in class lectures (ASHA Standards: III-B, III-C, III-F)
Summative: Students will demonstrate ability to create, modify, and interpret spectrograms using computer software (ASHA Standards: III-B, III-C, III-F)

CSD 4040 Introduction to Articulation Disorders

Formative Assessments: There will be two (2) examinations in the course. Tests will consist of multiple choice and short answer essay questions that will include information contained in reading assignments, lectures, articles, and class discussions.

Summative Assessments

In groups of two, students will create an activity that can be used when administering therapy to a client that has a speech sound disorder. The activity must include a literacy component.

Each group will make an oral presentation to the class, discussing each of the aspects below.

1. phonetic transcription
2. test scoring and analysis
3. data interpretation
4. write-up of the articulation/phonology section of a diagnostic report
5. discussion of an appropriate therapy approach and corresponding goals
6. sample lesson plan and SOAP note

CSD 4050 Observation

Supervised video-based observations of diagnostic and therapy sessions with children and adults, addressing the identified ASHA Nine Areas will be conducted to enable the student to obtain a minimum of 25 hours of direct observation for ASHA requirements (ASHA Standard IV-C, ASHA Standard V-C).

2. Appropriate, needed component parts of diagnostic sessions and therapy sessions will be discussed and viewed in taped sessions, including session overview, goal task introductions, and verbal transition from task to task, data collection, teaching techniques, error strategies, reinforcement type and schedule, and materials list. Application of these component parts to lesson plan formulation and writing will be discussed and practiced (ASHA Standard IV-C, ASHA Standard IV-D).

CSD 4070 Introduction to Fluency disorders

Formative: Four multiple choice and true false examinations

Summative: Observation of Normal Fluency three observations of normal speakers

What is Stuttering Survey Project Interview five (5) non-CSD affiliated people to interview about what stuttering is

Simulation of Stuttering: Publicly stutter purposely on two separate occasions

Reflection Papers Reflect on a situation, encounter, or event and write about your personal experience with that event as it relates to this class
CSD 4120  Consultation in Communication Disorders  
Formative:  Three multiple-choice and true false examinations.  
Summative:  Respond to 10 practical application questions for 10 case studies.

CSD 4130  Organic Speech Disorders  
Formative:  Four multiple choice and true false examinations  
Summative:  Topic Paper Write a paper on an aspect of a specific disorder, with the area of Organic Disorders.  
Completion of discussion questions (10/33) at end of chapters in required textbook.  
Complete a paper on for compare and contrast on two disorders in Organic Disorders

CSD 4110  Diagnostics in Communication Disorders  
Formative:  Four reading quizzes and three examinations are administered throughout the semester to assess student knowledge of diagnostic principles and practices used in the field of speech-language pathology. Skills are developed through projects that require students to review standardized evaluation and assessment measures, administer a commonly-used standardized test of articulation or language, and develop a list of meaningful and open-ended interview questions appropriate for a given client and his/her caregivers.  
Summative:  The major project for the diagnostics class is a case-based project in which students are given a description of a client in need of evaluation and assessment. Students work in small groups to develop a meaningful and appropriate diagnostic plan for the client by reviewing case history information and researching characteristics of the described disorder. The written diagnostic plan includes (a) areas to evaluate and assess, (b) informal and formal measures to be utilized, (c) rationale for the selection of such measures, (d) explanation of how family members, caregivers, and communication partners will be included in the process, and (e) identification of special considerations or accommodations.

CSD 4140  Cultural and Dialectical Issues in Communication Disorders  
Formative Assessment:  Students take one examination over the course of the semester  
Summative Assessment:  Students conduct and write up two ethnographic interviews  
Students write results from one case study on a person from a CLD group.

CSD 4151  Audiology II  
Formative:  One-minute paper assigned 3 times during the course to identify grasp of learning to date.  
Online survey, twice to ask for feedback on course mechanics.  
Summative:  Periodic quizzes, Five case studies, Mid-term exam  Final exam

Graduate Courses

CSD 5010  Language disorders in young children  
Formative:  Students will complete an annotated bibliography of 10 peer-reviewed journal articles, addressing assessment, treatment, and/or descriptive information.  
Students will read and create a one page handout using ASHA documents regarding the role of the SLP in assessment and intervention with children birth through 5 years.  
Students will create treatment materials from found objects to address specific communication or cognitive strategies.  
Students will be given a midterm
**Summative:** Students will be given a case study from which they will plan assessment. When given hypothetical results, they will craft a treatment plan including goals, objectives, treatment agents, and strategies.

**CSD 5030 Phonological Disorders**

**Formative:** Complete a review in the form of an anonymous online poll following the completion of each chapter.

Each student will complete an independent and relational analysis on a sample that the instructor will provide. An outline for the procedures and grading will be posted to BlazeVIEW. CAA IV-B; IV-D

**Summative:** There will be two (2) comprehensive examinations in the course. Exams will be 100 point tests. Tests will consist of multiple choice and short answer essay questions that will include information contained in reading assignments, lectures, articles, and class discussions. CAA IV-B; IV-D

Students will research assessment and treatment strategies and determine the evidence that supports or that does not support the effectiveness of the strategy. In groups of two, students will demonstrate an articulatory/phonological treatment or strategy and present

**CSD 5040 Fluency Disorders**

**Formative**

1. Students will complete three examinations in this course. Exams will each be worth 100 points and will be based upon class lectures (ASHA Standards: III-B, III-C, III-D, III-G)
2. Students will complete a pseudo-stuttering task while on the telephone (pass/fail) (ASHA Standards: III-C).

**Summative**

3. Students will conduct a fluency analysis on video-taped speech samples (100 points) (ASHA Standards: III-D)
4. Students will demonstrate appropriate case history collection techniques in order to obtain pertinent behavioral, cognitive, and emotional information related to their clients and will write a one page summary of results (100 points) (ASHA Standards: III-D).
5. Students will demonstrate the proper utilization of stuttering treatment techniques in an in-class assignment (100 points) (ASHA Standards: III-D).
6. Students will produce two lesson plans for a hypothetical fluency client utilizing two distinct therapeutic approaches (100 points) (ASHA Standards: III-D).

**CSD 5060 Language disorders of School Age Children**

**Formative**
1. Students will complete three examinations in the course. Each exam will be a 100 point test. Tests will consist of short answer questions that will concern information contained in class discussions. (ASHA Standards: III B, III-C, III-D)

**Summative**
2. Assessment Assignment: (Groups of 2-4). Each group will be given completed subtests from standardized assessment tools. The group will be responsible for scoring, analyzing, and interpreting these tools in addition to drafting the evaluation report that would accompany these scores (100 points). (ASHA Standards: III B, III-C, III-D, III-F)
3. Lesson Plan Assignment: Each student will create a lesson plan detailing the treatment methodology they would employ to hypothetical clients with a language disorder (100 points). (ASHA Standards: III B, III-C, III-D, III-F)
4. Teaching Tool Assignment: (Groups of 2-4). Each group will create their own unique language teaching tool that can be used in treatment with a school-aged language client and present their creation to the entire class (50 points). (ASHA Standards: III-D)

**CSD 5080 Dysphagia and motor speech disorders (Summer and Fall)**

**Formative:** Final examination on dysphagia and motor speech that requires critical thinking to solve cases.
- Students administer and write up results of the following:
  - Informal Clinical Swallowing Examination
  - Informal motor speech evaluation
  - Videofluoroscopic Swallow Study (VFSS)
  - Fiberoptic Endoscopy Evaluation of Swallowing (FEES)
  - Students listen to and record perceptual speech characteristics of Individuals with motor speech disorders.
  - Dysphagia Rounds

**Summative:** Students participate in a dysphagia Service Learning project at a local nursing home and write a reflection paper.
- Students complete medical chart screenings (FIMs, FAMS, MDS)
- Students participate in dysphagia simulation in the nursing simulation labs and write and discuss the results
- Final examination consisting of cases students will have to critically think about to solve the problems

**Spring semester**
Formative assessments – 2 exams
Summative assessments – mock swallowing exam, 2 video analyses

**CSD 5090 Aural Habilitation/Rehabilitation**
Formative: Written proposal to conduct interview identifying a professional SLP chosen to be interviewed for completing the interview project.
Three case studies to determine ability to apply increasingly complex clinical concepts.
Occasional one-minute paper.

Summative: Mid-term exam
Final exam.
Interview paper.

CSD 5110 Science and Research in Communication Disorders
Formative: 1 exam
Summative prospectus & final research paper/poster

CSD5120 Aphasias and other neurogenic disorders
Formative: Two examinations
Students administer and write results of an informal Cognitive-linguistic test
Students develop an informal cognitive-linguistic test
Students participate in chart reviews (FIMS, FAMS, MDS)
Development of Bedside Questions for Cognitive Therapy (B-QCLT)
Development of Assessment, characteristics and treatment solutions (ACTS)
Summative: Final examination applying knowledge to solve cases
NeuroRounds
Students participate in service learning project at a local nursing home and write a reflection paper

CSD 5130 Oro-Facial/Syndrome Disorders
Formative: Project 1: Each student will be paired with a peer and each pair will be assigned a syndrome which has an oro-facial anomaly. A PowerPoint presentation consisting of required information listed below will be developed. It must include scanned pictures of the particular syndrome. The student will present the assigned syndrome to the class in a presentation that will be between 10 to 15 minutes in length. The presentation must not be read. Information must be obtained from articles, books and the internet; however, all internet references ONLY will not be acceptable. References must be in APA format. ADDITIONALLY, create a one page handout, sent to the Professor electronically. (150 points)

Required information for the PowerPoint is as follows:
1. Description of the syndrome
   a. Prevalence
   b. Etiology
   c. Physical Characteristics
2. Problems associated with the syndrome
   a. Communication
   b. Hearing
   c. Medical
   d. Educational
Summative: Exams
There will be two take home exams, one at midterm for 100 points, and a CASE STUDY at end of the semester for 150 points. Take home exams are held to a higher standard for spelling, typos, grammar, etc. Both exams are SUMMATIVE. The midterm is the culmination and application of information on clefts and craniofacial anomalies. The final is the culmination and application of information on autism spectrum disorders.

CSD 5160 Voice Disorders

Formative: 2 written exams, 1 oral exam

Summative: Cumulative voice assessment project, 2 video analyses.